

Public Digital Health & Intelligence Committee

Tue 28 May 2024, 09:00 - 10:30

Virtual - MS Teams

Agenda

09:00 - 09:00 **1. Standing Items** 0 min

1.1. Welcome & Introductions

David Edwards

1.2. Apologies for Absence

David Edwards

1.3. Declarations of Interest

David Edwards

1.4. Minutes of the Committee Meeting held on 20th February 2024

David Edwards

 1.4 DHIC Public Minutes 20.02.24.pdf (6 pages)

1.5. Action Log following the Committee Meeting held on 20th February 2024

David Edwards

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

1.6. Committee's Chairs Actions

David Edwards


09:00 - 10:25 **2. Items for Review and Assurance** 85 min

2.1. General Cyber Update

James Webb

10 Minutes

 Item 2.1 General Cyber Update - public.pdf (3 pages)

 Item 2.1a - Appendix 1 - General Cyber Update - public.pdf (15 pages)

2.2. Internal Audit Report – Information Governance

David Thomas / James Webb

10 Minutes

 Item 2.2 - Internal Audit Feb 2024 cover - public.pdf (2 pages)

 Item 2.2a - Appendix - CVUHB-2324-14 Information Governance IA Report (Final) - public.pdf (15 pages)

Saunders, Nathan
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2.3. Digital Transformation Progress Report(to include update on the Wales NHS app)

Angela Parratt

20 Minutes

- Item 2.3 - Digital Transformation Progress Report - public DT3.pdf (8 pages)
- Item 2.3a - Appendix 2 - May v2.pdf (9 pages)

2.4. Corporate Digital Risk Register

David Thomas

10 Minutes

- Item 2.4 Joint IMT IG Risk Register Cover public.pdf (3 pages)
- Item 2.4a - DHI Combined Risk Register - public.pdf (4 pages)

2.5. IG Data Compliance

James Webb

15 Minutes

- Item 2.5 - IG Compliance DHIC May 2024 - public.pdf (6 pages)

2.6. Digital Services KPI

David Thomas

15 Minutes

- Item 2.6 - Digital Services KPI - cover.pdf (2 pages)
- Item 2.6a - Appendix 1 - Key Performance Indicators.pdf (12 pages)

10:25 - 10:25 3. Items for Approval / Ratification

0 min

3.1. Information Governance Policy- No Items for Approval

10:25 - 10:25 4. Items for Noting and Information

0 min

4.1. Minutes: Digital Directors Peer Group• February 2024• March 2024• April 2024• May 2024

David Thomas

- Item 4.1 Digital Directors Peer Group Cover.pdf (2 pages)
- Item 4.1a - Appendix 1.pdf (4 pages)
- Item 4.1b - Appendix 2.pdf (5 pages)
- Item 4.1c - Appendix 3.pdf (4 pages)
- Item 4.1d - Appendix 4.pdf (4 pages)

4.2. DHIC Annual Report 2023-24

David Edwards

- 4.2 Digital Health & Intelligence Committee Annual Report 23-24.pdf (7 pages)

10:25 - 10:25 5. Agenda for Private Digital & Health Intelligence Meeting

0 min

5.1. (i) Digital Plans & Investment Case(ii) Caldicott Guardian Update(iii) Cyber Update

Saunders-Narain
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10:25 - 10:25 **6. Any Other Business**
0 min

10:25 - 10:25 **7. Items to bring to the attention of the Board / Committee**
0 min

10:25 - 10:25 **8. Review of the Meeting**
0 min

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**Unconfirmed Minutes of the Public Digital & Health Intelligence Committee Meeting
Held On 20 February 2024
Via MS Teams**

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

Chair:		
David Edwards	DE	Independent Member – Information Communication & Technology (IM-ICT)
Present:		
Akmal Hanuk	AH	Independent Member – Local Community (IM-LC)
In Attendance:		
Matt Phillips	MP	Director of Corporate Governance (DCG)
Meriel Jenney	MJ	Executive Medical Director (EMD)
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)
Fiona Jenkins	FJ	Executive Director of Therapies & Healthcare Sciences (EDTHS)
Gary Marklew	GM	IT Service Desk Manager (ITSDM)
Angela Parrat	AP	Director of Digital Transformation (DDT)
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies		
Catherine Phillips	CP	Executive Director of Finance

Item No	Agenda Item	Action
DHIC 20/02/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the Public meeting and confirmed the meeting was quorate.	
DHIC 20/02/002	Apologies for Absence Apologies for absences were noted. The Committee resolved that: a) The apologies were noted.	
DHIC 20/02/003	Declarations of Interest The Committee resolved that: a) No Declaration of Interest were noted.	
DHIC 20/02/004	Minutes of the Meeting Held 03 October 2023 The Committee Resolved that:	

	<p>a) The Minutes of the Meeting held on the 03 October 2023 were confirmed as a true and accurate record.</p>	
<p>DHIC 20/02/005</p>	<p>Action Log – Following the Meeting held on 03 October 2023</p> <p>The Action Log was received.</p> <p>Digital service KPI 23/10/011 – The DDHI noted that in order for the Health Board to maximise funds from the digital investment assurance was required that staff were using the systems efficiently. The DDHI discussed with the EDPC regarding the employment of a person with a range of IT skills to ensure staff were being provided with the correct tools, which was planned to be discussed at the People & Culture Committee (12.03.24) and would bring back a detailed report to DHIC in May.</p> <p>A digital champions network was discussed plans for that work to be taken further across the Health Board.</p> <p>The IMLC highlighted that there was a need to know the digital competence of staff members.</p> <p>The DDHI responded that the levels of competence were based on individuals and the systems used within the Health Board and that work was being undertaken by Digital Health and Care Wales (DHCW) and Health Education and Improvement Wales (HEIW) to understand the systems and competency. He added that some training needs could be addressed with online learning but some people prefer class-based learning, which would be looked into with the EDPC.</p> <p>Digital Directors Peer Group 23/10/012 – The DDHI explained that a regional summit took place and agreed to work in areas as a region alongside Aneurin Bevan University Health Board (ABUHB), Cwm Taf Morgannwg UHB and Velindre NHS Trust. He explained there were Terms of Reference for the digital steering group which would feed in to the national CEO's group.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was discussed and noted.</p> <p>View the minute here (internal members): Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4</p> <p>For external members - Minute ref 00:01:25</p>	
<p>DHIC 20/02/006</p>	<p>Chair's Action taken since the last Committee Meeting</p> <p>The Committee Resolved that:</p>	

	a) There were no Chair's Actions taken since the last meeting.	
	Items for Review and Assurance	
DHIC 20/02/007	<p>Digital Transformation Progress Report</p> <p>The DDT presented and summarised the Digital Transformation Report. The report was received by the Committee to view in detail under agenda item 2.1.</p> <p>It was noted that all of the national initiatives had continued and that Electronic Prescribing and Medicines Administration (EPMA) would give the Health Board the opportunity to improve its plan around digital maturity as well as improvement using HYMNS as a guide.</p> <p>It was noted that the investment case would show the Health Board how it would achieve that.</p> <p>The CC asked if a project could be developed to include digital champions etc, so that it would give it more visibility.</p> <p>The CE look at the number of programmes planned to be rolled out, each to include an implementation piece. Information to be shared on the work being undertaken.</p> <p>The DDHI highlighted the Sway tool was previously used to show the work being undertaken by the digital teams.</p> <p>The DDT explained a health informatics forum was scheduled each month and a digital advisory board had been established. Clinical design authority had commenced but more work needed to be done to highlight the work.</p> <p>The Committee Resolved that:</p> <p>a) The Committee reviewed the progress report and noted the planned investment case being developed.</p> <p>View the minute here (internal members): Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4</p> <p>For external members – Minute ref 00:25:18</p>	
DHIC 20/02/008	<p>Joint IMT & IG Corporate Risk Register</p> <p>The Joint IMT & IG Risk Register was presented and the following was highlighted:</p> <ul style="list-style-type: none"> 13 joint risks to be discussed in the Private Digital & Health Intelligence Committee 	

	<ul style="list-style-type: none"> • There were concerns around money but a number of risks had reduced • Effective utilisation has a low score as there is now a process and have a digital advisory board to help prioritise work. <p>The Committee Resolved that:</p> <p>a) The Committee noted the progress and updates to the Risk Register report.</p> <p>View the minute here (internal members): Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4</p> <p>For external members – Minute ref 00:19:28</p>	
<p>DHIC 20/02/009</p>	<p>IG Data & Compliance (Sis, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)</p> <p>The HIGCS presented and noted 279 incidents with 4 highlighted to be taken forward and discussed in the private meeting. He highlighted the following points:</p> <ul style="list-style-type: none"> • 316 requests received for medical records per month • Non-health records are compliant with 61 requests • Continue to monitor staff access and remind staff members when accessing clinical systems • Information Governance training figures remain at 76% <p>The CE highlighted the need for staff to complete mandatory training as we need to make staff understand this is patient safety critical.</p> <p>The HIGCS noted there was a significant increase in complaints and explained that response times were longer with no increase in resources provided but an improvement plan had been created.</p> <p>The Committee Resolved that:</p> <p>a) The Committee received and noted a series of updates relating to significant Information Governance issues.</p> <p>View the minute here (internal members): Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4</p> <p>For external members – Minute ref 00:41:30</p>	
<p>DHIC 20/02/010</p>	<p>Digital Services Key Performance Indicators</p> <p>The ITSDM presented on the Ivanti Management Report and highlighted the following points –</p> <ul style="list-style-type: none"> • 2023 data showed an increase of 50% of requests in 2024 	

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	<ul style="list-style-type: none"> • Ivanti commenced in CAV HB in 2022 • Averaging 3.2 days in 2023 to close an incident • An average of 36,000 requests with 25,000 being resolved by the service desk team • CAV to look into produce an automatic password reset • The chat function on the self-service desk is another way to connect with IT colleagues • A high number of nadex requests were completed by the automation server <p>The DDHI explained the Ivanti system was being used to gain intelligence regarding systems use and cost. The level of service improved as a result of the new service desk tool.</p> <p>The DDHI explained devices procured by the digital team would be included. He noted there was value to gain the data and for people to receive care at home. Personal devices are not in the scope of stats that we are able to report but suggested for a policy for how we manage staff's personal devices for work purposes.</p> <p>The ITSDM explained Ivanti was introduced in 2022 but 2023 was the first full year of data. The IT Service Desk queues are lower and wait times have dramatically reduced due to the digital self-service.</p> <p>The Committee Resolved that:</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 (internal members): Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4</p> <p>For external members – Minute ref 00:53:20</p>	
<p>DHIC 20/02/011</p>	<p>Framework Policies, Procedures & Controls Update</p> <p>The DDHI noted an IG policy was to be discussed. Guidance notes were being worked towards and a number are to be scheduled.</p> <p>The Committee Resolved that:</p> <p>a) The Committee noted progress.</p> <p>View the minute here (internal members): Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4</p> <p>For external members – Minute ref 01:17:05</p>	
	<p>Items for Approval / Ratification</p>	

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	<p>Information Governance Policy</p> <p>The HIGCS reviewed 4 national policies and had reflected recent changes.</p> <p>The Committee Resolved that:</p> <p>a) Received and approved the recommended changes to the Information Governance Policy</p> <p>View the minute here (internal members): Digital Health & Intelligence Committee-20240220_090229-Meeting Recording.mp4</p> <p>For external members – Minute ref 01:20:29</p>	
	Items for Noting and Information	
DHIC 20/02/012	<p>Minutes: Digital Directors Peer Group</p> <p>The DDHI explained that DHCW had published their latest strategy. A WG update for funding for 2025 was discussed, which would be tight.</p> <p>The Committee Resolved that:</p> <p>a) The Committee noted the minutes of the 08.08.2023 and 05.09.2023 Digital Directors Peer Group meetings.</p>	
	Agenda for Private Digital & Health Intelligence Meeting	
	<p>(i) <i>Minutes from the Private DHIC Meeting held on 3rd October 2023</i></p> <p>(ii) <i>Digital Budget and Investment and Digital Strategy Case for Investment (Confidential paper)</i></p> <p>(iii) <i>Caldicott Guardian Requirements (Confidential paper – contains personal data)</i></p> <p>(iv) <i>Cybersecurity Update (Confidential paper)</i></p>	
DHIC 20/02/013	<p>Any Other Business</p> <p>No Other Business was discussed.</p>	
DHIC 20/02/014	<p>Items to bring to the attention of the Board / Committee</p> <p>No Items were brought to the attention of the Board / Committee.</p>	
	<p>Date & Time of next Meeting:</p> <p>Tuesday 28th May 2024 at 9am via MS Teams</p>	

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Action Log
Following the Digital Health & Intelligence Committee
Held on 20th February 2024
(For the 28th May 2024 meeting)

Minute Ref	Subject	Agreed Action	Lead	Date	Status
Actions					
DHIC 23/10/011	Digital Services Key Performance Indicators	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	Completed Update given on 20 th February 2024 Further update to be given on 28 th May 2024 following the People & Culture Committee (12.03.24) (on forward plan for May 2024)
DHIC 23/10/012	Minutes: Digital Directors Peer Group	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	Completed Update given on 20 th February 2024
Actions referred from Board/Committees					
Actions referred to the Board / Committees of the Board					

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Report Title:	General Cyber Update		Agenda Item no.	2.1
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date: 28 th May 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:

Cyber security as a critical factor to patient safety

In an increasingly digitised health and care system, technology and data are critical to providing effective care. Cyber security, which is the protection of devices, services and networks and the information on them from theft or damage - is an essential enabler of that care, assuring the safety of patients and of people and their families receiving care in the community (service users).

This technology includes diagnostic machines such as imaging scanners and systems that let hospitals know which beds are free, while in primary and community care this includes patient booking systems, call and recall facilities, and electronic prescription services.

In the NHS, there have been instances where cyber-attacks have disrupted the running of services, at times with significant financial consequences. Within the NHS, the scale of impact - both direct and indirect - from a cyber-attack on the health and care sector is potentially huge. Recent well publicized examples include the health service in Northern Ireland and, earlier this year, the Dumfries and Galloway Health Board cyber-attack.

While it is unlikely that a cyber incident would bring down all of the many separate systems supporting direct care, interdependencies between systems mean we must account for at least some degree of cascading risk.

Cyber security not only protects but also builds trust, which is vital to innovation. In Cardiff & Vale, our own cyber plan sets out how to harness digital efficiency and data to improve outcomes, while maintaining the highest standards of privacy and ethics and taking targeted action to build public trust around how we use data in the NHS. Our cyber plan sets out a vision for reducing the cyber security risk, protecting patient, service user and staff data, and implementing measures to ensure we are able to recover quickly from cyber-attacks when they do occur.

The Cyber Assessment Framework as a measure

The Cyber Assessment Framework (CAF) is the National Cyber Security Centre's (NCSC) standard, designed for organisations responsible for vitally important services and activities.

The CAF aims to help build a foundation of organisation-level resilience, ensuring consistency of reporting on risk levels.

The CAF helps health and social care teams to align policy and strategy with key risks and priorities, while tracking progress in working towards sector-wide cyber resilience. Adopting this as the common framework enables us to understand what is expected of us, allowing us the autonomy to decide how best to manage our cyber risk proportionately in meeting CAF objectives.

The CAF's 4 objectives against which to measure progress are:

1. manage security risk, ensuring appropriate structures, policies and processes are in place to manage risks to systems supporting essential functions
2. protect against cyber attack, ensuring proportionate measures are in place to protect systems supporting essential functions from cyber attack
3. detect cyber security events, ensuring capabilities effectively defend and detect cyber security events with potential to affect essential functions
4. minimise the impact of cyber security incidents, ensuring capabilities exist to minimise adverse impact of a cyber security incident on the operation of essential functions

Within NHS Wales, this is overseen by the Cyber Resilience Unit (CRU), who are hosted by Digital Health Care Wales (DHCW). The CRU has recently carried out an audit into our cyber plans, which are included in the private part of the DHIC meeting.

Attached is a copy of the Board awareness presentation on Cyber Security, which was presented in late 2022. A further update to Board is planned during 2024.

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

The Digital & Health Intelligence committee of the Health Board receives regular updates on the cyber security actions, risks and mitigating work being put in place to manage our overall cyber security via this committee (in private session). Additionally, our cyber risks are included within the Board Assurance Framework (BAF), which is reviewed at each board meeting.

Further information on our Cyber action plan and the findings and recommendations of 2 separate cyber audits by our internal auditors and the CRU will be discussed in more detail in the private session of the DHIC meeting.

Recommendation:

The Committee are requested to NOTE the cyber security update contained within this paper.

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	
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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	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		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:

*Nathaniel
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C & V UHB Board Development Session

Cyber Security Toolkit

David Thomas, Director of Digital
and Health Intelligence

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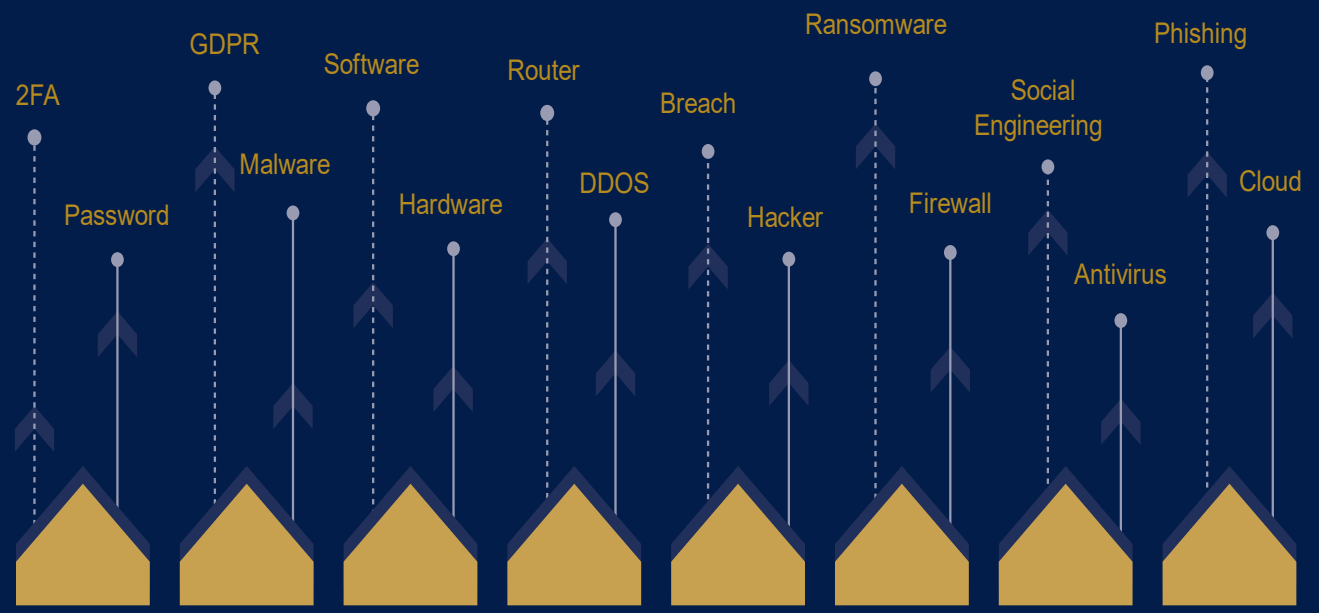
What is cyber security

A Definition

“Cyber security is how individuals and organisations reduce the risk of cyber attack.

Cyber security's core function is to protect the devices we all use (smartphones, laptops, tablets and computers) and the services we access – both online and at work – from theft or damage.

It's also about preventing unauthorised access to the vast amounts of personal information we store on these devices, and online.”





What is cyber security

Myths and Reality

- Cyber security is too complex for me to understand.
- Cyber attacks are sophisticated. We can't stop them.
- Cyber attacks are highly targeted . Our organisation is unlikely to be interesting and/or valuable enough to attackers.

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What is cyber security

The 'Real' cost and impact of a cyber incident

- Stress to our patients and our staff
- Financial and identity theft
- Loss of complete services
- Complete loss or theft of data(IP)
- Incident investigation and management
- Damage to technology or software
- Loss of clients or reputation
- Regulatory penalties and fines
- Class action compensation claims

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Cyber Security



Toolkit modules



Helping board members get to grips with cyber security



1. Embedding cyber security into organisational objectives



2. Growing cyber security expertise



3. Developing a positive cyber security culture



4. Establishing your baseline and identifying what you care about most

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5. Understanding the cyber security threat



6. Risk management for cyber security



7. Implementing effective cyber security measures



8. Collaborating with suppliers and partners



9. Planning your response to cyber incidents



1. Embedding cyber security into your structure & objectives

Cyber security:

- Isn't a standalone issue but integral to other risks that must be considered.
- Is to be embraced – *good* cyber security enables organisations to innovate and flourish.
- Must be integrated in the organisational structure and objectives.
- Is the responsibility of the whole board.
- Requires boards to engage with their technical experts.





2. Growing cyber security expertise

- Baseline your current skills.
 - Within the organisation
 - On the board
- Make an organisational plan to ensure your cyber security needs will be met.
- Build your best workforce: equal, diverse and inclusive.
- Look beyond technical skills when recruiting.
- Train, buy in, or develop for the future.



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3. Developing a positive cyber security culture

- Lead by example.
- Put people at the heart of security.
- Develop a 'just culture'.



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4. Establishing your baseline and identifying what you care about most

- What are your organisational 'crown jewels?'
- Work out where you are starting from.
- Identify critical technical assets.



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5. Understanding the cyber security threat

- Assess which threats are most relevant to your organisation.
- Collaborate on security – for example through CiSP.
- Don't underestimate the impact of untargeted attacks.



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6. Risk management for cyber security

- Integrate cyber security into organisational risk management processes.
- Don't make *reducing risk levels* the measure of success.
- Be realistic about the risks.
- Manage risk for newer technologies.



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7. Implementing effective cyber security measures

- Start with a cyber security baseline.
- Tailor your defences to your highest priority risks.
- Layer your defences.
- Defend against someone inside your network.
- Review and assess your measures.



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8. Collaborating with suppliers and partners

- Build cyber security into every decision.
- Identify your full range of suppliers and partners, what security assurances you need from them, and communicate this clearly.
- Consider the implications if your supplier is compromised.



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9. Planning your response to cyber incidents

- Ensure you have a plan.
- Understand your role in incident management.
- Get involved in exercising.
- Drive a 'no blame' culture.



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Additional information

Any questions?

DIOLCH / THANK-YOU

Saunders, Nathan
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Report Title:	Internal Audit Report – Information Governance		Agenda Item no.	2.2
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date: 28 th May 2024
		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:

Internal Audit conducted an Information Governance audit in February 2024. The scope of the audit comprised of the ‘resourcing, capacity and resilience’ of the Information Governance Department.

The Information Governance Final Internal Audit Report is attached as an appendix. The department received a ‘**reasonable assurance**’ rating. Only two recommendations were made and for the ‘reporting framework’ objective, a ‘**substantial assurance**’ rating was provided.

The recommendations made were:

1. Management should consider undertaking a full assessment of needs and resources to identify potential gaps and risk areas upon which capacity and resilience can be appropriately measured.
2. Management should consider identifying appropriate IG Leads / Champions within the Health Board, and to support the IG team by promoting good information governance practice.

The UHB has responded to these recommendations and an update will be provided via our internal audit tracker which forms the basis of our workplan.

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

Despite a growing workload and increased demands on a relatively small team, a rating showing ‘reasonable assurance’ was issued following a review conducted by Internal Audit into the Information Governance Department. The governance structure component of the audit was rated as ‘substantial assurance’.

Recommendation:

The Board / Committee are requested to:

- RECEIVE and NOTE Internal Audit report and the ‘reasonable assurance’ rating issued.

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	x

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes

Compliance with legal and mandatory requirements

Safety: Yes

Supports patient and staff safety

Financial: Yes

Non-compliance

Workforce: Yes

Applies to entire workforce

Legal: Yes

compliance

Reputational: Yes

Confidence in managing assets/supporting services

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

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Information Governance Final Internal Audit Report

February 2024

Cardiff & Vale University Health Board



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



GIG
CYMRU
NHS
WALES

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



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Review reference:	CVU-2324-14
Report status:	Final Report
Fieldwork commencement:	07 December 2023
Fieldwork completion:	11 January 2024
Debrief meeting:	14 February 2024
Draft report issued:	09 February 2024
Management response received:	28 February 2024
Final report issued:	29 February 2024
Auditors:	Martyn Lewis (Senior IM&T Audit Manager), Sian Harries (IM&T Audit Manager)
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Committee:	Audit & Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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Executive Summary

Purpose

The overall objective of this audit was to review the resourcing, capacity, and resilience of the Information Governance structures to achieve compliance with GDPR and FoI requirements.

The purpose of the review was to provide assurance to the Audit Committee that a process is in place for ensuring that the organisation complies with the legislative requirements relating to Information Governance.

Overview

We have issued **reasonable** assurance on this area.

The medium priority matters to be considered by management include:

- IG workplans do not capture improvement and development activities; and
- Lack of IG Leads / Champions within the Health Board to support the IG team.

Other recommendations / advisory points are within the detail of the report.

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend

N/A
First review

Assurance summary¹

Objectives	Assurance
1 Sufficient resources are in place to enable all IG duties to be undertaken effectively.	Reasonable
2 An appropriate structure is in place to ensure all areas are engaged and comply with IG requirements.	Reasonable
3 An appropriate reporting framework is in place for IG.	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Assessment of needs and resources	Design	Medium
2	IG Leads / Champions	Operation	Medium

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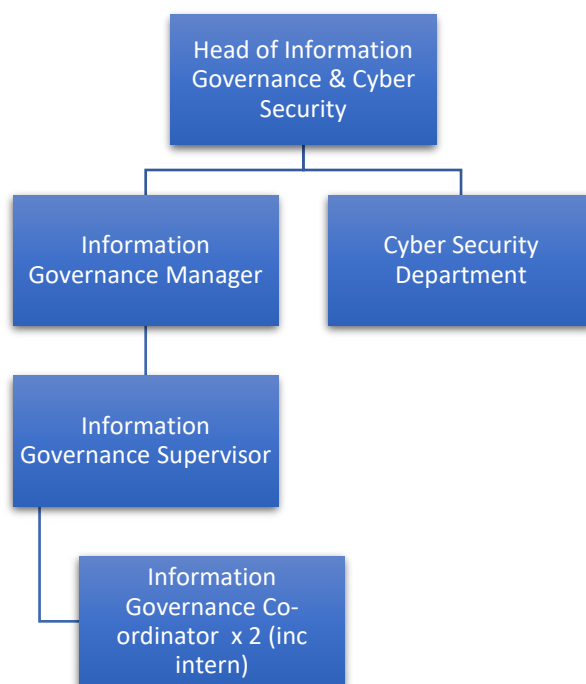
1. Introduction

- 1.1 The review of Information Governance (IG) was completed in line with the 2023/24 Internal Audit Plan for Cardiff and Vale UHB (the Health Board). The opinion provided through this review is a key component, which will inform the Head of Internal Audit’s Annual Opinion.
- 1.2 Information Governance (IG) is the framework for handling information in a secure and confidential manner that allows organisations and individuals to manage patient, personal and sensitive information legally, securely, efficiently, and effectively in order to deliver the best possible healthcare and services.
- 1.3 Key legislative requirements related to IG are identified within:
 - UK Data Protection Act 2018 and the UK General Data Protection Regulation 2016 (GDPR); and
 - Freedom of Information Act 2000 (FoIA).
- 1.4 The relevant lead director for the review is the Director of Digital and Health Intelligence.
- 1.5 The potential risk considered in this audit was as follows:
 - Non-compliance with legislation.

