

Confirmed Minutes of the Digital Health & Intelligence Committee
Thursday 15th August – 8:30am – 11:30am
Nant Fawr 1 & 2, Woodland House

Chair:

Eileen Brandeth EB Committee Chair & Independent Member

Members:

Michael Imperato MI Committee Vice Chair & Independent Member
 Charles Janczewski CJ UHB Interim Chair & Independent Member

In Attendance:

Nicola Foreman NF Director of Corporate Governance
 Christopher Lewis CL Deputy Executive Director of Finance
 David Thomas DT Director of Digital & Health Intelligence
 Allan Wardaugh AW Assistant Medical Director
 James Webb JW Information Governance Manager
 Len Richards LR Chief Executive Officer

Secretariat:

Laura Tolley LT Corporate Governance Officer

Apologies:

Dr Stuart Walker SW Medical Director
 Dr Sharon Hopkins SH Deputy Chief Executive Officer

DHIC 19/08/001	Welcome & Introductions	Action
	The Committee Chair welcomed everyone to the public meeting.	
DHIC 19/08/002	Quorum The Committee Chair confirmed the meeting was quorate.	
DHIC 19/08/003	Apologies for Absence Apologies for absence were noted.	
DHIC 19/08/004	Declarations of Interest Michael Imperato declared his interest as a Legal Representative for the ongoing Blood Inquiry. The Committee Chair confirmed that there was no relevant conflict for the Digital & Health Intelligence Committee therefore no action was taken.	
DHIC 19/08/005	Minutes of the Committee Meeting held on 29th January 2019 Resolved – that: (a) The Committee approved the minutes of the meeting held on 29 th January 2019	

<p>DHIC 19/08/006</p>	<p>Action Log following the Meeting held on 29th January 2019</p> <p>Resolved – that:</p> <p>(a) The Committee reviewed and noted the Action Log from the meeting held on 29th January 2019</p> <p>(b) In response to a questions raised at the Board, in relation to the Lightfoot contract, DDHI confirmed that, although no additional IT infrastructure was required (as UHB data was being shared with Lightfoot who subsequently provide reports via their own platform), there is a need to ensure adequate, on-going investment in providing desk-top PCs and mobile devices to a minimum specification and that there is reliable wi-fi access for clinicians to view and use the data effectively.</p>	
<p>DHIC 19/08/007</p>	<p>Chairs Action taken since last meeting</p> <p>There had been no Chairs actions taken since the last meeting.</p>	
<p>DHIC 19/08/008</p>	<p>Digital Strategy Presentation</p> <p>The Director of Digital Health Intelligence (DDHI) introduced the presentation and confirmed the following:</p> <ul style="list-style-type: none"> • The Cardiff & Vale Digital Team is responsible for IT, business analytics and information, information governance, specific IT project teams (e.g. PARIS team and WCP team) and clinical coding. • Their aim was to provide enabling services across the Health Board to support delivery of clinical services. The Digital Team works closely with the Transformation Board and focus on continuing service improvement. <p>The Committee Chair asked if the Digital Team were also responsible for digital innovation. The DDHI confirmed that this was a key focus for the team and that they encourage and welcome all staff and service users across the UHB to bring ideas for innovation to the Digital Team for discussion and consideration.</p> <p>The UHB Interim Chair asked how clinical coding was monitored as this was not seen by the Committee. In response, the Chief Executive Officer confirmed that the Director of Digital Health & Intelligence monitored the information and that this information was reported into Management Executive Meetings.</p> <p>The Committee Chair noted that Board receive performance data relating to clinical coding as part of the KPI's that it monitors but noted that it would be helpful for this committee to receive more detailed assurance in this area. DDHI to prepare a relevant update for the next committee.</p> <p>The PICU Consultant provided an explanation to the Committee about the</p>	<p>DT</p>

Informatics Plan 2019/22 and emphasised that Data Repository at its heart was critical to the way the UHB worked. The PICU Consultant confirmed that the data held in the repository, together with data sourced from other systems through the Interoperability Hub could be used to make a single digital picture of a patient's records.

