

# Public Digital & Health Intelligence Committee

Tue 12 November 2024, 09:00 - 10:00

Virtual - MS Teams

## Agenda

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09:00 - 09:00  
0 min

### 1. Standing Items

#### 1.1. Welcome & Introductions

*David Edwards*

#### 1.2. Apologies for absence

*David Edwards*

#### 1.3. Declarations of Interest

*David Edwards*

#### 1.4. Minutes of the Committee meeting held on 13th August 2024

*David Edwards*

📎 1.4 Draft DHIC Public Minutes 13.08.24.pdf (5 pages)

#### 1.5. Action log following the Committee meeting held on 13th August 2024 - No Actions at Present

*David Edwards*

#### 1.6. Committees Chairs Actions

*David Edwards*

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09:00 - 09:05  
5 min

### 2. Items for Review and Assurance

#### 2.1. Digital Roadmap and Work Programme Update

*David Thomas*

📎 Item 2.1 - Digital Roadmap and work programme update PUBLIC Nov24 DT1.pdf (9 pages)

#### 2.2. Corporate Digital Risk Register

*David Thomas*

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

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

#### 2.3. IG Data Compliance

*James Webb*

📎 Item 2.3 - IG Compliance Final - Public.pdf (8 pages)

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## 2.4. Digital Services KPI

*David Thomas*

- 📄 Item 2.4 - Digital Services KPI - cover DT1.pdf (2 pages)
  - 📄 Item 2.4a - Appendix 1 - Key Performance Indicators.pdf (12 pages)
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## 09:05 - 10:00 3. Items for Approval / Ratification 55 min

### 3.1. No Items for Approval

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## 10:00 - 10:00 4. Items for Noting and Information 0 min

### 4.1. Minutes: Digital Directors Peer Group

*David Thomas*

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

#### 4.1.1. September 2024

- 📄 Item 4.1a - Appendix 1 - Digital Directors Peer Group Meeting Notes - September.pdf (8 pages)

#### 4.1.2. October 2024

- 📄 Item 4.1b - Appendix 2 - Digital Directors Peer Group Meeting Notes - October.pdf (8 pages)
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## 10:00 - 10:00 5. Agenda for Private Digital & Health Intelligence Meeting 0 min

### 5.1. Caldicott Guardian Update

### 5.2. Cyber Security Updated (including performance metrics)

### 5.3. Digital Investment Case

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## 10:00 - 10:00 6. Review of the Meeting 0 min

*David Edwards*

## 10:00 - 10:00 7. Date & Time of next Meeting: Tuesday 11th February 2025 at 9am via MS Teams 0 min

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## Unconfirmed Minutes of the Public Digital & Health Intelligence Committee Meeting Held On 13 August 2024 Via MS Teams

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

<b>Chair:</b>		
David Edwards	DE	Independent Member – Information Communication & Technology (IM-ICT)
<b>Present:</b>		
Akmal Hanuk	AH	Independent Member – Local Community (IM-LC)
Susan Lloyd-Selby	SLS	Independent Member – Local Authority (IM-LA)
<b>In Attendance:</b>		
David Thomas	DT	Director of Digital & Health Intelligence (DDHI)
James Webb	JW	Head of Information Governance & Cyber Security (HIGCS)
Angela Parrat	AP	Director of Digital Transformation (DDT)
Gary Marklew	GM	IT Service Desk Manager
<b>Secretariat</b>		
Nikki Regan	NR	Corporate Governance Officer
<b>Apologies</b>		
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive

Item No	Agenda Item	Action
<b>DHIC 13/08/001</b>	<b>Welcome &amp; Introduction</b>  The Committee Chair (CC) welcomed everyone to the Public meeting and confirmed the meeting was quorate.	
<b>DHIC 13/08/002</b>	<b>Apologies for Absence</b>  Apologies for absences were noted.  <b>The Committee resolved that:</b> a) The apologies were noted.	
<b>DHIC 13/08/003</b>	<b>Declarations of Interest</b>  <b>The Committee resolved that:</b> a) No Declaration of Interest were noted.	
<b>DHIC 13/08/004</b>	<b>Minutes of the Meeting Held 28<sup>th</sup> May 2024</b>  The committee accepted the minutes as a true and accurate record of 28 <sup>th</sup> May 2024.  <b>The Committee Resolved that:</b> a) The Minutes of the Meeting held on the 28 May 2024 were confirmed as a true and accurate record.	
<b>DHIC 13/08/005</b>	<b>Action Log – Following the Meeting held on 28<sup>th</sup> May 2024</b>  2 actions on the action log were both completed.  <b>The Committee Resolved that:</b> a) The Action Log was discussed and noted.	

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<p><b>DHIC</b> <b>13/08/006</b></p>	<p><b>Chair's Action taken since the last Committee Meeting</b></p> <p>No chairs actions taken since 28<sup>th</sup> May 2024.</p> <p><b>The Committee Resolved that:</b></p> <p>a) There were no Chair's Actions taken since the last meeting.</p>	
<p><b>Items for Review and Assurance</b></p>		
<p><b>DHIC</b> <b>13/08/007</b></p>	<p><b>Digital Roadmap and work programme update</b></p> <p>The DDT gave an update on the Digital Roadmap and Work Programme and highlighted the following –</p> <ul style="list-style-type: none"> <li>• A 12-month electronic triage pilot was live in A&amp;E and it showed that 50% of A&amp;E attendances were via e-triage</li> <li>• Welsh nurse care record was being implemented at pace</li> </ul> <p>The DDT presented on the funding digital foundations and highlighted the following:</p> <ul style="list-style-type: none"> <li>• £446k revenue was requested for the production of a programme business case to seek all Wales major capital funding alongside a business justification case</li> <li>• The work would deliver over the next 5 years and would lay the ground for any national solutions and would help CAV move towards being paper free.</li> </ul> <p>The DDHI explained that the investment case would be presented to SLB this week for approval. Once approved, the UHB would seek the money and 2 additional posts to help deliver the programme, which was cleared by WG in May 2024.</p> <p>The IMLC thanked the team for the high-level plan and asked if there was a definitive date for the start of the programme? He highlighted the key portion was regarding the start of the plan and how long it will take to obtain the funding and recruit the additional staff required.</p> <p>The DDHI noted that money would be made available once it was approved at SLB and explained there was a plan for recruitment.</p> <p>The DDT noted that it was clear on the skill sets needed and in terms of time, this could be done within an 8-week window for recruitment. For procurement, conversations took place to ensure confidence and benefits were in place. The documentation was partially completed in order to recruit and mobilise. Whilst the plan showed 12 months, we have 5 months to get it approved. Month 1's worst case was 12 weeks with 8 weeks being the best-case scenario.</p> <p>The IMLC asked if we could bring this item back for an overview in November? (action)</p> <p>The DDHI explained that the investment group were clear this funding would be on a non-recurrent basis and CAV would need to find the money beyond the 12 months.</p> <p>The CC noted the pace was a significant challenge and one we need to monitor. He was supportive of the investment and the money was not a significant amount considering the size of CAV UHB and it</p>	

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	<p>would benefit staff and patients. He wondered if there should be a work up for the headline to be around the benefits. From a public point of view, trying to articulate the monies may lead to something different. Given how tight funding is, we need to communicate why we are investing to make it clear.</p> <p>The DDHI noted there were a number of benefits which were given to CAV UHB Finance colleagues.</p> <p>The CC explained that the work needed to be lifted so that the headline reads clearly for the public to be able to see what the ask is.</p> <p>The DDT explained the aims and objectives were demonstrated in the paper and it was about the outcome improvements that will be made.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Digital Roadmap and Work Programme Update was noted.</p>	
<p><b>DHIC 13/08/008</b></p>	<p><b>Joint IMT &amp; IG Corporate Risk Register</b></p> <p>The DDHI gave an update on the Joint IMT &amp; IG Corporate Risk Register and highlighted the following points –</p> <ul style="list-style-type: none"> <li>• Local team not being resourced</li> <li>• Cyber security remained at red</li> <li>• CAV video appointments will cease in March 2025 but alternatives were being reviewed</li> <li>• PARIS contract extension was extended to 2029/30</li> <li>• LIMS service was closed and to be removed from risk register</li> </ul> <p><b>The Committee resolved that:</b></p> <p>a) The Joint IMT &amp; IG Corporate Risk Register was noted.</p>	
<p><b>DHIC 13/08/009</b></p>	<p><b>Corporate Digital Risk Register</b></p> <p>The Corporate Digital Risk Register was noted.</p> <p><b>The Committee resolved that:</b></p> <p>a) The progress report and the planned investment case was reviewed and noted.</p>	
<p><b>DHIC 13/08/010</b></p>	<p><b>IG Data Compliance</b></p> <p>The HIGCS updated on the IG Data Compliance and highlighted the following -</p> <ul style="list-style-type: none"> <li>• FOI compliance displayed an increase</li> <li>• 51 incidents per month</li> <li>• Request for medical records continued to rise with 328 request per month</li> <li>• Compliance continued to fall from 37% to 32%</li> <li>• NHS Wales experienced an Operational issue with NIAS monitoring and DHCW we investigating with the supplier</li> <li>• Mandatory training figures remained at 76% for the HB</li> </ul> <p>The IMLA questioned around the mandatory training and the increase in serious incident reporting and asked what steps were being taken to try and increase the training figures?</p>	

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	<p>The HIGCS noted that Cyber Security formed part of the mandatory training. At every opportunity in response to a data breach, CAV continued to push the importance of mandatory training. He agreed that it was lower than it should be and steps were being taken to try and increase where possible.</p> <p>The DDHI noted that IG security was a mandatory training requirement and was being reviewed at Exec level and asked all to push the uptake where possible. Staff need to be given protected time to complete the modules needed.</p> <p>The IMLC asked who controlled this and noted that 76% was low and he wanted to understand how the training was implemented and engaged with staff. He asked how this can all be done?</p> <p>The HIGCS explained that workforce provide the compliance rates and was unable to drill down any further. There were different requirements to undertake depending on the module and the IG and cyber governance needed to be every 2 years. As part of the yearly appraisals, our VBA's require for us to be 100% to compliant.</p> <p>The IMLA expressed concern that IG &amp; Cyber training should only be completed every 2 years and she thought there may be a risk. She added that the information should be drilled down and for us to see where staff sit and there will inevitably be some roles where it is more critical for them to undertake the training.</p> <p>The HIGCS would bring back figures to the next meeting (action).</p> <p>The DDHI explained that phishing exercises take place in between cyber training.</p> <p>The CC noted that whilst this was a rapidly changing environment, the phishing exercises were welcomed. The key roles were important and where people have access to significant amounts of data, those individuals should have 100% compliance.</p> <p>The HIGCS noted the training provided was for all and doesn't depend on a job role. He agreed that staff who access clinical systems should have 100% compliance before accessing systems.</p> <p>The CC highlighted that if there are areas where staff have low compliance it shows that they are not taking their role seriously.</p> <p><b>The Committee Resolved that:</b>  a) The Committee noted the series of updates</p>	
<p>Regan, Nikki 05/11/2024 09:30:00</p>	<p><b>Ivanti Management System</b></p> <p>The Service Desk Manager updated –</p> <ul style="list-style-type: none"> <li>• Current year showed an average of 2.6 days for incidents &amp; 3.9 for requests which was an improvement on 2023</li> <li>• Automation reduced wait times and was used for new nadex requests</li> <li>• 3144 incidents opened and 2923 closed with an average duration 1.58 days</li> <li>• The chat function was introduced in November 2023 and questioned if it should be promoted more to use the call function via chat</li> </ul>	

	<p>The IMLC requested for future reports to have a breakdown of what they relate to.</p> <p>The CC suggested for the chat to be retained and promoted as AI would be integrated in the future.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Committee noted the Ivanti Management System.</p>	
	<b>Items for Approval / Ratification</b>	
<b>DHIC 13/08/011</b>	<p><b>Information Governance Policy</b></p> <p>No items to discuss.</p> <p><b>The Committee Resolved that:</b></p> <p>a) Received and approved the recommended changes to the Information Governance Policy</p>	
	<b>Items for Noting and Information</b>	
<b>DHIC 13/08/014</b>	<p><b>Minutes: Digital Directors Peer Group</b></p> <p>The Minutes from the Digital Directors Peer Group from June &amp; July 2024 were received.</p> <p>The DDHI explained that a presentation took place in June regarding the potential for AI, with work taking place in NHS England and WG. There are a number of national programmes referenced and highlighted that are expected to take the Radiology system in Feb 2026 and the Lab systems to lims in May 2024. The digital cell pathology case was approved by board but not all HB's had approved. BCU lead on the EPR work and the business case previously referenced would support this work.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Committee noted the minutes of the Digital Directors Peer Group from June &amp; July 2024.</p>	
	<b>Agenda for Private Digital &amp; Health Intelligence Meeting</b>	
<b>DHIC 13/08/016</b>	<ul style="list-style-type: none"> <li>• Caldicott Guardian Update</li> <li>• <i>Cyber Security Update (including performance metrics)</i></li> <li>• <i>Digital Investment Case</i></li> </ul>	
<b>DHIC 13/08/017</b>	<p><b>Any Other Business</b></p> <p>No Other Business was discussed.</p>	
<b>DHIC 13/08/018</b>	<p><b>Items to bring to the attention of the Board / Committee</b></p> <p>The DDHI highlighted that culture changes were required regarding the mandatory training and he would raise with the P&amp;C prior to the next committee meeting.</p>	
	<p><b>Date &amp; Time of next Meeting:</b></p> <p>Tuesday 12<sup>th</sup> November 2024 at 9am via MS Teams</p>	

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Report Title:	Digital Roadmap and work programme update		Agenda Item no.	2.1
Meeting:	Digital and Health Intelligence Committee	Public	x	Meeting Date: 12/11/2024
		Private		
Status (please tick one only):	Assurance	x	Approval	Information
Lead Executive:	Director of Digital and Health Intelligence			
Report Author (Title):	Director of Digital Transformation			

## Main Report

### Background and current situation:

## 1 Update on IMTP priorities with status

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

Planning work for 25/26 IMTP is underway. DDT has met with all clinical boards to develop the list of priority list of national and local priorities. Some 24/25 priorities will continue into the next year e.g. EPMA.

## 2 Shaping our Future Digital Services

### 2.1 Digital Foundations Investment Case

This investment case discussed in August was approved and preparation work is underway to fill the two key posts that will enable this work to begin in earnest. These resources have now been appointed and handover is in progress. Mobilisation will commence on a phased basis from early November.

The work will deliver a clear trajectory, costs and plans on how CAV will achieve its target of HIMSS<sup>1</sup> Level 3 in pursuit of its intention towards a modular EPR, consistent with national and regional initiatives. The intention is to seek All Wales Major Capital Funding alongside a Business Justification case (BJC) for phase 1 of the 5 annual phases. This has been discussed with Welsh Government representatives as well as the CDIO for NHS Wales by the Director of Digital and Health intelligence.

**Appendix 2** shows the plan the team is working to with progress shown.

A fuller update can be given at the next DHIC.

### 2.2 Reducing postage costs/digitising post

This is one of the potential business cases listed for the Digital Foundations work however, CAV spends a significant amount of money on external post. An internal task and finish group has been established under the leadership of the Director Digital & Health Intelligence to identify the potential to reduce postage expenditure spend in-year, and on a recurrent basis, in support of the UHBs financial efficiency requirements.

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

- Mandatory compliance with WECDS by March 2026
- EUWS now 18 years old
- Options appraisal completed and is with the SRO on how best to proceed as in-year funding to replace EUWS is unlikely. This means WECDS compliance will need to be achieved by enhancing what we already have which will require some re-prioritisation of current workload.

### 2.4 Digital roadmap progress

The roadmap for the next 5 years is shown at **Appendix 3**. A couple of notable updates are:

- **WIFI** – following additional investment from Welsh Government and CAV capital allocation, an uplift of 40% is planned in clinical areas, principally in support of Welsh Nurse Care Record and EPMA programmes. This enhanced wireless connectivity also supports existing solutions such as Scan4Safety, electronic test requesting using inhouse developed M365 applications, wireless phones, reducing the need for doctors to remain close to a desktop phone after paging someone, Vocera (used for person to person communications by some clinical services) and digital dictation.
- **Microsoft Licences** - Nadex accounts and M365 licences will be available for all CAVUHB staf groups by end December. This has required extensive work to identify non-licenced staff, develop appropriate training materials and channels of delivery of training information. This will complete this roadmap item.

### 3 Resources

As part of the UHB response to financial pressures, D&HI is looking to reshape some services in line with all clinical boards. Whilst D&HI is anyway under-resourced, we are not the only directorate with such pressures and the need for cost reduction across the board is fully recognised. 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, mindful of the organisations' priorities.

### 4 Tactical Activity Update on work programme since August 2024

Key Updates from across the D&HI services:

#### Digital Transformation - Development

- PMS has been implemented on the RDS farm and is undergoing testing. This will enable the Palliative Care Team and Regional Ophthalmology Service to access the functionality within the PAS system from outside the CAVUHB network.
- We recently upgraded the storage capacity for PMS. This enables the progression of the PMS migration to a High Availability environment.
- A Data Catalogue has been implemented within the LDR ecosystem. This will allow the standardisation of data for both operational and reporting/analysis uses. It is currently being evaluated.
- Work has started on taking forward our Common Demographics Service and some key building blocks that will enable our modular EPR functionality. This work initially supports the ePMA programme.

#### The Digital Services Management (DSM)

The Team continues to enact 'grip' over the workload of the D&HI department. In the past quarter there has been a focus on 'Dependencies' (between Project works and BAU works) and 'Risk' management. Both matters will be supported through the D&HI Microsoft Project Accelerator (MSPa) tooling, a part of the M365 suite. D&HI will, from Q3 2024/5 record both project and operational risks across the department into a single tool (all recorded in compliance to the All Wales corporate risk policy).

A Steering Group for M365 has been established to provide a forum for communications and customer led escalations around the valuable deployment of the M365 suite of tooling. A delegate is being sought from each CB, alongside key members from Innovation, HR, Finance, Programme team and a Clinical Lead, and the first formal group will be held in late Nov'24

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

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

The Digital & Health Intelligence team continue to deliver a wide range of initiatives to support CAVUHB strategic ambitions and current organisational pressures as well as supporting the preparation and implementation of national systems including electronic prescribing, roll-out of the Welsh Nursing Care Record, the Laboratory information system and the new Radiology system.