2. Detailed Audit Findings

Objective 1: There are sufficient resources in place to enable all IG duties to be undertaken effectively.

2.2 At the time of this review, the Health Board’s IG structure is depicted as below:



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- 2.3 In line with UK GDPR, the Head of IG and Cyber Security (HoIG&CS) is the appointed Data Protection Officer (DPO) and is responsible for ensuring the Health Board meets its legislative and statutory duties through the governance of both IG and Cyber Security functions.
- 2.4 We note that the Health Board recognised the importance of Information Governance, and the staffing of the function was increased accordingly in 2021/22 from 3.8 to 5 Whole Time Equivalent (WTE). Our review has highlighted that the Health Board's compliance levels with UK GDPR are generally good, and positively note that in recent months compliance with FoIA requests are above required targets.
- 2.5 We reviewed the IG team structure and documented responsibilities of team members, which highlighted sizeable workloads. As seen in other Health Boards, the pandemic effectuated a sustained rise in the number and complexity of requests for information, which has somewhat eroded the effect of the additional resource. For example, we note a 34% rise in FoIA requests since 2019, and an 8% rise since the uplift in resource. We note that one team member is on a fixed-term contract ending in June 2024, which may have an impact on compliance levels going forward.
- 2.6 It is important to note that numerous tasks within the IG team's remit are received on an ad-hoc basis, are time-limited and time-consuming, with the potential for substantial penalties if breached. Whilst not exhaustive, we have outlined below some of the more significant tasks undertaken by the IG team:
- investigating personal data breaches and reporting above-threshold incidents to the Information Commissioner's Office (ICO) within 72 hours;
 - processing requests for Erasure or Rectification within one calendar month;
 - processing Access to Information requests within 20 – 40 days;
 - processing Court orders; and
 - completing Data Protection Impact Assessments (DPIA) for any project requiring the processing of personal data.
- 2.7 In February 2020, the Health Board agreed to a consensual audit by the ICO of its processing of personal data. The overall opinion of the Governance and Accountability area was reasonable assurance that processes and procedures were in place and delivering data protection compliance. The audit identified some scope for improvement in existing arrangements to reduce the risk of non-compliance with data protection legislation, which the IG team captured in a tracking document.
- 2.8 We reviewed the eight ICO recommendations, all of which remain partially complete. Two recommendations are being looked at nationally via the Information Governance Management Advisory Group (IGMAG) and we acknowledge that positive progress has been made against three recommendations related to Information Asset Owners (IAO) and the Information Asset Register (IAR), and one related to IG Training. As evidenced by IG Key Performance Indicators (KPIs)

reported to the Digital Health Intelligence Committee (DHIC), the Health Board has seen a positive upturn in mandatory IG training compliance, rising from 66% in October 2022 to 76% in October 2023 as last reported. Further details on the IAO and IAR are included under objective 2. The remaining actions are moving forward, but at a limited pace. This has been appropriately identified and captured as a medium risk with a score of 8, on the joint IMT & IG Corporate Risk Register. The risk notes *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*. Reported actions are timely and evidence the progress being made.

- 2.9 Concurrent to the ICO tracker, the IG Team has a workstream plan and a departmental action plan in place, which set out the expected foundational activities and work needed to support the structures and processes within the Health Board to enable compliance with legislation and ensure good information governance is maintained. In the main, legislative requirements are recorded as being achieved with the exception of the IAR and IG policy review, which are both partially achieved. We note from the October 2023 meeting of DHIC, that an update on policy review progress was received with several documents updated. The remaining policies / procedures are due to be reviewed imminently.
- 2.10 We note that the plans do not capture improvement and development activities which, whilst not necessarily legislative requirements, are actions that seek to improve information governance within the organisation. Our review highlighted that the current resource level of the IG team allows for the undertaking of core legislative tasks but does not provide opportunity to fully complete the recommendations made by the ICO in a timely manner. Furthermore, there is no capacity for more proactive work, such as exploring emerging IG risks correlating to the rapid adoption of digital solutions across NHS Wales. **See Matter Arising 1 at Appendix A.**
- 2.11 Patients, staff and third parties have the right to ask the Health Board whether they are storing personal data, what information is held, how they are using it, who are they sharing it with, where the data was obtained from, and to receive copies of all relevant data. This is known as a Subject Access Request (SAR). Organisations must respond to a SAR within one month of receipt of the request. However, this can be extended by up to two months if the SAR is complex. Failing to comply with SARs is non-compliant with the law. If organisations fail to respond to SARs promptly, or at all, they can be subject to fines or reprimand.
- 2.12 The function of processing Subject Access Requests (SARs) is split between the Medical Records department for health records, and the IG team for non-medical requests. Whilst we positively note that in recent months, compliance with non-medical SARs has been 100%, compliance with SARs for health records has steadily declined. In October 2023, it was reported to the Information Governance

Sub Group that compliance had dipped below 30% with an average of 350 requests being received per month.

- 2.13 The IG team are fully aware of the potential impact of non-compliance on the Health Board, and they work closely with the Medical Records Management team to review and develop processes to drive improvements. The Subject Access Request Digital Front Door has been one such development which aims to streamline the way requests are received. The solution navigates requestors through a series of questions that will select the correct legal framework dependent on the type of request submitted. This should ensure that all requests are received in a consistent manner and without ambiguity, which should in turn expedite the process. We understand that the solution is currently being piloted within Medical Records and following successful user testing, there will be a phased rollout. Further to this, the IG Manager has authored a set of guidelines to assist staff in processing external requests for information to ensure that they are handled in accordance with the appropriate legal framework.
- 2.14 IG Key Performance Indicators (KPIs) are regularly reported to the DHIC on legislative matters such as Data Protection Act serious incidents, progress on freedom of information requests, and subject access requests processed. To inform IG capacity discussions at DHIC, enhancement of KPIs could be considered to include recurrent themes for non-compliant requests with details such as length of time taken to resolve, and number of IG resources involved. We have not raised this as an issue, as we consider this to be a minor recommendation for improvement. We positively note that serious incidents are presented and discussed in more detail within the private session of DHIC's meetings via the Caldicott Guardian Requirements report.

Conclusion:

- 2.15 Our review highlighted that overall, core IG activities are undertaken well and compliance levels with UK GDPR are good. Current resource levels allow for meeting expectations of core tasks, however, with one member of the team on a fixed-term contract ending in June 2024, there is a risk to maintaining good compliance levels going forward. Furthermore, there is little capacity to drive forward the ICO recommendations to point of completion and to develop processes to enhance IG within the organisation through exploration of emerging IG risks, for example the use of artificial intelligence. Accordingly, we have concluded **reasonable** assurance for this objective.

Objective 2: There is an appropriate structure within the organisation to ensure all areas are engaged and comply with IG requirements.

- 2.16 Our review of the local IG structure confirmed that the key roles defined within the policy have been appropriately assigned as below:

Chief Information Officer

Chief Clinical Information Officer

Senior Information Risk Owner	Director of Digital & Health Intelligence
Caldicott Guardian	Medical Director
Data Protection Officer	Head of Information Governance and Cyber Security

- 2.17 The IG team have recently developed the Health Board's IG policy, to combine the Performance Management Framework, the Data Protection Act Policy, and Data Act Procedure to act as a single point of reference for staff and will be presented for approval to DHIC in February 2024.
- 2.18 The Health Board has an Information Asset Register (IAR). The IG team contact Information Asset Owners (IAOs) on an annual basis with a snapshot of their directorate's information assets. IAOs are to review their register and confirm that it remains up-to-date or provide details of additional / amended information, however, the IG team do not receive responses in all instances. We note that the IAR is approximately 34% complete. The risk of not maintaining an accurate register of assets, systems and applications used for processing or storing personal data is recognised by the IG team and a new process has been developed to give advanced warning to IAO's of the expected review via the Clinical Boards to serve as a reminder and to ensure that sufficient time is given to prepare a response. Whilst we have noted this risk, we have not raised a matter arising as the IG team have already reviewed the IAR position and have put an appropriate action in place to mitigate.
- 2.19 Whilst the Health Board has key defined roles and mechanisms of engaging its employees with IG through policies, guidance, and training, we identified that it does not have service-level IG Leads / Champions as observed in other NHS Wales organisations. The IG team are reliant on Health Board staff approaching them voluntarily to inform them of potential breaches, which supports our observation that the IG team lacks capacity for more proactive work and engagement. Protecting personal data should be the responsibility of each member of staff, and more accountability is required throughout the organisation as a whole, rather than being reliant on one small team. IG Leads / Champions can support the IG function by channeling information on data protection within their respective areas, raising awareness and by ensuring tasks are completed for the IG team. As an example, by having IG Leads / Champions in each service area, they could assist the IG team with obtaining completed IARs. **See Matter Arising 2 at Appendix A.**

2.20 Conclusion:

- 2.21 Whilst the Health Board has mechanisms for engaging its employees with IG, the absence of IG Leads / Champions within the organisation places demand on the IG team to perform tasks that could be delegated, such as raising awareness of data protection legislation and chasing services for information to a FoI or SAR. IG Leads

/ Champions could be utilised by working with IAO's to ensure timely submissions of their IAR. Accordingly, we have concluded **reasonable** assurance for this objective.

Objective 3: An appropriate reporting framework is in place for IG.

- 2.22 The IG team sits within the Digital Directorate, and in-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board's Digital Health & Intelligence Committee (DHIC) oversees and seeks assurance that information management and governance are sufficient, effective, and robust. DHIC meets three times per year and receives an Information Governance Data and Compliance Report at each meeting. Reporting arrangements are good, with the committee receiving information and assurance on matters such as information governance staffing capacity, Data Protection Act serious incidents, progress on freedom of information requests, and subject access requests processed.
- 2.23 We established that the local IG team have regular meetings with an ongoing action log. IG policies and procedures are reviewed and ratified at DHIC, and operational IG issues are raised at the IG Sub Group, which feeds into DHIC. Risks relating to IG are managed and controlled in accordance with the Health Board's IG Policy through DHIC.

Conclusion:

- 2.24 The Health Board has a robust governance structure in place to effectively manage IG. We observed evidence of regular IG performance reporting and thorough discussions of any emerging issues at the appropriate committees. Accordingly, we have concluded **substantial** assurance for this objective.

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Appendix A: Management Action Plan

Matter Arising 1: Assessment of needs and resources (Design)		Impact	
<p>As part of the ICO audit in 2020, eight recommendations were made to improve existing arrangements to reduce the risk of non-compliance with data protection legislation. Actions to mitigate have progressed at a limited pace and all remain partially complete. Further to this, the IG team maintain a workstream plan and a departmental action plan, which set out the expected foundational activities and work needed to support the structures and processes within the Health Board to enable compliance with legislation.</p> <p>Our review of the plans highlighted that the current resource level of the IG team allows for the undertaking of core legislative tasks as evidenced by good compliance levels but does not provide opportunity to fully complete the recommendations made by the ICO in a timely manner. We note that progress could be further hindered should the IG team lose a member of staff at the end of their fixed-term contract. Additionally, there is no capacity for more proactive work, such as exploring emerging IG risks which correlate to the rapid adoption of digital solutions.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Non-compliance with legislation. 	
Recommendations		Priority	
1.1	Management should consider undertaking a full assessment of needs and resources to identify potential gaps and risk areas upon which capacity and resilience can be appropriately measured.	Medium	
Agreed Management Action		Target Date	Responsible Officer
1.1	<p>The Cardiff and Vale UHB Information Governance workforce resource since 2018, remains limited, especially in comparison with other Welsh Health Boards of a similar size. However, this capacity is being well used and core legislative functions are being performed but we accept that there are some gaps in the proactive work that we should be undertaking. To some extent, and linked to recommendation 2.1, the department has recently started work on how to improve some of these gaps including seeking funds to secure additional IG training for 3 team members.</p>	Q1 2024/25	Head of Information Governance & Cyber Security

	A full gap analysis will be performed during Q1 of 2024/25. This will also consider the departments resilience to ensure it can still function should any staff leave their current roles.		
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Matter Arising 2: IG Leads / Champions (Operation)		Impact	
<p>Whilst the Health Board has key defined roles and mechanisms of engaging its employees with IG through policies, guidance, and training, we identified that it does not have service-level IG Leads / Champions as observed in other NHS Wales organisations. The IG team are reliant on Health Board staff approaching them voluntarily to inform them of potential breaches, which supports our observation that the IG team lacks capacity for more proactive work and engagement. Protecting personal data should be the responsibility of each member of staff, and more accountability is required throughout the organisation as a whole, rather than being reliant on one small team. IG Leads / Champions can support the IG function by channeling information on data protection within their respective areas, raising awareness and by ensuring tasks are completed for the IG team. As an example, by having IG Leads / Champions in each service area, they could assist the IG team with obtaining completed IARs.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Non-compliance with legislation. 	
Recommendations		Priority	
2.1	Management should consider identifying appropriate IG Leads / Champions within the Health Board, and to support the IG team by promoting good information governance practice.	Medium	
Agreed Management Action		Target Date	Responsible Officer
2.1	<p>With the existing limited capacity, ensuring that other departments have staff with specific data protection responsibilities is desirable but we need to ensure that this doesn't adversely impact their primary roles which, in the main, are already under strain.</p> <p>One role that needs to be conducted is the role of a Information Asset Owner (IAO) who should be responsible for completing a Information Asset Register (IAR) for their area. It would therefore make sense to explore whether the scope of this role could be extended to also include other data protection responsibilities, such as breach reporting/management and a general IG point of contact for their department.</p>	Q1 2024/25	Head of Information Governance & Cyber Security

	<p>The Information Governance Department will have a conversation with Clinical Boards to see if there is scope to make the IAOs IG champions of their particular areas.</p>		
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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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Report Title:	Digital Transformation Progress Report		Agenda Item no.	2.3
Meeting:	Digital and Health Intelligence Committee	Public	x	Meeting Date: 28 th May 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, this describes good progress on a number of fronts and explanation where there are or may be challenges.

Matt Cornish, Programme Director for National Digital Services for Patients and Public will attend the DHIC meeting today to update the Committee on the NHS Wales App.

2 DHCW (national programmes) Delivery updates

A summary of DHCW national programme status is shown as Appendix 2, which is shared for information as it relates to the updates on some of the national programmes reported above and detailed in Appendix 2.

3 Shaping our Future Digital Services

Further to the February 2024 updates in both public and private meetings, work continues with strategic planning and finance colleagues to prepare an investment case for the revenue required to develop a programme business case which is planned to go to CAV Investment Group for approval in principle before being submitted to SLB for final approval.

This is discussed further in the private meeting of the DHIC committee meeting (paper 3.1).

Work is starting on exploring what the journey to Cloud may entail, the benefits it should bring, recognizing this is complex, is multi-year and that we anticipate a hybrid model of both Cloud and on-premises solutions.

3.1 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 organisation's priorities.

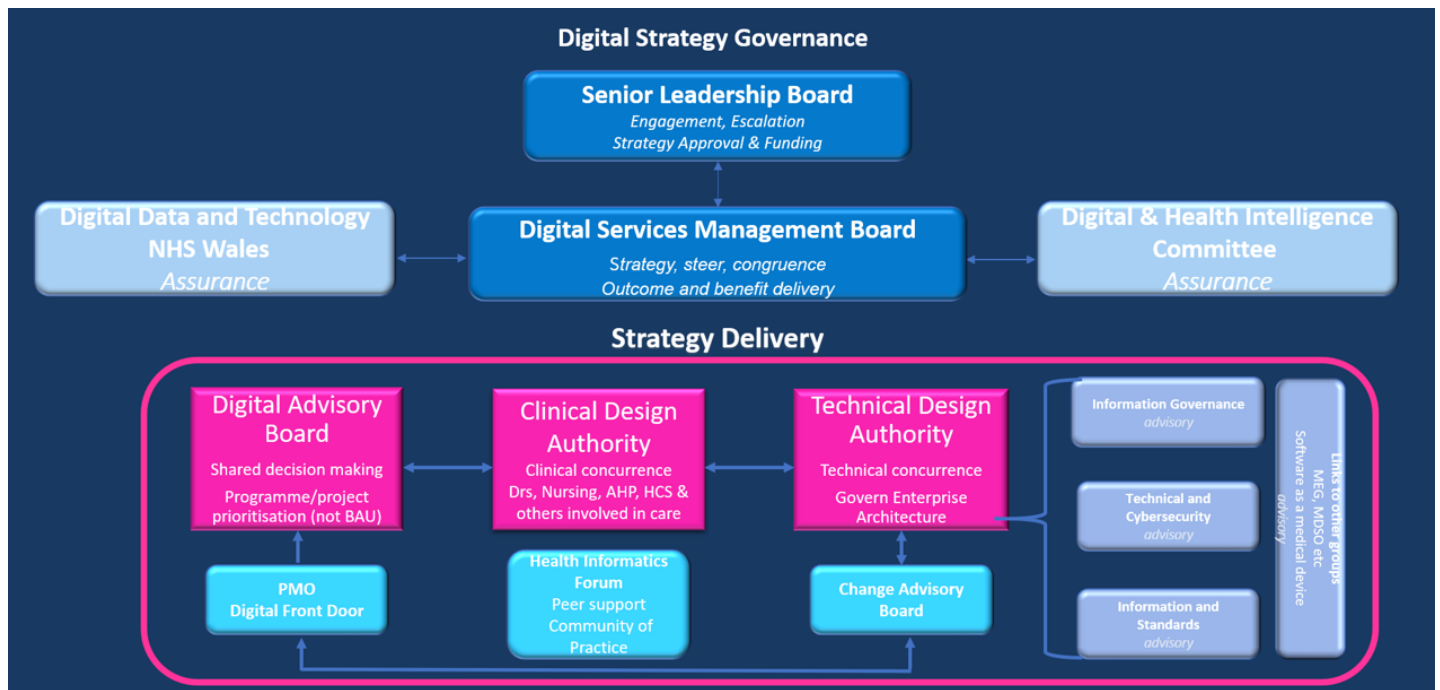
3.2 Governance update

The Technical Design Authority is chaired by Chief Clinical Information Officer (CCIO) and the Clinical Design Authority is chaired by the Nurse Informatics Lead. Both these groups are now established and meet monthly.

The Digital Advisory Board chaired by Director D&HI meets monthly unless there are no matters to bring to the attention of the group. The newly-established Change Advisory Board is chaired by the Assistant Director of IT and is meeting monthly from May 2024.

Digital Services Management Board will now re-convene quarterly.

Updates to Senior Leadership Board and Management Executive are made regularly by Director D&HI.



4 Tactical Activity Update on work programme since October 2023

Key Updates from across the D&HI services:

DSM Update:

Microsoft Project Accelerator now has all D&HI aware 'projects' recorded. A 'D&HI Project methodology' is also in place to cover 'Pre-Project' and 'Detailed Requirements' phases'. Risks, Issues and Benefits are also now templated, trained upon and in use across digital projects.

Some initiatives, including M365 and PROMS are yet to make use of this tooling, which does impact the completeness of reporting.

- New 'Acute Projects' Team manager (Mike Bowers) is appointed and in place from 1st April.
- New 'Implementations and Training' team manager is recruited and in place (Matt Pryor).
- PMS and WCP operational (systems and processes) support desks have been merged to provide greater efficiency and resilience.

Architecture and Analytics:

UHW2 rebuild - the planning team have decided to stand down CAVs Analytic Teams modelling support due to lack of analytical capacity. The planning team will use general public's data to inform high-level planning assumptions for the rebuild.

The Cardiff University team collaboration have submitted a research paper for frequent attenders at A&E and are waiting feedback from the publishers.

A project to develop a predictive tool to determine if a patient will deteriorate while in hospital has reached a milestone by proving it is possible to predict. Next steps will be releasing it live for restricted test use. This will ensure predictions are as expected and can be safely signed off for use.

A Cancer demand forecasting dashboard has been developed in Power BI using Cancer Networks funds has been completed. Next steps, test the dashboard is functioning correctly and release to the service.

The Nursing Analytics team has released a Power BI Nursing Team Dashboard consolidating Tendable Quality audit indicators, Infection Control indicators and Patient Flow data. The dashboard is utilized by all levels of Nursing, from Executive Nurses to Ward Teams, for Clinical Board Performance Reviews, Q&S Steering Groups, and quality improvement initiatives like Ward Accreditation. Its usage across the health board is increasing monthly, demonstrating its importance in informing decision-making processes.

The Nursing Analytics team has also released a Power BI Safecare Dashboard utilising data from the Safecare system that is released across all Inpatient areas and gathers twice daily data on Patient Levels of Care and safe staffing levels as mandated by section 25A and 25B of the Nurse Staffing Act. This dashboard aids in Establishment reviews, monitors the reduction in agency use and contributes to the mandatory Nurse Staffing Act Welsh Government report submissions. Its usage across the health board is growing monthly, reflecting its value in promoting patient safety and regulatory compliance.

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. We have improved our governance structures to help manage the work-programme in delivering the health board's priorities.

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 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
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 outside of CAV

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>	<p>Technical and User testing in progress</p> <p>Go Live anticipated end May 2024</p>
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, to be signed off at Regional Digital Board (17th May 2024)</p> <p>Vale CRS service to follow.</p> <p>Scale deployment requires re-hosting of the shared record in the cloud. Current engagement with AWS and Azure for this.</p>
WCCIS2 now rebranded as Connecting Care	<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</p>	<p>A National Business case was recently presented and rejected by all UHBs and a number of Councils</p> <p>A business case by area (Social Care, MH, Comm Health) is now to be worked up through May/June</p>

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	Welsh Government. CAV with all other UHB is contributing to this work	CaV is leading requirement gathering with BCU and CT UHBs National funding has not yet been agreed for 24/25 leaving CaV with financial risk for regional staff
WRAPPER (Welsh referral, activity and patient pathway enterprise repository) MDT management	A joint CAV and DHCW project as part of the Canisc replacement programme. This project delivers functionality to WRAPPER that enables cross-organisational booking and data sharing between health Boards for Cancer MDT management purposes	Current anticipated delivery: Phase 1 (inbound) - May 24 Phase 2 (outbound) - Jul 24
Scan4Safety	A national NWSSP patient safety initiative that supports inventory and stock management as well as compliance with the medical device bill for implantable devices It will trace NHS patients and their treatments, manage medical devices and monitor products used in procedures	Cardiology is now completing within Cardiff and Vale, Short Stay Surgical Unit (SSSU) and theatres begin implementation Q2 2024
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	16 patient pathways live (36 patient conditions) Plan for 8 new services to be delivered per quarter

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	<p>promote health equality to patients by reducing unwarranted variation in care.</p> <p>PROMs are collected digitally using My Clinical Outcomes. The platform is offered to all clinical services across CAV</p>	<p>MCO contract expires in 2024. Procurement exercise underway for solution for 2025 onwards</p> <p>Increased focus on measuring the impact of using PROMs. Benefits mapping and reporting now key to the onboarding process</p>
NHS Wales app	<p>A national programme, all development goes through the National Digital Services to patients and public (DSPP) programme managed by DHCW.</p> <p>CAV is live with the NHS App in all GP practices with feature sets varying by practice.</p>	<p>Update to be provided by Programme Director during the meeting</p> <p>Awaiting the start of the Public Comms campaign</p>
<p>Welsh Nurse Care Record</p> <p>More information can be found here</p>	<p>WNCR is a solution that digitises nursing documentation, allowing nursing staff to complete assessments digitally using both desktop/laptop and Health Board mobile devices</p> <p>Live in two wards at St Davids and Barry hospitals</p>	<p>WiFi improvements, Mobile Device Configuration and Business Continuity Solution Installation have delayed wider roll out</p> <p>Implementation across all remaining wards in UHL and UHW is planned 2024</p>
Digital Dictation and Transcription	Digital Dictation and transcription available to all Clinical staff within Cardiff and Vale UHB.	Contract award anticipated Q2 2024 following a re-procurement
Electronic prescribing and medicine administration	<p>This programme is in collaboration with NerveCentre (supplier) and DHCW. The 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>	Initial Go Live planned December 2024 with the programme due to be completed by end of financial year 2025/26 (rollout to be completed end 2025). Recruitment underway for clinical, programme and digital posts

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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>	This is currently in review given the position of some health boards decision to implement. This is David T please advise
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>	This is progressing and is being managed by the relevant clinical board (DC&T(via their internal teams)David T please advise
National radiology system replacement	<p>A national programme managed by DHCW, implemented locally</p> <p>Go Live for CAV is planned 2026</p>	The RISP business case has been approved; the programme is led by DHCW with an expected implementation date for Cardiff & Vale UHB at Feb 2026.
Digital Cellular Pathology	A national programme to fully digitise and improve laboratory workflow, creating digital slides	A national business case is in the process of being considered by individual health boards, expected to be discussed at the July Board meeting.
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>	A national programme is moving this forward, however in Cardiff & 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.

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Appendix 1 – Assurance Highlight Reports

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07/11/2024 17:53:11

The objective of the National Data Resource programme is to support a Healthier Wales by delivering all-Wales health and social care data capabilities in a governed, secure and ethical manner. These includes 1) an 'open' architecture and associated enablers. 2) A data platform – including a national data and analytics platform, local data repositories and supporting infrastructure and 3) a data and analytics function including data acquisition, shared learning and research.

