

INFORMATION, TECHNOLOGY AND GOVERNANCE SUB-COMMITTEE MEETING2:30pm on 4th October 2017

HQ Meeting Room, University Hospital of Wales

DRAFT AGENDA

PART 1: ITEMS FOR ACTION			
1	Welcome and Introductions		Chair Oral
2	Apologies for Absence		Chair Oral
3	Declarations of Interest		Chair Oral
4	<ul style="list-style-type: none"> a) To receive and review the Terms of Reference (ToR) b) To receive and review the legacy statements for the previous Sub Committees c) To receive the minutes of previous IGSC meeting held on 8th August 2017 d) To receive the minutes of the previous IM&T Sub Committee meeting held on 14th June 2017 		Chair 5 mins
5	To receive and review the combined Action Log from IM&TSC 14 th June 2017 and IGSC on 8 th August 2017		Chair
6	Chair's action taken since last meeting		Chair
Governance and Assurance			
7	Strategic Updates <ul style="list-style-type: none"> a) Directors report on IT (Oral Report) b) Directors report on IM (including NIMB update).(Oral Report) c) Directors' reports on IG including. <ul style="list-style-type: none"> • Integrated Governance • Caldicott 	Executive Director of Therapies & Health Science Director of Public Health Director of Public Health Snr Mgr Perf & Comp Medical Director	
8	Strategic Assurance Review <ul style="list-style-type: none"> a) Once for Wales report (Oral Report) b) IM&T Strategic Outline Plan (SOP) c) Integrated Medium Term Plan (IMTP) 	Director of Public Health Executive Director of Therapies & Health Science	

9	Work Programme Updates <ol style="list-style-type: none"> IT work plan (exception report) Information work plan (Verbal exception report) Integrated Information governance report Specific Project items <ul style="list-style-type: none"> PACS Update LIMS Update 	AD of IT Performance Mgr Snr Mgr Perf & Comp Executive Director of Therapies & Health Science	
10	Periodic items for assurance <ol style="list-style-type: none"> Caldicott Principles in Practice (CPIP) report Report from the SIRO – non clinical IG National Health Care Standards Compliance IT Capital Programme Data Quality report Sub-committee report & review of TOR (Annual) 	AD for IT	
11	Audits (for sign-off of management responses and exception reporting on progress of actions) <ol style="list-style-type: none"> IMT audit assurance / action plan ICO Welsh Training Review / action plan (Verbal) 	Executive Director of Therapies & Health Science SNR Mgr Perf & Comp	
12	Corporate Risk Assurance Framework (verbal)	Board Secretary	
13	Specific items for attention <ol style="list-style-type: none"> Cyber Security Update (Oral Report) 	AD for IT	
Controlled Documents Framework – Policy and Procedures			
14	<ol style="list-style-type: none"> Controlled Documents Framework Report and Action Plan (Oral Report) Policies for review Procedures for review and approval 	Director of Public Health	
PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE COMMITTEE			
15	Sub Group Minutes <ol style="list-style-type: none"> Medical Records Management Group Minutes of Meeting on 22 August 2017 Non Health Records Management Group Minutes of Meeting on 14 August 2017 Senior Clinical IM&T Group Minutes NIMB Minutes Capital Management Group 		
	Any other Business		Chair
16	Review of Meeting and Items to Bring to the Attention of the Board/Other Committees.		Oral Committee Chair
17	Date of next meeting: 6 th March 2018 Venue : HQ Meeting Room UHW Time: 8:30am – 1:00pm		

TERMS OF REFERENCE	
Name of Meeting : Information Technology and Governance Sub Committee	
Date of Meeting: 4 October 2017	
Executive Lead : Director of Public Health	
Author : Senior Manager Performance and Compliance	
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.	
Financial impact : Well documented systems of work improve and maintain efficiency, reduce risk and the potential for legal action.	
Quality, Safety, Patient Experience impact : Well trained staff following well documented systems of work provide services that reduces risk and improves the patient experience.	
Health and Care Standard Number 3.4 & 3.5	CRAF Reference Number 8
Equality and Health Impact Assessment Completed: There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.	

ASSURANCE AND RECOMMENDATION

The Information Technology and Governance Sub Committee is asked to:

- **AGREE** the attached draft terms of reference as the basis for the Committee's inaugural meeting in shadow form.
- **AGREE** any changes to these terms of reference for onward transmission to the next formal meeting of the Strategy and Engagement Committee for formal approval
- **NOTE** that the UHB Board will be made aware of the above process

Situation

This paper presents draft terms of reference (attached) to the inaugural meeting of the Information Technology and Governance Sub-Committee (ITGSC). Comments are invited prior to submission of the terms of reference to the next formal meeting of the Strategy and Engagement Committee (SEC) for formal adoption.

Background

The UHB Strategy and Engagement Committee has agreed that the ITGSC should be established by merging the former Information Governance and IM & T Sub Committees. The new committee will meet three times per year as

opposed to the quarterly cycle of its predecessors. It is therefore important that an Autumn meeting is held to maintain the momentum of work plans. As the ITGSC terms of reference have not yet been formally agreed by its parent committee, its initial meeting will be held in shadow form. ITGSC terms of reference will therefore be subject to review and agreement by the Strategy and Engagement Committee at its next formal meeting. The UHB Board will be made aware of the above process when it meets on 28 September 2017.

4.1

Assessment

The draft terms of reference provide an appropriate basis for the inaugural ITGSC meeting in shadow form.



Information Technology and Governance Sub Committee (ITGSC)

Terms of Reference and Operating Arrangements

**To be Approved by the Strategy and Engagement
Committee: Date TBA**

Next Review Due: October 2018

INFORMATION TECHNOLOGY AND GOVERNANCE SUB COMMITTEE

SUB COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 In line with Standing Orders (3.3.1.) and the University Health Board's (the UHB) Scheme of Delegation, the Strategy & Engagement Committee (the SEC) has established the Information Technology and Governance Sub Committee (ITGSC known as the "Sub Committee" in these terms of reference) to carry out specific aspects of Committee business on its behalf.
- 1.2 The scope of the ITGSC covers information technology, information analytics and information governance. It will cover all functions of Cardiff and Vale University Health Board's (the UHB's) services i.e. primary, community, hospital and specialised care.
- 1.3 The detailed terms of reference and operating arrangements in respect of this Sub Committee are set out below.

2. PURPOSE

The purpose of the ITGSC is to:

- 2.1 Provide **assurance** to the Strategy and Engagement committee that;
 - Clinical Boards and Corporate Services have appropriate processes and systems in place for data, information management and governance to allow the UHB to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.
 - There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.
 - Information management and technology (IM&T) services are safe and sustainable and that risks are being assessed and managed.
 - Effective communication, engagement and training is in place across the UHB for Information Governance and IM&T
- 2.2 Provide evidence based and timely **advice** to the UHB on matters relating to Information Governance with specific focus on:
 - Data Protection, Confidentiality and Privacy
 - Information Security
 - Data Quality Assurance and Secondary Uses (in particular communication to Welsh Government and other third parties)
 - Records Management
 - Freedom of Information
 - Information Sharing Protocols
- 2.3 Oversee the direction and delivery of the IM&T **strategy** for the UHB ensuring that it:
 - supports delivery of the UHB Integrated Medium Term Plan
 - optimises relationships with partner organisations including the NHS Wales

- Informatics Service (NWIS).
- Has arrangements in place to assess and deliver benefits from the use of innovative technology and information for use in decision making.

3. DELEGATED POWERS AND AUTHORITY

In order to achieve its purpose the ITGSC must ensure that:

- The UHB has an appropriate framework of policies, procedures and controls in place to support consistent standards based processing of data and information to meet legislative responsibilities while striking an appropriate balance between openness and confidentiality in the management and use of information.
- There is clarity and consistency in strategic direction, effective leadership and transparency in lines of authority across all areas of the UHB.
- The UHB is working appropriately with partner organisations and other stakeholders in relation to systems and information sharing in a controlled manner in order to provide the best outcome for its citizens.
- All reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of data, information and systems and that, where these do occur, lessons are learned.
- Sources of internal assurance are in place across all levels of the organisation, with capacity and capability to deliver information that can be relied on.
- Recommendations made by internal and external reviewers are considered and acted upon on a timely basis.
- Risk is being appropriately identified, assessed and mitigated at all levels in relation to information governance, management and technology.

In order to do this the Sub Committee will take the following actions:

3.1 Oversee & Review Policies & Procedures

- Oversee the framework for Information Governance in accordance with the IG Toolkit and Caldicott Principles in Practise (CPiP) requirements
- Monitor progress against a rolling cycle of review for policies and procedures within the framework.
- Consider and review all policies developed within this and recommend to the SEC for approval.
- Oversee the status of operational procedures supporting the policies following their scrutiny and approval by appropriate operational forum.