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

**Recommendation:**

The Board / Committee are requested to:

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

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

Please tick as relevant

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

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

Please tick as relevant

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

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

Risk: No

Safety: No

Financial: Yes

Benefits realisation from smarter working practices using digital solutions

Workforce: Yes

Supports our contribution for our digitally enabled workforce

Legal: Yes/No

Reputational: Yes

Supports our ability to manage our resources and data effectively

Socio Economic: No	
Equality and Health: No	
Decarbonisation: Yes	
Improved use of digital solutions – this reduces travel by staff and patients (home working and virtual appointments)	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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## APPENDIX 1 IMTP PRIORITIES UPDATE

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

Project/programme	Description	Update
e-triage	<p>This is a 12 month pilot funded by the national 6 Goals programme.</p> <p>This introduces electronic triage into the emergency department</p>	E-triage is now in business as usual and being managed by the service. No further updates.
Regional shared care record (for the purposes of direct care)	<p>A regional partnership board programme</p> <p>To support the delivery of integrated care in integrated multi-agency teams between Cardiff and The Vale Councils and CAVUHB. Relevant information shared via a summary care view</p>	<p>Neurodevelopmental shared record will be the first implementation delayed due to IG approvals. Target go-live now August 2024 subject to approval by Regional Digital Board (16th Aug 2024)</p> <p>Vale CRS service to follow.</p> <p>Project to share CAVUHB urgent care and child at risk data between HB and LA's initiated.</p> <p>Scale deployment requires re-hosting of the shared record in the cloud. Current engagement with market for this.</p> <p>New project being initiated to deliver share Advance plans from Primary Care to NHSWAST</p>
Connecting Care (previously WCCIS2)	<p>A national programme managed by DHCW</p> <p>To replace the Welsh Community Care Information System (WCCIS). In relation to community and mental health services. This national DHCW led programme is preparing a revised business case for Welsh Government. CAV with all other UHB is contributing to this work</p>	<p>3 UHB are requesting that a co-produced plan is worked-up with DHCW.</p> <p>Anticipated national funding has not been forthcoming leaving CAV regional partnership board (RPB) carrying the financial risk for regional staff.</p>
WRAPPER (Welsh referral, activity and patient pathway)	A joint CAV and DHCW project as part of the Canisc replacement programme.	Current anticipated delivery: Phase 1 complete

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enterprise repository) MDT management	This project delivers functionality to WRAPPER that enables cross-organisational booking and data sharing between health Boards for Cancer MDT management purposes	Phase 2 (outbound) – Mar/April 25 – Unlikely to be ready for planned switch off in March 2025 of Canisc based on time for joint testing cycle experienced in Phase 1 although the development work will have been completed. Mitigations are in place to give time to deliver without impacting the Canisc switch off or service provision.
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 complete.  Short Stay Surgical Unit (SSSU) implementation has started and theatres will begin implementation 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 promote health equality to patients by reducing unwarranted variation in care.  PROMs are collected digitally - the platform is offered to all clinical services across CAV	New provider appointed <i>Promptly</i> using national Value in Health framework. Promptly is in use/selected by 4 other UHBs. Planning underway to migrate before contract end with incumbent and new providers.
NHS Wales app	A national programme, all development goes through the National Digital Services to patients and public (DSPP) programme managed by DHCW.  CAV is live with the NHS App in all GP practices with feature sets varying by practice.	Awaiting the start of the Public Comms campaign. This was delayed due to development of Welsh Identity Verification Service and confirmation that Business Case for next Financial Year was approved.  Initial Planned Care discovery work completed, and pilot features designed.  Proposed start date 04/11/2024
Welsh Nurse Care Record	WNCR is a solution that digitises nursing documentation, allowing nursing staff to complete	WiFi improvements, Mobile Device Configuration and Business Continuity Solution Installation have delayed wider roll out

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More information can be found <a href="#">here</a>	assessments digitally using both desktop/laptop and Health Board mobile devices  Live in four wards at St Davids and Barry hospitals as of 08/07/2024, and live across UHL (2 wards outstanding) as of 28/10/2024	A Business Continuity (BC) solution has been accepted by Cyber and signed off by DDHI. Work in progress.  Currently awaiting completion of works of licenses to allow iPads to be connected to the network- work underway with Technical teams currently.  Implementation across all remaining wards in UHL and UHW is in progress.
Digital Dictation and Transcription	Digital Dictation and transcription available to all Clinical staff within Cardiff and Vale UHB.	Contract award – awaiting update from procurement
Electronic prescribing and medicine administration	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.  Business case agreed by Welsh Government in Q1 2024	Go Live January 2025. Programme due to be completed by end of financial year 2025/26.  Rollout dependent on WiFi improvements works.
Welsh Intensive Care Information System (WICIS)	A national programme managed by DHCW, to be implemented locally  Introduces electronic observations at the bedside in intensive care	This is currently in review given the position of some health boards decision to implement.  WG has commissioned an external review of the product to evaluate feasibility of implementing a more basic system.
National laboratory systems replacement (LIMS)	A national programme managed by DHCW, implemented locally  Go Live for CAVUHB is now planned for August 2025.	This is progressing and is being managed by the relevant clinical board (CD&T via their internal teams)
National radiology system replacement	A national programme managed by DHCW, implemented locally  Go Live for CAV is planned 2026	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, This was agreed for CAV UHB at the July Board meeting

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### APPENDIX 2 - high level plan





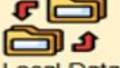

Digital Maternity Cymru	A national programme managed by DHCW, to be implemented locally  Funding has ben significantly reduced meaning delays in activity	A national programme is moving this forward, however in Cardiff & Vale a local procurement is underway; whilst this is outside the national programme, there is a commitment to work closely with the national Digital Maternity Cymru programme.
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High level plan	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
<b>Recruitment</b>												
Technical Lead	Complete											
DDT partial backfill	In progress											
Consultancy - SoW, technical bench and procure	Planning											
Define detailed plan	x	x	x	x	x	x	x	x	x	x	x	x
<b>Mobilisation</b>												
Scope BC briefs	x	x	x	x	x	x	x	x	x	x	x	x
Decide on 1st year BJs to focus on	x	x	x	x	x	x	x	x	x	x	x	x
Review existing documentation , architectures and plans	Planning	x	x	x	x	x	x	x	x	x	x	x
technology stack and data holdings appraisal	x	x	x	x	x	x	x	x	x	x	x	x
AS IS & TO BE options	x	x	x	x	x	x	x	x	x	x	x	x
applications appraisals - COTS/build/buy	x	x	x	x	x	x	x	x	x	x	x	x
Deploy analysts - gather data, consolidate, insights	x	x	x	x	x	x	x	x	x	x	x	x
<b>Assessment</b>												
Identify candidate technologies	x	x	x	x	x	x	x	x	x	x	x	x
assess market provision inc. build/buy options	x	x	x	x	x	x	x	x	x	x	x	x
Assess candidate technologies	x	x	x	x	x	x	x	x	x	x	x	x
Evaluation	x	x	x	x	x	x	x	x	x	x	x	x
Decisions	x	x	x	x	x	x	x	x	x	x	x	x
stakeholder discussions using existing governance and fora	x	x	x	x	x	x	x	x	x	x	x	x
market intelligence insights	x	x	x	x	x	x	x	x	x	x	x	x
clinical and non-clinical appraisal, assessment, engagement	x	x	x	x	x	x	x	x	x	x	x	x
service delivery models options	x	x	x	x	x	x	x	x	x	x	x	x
<b>PBC and BJs</b>												
Templates	x	x	x	x	x	x	x	x	x	x	x	x
Drafting	x	x	x	x	x	x	x	x	x	x	x	x
zero base digital spend - pan organisation	x	x	x	x	x	x	x	x	x	x	x	x
assemble costs	x	x	x	x	x	x	x	x	x	x	x	x
benefit analysis & computation	x	x	x	x	x	x	x	x	x	x	x	x
cashflow/funding / benefit release model	x	x	x	x	x	x	x	x	x	x	x	x
Final drafts and socialisation	x	x	x	x	x	x	x	x	x	x	x	x
Presentation/submission CAV and WG	x	x	x	x	x	x	x	x	x	x	x	x
Approval (or not)	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
Disassemble or extend team	x	x	x	x	x	x	x	x	x	x	x	x

Regan, Nikki  
05/11/2024 09:30:00

# Digital Foundations roadmap (0-5 years)

Progress & completion dependent on funding

		STATUS
 WIFI	Ultimately ubiquitous Initial focus on clinical areas – wards, theatres, labs and relevant connecting corridors	Improvements in progress
 Single Sign On	The ability to sign in once and access (almost) everything you need from a single screen Build this capability incrementally starting with context launch from a single landing page that you authenticate into	Starting
 Microsoft licences	All staff have an account and are licensed for Office 365	Dec 2024
 End user devices	Fast, connected, modern end user devices and printers Desktop PCs, laptops including computers on wheels (COWS), tablets, smartphones	Starting (mobiles)
 Applications	Applications that work on (almost) any device	DF dependent
 Local Data Resource	The ability to move data around using open standards. It doesn't matter if data is held in our systems or someone else's – we can extract it and we can share it back	Starting
 Care data repository	Aggregate care data to gain a single (unified) view of the information we hold about a person, enabling better informed decision making at the point of care	DF dependent
 Integrated care record	Single patient record  The system care providers use to interact with the content of the CDR; an electronic medical record across acute and non-acute settings	DF dependent
 Capabilities	Tools and capabilities that can be used across acute and non-acute settings e.g. clinical notes, ward and bed management, bedside observations, clinician order comms, alerts, workflow and so on	DF dependent

**Key**

DF – Digital Foundations investment case dependent

Regen Nikki  
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Report Title:	<b>Joint IMT &amp; IG Corporate Risk Register</b>		Agenda Item no.	2.2	
Meeting:	<b>Digital and Health Intelligence Committee</b>	Public	<input checked="" type="checkbox"/>	Meeting Date:	12 <sup>th</sup> November 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:	<b>Director of Digital and Health Intelligence</b>				
Report Author (Title):	<b>Director of Digital and Health Intelligence</b>				
<b>Main Report</b>					
Background and current situation:					
The joint IMT Risk register is a combined register consisting of digital / Information Governance and Information / Performance risks.					
<b>Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:</b>					
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:					
<ul style="list-style-type: none"> <li>• Cyber Security</li> </ul>					
1 x Risk remain in amber status with a score of 12.					
<ul style="list-style-type: none"> <li>• WCCIS Local team not resourced</li> </ul>					
1 x risk has moved from amber status to yellow with a score of 8 reduced from 12.					
<ul style="list-style-type: none"> <li>• Risk of CAV UHB Video Consultation</li> </ul>					
10 x Risks remain in yellow status with scores between 8 and 9 and these are:					
<ul style="list-style-type: none"> <li>• Outcome Measures</li> <li>• Data Quality</li> <li>• Data availability (Accessibility of Data)</li> <li>• Clinical Records Incomplete</li> <li>• Insufficient Resource – Capital &amp; Revenue</li> <li>• Server Infrastructure</li> <li>• UHB Standard Data Processing</li> <li>• Non-Compliance with data protection legislation</li> <li>• Governance framework (IG policies and procedures)</li> <li>• Effective resource utilisation</li> </ul>					
2 x Risks have been removed. These were brought to the attention of the DHIC Committee at the August meeting					
<ul style="list-style-type: none"> <li>• PARIS Contract Extension (previously amber status with a score of 12)</li> <li>• WLIMS (previously yellow status with a score of 8)</li> </ul>					
<b>Recommendation:</b>					

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:**

Report No: 05/24/024 09:30:00

Committee/Group/Exec	Date:

Regan Nikki  
05/11/2024 09:30:00

RISK REGISTER TEMPLATE

CLINICAL BOARD/CORPORATE DIRECTORATE: CORPORATE  
 SPECIALITY/DEPARTMENT: Digital & Health Intelligence

Risk Ref.	Strategic Objective	Date risk added dd/mm/yyyy	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Date of next review	Assurance Committee
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total		
A4/0023	8	06/08/2011	<b>Cyber Security</b> - Due to prevailing national and international Cyber Security threats there is a risk that the Health Board's IT infrastructure could be compromised resulting in prolonged service interruption and potential impacts on the safety of patients due to an inability to access electronically stored data.	Director of Digital and Health Intelligence	5	4	20	The UHB has in place a number of Cyber security precautions. These include the following:  - The implementation of additional VLAN's and/or firewalls/ACL's - Segmenting and an increased level of device patching. - The use of Monitoring and Vulnerability 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.	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.	5	4	20	Additional resources is required to fully implement recommended areas of best practice.  Completion of mandatory Cyber Security training is below the required level.	The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. (May 2022: Successful business case bid made to BCAG to ensure appointment of dedicated Cyber resources. Roles are currently being advertised and recruited to. Global cyber threat increase in response to events in Ukraine. Implementation of NIS Regulations provides powers to WG to penalise organisations who are non-compliant with fines up to £17m or 4% of turnover. 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. July 2024 update: Progress made with developing a combined Information Asset Register and Business Impact Assessment to be sent out to all services. This will be used to centrally log all assets and identify and assess critical systems. The DR plan is also under review. <b>Oct '24: Cyber team fully recruited and focused on updating the cyber action plan</b>	Head of IG & Cyber Security	August 2022 Ongoing	5	3	15	01/07/2022	Digital Health Intelligence Committee	
A4/0025	8	10/07/1905	<b>WCCIS2 (Connected Care):</b> 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	4	16	CaV, ABuHB and SBuHB have noted that further work is required on requirements for them to be acceptable to the Health Board. This has been challenges as 'delay' by the DHCW team.  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)	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.  Jul '24: National business case unacceptable for CaV, as it excluded the costs for data migration from anything but the failed 'Care Director' solution in Wales (thus CaV would be asked to absorb the DMig costs of having been successful with PARIS since 2025). 4 Local Authorities have now formally divorced themselves from this National programme, with a letter due to WG from Digital Directors asking for 'regional governance' to be implemented (inc. budgets/funding) via the RPB.  <b>Oct'24: Directors of Digital are due to consider a response to DHCW letter challenging the time that customers (HB) require to develop suitable requirements. An ask now exists from HBs to establish a co-ordinated sub group of the DoDs to progress these deliverables at a pace co-produced between HBs.</b>	Head of Digital Services Management				0			
			<b>Risk of CAVUHB Video Consultation Programme</b> 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	2	8	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		4	2	8	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.  Jul '24: 1. Management Exec responsible for 'outpatient improvement' group to work with the Digital team on embedding this into culture and practice of the uHB. No contact has been made to date (prompts issued to Paul Bostock). 2. MS Teams continues to look too clunky for cutting over from Attend Anywhere from Dec'24 onwards. 3. Other market entrants are being assessed as they are identified. None yet fulfil the AA remit at a cheaper price. 4. September Man Exec will receive an updated paper from Digital (Head of DSM Mark Cahalane). This is likely to note that CaV should maintain Attend Anywhere with CBs buying from a procurement framework via IVANTI, and recharged on a monthly basis per user.  <b>Oct'24: Investment group agreed to financially supporting the transition of AA to T-Pro. A Project Manager is being recruited. Procurement of the new solution is in progress, aiming to implement in Qtr 4 24/25</b>	Head of Digital Services Management								

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A2/0004	8	13/12/2013	Insufficient Resource: The delivery of the IM&T Strategic Work plan is based on the UHB being able to ensure that the IM&T Department is appropriately resourced to manage infrastructure and deliver projects. All bench marking information indicates that the UHB is significantly under resourced in this area. Consequence: inability to support operational and strategic delivery at pace required, reliance on outsourcing at enhanced cost, non compliance with legislation (FOI / GDPR)	DT	0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		2	4	8	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 '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. 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) Sept '23: outlined investment cases developed which will be presented to the UHB Investment Group in November 2023. 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. 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. <b>Oct'24: Investment case successful in funding short term roles to develop the programme business case and make the case for achieving the digital foundations priorities</b>	Director of D&HI					0
A3/0110	8	13/12/201	Server Infrastructure The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to complete and revenue based support to maintain. There is a requirement to also retain a minimal number of physical servers for those systems not capable of virtualisation.	DT	0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		4	2	8	Jan 2023: Servers, racking and UPS devices have all been purchased. We are waiting for electrical work to be completed in Woodland House and UHL to implement. This action is currently sat with CAV CEF. May '23: Installation of the new additional Disaster Recovery locations is pending. This is due to Capital, Estates and Facilities electrical work still being outstanding. This work is planned for June and July 2023. When complete there will be DR Infrastructure located at UHL and Woodland House. July 2023: Electrical work has been completed within CRI and Woodland with UPS devices and new racks 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. 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. 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. April 2024: Still on plan as per Jan 2024 update. July 2024: Still on plan as per Jan 2024 update. <b>Oct '24: Work required to take place at UHL to bring it up to spec before we can start moving servers and services to it. The RISP project will be improving the A/C and potentially the network connectivity to the site but further work is required on physical security and environmental monitoring.</b>	Head of Digital Operations					0
	8	16/02/2018	UHB Standard Data Processing Risk: obligations and accountabilities relating to the way data is handled are not formalised Consequence: the UHB could suffer detriment and/or have difficulties applying remedies against a third party if data is not handled appropriately	DT	0	Library of outline documents for sharing data available, with completion of these supported by corporate information governance department. Requirements to use and refer to are being emphasised within the training.		4	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. July '24: Data Strategy is being developed and has been shared at the Data Insights Programme Board in June, led by the CCIO. <b>Oct'24: A roadmap to develop data insights reporting, modelling and analysis, is being produced to support the data strategy ambitions.</b>	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	0	Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOs/IAAs from this. GDPR awareness being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement.		4	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. 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. July 2024 update: Progress made with developing a combined Information Asset Register and Business Impact Assessment to be sent out to all services. This will be used to centrally log all assets and identify and assess critical systems. <b>Oct '24: No update</b>	Head of IG & Cyber Security					0