The PICU Consultant confirmed the three important user groups of the data repository were:

1. Patients – The UHB wants to give patients easy access to their Health Records
2. Clinicians – The UHB wants to make it easier for Clinicians to see and share data
3. System Leaders – The UHB wants to make better system and care decisions informed by evidence and the appropriate use of data analysis.

This would be brought to life through a series of portals. The PICU Consultant explained that the approach to the overall architecture had changed to allow for this to happen, allowing for existing architecture to be utilised whilst solutions appropriate for national implementation are brought to life.

The PICU Consultant emphasised the importance around the type of applications that would be used for interaction and advised the Committee that the UHB may want to design the applications in-house or engage with the Life Science Hub to create these. The PICU Consultant mentioned the UHB needed to be skilful in getting applications that patients benefit from, and which are 'plug and play' – whereby the application is quick to implement, but readily replaceable – the enabler being the adoption of standards and the availability (storage) via a 'central' indexed repository.

The UHB Interim Chair thanked the PICU Consultant for his constructive explanation.

The Committee Chair asked if the Welsh Clinical Portal was still the primary portal within the architecture. The DDHI confirmed that the focus was on open architecture to ensure all Health Boards have systems that they needed as the 'one for all' system was unsuccessful.

The DDHI confirmed that he expected a development of the National Data Repository to be ready by the end of 2019.

The DDHI confirmed the main focus was gaining real time data across the UHB.

The DDHI explained that E-Patient Flow would be funded by the end of 2019 and there was a need to look at how this would fit into the UHB's long term plan. The PCIC Consultant confirmed that if E-Patient Flow was looked at in the correct way it would fit into the new Digital Strategy.

The DDHI informed the Committee that Patient Knows Best is now being implemented within Cardiff & Vale and was also being looked at Nationally.

The DDHI confirmed that WiFi Services received funding from the Digital Fund 2018/19 but was currently funded mainly by the Health Charity.

The UHB Interim Chair emphasised the importance of communities being equipped adequately to become more efficient, maximising the use of systems in place.

The DDHI explained that a Mobile Strategy was being developed to look at preferred devices and this would be brought to a future meeting.

The PICU Consultant stressed the importance of the UHB investing in devices that Clinicians and Service Users required therefore, it was important for the UHB to involve both Clinicians and Service Users in decision making.

The Committee Chair expressed concern that appropriate care with patient data be taken when accessing information in community settings. In response, the DDHI confirmed that work was being carried out in relation to Cyber Security in Cardiff & Vale and nationally to gain this assurance and funding was expected which would support Cyber Security issues.

The DDHI confirmed the three key findings from the National Digital Architecture Review were:

1. Current State – Current approach was unsustainable and would not enable the ambition set out in A Healthier Wales to be achieved
2. Opportunity – A significant opportunity for digital transformation
3. Approach – digital transformed NHS in Wales was achievable, but required a fundamental change of approach and focus

The DDHI also explained the recommended architectural steps and confirmed they reflect the view of all Health Boards across Wales:

1. Digital Architecture – 3-9 months
2. Open Digital Platform – 1-2 years
3. Stabilisation and Resilience – 2-3 years

The DDHI confirmed that he had reviewed the Digital work programme to ensure it reflected the National Architecture Review. There will be a new Digital Design Group implemented from September 2019, in which consideration and decisions relating to digital plan would be made. The Digital Design Group would be made up of Clinical Board Directors, Executives and Clinicians.