Overall RAG	Timelines	Quality	Resources
<p>The rationale for Amber/Red status is due to unconfirmed and potentially reduced funding against requirements which impacts on the programme's ability to finalise its 2024-25 delivery plan. Of the 24 live projects:</p> <ul style="list-style-type: none"> 1 x Red: National Data Warehouse Migration 3 x Red/Amber: Shared Code Repository (GitHub), Secure Data Environment (SDE) and Analytics as a Profession. 2 x Amber status Care Data Repository, Shared Medicines Record and Demographics. 	<p>1/Red: National Data Warehouse Migration 2/Red Amber:</p> <ul style="list-style-type: none"> Shared Code Repository (GitHub), Secure Data Environment (SDE). <p>All IMTP Milestones completed 2023-24.</p> <p>Red/Amber status reflects the need to reprofile plans due to funding uncertainty.</p>	<p>Red/Amber status reflects the potential impact to the programme scope if the proposed budget reduction is confirmed.</p>	<p>People: Vacancies and absence in some areas continues to constrain capacity, however appointments have been made; critical posts are proceeding as fixed term only due to financial uncertainty. Finance: Underspent at the end of the financial year due to reduction in spending requirements of federated partners and VAT rebates. Confirmation of allocation for 2024-25 has not been received. Indicative funding is less than the required budget.</p>

Progress Since Last Reporting Period | Planned work for Next Reporting Period

<p>Project Delivery</p> <ul style="list-style-type: none"> Clinical Data Engine (Acute Coronary Syndromes Pathway Form): The electronic form which is to be used as a single source of clinical data across Health Board boundaries has been assured by the Welsh Informatics Assurance Group. NHS Executive: Successfully completed initial data migration of the former NHS Wales Delivery Unit's Data Warehouse into the National Data and Analytics Platform. NDR Operational Delivery Framework: Work to review and test the framework end-to-end through two-pilot use cases has concluded; planning of the implementation (embedding) phase is underway. National Data Warehouse: Reference data specific to the National Warehouse has been ingested to National Data & Analytics Platform and validated. BCUHB: Progress is being made to develop a local plan and is included in the BCU IMTP. New governance arrangements are in place and progress reports for NDR are included in the Health Board recovery reporting to WG. Discovery use case to address unscheduled care issues is preparing to initiate. <p>Finance & Governance:</p> <ul style="list-style-type: none"> WG scrutiny of 2023-24 progress (phase 3, year 1) undertaken Feb 2024. Review and deep dive into corporate risk (DHCW0269) Switching Service was undertaken. Year-end processes completed in partnership with DHCW Finance and Business Assurance team. 	<p>Project Delivery</p> <ul style="list-style-type: none"> Clinical Data Engine (Acute Coronary Syndromes Pathway Form): Early adopter Health Boards (HDdUHB & SBUHB), initial roll out by Wales Cardiac Network. Information Governance Phase 3: Begin upload of all current information sharing protocols (ISPs) to the Information Governance Digital tool. Shared Code Repository (GitHub): Change control and reprofile plan. Secure Data Environment (SDE): Review project timelines. Social Care Wales : Finalise individual data maturity reports for local authorities. Complete National report. ABUHB/Local Data Resource: Test proof of concept to load and maintain GP practice data. PHW: Complete use case pilots. WAST: Productionise use case pipeline into National Data & Analytics Platform (Out of Hospital Cardiac Arrest) once data sharing agreement is in place. <p>Comms & Engagement: Launch refreshed web pages and monthly newsletter.</p> <p>Finance & Governance:</p> <ul style="list-style-type: none"> Complete project prioritisation exercise and ratify milestones for 24/2 Review programme scope and timelines for delivery to reflect available resources Publish 2024-25 delivery plan; agree programme milestones with WG.
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Key Risks and Issues | Mitigation/Resolution

<ul style="list-style-type: none"> Unconfirmed and potentially reduced budget allocation for 2024-25; DHCW portfolio prioritisation exercise underway which may result in an impact to the 2024-25 NDR programme delivery plan. 	<ul style="list-style-type: none"> Prioritisation exercise underpinned by cost benefits analyses Further review of planned expenditure against updated delivery plan
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Finances £000s | Escalations

Finances £000s	NDR	Capital £K	Revenue £K	Total	Escalations
Annual Budget		0	7062	7062	
Spend to Date		0	6077	6077	

Dashboard

The Welsh Community Care Information System (WCCIS) is the key digital enabler of fundamental transformation in health and social care, in line with government policy: Informed Health and Care; 'Once for Wales'; the Social Services and Well-being Act, and 'A Healthier Wales'. Connecting professionals to provide better joined up care. WCCIS is to be replaced by 'Connecting Care'

Overall RAG	Timelines	Quality	Resources
Connecting Care preparations for a platform replacement continue to progress. This is in the planning/discovery phase. Ongoing iterative improvements of the current platform continue to be challenging though progress is being made. The supplier is aware of future plans.	A number of current milestones are challenging. Phase 2 planning is underway. Timelines remain tight but the programme has made significant advances towards procurement readiness. The programme team continue to work with partners to understand their requirement and iterate the programme approach. Confidence will only be improved once the programme can initiate planning discussions formally with potential suppliers.	Current scope is well understood, defined in clear requirements with the platform operational and providing adequate service. Outstanding requirements are understood. Phase 2 exit must be defined and is a key deliverable for the next period. Phase 2 scope has been extended to include the digitisation of Mental Health services in HBs where systems don't exist or are fragmented. Scoping is underway to define how Phase 2 will deliver interoperability through a shared care record for community care	The internal programme is adequately resourced for currently forecasted operational and development activity. There has been no extra consideration for discovery and initiation of the next phase - Connecting Care. Currently the programme continues to meet the funding and resource requirement necessary to progress the work, and consequently is overspent.

Progress Since Last Reporting Period

- Initiation of Mental Health Discovery Phase 2 to validate findings in Cwm Taf Morgannwg Health Board with all other Health Boards
- Design work on a data transition approach to support 19 partners to extract, transform and load data from existing supplier in readiness for new solutions is underway
- Regional Technology Steering group established with representation from Health Boards and Local Authorities
- Procurement approach for Social Care agreed; regional working group of procurement specialists from Local Authorities created
- Market engagement for Health underway
- Exit discussions with supplier ongoing

Planned work for Next Reporting Period

- Approval of a procurement approach for Health Care applications.
- Initiate procurement activities with first adopter Local Authorities and Health Boards
- Present draft Full Business Case to partners and Welsh Government
- Continue exit discussions with the supplier
- Market engagement for Health underway
- Initiate market engagement around Shared Care Record

Key Risks and Issues

Mitigation/Resolution

Finances £000s

Escalations

	WCCIS	Capital £K	Revenue £K	Total
Annual Budget		0	3772	3,772
Spend to Date		0	4917	4,917

The objective of this programme/project is 'Delivering a digital maternity solution across Wales that supports clinicians and empowers women and birthing people to participate in high-quality, safe care that supports improved outcomes and experiences'

Overall RAG	Timelines	Quality	Resources
Longer term funding mechanism requires clarification by Welsh Government. Significant budget reduction against 2024/25 revenue funding will constrain planning and impact delivery timescales.	High-level programme planned, timescales dependent on procurement start, delayed due to outstanding Outline Business Case funding clarifications. Delivery likely to be significantly delayed.	Programme scope and detailed definition is completed, with sign off delayed due to Outline Business Case status.	Revenue budget reduction for 2024/25 will impact recruitment of additional resources to support programme delivery. At present unresolvable, but full impact assessment underway.

Progress Since Last Reporting Period	Planned work for Next Reporting Period
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- | | |
|---|--|
| <ul style="list-style-type: none"> Held discussions with Welsh Government Policy Leads and Chief Nursing Office to detail DMC Business Case position and understand potential future funding mechanisms. Shared Outline Business Case (OBC) with Welsh Government, programme board and team members for content review. Awaiting feedback from WG on funding mechanisms. Completed review of refinements to Statement of Requirements, incorporating changes and updating formats. Preparing contract documentation in readiness to commence procurement. Held 2 project scoping workshops on 14 Mar 24 with a variety of stakeholders involved in the data and analytics project and standardisation of women's information. Finalised user research and service design outputs with Centre for Digital Public Services. Key milestone delayed: Programme plan developed. Completion moved back to end Q1 24/25. | <ul style="list-style-type: none"> Review programme position following reduction in 2024/25 revenue budget, including detailed assessment of impact on planned work, programme deliverables and timescales. Respond to feedback on OBC with a further iteration. Update funding mechanisms and detail approval routes once clarity is provided on funding mechanisms. Share finalised outputs from user research and service design work with key stakeholders. Complete review of initial 3 draft national clinical data standards and engage with Clinical Assurance Group to review. Continue with gap analysis, process mapping, drafting of national standards, and clinical engagement for first phase of standards. Complete set-up of procurement governance and prep for start of procurement, pending resolution of OBC. Approval of all procurement documents in readiness for start of procurement. |
|---|--|

Key Risks and Issues	Mitigation/Resolution
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Following development of Outline Business Case a funding gap has been identified between the allocated Funding Letter and the full funding required to deliver the programme. This needs to be resolved via an agreed funding mechanism.	Escalated to Welsh Government digital and clinical policy leads. Outline Business Case to be finalised and agreed with health boards.
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Finances £000s	Escalations
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DMC	Capital £K	Revenue £K	Total
Annual Budget	240	1691	1,931
Spend to Date		1396	1,396

Dashboard

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07/11/2024 17:53

The Digital Eyecare Programme is a critical enabler for the successful transformation of eyecare services across Wales and includes an Ophthalmology Electronic Patient Record (EPR) and Electronic Referral system for Optometrists referring into secondary care. This will enable the electronic transfer of clinical data between clinicians in both primary and secondary care settings to support shared care

Overall RAG	Timelines	Quality	Resources / Costs
A digital investment proposal for a new cloud hosted procurement of EPR and ERS solution was submitted to WG. The proposal was not accepted, with further direction from WG for the programme to investigate whether continued tactical deployment under the existing contract was possible. Outstanding issues to be resolved first to allow this to happen	Under the Full Business Case all Health Boards should have completed deployment by the end of 23/24. At the time of transfer only CAV had done any material deployment and 5 of the Health Boards have not deployed anything.	Outstanding system clinical risks for ophthalmology and optometry that need addressing	Costs: Insufficient funding to deliver the programme Resources: Retention of experienced programme resources across all organisations at risk due to funding issues will make any new deployment of the programme doubtful.

Progress Since Last Reporting Period

January - Completed options appraisal with a recommendation to procure a supplier to provide cloud hosted support and some development of the existing solution and to migrate the system from CAV, alongside some tactical deployment if possible.
 February - Under the contract the supplier retains ownership of the IP and all associated licences and software, prohibiting migration or retention of the system at the end of the contract.
 March - A digital investment proposal for a new cloud hosted procurement of an EPR and ERS solution was submitted to Welsh Government. The proposal was not accepted, with further direction from WG for the programme to investigate whether continued tactical deployment under the existing contract was possible.
 An internal audit was conducted into the Programme Transition

Planned work for Next Reporting Period

April -

- CAV to resolve and provide evidenced assurance to the Transition Board of 13 pre-requisites to enable re-commencement and planning for deployment under the remaining term of the contract
- CAV to obtain agreement with the supplier to agree contract changes to enable transfer of ownership of the Intellectual Property

May - workshops with all health boards to review and agree any clinical risks associated with ERS and EPR products and to understand mitigation and resolution actions.

Key Risks and Issues

Issue: Uncertainty in respect of 24/25 funding has meant that fixed term contracts have not been renewed and vacancies not filled across the programme

Mitigation/Resolution

Review strategic options and submit a position statement to Welsh Government

Finances £000s	DECP	Capital £K	Revenue £K	Total
Annual Budget		0	0	0
Spend to Date		0	286	286

Escalations

Dashboard

Bridgend Transition National System Impact (including WelshPAS Bridgend Disaggregation)

Owner: David Sheard

Assurance
Highlight Report

Qtr. 4
23/24

The objective of this programme is to support Cwm Taf Morgannwg's (CTM) Bridgend ICT Services Transition Programme work to move Bridgend patients out of Swansea Bay (SB) ICT systems into CTM ICT systems following the health board boundary change in April 2019.

Overall RAG	Timelines	Quality	Resources
<p>WelshPAS Data migration activities progressing. However, no agreed Go Live data for the project and scope yet to be signed off. High degree of complexity with the disaggregation and degree of risk associated with remaining activities.</p> <p>Concerns around timelines for impacted systems to align with WelshPAS. No resources funded for impacted systems.</p>	<p>The broad plan for WelshPAS data migration work is clear, and activities are progressing. While a May 2025 Go Live date has been suggested, it is not formally agreed upon.</p>	<p>A data migration scope document has been created but pending decisions within CTM/SB delay formal approval. Proceeding with assumptions in the absence of decisions risks delays if significant changes are introduced later. Further exploration work required to determine the impact on DHCW national systems and activities required to transition.</p>	<p>Awaiting formal notification of reduction to the revenue allocation. Impact of the reduction on the May 25 date to be assessed with CTM.</p> <p>2 Full Time Equivalent posts funded for Welsh Patient Referral Service until March 25, No resources funded for other impacted systems.</p>

Progress Since Last Reporting Period

- Data Migration (DM) 3 complete and DM3 report signed off, DM4 data load completed successfully and testing in progress
- Logic/rules for data migration being documented (specification documents)
- Data flows built for CTM inbound Master Patient Index feed; system integration testing complete and flows deployed for user acceptance testing
- Workshops held with national systems to get into further detail on the impact for them (Welsh Clinical Portal, Welsh Clinical Communications Gateway, GP Test Requesting, Welsh Care Records Service)
- Workshops between Welsh Reference and Terminology Service and impacted systems to capture changes to reference data
- Welsh Patient Referral Service Assurance and Delivery Focus Group established

Planned work for Next Reporting Period

- Arrange workshops to discuss specific aspects of the scope, such as Emergency Department data, Cancer tracking and finalise specification documents for DM4 and DM5 scope
- CTM/SB to resolve issues around ways of working - awaiting decisions on service model
- Resource and funding requirement for 2025/26 to be determined
- Data migration scope to be formally approved by all parties
- Data Privacy Impact Assessment for data migration
- Dates for two-way Master Patient Index feed user acceptance testing to be agreed
- All national systems/services to advise of their testing plans in the absence of a sealed test environment, workshop arranged
- Continue to assess impact on national systems and hold workshops, workshops arranged with CTM and SB to identify detailed impact on Welsh Point of Care Test and Welsh Laboratory Information Management System

Key Risks and Issues

Mitigation/Resolution

Finances £000s	Bridgend Transition (including WelshPAS System Disaggregation)	Capital £K	Revenue £K	Total
Annual Budget		264	2446	2,710
Spend to Date		0	2363	2,363

Escalations
13

Dashboard

The Welsh Intensive Care Information System (WICIS) will be a centralised national system to manage all adult critical care units providing a standardised approach to critical care across Wales. The system will be replacing all current paper records and other current critical care clinical information systems ensuring that the full patient record can be managed in one place.

Overall RAG	Timelines	Quality	Resources
Due to refinements being made within the system, particularly focused around the drug therapy and administration module, Aneurin Bevan Health Board (ABHB) go live at Grange Hospital, rescheduled for 20th Nov 23 has been postponed to allow ABHB to carry out and complete local user acceptance testing. In addition, the final week of training at ABHB has been put on hold until testing is signed off and accepted locally,	As the implementation has been delayed in ABHB, no revised go live date has been agreed currently. Cwm Taf Morgannwg (CTM) health board has advised that they will not go live as planned in Jan 24, impacting the overall completion date of the project. Additionally, due to finance issues, Betsi Cadwaladr (BCU) health board have indicated they are not able to go live in 2024/25 with ongoing discussions taking place. All health boards are required to go-live by Mar 25 due to availability of funds.	As refinements have been made within the system, additional change requests may be required in order for user acceptance testing to be signed off. Validation testing between 'production' and user acceptance testing environments have been affected due to changes being made since validation testing commenced. Additional validation testing may be required once local and national testing is complete.	As the project has not commenced go-live as planned and an extension to project workstreams, ie validation, staff are required to support the project further than expected. Additional resources may be identified once implementation begins including pharmacy resources to maintain the drug dictionary and business change to support go live readiness activities with health boards. Additionally, the completion date of the project to be live across all health boards as expected, may need to be extended if health boards cannot meet dates.

Progress Since Last Reporting Period

Implementation workshop held on 19/03/24 with attendance from ABHB and SBU health boards to discuss opportunities for implementation and changes needing to be made in order to meet the completion deadline of Mar 25.
DHCW reviewed ABHB hazard analysis report.
Clinical lead worked with supplier to identify and recommend simplification work needing to be made to the system following discussions with clinicians and nurses across the health boards. The supplier considered the recommendations and reported back to DHCW on timescales required to complete this work. Escalated to DHCW Directors.
Additional device controllers received from the supplier to DHCW, following successful additional funding received from WG.

Planned work for Next Reporting Period

- Options for proceeding with WICIS to be presented to Programme Board
- Device controllers to be delivered to SBU HB
- Implementation proposals to be agreed
- Discussions on timescales to complete suggested development re-work to be agreed

Key Risks and Issues

DHCW0333 - If the planned Health Board implementation dates for WICIS are delayed THEN there may be increased costs due to delays and indexation, and the supplier and delivery partners may become less engaged RESULTING IN a funding shortfall, slower development and implementation, reduced value for money, and not meeting programme objectives.

Mitigation/Resolution

Options paper presented to DHCW Chief Executive to be discussed at programme board

Finances £000s

	WICIS	Capital £K	Revenue £K	Total
Annual Budget		5307	365	5,672
Spend to Date		5265	476	5,741

Escalations

Funding shortfall for 2024/25 and commitment from HBs to accept and implement WICIS by March 2025. Options paper escalated to Welsh Government, Health Board Chief Executives and Directors of Digital on 18 Apr 2024. Options cover the minimum number of Health Boards implementing the system, funding requirements, and alternative outcomes.

The objective of this programme is to procure replacement Picture Archiving and Communications System (PACS), Radiology Information System (RIS) and Patient Dose Management System (PDMS) systems for all health boards in Wales, due to the current PACS contract ending in 23/24. (Health Board contracts have varying terms, DHCW currently provide the RIS).

Overall RAG	Timelines	Quality	Resources
Overall RAG status downgraded to RED as supplier plan received late and plan has delayed health board and Trust implementation Dates, however overall programme end date remains the same.	All health Boards have signed their deployment orders , timelines are tight , revised plans have been received from the radiology system supplier - this plan has delayed a number of health board and Trust go lives. Individual planning sessions are taking place and intention is to baseline the plan at the May 24 Board	Programme scope remains the same as set out in the Full Business Case. The standardisation project will be taken forward by a newly created transformation group.	Welsh Government have confirmed funding. However, following the Full Business Case sign off, a number of omissions have come to light. Some Health boards highlighted they have resource issues which may impact service delivery while readiness activities are ongoing.

Progress Since Last Reporting Period | Planned work for Next Reporting Period

<ul style="list-style-type: none"> Identified the need to go through Information Standards Development and Assurance Process to obtain Welsh Information Standards Board (WISB) approval to get a set of radiology data standards approved SANDPIT environment set up with demographics link enabled Public Sector Broadband (PSBA) supplier have been instructed to proceed with (PSBA) installation however a mitigation has been agreed as there is a risk that the link will not be in place in time Revised plans have been received from radiology system supplier however this has resulted in delays to a number of Health Board and Trust go live dates, individual planning sessions have been set up with the supplier and health boards /Trusts to discuss. Technical design documentation has been approved Contract Management Board established 	<ul style="list-style-type: none"> Health boards/Trusts to sign All Wales Contract Change Note Confirm funding gap Agree DHCW third party service model Agree a date with supplier for PSBA installation Baseline plan <p>Key milestones coming up:</p> <ul style="list-style-type: none"> Data centre Build complete
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Key Risks and Issues | Mitigation/Resolution

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Finances £000s | Escalations

	RISP	Capital £K	Revenue £K	Total
Annual Budget		783	899	1,682
Spend to Date		438	795	1,233

Dashboard

The objective of this programme/project is to contribute to Welsh Government Pathology statement of intent by developing safe, sustainable, and standardised pathology services through end-to-end information and communication technology systems and services.

Overall RAG	Timelines	Quality	Resources
Mar 24 Laboratory Programme Board (LPB) agreed to maintain AMBER/GREEN RAG. LPB will continue to monitor closely as we progress through 'Set-up/Build' phase (due to be complete end Aug 24).	RAG remains GREEN; first commercial milestones (CM1 / CM2) met ahead of schedule; no change to 'Solution Built' commercial milestone (CM3) – due end Aug 24.	RAG remains AMBER/GREEN due to condensed timelines and supplier's change control notice does not cover all the elements detailed in the original LINC procurement. Still awaiting decision from ABHB on de-scoping Blood Transfusion from their initial Go live (scheduled for Aug 25).	RAG remains AMBER/RED due to condensed timelines (4-year programme of work, reduced to 2-years). Health boards/Trust resources across operational and digital teams will need to be allocated and prioritised alongside DHCW resource.

Progress Since Last Reporting Period

- Continued 'Set-up/build' phase (LIMS configuration; interface build; Data Migration build)
- Data Migration 'Side-application' tested by supplier
- Sandpit environment provided to 100+ Health Boards/Trust staff)
- Resolved critical firewall defect with interim/VPN connectivity
- Commenced functional testing of LIMS / interfaces

Planned work for Next Reporting Period

- Continue 'Set-up/build' phase (LIMS configuration; interface build; Data Migration build)
 - Data Migration 'Side-application' to be tested by DHCW/Health boards
 - Continue functional testing of LIMS / interfaces
 - Continue installing instrument interfaces (in order of deployment)
 - Continue work on test planning/test script production
- Key milestones coming up:
Solution built 31/08/2024

Key Risks and Issues

Mitigation/Resolution

Finances £000s

	LIMS 2.0	Capital £K	Revenue £K	Total
Annual Budget		7705	1723	9,428
Spend to Date		7643	1721	9,364

Escalations

Dashboard

Saurabh Venkatesh
07790111753

Report Title:	Joint IMT & IG Corporate Risk Register		Agenda Item no.	2.4	
Meeting:	Digital and Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	28 th May 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 13 joint IMT/IG risks identified on the report:

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

- Cyber Security

1 x Risk remains in amber status with a score of 12.

- WCCIS Local team not resourced

:

11 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
- WLIMS
- Server Infrastructure
- UHB Standard Data Processing
- Non-Compliance with data protection legislation
- Governance framework (IG policies and procedures)
- Effective resource utilisation

2 x New risks have been added under amber status with a score of 12

- Risk of CAV UHB Video Consultation
- PARIS Contract Extension

Recommendation:

The Board / Committee are requested to:

NOTE progress and updates to the Risk Register report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration	x	Involvement	
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Impact Assessment:

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

Risk: Yes/

As outlined in the risk register

Safety: Yes

Financial: Yes

Non-compliance and less efficient ways of working

Workforce: Yes

Impacts on ways of working

Legal: Yes

Compliance with regulatory requirements

Reputational: Yes

Trust of staff and patients/service users

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes

Green IT and digital solutions that support greater virtual working

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Saunders, Nathan
07/11/2024 17:53:11

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. 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 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. Additional resources is required to fully implement recommended areas of best practice. Completion of mandatory Cyber Security training is below the required level.	5	4	20	The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. (May 2022: Successful business case bid made to BCAG to ensure appointment of dedicated Cyber resources. Roles are currently being advertised and recruited to. Global cyber threat increase in response to events in Ukraine. Implementation of NIS Regulations provides powers to WG to penalise organisations who are non-compliant with fines up to £17m or 4% of turnover. Continued efforts need to be made to improve compliance with the Health Board's Cyber Security Mandatory Training and to increase awareness of and engagement with the Health Board's Phishing Campaigns. Compliance with/completion of Cyber Resilience Unit Recommendations. September 2022 : Two of the 4 roles have been appointed to. The remaining posts are in the recruitment process. Jan 2023 - We have successfully appointed a Cyber Security Manager and we anticipate a start date mid February. One of their main priorities will be to implement the improvement action plan May 2023 update - Cyber Security Manager post to be re-advertised. Second phishing simulation email sent to all staff in March 2023. New malware incident SOP developed. July 2023 update: IT Security Officer appointed and due to commence in post August 2023. This post will support the UHB with its NIS compliance and allow the cyber analysts to prioritise security monitoring. Further work is being done to the Cyber Security Manager role to achieve a higher banding before re-advertising September 2023 update: IT Security Officer in post. This allows the Cyber Security Analysts to concentrate on proactive monitoring. A number of Cyber Security awareness sessions delivered by the IT Security Manager have been presented to a number of platforms, including HIF and Digital Coordinators groups. January 2024 update: Cyber Security Manager now re-banded and currently being advertised. This new post will operational lead the Cyber team strengthen the UHB's cyber security posture. A further phishing simulation was launched in October to continue raising cyber security awareness. In February, we also promoted 'vishing' training to all staff. May 2024 update: New Cyber Security Lead appointed and due to start 14th May 2024. Priorities include further deployment of CAV assessment to assist with NISD compliance.	Head of IG & Cyber Security	August 2022 Ongoing	5	3	15	01/07/2022	Digital Health Intelligence Committee			
A4/0025	8	10/07/1905	WCCIS2 (Connected Care): The National procurement appears intent to procure a basic/limited product for Mental Health services. Drivers for this include BCU asking for 'limited/out of the box' products to move them off paper and 20yr old solutions. An immaturity of awareness of a full M.H service requirement is also at play within DHCW/National Programme Team. The implications of an immatured M.H solution being annointed by Wales (in a procurement that seeks the cheapest option against a suite of immatured requirements) is that CaV will have no upgrade/migration path for PARIS (which can only exist in current model until c2030). If CaV fall out of the National procurement, then no W.G supportive funds will be available to support the uHB in a replacement for PARIS.	DT	4	3	12	CaV have pressed for a reasonable (6wk) period for 'matured' requirements to be worked up across Wales by sites (users of existing and future products). This was supported by Directors of Digital in April'24 and has allowed the end of April and May'24 for these requirements to be reviewed and matured by sites across Wales. CaV and ABuHB are leading on this, with BCU joining CaV for requirements capture.	Risk exists in Wales as to the funding of WCCIS2. A Business case has been drafted which is not accepted by LAs nor HBs, as it provided very little to HBs for implementation costs. The risks here are: 1. Wales selects an immature product for MH which CaV cannot 'drop back' too, given our advanced position on PARIS. 2. The Business case does not support the CaV costs of migration from PARIS to AN OTHER solution in 2026-2028 (if CaV do decide to move to an alternate product)	4	3	12	uHB level involvement to bring assurance to CaV concerns is required.	May '24: David Thomas and Mark Cahalane to continue to work closely with the National Programme Team and with fellow Directors of Digital to influence Wales into a more matured thinking about the adoption of the CaV PARIS product for Wales. Mark Cahalane and Tim Evans (Programme manager for WCCIS2) to work on the Business Case for WCCIS2, contributing to the National rework on this.	Head of Digital Services Management				0			
			Risk of CAVUHB Video Consultation Programme The attend Anywhere (AA) contract ends on 30th September 2024, with no safe video consultation option available for Clinical Services by the cut-off date. The risks associated with this programme and its status have been elevated to WG and a bridging gap has been requested. An exit strategy for all eventualities is being drafted with the input of clinical representatives from Services who currently utilise VC across the Health Board. he status of the programme has been elevated through the national Director of Digital meeting with a further highlight and focus within that forum in mid-May	DT	4	3	12	T. A clinical/corporate risk assessment has been drafted with input from all services that utilise VC and would be negatively affected by 01 eventuality, with the intention to elevate this to the COO once completed. CAVUHB VC team have been exploring other platform options and are in touch with Procurement to gain clarity on process and timelines should this option develop. CAVUHB VC team have engaged with CAVUHB M365 team, IG and Cyber in regards to the Microsoft Teams Classic option and the feedback is it may be viable, but not within the current timeframe of cut off, but with more time it could be a possibility. The VC team is actively engaging with the Procurement team to explore alternative options					May '24: 1. Collaboration with Clinical Services to further assess impact of no VC after 30th September 2024. 2. Finalise with sign off on exit strategy document for all possible eventualities, including process maps for VC team and CB actions. 3. Obtain confirmation from TEC Cymru and WG in terms of strategy on how to proceed, whether at a national level or local level and on programme budget allocation.. 4. Liaise with Procurement to obtain clarity on procurement options for a potential local solution. 5. To elevate programme status and current risk to Director of Finance local meeting. 6. For Clinical Boards to elevate to Executive team as part of QS&PE due process.	Head of Digital Services Management								