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		<p><b>Risk of CAVUHB Video Consultation Programme</b></p> <p>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.</p> <p>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. The 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</p>	DT	4	2	8	<p>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</p>	4	2	8	<p>May '24:</p> <ol style="list-style-type: none"> <li>1. Collaboration with Clinical Services to further assess impact of no VC after 30th September 2024.</li> <li>2. Finalise with sign off on exit strategy document for all possible eventualities, including process maps for VC team and CB actions.</li> <li>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..</li> <li>4. Liaise with Procurement to obtain clarity on procurement options for a potential local solution.</li> <li>5. To elevate programme status and current risk to Director of Finance local meeting.</li> <li>6. For Clinical Boards to elevate to Executive team as part of QS&amp;PE due process.</li> </ol> <p>Jul '24:</p> <ol style="list-style-type: none"> <li>1. Management Exec responsible for 'outpatient improvement' group to work with the Digital team on embedding this into culture and practice of the uHB. No contact has been made to date (prompts issued to Paul Bostock).</li> <li>2. MS Teams continues to look too clunky for cutting over from Attend Anywhere from Dec'24 onwards.</li> <li>3. Other market entrants are being assessed as they are identified. None yet fulfil the AA remit at a cheaper price.</li> <li>4. September Man Exec will receive an updated paper from Digital (Head of DSM Mark Cahalane). This is <i>likely</i> to note that CaV should maintain Attend Anywhere with CBs buying from a procurement framework via IVANTI, and recharged on a monthly basis per user.</li> </ol> <p><b>Oct'24: Investment group agreed to financially supporting the transition of AA to T-Pro. A Project Manager is being recruited. Procurement of the new solution is in progress, aiming to implement in Qtr 4 24/25</b></p>	Head of Digital Services Management					
8	16/02/2018	<p><b>Risk: IG policies and procedures</b> 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.</p>	DT			0	<p>Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy is live and covers a number of existing policies.</p>	3	2	6	<p>Restructuring of IG department will increase amount of expert resource. Investment in training will also increase available expertise to support the review of policies. A formal review of policies and procedures is underway as per risk #7. May 2022: Controlled documents are reviewed and action plans for refresh or updates are routinely captured and reported on at each DHIC meeting. 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.</p> <p><b>Oct '24: Review of all policies and procedures being led by the Corporate team to determine which require updating, deletion or re-writing.</b></p>	Head of IG & Cyber Security					0
8	01/10/2018	<p><b>Effective Resource utilisation</b> :With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.</p>	DT			0	<p>Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.</p>	4	1	4	<p>Jan 2023: A PM for the DFD project has been employed until Mar 23. The project has come to a partial completion awaiting recruitment of a dedicated staff member to assist with request triaging.</p> <p>May 2023: A new Head of Digital Services Management post has been created and new PMO team and function as well as process has been agreed by the CAVUHB Senior Digital Management team.</p> <p>July '23: Digital Advisory Board established as group representing all Clinical Boards focussed on prioritisation of work requests.</p> <p>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.</p> <p>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.</p> <p>May 2024: A more formalised Digital Change Management process has been agreed. The first CAB meeting is planned for late This will agree the ToR and SOPs going forward. Planned to be fully implemented by Q3 2024</p> <p>July 2024: DSM in place, alongside TDA and CDA governance components. 'Benefits management' (July-Aug'24) and 'Resource Management' (Sept-Dec'24) are due to be embedded into MSPa tooling within 2024/25</p> <p><b>Oct '24: No update</b></p>	Head of Digital Operations					0

Regan Nikki  
05/11/2024 09:30:00

Report Title:	IG Data Compliance		Agenda Item no.	2.3
Meeting:	Digital & Health Intelligence Committee	Public	<input checked="" type="checkbox"/>	Meeting Date: 12 <sup>th</sup> November 2024
		Private	<input type="checkbox"/>	
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
Information				
Lead Executive Title:	Director of Digital & Health Intelligence			
Report Author (Title):	Head of Information Governance & Cyber Security			

## Main Report

### Background and current situation:

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

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

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

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

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

## ASSESSMENT

### 1. Information Governance Staffing Levels and Capacity

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

The staffing structure is as follows:

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

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

**Date reported: July 2024 to September 2024**

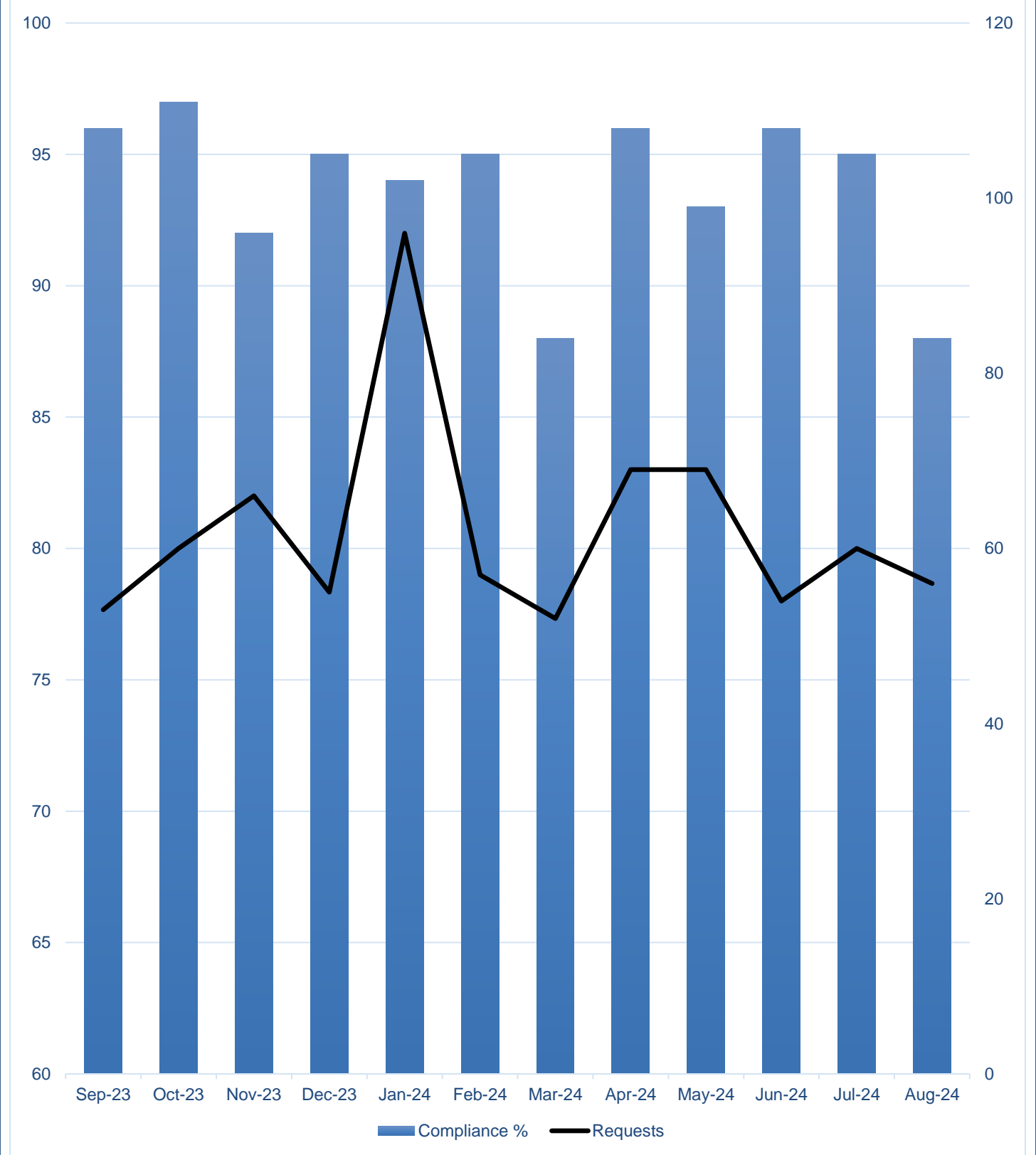
Between July 2024 and September 2024, the Information Governance Department have reviewed a total of 153 (51 per month) information governance related incidents reported via the UHB's Datix reporting solution. On average, for the last 12 months, the Information Governance Department has reviewed approximately 53 incidents per month. Of these breaches reviewed during this recent period, one breach met the threshold to be reported to the Information Commissioner's Office (ICO). Additionally, five concerns have been reported to ICO directly by data subjects, regarding the UHB's handling of their personal data.

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

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

Regen, Nikki  
05/11/2024 09:30:00

## Freedom of Information Requests



The average number of FOIs received during the last 12 months has reduced slightly to 62 requests per month (from 63) and average compliance has increased to 94% from (90 %). FOI compliance for June 2024 & July 2024 was 96% & 95% respectively.

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05/10/2024 09:50:00

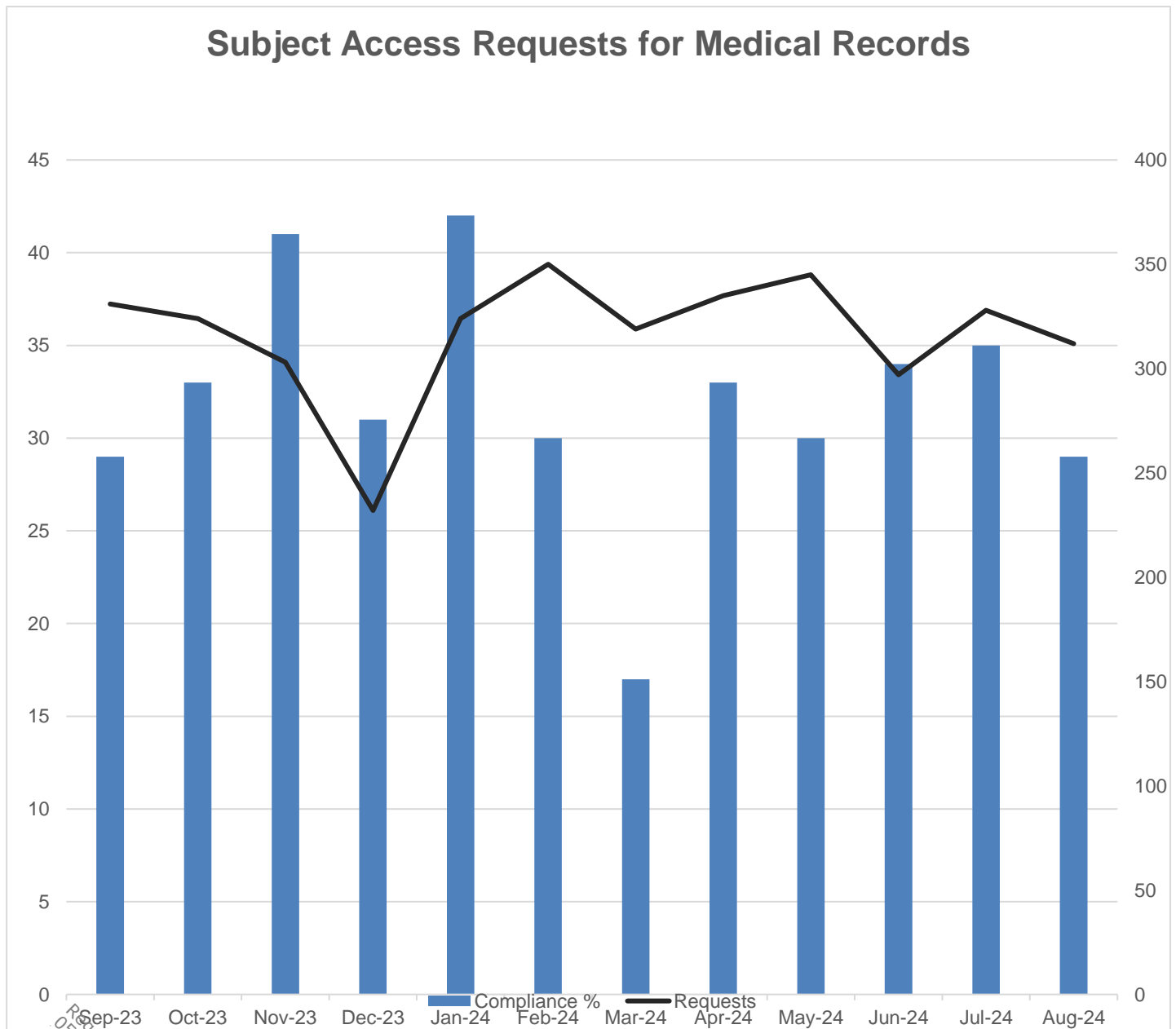
A link to the UHBs FOI disclosure log can be found below. This provides a link to every FOI the UHB publishes online. In the event that requests are made for the same information, the UHB is able to signpost requestors to this log.

<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:



Compliance remains a cause of concern, averaging 32% (no change since the last committee) over the last rolling 12 months. During this time an average of 317 requests have been submitted each month (a decrease from 328).

## 4.2 Non-Health Records

A total of 45 subject access requests submitted for non-health records were received between June 2024 & August 2024. 44 requests (98%) have been complied with, within the legislated timeframe although 1 request remains open following an extension to the deadline.

## 5. Compliance Monitoring/NIAS

Since January 2022, the UHB has sent out a total of 911 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 73% and is broken down by Clinical Boards as follows.

Org L4	Assignment Count	Achieved	Compliance
001 All Wales Genomics Service	346	298	86%
001 Capital, Estates & Facilities	1459	1220	84%
001 Children & Women Clinical Board	2393	1832	77%
001 Clinical Diagnostics & Therapeutics Clinical Board	2644	2036	77%
001 Corporate Executives	1056	840	80%
001 Medicine Clinical Board	2111	1433	68%
001 Mental Health Clinical Board	1580	1084	69%
001 Primary, Community Intermediate Care Clinical Board	1176	885	75%
001 Specialist Services Clinical Board	2192	1555	71%
001 Surgical Services Clinical Board	2419	1532	63%
<b>UHB</b>	<b>17373</b>	<b>12715</b>	<b>73%</b>

The figure represents a 3% drop in overall completeness since figures were provided to the last Committee.

As discussed at the last committee, compliance split by staff group is displayed below:

Staff Group	Assignment Count	Achieved	Compliance %
Add Prof Scientific and Technic	698	526	75%
Additional Clinical Services	3495	2530	72%
Administrative and Clerical	2958	2361	80%

Allied Health Professionals	1507	1165	77%
Estates and Ancillary	1483	1210	82%
Healthcare Scientists	630	509	81%
Medical and Dental	1238	471	38%
Nursing and Midwifery Registered	5346	3929	73%
Students	18	14	78%
<b>Total</b>	<b>17373</b>	<b>12715</b>	<b>73%</b>

With the 2024/25 IG Toolkit submission, those organisations who fail to achieve 85% IG training compliance, the minimum standard will not have been considered to have been met. This will likely cause an issue for medical research, who studies require Confidentiality Advisory Group (CAG) approval.

### 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.
- Dr David Fluck is the new Caldicott Guardian
- 153 information governance related incidents reviewed between July 2024 & September 2024.
- 1 data breach since the last committee has been reported to the Information Commissioner's Office.
- Freedom of Information compliance increased to 94% for last 12 rolling months.
- Access to Health Records compliance remains at 32%. The number of requests over the last 12 months has dropped to 317.
- Following technical resolution with NIIAS, the Information Governance Department continues to send letters to staff who breach data access policy.
- Information Governance mandatory training across the UHB has dropped to 73%.

### Recommendation:

The Committee is requested to:

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

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

Please place an "X" in the below boxes as relevant.

1.  <b>Putting People First</b> Click the objective above to view more detail.	2.  <b>Providing Outstanding Quality</b> Click the objective above to view more detail.
3.  <b>Delivering in the Right Places</b> Click the objective above to view more detail.	4.  <b>Acting for the Future</b> Click the objective above to view more detail.

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

Please place an "X" in the below boxes as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. Any queries, please contact [Alexandra.scott3@wales.nhs.uk](mailto:Alexandra.scott3@wales.nhs.uk)

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)	Comment here
---	--	--	--------------

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

**Risk: Yes/No**

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

**Safety: Yes/No**

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

**Financial: Yes/No**

Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

**Workforce: Yes/No**

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

**Legal: Yes/No**

Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

**Reputational: Yes/No**

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

**Socio Economic: Yes/No**

The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)

(If this has been addressed in the main body of the report, please confirm)

**Equality and Health: Yes/No**

Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.

Useful guidance on the completion of an EHIA can be found at the following link: [EHIA toolkit - Cardiff and Vale University Health Board \(nhs.wales\)](#)

(If this has been addressed in the main body of the report, please confirm)

**Decarbonisation: Yes/No**

There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:

- A focus upon preventing ill health in our population
- Saving energy or increasing throughput.
- Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions.
- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated Follow Ups to reduce unnecessary outpatient appointments.

- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.

Does the subject matter of your paper risk any of the above not being achieved. Any queries, please contact [edward.hunt@wales.nhs.uk](mailto:edward.hunt@wales.nhs.uk)

**Approval/Scrutiny Route (please note anywhere else this paper has been before):**

Committee/Group/Exec	Date:

Regen, Nikki  
05/11/2024 09:30:00

Report Title:	<b>Digital Services Key Performance Indicators</b>			Agenda Item no.	<b>2.4</b>	
Meeting:	<b>Digital and Health Intelligence Committee</b>		Public	X	Meeting Date:	12 <sup>th</sup> Nov 2024
			Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	
Lead Executive:	<b>Director of Digital and Health Intelligence</b>					
Report Author (Title):	<b>IT Service Desk Manager</b>					

### Main Report

#### Background and current situation:

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

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

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

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

- Continued improvement on average closure times for incidents and service requests for IM&T as a whole and performance of the service desk specifically.
- The number of incidents and requests has increased this year, which highlights that more IT users are choosing to access the self service portal and also highlights the increased demand for support.

#### Recommendation:

The Committee is requested to:

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

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

*Please tick as relevant*

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

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

*Please tick as relevant*

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

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

**Risk: Yes**

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

**Safety: No**

**Financial: Yes**

– provides a more effective use of resources

**Workforce: Yes**

– provides more effective support to all users of Digital Services

**Legal: No**

**Reputational: Yes**

– enables the service to demonstrate performance against targets and to publish performance on a routine basis. Feedback on service is available and evidences improved service and support.

**Socio Economic: No**

**Equality and Health: No**

**Decarbonisation: No**

**Approval/Scrutiny Route:**

Committee/Group/Exec

Date:

Regan Nikki  
05/11/2024 09:30:00

# Ivanti Management Report

[View in Power BI](#) ↗

Last data refresh:  
23/10/2024 11:20:09 UTC

Regan Nikki  
05/11/2024 09:00:00

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 23<sup>rd</sup> of Oct 2024.