3.2 Evidence Continuing Improvement

- Receive annual and periodic reports from the clinical boards and corporate services in respect of their IG responsibilities
- Commission and receive an annual self assessment under the Caldicott guidelines
- Receive and consider national and internal audits and assessments against the Caldicott Standards and the relevant Standards for Health Services in Wales
- Approve the annual certification for IM&T under the National Health and Care Standards.
- Commission Audit Programmes as appropriate to assess particular areas of risk identified or of concern to the sub-committee.
- Track the mitigation of actions / improvements identified as part of the above through to appropriate completion.

3.3 Oversee IM&T Strategy & Workplan

- Oversee the direction of an IM&T strategy for the UHB ensuring that it supports delivery of the UHB's Integrated Medium Term Plan objectives and takes into account the NHS Wales Informatics strategies. Recommend it for approval to the SEC.
- Approve the annual business plan for IM&T based on that strategy and inclusive of local implementations of NWIS programme initiatives. Review and agree any changes where appropriate.
- Receive updates from the Senior Clinical IM&T Group and relevant local IT Project Boards constituted to manage and deliver the IM&T Strategic Programme: advising on matters arising as necessary.
- Ensure that all IM&T projects have identified benefits and that there are mechanisms in place for ensuring these are monitored and delivered
- Oversee collaboration with partner organisations and other stakeholders re the implementation and sharing of systems in order to achieve the best outcomes for the UHB's citizens and specifically (but not exclusively) those relating to NHS Wales IM&T strategies and NWIS.

3.4 Provide evidence based and timely advice

- Review and assess current status from the receipt of:
 - Regular data breach reports for :
 - Serious reportable data breaches to the Information Commissioner (ICO) and the Welsh Government
 - Sensitive information (breakglass system)
 - E-mail
 - National and local auditing such as NIIAS
 - Regular reports on
 - freedom of information,
 - subject access requests
 - Data Quality
 - IG risk assessments
 - Incidents – lessons learned from all recorded / reported incidents.
- Receive periodic reports on development, procurement and implementation of national and local IM&T systems to ensure these are consistent across the organization, based upon National ICT standards, progressing according to plan and in line with the national and local strategic directions.
- Receive escalations of any specific programme / project related issues that will have an impact on the overall strategic plan and or could have financial, reputational or political impact on the UHB.
- Consider any escalations from the Senior Clinical IM&T group relating to the compatibility, feasibility, viability, priority and impact of any new information requirements arising either as a result of Welsh Government directives or operational need and to advise on priorities and business benefit.

- Review regular status reports and consider whether mechanism are sufficient in respect of engagement, communication, roll-out and training for IG and IMT.
- Receive periodic reports in order to provide assurance that the IM&T financial and workforce profiles are appropriate for the ongoing service and delivery needs of the organization.

3.5 Review risks

- Periodically consider risks escalated to the sub-committee from Clinical Boards / Corporate Departments in relation to:
 - Information Governance
 - Information Management
 - Information Technology
- Escalate risks to the SEC that are reflective of “high” overall impact and likelihood and / or whether there is still a relatively high rating post risk mitigation.

4. AUTHORITY

4.1 The ITGSC is authorised by the SEC, on behalf of the UHB, to investigate or have investigated any activity within its terms of reference.

4.2 In doing so, the Sub Committee shall have the right to inspect any books, records or documents of the UHB relevant to its remit and ensuring patient, client and staff confidentiality. It may seek any relevant information from any:

- Employee (and all employees are directed to cooperate with any reasonable request made by the Sub Committee); and
- Any other committee, Sub Committee or group set up by the UHB to assist it in the delivery of its functions.

4.3 The Sub Committee is authorised by the SEC Committee on behalf of the UHB to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it is considered necessary, in accordance with the UHB’s procurement, budgetary and other requirements.

5. ACCESS

5.1 The Chair of the ITGSC shall have reasonable access to Executive Directors and other relevant senior staff.

6. SUB GROUPS and TASK and FINISH GROUPS

6.1. The Sub Committee has established the following sub groups to undertake work on its behalf for specific aspects of its business.

- Medical Records Management Group
- Non Health Records Management Group
- Data Quality Group
- Senior Clinical IM&T Group

7 MEMBERSHIP

7.1 Sub Committee Members

Chair	Independent Member - Information Management and Technology
Independent Member	Independent Member - Legal
Information Governance Executive Lead	Director of Public Health
IM&T Executive Lead	Director of Therapies
Caldicott Guardian	Medical Director
Senior Information Risk Owner	Director of Corporate Governance
Risk Management and Corporate Governance	Head of Corporate Governance
Information and Data Quality	Asst Director of Information and Performance
Information Technology	Head of IT and Strategic Development
Chair of the Senior Clinical IM&T Group	Assistant Medical Director
Communications	Assistant Director of Strategic Communication
Workforce and Organisational Development	Head of HR Policy and Compliance
Finance	Assistant Director of Finance

7.2 In Attendance

Senior Manager Performance and Compliance

7.3 By Invitation

The Chair may invite or co-opt those with specialist knowledge and advice.

Specifically the Senior Manager Performance and Compliance will be invited to attend.

7.3 Secretariat

To be agreed

7.4 Member Appointments

The membership of the Sub Committee shall be determined by the Chair taking account of the balance of skills and expertise necessary to deliver the Sub Committee remit and subject to any specific requirements or directions made by the Welsh Government.

7.5 Support to Sub Committee Members

The Director of Corporate Governance, on behalf of the Sub Committee Chair shall:

- Arrange the provision of advice and support to Sub Committee members on any aspect related to the conduct of their role as members of the Sub Committee.

8. SUB COMMITTEE MEETINGS

8.1 At least five members including the Chair or Vice Chair must be present to ensure the quorum of the Sub Committee.

8.2 Nominated deputies may attend from time to time, however the member will be required to ensure that they are appropriately briefed. The member will be required to attend at least 50% of the meetings per year.

8.3 The Chair may nominate a member to act as Vice Chair in their absence.

Frequency of Meetings

8.4 Meetings shall be held three times a year.

Withdrawal of Individuals in Attendance

8.5 The Chair may ask an attendee to withdraw as appropriate to facilitate open and frank discussion of particular matters.

9. RELATIONSHIP & ACCOUNTABILITIES WITH THE RESOURCE DELIVERY COMMITTEE AND ITS SUB COMMITTEES/GROUPS

Although the SEC has delegated authority to its Sub Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Sub Committee is accountable to the SEC for its performance in exercising the functions set out in these terms of reference.

The Sub Committee, through its Chair and members, shall work closely with the SEC's other committees and groups to provide advice and assurance through the SEC to the Board through the:

joint planning and co-ordination of Board and Committee business; and
sharing of information

in doing so, contributing to the integration of good governance across the

organisation, ensuring that all sources of assurance are incorporated into the UHB's overall risk and assurance framework.

The Sub Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

4.1

10. REPORTING AND ASSURANCE ARRANGEMENTS

The Sub Committee's Chair shall:

- Report formally, as a standing item to the SEC on the Sub Committee's activities and where appropriate report and/or transfer activities to another group. This includes verbal updates on activity, the submission of the Sub Committee's minutes and written reports, as well as the presentation of an annual report;
- Take to the SEC and where appropriate any other Committee any issues that need to be highlighted for the Board's specific attention any significant matters under consideration by the Sub Committee
- Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant committees and
- Groups of any urgent or critical matters that may affect the operation and reputation of the UHB.

The SEC may also require the Sub Committee's Chair to report upon the Sub Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the Sub Committee's assurance role relates to a joint or shared responsibility.

The Chair, on behalf of the Board shall oversee a process of regular and rigorous self assessment and evaluation of the Sub Committee's performance and operation including that of any sub groups established.

APPLICABILITY OF STANDING ORDERS TO SUB COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the UHBs Standing Orders are equally applicable to the operation of the Sub Committee, except in the following areas:

- Quorum (set within individual Terms of Reference)

10. REVIEW

The SEC will review on an annual basis the continued need for this Sub Committee and will advise the Board accordingly.

If the SEC Committee determines that the Sub Committee should continue to meet the Terms of Reference will be reviewed to assess their ongoing suitability.

The review will be undertaken by the Sub Committee and referred to the SEC for approval.

11. CHAIR'S ACTION ON URGENT MATTERS

There might, occasionally be circumstances where decisions which would normally be made by the Sub Committee needs to be taken between scheduled meetings.

In these circumstances, the Sub Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Sub Committee. Any such action is formally recorded and reported to the next meeting of the Sub Committee for consideration and ratification.

Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

4.1

DRAFT

INFORMATION GOVERNANCE SUB COMMITTEE LEGACY STATEMENT	
Name of Meeting :	Information Governance Management and Technology Sub Committee
Date of Meeting	4 October 2017
Executive Lead :	Director of Public Health
Author :	Senior Manager, Performance and Compliance
Caring for People, Keeping People Well :	This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact :	There are significant potential financial implications in relation to the management of information governance risks. The Information Commissioner has powers to fine organisations that are in breach of the law through their acts or omissions that materially harm or damage individuals. This does not exclude the ability for individuals to sue the organisation in respect of harm or damage as a result of physical and/or psychological damage or reputation.
Quality, Safety, Patient Experience impact :	Management of information governance risks impacts significantly on the quality, safety and experience of our patients and their families. It also has the potential to impact adversely on the reputational standing of the Cardiff and Vale University Health Board and the confidence our community has in us. The management of data and personal information is fundamental to providing a quality service and exemplary patient experience and to meeting our legal obligations.
Health and Care Standard Number	3.4 & 3.5
CRAF Reference Number	8
Equality and Health Impact Assessment Completed:	Not Applicable

ASSURANCE AND RECOMMENDATION	
ASSURANCE is provided by:	<ul style="list-style-type: none"> The proposals made in this paper fill the gap in assurance left as a result of the winding up of the Information Governance Sub Committee
The Information Governance Management and Technology Sub Committee is asked to:	<ul style="list-style-type: none"> NOTE the legacy statement.

SITUATION

The former People Planning and Performance Committee (PPP) has agreed that the Information Governance Sub Committee (IGSC) and IM & T Sub

Committee would merge to form the Information, Technology and Governance Sub Committee (ITGSC). This report provides a legacy statement for the IGSC setting out some key achievements since it was established. It also identifies proposals for ensuring the key issues remain on the ITGSC agenda to give assurance to the newly formed Strategy and Engagement Committee (successor to PPP). It also provides a summary assessment of where Information Governance (IG) is currently positioned in the UHB and highlights areas for improvement.

It is particularly important that this period of transition is effectively managed given the introduction of General Data Protection Regulation (GDPR) in May 2018. These will essentially create a more exacting environment in terms of the arrangements that the UHB will need to have in place to evidence that it is discharging its statutory obligations in relation to IG.

BACKGROUND

Since its inception in 2014 the IGSC has provided a valuable forum for discussing IG matters and this providing assurance to the Board, hitherto via the PPP Committee, of the extent to which Cardiff and Vale University Health Board (the UHB) is discharging its statutory obligations. Although the groundwork is being put in place to support an effective IG assurance framework, much work still remains if the UHB wishes to aspire to be “best in class” in relation to IG.

Two issues in particular put the above in context:

- IG arrangements across the UHB do not fully support the way the UHB currently discharges its core business activities

The delivery of integrated health and social care requires hundreds of people to handle data daily in conjunction with stakeholders both inside and outside the NHS e.g. the wider NHS “family”, education, social services etc. These arrangements need to be appropriately formalized to ensure that all parties are aware of their respective responsibilities and obligations. There is considerable variation in this regard i.e. not all arrangements are adequately formalized via appropriate documentation e.g. Information Sharing Protocols, Data Processor and Data Disclosure Agreements, Privacy Impact Assessments etc.

The same applies to emerging UHB strategies for healthcare to support national strategies. More work is needed to ensure that IG principles are embedded in models such as algorithm driven/virtual healthcare to support a “Digital First” strategy.

- IG arrangements currently fall short of those expected by the Information Commissioners Office (ICO) i.e. the relevant statutory body

The ICO carried out a comprehensive audit of UHB compliance in relation to the Data Protection Act (DPA) in autumn 2017. This audit rating was:

“There is a limited level of assurance that processes and procedures are in place and are delivering data protection compliance. The audit has identified considerable scope for improvement in existing arrangements to reduce the risk of non-compliance with the DPA.”

The finding was essentially reaffirmed when the ICO carried out a follow up audit of DPA compliance in April 2017. The ICO commented

“It is disappointing that of the 68 recommendations in the 12 months since the audit only 12 have been fully completed by the UHB. The 43 areas that have been partially completed range widely in how far towards completion they actually are. Whilst so many issues remain uncompleted little additional assurance can be found that the UHB are able to comply with the requirements of the DPA. Persevering to complete the remaining recommendations is essential work that will ensure that the UHB is in a far improved position going forward”.

Although the ICO has not formally indicated that it intends to carry out a further review, it has signaled to the UHB that it will be mindful of the audit findings in the event that matters are formally brought to their attention. It is therefore vital the ITGSC continues to monitor progress in terms of delivering the DPA compliance audit action plan agreed with the ICO against the backdrop of a comprehensive IG assurance framework.

The IGSC has already agreed a program of work for 2017/8 intended to make significant inroads in terms of remedying the above shortcomings. The thrust of this legacy statement is to highlight those areas that are central to this. In this way ITGSC can seek assurance in a systematic way. Monitoring of the work program should continue to be backed up by consideration of a risk register to provide assurance that associated risks are being mitigated.

Based on IGSC arrangements that have proven their efficacy via annual review, it is recommended that ITGSC should target the following as priority areas going forward:

- Consolidation of IG governance arrangements
- Developing an IG strategic framework
- Creating an IG compliance culture and embedding this in the day to day working arrangements across all the UHB's Clinical Boards (CBs) and Corporate Departments (CDs)
- Staff training
- Strengthening of operational arrangements, taking into account a range of historical legacy issues

These areas are explored in more detail below.

IG Governance Arrangements

When the IG Executive portfolio was transferred from the Medical Director to the Director of Public Health the Management Executive (ME) agreed that overall management arrangements would be reviewed after a period of 12 months. Merging two committees into one means that by definition that the process for providing assurance on IG matters will need to be rationalized because available time is effectively halved. Essentially discussion time will be free this is being achieved by the convening of an IG Executive Team (IGET) compromising the following

- Director of Public Health Executive Lead for IG
- Medical Director – Caldicott Guardian
- Director of Corporate Management – SIRO
- Other senior staff as appropriate

Operational IG matters will be discussed in the first instance by the IGET and escalated to the ME as appropriate. In particular IGET will need to “separate out” the operational content of discussions by the three IGSC sub groups (i.e. Data Quality, Medical Records Management and Non Medical Records Management) from developments that need to be reported to ITGSC for assurance reasons e.g. development of policies/procedures.

Auditing of access to IT systems (i.e. via NIAS for national systems and equivalent functionality for local UHB systems such as “break glass”) is an area currently in its infancy primarily because of limited staffing resource. This is a concern given the general increase in legitimate requests for users to access PID (e.g. forthcoming pilot to give a GP “cluster” access to all patient details on the UHB Clinical Portal for clinical governance reasons).

ITGSC will need to be kept fully informed of the outcome of the above discussions. Any actions that ITGSC feels do not provide adequate assurance will need to be referred back to the IGET.

IG Strategic Framework

The UHB currently is not working to a formal IG strategy. Activities are loosely aligned to the IG Toolkit that applies in NHS England. It should be a priority for ITGSC to receive assurance that development of a suitable strategic framework for IG is satisfactorily progressing. A central element of this strategy should be a commitment to delivering a key UHB corporate goal of “Getting Things Right First Time” (GTRFT). This is particularly relevant to ITGSC’s assurance role in relation to data quality (DQ). This has been given to date primarily via the Data Quality Sub Group. DQ shortcomings can have far reaching consequences particularly in performance management terms e.g. metrics incorrectly applied, data skewed and consequently inaccurate for benchmarking purposes etc. This area needs to be carefully monitored.

This should be underpinned by the periodic updating of the Controlled Documents Framework that supports IG and should broadly mirror the requirements of the IG Toolkit. An excellent foundation has already been laid in this area but policy and procedure development needs to be regularly monitored to ensure that this momentum is maintained. It will also be important to ensure that UHB policies and procedures are aligned to those agreed nationally.

Progress reports should be received regularly in relation to the implementation of agreed recommendations from WAO and internal audit reports.

IG Awareness Culture

Realisation of the UHB's IG objectives needs to be underpinned by the creation of a culture of IG awareness in all settings. Considerable progress is being made by strengthening IG incident reporting via the Datix incident reporting system. In this way CBs and CDs are given systematic feedback about IG incidents that occur in order that appropriate lessons can be learned.

The IG dept is now taking a hands on role in terms of attending relevant CB/CD meetings to provide a focus for IG discussions. A pro forma has been developed to allow CBs/CDs to report IG issues in a consistent format. It is important that ITGSC receives systematic feedback on these discussions.

The IG page on the UHB intranet should be developed to encourage a user "self help" culture in terms of accessing information relating to IG.

Staff Training

The Datix reporting systems continues to highlight instances of relatively minor IG breaches e.g. patient letter sent to wrong GP. On a more serious level It is worrying that at the current time the UHB has been required to notify the ICO of 3 instances whereby UHB staff, after disciplinary investigation have admitted DPA Section 55 breaches i.e. unlawful accessing of personal information. In one instance this is expected to lead to a police prosecution.