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			PARIS contract extension 2024-2028 requires an agreed business case approved by the uHB for £218,586 (plus VAT) increase in funding (spread across years 2, 3 and 4 of the term).	DT	4	3	12	1. Unforeseen delays (e.g. staff sickness) preventing Procurement from proceeding further. 2. Unforeseen delays (e.g. staff sickness) preventing timely completion or acceptance of the Business Case.			4	3	12	May '24: 1. Meet with Deputy Finance Director to brief and seek guidance and assurance for the Financial Case aspect of the Business Case. 2. Meet with key BC stakeholders to draft BC and provide further assurance and ongoing guidance to the authoring of the BC (D&H Procurement, Finance, PARIS Programme Board Chair). 3. Completion of Business Case document. 4. Escalation of Business Case via appropriate channels (Finance, Executive Board, etc.) . 5. Business Case signed off resulting in adjustment of budget to cover the 2024-28 shortfall and future re-contracting costs in line with RPI inflation.	Head of Digital Services Management
8	28/09/2015		Outcome Measures: Risk: Unavailability of full, consistent care delivery information results in an inability to ascertain outcomes of care we provide, and commission, plan and improve services accordingly. Consequence - Low assurance on safety, quality and effectiveness of services and satisfaction with services, sub optimal decision making, inability to execute policy and strategy, reputational damage.	DT		0		Analysis and wider engagement and communication of outcome and audit data, triangulated with efficiencies and effectiveness data as part of Medical Director led programme established. UHB and national investment in data repositories and clinical forms will support programme			3	3	9	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. Jul '23. Interviews have been arranged with Endoscopy, Physio, Orthopaedics, General Surgery and PCIC between 19-Jul-23 and 31-Jul-23. Interview responses will be analysed and brought back to the next data improvement meeting on the 08-Aug-23 for discussion and agreeing next steps. Sept '23: Following the data improvement interviews a common theme is that many services are validating their waiting lists. There is an opportunity to develop a tool to reduce this admin burden. Several additional data improvement interviews have been arranged to ensure we are capturing the requirements of the services. Jan 2024: This work is being absorbed into the Data Insights development mechanism looking at current and future data insights provision with work to produce a data strategic plan strategy by Qtr 2 24/25. May '24: Data Insights Programme Board established to review and oversee the Data Improvements and data strategies work which supports data requirements.	Head of Architecture and Analytics and Head of Business Intelligence
8	19/02/2018		Data Quality High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incorrect/incomplete/late recording of activity Absence of ISO 27001 certification. Consequences: Potential for poorer patient outcomes and experience, analysis and benchmarking flawed resulting in poor decision making, under recovery of income, inability to maximise potential of R&D	DT		0		Further re-ignoration of the role out of COM2 will increase clinically validated data. Updates and training programme scheduled for mental health and our partners in order to address issues identified in recording and reporting compliance with parts 2 and 3 of the mental health measures. New dashboard release will expose greater amount of data to users, in a more user friendly way, enabling validation by relevant clinicians. Data quality group has established a work plan to improve quality and completeness of data and how it is presented.			3	3	9	Data Quality Group needs to be refocused. 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 CClO and service leads, a data strategy is being developed to support the digital strategy roadmap plans, which will be produced by Q3 2022/23. September 2022: Data Quality as part of the Data Strategy is being addressed at UHB level comprising baseline position of info/data by November 2022 and a complete audit by March 2023. Jan '23 - CAV UHB position made clear in a written response to the Senedd's sub committees relating to the adoption of the WCCIS' system May '23: Little progress with data strategy writing however, data quality should begin (and can be done in parallel) at the point of collection e.g. systems need to have checks in place when recording data (system enhancements) July '23: Data Improvement Group has wide representation across the Clinical Boards and is focussing on completion of full baseline to identify all data sources Sept '23: The Data Improvement Group have setup interviews with people who can help document known data quality issues and potential improvements. This will form part of the data improvement roadmap Jan 2024: This work is being absorbed into the Data Insights development work looking at current and future data insights provision with work to produce a data strategy by Qtr 2 24/25. May '24: Data Insights Programme Board established to review and oversee the Data Improvements and data strategies work which supports data requirements.	Head of Architecture and Analytics
8	28/09/2015		Risk: Accessibility of data: UHB does not have an ability to access and use the data it requires to carry out its full range of statutory obligations and enable delivery of our strategy and IMTP. . Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (e.g. WCRS, WRRS) Consequence - Inability to deliver strategic UHBs, namely - Supporting people in choosing healthy behaviours, - Encouraging self management of conditions, - Enabling people to maintain or recover their health in or as close to home as possible, - Creating value by enabling the achievement of outcomes and experience that matter to people at appropriate cost, - Enable and accelerate the adoption of evidence based practice, standardising as appropriate	DT		0		Approach identified to work with C&V GPs to share data across care sectors to inform improvement and to gain a better understanding of need, demand and the capacity available to meet it. National data repository programme will provide access to tools and expertise			3	3	9	National Architectural design group and interoperability group being set up in line with Once for Wales agreement and WG Informatics statement of intent should provide medium term solution. HB taking forward data acquisition programme in line with the development of the electronic care record. May 2021: in support of information sharing outside of direct care purposes, agreement has been reached with WAST and Cardiff Council (Social Services) for data to be shared; a similar request to include GP data is currently being considered by the Wales GPC/DHCW. May 2022: Data sharing between CAV UHB, WAST and Cardiff Council's social services being piloted following successful test. GP data remains out of scope pending WG review of governance for cross-setting information sharing. September 2022: Information sharing between CAV UHB, Cardiff Council and WAST established. Additionally, the Digital Care Record Group has been established reporting to the RPB Board. Jan '23 - Digital Care Record Group scoped out a work plan for delivering the sharing of information - initially for the "Looked After Children" utilising the LDR May '23: Digital Care Region has scoped out a work plan to create a patient identity management service to enable the safe sharing of patient records between health and social care. A proof of concept was recently developed and is now in the testing phase. Jul '23. DHCW have released in beta 2x APIs (for testing) to access their national documents repository and consumption of their reference data service. The Regional Partnership Board (Digital Care Region) have approached a company called Blackpear who can facilitate the accessing of GP data. Prehab to rehab team and Local Data Resource team are in talks with ViPC to facilitate the accessing of GP data. Sept '23: To date DHCW have released a total of four national beta APIs 1) reference data 2) demographics 3) documents 4) diagnostic results for review and testing by HBs. The Regional Partnership Board Digital Care Region Shared Cared Record continues to make progress with testing to be complete end of September. There will also be several months effort to work through the IG considerations of sharing the data. Jan 2024: We have started work with DHCW API management team to understand the WRRS API so that we can help Richard Davies (Cardiff and Vale UHB - Anaesthetics) with yearly lab bloods data and Robert McLeod (Cardiff and Vale UHB - ENT) to check if MRI skull scans have been carried out. May '24: DHCW has recently updated that the WRRS API release will now be pushed back 9 months to Jan 2025, therefore pausing the previous project updates	Head of Architecture and Analytics

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	8	28/09/2015	<p>Clinical Records Risk: Clinical records are not joined up across disciplines, care settings or geographical boundaries resulting in incomplete and out of date patient information. Summary information is not routinely shared across systems. Differing local service models which are also going through a period of significant change mean access to appropriate data is an increasing need.</p> <p>Consequence is unsupported clinical decision-making, introducing patient harm and/or disadvantage and failure to meet NHS Wales digital strategy</p>	DT			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. September 2022: CAV LDR plan being formalised. 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. 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 Jul '23. A consultancy company that provides enterprise architecture services is helping to document and design the future UHB landscape. The data improvement group will be interviewing 5x services to determine how they use systems (or paper) in their daily workflows. Their responses will be analysed to determine the wider architectural work.</p> <p>Sept '23: The data improvement working group is supporting the mapping out of all patient data captured across the UHB in all formats. The output of this work will inform the enterprise architecture plans for supporting the timely sharing of data across different systems, services and organisations at a system wide level</p> <p>Jan 2024: The data quality working group have conducted several interviews with various parts of the organisation to determine how they use data and in what systems. The group will meet on 12-feb-2024 to review these findings and set the next objectives. The Digital Care Region demonstrated at the 1st regional board meeting, a proof of concept website combining health and social care data into a single record, which was well received, next steps are to introduce more data, this time for looked after children.</p> <p>May '24: work continues with Digital Care Region with go live imminent once a decision has been made where to service will be hosted. DHCW update two weeks ago, the WRRS API has been pushed 9 months to Jan 2025 since what they developed did not perform well when tested.</p>	Head of Architecture and Analytics								
A2/0004	8	13/12/2013	<p>Insufficient Resource: The delivery of the IM&T Strategic Work plan is based on the UHB being able to ensure that the IM&T Department is appropriately resourced to manage infrastructure and deliver projects. All benchmarking information indicates that the UHB is significantly under resourced in this area. Consequence: Inability to support operational and strategic delivery at pace required, reliance on outsourcing at enhanced cost, non compliance with legislation (FOI / GDPR)</p>	DT			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. 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> <p>July '23: Digital roadmap and Digital Information Programme proposals presented and discussed at Board on 27.07.23. Agreement that investment cases should feed into the long term financial plan (DDHI & EDof to action)</p> <p>Sept '23: outlined investment cases developed which will be presented to the UHB Investment Group in November 2023.</p> <p>Jan '24: Proposal developed and presented to CMG in December 2023. 'Case for Investment' setting out the request for capital monies in 2024/25 to develop the business case for longer term investment. Being reviewed at February 2024 CMG meeting.</p> <p>May '24: Internal case developed for consideration at the Investment Group in early summer which supports the Digital Foundation OBC in accessing capital funds through the All Wales Capital Programme for 2025/25.</p>	Director of D&HI								
A4/0024	8	29/01/2021	<p>The Welsh Pathology Information management system (WLIMS) implementation has taken longer than envisaged. As a result of this all Health Boards will not have migrated off their legacy pathology systems (Telepath) by end of March 2018, which is when their current telepath contracts will expire (contract currently in extension).</p>	DT			The UHB engaged with NWIS and other Health Boards to evaluate options available to mitigate this risk.			4	2	8	<p>May 2022 update: HW and SW contract extended to end of 2025</p> <p>Sept 2022: Risks associated with the LINC programme ability to deliver have been raised at national CEO level.</p> <p>May '23: LINC programme changes agreed with new plan and timescales being worked up (Sept '23)</p> <p>Jul '23: CAV Digital Operations are actively working with AWMGS to move the current LIMS environment out of its isolated DMZ and onto the Cymru domain. In parallel to this the Server operating systems and LIMS application are being upgraded. This work is planned to be completed mid-August 2023.</p> <p>Sept 2023: An agreed solution has been found. The SCC Servers have been moved onto the NHS Wales Domain after AV, Patching and Security checks. This work is due to be completed by Mid/late Sept 2023.</p> <p>Jan 2024: SCC servers have been added to the domain as per Sept update. NEW Hardware has been commissioned in late 2023 and will be moved to the CIG site Q1 2024/25.</p> <p>May 2024: SCC LIMS Servers have been moved to CIG and connected to the network. AWMGS are leading on the project to update and commission them fully.</p>	Head of Operations								
A3/0110	8	13/12/2011	<p>Server Infrastructure The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to complete and revenue based support to maintain. There is a requirement to also retain a minimal number of physical servers for those systems not capable of virtualisation.</p>	DT			The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.			4	2	8	<p>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.</p> <p>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.</p> <p>July 2023: Electrical work has been completed within CRI and Woodland with UPS devices and new racks commissioned. UHL is planned for mid Aug due to complexity. The first DR and secondary production equipment is planned to be installed in Woodland House in late Aug 23.</p> <p>Sept 2023: Woodland House electrical work completed, planned network connectivity upgrades in Oct will allow the DR/Backup site to be used. UHL electrical work and UPS installation delayed by CEF due to other commitments. Planned for completion by the end of Sept 2023.</p> <p>Jan 2024: Electrical work has been completed and A/C units installed. Servers and Services will be moved in a phased approach to UHL and Woodland House Q2/3 2024/25.</p> <p>April 2024: Still on plan as per Jan 2024 update</p>	Head of Digital Operations								

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8	16/02/2018	UHB Standard Data Processing Risk: obligations and accountabilities relating to the way data is handled are not formalised Consequence: the UHB could suffer detriment and/or have difficulties applying remedies against a third party if data is not handled appropriately	DT		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	Procurement are greatly assisting process by referring all issues involving data sharing to the corporate IG department. September 2022: Procedures improved via the IG Working Group whereby new data requests for data sharing are reviewed and actioned in a consistent manner. 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. May 2023: No further update Jul '23: Digital Care Region has scoped out a work plan to create a patient identity management service to enable the safe sharing of patient records between health and social care. A proof of concept was recently developed and is now in the testing phase. Sept '23: No further update Jan '24: work progressing in developing a data strategy to support the Data Insights plan to address completeness and quality of data in our clinical systems.	Director of D&HI					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		Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOs/IAAs from this. GDPR awareness being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement.	4	2	8	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 mandatory 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 targeted 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%. July '23: IG Mandatory training for Cardiff and Vale staff continues to increase. NIAS compliance has improved as a result of awareness raising September 2023 update: IG Mandatory training now at 76% across the workforce. NIAS monitoring continues with over >750 letters sent to staff on behalf of the Caldicott Guardian regarding inappropriate access. January 2024 update: The Information Governance Dept is focusing on a number of proactive tasks that are outstanding. Once in place, the risk of GDPR non-compliance will reduce. These will be completed by Qtr 22 24/25. May 2024 update: Work commenced to identify appropriate IAO & IG champions.	Head of IG & Cyber Security					0
8	16/02/2018	Risk: IG policies and procedures are not up to date/do not cover all relevant areas. Procedures are not aligned to relevant national policies. Consequence: Lack of clarity in terms of how the UHB expects its staff to work to in order for relevant accountabilities to be discharged.	DT		Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy is live and covers a number of existing policies.	3	2	6	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 where 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 further two documents currently in the process of being reviewed/updated. July 2023 update: The Records Management Policy has been updated and is being brought to DHIC in August 2023. Additionally, the Records Management Procedure and Transportation of Casenotes and PII Procedure have been updated. September 2023 update: Records Management Policy ratified by DHIC in August 2023. Also approved were the Records Management Procedure and Transportation of Casenotes and PII Procedure. January 2024 update: Overarching Information Governance Policy being presented to DHIC (February 2024) with proposed changes. May 2024 update: Information Governance Policy approved and available to staff.	Head of IG & Cyber Security					0
8	01/10/2018	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.	DT		Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.	4	1	4	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. 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. July '23: Digital Advisory Board established as group representing all Clinical Boards focussed on prioritisation of work requests. Sept 2023: Change Management is currently being piloted by the Digital Operations teams (Starting with the Server Team) Sept 2023. Deployment to the rest of Digital Operations is expected by Oct/Nov 2023. Jan 2024: After a successful pilot and test within the Server Team, other Digital Operations teams are using the new Change Management Process with a view to deploy to the wider Digital teams Q2/3 2024. May 2024: A more formalised Digital Change Management process has been agreed. The first CAB meeting is planned for late May 2024. This will agree the ToR and SOPs going forward. Planned to be fully implemented by Q3 2024	Head of Digital Operations					0

Saunders Nathan
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Report Title:	IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, staffing and mandatory training)			Agenda Item no.	2.5
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	28 th May 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Director of Digital & Health Intelligence				
Report Author (Title):	Head of Information Governance and Cyber Security				

Main Report

Background and current situation:

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

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

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

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

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

ASSESSMENT

1. Information Governance Staffing Levels and Capacity

Information Governance staffing levels remain stable but continue to be challenged by 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.

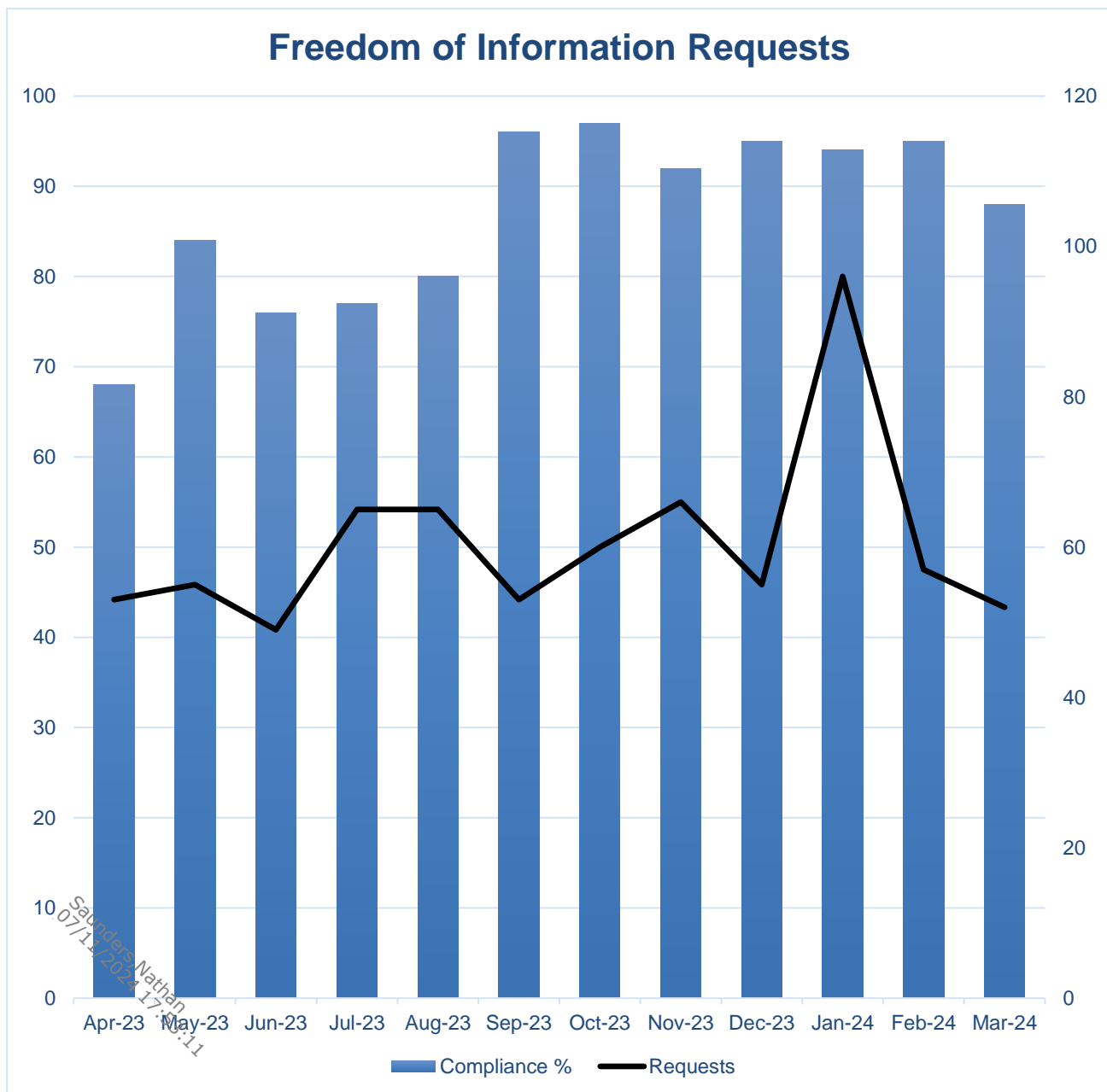
2. Data Protection Act – Serious Incident Report

Date reported: February 2024 to April 2024

Between February 2024 and April 2024, the Information Governance Department have reviewed a total of 139 (46 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 51 incidents per month. Of these breaches reviewed during this recent period, 6 breaches met the threshold to be reported to the Information Commissioner's Office (ICO). The details of these breaches are outlined in a separate paper 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:



The average number of FOIs received during the last 12 months has slightly increased to 61 requests per month (from 57) and average compliance has increased to 87% from (83 %). FOI compliance for January 2024 to March 2024 was 94%, 95% & 88% respectively.

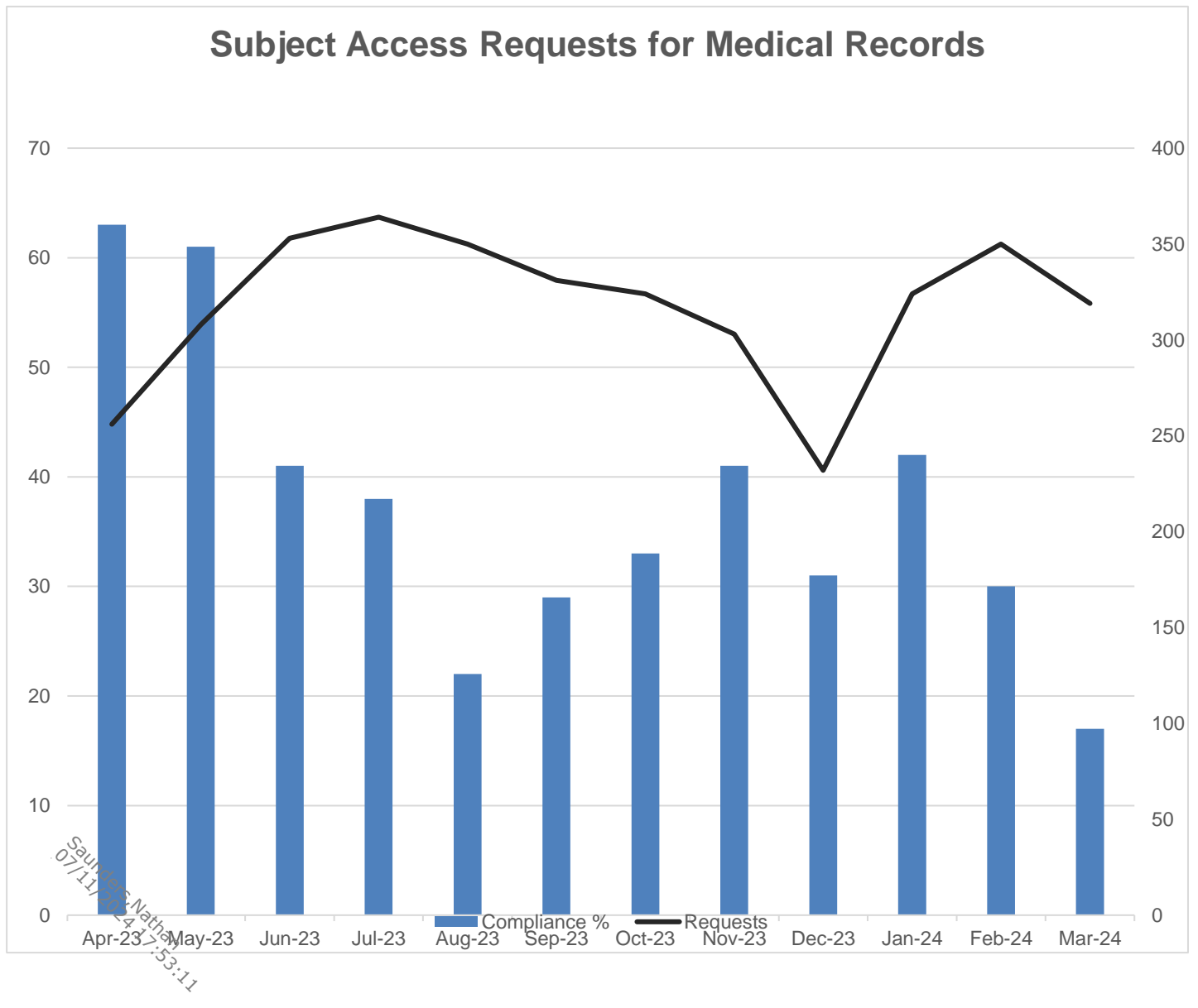
A link to the UHBs FOI disclosure log can be found below. This provides a link to every FOI the UHB publishes online. In the event that requests are made for the same information, the UHB is able to signpost requestors to this log.

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

4. Subject Access Requests Processed

4.1 Health Records requests

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



The number of requests has sharply risen from December 2023. Compliance remains a cause of concern, averaging 37% (a drop from 48%) over the last rolling 12 months. During this time an average of 318 requests have been submitted each month (an increase from 316).

The team continue to manage a number of absences caused by sickness and recruitment vacancies. A commitment has been made by Medical Records to test and deploy the Subject Access Digital Front Door. This solution will improve compliance by streamlining and automating a number of existing manual processes.

4.2 Non-Health Records

A total of 16 subject access requests submitted for non-health records were received from January 2024 to March 2024. 16 requests (100%) have been complied with, within the legislated timeframe although two requests are still open following an extension to the deadline.

5. Compliance Monitoring/NIAS

Since January 2022, the UHB has sent out a total of 904 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 program of work. Further detail will be provided in the private committee agenda.

6. Information Governance Mandatory Training

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

Org L4	Assignment Count	Achieved	Compliance %
001 All Wales Genomics Service	335	302	90%
001 Capital, Estates & Facilities	1462	1192	82%
001 Children & Women Clinical Board	2404	1908	79%
001 Clinical Diagnostics & Therapeutics Clinical Board	2605	2090	80%
001 Corporate Executives	1082	885	82%
001 Medicine Clinical Board	2044	1461	71%
001 Mental Health Clinical Board	1567	1070	68%
001 Primary, Community Intermediate Care Clinical Board	1169	923	79%
001 Specialist Services Clinical Board	2246	1669	74%
001 Surgical Services Clinical Board	2410	1648	68%
UHB	17324	13148	76%

The overall figure does not represent a change in overall completeness since figures were last provided to the last two meetings of 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.
- 139 information governance related incidents reviewed from February 2024 to April 2024.
- 6 data breaches since the last committee have been reported to the Information Commissioner's Office.
- Freedom of Information compliance increased to 87% for last 12 rolling months.
- Requests for access to medical records has sharply risen since December 2023 and compliance continues to drop. Over the last 12 months, compliance has dropped to 37%.
- The Information Governance Department continues to send letters to staff who breach data access policy.
- Information Governance mandatory training across the UHB remains at 76%.

Recommendation:

The Board / Committee are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes

Compliance with legal and mandatory requirements

Safety: Yes

Supports patient and staff safety

Financial: Yes

Non-compliance

Workforce: Yes

Applies to entire workforce

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

Saunders, Nathan
07/11/2024 17:53:11

Report Title:	Digital Services Key Performance Indicators			Agenda Item no.	2.6	
Meeting:	Digital and Health Intelligence Committee		Public	X	Meeting Date:	28 th May 2024
			Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	
Lead Executive:	Director of Digital and Health Intelligence					
Report Author (Title):	Digital Support Services Manager					

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 standardized mechanism to inform the digital team of issues and to raise a variety of general and specialist requests for help or advice.

As reported at the last DHIC meeting, the Power BI reporting tool was demonstrated showing a wide range of data being gathered to support the directorate’s reporting against a set of agreed key performance indicators. This will now become a standard report which can also be used to share management information on the performance of the D&HI directorate’s full range of services.

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

The Ivanti system supports the ‘digital front door’ for most of the D&HI services and the development of reporting functionality is useful in demonstrating user demand, service responses and how resources are deployed.

The reporting functionality gives increased details on the volume of Service Requests, Incident Reports, Automation Requests and response times. These details are contained within the latest Ivanti Management Report, covering the period to 10/05/24 which is listed as Appendix 1. This will be presented in more detail at the DHIC meeting itself.