This will include

- Service request information yearly, and monthly.
- Incident report information yearly, and monthly.
- Stock and procurement report

Key Items to Note

**Service request** - Number of requests has increased compared to what we saw last year and is looking to continue.

**Incident reports** - Number of incidents is set to increase in comparison to last year.

**Average times for resolution** - is steadily declining and is well below the trend line.

Reggie Nikki  
08/11/2024 09:30:00

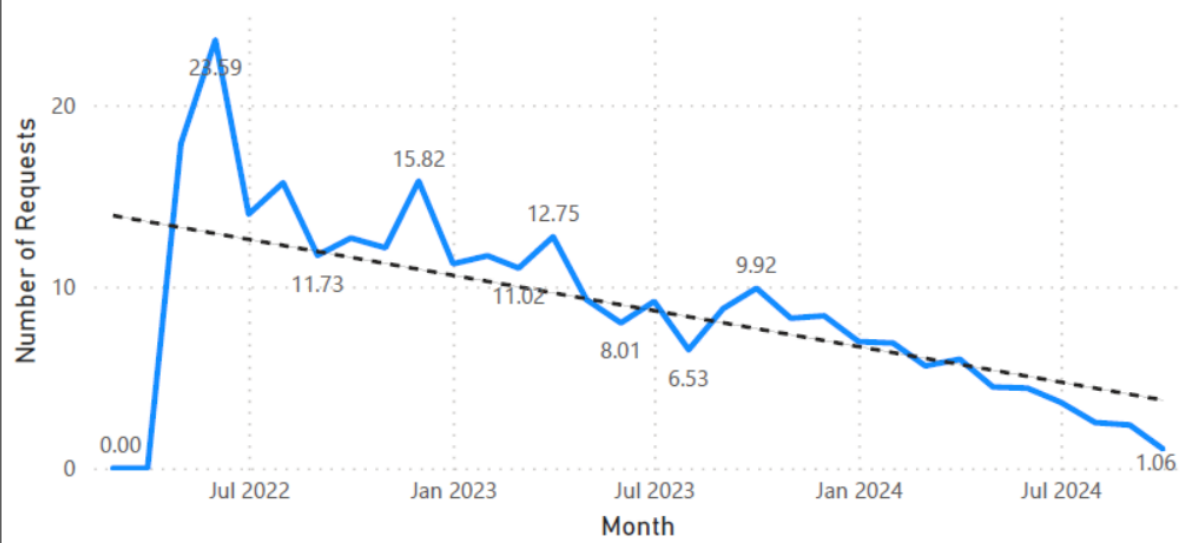
## Executive Scorecard

Year 2023		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
<b>36858</b> Incidents Opened	<b>38527</b> Requests Opened	<b>32553</b> Incidents Opened	<b>40869</b> Requests Opened	<b>3134</b> Incidents Opened	<b>3276</b> Requests Opened
<b>36605</b> Incidents Closed	<b>34571</b> Closed Requests	<b>31673</b> Incidents Closed	<b>35987</b> Closed Requests	<b>3105</b> Incidents Closed	<b>2887</b> Closed Requests
<b>253</b> Remaining Open	<b>3956</b> Remaining Open	<b>880</b> Remaining Open	<b>4882</b> Remaining Open	<b>29</b> Remaining Open	<b>389</b> Remaining Open
<b>5.19</b> Avg Duration (Days)	<b>9.34</b> Avg Duration (Days)	<b>2.87</b> Avg Duration (Days)	<b>4.19</b> Avg Duration (Days)	<b>2.90</b> Avg Duration (Days)	<b>6.89</b> Avg Duration (Days)

# Executive Trending

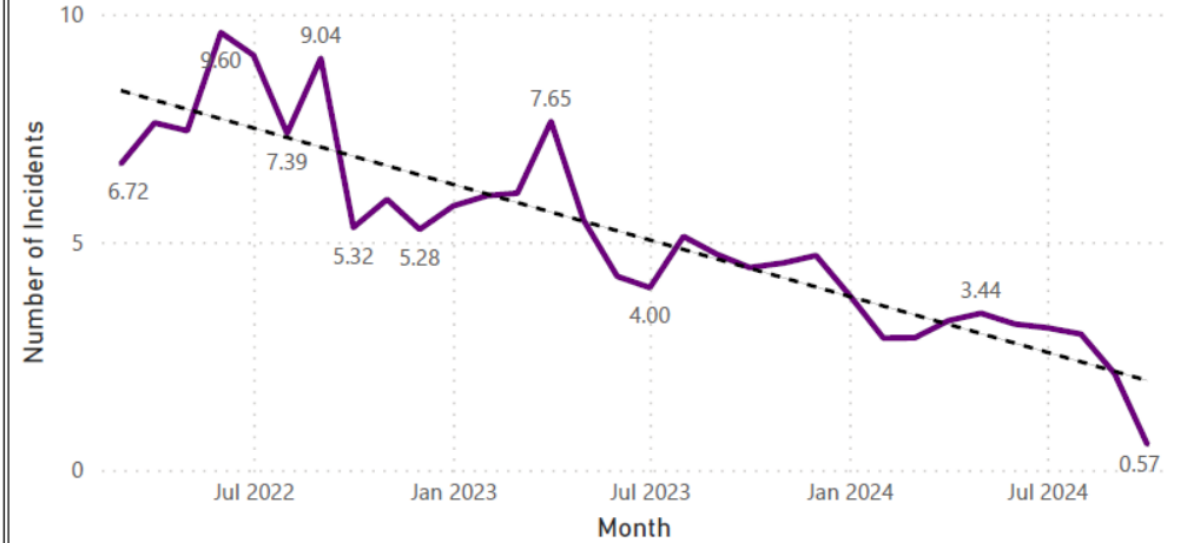
## Requests

Average Duration (Days)



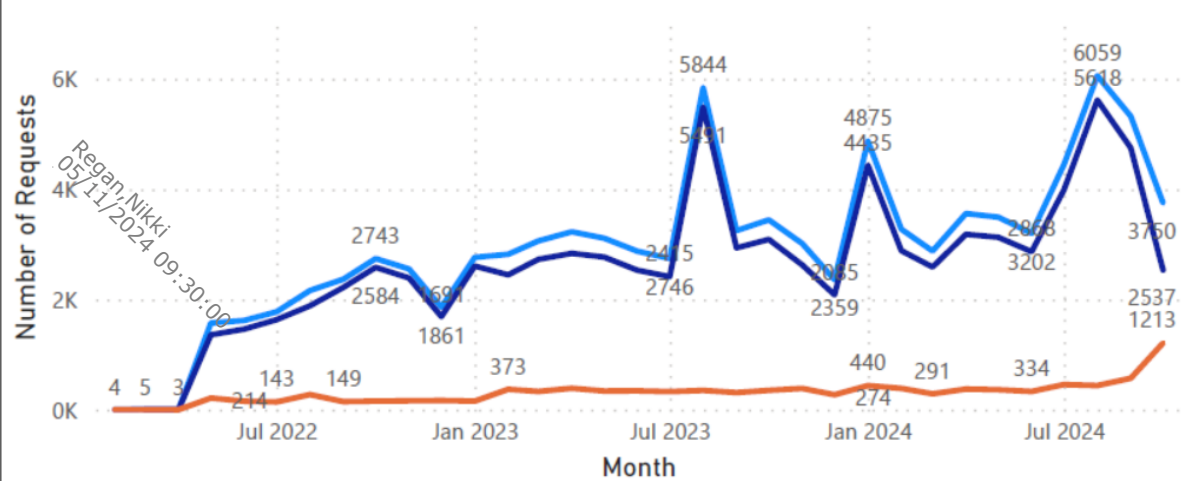
## Incidents

Average Duration (Days)



## Requests Opened, Closed and Remaining Open

● Requests Opened ● Requests Closed ● Remaining Open



## Incidents Opened, Closed and Remaining Open

● Incidents Opened ● Incidents Closed ● Remaining Open



# Service Desk Scorecard

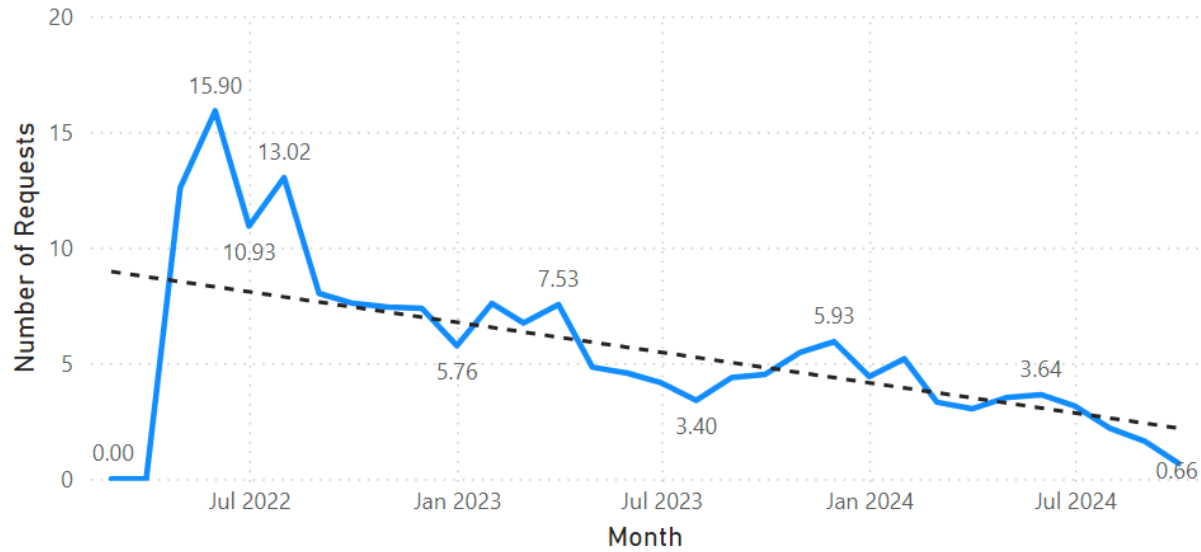
Year 2023		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
14836 Incidents Opened	25042 Requests Opened	15024 Incidents Opened	22255 Requests Opened	1418 Incidents Opened	2002 Requests Opened
14824 Incidents Closed	23347 Closed Requests	14815 Incidents Closed	20405 Closed Requests	1418 Incidents Closed	1866 Closed Requests
12 Remaining Open	1695 Remaining Open	209 Remaining Open	1850 Remaining Open	0 Remaining Open	136 Remaining Open
6.74 Avg Duration (Days)	5.19 Avg Duration (Days)	3.36 Avg Duration (Days)	3.05 Avg Duration (Days)	3.22 Avg Duration (Days)	5.19 Avg Duration (Days)

Regan  
05/12/2024 09:30:00

# Service Desk Trending

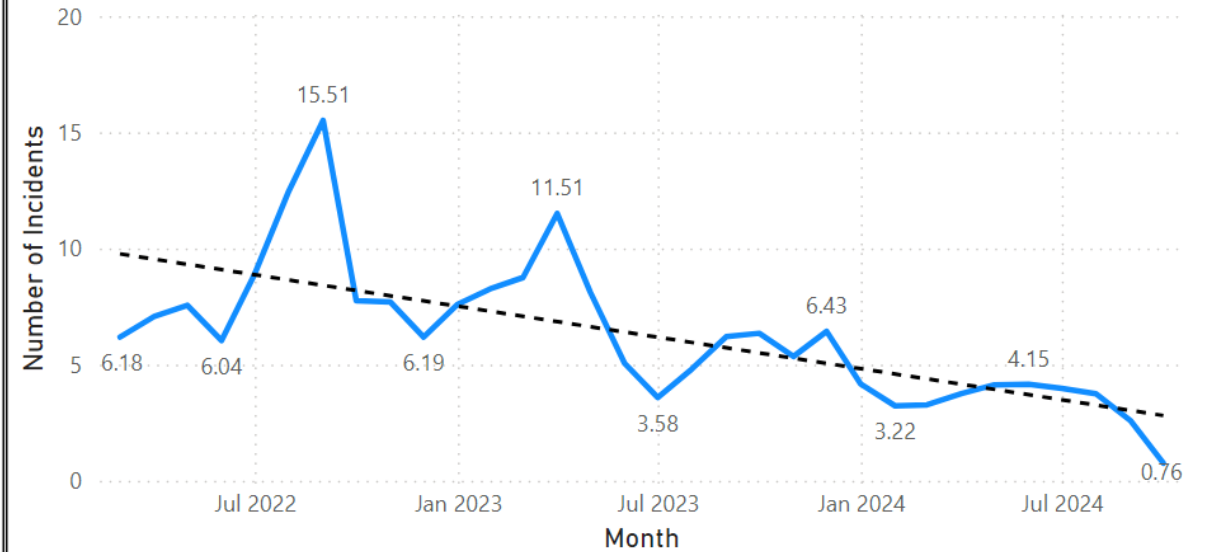
## Requests

### Average Duration (Days)



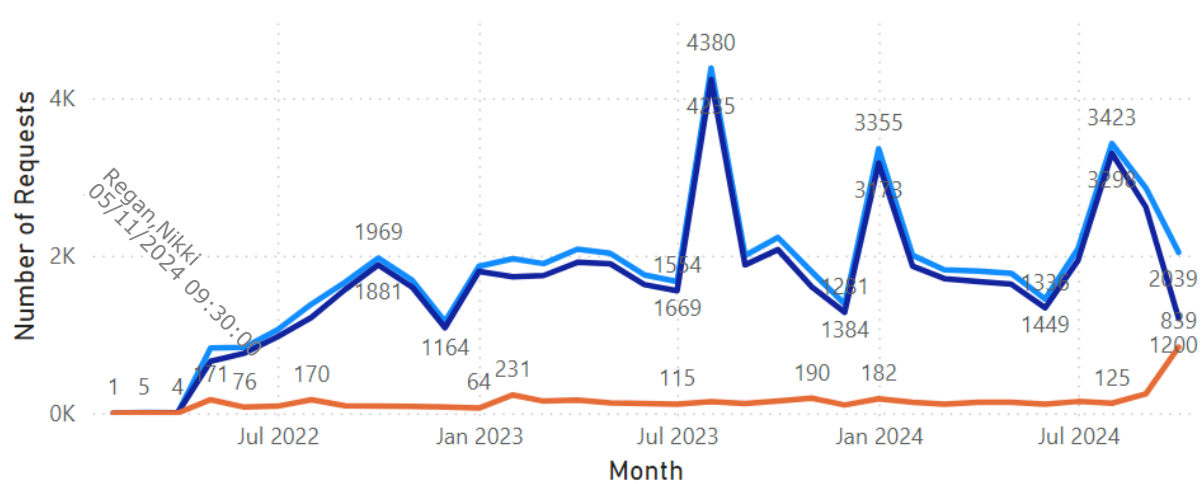
## Incidents

### Average Duration (Days)



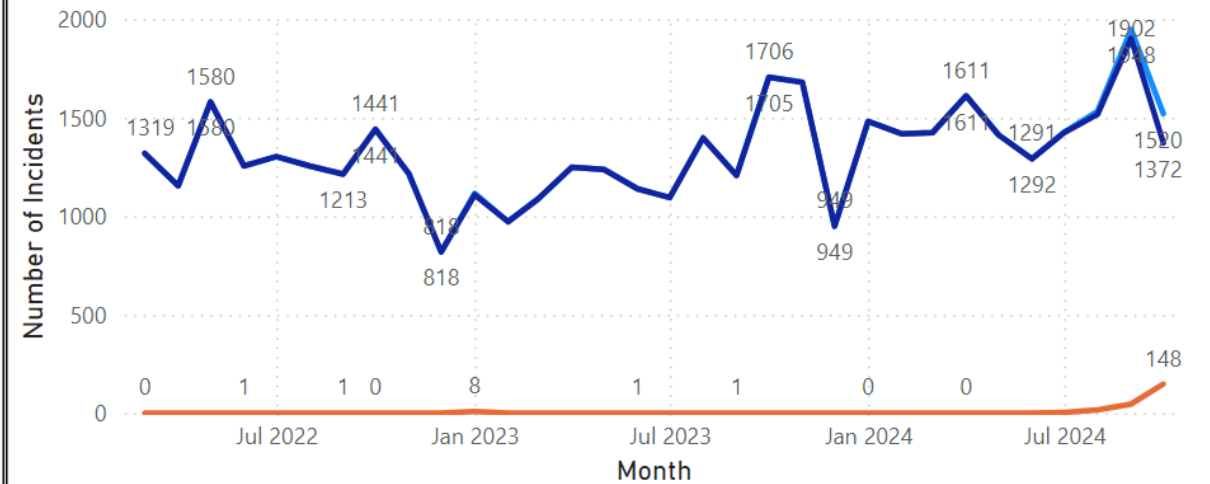
### Requests Opened, Closed and Remaining Open