It is essential that the ITGSC continues to rigorously monitor that effective staff IG training is being undertaken in all available settings e.g. induction, on line and periodic refreshers to ensure that staff are aware of their statutory obligations. As at the current time 54.69% of staff at the UHB had completed the mandatory on line IG training module against the target of 85%..

It is also important to monitor staff training in terms of applying policies and procedures that impact on data quality (see reference to GTRFT under "IG Strategic Framework").

Operational arrangements

Some aspects of the UHB operational infrastructure require significant strengthening. It is important that the ITGSC continues to monitor that satisfactory progress is being made in such matters. Examples of this are

- The transfer of medical records to a purpose built facility at Treforrest from premises that are being decommissioned or regarded as no longer fit for purpose for records storage purposes. This applies particularly to Whitchurch and Lansdowne. The transfer of records to facilities that are fit for purpose is essential in order to allow the UHB to progress the destruction of records that are being kept beyond their statutory retention periods and thus in breach of the DPA.
- Access to Medical libraries needs to be upgraded in order to evidence that the UHB is discharging its duty of care in terms of preventing inappropriate access to medical records

ASSESSMENT

The UHB faces significant challenges in order to evidence that it is discharging satisfactorily its statutory obligations in relation to IG. However, the IGSC has laid an foundation that can provide an effective platform for doing this if the achievement of relevant activities is monitored going forward by ITGSC.

**INFORMATION MANAGEMENT & TECHNOLOGY SUB COMMITTEE
LEGACY STATEMENT**

Name of Meeting : Information Management & Technology Sub Committee
Date of Meeting 4 October 2017

Executive Lead : Executive Director Therapies and Health Science & Executive Director of Public Health

Author : Assistant Director for Information Technology & Assistant Director of Information and Performance

Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.

Financial impact : The IM&T SOPs across Wales outline a potential Financial impact of National £480m, Local £55m over 5 years

Quality, Safety, Patient Experience impact : N/A

Health and Care Standard Number 3 & 4.2

CRAF Reference Number 6.8

Equality and Health Impact Assessment Completed: Not Applicable

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Ensuring there is continuity in the scrutiny and oversight of the Digital agenda with the transition from the IM&T Sub Committee to this new committee

The Information Governance and Technology Sub Committee is asked to:

- **NOTE and ACT UPON** the legacy statement.

SITUATION

The former People Planning and Performance Committee has agreed that the Information Governance Sub Committee (IGSC) and Information Management & Technology Sub Committee (IM&TSC) would merge to form the Information Governance and Technology Sub Committee (IGTSC). This report provides a legacy statement for the IM&TSC setting out the record of some key achievements since it was established. It also identifies proposals for ensuring the key issues remain on the IGTSC agenda to the newly formed Strategy and Engagement Committee.

BACKGROUND

Since its inception in 2012 the IM&TSC has provided a valuable forum for discussing IM&T matters and this providing assurance to the Board, hitherto via the PPP Committee, of the extent to which the UHB is discharging its statutory obligations.

Key Achievements

The IM&SC has enabled some key deliverables during its tenure:

- Approval of the IM&T Strategic Outline Plan
- Approval of the IM&T integrated medium term plan
- Development and approval of 'Keeping the lights on' sustainability programme
- IM&T expenditure capital assurance review
- Approval of the Health Care Standards: number 34, 2017 /18
- Completion of all actions in the following IT related Audit reports over the past 12 months:
 - Telecoms Audit
 - Capital Audit Assessment 2015
 - WAO Diagnostic review of ICT – Capacity & Resources
 - 90% WAO DR / BC Audit
- Implementation of the IM&T Audit tracker process
- Implementation of IM&T risk management process – ongoing
- Implementation of Programme management review process – ongoing
- Advice and assurance on complex technical and political aspects of the work plan
- Significant progress achieved in Clarity on “Once for Wales” policy
- Significant progress achievement in aligning relationships with National Bodies and contribution to NIMB.

Governance Arrangements

The IM&TSC recently revised its Terms of Reference to provide greater focus on assurance on behalf of the previous PPP Committee. Prioritisation and more operational aspects of the IM&T Work Plan remain with the Management Executive advised by the Health Systems Management Board and the Senior Clinical IM&T Group and Nationally via the National Informatics Management Board, informed by IPAD and advised by the Clinical Informatics Council.

There will be a review of Governance arrangements for assurance of prioritisation of the IM&T work programme in light of the establishment of the new UHB Committee Structure.

The Information Management and Technology aspects of the newly formed IGTC will need to cover all functions of the University Health Boards (the UHB's) services: clinical across primary, community hospital and specialised care and non clinical.

The newly formed IGTSC will continue to concentrate on digital and information requirements in the following areas:

- Provide assurance that IM&T services are safe and sustainable and, or, that risks are being assessed and managed effectively
- Provide assurance that the development and implementation of the digital strategy and digital medium term plan remains effective, and is aligned to delivery of the UHB's strategy and Welsh Government's policy objectives.
- Provide assurance that the benefits of collaboration with peer organisations and the deployment of resources within the NHS Wales Informatics Services (NWIS) are increasingly being realised
- Ensure effective communication and engagement around IM&T is in place across the UHB
- Ensure arrangements are in place to assess and deliver benefits of innovative technology and information for use in decision making

IM&T Strategic Framework

The IM&T Strategic Outline Programme (SOP) sets out a programme of strategic developments in analytics, information management, governance and information and communication technologies to enable the provision of high quality health improvement and health and social care across Cardiff and Vale University Health Board (The UHB) aligned to the national digital strategy.

This programme details the technical infrastructure and information required to deliver and enable the UHB's 10 year strategy "Shaping Our Future Wellbeing", our annual delivery plan for 2016/17 and our future 3 year Integrated Medium Term Plans (IMTP).

The programme has been structured to ensure clear alignment between the Welsh Government's Digital Health and Social Care strategy (2015) "Informed Health and Care" and the UHB's organisational strategy "Shaping our Future Wellbeing".

The vision is centred on delivery of four key strategic enablers:

- Information for you.
- Supporting professionals.
- Improvement and innovation
- Planned future

Underpinned by a detailed set of design principles and the prudent health care principles for delivery.

Successful delivery will require collaboration with other care and health service organisations and with organisations and companies across the wider digital field.

Operational Arrangements

The IM&T work programme is being taken forward in line with both National and Local requirements, delivering on time, delivering benefits and within budget. The IT&GSC will provide assurance to ensure that satisfactory progress is being made. It will also need to review escalated issues in relation to the programme such as:

- Cyber Security
- National PACs implementation
- National LIMs project
- Strategic resources issues incorporating the role and objectives of the NHS Wales Informatics Service.

ASSESSMENT

The UHB faces significant challenges in the delivery of the IM&T programme within a tight financial and resource requirement. However the IM&TSC has laid a foundation that can provide an effective platform for supporting progress in the deliverables of both National and local requirements. It is imperative that this process is monitored going forward by the newly formed IT&GSC.

**UNCONFIRMED MINUTES OF A MEETING OF THE INFORMATION
GOVERNANCE SUB COMMITTEE HELD AT 1pm ON
TUESDAY 8 AUGUST 2017
SEMINAR ROOM 3 COCHRANE BUILDING
UHW**

4.3

Present:

Eileen Brandreth (Chair)	Independent Member, Information, Communication and Technology
Dr Sharon Hopkins	Director of Public Health
Dr Graham Shortland	Medical Director (Caldicott Guardian)
Margaret McLaughlin	Independent Member, Third Sector
Peter Welsh	Director of Corporate Governance (SIRO)
Christopher Lewis	Assistant Director of Finance
Paul Rothwell	Senior Manager Performance and Compliance
In Attendance:	
Andrew Crook	Head of Human Resources Policy and Compliance
Gareth Bulpin	Information Technology Technical Development Manager
Paul Cunningham	Wales Audit Office (as observer)

Apologies:

Allan Wardhaugh	Assistant Medical Director for Information Governance and Technology
Joanne Brandon	Director of Communications
Nigel Lewis	Head of IM&T

Secretariat:

Ann Morgan	Corporate Governance Senior Information and Communication Manager
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IGSC 17/018 WELCOME AND INTRODUCTION

The Chair opened the meeting and welcomed everyone. She introduced Paul Cunningham from the Wales Audit Office who was attending as an observer.

IGSC 17/019 APOLOGIES FOR ABSENCE

Apologies for absence were **NOTED**.

IGSC 17/ 020 DECLARATIONS OF INTEREST

The Chair invited members to declare any interest in the proceedings included on the agenda. The Chair advised the IGSC that an item was to be raised by

Gareth Bulpin under AOB in the private session which related to the University and as such she declared an interest in this item. It was agreed that she would not engage in the discussions relating to this and that the Independent member would act as Chair for this item.

There were no other declarations of interest declared.