We will continue to develop the system and its reporting capability so that a set of core metrics can be incorporated into the overall integrated performance report as a key enabler to supporting operational performance.

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	X

		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	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: 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:

Saunders, Nathan
07/11/2024 17:53:11

Ivanti Management Report

[View in Power BI](#) ↗

Last data refresh:
10/05/2024 11:20:09 UTC

Downloaded at:
10/05/2024 11:50:50 UTC

Saunders, Nathan
07/11/2024 11:50:11

The following slides will show stationary screen shots of the data being captured from Ivanti and displayed in Power BI for the reporting of Lag Key Performance Indicators within DH&I. We have more request offerings available on the Digital Self Service Portal than ever before.

Information for this report was pulled on the 10th of May 2024.

This will include

- Service Request information Yearly, and Monthly.
- Incident Report information Yearly, and Monthly.

Key Items to Note

Service request - Number of requests seems to be on par with what we saw last year.

Incident Reports – Similar number of incidents and looks to be on par with what we saw last year.

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Executive Scorecard

Year 2023		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
36858 Incidents Opened	38527 Requests Opened	14494 Incidents Opened	15664 Requests Opened	3134 Incidents Opened	3276 Requests Opened
36562 Incidents Closed	34380 Closed Requests	13907 Incidents Closed	13155 Closed Requests	3088 Incidents Closed	2843 Closed Requests
296 Remaining Open	4147 Remaining Open	587 Remaining Open	2509 Remaining Open	46 Remaining Open	433 Remaining Open
4.79 Avg Duration (Days)	7.05 Avg Duration (Days)	2.08 Avg Duration (Days)	3.65 Avg Duration (Days)	2.14 Avg Duration (Days)	4.83 Avg Duration (Days)

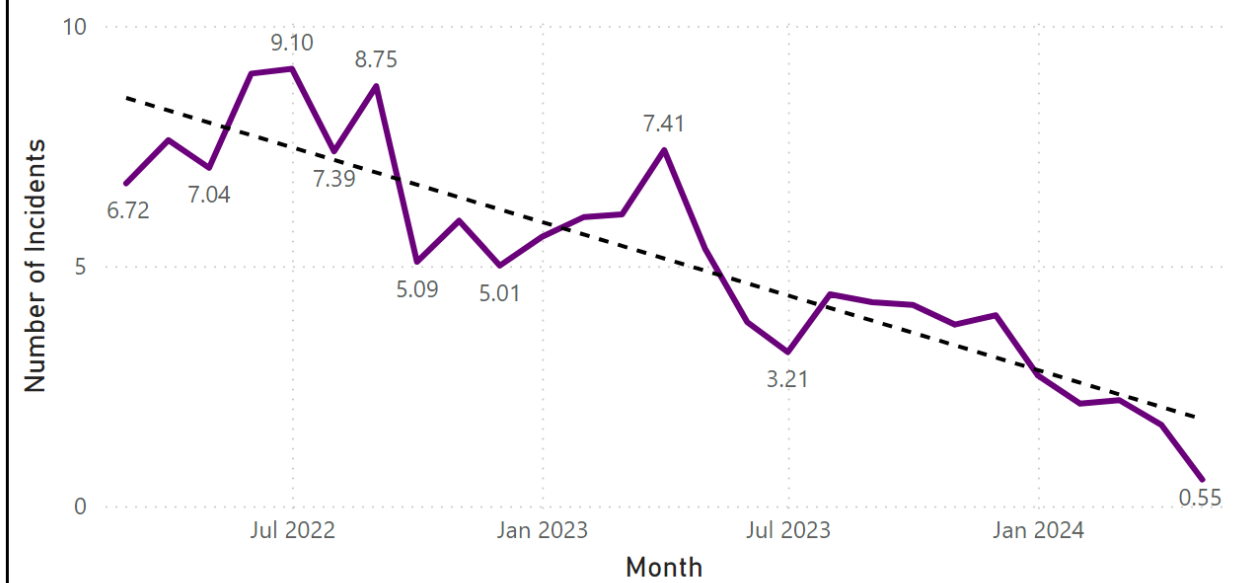
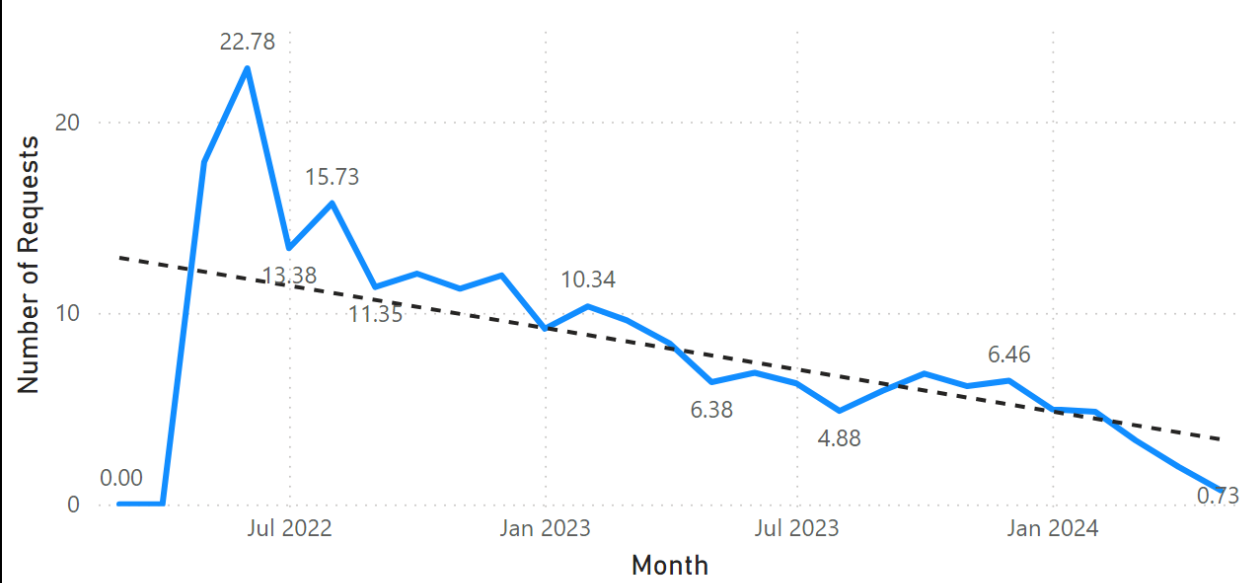
Executive Trending

Requests

Incidents

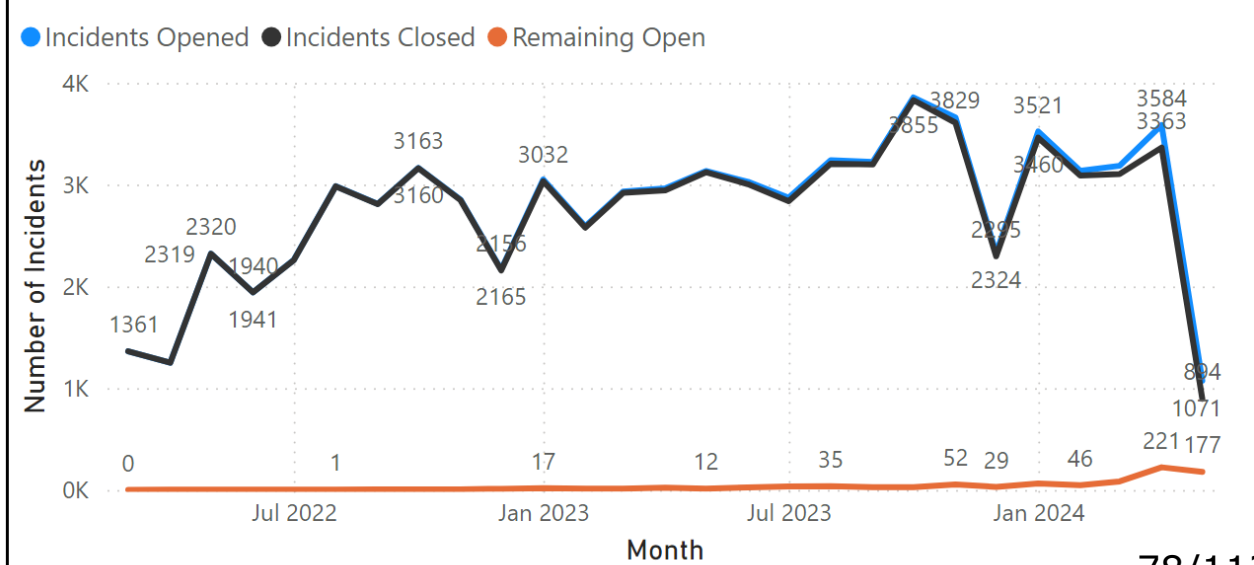
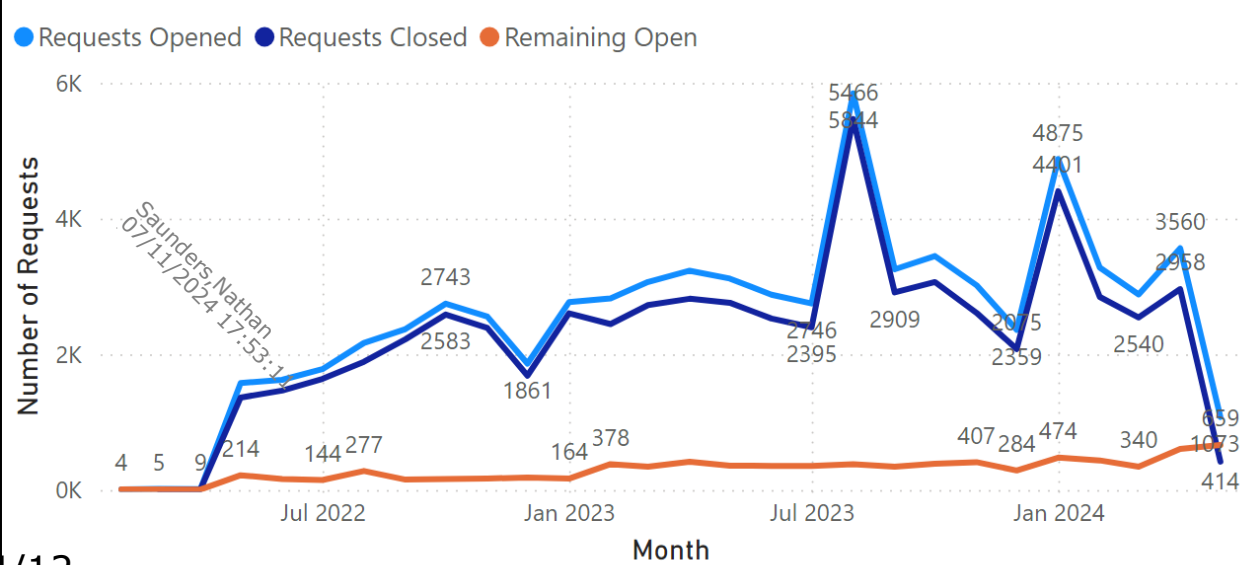
Average Duration (Days)

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
14834 Incidents Opened	25031 Requests Opened	6401 Incidents Opened	9565 Requests Opened	1418 Incidents Opened	2000 Requests Opened
14808 Incidents Closed	23329 Closed Requests	6212 Incidents Closed	8592 Closed Requests	1413 Incidents Closed	1854 Closed Requests
26 Remaining Open	1702 Remaining Open	189 Remaining Open	973 Remaining Open	5 Remaining Open	146 Remaining Open
6.44 Avg Duration (Days)	4.94 Avg Duration (Days)	2.53 Avg Duration (Days)	2.96 Avg Duration (Days)	2.77 Avg Duration (Days)	4.15 Avg Duration (Days)

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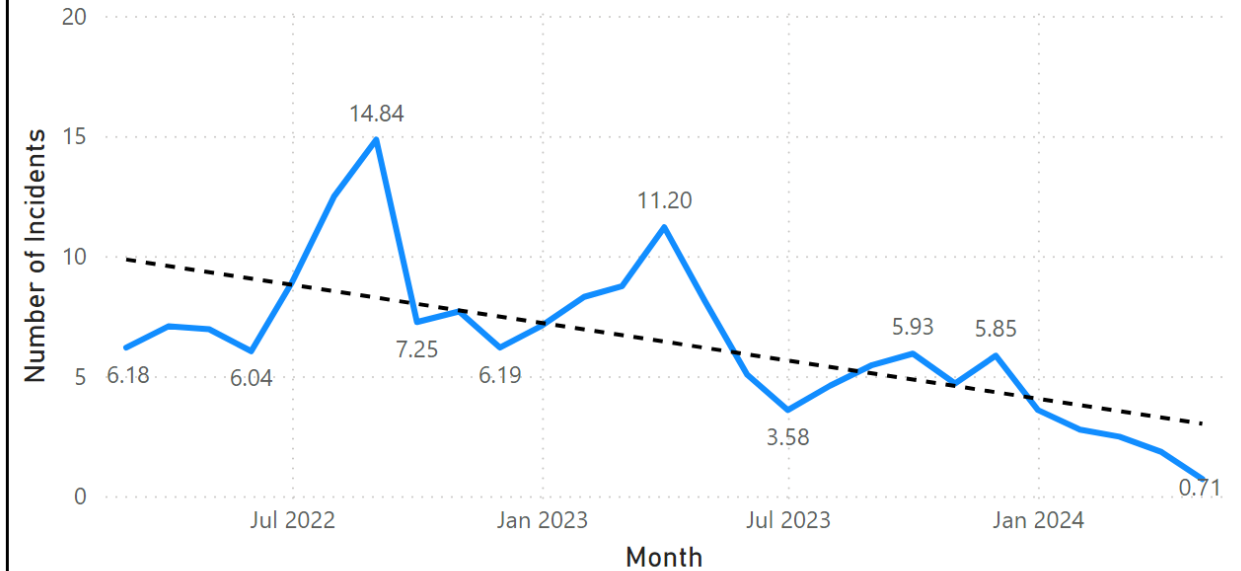
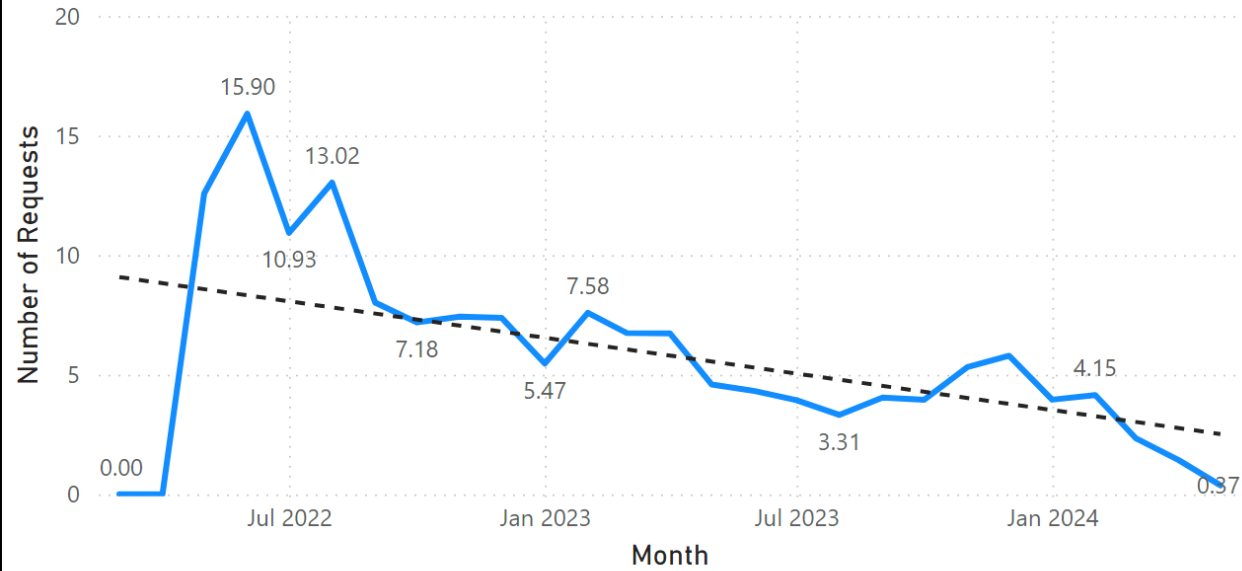
Service Desk Trending

Requests

Incidents

Average Duration (Days)

Average Duration (Days)

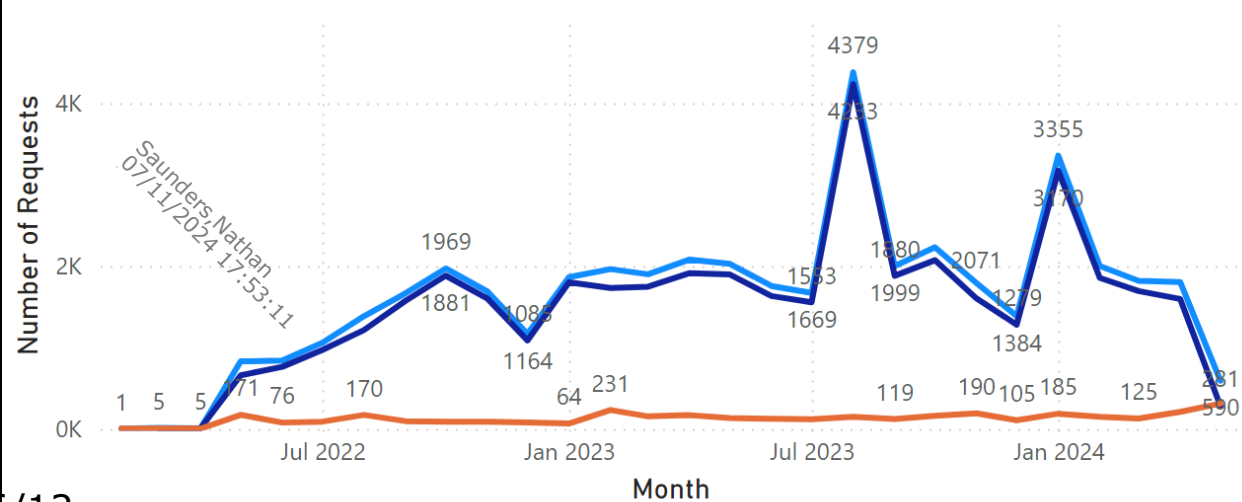


Requests Opened, Closed and Remaining Open

Incidents Opened, Closed and Remaining Open

● Requests Opened ● Requests Closed ● Remaining Open

● Incidents Opened ● Incidents Closed ● Remaining Open



Created by Year

2024

Created by Month

- January 2024
- February 2024
- March 2024
- April 2024
- May 2024

1077

Requests Opened

415

Closed Requests

549

Remaining Open

0.74

Duration (Days)

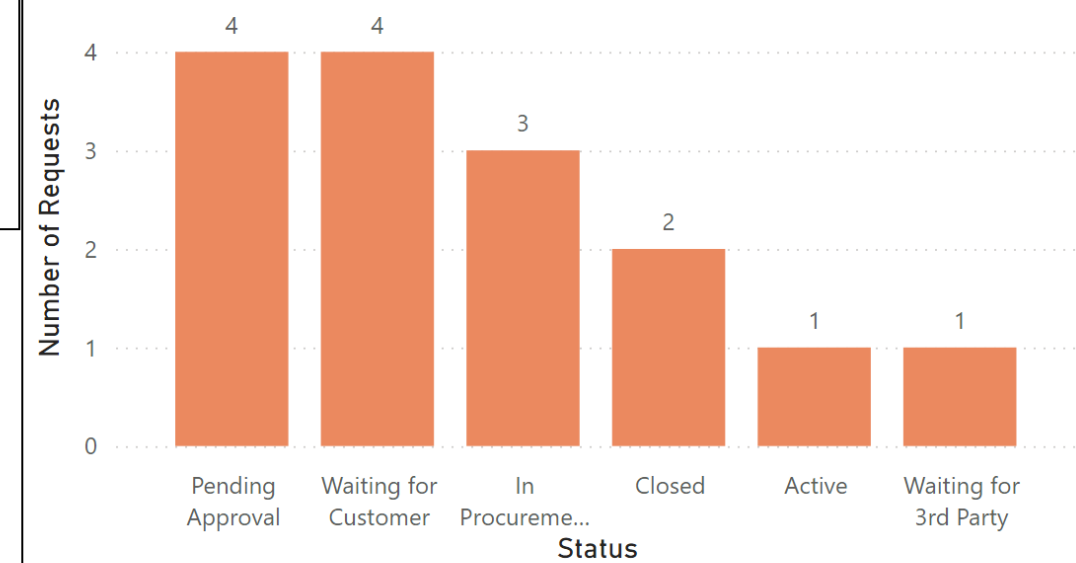
164

Older than 30 Days

30

Pending Approval

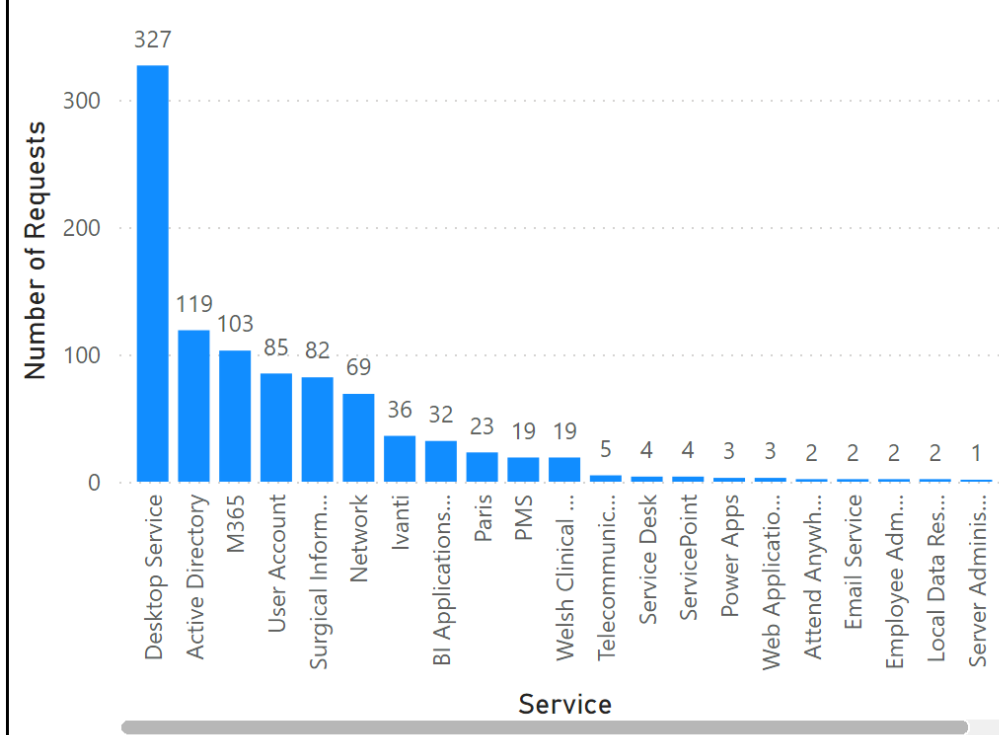
IT Procurement Requests



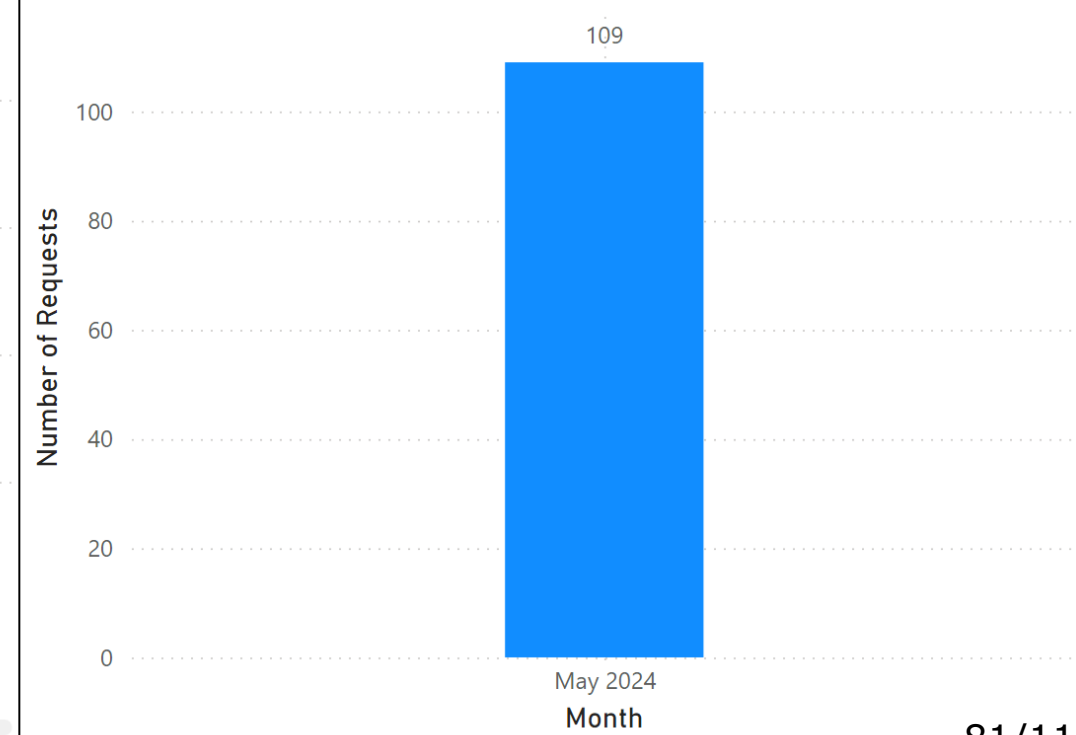
OwnerTeam

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

Number by Service



Automation Requests



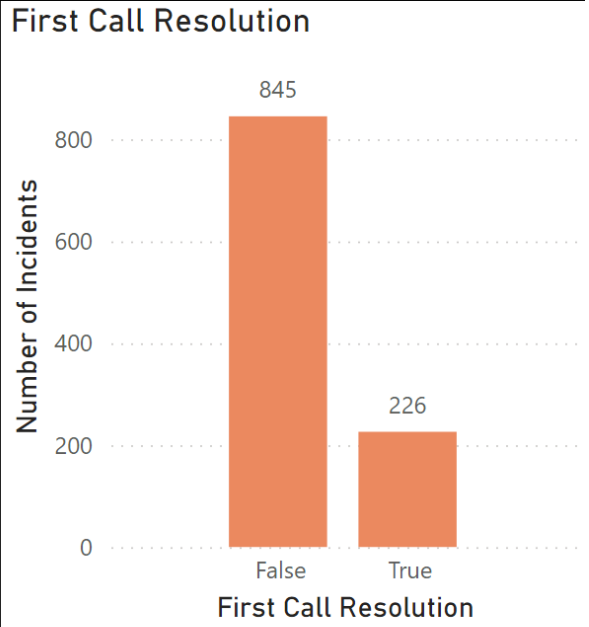
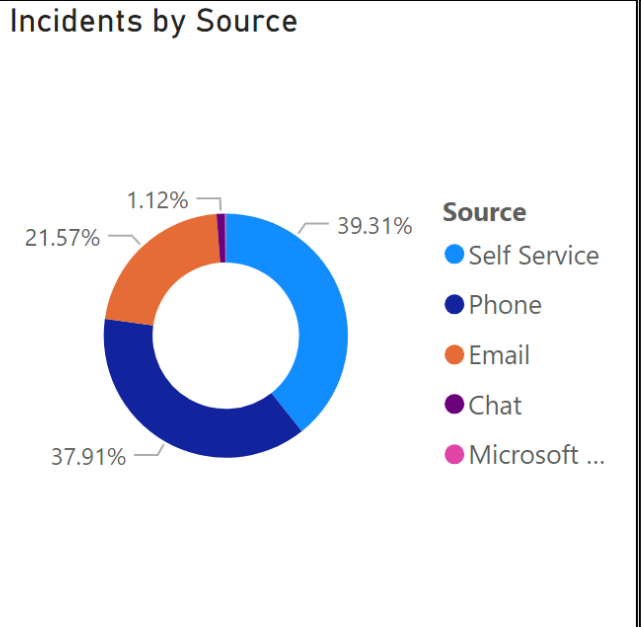
- Date by Year**
- 2024
- Date By Month**
- March 2022
 - April 2022
 - May 2022
 - June 2022
 - July 2022
 - August 2022
 - September 2022
 - October 2022
 - November 2022
 - December 2022