The DDHI explained that a £50M Digital Investment bid had been submitted to Welsh Government for consideration and the Welsh

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	<p>Government Chief Digital Officer had advised that the Minister would be making decisions on bids submitted in September 2019.</p> <p>The £50M Digital Investment covered the following areas:</p> <ul style="list-style-type: none"> • Transforming Digital Services for the Public and Patients • Transforming Digital Services for Professional • Cyber Security and Resilience • Modernising Devices and Moving to Cloud Services • Investing in Data and Intelligent Information • Cross Cutting Activity • Business Case Pipeline (inc. Canisc, Linc – Pathology Services, E-prescribing, Critical Care EHR etc....) <p>The DDHI confirmed he would provide the Committee with an update on the £50M Digital Investment bid at the next Committee meeting.</p> <p>The Committee Vice Chair thanked the DDHI for the presentation and asked where the patient was in the Digital Strategy.</p> <p>The PICU Consultant confirmed he shared the view of the Committee Vice Chair and emphasised the importance of the patient being at the heart of the Digital Strategy. The PICU Consultant explained that Cardiff & Vale UHB needed to help this evolve and Clinical Engagement User work needed to be carried out.</p> <p>The Committee Chair welcomed the Digital Strategy and confirmed that the DDHI would bring a plan to the next Committee meeting explaining how the Digital Strategy would include all patients.</p> <p>Resolved – that:</p> <p>(a) The Committee agreed the direction of the Digital Strategy</p> <p>(b) A further report would be provided at the next Committee Meeting explaining the inclusion of all patients within the Digital Strategy</p> <p>(c) A Mobile Strategy would be brought to the Committee Meeting in February 2020</p>	<p>DT</p> <p>DT</p> <p>DT</p> <p>DT</p> <p>DT</p>
<p>DHIC 19/08/009</p>	<p>Information Governance Presentation</p> <p>The Information Governance Manager introduced the presentation and confirmed that the UHB Objectives for Information Governance were based on the seven GDPR Principles.</p> <p>The UHB Interim Chair explained he felt that there was no substance to the objectives. The PICU Consultant and Committee Chair confirmed the same views and agreed that the objectives should be more specific and outcome based as well as being supportive of the Digital Strategy. The Information Governance Manager committed to revising the objectives</p> <p>The Interim Board Chair asked if there were mechanisms in place to</p>	<p>JW</p>

	<p>control Information Sharing. In response, the Information Governance Manager confirmed it was not difficult to share information between users, however, guidance was needed on how the Health Board wanted information to be shared.</p> <p>The PICU Consultant confirmed that the Health Board could share a lot more information, however, staff were afraid to do so because of GDPR rules.</p> <p>The Information Governance Manager confirmed that the purpose of Information Governance was to help information sharing and Cardiff & Vale were leading the way in this area.</p> <p>The PICU Consultant advised the Committee that a query had been made to Welsh Government regarding a potential change to legislation on information sharing to help Health Boards facilitate this.</p> <p>The UHB Interim Chair confirmed the Digital Strategy needed be clear and concise regarding the Health Boards intention to share information and had to overcome barriers to preventing this from happening</p> <p>The UHB Interim Chair commented that Information Security Scope appeared dated from an assurance perspective and advised the Information Governance Manager that this required updating.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the presentation</p> <p>(b) A report outlining the revised objectives would be presented at the next Committee meeting.</p>	<p>JW</p> <p>JW</p>
<p>DHIC 19/08/010</p>	<p>Risk Register by Exception</p> <p>The DDHI confirmed the following risks as causes for concern:</p> <p>1) Cyber Security</p> <p>The DDHI explained a number of actions had been taken however resource was a challenge. The £50M bid to Welsh Government covered funds for further resource as a dedicated team was needed to tackle Cyber Security.</p> <p>The DDHI recommended that the UHB go at risk to recruit for a Cyber Security Team whilst the bid for funding was being considered.</p> <p>The Committee supported the recommendation as Cyber Security is an issue across all Health Boards and delaying action would prevent Cardiff & Vale from being appropriately responsive to Cyber Security Issues.</p> <p>2) Software upgrade from Windows 7 to Windows 10</p> <p>The DDHI confirmed that the UHB needed to upgrade over 1000 devices</p>	