● Requests Opened ● Requests Closed ● Remaining Open



### Incidents Opened, Closed and Remaining Open

● Incidents Opened ● Incidents Closed ● Remaining Open



**Created by Year**

■ 2024

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**Created by Month**

January 2024

February 2024

March 2024

April 2024

May 2024

June 2024

July 2024

August 2024

September 2024

■ October 2024

**4197**  
Requests Opened

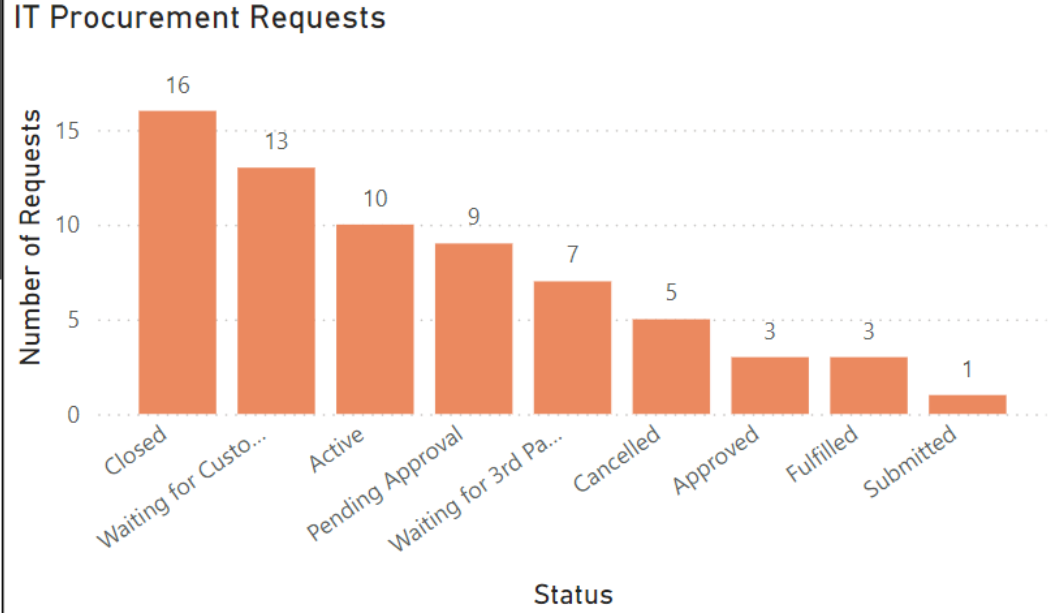
**2657**  
Closed Requests

**1151**  
Remaining Open

**1.05**  
Duration (Days)

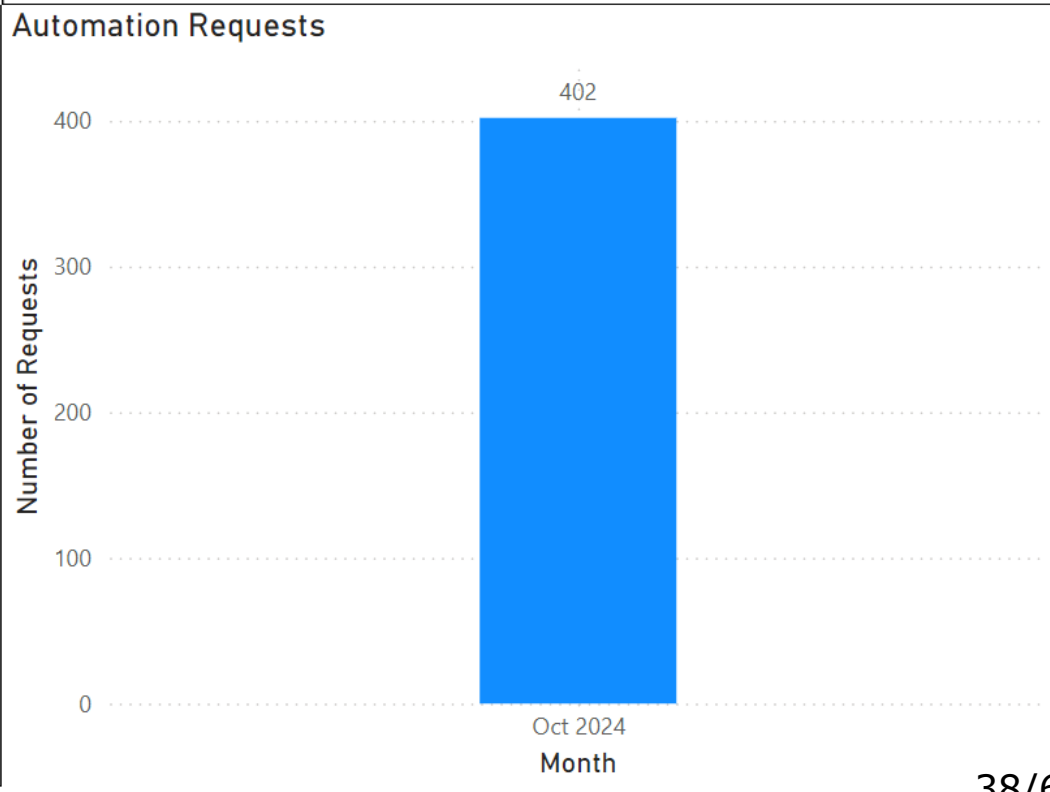
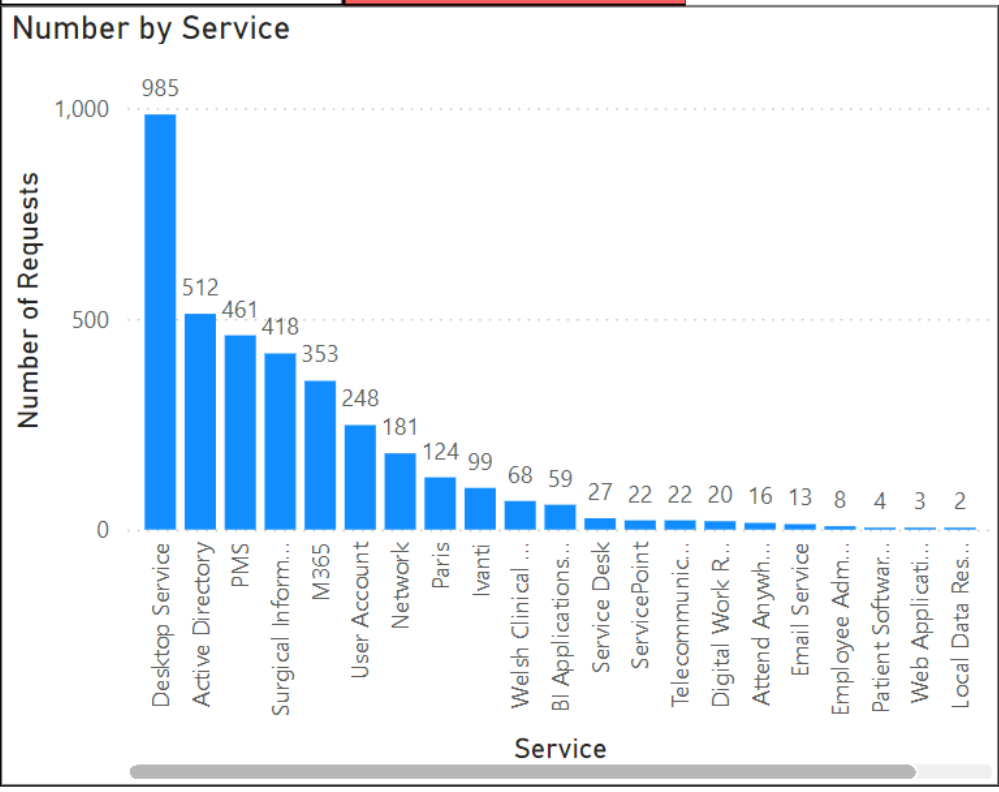
**718**  
Older than 30 Days

**75**  
Pending Approval



**OwnerTeam**

- BI Applications and Warehouse
- Business Intelligence & Informatics
- Digital Integration Development
- Digital Services Management (DSM)
- EUD
- IM&T Security
- Information Governance
- ISM Admin
- IT Procurement
- M365
- Network
- Paris
- Paris Training
- Pending Approval
- PMS Administration
- PMS Development
- PMS Implementation



### Date by Year

2024

### Date By Month

January 2024  
 February 2024  
 March 2024  
 April 2024  
 May 2024  
 June 2024  
 July 2024  
 August 2024  
 September 2024  
 October 2024

### OwnerTeam

BI Applications and Warehouse  
 Digital Integration Development  
 Digital Services Management (DS...  
 EUD  
 IM&T Security  
 M365  
 Network  
 On-Call  
 Paris

### Site

At Home  
 Avon House  
 Barry Hospital  
 Barry Leisure Centre  
 Broad Street Clinic  
 Cardiff Edge  
 Civic Building

# 1523

Incidents Opened

# 1374

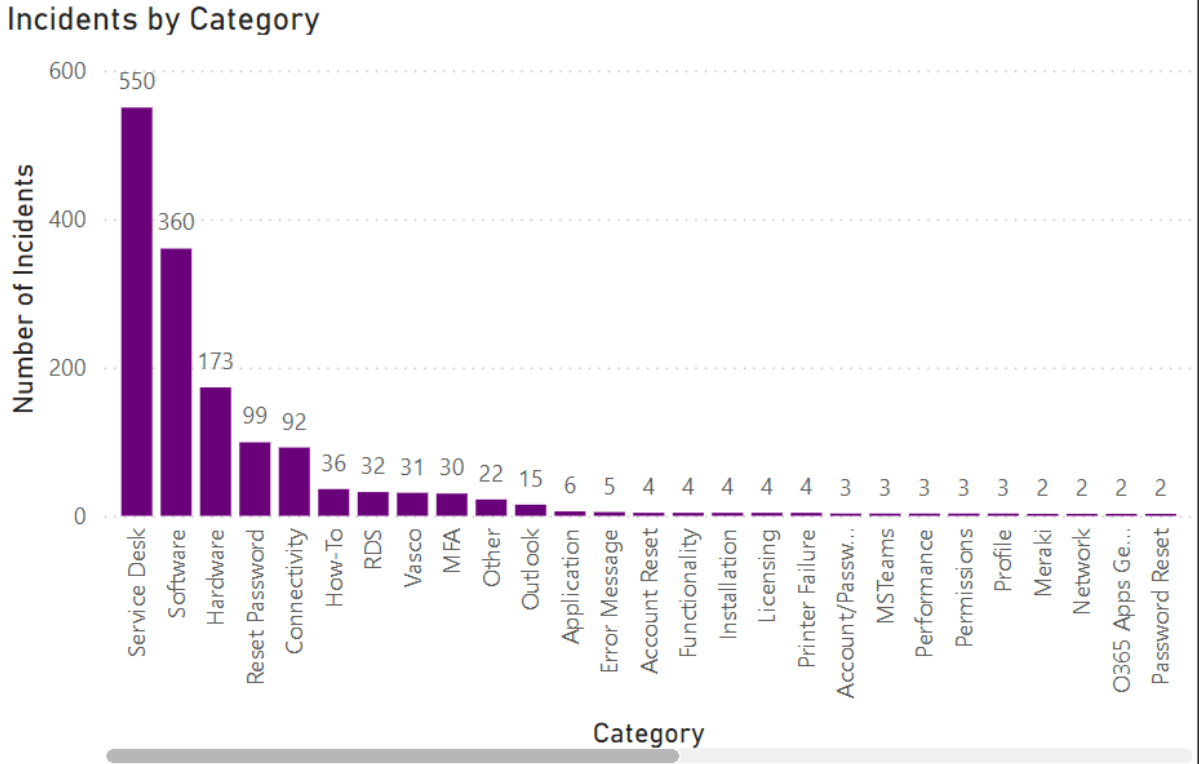
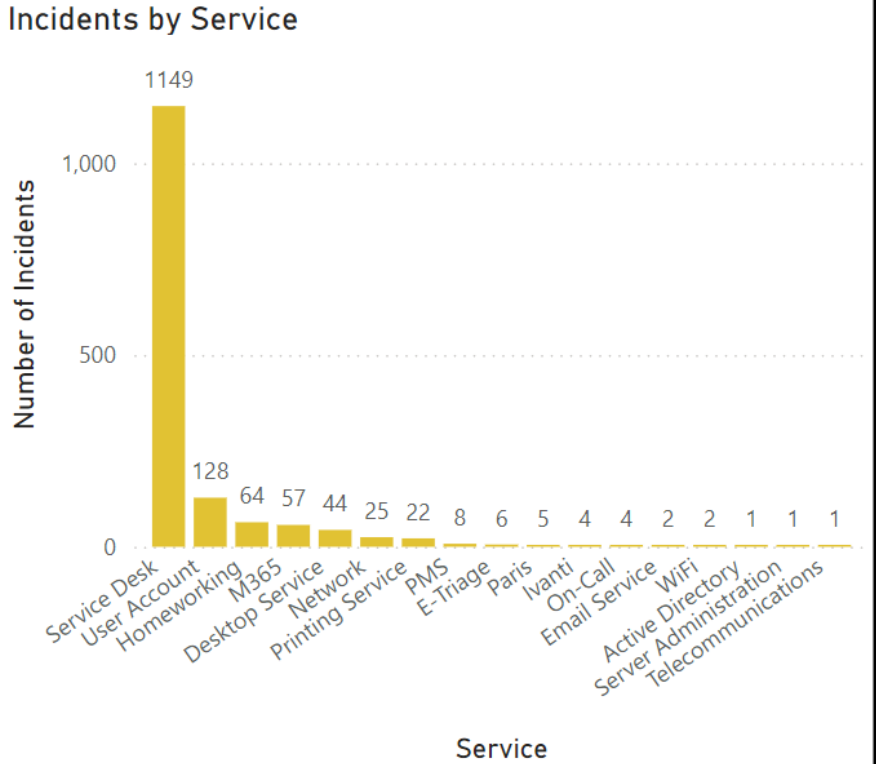
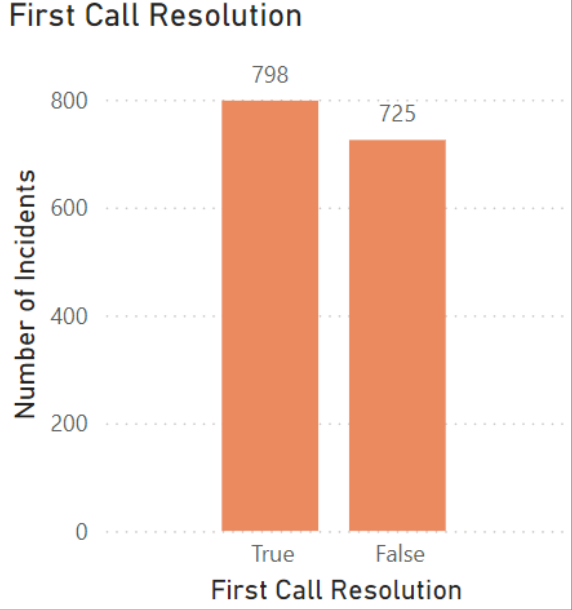
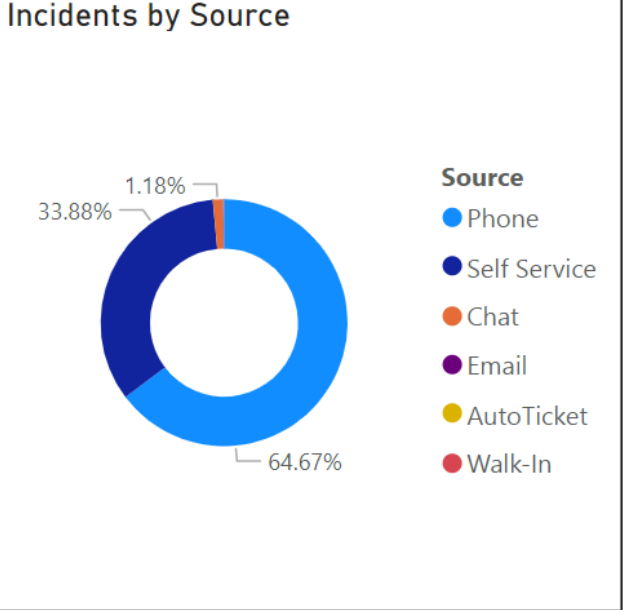
Incidents Closed