1071
Incidents Opened

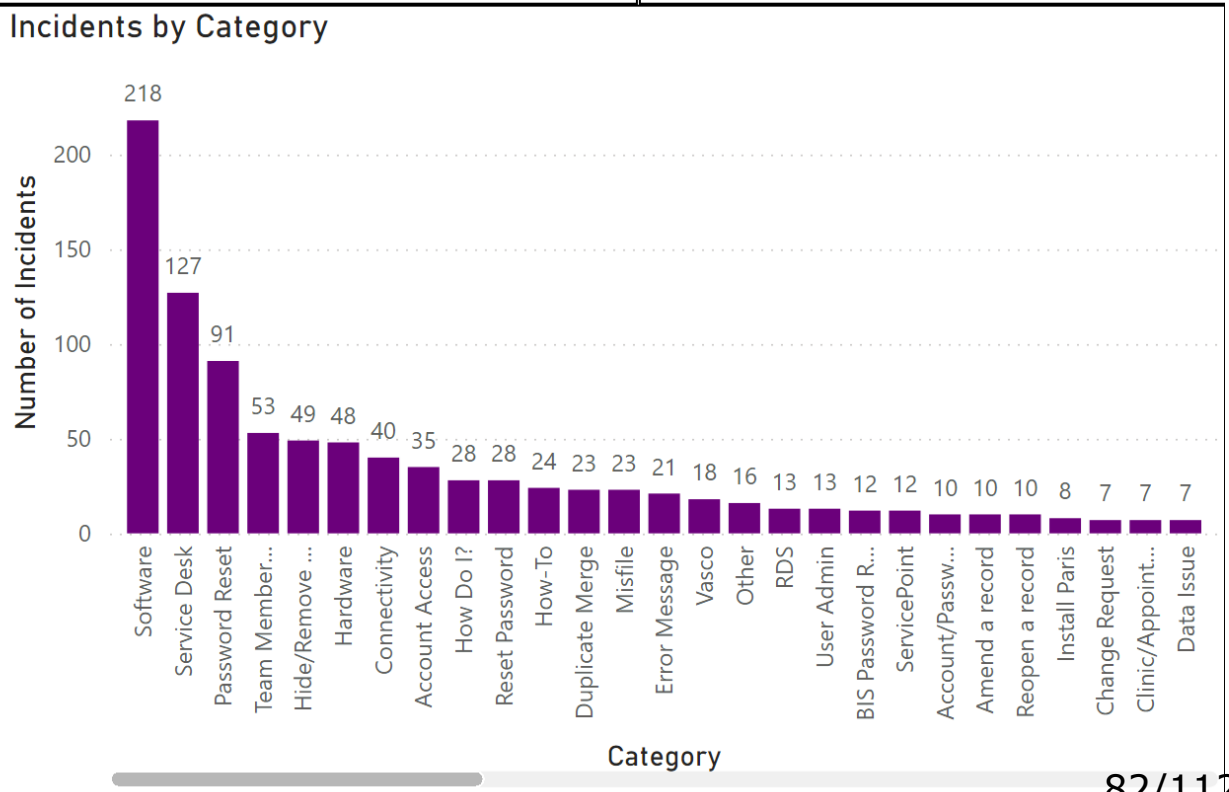
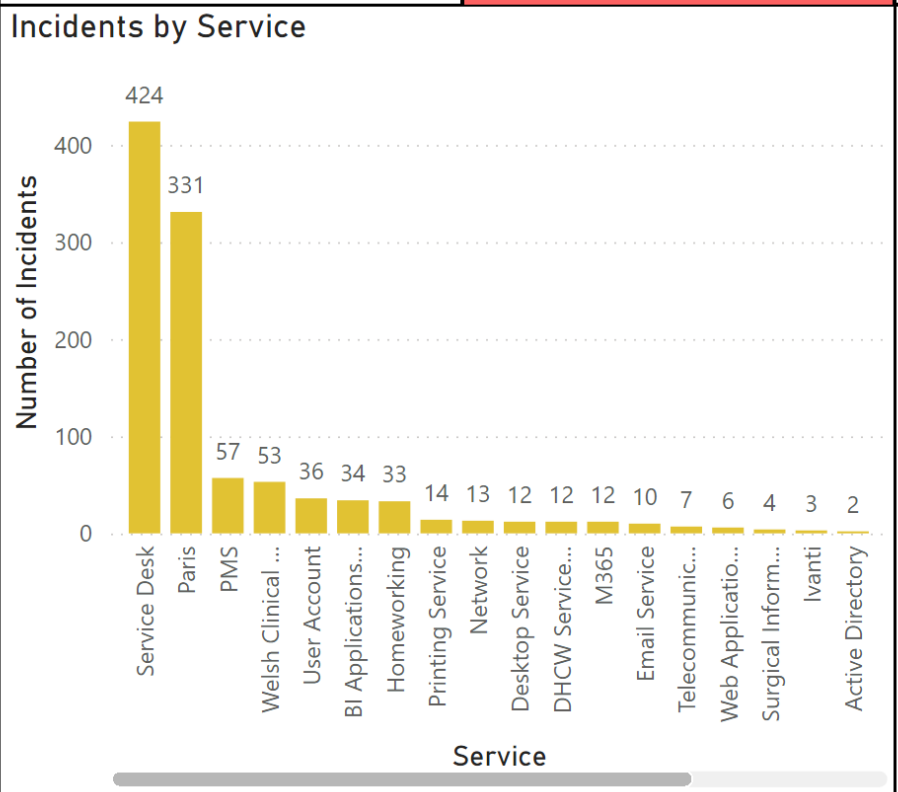
894
Incidents Closed

0.56
Avg Duration (Days)

177
Older then 30 Days

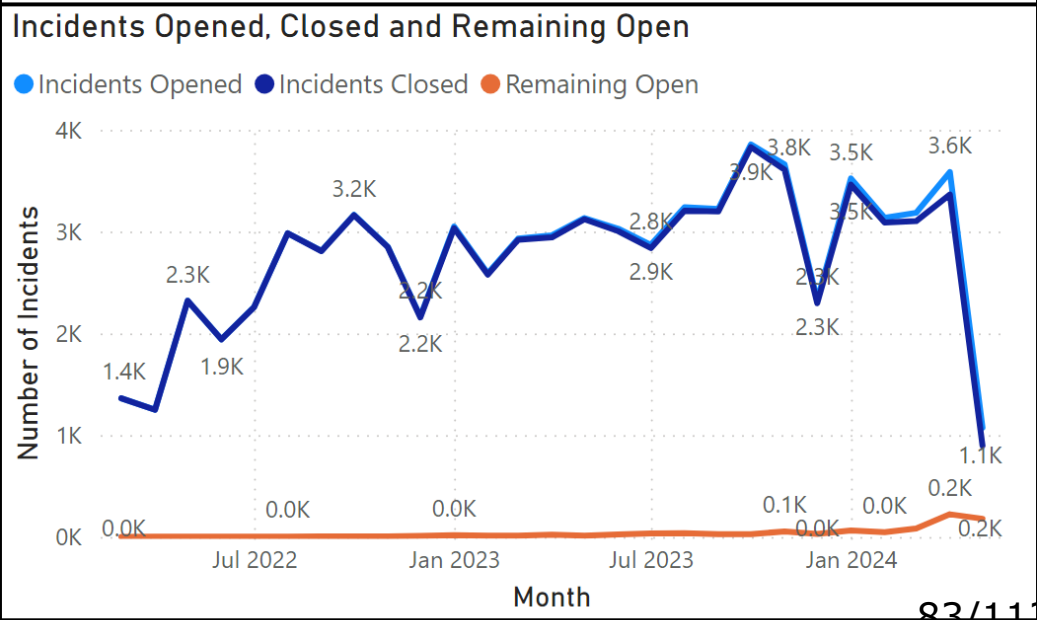
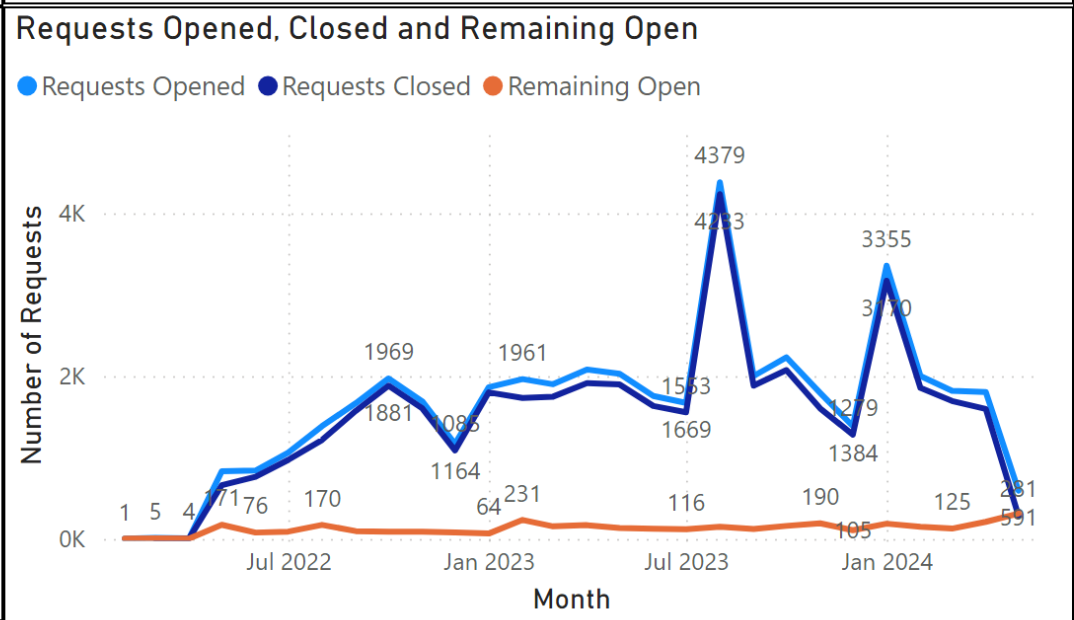
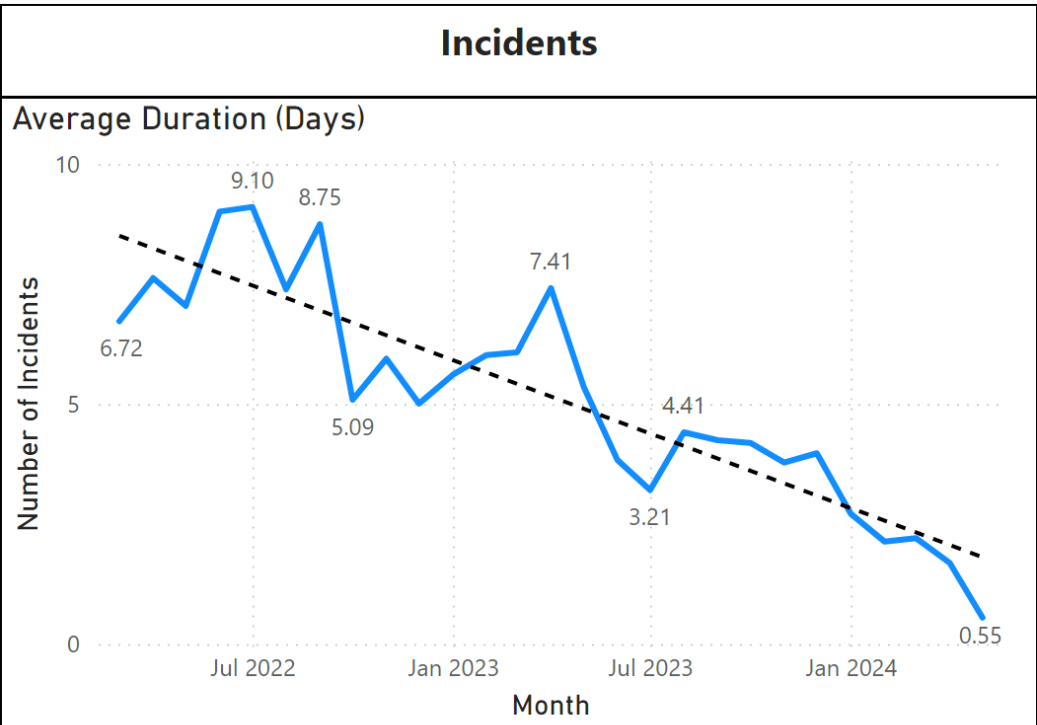
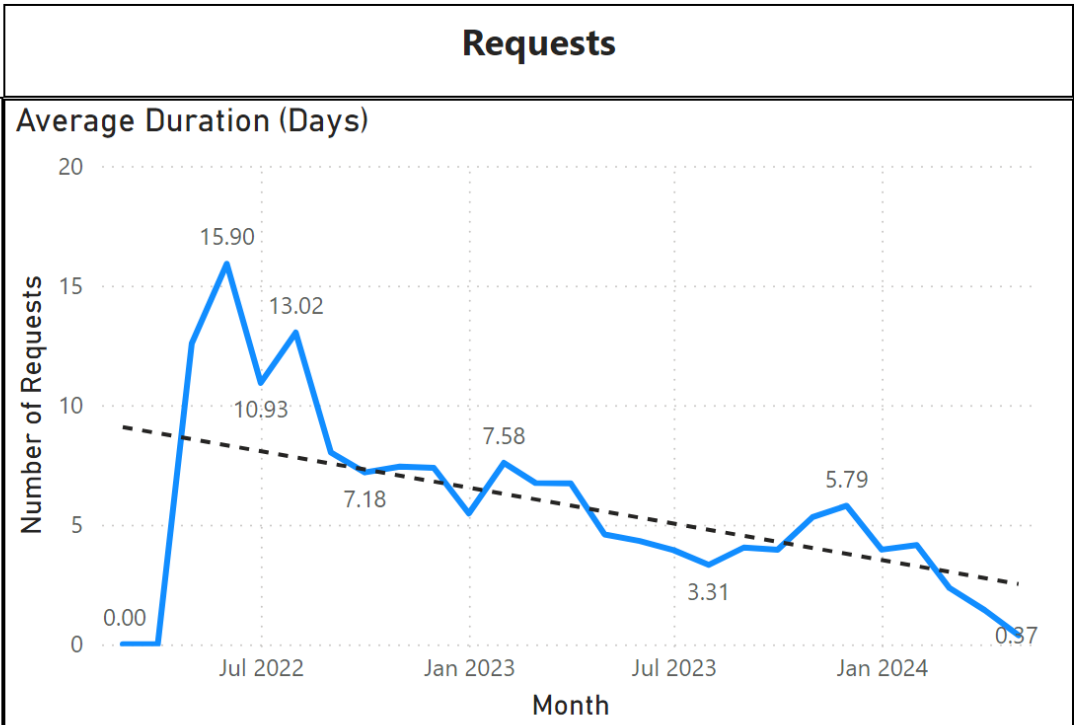


- OwnerTeam**
- BI Applications and Warehouse
 - EUD
 - IM&T Security
 - M365
 - Network
 - Paris
 - PCIC
 - PMS Development
 - PMS Support



- Site**
- 34 Wordsworth Avenue
 - At Home
 - Avon House
 - Barry Hospital
 - Broad Street Clinic
 - Cardiff Edge
 - Civic Building

Trending

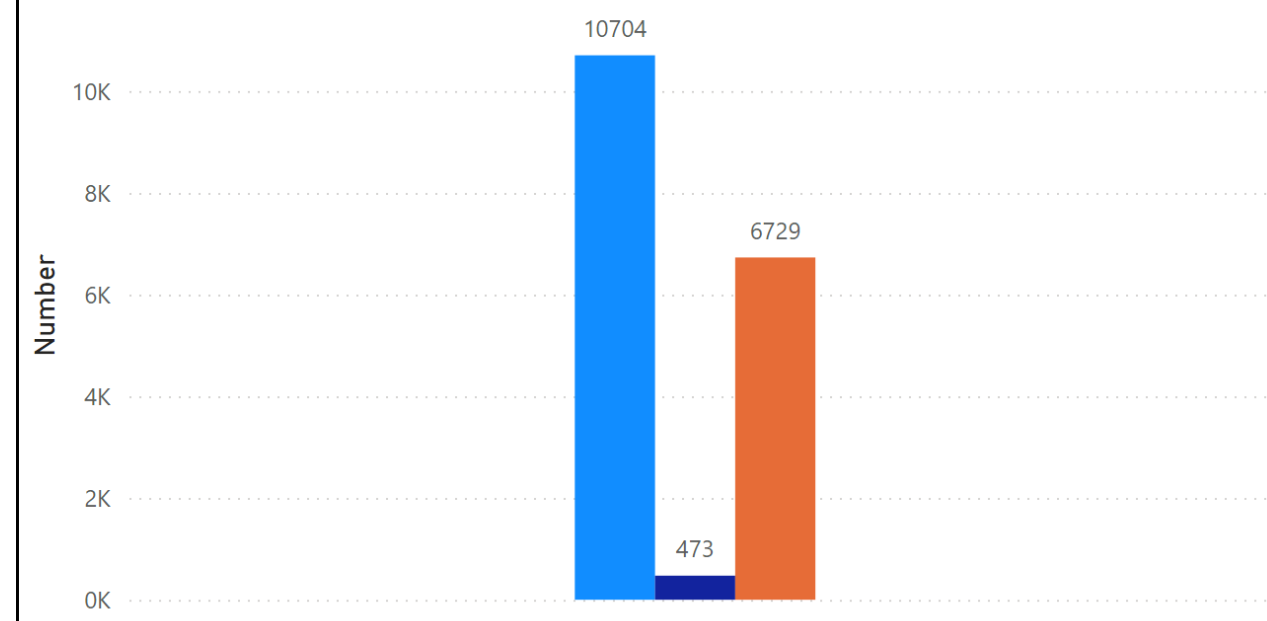


- #### Request Team
- Applications
 - BI Analytics
 - BI Applications and Warehouse
 - Business Intelligence & Informatics
 - Change Management
 - Customer
 - Digital Integration Development
 - Digital Services Management (DSM)
 - Digital Work Request
 - EUD
 - IM&T Security
 - Information Governance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