	<p>and funding had been requested within the £50M bid to Welsh Government for this to be facilitated.</p> <p>The upgrade timeline had further expanded by 12 months, however, there was a concern that there would be many digital devices across the UHB which would not be functioning in 12 months' time if the funding was not approved by Welsh Government.</p> <p>The Deputy Executive Director of Finance asked that if money was made available, how quickly could the Digital Team use it to start the required upgrades. In response, the DDHI confirmed that the team had been in discussions with suppliers therefore they were ready to move quickly.</p> <p>The Committee Chair asked the DDHI to inform the Deputy Executive Director of Finance the lead time to spend money should it become available.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Risk Register by Exception and the more detailed discussions held on the main risks impacting upon Digital Health Intelligence.</p>	DT
<p>DHIC 19/08/011</p> <p>DHIC 19/08/012</p> <p>DHIC 19/08/013</p>	<p>Exceptions and Issues</p> <ul style="list-style-type: none"> GDPR Progress <p>The Information Governance Improvement Plan with detailed findings and action plan was taken as read by the Committee.</p> <p>It was noted that this document was extremely detailed and that it should be considered alongside the IG Internal Audit report on Information Governance. For future meetings a format that provides a summary of progress against prioritised outstanding actions was required so that the Committee could be assured that progress was being made.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the findings and action plan. (b) The Committee noted the progress made. (c) Required that a summary of progress be provided to future Committees.</p> <ul style="list-style-type: none"> IT Delivery Program <p>The paper provided a high level exception report on the high priority programmes within the UHB IT Delivery Plan and was taken as read by the Committee.</p> <p>The UHB Interim Chair made an observation that the report provided was difficult to understand, therefore, requested a more concise summary be brought to future meetings.</p>	<p>DT</p> <p>DT</p>

<p>DHIC 19/08/014</p>	<p>Resolved – that:</p> <ul style="list-style-type: none"> (a) The Committee noted the progress in many areas of the IT Delivery Programme (b) The Committee noted the areas of exception which required further attention and consideration <p>• WLIMS</p> <p>The WLIMS paper explained that NHS Wales procured and implemented the National Laboratory Information Management System (LIMS) some years ago and the system was intended to be the Laboratory System for Wales covering all modules in the previous Telepath System. The paper also explained that there had been significant delays in developing the required functionality to an acceptable level, such that a number of modules (including Blood Transfusion) remained on the Legacy Telepath System.</p> <p>The WLIMS systems has now reached the end of its contract pending re-procurement of a new National Lab System Solution as part of the LINC project.</p> <p>The DDHI confirmed that WLIMS was targeted to go live in September 2019.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> (a) The Committee noted the progress in relation to the new National LINC project and that the project is looking to standardise procedures in Wales with C&VUHB being first to deploy as the most complex tertiary centre. (b) The Committee noted the plans put in place to mitigate risks and provide stability within the Legacy Telepath System whilst the new LINC project progresses. <p>• Information Governance Compliance</p> <p>The Chief Executive Officer confirmed that the DDHI was the Interim Senior Information Risk Owner, until clarity on the Deputy Chief Executive Officer & Director of Transformation position at Cwm Taf Health Board was received.</p> <p>The Chair noted that WAO have previously indicated that they would be uncomfortable for the SIRO role to be allocated below main Board level, so she anticipated that this would only be for an interim period.</p> <p>The Information Governance Manager confirmed the new staffing structure:</p> <ul style="list-style-type: none"> • David Thomas, Director of Digital and Health Intelligence was the interim Senior Information Risk Owner 	
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- Dr Stuart Walker, Medical Director, was the Caldicott Guardian
- James Webb was the interim Data Protection Officer
- The information governance department was currently resourced at 5.8 WTE but was functioning below this level due to long term sickness of 1 WTE.