**IGSC 17/021 MINUTES OF THE PREVIOUS MEETING HELD ON
TUESDAY 28 MARCH 2017**

The minutes of the previous meeting held on 28 March 2017 were **AGREED** as an accurate record of the meeting.

IGSC 17/022 REVIEW ACTION LOG

The Information Governance Sub Committee **RECEIVED** the action log from the meeting of 28 March 2017 and noted the following:

IGSC 16/046 & IGSC 16/062 - ICO Welsh IG Training Review Action Plan

Andrew Crook advised that there could possibly be scope for utilizing media resources to provide some help in relation to this issue however there needed to be some understanding of the extent of what was required and who would be the target audience. In addition input from the communication teams could assist. It was agreed that this would be included within the legacy statement for the new sub committee (details included in AOB) to receive an updated position report.

ACTION: Ann Morgan/Andrew Crook

IGSC 17/005&16/064 - ICO DPA Audit Closure of Medical Records Libraries

Confirmation was to be obtained that a report had been submitted to the appropriate overseeing committee.

ACTION: Paul Rothwell/Ann Morgan - For inclusion in the legacy statement

IGSC 17/005&16/069 IG training compliance figures

Work remained on-going in respect of mandatory training data with the clinical boards. Verified data was expected by the end of August and it was requested that the requirements for an updated position report be included within the legacy statement for future reporting to the new sub committee (details included in AOB).

ACTION: Paul Rothwell/Ann Morgan - For inclusion in the legacy statement

IGSC 17/010 - Caldicott Guardian Report**i) GMC Advice on Personal Data**

The Medical Director confirmed that this matter was being progressed via the new AMD for Clinical Engagement and it would be included in the Grand Round scheduled for September 2017 which would include delivery from Welsh Health Legal Services on this issue and the Goddard review.

ii) GP Pilot

The Medical Director confirmed this issue was covered in the formal report Agenda item 8.5.

The Information Governance Sub Committee **Noted** the Action Log

IGSC 17/023 CHAIR'S ACTION TAKEN SINCE LAST MEETING

The Chair confirmed she had taken action in respect of:

- Annual Governance Statement 2016/17 (AGS) - Reference to Information Governance.
- Annual Report 2016/17 – Reference to Information Governance.
- Health and Care Standards 3.4 and 3.5 – Agreement to recommendations of standard leads

All actions had been supported by the Medical Director and Paul Rothwell

The Information Governance Sub Committee **Noted** the Chair's action.

IGSC 17/024 AUDIT WORK UPDATES

The IGSC received reports on the areas detailed below.

IGSC 17/025 INFORMATION COMMISSIONERS OFFICE UPDATED REPORT

The Director of Public Health provided a verbal update and explained that the full detailed specifics of the ICO report and the UHB actions were included within the private session of the meeting in order to facilitate full and frank discussion of the issues.

The Information Governance Sub Committee **Noted** the report

IGSC 17/026 INTERNAL AUDIT REPORTS FROM CLINICAL BOARDS

The Director for Public Health advised that the Internal Audit reports for CD&T and Mental Health were provided for information, as they had been considered previously by Audit Committee. The IGSC discussed the purpose behind these reports and it was agreed that it was to ensure assurance from the Clinical Boards, in relation to IG issues, could be provided.

The expectation was that in future these reports would be discussed within the new IG arrangements, between the IG Department and the Clinical Boards, and would be included as part of the Clinical Board's quality and safety reviews with any required actions being progressed by the CB and reported via follow-up and the new committee arrangements.

ACTION: **Paul Rothwell**

The Information Governance Sub Committee **Noted** the reports.

IGSC 17/027 INTERNAL AUDIT FOLLOW - UP REPORT ON RECORDS MANAGEMENT

The Medical Director presented the follow-up report and detailed that there had been an improved position from limited to reasonable assurance from the previous assessment. He confirmed that the actions for the required work streams were being progressed via the two records management sub groups. The Chair confirmed that she was happy with the improved position whilst acknowledging further work was required. She asked for regular progress reports to be included as a standard item for the new sub committee (details in AOB) that was being established for assurance that work remained in hand and was being coordinated between the sub groups and the Information Governance team.

ACTION: **Paul Rothwell**

The Director of Corporate Governance suggested that the Chair formally report on the new sub committee (details in AOB) arrangements to the Board at its September meeting.

ACTION: **Eileen Brandreth**

The Information Governance Sub Committee **Noted** the report

IGSC 17/028 REPORTS

The IGSC received reports on the following areas:

IGSC 17/027 NIIAS UPDATE REPORT

The Medical Director provided an update and advised the IGSC that the IG Department had undergone refresher training on the NIIAS system however he acknowledged that staff resource restrictions meant that the UHB had effectively unable to complete a planned programme of audit. It was noted that other health boards had commenced pro-active auditing however they utilized more national systems than Cardiff and Vale. The different systems that NIIAS were linked to were detailed.

He further advised that there were devolved processes in place to cover auditing within pharmacy and an All Wales procedure had been produced which needed to be adopted by the Health Board and it was agreed that this could be facilitated.

The IGSC discussed the current position and the restrictions that were impacting on progressing further plans.

The Information Governance Sub Committee **Noted** the report

IGSC 17/028 CALDICOTT PRINCIPLES IN PRACTICE (CPIP)

The Medical Director presented the report and provided details of the process that had been followed in respect of previous assessments completed and reported to the IGSC. It was acknowledged that the current assessment as submitted to the IGSC had been completed with increased rigour appropriate to the maturing level of understanding and compliance across the UHB which could account for the lower score. Previously assessments had indicated a four star rating (good level of assurance) and the current assessment position was three stars (limited level of assurance). It was agreed that this assessment was more in line with the ICO audit. This assessment demonstrated that there were areas of good progress whilst there remained areas that would need improvements. Specific areas of the report were highlighted to demonstrate where there differences had occurred between the assessments.

The Information Governance Sub Committee **Noted** the report and **Agreed** that future reports on compliance would be submitted to the new sub committee (details in AOB) at its second formal meeting.

Action: Paul Rothwell / Ann Morgan

IGSC 17/029 GENERAL DATA PROTECTION REGULATION (GDPR) BRIEFING PAPER AND ACTION PLAN

The Director of Public Health introduced the report and explained that it provided a high level overview of the impending legislation scheduled to be implemented in May 2018. She also highlighted the high level work plan that formed part of the report. She informed the IGSC that the implementation of the GDPR would necessitate the UHB having a full and detailed implementation plan to include the requirement of needing stronger systems in place.

The IGHSC then discussed the following:

- Resource implications and the need to consider what the potential staffing requirements would be within the allocation for the coming financial year.
- The implication on the legislation in respect of the Health Boards policies and procedures.

- The impact the GDPR would have on the digital developments and processes from a clinical perspective
- The need for the Board to be informed and engaged

The IGSC suggested that the Board Secretary add a session on GDPR within the next planned Board Development day.

ACTION: _____ **Peter Welsh**

The Information Governance Sub Committee **Noted** the report and **Approved** the proposal to develop an Action Plan for implementation of GDPR.

ACTION: _____ **Ann Morgan**

IGSC 17/030 IGSC INTEGRATED REPORT

The IGSC received the integrated information governance report which provided an update in respect of IG incidents and compliance with the Data Protection Act and Freedom of Information Act. Also included in the report was an update on breakglass incidents and recent matters of relevance for the IGSC. The following specific items were highlighted:

Incident Reporting

The Director of Public Health detailed the work that had been completed between the Information Governance department and the Datix team in respect of incident reporting. As a result of this work a larger number of incidents were now being identified and reported for review. The report provided details of incidents covering the period January to July 2017. The limitations of the systems and the actions taken to address these were also detailed. It was confirmed that there was a process in place to identify the incidents that needed to be referred to the Medical Director for consideration on ICO reporting.

The IGSC discussed the incidents that indicated no value and the reasons for this were explained. The IGSC agreed that the current systems now provided the levels of assurance that were required going forward.

Freedom of Information Act Compliance

The IGSC raised concerns in relation to the significantly deteriorating position reported with Freedom of Information Act compliance for responding to requests. The reported compliance rate being at an all-time low of 51%. The IGSC asked for further explanations for this position and the reasons for this position were detailed.