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

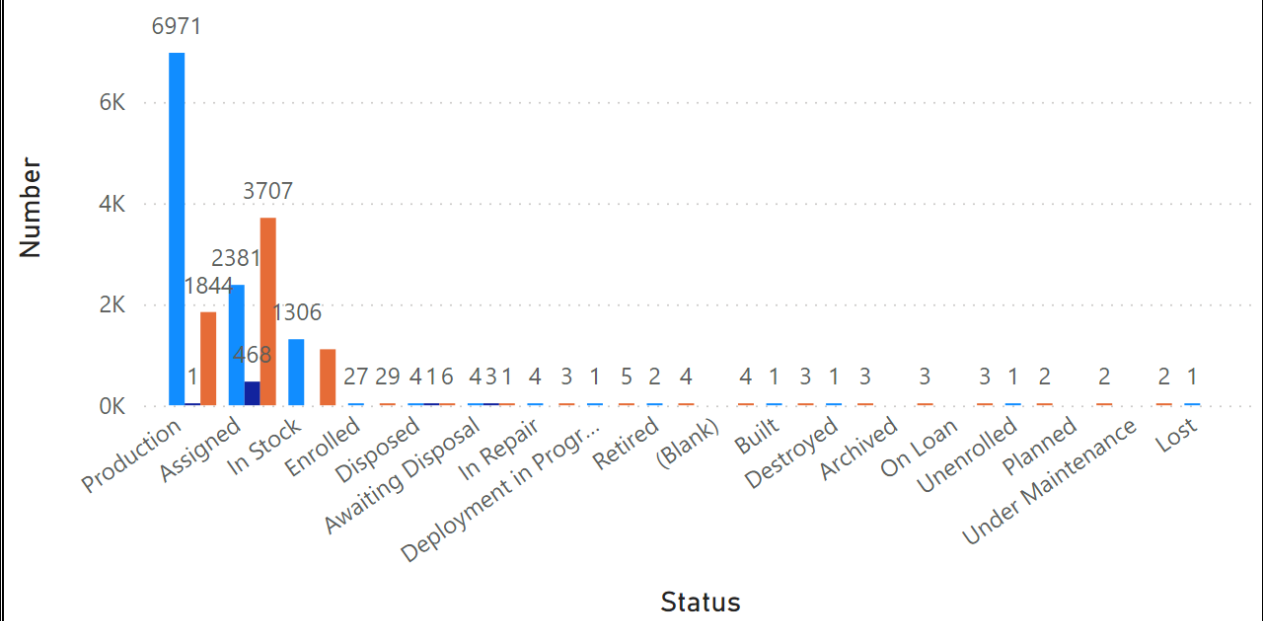
Number of Desktop/Laptop/Monitors

Type ● Desktop ● Display ● Laptop



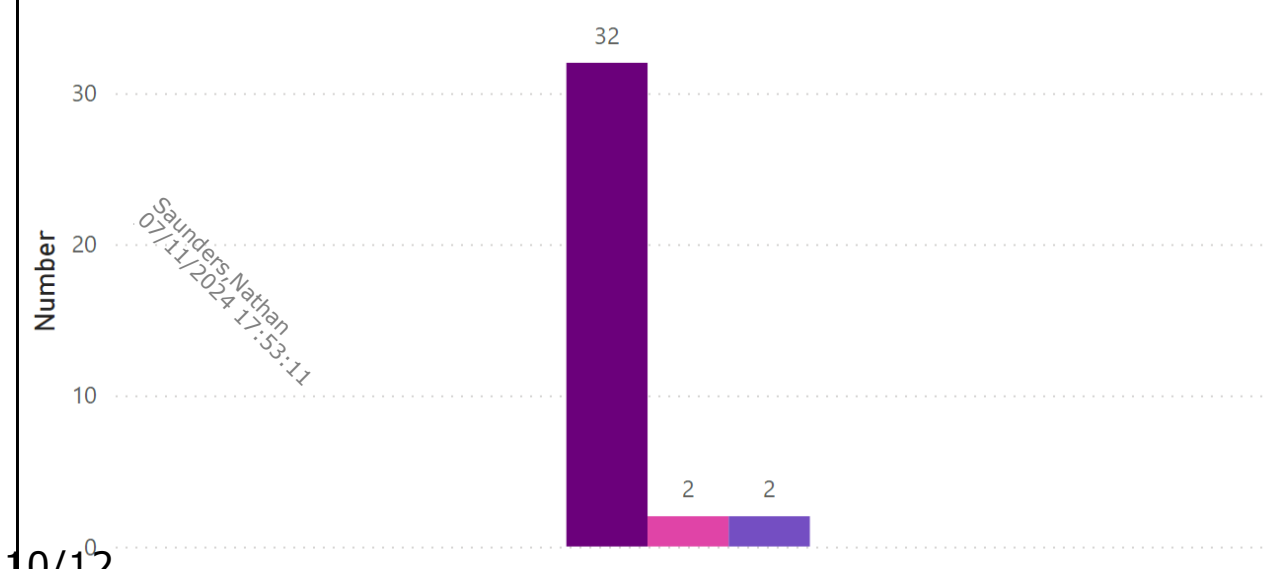
Status of Desktop/Laptop/Monitors

Type ● Desktop ● Display ● Laptop



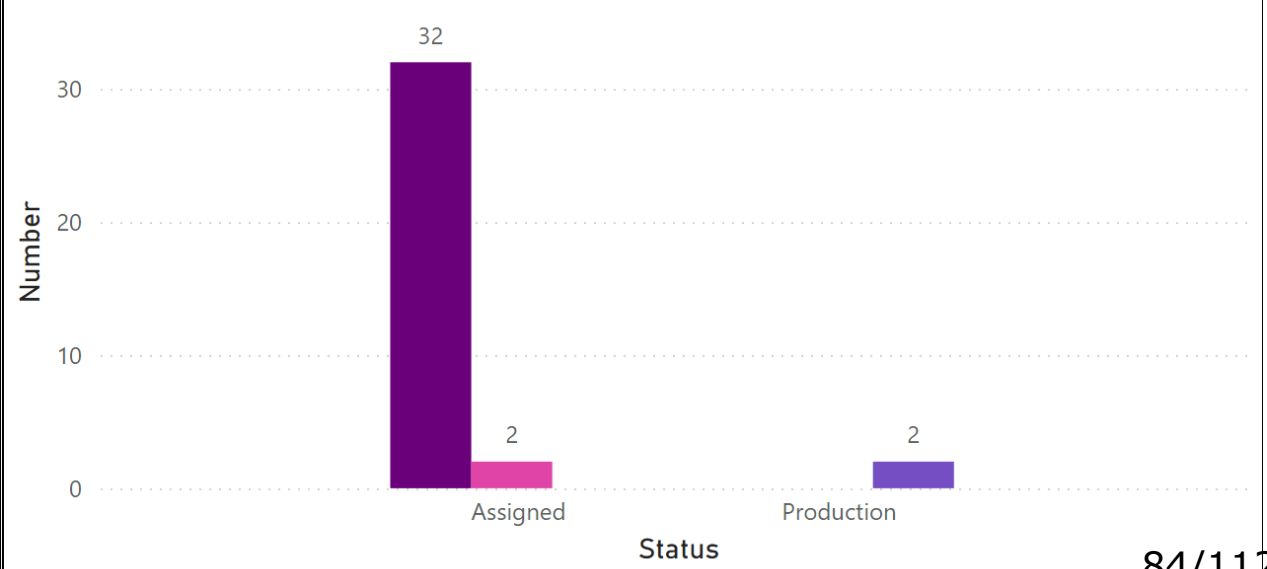
Number of Peripheral Devices

Type ● Tablet ● USB ● Virtual Desktop



Status of Peripheral Devices

Type ● Tablet ● USB ● Virtual Desktop

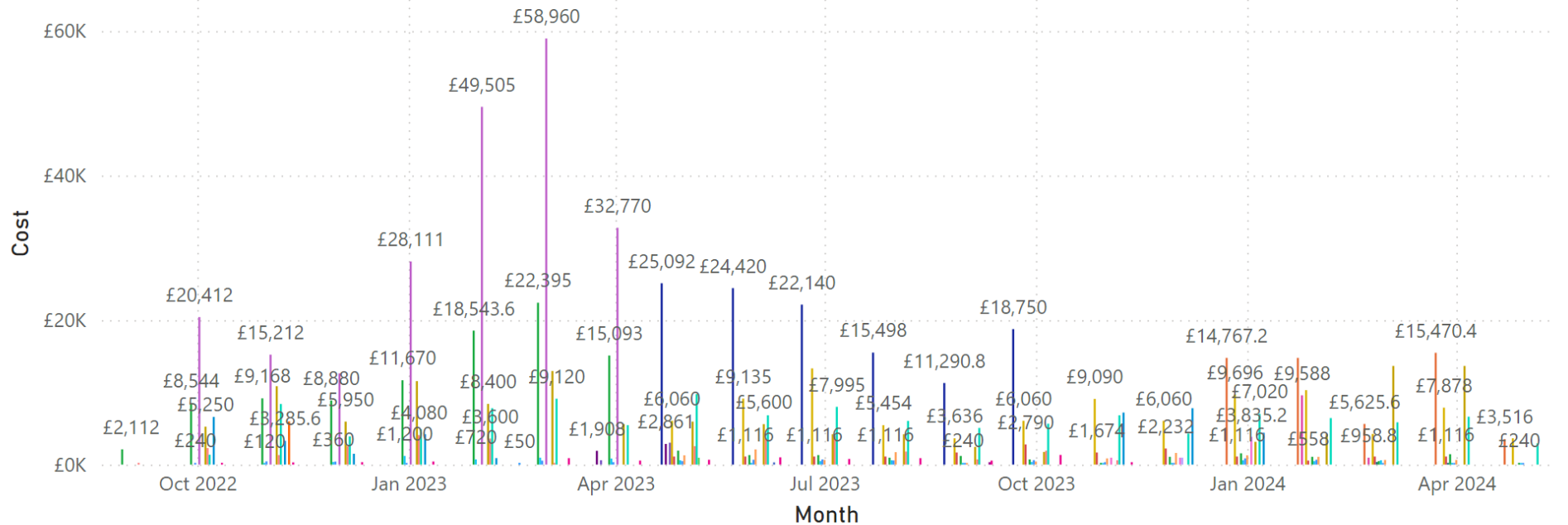


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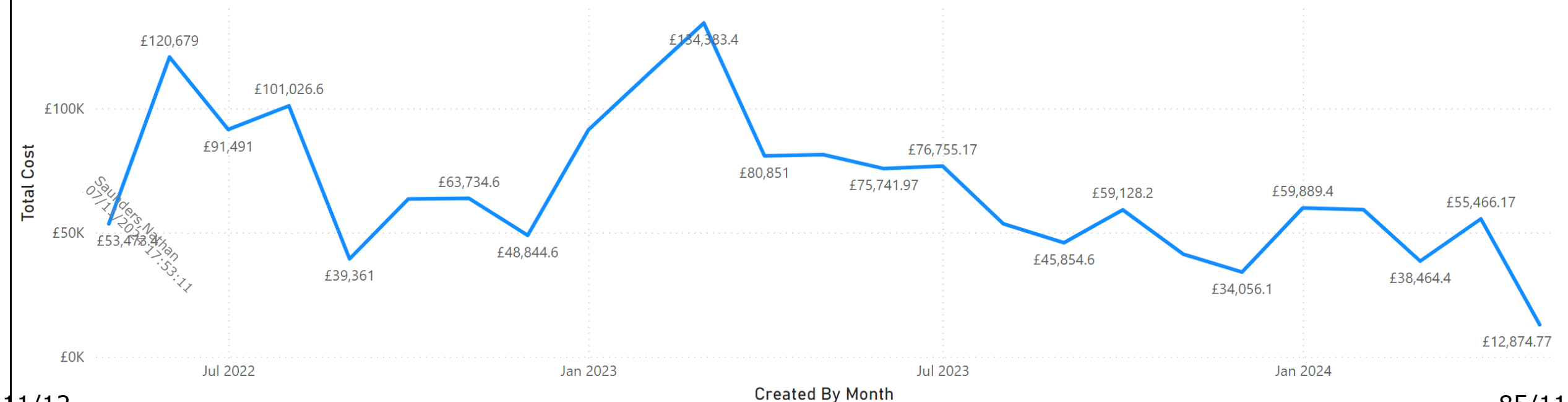
Cost by Equipment Type

EquipmentType

- Cabling
- Dell Latitude 3520
- Dell Latitude 3540
- Dell Latitude 5320
- Dell Latitude 5420
- Dell OptiPlex 3000/3090
- Dell OptiPlex 3000/3090 STANDARD PC
- Dell OptiPlex 3080/3090 Micro Form Factor
- Dell P2419H 24 Inch Full HD (1920x1080) Monitor
- Desktop
- Docking Station



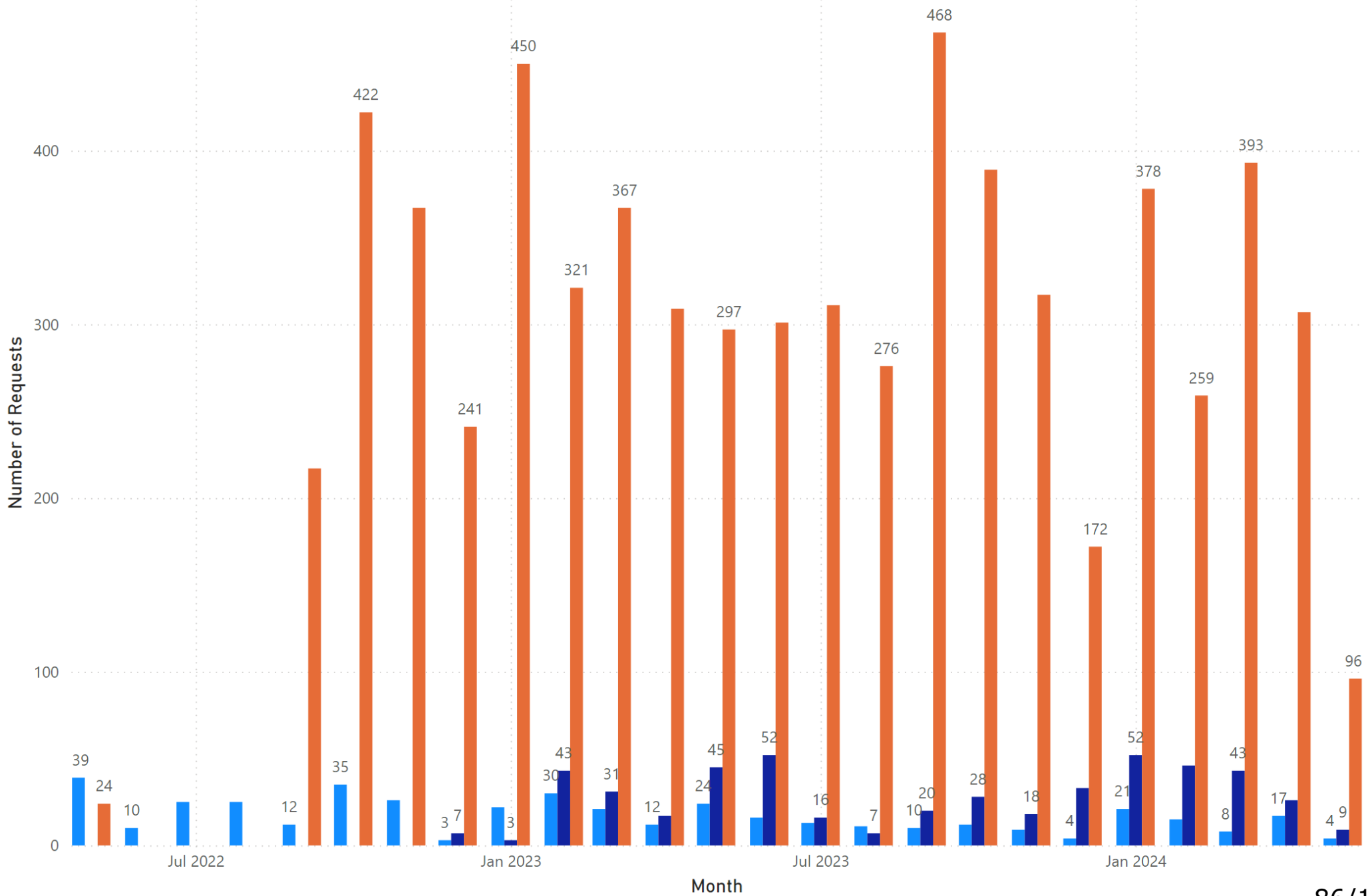
Total Cost by Month



Automation Requests

Automation Requests Summarised

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



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Report Title:	Digital Directors' Peer Group		Agenda Item no.	4.1
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date: 28 th May 2024
		Private		
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	X
Lead Executive:	Director of Digital & Health Intelligence			
Report Author (Title):	Director of Digital & Health Intelligence			

Main Report

Background and current situation:

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

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

Assurance is provided by the discussion and exchange of views and updates on a wide range of digital related issues via the regular monthly meetings comprising board-level leads for digital from across all NHS Wales organisations, including Welsh Government'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 four meetings held in February, March, April and May 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 – 6th February 2024 (Appendix 1)
- Minutes of Meeting – 5th March 2024 (Appendix 2)
- Minutes of Meeting – 9th April 2024 (Appendix 3)
- Minutes of Meeting – 7th May 2024 (Appendix 4)

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:

Directors of Digital Peer Group Meeting Draft Notes Version 1.1

Date of Meeting	Tuesday 6 February 2024
Time of Meeting	9.30am – 12.45pm
Meeting Venue	Room 3.7 PHW, Cardiff / MS Teams
Chair	Anthony Tracey

PRESENT: V=Virtual		APOLOGIES:	GUESTS:
Paul Solloway ABUHB	PS	Alison Ramsey NWSSP	Nadine Payne DHCW
Dylan Roberts BCUHB V	DR	Pete Hopgood PTHB	Joanna Dundon DHCW
Stuart Morris CTMUHB	SM	Ifan Evans DHCW	Carwyn Lloyd-Jones DHCW V
David Thomas CVUHB	DT	Jonny Sammut WAST	Julian Jones DHCW V
Sam Lloyd DHCW	SL	Mike Emery WG	Ian Cox DHCW V
Claire Osmundsen-Little DHCW	COL		
Anthony Tracey HDUHB	CW		
Sian Richards HEIW	SR		
Neil Jenkins NWSSP	NJ		
Iain Bell PHW	IB		
Vicki Cooper PTHB	VC		
Matt John SBUHB V	MJ		
Carl Taylor VNHST	CT		
Lauren Harkins WG	LH		
Larissa Brock WNHSC	LB		

ITEM	DISCUSSION	ACTION
1. Welcome & Apologies, Meeting Notes and Matters Arising (Chair)	<p>AT chaired the meeting, meeting notes were approved and apologies were noted as above.</p> <p>Matters arising: It was noted that Helen Thomas will only be attending the monthly afternoon strategy sessions from now on.</p> <p>SR reminded the group of her email circulated recently updating on the Digital Capabilities Framework.</p>	
2. Digital Inclusion – Collaborative Opportunities (Nadine Payne, Joanna Dundon)	<p>NP introduced the item and shared a presentation on the 6 pledges of the DHCW Digital Inclusion Charter and work done so far. A working group has been set up to create an action plan and the main areas of progress were highlighted.</p> <p>Input was requested from the peer group and the following points were made:</p> <ul style="list-style-type: none"> -Agreement on the need to make a far greater impact in the community and improve public engagement. -A need to address inequity of engagement of both the public and staff across different regions in Wales. -A need for better understanding of digital exclusion and the specific areas/groups affected. -Concern over the lack of prioritisation in recent budget decisions. -The Older People’s Commissioner has published a report on digital exclusion. 	

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	<p>approximately £114m over 12 years and full details will be presented to the BCUHB Board in March.</p> <p>Welsh Government have funded further investigation to determine whether the business need and workflow requirements in BCUHB are similar to those in other LHBs. The peer group commented on the need to manage future messaging, as well as discuss further with their CEOs.</p>	
<p>5. Update on Joint Peer Group Chairs Event with Paul Mears & Alex Howells (Chair)</p>	<p>AT updated the group on the discussion that had taken place 2 weeks previously. CEOs will be considering the top priorities that were submitted by each peer group, where there is overlap and possible opportunities for regular joint meetings. The Terms of Reference for peer groups will be updated shortly and Team Wales will likely include more focused peer group discussions in future.</p> <p>ACTION AT to review new Terms of Reference once available and lead a review discussion at future peer group meeting.</p> <p>The group expressed the importance of Team Wales discussions aligning with WG priorities and that the event would be a good opportunity to highlight the benefits of digital transformation.</p>	<p>03 - AT</p>
<p>6. Governance Items (Chair)</p>	<p><u>Terms of Reference Review and Peer Group Meetings</u></p> <p>AT suggested the following:</p> <ul style="list-style-type: none"> -Informal catch ups every fortnight to include Mike Emery or Lauren Harkins where possible. -Refresh of the ToR is needed with a possible deputies group set up, mirroring other peer groups. The Chief Executives are also due to review the ToR for all the peer groups and create a generic version. -All peer group meetings to become face to face all day sessions with business programme updates/peer group matters scheduled until 3pm and strategic/horizon scanning from 3.15-4.30pm. -Meetings to rotate around different NHS organisations. -Clear 'agreement on approach' stance to be adopted by the group and communicated to guest speakers re governance (ie non decision-making). -Regular collective updates on programme pipelines so we all know state of progress across the other LHBs. -Focus on workforce, staff development and succession planning. -Proposal to meet regularly with other peer groups where helpful. -Tighten up the submission of presentations one week in advance of the meeting to enable directors to read documents beforehand. <p>The suggestion was made to invite independent board members as well as transformation leads to some strategy sessions and to consider how the peer group could better influence WG policy/strategy. The service management boards and other national committees may also need a governance review.</p> <p>It was agreed that the Digital Directors should look to provide support to other peer groups to ensure that the digital narrative is woven into their workplans.</p>	

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	<p><u>Escalation and Intervention Arrangements (Chair)</u> Risk registers and escalation processes need consideration and possible review.</p> <p><u>National Boards and Groups (Chair)</u> AT made reference to the multiple groups that need attendance and asked the group to consider how to facilitate their staff attending to ensure the digital voice is heard at each one. Any updates on reps are to be sent to LB who maintains the list.</p> <p><u>Major Programmes (Chair)</u> We need a frank and open discussion about these, especially where challenge is needed.</p> <p>It was noted that the NPLB meetings currently clash with Digital Directors' meetings and will be changed to the second Tuesday each month. LH added that WG were also reviewing the governance/reporting lines into the Board.</p> <p>It was also agreed that representation on the national programmes by digital directors is required.</p>	
7. AOB	<p><u>Suggested Venues for Future Meetings (All)</u> Group agreement that the meetings could be rotated to different venues. Suggestion made to alternate between various locations and DHCW Cardiff every other month.</p>	
	End of meeting.	
<p>Next Meeting: Tuesday 5 March 2024 In Person at DHCW 9.30am – 4.30pm</p>		

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Directors of Digital Peer Group Meeting Draft Notes

Date of Meeting	Tuesday 5 March 2024
Time of Meeting	9.30am – 1.20pm
Meeting Venue	Board Room DHCW, Cardiff / MS Teams
Chair	Anthony Tracey

PRESENT: V=Virtual		APOLOGIES:	GUESTS:
Paul Solloway ABUHB V	PS	Alison Ramsey NWSSP	Mark Cox DHCW
Andrea Williams BCUHB V	AW	Pete Hopgood PTHB	
Stuart Morris CTMUHB V	SM	Mike Emery WG	
David Thomas CVUHB	DT	Jonny Sammut WAST	
Ifan Evans DHCW	IE	Iain Bell PHW	
Sam Lloyd DHCW	SL	Dylan Roberts BCUHB	
Helen Thomas DHCW pm	HT		
Claire Osmundsen-Little DHCW	COL		
Anthony Tracey HDUHB	AT		
Sian Richards HEIW	SR		
Neil Jenkins NWSSP	NJ		
Vicki Cooper PTHB V	VC		
Matt John SBUHB	MJ		
Carl Taylor VNHST	CT		
Lauren Harkins WG	LH		
Larissa Brock WNHSC	LB		

ITEM	DISCUSSION	ACTION
1. Welcome & Apologies, Meeting Notes and Matters Arising (Chair)	<p>AT chaired the meeting and apologies were noted as above.</p> <p>The previous meeting notes were approved and the action log was updated.</p> <p>Matters Arising: SR advised that Team Wales would be postponed from March due to industrial action.</p>	
2. Planned Care Policy & Performance Frameworks (Chair)	<p>AT shared two papers and posed the question of how Digital Directors could collectively provide input into the planned care and performance frameworks.</p> <p>SM volunteered to represent the peer group and agreement was given.</p>	
3. WCCIS and the Next Phase – Connected Care (Lee Mullin)	<p>Due to a meeting that took place with the Health Minister yesterday, Lee Mullin sent apologies and this item was postponed until greater clarity could be provided. LH advised that the next phase was supported by the Minister but there were funding issues, with various options being considered.</p> <p>Disappointment was expressed by directors since funding clarity is needed in order for LHBs to sign off the business case. In addition, it was noted that ABUHB have written to Helen Thomas to advise that they will procure their own system locally due to concern over timescales, especially since their Mental Health services are in special measures.</p>	

	<p>VC raised the issue of retrieving the data held by Advance and there was concern expressed over different organisations having created custom screens so continuous data standards are currently lacking.</p> <p>ACTION AT to schedule an extraordinary meeting next week to discuss WCCIS and invite the group, Lee Mullin & Sam Hall.</p>	01 - AT
4. Clinical Safety Officers – Role and Impact (Chair)	<p>AT conveyed the need for these roles to be set up in each LHB and LH advised that the Digital Clinical Safety Group would be driving this forward, setting out an implementation plan for the year. However, Ian Gunney had been advocating for digital underspend due to current funding pressures and will need evidence to support the request.</p> <p>SM requested clear communication from Welsh Government regarding all Wales capital funding expectations for digital and data over the next 10 years. He also asked about expectations regarding an integrated care record to which LH responded that it would be wise to include amounts for an EHR in LHB financial submissions, at a proportional rate to that which DR submitted for BCUHB.</p> <p>ACTION LH to ask Mike Emery and Ian Gunney to provide an update to the group on 10 year capital funding.</p>	02 - LH
5. Welsh Government Update (Lauren Harkins)	<p>Presentation shared. The National Portfolio Leadership Board (NPLB) purpose was communicated with details of the proposed governance structure, to be discussed further at their meeting next week.</p> <p>The peer group welcomed the opportunities that the new structure would present. There is a need for greater resource and visibility, clearer standards for applications and assurance, capacity building and policy steers into architecture. The significant culture and business change required across NHS organisations was also raised.</p> <p>The group emphasised the importance of the structure facilitating CEO priorities. It was noted that AT and SM are the Digital Directors’ reps on the NPLB but as yet not many meetings had been scheduled.</p> <p>LH advised that digital business cases requiring government funding will be submitted for approval at NPLB meetings, although this process needs further review and it was agreed that lessons need to be learned from past procurements that have required significant reworking later on. There is also a need for greater agreement on what is rolled out on a once for Wales basis and what is procured by organisations locally.</p> <p>AT reiterated the need for an updated business case pipeline so all can see what is proposed locally, nationally and strategically. It was agreed to discuss this in future and LB added it to the forward planner.</p> <p>LH announced that work is now underway, in collaboration with DHCW / LHBs, to identify the business need for an Electronic Health Record in other parts of Wales, further to the Strategic Outline Case written by BCUHB. Key dates were shared, with a final report due to be produced in early June for consideration. Overall, there was a positive response to the proposal from the group, despite the challenging timelines, with CT requesting that Velindre also be included. PS made reference to the helpful work already undertaken by KLASS on organisational maturity and suggested that it be considered during the process.</p>	

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	<p>LH suggested a field trip in May to view the modular EHR implemented in Nottingham, as well as director involvement in discussions over MS Teams with the Qatari Health Service who have rolled out a similar solution.</p> <p>On the matter of funding, LH advised that the budget was discussed with the Executive Group last week and that CNO was supportive of a digital maternity programme roll out in 2025/26. However, there are likely to be budget cuts for some of the larger programmes and more details would follow shortly. Concern was expressed by directors over the lack of funding clarity and the resulting risks, especially if DHCW were not allocated expected amounts which would have a knock-on effect on other organisations. LH acknowledged the difficulties and responded that other sources of funding were being sought.</p> <p>Finally, LH advised that at the Chairs' meeting this Thursday there would be a discussion on objectives for the next year which would include digital matters. The aim is for organisations to develop a greater understanding regarding cyber resilience, national architecture and NDR as well as the risks associated with lack of digital development.</p> <p>ACTION LH to share confirmed list of Chairs' objectives with the group following the meeting on Thursday.</p> <p>ACTION LH to circulate the WG presentation to the group.</p>	<p>03 - LH</p> <p>04 - LH</p>
<p>6. AOB</p>	<p><u>Volunteer for New Peer Group Vice Chair from May (Vicki Cooper)</u> VC offered to handover the responsibility of Vice Chair to give another director the experience. Sian Richards volunteered and group agreement was given.</p> <p><u>SLA Charging Approach (Claire Osmundsen-Little, Mark Cox)</u> COL introduced the item. The draft SLA letter was issued for comment on 22 January and presented to the NSMB on 23 January, with final SLA letters issued on 29 February.</p> <p>MC shared slides advising that 1 to 1 sessions have taken place with all organisations and the key material increase amounts for 2024/25 were shared. The cost pressure is the material uptake and since these will not be incorporated into the initial SLA charges, organisations are requested to make provision for payment. One signed SLA has been received to date and the others are anticipated pending query resolution, with a deadline of 15 March.</p> <p>MC also mentioned anticipated disbursements in the next FY and organisations are requested to validate the funding requirement to support local activity. Final allocations will be subject to the DPIF programme budget confirmation and agreed deliverables.</p> <p>Feedback is still pending from HDUHB, SBUHB and WAST, further to the digital spend survey that was circulated. Comments received so far have been mainly positive and we aim to learn lessons in the process.</p> <p>Digital Directors expressed thanks to DHCW colleagues for their engagement with organisations regarding cost models which was much improved on previous years.</p>	

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	<p><u>Product Operating Model Update (Sam Lloyd)</u> SL informed the group that we have concluded the initial design phase for the model. The appropriate layer of reporting across all areas will be required and we are currently considering what is affordable. Further information to follow.</p> <p><u>Digital Strategy Update (Ifan Evans)</u> The open forums to discuss the strategy were organised with 60 responses to the survey received so far, which is due to close today. The group were encouraged to complete it if they had not yet done so. Most feedback received had been positive, although some had said the strategic objectives were perhaps too optimistic, especially regarding future use of the NHS Wales app. As a result of the feedback, we will be adding objectives to the strategy that relate to information governance, data privacy and AI. In addition, IE agreed to the suggestion to discuss them with the AI Commissioner.</p> <p>It was noted that AI is already on the forward planner as the group are keen to discuss how it can improve productivity, sustainability and waste.</p> <p><u>Telemedicine Supplier (Chair)</u> Doccla will be attending for remote monitoring and the relevant letter has been circulated.</p> <p><u>Future Development Session (Chair)</u> AT asked for any suggestions from the group for leadership development sessions. 'Be More Pirate' comes highly recommended. ACTION AT to schedule in 2024 – see Action Log February item 7.</p> <p><u>Welsh Radiology Information System WRIS (Paul Solloway)</u> The Radiology Service Management Board have advised PS that a change is needed but there is currently a change freeze due to the replacement with Soliton IT. SL and PS agreed to discuss the matter further offline.</p> <p><u>RISP (Stuart Morris)</u> SM requested this be added to the list of future agenda items and LB added it to the planner.</p> <p><u>Face to Face Meeting in North Wales (Chair)</u> AT advised that plans were underway for a face to face session in north Wales, possibly in early May, with the suggestion to also meet with Chief Executives who might be meeting there the same week. More information to follow. ACTION AT/DR/LB to organise.</p>	05 – AT, DR, LB
	End of morning meeting.	
Next Meeting: Tuesday 9 April 2024 In Person at St Cadoc's Hospital, Caerleon 9.30am peer group meeting / 2.00pm strategy session		

Afternoon Strategy Session – Summary and Actions		
Workforce Session – NHS and Digital (Sian Richards)	Presentation shared on the challenges, opportunities and HEIW's health and care workforce strategy.	