# 0.73

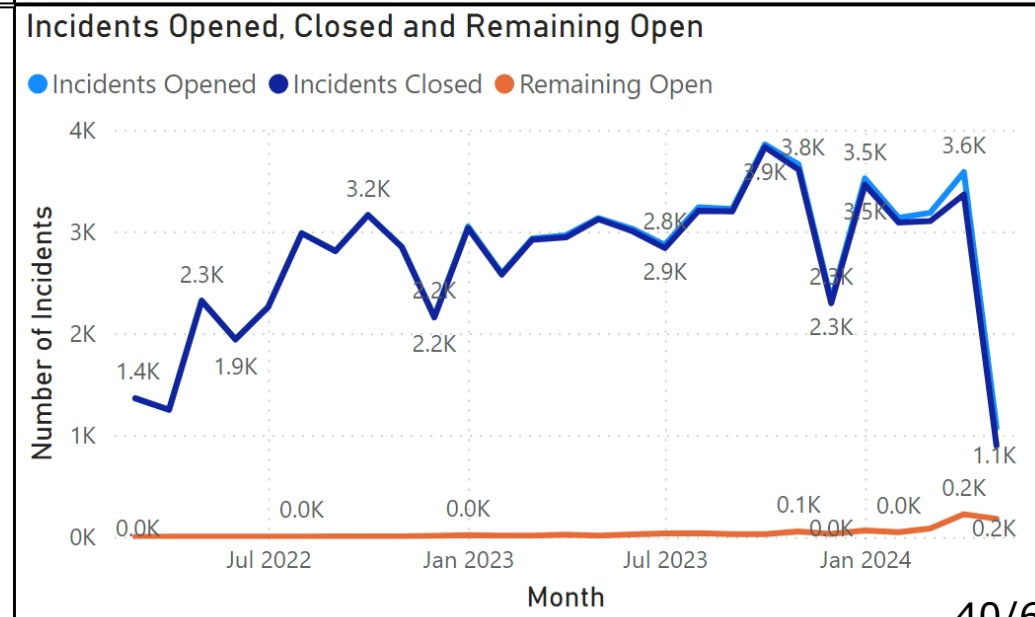
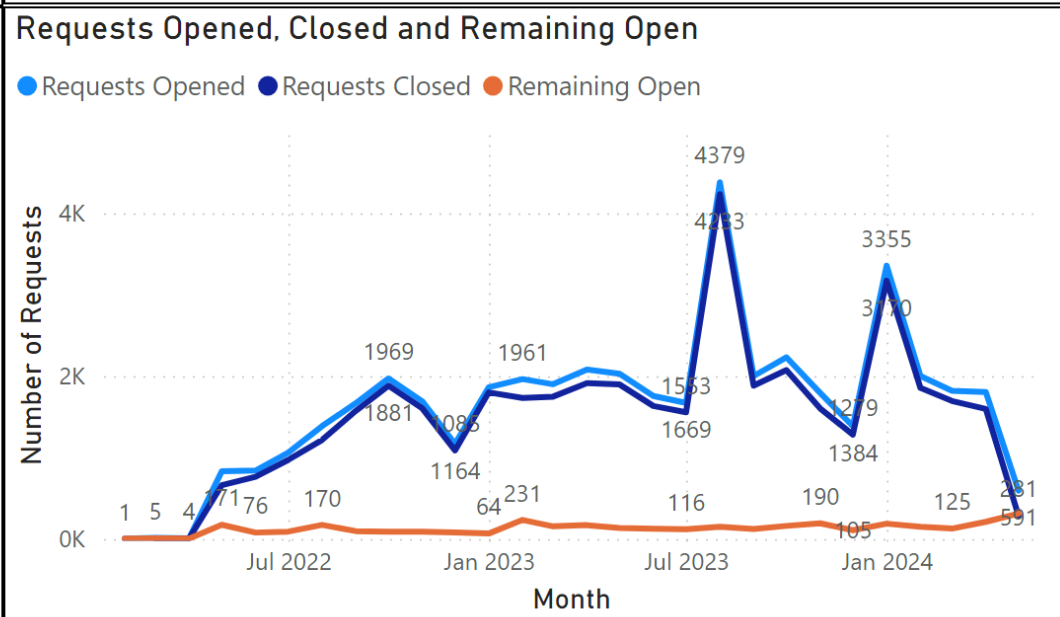
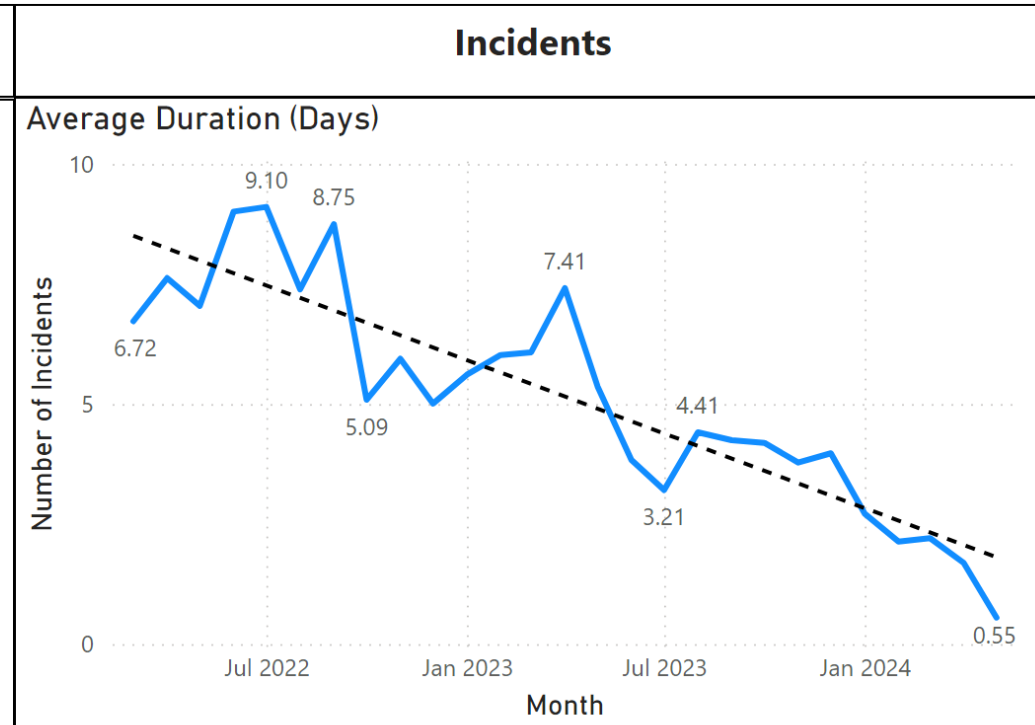
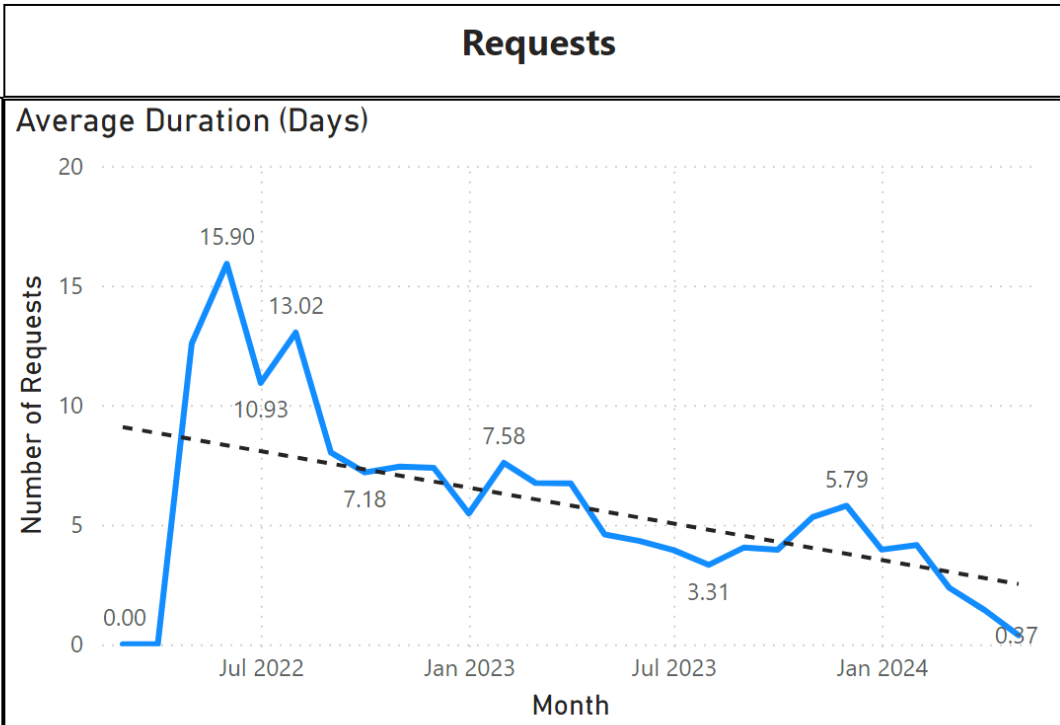
Avg Duration (Days)

# 149

Older then 30 Days



# Trending

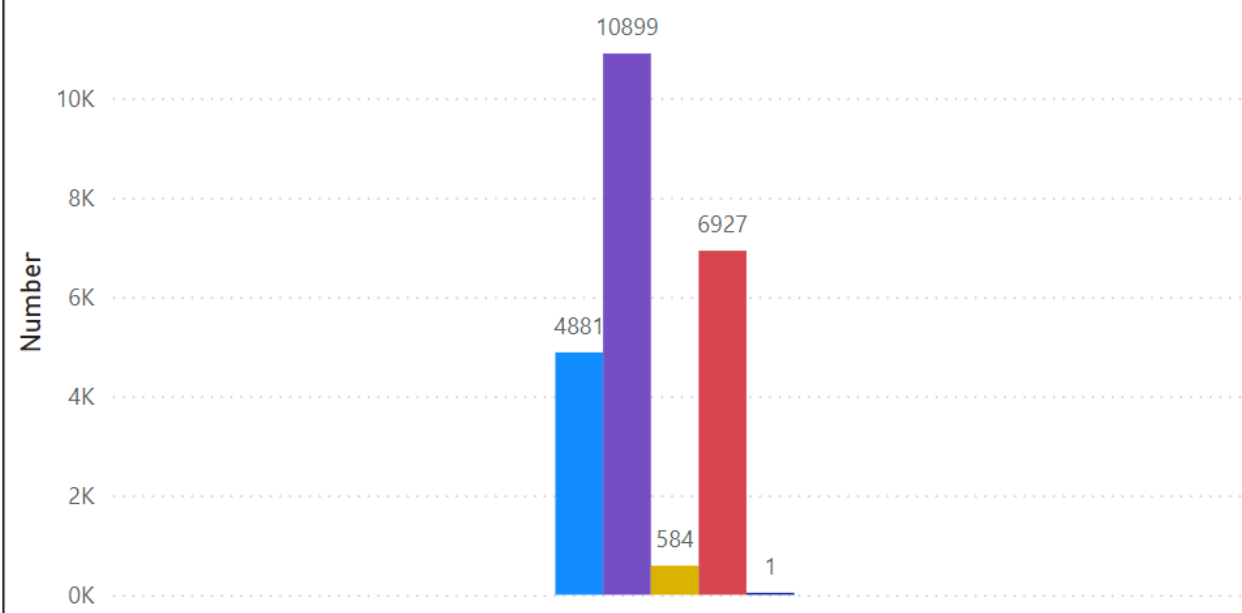


- #### Request Team
- Applications
  - BI Analytics
  - BI Applications and Warehouse
  - Business Intelligence & Informatics
  - Change Management
  - Customer
  - Digital Integration Development
  - Digital Services Management (DSM)
  - Digital Work Request
  - EUD
  - IM&T Security
  - Information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

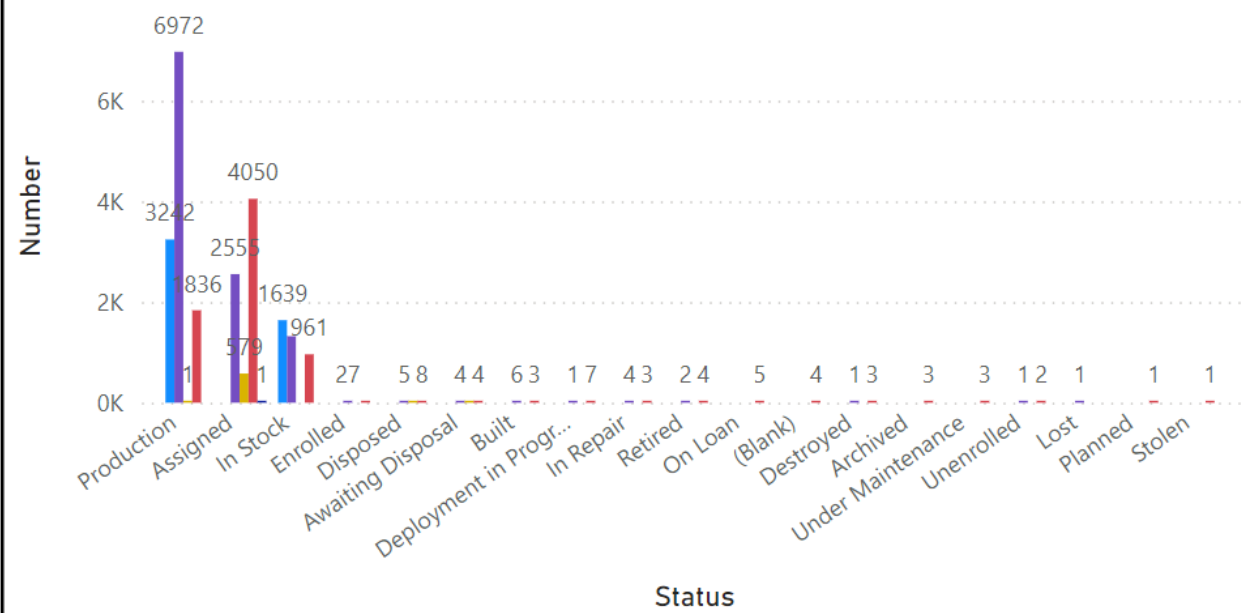
### Number of Desktop/Laptop/Monitors

Type ● Access Point ● Desktop ● Display ● Laptop ● Smart Phone



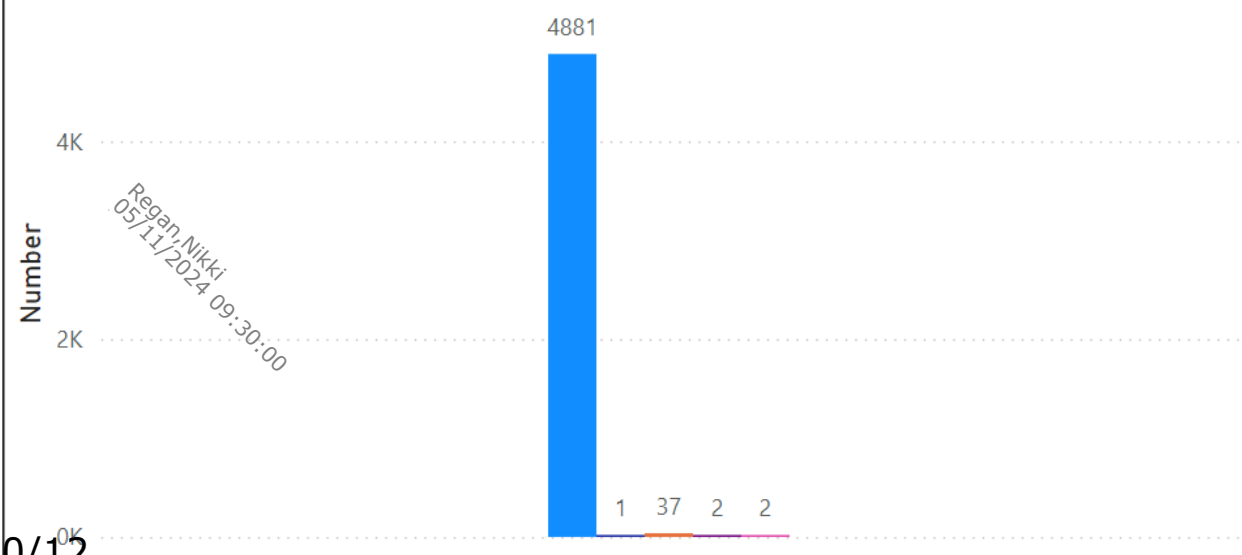
### Status of Desktop/Laptop/Monitors

Type ● Access Point ● Desktop ● Display ● Laptop ● Smart Phone



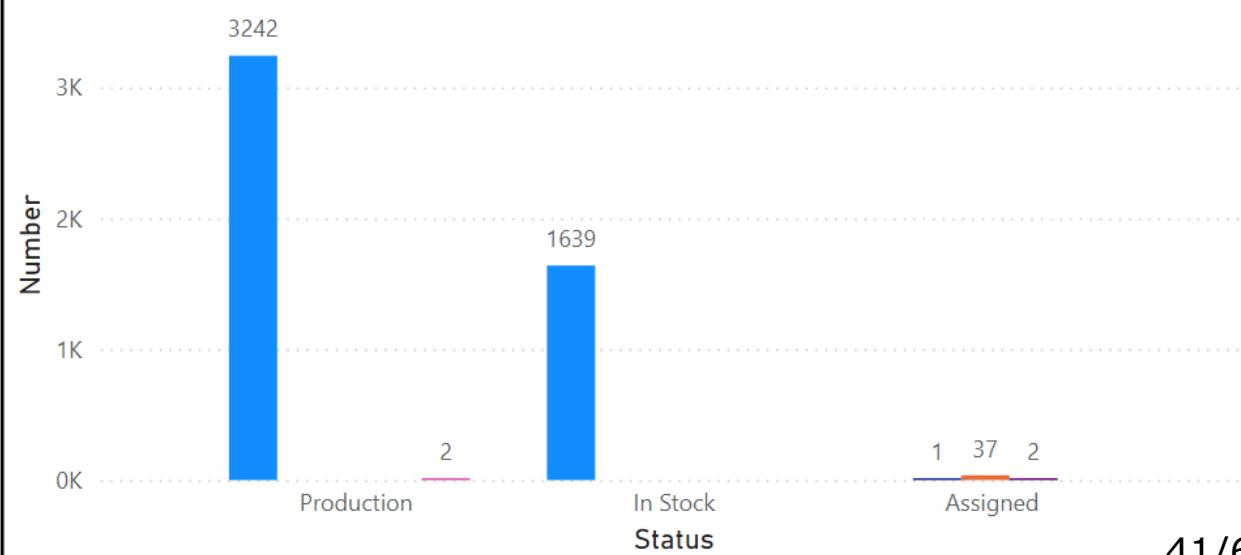
### Number of Peripheral Devices

Type ● Access Point ● Smart Phone ● Tablet ● USB ● Virtual Desktop



### Status of Peripheral Devices

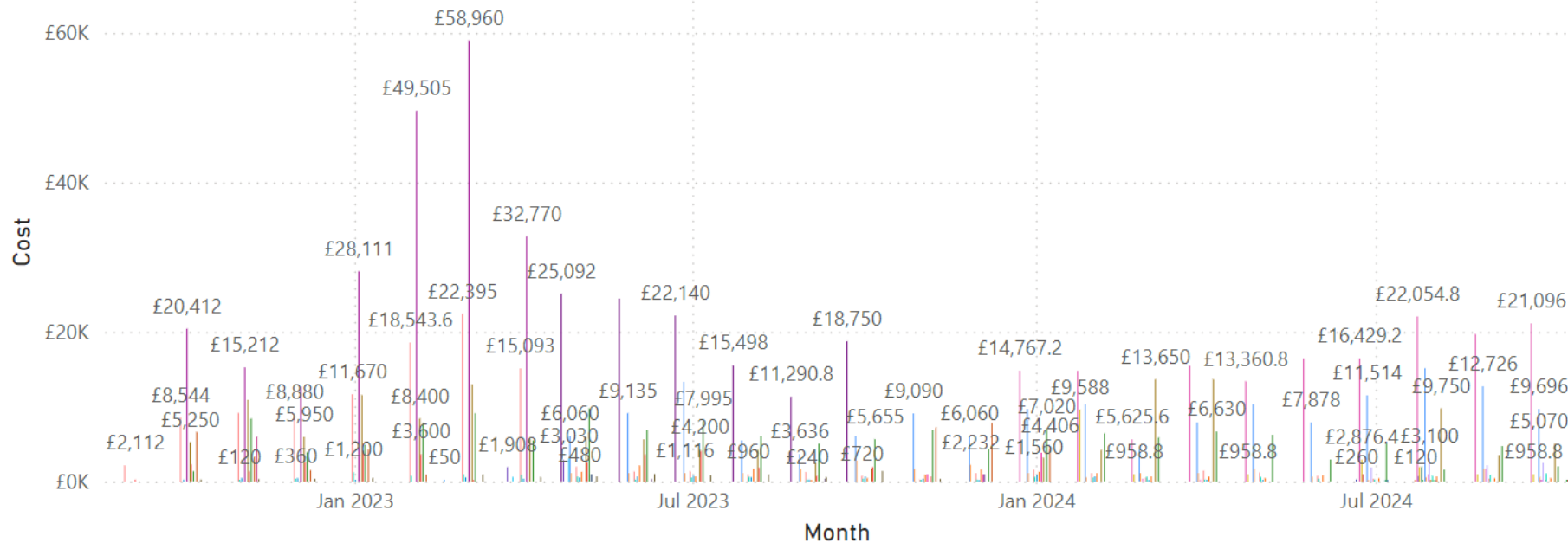
Type ● Access Point ● Smart Phone ● Tablet ● USB ● Virtual Desktop