The Information Governance Sub Committee **Noted** the report

IGSC 17/031 CALDICOTT GUARDIAN REPORT

The Medical Director introduced the report which provided an update to the IGSC on the recently issued General Medical Council (GMC) advice in relation to patient data, access to the UHB clinical portal by students and GP's

and an update from the Medical Records Management Group (MRMG) on their areas of responsibility. The following issues were discussed.

i) GMC Advice on Personal Data

It was confirmed this issue was now being taken via the Medical Staffing route and would be included in Grand Round session in September which was scheduled to include a session delivered by Welsh Health Legal Services. In addition, further information was to be included in the next edition of the Medical Directors Bulletin.

ii) GP/Student Access to Systems

A detailed report on this issue had been considered by the Management Executive and following discussions they had agreed that the proposed recommendations be acted upon. The GP access work would now be progressed via a 3 month pilot by a designated cluster. Going forward the Caldicott Guardian in each GP practice would take responsibility for the auditing function to ensure there were no inappropriate accesses made to personal sensitive information. Student access would be progressed via a named responsible individual. A Standard Operating Procedure would need to be produced to formalise these arrangements. Following further discussion the IGSC supported the decision of the Management Executive to take the proposals forward whilst noting the potential risks.

Action: Graham Shortland / Paul Rothwell

iii) Medical Records Management Group (MRMG)

Following confirmation of the other Health Boards following the recommended retention schedules for medical records it was confirmed the UHB would also adhere to these. To progress the matter the MRMG was to develop a proposal for records destruction as required.

iv) Digitalization

This was being considered in line with the overall IT Strategy. When operational arrangements were agreed they would be documented via a Standard Operating Procedure (SOP).

v) Closure of Medical Records Libraries

A proposal was to be submitted to the Management Executive for consideration to progress this issue. It was noted however that the proposals would need to be considered within existing financial restraints. The IGSC noted that it was unlikely that additional funding would be made available and it was therefore important that this matter formed part of the overall Clinical Diagnostic and Therapeutic Clinical Board's work plans. The IGSC also agreed that this issue should remain on the agenda of the MRMG to enable the UHB to report progress with the ICO Audit action plan. The IGSC sought assurances that the unavailability of medical records or lost records were given the correct risk rating and the Director of Corporate Governance was asked to review this.

Action: Peter Welsh

vi) Decommissioning Whitchurch Hospital

The Medical Director and the Director of Corporate Governance had completed a site visit to Whitchurch Hospital and it was confirmed there were some examples of good practice identified. They also confirmed that not all records held in this location fell under the responsibility of the central records function. Engagement with these devolved areas had been completed and a report was to be submitted to the Management Executive. The IGSC sought assurances on the security of the site and this was provided by the Director of Corporate Governance.

vii) Subject Access Sign Off.

The position had been reported to HSMB. Following this there had been an improvement realised. The issue would continue to be monitored via the MRMG.

The Information Governance Sub Committee **Noted** the Report.

IGSC 17/032 ANNUAL REPORTS

The IGSC received and noted the Annual Reports for the following areas:

- Information Governance Sub Committee
- Data Quality
- Freedom of Information Act

The Information Governance Sub Committee **Noted** the Annual Reports and **Recommended** submission to the Strategy and Engagement Committee for noting.

Action: Paul Rothwell/Ann Morgan

IGSC 17/033 CORPORATE RISK ASSURANCE FRAMEWORK

The Director of Corporate Governance presented the report and outlined two areas with perceived high IG risks which had been allocated to the IGSC. It was explained that even though some work had been completed further work was required therefore these risks remained.

He informed the IGSC that the CRAF was being reviewed and further development work being undertaken in an attempt to streamline the process for greater clarity and improved alignment with the strategic objectives of the Health Board. The IGSC discussed the processes within the Clinical Boards for them to include risks appropriately within their own area specific registers.

The IGSC noted the limited assurance provided in the report and welcomed the review of the CRAF in the expectation that this would provide clearer reporting to enable easier identification of all risks and mitigating actions for management of the issues.

The Information Governance Sub Committee **Approved** the report and **Recommended** that risk continued to be raised within Clinical Board Management meetings.

IGSC 17/032 E-MAIL SECURITY

i) Monitoring

The Medical Director provided an update and advised the IGSC of the level of monitoring in the other Health Boards. He explained that activity levels remained static and that there continued to be a number of episodes of false positives being noted. He further explain the clinical reasons for remaining at the current level of “inform mode” noting that this may need to be reviewed further in light of the impending GDPR.

ii) Decommissioning of Fax Machines

It was confirmed that there was no program for full de-commissioning of fax machines. The IGSC were advised of the current position in respect of electronic referrals where this process eliminated the need to have fax machines in place and as such they could be decommissioned in these areas. The IGSC were advised on further development work with the local authorities. It was noted that there was limited rationale for the UHB to issue faxes in respect of referrals.

Any further development work on this issue would be progressed via the two sub groups.

Action: MRMG/NMRMG

The Information Governance Sub Committee **Noted** the report

IGSC 17/033 PRIVACY IMPACT ASSESSMENT MENTAL HEALTH AND COMMUNITY INFORMATION SYSTEM (MHCS) WI-FI ON NETBOOKS

The Information Governance Sub Committee **Noted** the Privacy Impact Assessment.

IGSC 17/034 INFORMATION GOVERNANCE SUB COMMITTEE ANNUAL WORKPLAN

The IGSC received the annual work plan and requested that it be considered within the new subcommittee arrangements.

Action: Paul Rothwell

The Information Governance Sub Committee **Noted** the work plan.

IGSC 17/035 CONTROLLED DOCUMENTS FRAMEWORK

The IGSC received the report which included a full overview of all the controlled documents which fell within the remit of the sub committee.

Following discussion and deliberation of the historical documents that were submitted and the revised documents considered for review the Information Governance Sub Committee:

4.3

- **Approved** the withdrawal of the historic documents as listed within the schedule
- **Recommended** the Records Management Policy for submission to the Strategy and Engagement Committee for formal approval
- **Approved** the Records Management Procedure
- **Approved** the IT Security Documents as detailed below
 - E-Mail use Procedure
 - Internet Use Procedure
 - Bring your own Devices Procedure
 - Business Continuity Procedure
 - Code of Connection Guidance
 - Disposal of IT Equipment Guidance
 - Security of Assets Guidance
- **Approved** the Confidentiality Code of Conduct
- **Approved** the Records Retention and Destruction Protocol
- **Approved** the IG Management Framework

IGSC 17/036 ITEMS RECEIVED FOR NOTING

Medical Records Managements Group Meeting Minutes from:
14 March 2017 and 14 June 2017

Data Quality Group Meeting Notes from:
26 April 2017 and 13 July 2017

Due to an error the notes from the Non Medical Records Group meeting held 6 June 2017 had not been included within the papers and this was to be corrected.

Action: Ann Morgan

The Information Governance Sub Committee **Noted** the report.

IGSC 17/037 WHC (2017) 025 CYBER SECURITY

The Information Governance Sub Committee **Noted** the Circular.

IGSC 17/038 ANY OTHER BUSINESS

The Chair raised the following items:

- The IGSC was being stood down and this was the last meeting in the current format.

- A new sub committee was to be established merging the IGSC and the IM&T Sub Committee subject to Board approval.
- A draft Terms of Reference had been produced and these were to be circulated to all members of the two sub committees for their comments
- The Chair had arranged a meeting between herself, the Medical Director, Director of Corporate Governance and the Director of Public Health to discuss the new sub committee arrangements as it needed to have more of an assurance remit as opposed to an operational function
- A new independent member would need to be invited to attend the new sub committee due to Margaret McLaughlin’s tenure of office coming to an end.

IGSC 17/039 REVIEW OF MEETING AND ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES

The Chair provided a review of the meeting and highlighted the following:

- Records Management Policy to be submitted to Strategy and Engagement Committee for approval
- New Sub Committee arrangements to be raised at the Board meeting for endorsement
- Annual Reports of IGSC sub-committees to be submitted to Strategy and Engagement Committee for noting

IGSC 17/040 DATE OF NEXT MEETING

The Chair confirmed that the IGSC was being stood down and there would be no further meetings. The new Information Governance and Technology Sub Committee was to be implemented with its inaugural meeting arranged for 4 October 2017.

Signed

Date



AGENDA ITEM 4.d

4.4

**UNCONFIRMED MINUTES OF THE
IM&T SUB COMMITTEE MEETING
HELD 14th JUNE 2017
HQ MEETING ROOM, UHW**

Present:

Eileen Brandreth	Chair and Independent Member
Dr Sharon Hopkins	Acting Chief Executive
Dr Fiona Jenkins (FJ)	Executive Director of Therapies & Health Science

Andrew Nelson (AN)	Assistant Director of Performance & Information
Ivar Grey (IG)	Independent Member
Nigel Lewis (NL)	Head of Information Technology and Strategy
Dr Allan Wardaugh(AW)	Assistant Medical Director for Informatics

In Attendance:

Jo Brooks (JB)	National Programme Manager
Mark Cahalane (MC)	PARIS Programme Manager
Huw Willams (HW)	Emergency Planning Officer
Dr Mike Bourne (MB)	Clinical Director CD&T (arrived at 3pm)
Matt Temby	HOD for CD&T (arrived at 3pm)

Apologies:

Steve Curry	Chief Operating Officer
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Secretariat:

Sandra Whitney (SW)	IM&T Programme Manager
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IM&TSC 17/001 WELCOME AND INTRODUCTIONS

The Chair opened the meeting and welcomed everyone present.