	<p>Overview of digital workforce survey results completed by Digital Directors. Peer group discussion with the following points made:</p> <ul style="list-style-type: none"> • Cultural issues and business change processes need addressing prior to introducing the technology. • Need to understand exactly what the workforce pressures are and how to optimise them. • How do we move into the strategic space instead of spending so much time dealing with legacy issues? • Need to keep our workforce agile with up to date skills via continuous learning. • Our digital workforce is currently not clearly defined in ESR. • There is an Intensive Learning Academy for Digital (CTMUHB). • Can we share staff resources to get a better understanding of different organisations and provide short-term opportunities to work elsewhere? <p>Feedback and next steps: Agreement that Digital Directors need to push forward the issues and we have a duty of care to staff to embed this into our workforce model. Opportune time to review what work is currently underway, which opportunities are being maximised and what else we could do/what resource is needed.</p> <p>Suggestion for specialists to visit other organisations and share knowledge to make best use of resources.</p> <p>Suggestion to explore what an embedded digital academy would look like, working alongside HEIW, Cf. Finance Academy.</p> <p>ACTION AT, SR, COL and HT to draft a proposal on what a future digital academy model could look like.</p>	<p>06 – AT, SR, HT, COL</p>
	<p>End of afternoon meeting.</p>	

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Directors of Digital Peer Group Meeting Draft Notes

Date of Meeting	Tuesday 9 April 2024
Time of Meeting	9.30am – 2.00pm
Meeting Venue	Executive Meeting Room, St Cadoc's Hospital, Caerleon / MS Teams
Chair	Anthony Tracey

PRESENT: V=Virtual		APOLOGIES:	GUESTS:
Paul Solloway ABUHB	PS	Alison Ramsey NWSSP	Alison Maguire DHCW
Dylan Roberts BCUHB V	DR	Pete Hopgood PTHB	Mark Cox DHCW
Stuart Morris CTMUHB	SM	Claire Osmundsen-Little DHCW	Sian Williams DHCW
David Thomas CVUHB	DT	Helen Thomas DHCW	
Ifan Evans DHCW	IE	Sam Lloyd DHCW	
Anthony Tracey HDUHB	AT	Jonny Sammut WASUT	
Sian Richards HEIW	SR		
Neil Jenkins NWSSP	NJ		
Iain Bell PHW V	IB		
Vicki Cooper PTHB V	VC		
Matt John SBUHB	MJ		
Carl Taylor VNHST	CT		
Mike Emery WG V	ME		
Lauren Harkins WG V	LH		
Larissa Brock WNHSC	LB		

ITEM	DISCUSSION	ACTION
1. Virtual Conversation with Welsh Government (Mike Emery, Lauren Harkins WG)	<p>AT chaired the meeting and apologies were noted as above.</p> <p>ME gave an update on the political landscape, advising that Eluned Morgan's title is now Cabinet Secretary for Health and Social Care. Jayne Bryant is Minister for Mental Health and Early Years and there is a new Minister for Social Care, Dawn Bowden. Jeremy Miles will be taking on the broader digital brief across Welsh Government as Cabinet Secretary for Economy, Energy and Welsh Language.</p> <p>Conversations are underway around Connected Care, infrastructure, cyber, value and sustainability to reduce unwarranted variation across regions and improve efficiencies across the NHS. The future funding model for 2025-26 is being considered with awareness that it has not worked well to date and a higher degree of transparency is needed, alongside the refresh of A Healthier Wales.</p> <p>The decision regarding Connected Care is pending with the revised business case from DHCW requested. We are also currently working through the IMTPs submitted by organisations and considering the funding provision at local level.</p> <p>There was group discussion around the DPIF funding allocated for national programmes and the £8m reduction, with colleagues expressing concern over the impact and emphasising the importance of considering not only benefits but also the costs and risks of not having certain systems/upgrades implemented. The potential in-year changes to scope/programme implementation dates are also a challenge, especially</p>	

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	<p>when staff have been recruited and spend commitments are in place. This may result in organisational overspends to avoid staff redundancies.</p> <p>The issue of how decisions would be made on the £8m budget cut was raised and IE responded that a collective decision would be needed, with DHCW working alongside each programme board/all organisations.</p> <p>After some debate it was agreed that a list of programme priorities and their rationale, submitted by each organisation, would be helpful. The group also requested more frequent opportunities for discussion with ME/LH in the coming weeks.</p> <p>WG colleagues left the meeting.</p> <p>ACTION ME/LH to schedule separate catch up meetings with the group.</p> <p>ACTION ALL to submit to AT a priority list for national/regional/local programmes for the next 12 months, by Monday 15 April.</p>	<p>01 – ME/LH</p> <p>02 - ALL</p>
<p>2. Previous Meeting Notes and Matters Arising (Chair)</p>	<p>Due to lack of time the action log will be updated outside of the meeting.</p>	
<p>3. RISP Update (Alison Maguire DHCW)</p> <p style="transform: rotate(-45deg); font-size: small; margin-top: 20px;">Saunders, Nathan 07/11/2024 17:53:11</p>	<p>Presentation shared with updates and next steps.</p> <p>The go-live plan was updated on 8 March. Almost all dates have been moved back, except for CV and CTM scheduled for 2026. Not all organisations are in agreement with the changes so face to face planning meetings have been scheduled in April to discuss further. Once dates are agreed, the plan will be baselined at the May board meeting. An escalation meeting with Philips is scheduled for Monday and they have already admitted that the recent changes to their company structure have affected their ability to deliver on time.</p> <p>Philips will issue contractual change notes against the delivery orders to organisations reflecting the amended dates. AM expressed concern that although the product is good there will still be pressure to achieve the go-live dates on time. It was noted that there is a National Implementation Group (NISG) meeting scheduled for 24 April to discuss the data migration strategy and hopefully approve contingency plans.</p> <p>Some of the group expressed concern over the changes to the dates and a lack of confidence that the schedule will be rolled out even according to the revised dates. There was discussion on the best approach and collective agreement that we need to ensure the deadlines for each organisation are realistic and ensure that this is progressed as fast as possible.</p> <p>ACTION LB to invite Alison Maguire to future meeting for further update in 3 months' time.</p> <p>ACTION ALL to ensure this item is on their risk register as high priority.</p>	<p>03 – LB</p> <p>04 - ALL</p>

<p>4. Programme / Business Case Pipeline and Approach (Chair)</p>	<p>As previously discussed, there was group agreement for all to submit a list of business cases/priorities to AT so that each programme could be allocated a score and prioritisation decisions made accordingly.</p> <p>There was discussion around National Programme and Leadership Board governance, the role of the NHS Executive and the aim to shift to a product operating model. There were reflections on improving the business case process, which historically has been too fragmented, and the need for a national blueprint as well as local plans to enable LHBs to provide assurance that they can deliver on time in their own regional context. There is currently a lack of accountability for service transformation which is resulting in different local models which are harder to deliver. How can we work together to harmonise the process and strengthen our accountability for delivery?</p> <p>Comparisons were made with the process for business case approval in England to ensure trusts deliver on time and spend money wisely. Given the recent HIMSS results that show low digital maturity results in Wales, we need to adopt new collective approaches across all organisations and working collaboratively is key.</p> <p>PS suggested that Public Digital be invited to a future afternoon workshop and this was provisionally added to the forward planner.</p>	
<p>5. IMTP Overview at May Meeting (Chair)</p>	<p>This item was not discussed.</p>	
<p>6. Cloud & Agile Developments – Accounting Guidance (Mark Cox, Sian Williams DHCW)</p>	<p>MC introduced the item by highlighting the current scarcity of accounting guidance available for digital to date, due to the rapid pace of technical change. He shared a presentation on the plan to write a guidance paper aimed at helping finance and digital teams to account for digital assets and support users in making consistent judgements. Details of the scope/areas of focus were shared.</p> <p>Workshop sessions are being scheduled and the document will be reviewed by various stakeholders prior to submission to the Audit Wales and Welsh Government DPIF Leads. The final version will be an e-document, available online in July.</p> <p>There was a positive response from the group and hope expressed that this would result in more standardised practices across organisations re capital / revenue expenditure for software solutions, Cloud delivery, IT equipment leasing etc and clarify what is recoverable under VAT rules. IB added that PHW finance teams had already found it really useful. MC agreed to circulate the document to all for their feedback.</p> <p>ACTION MC to circulate the guidance paper to all.</p>	<p>05 – MC</p>
<p>7. AOB</p>	<p><u>Connected Care/Mental Health (Stuart Morris)</u> SM reiterated that the Connected Care/mental health proposal had been paused in CTM, AB and BC, pending review of an updated national business case by Welsh Government, due to be submitted by DHCW. The</p>	

	<p>group asked IE to ensure they were cc'd in the business case circulation once available.</p> <p>It was noted that WG officials recognise that the 3 aforementioned LHBs have an extremely high priority to roll out the mental health solution rapidly, however consideration is being given to whether a single solution across Wales should be implemented which would mean a delay. Lee Mullin has written to all directors requesting feedback on 3 possible options and there was group discussion around the differing needs of organisations, what funding they had available and the point made that Executive Boards were becoming increasingly anxious about this.</p> <p>ACTION ALL to respond to Lee Mullin's email if they have not yet done so, advising their organisation's preferred option.</p> <p><u>WCCIS (Ifan Evans)</u> IE advised the group that a paper being prepared for WG and CEOs which sets out 3 options:</p> <ol style="list-style-type: none"> 1. Provision of an additional £2m funding from WG to address the complexity of system 'hazards' that have been identified which mean the product is not fit for purpose. This is contributing to delays in deployment. Commitment from a minimum of 5 LHBs would be required to cover the support cost to maintain the contract. 2. If no funding is made available, the extra implementation costs will need to be re-profiled and additional charges incurred by each organisation, with again a minimum of 5 LHBs committed. 3. Abort the rollout and incur a loss of about £10m (some of which has already been spent). <p>The current challenge is to gain commitment from 5 LHBs and once the paper is ready for submission it will be shared with the group.</p> <p>Directors expressed concern over delayed deployment and that the product won't meet the needs of the service. Many of the group said they could not justify spending an additional £2m if it would not be fit for purpose. It was agreed that lessons should be learned from this situation.</p> <p><u>NHS Wales App (Ifan Evans)</u> The Planned Care Board stance seems to be that since the benefits from the app will be wider than planned care, the Planned Care Transformation Fund should not be supporting it and funding should come from DPIF instead. This issue has been raised with Sally Lewis (NHS Executive).</p> <p>All GP practices now have access to the app and the advertising campaign is due to commence shortly.</p>	06 - ALL
	End of morning meeting.	
Next Meeting: Tuesday 7 May In-Person – DHCW Board Room, Ty Glan-Yr-Afon, Cardiff 9.30am peer group meeting / 2.00pm strategy session		

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Directors of Digital Peer Group Meeting Draft Notes

Date of Meeting	Tuesday 7 May 2024
Time of Meeting	9.00am – 1.00pm
Meeting Venue	Board Room, DHCW, Ty Glan-Yr-Afon, Cardiff / MS Teams
Chair	Anthony Tracey

PRESENT: V=Virtual		APOLOGIES:	GUESTS:
Paul Solloway ABUHB	PS	Alison Ramsey NWSSP	Alison Maguire DHCW V
Dylan Roberts BCUHB V	DR	Pete Hopgood PTHB	Claire Nelson NHS Executive
Stuart Morris CTMUHB (part)	SM	Vicki Cooper PTHB	Carolyn Manuel-Barkin Ethical Healthcare V
David Thomas CVUHB	DT	Sam Lloyd DHCW	Sian Thomas DHCW
Ifan Evans DHCW (part)	IE	Helen Thomas DHCW	Jon Pinkney DHCW
Claire Osmundsen-Little DHCW	COL	Iain Bell PHW	Anne Watkins DHCW
Anthony Tracey HDUHB	AT	Jonny Sammut WASUT	Sam Hall DHCW V
Sian Richards HEIW	SR	Mike Emery WG	Lee Mullin DHCW
Neil Jenkins NWSSP	NJ		Katherine Lewis DHCW V
Dafydd James PHW	DJ		
David Owen PTHB	DO		
Matt John SBUHB	MJ		
Carl Taylor VNHST V	CT		
Lauren Harkins WG	LH		
Larissa Brock WNHSC	LB		

	CATCH UP CALL WITH WELSH GOVERNMENT 9.00AM	ACTION
Mike Emery	ME sent apologies, item cancelled.	

ITEM	PEER GROUP MEETING 9.30AM	ACTION
1. Previous Meeting Notes and Matters Arising (Chair)	AT chaired the meeting and apologies were noted as above. The action log was updated.	
2. Diagnostics Programme and Digital Priorities in Planned Care (Claire Nelson, Alison Maguire)	<p>Claire Nelson shared a presentation updating on the transformation fund (pathology, orthopaedics), the electronic test request for endoscopy and issues relating to the strategic position on AI. See PowerPoint slides for details.</p> <p>It was noted that there is a Planned Care Workshop scheduled for this Friday 10 May and that the AI Health and Social Care Working Group would benefit from greater LHB representation. There was brief discussion around funding, data standards and the importance of emphasising service improvement via AI.</p> <p>AM added that the diagnostic hub work is underway and procurement meetings have already taken place.</p>	

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<p>3. Ethical Healthcare – 4 June Workshop with CCIOs, CNIOs etc (Carolyn Manuel-Barkin)</p>	<p>CMB informed the group of the plan for the workshop on 4 June to be led by Thomas Webb (CEO), Nancy Pickering and herself after the morning peer group meeting. Mike Emery is in the process of meeting with all LHBs prior to that date and all were reminded to submit their business needs research. The workshop will cover detailed feedback on engagement so far, what a once for Wales rollout might entail and potential delivery approaches and risks.</p> <p>Questions for consideration:</p> <ol style="list-style-type: none"> 1. Is the BCUHB SOC generalisable across the other LHBs? 2. What is the readiness to take forward an Outline Business Case for an EHR implementation as individual organisations / collectively on a once for Wales basis? 3. What is the wider case for taking forward an EHR both technically and strategically? <p>The peer group agreed that further discussion is needed especially around the precise meaning of co-ownership and related governance. DJ requested that Public Health services be considered and DR responded that he had already liaised with Iain Bell on open data standards and the data repository for analytics.</p> <p>Last week, DR presented the BCUHB EHR business case to NHS Chief Executives who are keen to be updated following the 4 June workshop and also wish to be invited to a deep dive session themselves a few weeks later. ACTION LH to inform ME of the Chief Executives' request for a deep dive EHR session in June.</p>	<p>01 - LH</p>
<p>4. Digital Maternity Cymru (Sian Thomas, Jon Pinkney, Anne Watkins)</p>	<p>JP updated the group advising that procurement is subject to the approval of the Outline Business Case and requirements are being finalised via the CAG and TAG groups. The team are reviewing comments from LHBs and wish to clarify positions, as well as determine resources required.</p> <p>SR asked about improved system efficiencies and JP responded that the move from paper to digital would save time, make patient booking and discharge more efficient, reduce errors and lead to improved staff retention. AW added that clinicians and students rotating from one organisation to another currently feel they are putting themselves at risk due to the lack of having one digital maternity system across Wales.</p> <p>DT stated that CVUHB are committed to linking into the national programme. IE added that maternity services were awarded generous funding from WG and the Cabinet Secretary is frustrated that this is not proceeding at pace, however there is a need for clarity over which organisations would be committed to implementing the system once procured. It is clear there is strong support from midwifery staff but the programme would need to be included in IMTPs for FY 2025/26.</p> <p>ST advised that the DMC Programme Board workshop is scheduled for Wednesday 22 May, all organisations have been invited and a further update would follow. LB added DMC to the June agenda.</p>	
<p>5. Digital Eye Care Programme</p>	<p>SH updated the group and advised that Mike Emery had written to request a more comprehensive plan by 14 June, with focus on the potential for gaining better value from investment under the current contract.</p>	

<p>Update (Sam Hall)</p>	<p>There is a small amount of funding for 2024/25 but this is insufficient to continue the rollout of the Open Eyes programme. It was noted that CVUHB will not be extending the contract or continuing hosting beyond 2025 as it is now a national programme run by DHCW. However, the DECP has been deprioritised by several LHBs due to future funding uncertainty.</p> <p>The next step will be for DHCW to revisit the contract and procurement options and undertake short, focused research into ophthalmologists' needs and preferences. It will take a few weeks to conduct the rapid discovery activities into Consultant Connect / BlueWorks / WCP access / WCCG so a further update will follow later.</p>	
<p>6. Connected Care Update (Sam Hall, Lee Mullin, Katherine Lewis)</p>	<p>LM thanked the group for their feedback to date and advised that the business case is being updated. Colleagues will receive requests for further data in the coming weeks and the aim is to produce a second draft of the review by 17 May, followed by one week set aside to collate further feedback from organisations.</p> <p>COL added that in order for the proposal to receive the necessary scrutiny by Deputy Finance Directors, a clearer narrative was needed. LH commented that it was important to consider the full spectrum of costs and determine whether funding would be provided nationally or locally. SM pointed out that each organisation was in a different position, which could pose a problem if not all the funding came from WG, especially since there is currently no plan within IMTPs to cover the costs locally.</p> <p>LM added that the objectives will include procuring at pace, achieving national alignment of local requirements and separately procuring solutions for Mental Health and Community Health, with individual contracts held between organisations and suppliers.</p> <p>Lessons have been learned from the approach to date and were shared with the group, along with the future challenges. Timing is critical, especially regarding approval from each NHS organisation, WG and the Programme Board. There was group discussion around the evaluation criteria, the issues surrounding funding and the overall need to adopt a new approach to writing business cases at national level when programmes are nearing their end date, to avoid similar problems in future.</p> <p>Thanks were expressed to LM and SH for their hard work on the programme, especially in recent weeks.</p>	
<p>7. WICIS Update (All)</p>	<p>AT advised that this was discussed with the All Wales Medical Directors last Friday and Helen Thomas is awaiting a firm decision from organisations. Disappointment was expressed by the group that the programme design would not meet user needs adequately and learnings are needed from the situation.</p> <p>3 options were discussed and directors from 4 LHBs advised they were likely to choose termination of the contract but had concerns over the exit charges. SBUHB have another meeting scheduled later today to discuss but were also likely to choose termination. LH responded that WG approval would be needed to write-off the contract so they would await</p>	

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	confirmation from DHCW after final decisions had been made by organisations. ACTION ALL LHBS to advise DHCW of contract decision as soon as possible.	02 – All LHBS
8. AOB	<p><u>New Generic Peer Group Terms of Reference (Chair)</u> No amendments were suggested and peer group agreement was given.</p> <p><u>ESR Update (Neil Jenkins)</u> The steering group has been set up to include a broad range of representation, including Lauren Harkins/WG. The draft Terms of Reference will be reviewed at the next Directors of Workforce & OD meeting and NJ requested that the item be added to the Digital Directors' forward planner. LB added ESR to the June agenda.</p> <p><u>Funding (Lauren Harkins)</u> WG are working on budget sign off for 2024/25 and will confirm allocations shortly.</p> <p><u>Directors of Finance (Claire Osmundsen-Little)</u> The DoFs group have asked to see the results of the digital maturity assessments so COL will be advising them shortly.</p> <p><u>Future Afternoon Workshop (Claire Osmundsen-Little)</u> COL recently attended a 'Leading in the Digital Era' course at Harvard University which was inspiring and offered to share learnings with the group. She suggested that all organisations consider their plans and priorities for the next planning cycle well in advance and that collaborative discussions could take place this autumn. AT confirmed that he had now received all the priority lists from the group which would inform the discussion.</p> <p>LH added that the Cabinet Secretary is particularly interested in single systems consolidation such as EHR and the background architecture required.</p> <p>The peer group were keen to have a workshop on shaping the future and agreed to incorporate the Harvard course learnings into the session, most likely in north Wales in July. LB added the item to the forward planner.</p>	
	End of meeting.	
Next Meeting: Tuesday 4 June 9.30am – 4pm Conference Room, HEIW, Cefn Coed, Nantgarw		

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Annual Report of Digital Health & Intelligence Committee 2023/2024



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1.0 Introduction

In accordance with best practice and good governance, the Digital & Health Intelligence Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of four Independent Members. In addition to the Membership, the meetings are also attended by the Director of Digital and Health Intelligence, Assistant Medical Director IT, Director of Corporate Governance, Data Protection Officer, Workforce Representative. Other Executive Directors will attend as required by the Committee Chair.

3.0 Meetings & Attendance

The Committee met three times during the period 1 April 2023 to 31 March 2024. This is in line with its Terms of Reference.

At least two members of the Committee must be present in addition to the Director of Digital and Health Intelligence and/or an Executive Director to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Digital & Health Intelligence Committee achieved an attendance rate of 87.5% (80% is considered to be an acceptable attendance rate) during the period 1st April 2023 to 31st March 2024 as set out below:

	30/05/2023	15/08/2023	03/10/2023	20/02/2024	Attendance
David Edwards (Chair)	✓	✓	✓	✓	100%
Akmal Hanuk (Vice Chair)	✓	✓	✓	✓	100%
Sara Moseley	✓	x	x	✓	50%
Keith Harding (resigned 31.10.23)	✓	✓	✓	x	100%
Total	100%	75%	100%	75%	81.25%

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4.0 Work Undertaken

As set out in the Committee Terms of Reference the purpose of the Committee is to:

Provide **assurance** to the Board that;

- Appropriate processes and systems are in place for data, information management and governance to allow the Health Board (“the UHB”) to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.
- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.
- Effective communication, engagement and training is in place across the UHB for Information Governance;
- To seek assurance on the development and delivery of a Digital Strategy for the UHB ensuring that:
 - It supports Shaping our Future Wellbeing and detail articulated within the IMTP
 - Good partnership working is in place
 - Attention is paid to the articulation of benefits and an implementation programme of delivery
 - Benefits are derived from the Strategy

During the financial year 2023/24, the Digital Health & Intelligence Committee reviewed the following key items at its meetings:

Private Digital Health & Intelligence Committee

May, August, October 2022 & February 2024

Papers presented to the private session of the Digital Health & Intelligence Committee were as follows:

- IG Audit Assurance
- Sensitive Issues
- Cyber Security Update
- Minutes of the Digital Delivery Leadership Group

PUBLIC DIGITAL HEALTH & INTELLIGENCE COMMITTEE – SET AGENDA ITEMS

Digital Transformation Progress Report (Digital Dashboard)

30th May, 15th August 2023, 03rd October 2023 & 20th February 2024

At the Committee meeting in May there was an emphasis on national Welsh Government (WG) programmes, which were:

- Shaping our Future Digital Services
- Enterprise Architecture
- HIMMS Assessment
- SMART Health & Care System

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- Journey to Digital Maturity

At the committee meeting in August A presentation on the Digital Services Management Structure was presented to the Committee. For an extensive period, there was a gap between digital delivery and the customer base. The Digital Service Management department embedded digital co-ordinators into clinical boards to help reduce the gap.

In October the DDHI added that many Trusts in England had better infrastructure which made a big difference on spend. He stated that they had undertaken some benchmarking with other Health Boards in Wales, however some organisations had procured more services from Digital Health Care Wales (DHCW) than others. Their overall digital maturity was not comparable to England currently.

In February 2024 the Director of Digital Transformation (DDT) explained a health informatics forum was scheduled each month and a digital advisory board had been established. Clinical design authority had commenced but more work needed to be done to highlight the work.

Joint IMT & IG Corporate Risk Register

The Joint IMT & IG Corporate Risk Register was presented and discussed at each of the committee meetings.

In October the top risks remained unchanged since the August meeting – their top risk remained as cyber security; Effective Resource Utilisation was at a lower risk due to the Health Board having found a better way forward on how they utilised existing resources; They had removed the NWIS Governance Arrangements from the Risk Register since the August meeting.

IG Data & Compliance (Sis, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)

Between May 2023 and June 2023, the Information Governance Department had reviewed a total of 112 information governance related incidents reported via Datix. Of these breaches reviewed, two breaches met the threshold to be reported to the Information Commissioner's Office (ICO). A third breach had been reported to the ICO since that period. Details of the breaches would be outlined in the private meeting of this committee. In response to the breach in Ireland by a FOI disclosure, the team had reviewed all disclosure logs since 2020. The average number of FOIs received during the last 12 months had increased marginally to 53 requests per month and the average compliance had slightly dropped to 84%. There had been a steady drop in compliance in health records requests since February 2023. The total number of monthly requests remained high. The average compliance over the last rolling 12 months was 63%. A total of 17 subject access requests submitted for non-health records were received from April 2023 to May 2023. 16 requests (94%) were complied with, within the legislated timeframe. Since January 2022, the Health Board had sent out a total of 750 letters to staff who had been identified by the National Intelligent Integrated Audit Solution (NIAS), based on a process approved by Management Executive. The Health Boards Information Governance training compliance was currently 74%. This represented a further 2% increase in overall completeness since figures were last provided to the Committee.

In February 2024 the HIGCS presented and noted 279 incidents with 4 highlighted to be taken forward and discussed in the private meeting. He highlighted the following points:

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- 316 requests received for medical records per month
- Non-health records are compliant with 61 requests
- Continue to monitor staff access and remind staff members when accessing clinical systems
- Information Governance training figures remain at 76%

Digital Services Key Performance Indicators

In August 2023 the Digital and Health Intelligence team were looking to report on KPIs for activity in the following workstreams:

- Service Requests – Requests for information or advice and assistance, as well as general requests.
- Incidents – Notifications of failures of systems or equipment.
- Change Requests – Requests for an adjustment to an existing specialist system, primarily used for PARIS and other clinical systems.

A gateway was required. However, this was managed by DHCW. Discussions were taking place to develop a SOP to open that gateway. The administrative portal was presented to the Committee. It was noted that the team were looking to provide an online reporting service for management colleagues using Power-BI.

In October 2023 the Digital Services Key Performance Indicators Report slides provided stationary screenshots of the data being captured from Ivanti and displayed in Power BI for the reporting of Lag Key Performance Indicators within DH&I. The following were highlighted:

- The numbers had increased since the previous year due to more digital teams coming on board. This would continue to increase;
- The time taken to complete requests had reduced, which allowed staff more time to focus on further project related work;
- The number of First Call Resolutions had increased, and less time was taken to close incidents;
- There was some concern over incidents that had remained open for around a year – one of their biggest challenges was getting hold of users who were frontline workers.

Digital Strategy

In May 2023 the Welsh Government Digital Strategy for Health & Social Care Refresh was discussed and it was highlighted that a long-awaited digital strategy from WG was circulated to organisations in April following updates from Michael Emery. The strategy was in development for the previous 12 months and final consultation feedback had been sought from organisations. A key focus was to put people at the heart of the strategy. The DDHI advised that it would be a huge challenge but there were many worthy ambitions within the document. A huge challenge related to how it would be financed by WG and how that would be filtered through the different organisations.

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

The IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training) was provided to each of the Committee meetings in 2023/24.

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In May 2023 the Information Governance Department had continued to find the increased workload challenging. Between January 2023 and April 2023, the Information Governance Department had reviewed a total of 185 information governance related incidents reported via Datix. Of those breaches reviewed, six of the breaches met the threshold to be reported to the Information Commissioner's Office (ICO). 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 timeframe) and 2 remained outstanding (having appropriate extensions applied). The Health Board Information Governance training compliance was currently at 74%. That represented a further 4% increase in overall completeness since figures were last provided to the Committee.

In August 2023 it was noted that between May and June 2023, the Information Governance Department had reviewed 112 information governance related incidents reported via Datix. The average number of FOIs received during the last 12 months had increased marginally to 53 requests per month and the average compliance had dropped to 84%.

A total of 17 subject access requests submitted for non-health records were received from April 2023 to May 2023. 16 requests (94%) were complied with, within the legislated timeframe. Since January 2022, the Health Board had sent out a total of 750 letters to staff who had been identified by the National Intelligent Integrated Audit Solution (NIIAS), based on a process approved by Management Executive. The Health Boards Information Governance training compliance was currently 74%. This represented a further 2% increase in overall completeness since figures were last provided to the Committee.

In February 2023 279 incidents were noted with 4 highlighted to be taken forward. 316 requests were received for medical records each month. Non-health records are compliant with 61 requests. Continue to monitor staff access and remind staff members when accessing clinical systems. Information Governance training figures remain at 76%.

Joint IMT & IG Corporate Risk Register

At each meeting, the Committee received the Joint IMT and IG Corporate Risk Register and Committee Members scrutinised the same in order to assure themselves that the identified risks were being managed appropriately.

Framework Policies, Procedures & Controls

In May 2023 a number of procedures and policy documents had been under review with the external Contractors and IT Governance. The Records Management Policy would come back for approval in the next Committee meeting. There was a wider piece of work being undertaken with the Corporate Governance team to look at all of the out of date policies, procedures and guidance notes.

In August 2023 the following procedures and policy documents had been reviewed which included:

- Records Management Policy (UHB 142)
- Records Management Procedure (UHB 326)
- Information Governance Transportation of Case Notes and Personal Identifiable Information (PII) Procedure (UHB 262).

In October 2023 the following were reviewed:

- The IG Policy – the proposal was to bring this back to DHIC for review and approval as a substantive policy;
- The IG Corporate Training Policy – this was being finalised and would be brought back to the following DHIC committee meeting;

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- The IT Security Incidents Breach Guidance had been replaced by a Standard Operating Procedure (SOP) and would be deployed across the organisation.

Policies

A number of policies were brought to the Digital Health & Intelligence Committee 2023 / 24 for approval, which included:

- Records Management Policy (UHB 142)*
- Records Management Procedure (UHB 326)*

5.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Digital Health & Intelligence Committee meetings by presenting a summary report of the key discussion items at the Digital Health & Intelligence Committee. The report is presented by the Chair of the Digital Health & Intelligence Committee.

6.0 Opinion

The Committee is of the opinion that the draft Digital Health & Intelligence Committee Report 2023/24 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

David Edwards

Committee Chair

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