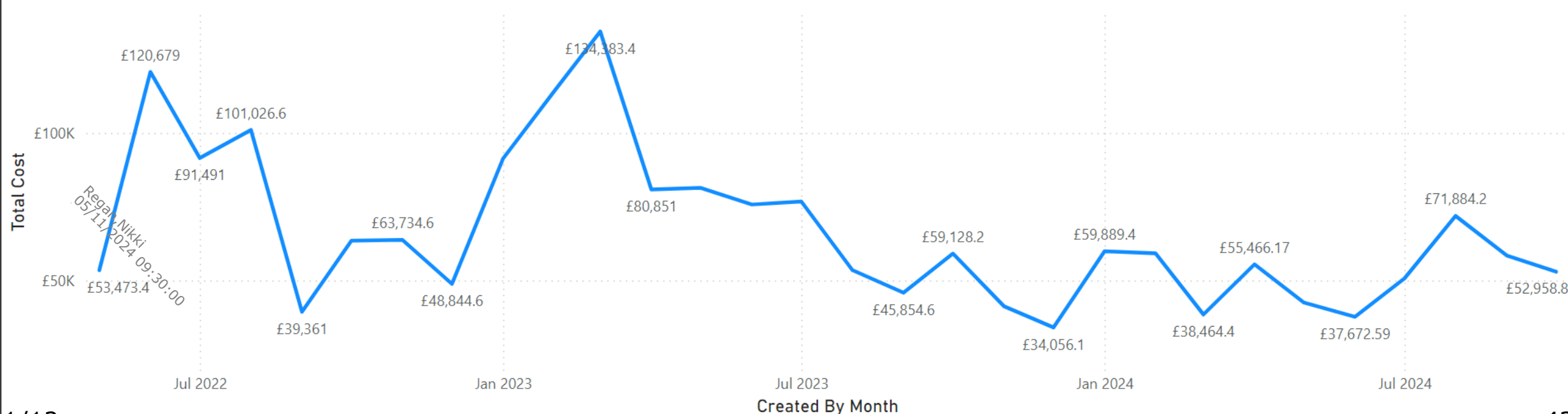
# Cost by Equipment Type

## EquipmentType

- Cabling
- Cabling Fix
- Dell Docking station
- Dell Latitude 3520
- Dell Latitude 3540
- Dell Latitude 5320
- Dell Latitude 5420
- Dell Latitude 5420 4G
- Dell Latitude 5420-4G
- Dell Monitor
- Dell OptiPlex 3000/3090



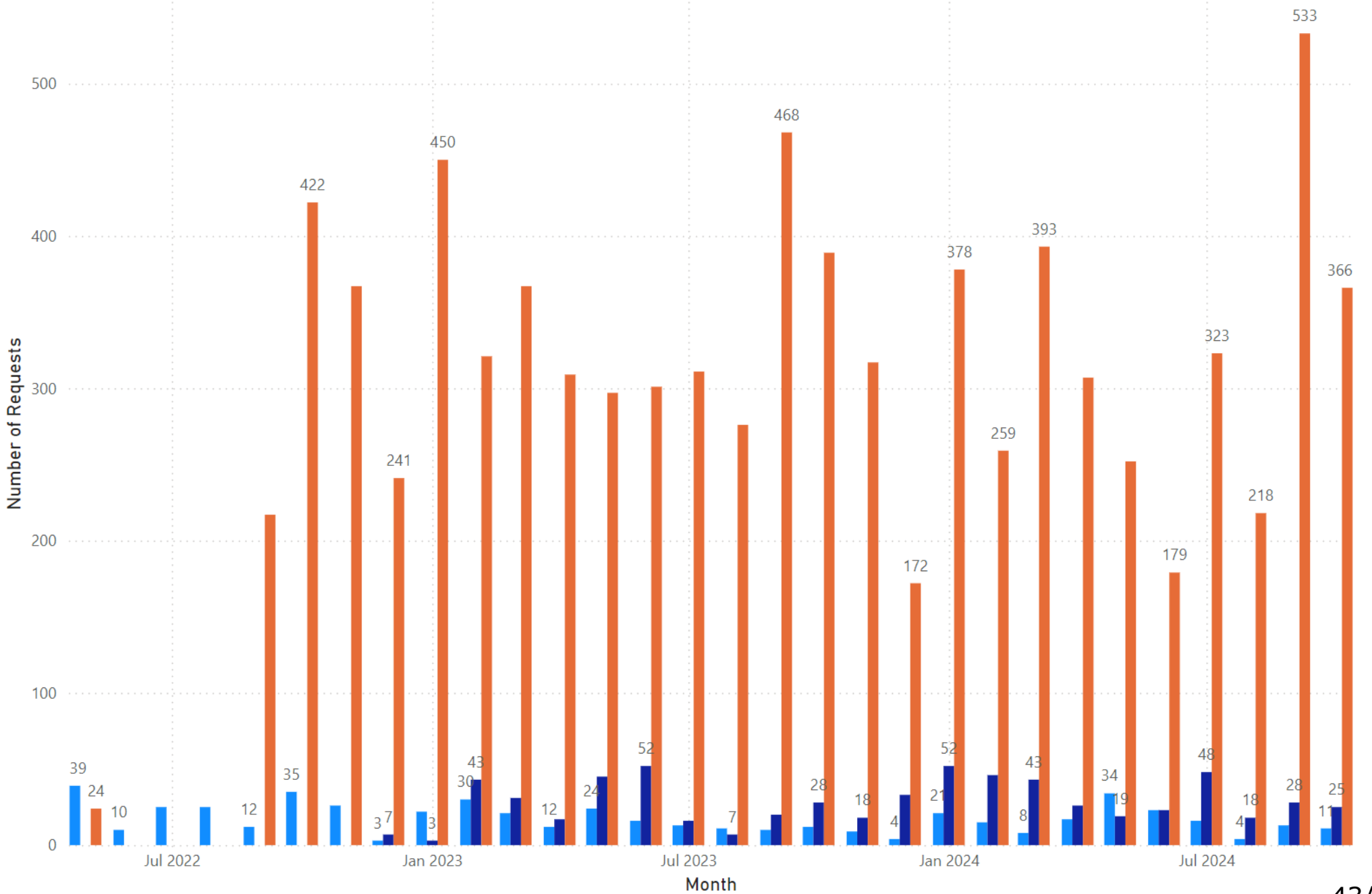
# Total Cost by Month



# Automation Requests

## Automation Requests Summarised

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



Regan, Nikki  
05/11/2024 09:30:00

Report Title:	<b>Digital Directors' Peer Group</b>			Agenda Item no.	4.1
Meeting:	Digital & Health Intelligence Committee	Public	X	Meeting Date:	12 <sup>th</sup> November 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 two meetings held in June and July 2024, provide an update on the scope and range of discussions on digital matters impacting on all NHS Wales organisations.

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

#### Recommendation:

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

- Minutes of Meeting – 3<sup>rd</sup> September 2024 (Appendix 1)
- Minutes of Meeting – 1<sup>st</sup> October (Appendix 2)

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

*Please tick as relevant*

1. Reduce health inequalities	<input type="checkbox"/>	6. Have a planned care system where demand and capacity are in balance	<input type="checkbox"/>
2. Deliver outcomes that matter to people	<input type="checkbox"/>	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:

Regan Mikki  
05/11/2024 09:30:00

## Directors of Digital Peer Group Meeting Draft Notes

<b>Date of Meeting</b>	Tuesday 3 September 2024
<b>Time of Meeting</b>	9.30 – 4.30pm
<b>Meeting Venue</b>	Woodland House, Maes-y-Coed Road, Heath, Cardiff, CF14 4HH
<b>Chair</b>	Anthony Tracey

<b>PRESENT:</b> V=Virtual		<b>APOLOGIES:</b>	<b>GUESTS:</b>
Paul Solloway ABUHB	PS	Andrew Griffiths	Carwyn Lloyd-Jones DHCW
Dylan Roberts BCUHB V	DR	Claire Osmundsen-Little DHCW	Lynn Rees DHCW
Stuart Morris CTMUHB	SM	Helen Thomas DHCW	Ian Cox DHCW
David Thomas CVUHB	DT	Claire Madsen PTHB	Mark Edwards DHCW
Ifan Evans DHCW	IE	Carl Taylor VNHST	
Sam Lloyd DHCW	SL	Sam Hall DHCW	
Anthony Tracey HDUHB	AT		
Sian Richards HEIW	SR		
Neil Jenkins NWSSP	NJ		
Vicki Cooper PTHB V	JH		
Matt John SBUHB	MJ		
Iain Bell PHW (part)	IB		
David Mason-Hawes VNHST	DMH		
Lauren Harkins WG	LH		
Sophie Barton WNHSC	SB		
Kate Mackenzie VUNHST	KM		
Jonny Sammut WAST	JS		
Mike Emery WG	ME		

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
1. Previous Meeting Notes and Matters Arising (Chair)	AT chaired the meeting, and apologies were noted as above. The action log was updated, and previous meeting notes approved.	
2. National Cyber Issues - Mark Edwards, CISO – DHCW (Paper)	<p>AT Welcomed ME and introduced the item</p> <p>ME is requesting assistance from DoDs on some key issues in Cyber at present on:</p> <ul style="list-style-type: none"> <li>• National firewall rules</li> <li>• Roll out of multi-factor authentication</li> <li>• Weak passwords</li> </ul> <p>ME attended 4 nations meeting in London - Security digital sector in the NHS</p> <p>Biggest meeting in recent years with 40 health boards attending. All health boards across UK and further afield are having the same issues:</p> <ul style="list-style-type: none"> <li>- 3<sup>rd</sup> party supply chain weakness's</li> <li>- Governance – single voice issues/lack of co-ordination at the cyber level.</li> </ul>	

Regen Nikki  
05/11/2024 09:30:00

Wales are ahead on a number of issues:

- Security information event monitoring.
- Microsoft defender/End Point protection – we are 70% complete in Wales.
- Cyber resilience unit – completed first set of All Wales audits against the CAF framework, Wales are the first country to do that. England are yet to start this.

**MFA (Multi Factor Authentication)**

Problem with multi factor authentication enforcement for remote access throughout NHS Wales, it is currently enforced by policy – in some circumstances they can access remotely without MFA.

After an investigation project, results showed that 14,000 user accounts that potentially could have remote access without MFA. There is a project investigation happening at present.

The aim is to put a condition policy at the start of systems to read if you don't have MFA then you don't have access to the network.

Policy conflicts are allowing this to happen.

Next steps:

- Investigating who the 14,000 users are.
- Group discussed impact of risk of turning off the 14,000 users.
- Group discussed offsetting the impact against the risk we are currently exposed to.

Group discussed there being a gap in cyber governance collectively – potentially look at national opportunities to work together and form a new group where a senior operational cyber discussion reports to DoDs - Potentially 1-2 cyber leaders in each health board.

**Action:**

Each health board to co-operate with identifying the users – putting them into the correct groups and enforcing the MFA for remote users.

- November will be the cut-off point, to be reviewed in October and deadline in November.
- This should be done using the cyber teams in individual Health Board's to determine who these users are in their health board.
- Microsoft & DHCW will be doing the technical support for this once the users are identified.
- AT to write to OSSMB to raise the issue and assist

Regen, Nikki  
05/11/2024 09:30:00

<p style="transform: rotate(-45deg); font-size: small;">Regen, Nikki 05/11/2024 09:30:00</p>	<p style="color: red;">Consider the formation of the new group where a senior operational cyber discussion can take place on a regular basis to report issues to DoDs.</p> <p><b>Firewalls</b> Problem; there is a default at the end of the firewall rule – anything not identified by the firewall rule that is not blocked is allowed to be on the internet. By removing the rule could mitigate against the Mwara attack.</p> <p>Need to reverse engineer to find out exactly what should be permitted through the rules and put specific permit rules in prior to the permit all and remove the deny all traffic.</p> <ul style="list-style-type: none"> <li>- Permit rule</li> <li>- Identify traffic</li> <li>- Identify the applications</li> <li>- Remove traffic</li> </ul> <p>Removing the rule – reverse engineer was planned for 5 March 2024, postponed until 23 May 2024 – underestimated the scope of the issue – project set up to focus and remove it. Now asking for DoDs support of understanding the importance of removing this.</p> <p>They don't know what applications we are using and what should be permitted through the firewalls, DoDs could support them with identifying what goes through the wall.</p> <p>Group discussed risk assessment – ME is checking the risk register. Group discussed the harm this could cause to clinical risk.</p> <p>Devices are available to assist however this is too expensive for the project. – Armis.</p> <p>Discussion took place around complexity of putting the denial rule in – trial process of switching on and off, ME clarified it is a national fire wall therefore, cannot trial each health board individually. The group discussed timings – year end capital timing (December/January) – to consider ARMIS. Group discussed when capital becomes available should DoPs consider ARMIS software.</p> <p><b>Actions:</b></p> <p style="color: red;">Further conversation to be had with the cyber seniors within individual health boards and determine the best time to do the trials.</p> <p style="color: red;">Explore the turn off/turn on risks – ME</p> <p style="color: red;">Create schedules of when to test.</p> <p style="color: red;">Governance models gap – national issue.</p> <p style="color: red;">Take a paper to CE's regarding the trial proposal once more information on schedules and risks are provided.</p>	<p><b>AT</b></p>
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	<p><b>Weak Passwords</b></p> <p>Requesting support from DoDs:</p> <p>November 2022, they carried out an audit on the active directory of weak passwords - Results showed there are 22,000 weak passwords.</p> <p>Last month this decreased to 82% however there are still 4,000 weak passwords.</p> <p>Requesting support to remove the rest of the weak passwords</p> <p>The chart on page 7 of paper 2 has a chart which identifies the weak passwords across the different health boards.</p> <p><b>Action:</b></p> <p>Aiming to decrease the overall weak passwords to the 100s  Chart on page 7, paper 2, identifies where the weak passwords are.  Each health board to follow through with this by end of October/November for this to get to 99%</p>	
<ul style="list-style-type: none"> <li>• Next steps for CoPilot</li> <li>• Proposed new M365 adoption group</li> <li>• Enterprise agreement renewal options</li> </ul> <p>Carwyn Lloyd-Jones,  Ian Cox,  Lyn Rees  - DHCW</p> <p>Regen, Nikki  05/11/2024 09:30:00</p>	<p>3. CLJ introduced the item</p> <p>CLJ shared and presented the slides reference to paper 3.</p> <p><b>Copilot for Microsoft 365</b></p> <p>Trial licenses expired August 22. They have written to all organisations notifying them – each organisation was taking a different stance.</p> <p><b>2 options:</b></p> <p>A) Extend the All-Wales pilot to delve into the specific personas that would benefit more from having 365 (admin staff etc) and use that to develop an All-Wales business case</p> <p>B) Stop co-ordinating anything nationally at this point and allow organisations to develop their local pilots and take the findings from those in a less structured way into a re-negotiation with Microsoft when the time is right.</p> <p>The risk if we don't extend:</p> <ul style="list-style-type: none"> <li>- We will not identify those that would benefit most from co-pilot and lack of information to build an All-Wales business case for co-pilot</li> <li>- Staff are more likely to use their own form of AI that is publicly available.</li> </ul> <p>Group discussions:  Launching co-pilot at AB in September in a value and sustainability board – admin and clerical review which is being led by Workforce.  Group discussed benefits and cost.  Co-pilot has been used in Cardiff and Vale in which they approve and agree it is beneficial to them.</p> <p>Group discussed other potential pilots –</p>	

Why we are looking at Microsoft copilot – most realistic application in this context around productivity;

- Finding information – has access to SharePoint/emails/OneDrive etc
- Meeting efficiency – better integrated with MS teams
- Content creation

Renewal options:

Currently have a 5-year deal with Microsoft, with an option to renew at the end of year 3 (June 2025), potential to renew then or wait until the end of the agreement.

Exploring whether they will do a renewal at the end of year 4. However, as it stands, the options are to renew in June 2025 or new agreement in 2027.

Group considered, as organisations, should they wait for EA agreement/ Each organisation to have a plan and pay individually by health board or build it into the EA agreement

Group discussed education and training of copilot through 365 product teams.

**Actions and agreements:**

Arrange joint session with DoDs and WoDs (workforce directors) on copilot as a partnership.

Strengthen the benefits narrative back to organisations, use Cardiff and AB who have invested in them.

Going forward, Organisation's individual decision for now until joint session with WoDs prior to the EA agreement.

**Proposed new M365 Adoption Group**

CLJ continued with the presentation

Set up a proposal for a new adoption group. – this strategy group would focus on the 365 core products as well as the additional products.

Membership slide – proposal

- A Chair (DoF or WFD)
- Named lead from each LHB/Trust/SHA which could be nominated by DoF or DoD (an advocate in technology)
- Couple of Dods reps
- A rep from existing networks for example, Doctor, Nurse, AHP
- Finance
- DHCW

Group discussed name of the group linking to the productivity agenda. Network of champions group exists – could be strengthened, however looking for influential individuals to form this group.