The Information Governance Manager confirmed that during Q1 of 2019, the Information Governance Department reviewed 272 Information Governance related incidents. Of these, 1 was considered a serious incident and was subsequently reported to the Welsh Government, 6 incidents were raised with Information Commissioners Office (ICO), with 2 of the 6 been formally reported. The Information Governance Manager confirmed that there had been increased learning from continued discussions on potential breaches with the ICO.

The Information Governance Manager confirmed a significant improvement within Freedom of Information Compliance. In August 2018, the department were at 31%, however, during August 2019 the department were at 86% due to a clinical drive.

The Information Governance Officer confirmed that two new staff joined the department to clear the backlog of Freedom of Information requests which meant the department were at 90% of the target.

The Information Governance Officer explained that Freedom of Information was a legal requirement therefore the department strive for 100% however when this is unachievable reasonable explanations are provided.

The Committee Chair requested that where less than 100% was achieved explanations for the non-compliant cases be brought to the Committee for noting in future. There was also a request that benchmarking Freedom of Information compliance be undertaken against other Health Boards for future reports.

The Information Governance Officer informed the Committee that the ICO were satisfied that the UHB were making progress with Subject to Access Requests.

The Committee Chair asked when reports were produced in future if an age period could be included.

The UHB Interim Chair expressed concern as he had not seen Subject to Access requests at satisfactory levels therefore requested an improvement plan be developed which included a trajectory outlining what the department were working towards achieving.

The Committee Chair encouraged the Information Governance Manager to look at different practices when dealing with Staff Subject Access Requests to reduce the workload for the department.

The Committee Chair expressed a concern that compliance monitoring via the National Integrated Intelligent Auditing System (NIIAS) was only

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	<p>available for National systems and was not available to C&VUHB for its local Patient Administration System. The Committee is therefore not able to be assured concerning appropriate monitoring of access to patient record data.</p> <p>The Information Governance Manager explained that Mandatory Training Compliance was still a cause for concern, although there had been a slight increase from 71% to 73%, this was still significantly below the UHBs target. It had been recognised that some of this gap relates to staff without direct access to PC's so a presentation had been developed for Line Managers to deliver to staff face to face. The Committee welcomed this and look forward to seeing further improvement in the level of uptake.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> (a) The Committee received and noted the series of updates relating to significant Information Governance issues (b) The Committee agreed that a draft Information Governance Policy be brought to the next Committee together with a schedule for all outstanding policies and procedures to be presented to the Committee for approval over its future cycles of business. 	<p>JW</p>
<p>DHIC 19/08/015</p> <p>DHIC 19/08/016</p>	<p>Audits</p> <ul style="list-style-type: none"> • Welsh Government Review of Governance <p>The DDHI advised the Committee that, to date, the Welsh Government Review of Governance had not been shared or made public.</p> <p>The Committee Chair asked how the Committee could request the Governance Review to be shared promptly. In response, the Chief Executive Officer confirmed that he would raise the concern during the Executive meeting held with Welsh Government and feedback could be provided at the next Committee meeting.</p> <p>The PICU Consultant confirmed that he had raised concern with Ifan Evans, Welsh Government Chief Digital Officer and emphasised importance of the Governance Review being shared.</p> <p>The UHB Interim Chair confirmed he would raise the concern at the Chairs meeting and feedback would be provided at the next Committee meeting.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> (a) The Committee noted the update (b) A further report on the Welsh Government Review of Governance be provided at the next Committee meeting <ul style="list-style-type: none"> • IMT Audit Assurance 	<p>LR</p> <p>CJ</p> <p>DT</p>