IM&TSC 17/002 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

IM&TSC 17/003 DECLARATIONS OF INTEREST

The Chair invited members to declare any interests in the proceedings on the agenda. No interests were declared.

IM&TSC 17/004 CHAIR'S ACTION

The Chair's confirmed that she has approved the Healthcare Standards 3.4.

IM&TSC 17/005 MINUTES OF THE INFORMATION MANAGEMENT & TECHNOLOGY (IM&T) SUB COMMITTEE HELD ON 6th MARCH 2017

The Sub Committee **APPROVED** the minutes of the meeting held on the 6th March 2017 as an accurate record of the meeting.

IM&TSC 17/006 ACTION LOG

The Sub Committee **RECEIVED** and **NOTED** the Action Log from the meeting of the 6th March 2017.

IM&TSC 17/007 STRATEGIC UPDATE**Director's Report on IT**

FJ provided the following update:

Ransomware attack

All members will be aware of the attack last month, and the significant work required by the IT team to maintain safety of our systems and deliver BC plans. Also on going work by the team to look at the status of all equipment that link to IT. The Board has formally thanked the team in recognition of their prompt response, and going above and beyond to maintain our safety. Thanks also given by Andrew Goodhall from WG for everyone's efforts .

Turning the Curve.

UHB programme to reduce our cost base, while maintaining quality and performance.

The Executive team recognised the imperative for IT to support the transformational requirements. Therefore have appointed a digital lead as part of the turning the curve programme. Mike Bailey has been appointed on a part time basis for 6 months to work with the team to get greater pace into our system to realise benefits. NDL and Mike working closely together on this work.

ACTION: FJ to share Digital leads objectives for Turning the Curve with EB.

NIMB

It was C&V turn to do a presentation to NIMB. FJ thanked AVN, NDL and teams for all their work on the presentation and their brief SH & FJ. FJ reported that the presentation was well received. Andrew Goodhall comments were very supportive and complimentary he raised 3 things:

1. MTed, big expansion good to see
2. Good to see data and informatics there
3. National citizen portal

ACTION: SW to circulate copy of the presentation to members for information

Communication from WG re SoP.(9 June)

FJ stated has been shared with the IM&TSC and we will need to consider the implications of this, in prioritising our SoP, given the lack of central funding and our turning the curve requirements. This work is being progressed and meetings with the C&V UHB finance team are in progress this week. NDL also stated that we will need to consider our approach carefully regarding proposed funding over the next 4 yrs. NDL also stated that the SOP had already been signed off by the Board but it would be useful to review previous minutes for completion.

ACTION: SW to review previous Board minutes for IM&T SOP approval.

AW also expressed concerns as to the message this would send out to clinicians within the UHB as confidence had been building in relation to the delivery of the SOP.

AVN confirmed the communication from WG re the SOP would be discussed in the ADI meeting on the 23rd June 2017, the Chair asked for feedback at the next meeting.

ACTION: SW to add to the next agenda

Meetings with Independent members and NWIS Directors

NWIS medical director arranged meetings with Vice Chair and IM&T IM. The IMs were accompanied by AMD and Exec Director. The meetings did not have an agenda or formal minutes. The key issue raised at both meetings was PACS. In other areas NWIS was complementary about C&V UHB.

The Chair would have expected external directors to approach her first, rather than making appointment directly with IMs.

PACS

Discussions with CD&T, Acting CEO and Doths re this with the Chief Scientific Officer WG who has invited C&V UHB to send a rep to join the Imaging task force. Acting CEO requested Mike Borne be our representative this has been accepted.

WG developing an Imaging intentions document - the UHB has commented on the draft.

WG Digital strategy workshop 24 May

FJ reported that the workshop was attended by 4 from C&V UHB. Peter Jones and Steve Ham led the day. Set out Informed Health and Care delivery programme discussed agile working.

WAO Improving Digital Leadership and Ownership Seminar 13 June

Annual WAO session, key messages one size doesn't fit all, adapt not adopt. But useful learning from key workstreams about living in a connected age – though they didn't address living with less resource.

Informed Health and Care a Digital Strategy for Wales

Highlight paper updates. Andrew Griffiths presented then to note saying they had been through IPAD. PROMS AND PREMS, highlighted Cardiff, for our good work. Link to other suppliers and systems, need to do this coordinated way. Thanked Cardiff for help with WCCIS

WCIC update

GPC Wales, want NIAS reporting by LHBs to be shared.

Director's Report on IM

AVN reported that Information Task Force has been formed and looking at the adoption of standards. He also stated that the Once for Wales Task Forces has met and is moving at pace.

IM&TSC 17/008

Key points for noting of the Senior Clinical IM&T Group meeting held on 5th May 2017

There were no comments on the minutes circulated (agenda item 14.1)

EU Update

AW confirmed that C&V intention is to adopt the National WEDs solution when it is fit for purpose. In the meantime the internal IT development team are continuing with the in houses EU system developments which have been identified from clinical staff which compliment the national solution.

Medibleep Update

AW confirmed that he had ask the supplier of Medibleep to attend WCIC to discuss the solution but they did not show up and that he has still not received any communication from them. He also confirmed that the SCIM&T had agreed to continue roll out of Medibleep subject to supplier assurance, which has now been put on hold.

ACTION: AW to discuss at WCIC and with the supplier and report to the next IM&TSC.

IM&TSC 17/009 SPECIFIC PROJECT REVIEW

WCP Convergence Plan

JB informed the Committee that final draft has been circulated to the SCIM&T Group for comment – she also confirmed that further discussion on incorporation into the national plan would be discussed at the next IPaD meeting 23rd June 17.

ACTION: Secretariat to circulate draft convergence plan to members.

PARIS Integration Plan

MC tabled a paper highlighting the high priority integrations required being:

Notification of Acute discharge or death
E-DAL integration for PARIS

The Committee agreed that these integrations should be taken forward as high priorities on the IM&T workplan.

MC also noted **PARIS-WCP** – Phase 1 to be view of WCP for PARIS (WGPR was noted as unavailable day 1, with escalation in the hands of WCIC and Sue Morgan), and Phase 2 to be interfacing between PARIS and WCP, to flow PARIS events/Documents to WCP.

ACTION: MC to discuss with NDL to priorities on the IT work plan

PACS Update

The Chair welcomed both Matt Temby and Mike Bourne to the meeting. MT was asked to introduce the paper submitted to the Committee specifically around the proposed options (agenda item 9.3).

Following discussion introducing the different options for clarity MT confirmed that further work would be required to be assured with Fuji that the developments required can be delivered and the impact of disruption to the running of the service would need to be factored in. MB indicated a preference for any development plans with the supplier to be directly between C&V UHB and FUJI. MB also highlighted that the transition impact relating to a new implementation of the FUJI system on the HB would also have financial implications to the HB. The Chair asked when the full Business Case would be completed – MT indicated that it would be a minimum of 3 months.

IG asked why we are doing a Business Case as he has concerns around governance and procurement. MB confirmed that the Finance Director had requested a Full Business Case be developed. SH agreed to discuss with the FD

outside of the meeting. MB requested a written instruction if a full business case was no longer required.

The Chair noted that the instruction for the purpose of the IM&TSC is to get a deployment order signed. SH confirmed that she has written to Welsh Government to seek clarification of financial support for C&V to take the national system and she was still awaiting a written reply.

The Chair offered to communicate with the Finance Director regarding the detailed conversations at the IM&TSC. FJ would seek clarity regarding the instruction from the FD and ensure that this was communicated to CD&T.

ACTION: SH to discuss with the FD

ACTION: Guidance for SH to CD&T re type of business case needed and timescales

ACTION: SH to seek clarity from WG re financial support for additional costs

ACTION: UHB to progress to sign deployment order

MB, MT and SH left the meeting

IM&TSC 17/0010 WORK PROGRAMME UPDATE

IT work plan exception report

Noted

Information work plan exception report

Noted

IMTP 17 /18 Update June 2017

Noted

IM&TSC 17/0011 FINANCE UPDATE

End of Year Capital Spend

The Chair asked that the paper be resubmitted to the next meeting due to time constraints.

ACTION: Re submit to IM&TSC October 2017

IM&TSC 17/012 AUDIT ASSURANCE

Review of IM&T audits & possible audits for 17/18

Noted – IG suggested that the Cyber security be taken of the audit plan as a national programme is going to review.