**Action:**

Reflect and revise this conversation and approach, come back with a final term of reference and approach before the next meeting (October)

Regen, Nikki  
05/11/2024 09:30:00

	<p><b>Microsoft 365 Agreement</b>  Presentation is continued by CLJ  Heads up and a steer: We are half way through a 5 year deal with Microsoft. With an option for renegotiation in June 2025</p> <p>Options:  New enterprise agreement with Microsoft  Or extend the enterprise agreement to June 2027  Exploring if they can do a renegotiation at end of year 4 as would suit better.  Propose – engage if there is a year 4 renegotiation or extend to year 5 whether we adjust the license</p> <p>Current agreement challenges: negotiation position will be very weak at end of year 5.</p> <p><b>Actions:</b>  CLJ will speak with Microsoft and explore options and what the enterprise will look like by June 2025 – explore with Livingstone what they can do – funding will be required.</p> <p>SL to come back with decision making criteria framework.</p>	<p>CLJ</p> <p>SL</p>
<p>4. WG Update -  Mike Emery,  Lauren  Harkins - WG</p>	<p>ME presented slides and gave an update on government review</p> <p><b>Challenges</b>  Out of summer due a cabinet re-shuffle WC/ 9<sup>th</sup> September.  FM wants to modernise in the NHS</p> <p><b>Autumn</b>  Planning starts to hit mindset:  Longer term planning framework – there is a short planning review happening, regarding what format that will be – Alun is meeting planning finance groups – ME requested that they have a conversation with DoPs – awaiting feedback.</p> <p><b>Areas to include in the planning framework:</b></p> <ul style="list-style-type: none"> <li>• Develop what good looks like framework – digital strategy/road map is expected.</li> <li>• A need to work with DHCW – around key national programs.</li> <li>• Engagement and input into NDR.</li> <li>• ME spoke with Jeremy Griffiths in performance and insurance team, monthly or quarterly – IQDP’s will have 3-4 questions around digital. - Group discussed a balance of questions, topic areas for October – WG will flag when there is a digital deep dive on a certain month, WG will provide the topic areas.</li> </ul> <p>Linked: Over this quarter WG trying to get a draft to test on key aspects of what good looks like, digital plan/risk register/expectations around cyber to help with the IQDP’s - Start testing this with DoDs – potentially in October. (12-month process)</p>	

Regen, Nikki  
05/11/2024 09:30:00

<p style="transform: rotate(-45deg); font-size: small;">Regen, Nikki 05/11/2024 09:30:00</p>	<p>Healthier Wales – 39 policy statements (key 5/6 from digital perspective) – need to be clear around national architecture is looking at what our national approach to clinical systems in EHR’s – Need to improve digital maturity around infrastructure, the importance of data in NDR and technology to develop a sustainable and productive health system and support workforce.</p> <p><b>Action</b>  Longer session on policy statements in October.</p> <p><b>Governance review:</b>  Decisions were made, roles and responsibilities – what are the delivery models on a national approach.</p> <p>Judith reflected, system set up – do we have a clear understanding of decision points and what is classed as policy – we don’t not got the traction around processes.</p> <p>Judith wanted task and finish group around policy aspects – revisiting what we have, a national board in place, an investment panel in place, do some work around capacity and capability workforce agenda, an area around architecture and digital maturity.</p> <p>A small task and finish group has been commissioned. Tracy, one of the WG Directors is leading it. Susan Ranking is CE in the group. Hywel - impact on finance. Helen, Mike &amp; Judith. Will be discussing roles &amp; responsibilities  Balance between national direction and local ownership – will make recommendations end of September – sharing baseline assessment with DoDs for reflections.  Potential further conversations with CE groups or a letter from Judith outlining the reflections – report at end of September.</p> <p>Group discussed wider governance issues – concerns around clarity around the role of the NHS exec.  Discussion around risk with change in Cab Sec - The FM is supportive of this group.</p> <p>VC will be sharing risk report around national program.</p> <p><b>Action</b>  Another conversation to be had once the governance review has come out  ME will also discuss with Tracy.</p> <p>Outcome from Chairs and CE meeting:  Working with Nadine and others - A desire for potential Team Wales day in Nov will be focused on digital and transforming care with technologies.  -Thinking around HR and clinical systems</p> <p>Putting together project group – requesting DoD be around the table.  - Steering group - come back in October to think about it – looking for a DoD volunteer.</p> <p>There is a national conversation around continual health care systems</p>	
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	<p>Each Digital Director to find out who's having the conversations in each health board.</p> <p>Land approaches to national programs – session on connecting care - drive forward with local authorities</p> <ul style="list-style-type: none"> <li>- A need for strong national coordination not losing focus on the shared care record and the ethos of connecting care.</li> <li>- Revisit who sits around the table of the connective care</li> </ul> <p>Key notes:  Governance review report – end of September.  Intensive care – draft report back end of this week – Judith and Hywel involved.  Meeting with Helen and colleagues w/c 9<sup>th</sup> Sept – decisions will be made on what WG position will be.</p> <p><b>Action</b>  List all reviews and when they are going to land – Mike Emery</p>	<b>ME</b>
5. AOB	<p>Matters Arising (AOB):  AT discussed the next 6 months and knowledge sharing on systems.  AT discussed - How do we plan for the next 3 years – potential meeting come together as a collective.</p> <ul style="list-style-type: none"> <li>- Funding barriers and risk.</li> <li>- Discussed EHR space/service transformation how can Digital standardise things</li> <li>- Discussed EHR alignment</li> <li>- A common practice among all DoDs that is currently lacking</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Collective reset meeting/session</li> <li>• Strategies</li> <li>- Consider a vision for DoDs</li> <li>- DoDs achievements</li> <li>- To be clear on DoDs challenges in individual Health Boards and Trusts (make data available)</li> <li>- Value &amp; Waste future discussion</li> </ul>	
	End of meeting.	
<b>Next Meeting: 9.00am Tuesday 1 October, Board Room, 1st Floor, DCHW, Ty Glan-Yr-Afon, 21 Cowbridge Road East, Cardiff CF11 9AD</b>		

Regen, Nikki  
05/11/2024 09:30:00

## Directors of Digital Peer Group Meeting Draft Notes

<b>Date of Meeting</b>	Tuesday 1 October 2024
<b>Time of Meeting</b>	9.30 – 4.30pm
<b>Meeting Venue</b>	Board Room, 1st Floor, DCHW, Ty Glan-Yr-Afon, 21 Cowbridge Road East, Cardiff CF11 9AD / MS Teams
<b>Chair</b>	Anthony Tracey

<b>PRESENT:</b> V=Virtual		<b>APOLOGIES:</b>	<b>GUESTS:</b>
Paul Solloway ABUHB	PS	Sian Richards (HEIW)	
Nancy Pickering	NP	Sam Hall (DHCW)	Samia Edmonds (WG)
Sion Jones BCUHB	SJ	Dylan Roberts (BCUHB)	Alun Lloyd (Llais)
David Thomas CVUHB	DT	Neil Jenkins (NWSSP)	Chris Collis (DHCW)
Ifan Evans DHCW	IE	Jonny Sammut (WAST)	Rebecca Cook (DHCW)
Sam Lloyd DHCW	SL	Vicki Cooper (PTHB)	Rafal Bergman (DHCW)
Anthony Tracey HDUHB	AT	Stuart Morris (CTMUHB)	
Carl Taylor VNHST	SR		
Vicki Cooper PTHB V	JH		
Matt John SBUHB	MJ		
Iain Bell PHW (part)	IB		
David Mason-Hawes VNHST	DMH		
Lauren Harkins WG	LH		
Sophie Barton WNHSC	SB		
Kate Mackenzie VUNHST	KM		
Mike Emery WG	ME		
Claire Madsen PTHB	CM		
Helen Thomas DHCW	HT		
Claire Osmundsen-Little DHCW	COL		
David Owen (PTHB)	DO		

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
1) Previous Meeting Notes and Matters Arising (Chair)	AT chaired the meeting, and apologies were noted as above. The action log was updated, and previous meeting notes approved.	
2) Canisc Migration Update  (Carl Taylor – Velindre)	<p><b>Canisc service update</b></p> <p>CT/IE discussed the paper (5)</p> <ul style="list-style-type: none"> <li>- Intent is for Canisc system to be turned off by March 25 – on track for that.</li> <li>- Database will be frozen – will be available for extracts.</li> <li>- 4-month dual running intending to start from end of Oct</li> </ul>	

	<ul style="list-style-type: none"> <li>- In previous years of the program, it's been about replicating the existing functionality of Canisc.</li> <li>- Significant backlog of improvements.</li> <li>- From 1<sup>st</sup> April now facing back log of work.</li> </ul> <p>Group discussed refreshing or finding another system.</p> <p>Group discussed risk:</p> <ul style="list-style-type: none"> <li>- Independent assessment – timeframe due to report back mid-end of Nov.</li> <li>- What do they need in terms of clinical requirements/data – report should insight current position and requirements going forward, how do they do that. Cost around cancer program.</li> <li>- Opportunity to re-think what they need from Cancer Digital going forward and how they do that.</li> <li>- After the review, this should reflect more.</li> <li>- Further conversation to be had around what DoDs are going to do around supporting cancer speciality.</li> <li>- Group discussed due diligence.</li> <li>- DoDs need a strategic plan – so that all problems that are emerging can be solved with that context</li> <li>- Strategic master plan EHR vision if we were to have the money.</li> <li>- Discussed definition of EHR</li> </ul> <p><b>Actions and agreements:</b></p> <p><b>Strategic master plan EHR vision if DoDs were to have the money.</b></p>	
<p>3) WG Update - Mike Emery, Lauren Harkins Alun Lloyd, Samia Edmonds. (WG)</p> <p style="transform: rotate(-45deg); font-size: small;">Regen, Nikki 05/11/2024 09:30:00</p>	<p>Planning frameworks – AL and SE discussed:</p> <ul style="list-style-type: none"> <li>- Independent review of planning and processes - test whether integrate planning arrangements are fit for purpose today.</li> <li>- A Healthier Wales that integrated planning was the foundation for Wales. Before Covid 8 approved IMTP's before Covid</li> <li>- Had to Adjust and reset arrangements post covid, provide clarity to this system.</li> <li>- Focused more on short term asks and now resetting that to short medium and long-term planning</li> <li>- SE interested in Digital's views in terms of positioning of digital.</li> <li>- Issuing next planning framework later this month or early November</li> <li>- Back to broader more technical guidance – an opportunity to think about what digital looks like within the planning guidance.</li> </ul> <p><b>AL:</b></p>	

<p>Regen, Nikki 05/11/2024 09:30:00</p>	<p>What WG have heard from colleagues so far:</p> <ul style="list-style-type: none"> <li>- Minimal responses have come in, referencing digital</li> <li>- Collective decision making</li> <li>- IMTP's as a single document don't capture everything – doesn't identify the changes that are required.</li> <li>- People don't think the rolling 3-year duty works</li> <li>- Need to develop planning in a different way - more strategic and annual plans</li> <li>- Questions around ownership plans, are they the board plans or WG plans</li> <li>- Governance and accountability on delivery of plans.</li> <li>- Organisation's business system plans in terms of planning and performance managing.</li> <li>- What is the role of WG.</li> <li>- Where is the national plan for NHS Wales</li> <li>- Flexibility</li> </ul> <p>Topic raised - What do WG need to do in digital going forward next year strategically.</p> <p>Group were able to feedback - an opportunity for DoDs to influence this.</p> <p><b>Group discussed their influences:</b></p> <p>- Ways of recording things (paper/digital means) Organisations are still holding paper record in the NHS and paper letters. - IMTP process put this at the core of what we need to do.</p> <ul style="list-style-type: none"> <li>- Digitalise secondary care without the shift to prevention</li> <li>- Planning is sufficient however, what about the delivery and be better at the project management</li> <li>- Digital should be a major component not an add on – issues around short-term planning, need to think about long term planning. Challenged with short term funding/short term employment – need to build knowledge on digital.</li> <li>- Attracting workforce in future – need to modernise the equipment.</li> </ul> <p>SE discussed positioning of digital and prevention – having a radical rethink on how WG do that.</p> <ul style="list-style-type: none"> <li>- Digital is usually towards the bottom of the list</li> <li>- Demonstrate the impact of digital within the plans</li> </ul> <p><b>Group discussed further influences:</b></p> <ul style="list-style-type: none"> <li>- Digital is about people and adopting skills, dimensions of digital and where they sit in the plan, how is it measuring value – IMTP's with threads of digital through out it.</li> <li>- Not clear where the investment is in plans</li> <li>- Leavers for change – culture, standardisation and simplification</li> <li>- Digital needs to be one of the cores</li> </ul>	
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- Data – measuring performance/outcomes, explain benefits, digital plans/strategies – how they are conveyed over a period – ambitions for being fully digitally mature. How much do we convey year on year on the plans

**Summary:**

- Digital can bring a lot of value to plans from digital perspective
- Digital should be front and centre
- How Digital is defined
- How can Digital demonstrate to WG – that we have a digital thread through it.
- is more of a 5–10-year plan, we need to put a strategic plan in place.
- Digital maturity needs to be considered – the foundational aspects that we have. We have a deficit, but they all need simplistic tools and security.

**ME followed up:**

Letter is due Oct – Nov

Technical guidance – Early Dec

**Reflections:**

- SE to work with DoDs to mobilise this. SE to come back and continue this conversation
- AL:
- WG are not as interested in detailed accounts of our current activities, they want to see the specific changes and improvements we are proposing for years 1,2,3 and beyond.
- Be clear what is being expected.

*AT thanked Alun and SE, Alun and SE left the meeting*

ME:

**Key updates:**

- Sarah Murphy – under her portfolio is health innovation digital and data
- Cab Sec has core interest – as an executive team.
- ME has meeting regarding digital agenda.
- A Healthier Wales – policy actions have been updated – potentially announced early Nov.
- NHS Wales as a whole – 10-year plan.
- Areas appear in planning review: expectations around delivery of EPMA, deploying maternity systems, where organisations are on digital roadmaps in response to technical guidance.
- IQDP's in October for health boards.
- A few digital questions to ask:

1. Current digital strategy
2. Current cyber risks
3. Clinical safety processes
4. Where health boards are with EPMA

- The new Minister keen to set to talk about importance of national approach on how to deploy things.

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- Revitalise the whole digital agenda, wants to have a big influence on digital. – this side of Christmas of all executives to come together to a leadership event. Cab Sec and Minister wants to be there.
- Invite to be sent this week
- Request from Minister – Executives, Chair, Ims and VC
- Group agreed to showcase as Digital Directors – further discussion in preparation for this event.
- Opportunity to drive around the cyber agenda
- DoDs to get clarity on what we want them to go away with.

**Value and sustainability**

- CHC business case – Emma Murdock reached out to IE about how we can do that – that is ongoing with governance. Considered a priority under value and sustainability board
- RPA and letters – do it as one.
- Benefits framework has come up and technical guidance around framework and embed it in future IMTPs.
- Maternity – working with national maternity team, intention in next 10 days will go out to national procurement framework which has flexibility around local call off, need to have further conversation around balance between quicker pace, greater control over national standards, need clarification on how flexible the sharing of information is. Need to understand some of the risks.
- Connecting care – WG have to respond to WLGA to help make it more clear in system around roles and responsibilities. Slight risk having a social care business case – how do we make sure we are in same place around submissions – working with WLGA and DCHW colleagues as well as WLGA.
- Chris brown – joining the NHS executive as Sally Lewis replacement – Chris joining on 20 October – keen to become a member of DoDs – DoDs to consider this.

**Governance review**

- The current recommendations are being worked through from the group – broadly talks about being clear around roles and responsibilities, greater involvement at CE in decision making
- Groups under government board and being clear on what their roles are.
- Importance of the standards infrastructure.
- The architecture – The EHR work.

**Critical care**

- The report has been circulated to a small group for comments. Will be re-shared next week. Primarily recommendation is a reset and re-design of current product – be looking for additional support and key sessions.
- Review has said that the product is a reasonable product however the design, elements of it are not safe.
- Need to write letter from Judith and colleagues around health boards engaging around the reset.
- WG policy position – there is a critical care system expected to be in health boards in a certain timeframe.

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	<ul style="list-style-type: none"> <li>- CHC system – case management system supports assessment will then calculate the cost of the care package</li> </ul> <p><b>Procurement regulation – ME to find someone who will attend and present on a WG perspective.</b></p>	ME
4) AOB	<p>Matters Arising (AOB):</p> <ul style="list-style-type: none"> <li>• Audit+ Briefing <ul style="list-style-type: none"> <li>- (Recording: <a href="#">DHCW second briefing for NHS Wales: Withdrawal of Audit+</a>)</li> <li>- Powerpoint file (paper 3) and the link to the recording (above) of the Audit+ withdrawal update meeting held on 16th September 2024 has been circulated.</li> <li>- Any queries, can be sent to <a href="mailto:DHCW.PrimaryCareInformationServices@wales.nhs.uk">DHCW.PrimaryCareInformationServices@wales.nhs.uk</a></li> </ul> </li> </ul> <p><b>AT – Staff survey</b> Governance issues – contract with IQVIA – data issued associated with staff survey. – DPO’s raised at a meeting, there was no contract in place with IQVIA. – which raised significant concerns within the organisations. The data collected won’t be anonymous.</p> <p><b>World health organisation’s collaborative centres – IB</b> Digital health and equity and inclusion – collaborating centres – we have been invited to become one of the collaborative centres on digital health equity – IB will circulate the documents with the group – IB meeting with WG, which is a chance to feedback. IB happy to pick up discussions separately.</p> <p><b>WLIMS paper (4) – SL</b> <b>Encryption issue – with the WLIMS and WLIMS 2 product – data between</b> client and server are encrypted but the back-end components are not encrypted. Raising for awareness. Dynamic risk assessment has been carried out. The group discussed whether this should be on the formal risk register. Group discussed potentially, carefully drafting a letter to inform CE and teams that we have identified the problem and are working on it.</p> <p><b>Ask the new SISO Mark to do a review of the national systems. How many connections/feeds we have – schedule them. Consider the scale and impact. SL will discuss with Mark.</b></p> <p><b>Feedback from DoFs</b></p> <ul style="list-style-type: none"> <li>- A conversation was had around, what are the local innovative digital initiatives going on and how do we nationalise them. Next steps have not come out yet, however there was a mention of a session with DoDs – a DoD to come to financial forum to share initiatives that are going on - Opportunity to talk about initiative’s that DoDs want them to support especially as at IMTP stage</li> </ul>	SL

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	<ul style="list-style-type: none"> <li>- Group discussed innovation and getting the basics right such as digital tools and discussed setting expectations.</li> <li>- A portfolio approach was agreed</li> <li>- - A plan around value was agreed</li> <li>- AT drafted a digital director lead to prevent opportunities being missed.</li> <li>- Final HFMA spending review – will share slides in due course.</li> <li>- HFMA conference</li> </ul> <p>What is the level of investment that is needed:</p> <p><b>Group agreed priorities are, EHR foundations, next 12 months – upgrade desktops/wifi.</b></p> <p><b>Create a value and sustainability group that will look at laptops, printers and Wi-Fi for the whole of Wales. (National procurement for laptops in Wales)</b></p> <p><b>Research work: Purchase deployment of service of a national manage service for laptops/printers – HT</b></p> <p><b><u>Digital eyecare – open eyes</u></b>  Electronic patient record program  Referral system program</p> <p>Nothing will happen until health boards confirm that they will support and invest as health boards will need to fund – no one will go live until at least April. – flagging for awareness.</p> <p><b>Talk offline and have a further discussion at future peer group – put on forward planner.</b></p> <p><b>RISP –</b></p> <ul style="list-style-type: none"> <li>- <b>Summary</b></li> <li>- Increasingly been concerns around Phillips’ ability to deliver – response from them not been delivering to date – hadn’t missed any contractual milestones however delivery hasn’t been to standard.</li> <li>- There has been some escalations to CE’s however no changes.</li> <li>- Legal based letter was shared from DHCW – which stated the concerns. Escalation meeting with CE following on from delivering what was not previously done.</li> <li>- Improvements and actions have now taken place – letter has been responded to.</li> </ul> <p><b>Audit + - Dedicated meeting in due course – to be put on forward planner/ME to put in the WG meeting next week.</b></p>	HT
<p style="transform: rotate(-45deg); font-size: small;">Regen, Nikki 05/11/2024 09:30:00</p>	<p>End of meeting.</p>	

**Next Meeting: 9.30am Tuesday 5 November, Board Room, 1st Floor, DCHW, Ty Glan-Yr-Afon, 21  
Cowbridge Road East, Cardiff CF11 9AD**

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