<p>DHIC 19/08/017</p>	<p>The Committee Chair requested that the DDHI update the report to advise target dates for the outstanding e-IT training audit points and ensures that all actions have dates associated with their completion that are tracked and managed under change control. These revisions should be developed and brought to the next Committee meeting.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the update (b) A further report and action plan be brought to the next Committee Meeting</p> <ul style="list-style-type: none"> Internal Audit – Information Governance <p>The Committee Chair requested that an assessment outlining work that had been carried out against the Internal Audit recommendations be brought to the next Committee Meeting.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the update (b) A further report and assessment be brought to the next Committee Meeting</p>	<p>DT</p> <p>DT</p> <p>JW</p> <p>JW</p>
<p>DHIC 19/08/018</p>	<p>Terms of Reference</p> <p>The Director of Corporate Governance confirmed the report provided Members of the Digital & Health Intelligence Committee with the opportunity to review the Terms of Reference prior to submission to the Board for approval.</p> <p>The Committee Chair & Independent Member requested a change to the Quorum for the Committee to include 2 Independent Members and the Medical Director and/or 1 Executive Director.</p> <p>The Committee Chair & Independent Member requested the following members be added into the attendance of the Committee:</p> <ul style="list-style-type: none"> Data Protection Officer Workforce Representative <p>Resolved – that:</p> <p>Subject to the amendments outlined above,</p> <p>(a) The Committee approved the Terms of Reference for the newly established Digital & Health Intelligence Committee</p> <p>(b) The Committee recommended the changes to the Board for approval</p>	<p>NF</p> <p>NF</p> <p>NF</p>
<p>DHIC 19/08/019</p>	<p>Committee Work Programme</p>	

	<p>The Director of Corporate Governance confirmed the report provided Members of the Digital & Health Intelligence Committee with the opportunity to review the Committee Work Plan 2019/20 prior to presentation to the Board for approval.</p> <p>The Director of Corporate Governance confirmed that the key headings on the work programme would be included on the agenda.</p> <p>The Director of Corporate Governance confirmed the following items were to be included:</p> <ol style="list-style-type: none"> 1) Controlled Documents Framework 2) Health Standards <p>Resolved – that:</p> <p>Subject to the amendments outlined above,</p> <ol style="list-style-type: none"> (a) The Committee reviewed the Work Programme 2019/20 (b) The Committee approved the Work Programme 2019/20 (c) The Committee recommended approval to the Board of Directors 	<p>LT</p> <p>NF</p> <p>NF</p>
<p>DHIC 19/08/020</p>	<p>Legacy Document</p> <p>The Director of Corporate Governance confirmed the report provided Members of the Digital & Health Intelligence Committee with the opportunity to review of the work its predecessor the Information Technology & Governance Committee.</p> <p>Resolved – that:</p> <ol style="list-style-type: none"> (a) The Committee reviewed the Legacy Statement 2018/19 (b) The Committee noted the work undertaken by the Information Technology & Governance Committee 	
<p>DHIC 19/08/021</p>	<p>Minutes of Meetings</p> <ul style="list-style-type: none"> • Capital Management Group Meeting on 20th May 2019 <p>Resolved – that:</p> <ol style="list-style-type: none"> (a) The Committee noted the minutes of the Capital Management Group Meeting on 20th May 2019 <ul style="list-style-type: none"> • NIMB Meeting on 11th April 2019 <p>Resolved – that:</p> <ol style="list-style-type: none"> (a) The Committee noted the minutes of the NIMB Meeting on 11th 	

	April 2019	
DHIC 19/08/022	<p>Items to bring to the attention of the Board</p> <p>The Committee Chair & Independent Member confirmed the following items would be brought to the attention of the Board:</p> <ol style="list-style-type: none"> 1) Lightfoot – A detailed response on how Lightfoot would integrate with the UHB system 2) Digital Strategy – Intention to Implement 3) Clinical Coding – Note the intention to receive more detailed assurance 4) Terms of Reference – Changes for Approval <p>Resolved – that:</p> <p>(a) The Committee noted the items to be taken to Board</p>	NF
DHIC 19/08/023	<p>Review of the Meeting</p> <p>There were no items discussed.</p>	
DHIC 19/08/024	<p>Date & Time of next Meeting</p> <p>Tuesday 1st October 2019, 9am – 12pm, Nant Fawr 1, Ground Floor, Woodland House</p>	