ACTION: IG to notify the Audit Committee

Internal Audit received & Status

Noted

Review of Health Care Standards 3.4 (IG and IM&T)

Covered in Chairs action of the agenda

4.4

IM&T Audit Status Update

The Chair welcomed Huw Williams to the meeting. FJ outlined the IM&T Audit Status report. IG asked if there were IT policies and standards in relation to backup and password procedures for suppliers to adhere to, NDL confirmed that they are available and should form part of the procurement procedure. The Chair asked HW to update the Committee on his plans to cover the outstanding audits in relation to Business Continuity planning (BC). HW explained that the BC role remains the responsibility of the Clinical Boards but he is currently refreshing a BC template and plans to run BC training sessions with each CB to cover off their BC responsibilities. The Chair asked HW to prepare a statement to reflect his plans with timescales so that the IM&T Audit report could be updated.

ACTION: HW to provide statement to SW to update the Audit Report.

IM&TSC 17/013 INFORMATION MANAGEMENT RISK REGISTER REVIEW

Noted

IM&TSC 17/014 DOCUMENTS FOR NOTING

Noted

IM&TSC 17/015 AOB

None

AGENDA ITEM 5



ACTION LOG FOLLOWING 14th JUNE 2017 IM&T SUB COMMITTEE MEETING AND THE AUGUST 2017 IG SUB COMMITTEE MEETING

5

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
IGSC 17/007	28/3/17	Audit Work Updates IG Training	1. Report to be submitted to PPP 2. A further update was requested for the next meeting.	Andrew Crook	Update to be provided in meeting
IGSC 17/027	8/8/17	Internal audit report follow up report on records management	Include regular reports as standing item for new IG committee. Input from the current Medical and Non Medical Records Management Groups to be overseen by new Information Governance Executive Team	Paul Rothwell	Update to be provided in meeting
IGSC 17/028	8/8/17	CPiP report	Submit compliance reports to meetings of new IG committee	Paul Rothwell/Ann Morgan	To be submitted to March 2018 meeting
IGSC 17/029	8/8/17	GDPR	Add session on GDPR within next planned Board development day. Produce action plan for implementation	Peter Welsh Ann Morgan	 In development
IGSC 17/031	8/8/17	(ii) GP Pilot	Three month pilot report to be submitted to the next meeting.	Paul Rothwell	Pilot currently being set up

IGSC 17/031&17/0 10	8/8/17	(v) Closure Of Medical Records Libraries	Review whether the unavailability of medical records/lost records were given the correct risk rating	Peter Welsh	Update to be given at meeting
IGSC 17/036	8/8/17	Non Medical Records Group	Submitted notes of meeting on 6 June 2017 to future meeting	Ann Morgan	Update to be given at meeting
IM&TSC 17/007	14/6/17	Turning the Curve	The Exec have appointed a digital lead as part of the turning the curve programme. The Chair asked to see a copy of the Digital Leads objectives.	FJ to circulate copy of the objectives	Complete
IM&TSC 17/007	14/6/17	NIMB Update	Circulate a copy of the presentation to NIMB to IM&TSC members	SW to circulate copy of presentation	Complete
IM&TSC 17/007	14/6/17	SOP	SW to review previous Board minutes for IM&T SOP approval	SW	See attached Appendix 1
IM&TSC 17/008	14/6/17	SCIM&T Update Medibleep	AW to discuss roll out of Medibleep at WCIC and with the supplier and report to the next IM&TSC.	AW	Complete
IM&TSC 17/009	14/6/17	WCP Convergence Plan	SW to circulate draft convergence plan to members	SW	Complete
IM&TSC 17/09	14/6/17	PARIS Integration Plan	MC to discuss with NDL to priorities on the IT work plan	MC	Complete
IM&TSC 17/09	14/6/17	PACS	ACTION: SH to discuss with the FD ACTION: Guidance for SH to CD&T re type of business case needed and timescales ACTION: SH to seek clarity from WG re financial support for additional costs ACTION: UHB to progress to sign deployment order	SH SH SH	Agenda Item 4 th Oct 17

IM&TSC 17/011	14/6/17	Year End Capital Spend	Re submit paper for next IM&TSC October 2017	NDL / SW	Agenda Item 4 th Oct 17
IM&TSC 17/012	14/6/17	Audit Assurance	IG to notify Audit Committee to take off cyber security Audit for 2017.	IG	Complete
IM&TSC 17/012	14/6/17	IM&T Audit Status Update	The Chair asked HW to prepare a statement to reflect his plans in relation to supporting BC planning with timescales so that the IM&T Audit report could be updated.	HW / SW	Complete
Actions complete from last meeting					
IGSC 16/046 & IGSC 16/062 & IGSC 17/022	20/9/16 6/12/16 8/8/2017	Audit Work ICO Welsh Training Review Action Plan	Options on using technology to improve training compliance and communication of key training messages. To be included in the Legacy Statement	Andrew Crook	Completed Agenda Item 4(ii)
IGSC 17/005 & IGSC 16/064 & IGSC 17/022	28/3/17 6/12/16 8/8/17	i) ICO Data Protection Audit	Closure of Medical Records Libraries - Report to be submitted to PPP. To be included in legacy statement Reporting arrangements between CB's and IGSC - Progress report IG training Updated position report to be provided in July. To be included in Legacy Statement	Paul Rothwell Peter Welsh	Completed Agenda Item 4(ii) Completed
IGSC 17/005 & IGSC 16/069 & IGS C17/22				Paul Rothwell	Completed Agenda Item 4(ii)

IGSC 17/010	28/3/17	Caldicott Guardian Report i) GMC Advice on Personal Data	Circulate information via Grand Round	Graham Shortland	Completed Grand Round circulated
IGSC 17/026	8/8/17	Internal Audit reports from Clinical Boards	Ask Clinical Boards to use IG reporting template to be included as part of their quality and safety reviews with any required actions being progressed by CBs and reported via follow-up and the new IG committee arrangements.	Paul Rothwell	Completed
IGSC 17/027	8/8/17	Status of new IG committee	Arrange report to September Board meeting	Eileen Brandreth	Completed
IGSC 17/033	8/8/17	Annual Reports	Arrange submission of annual reports of IGSC and its sub groups (where available) to Strategy and Engagement Committee	Paul Rothwell/Ann Morgan	Completed
IGSC 17/034	8/8/17	IGSC Annual Workplan	Consider plan as part of new sub-committee arrangements	Paul Rothwell	Completed (reference made in legacy statement)
IM&TSC 17/008	6/3/17	Review IM&TSC ToR to integrate SCIM&T Group	Chair to submit revised ToR for the IM&TSC to PPP for ratification.	Chair	Complete
IM&TSC 17/009	6/3/17	WCCIS	Therapies scope within WCCIS AN also noted that Peter Jones is also seeking clarity regarding scope of therapies within the WCCIS project as BCU have received funding for a therapy system. FJ confirmed that she is trying to seek further information.	FJ	Complete

IM&TSC 17/009	6/3/17	WCP	The Chair also requested that the completion of the convergence plan requirements be discussed at the next meeting.	JB	Complete
IM&TSC 17/0010	6/3/17	IT work plan exception report	PARIS integration project. After some discussion the Chair requested that the list of integrations on the project be prioritised.	IT Department	Complete
IM&TSC 17/0011	6/3/17	End of Year Capital Spend	NDL to review and update paper as suggested by the Chair and re submit to IM&TSC	NDL	Complete
IM&TSC 17/012	6/3/17	Review of Health Care Standards 3.4 (IG and IM&T)	Given timing difficulties, Chair's action to sign off Health Care Standards 3.4 in w/c 15 th May 2017 was agreed. ACTION: Secretariat to send information to Chair once received for approval	Secretariat / Chair	Complete
IM&TSC 17/012	6/3/17	IM&T Audit Status Update	The Chair noted the improved audit status update report and requested that the new EPO be invited to the next IM&TSC to explain any plans for addressing outstanding actions attributable to their new role.	Secretariat to invite EPO to next IM&TSC meeting June 2017.	Complete

APPENDIX 1**PPP MEETING SEPTEMBER 2016****PPP 16/112 ORAL REPORT ON INFORMATION MANAGEMENT & TECHNOLOGY SOP**

Dr Sharon Hopkins Director of Public Health gave an oral report on Information Management & Technology SOP. The Committee was informed that there had been good discussions and the Information Management & Technology sub Committee was broadly supportive of the plan. It was explained that there had been sufficient clinical engagement with clinicians who are directly involved with technology management and there will be a workshop at end of September involving all Clinical Boards. The Committee was informed that the plan was aligned against IMTP and Digital Strategy. Welsh Government had asked everyone across Wales to have an outline plan at the end of October. It was explained there will be a common approach going to Welsh Government which should be service informed and not technically informed. £400m had been allocated across the Health Boards, Trusts and NWIS which will start to get us to where we want to be.

As there is still detail to be worked on, Dr Hopkins requested for Chair's Action to be taken as there will not be sufficient time to get back to the PPP Committee for sign off before going to Welsh Government, although there will be opportunity for the Board to discuss the plan.

ACTION: Chair's Action to be taken on plan

Spending on information technology was discussed and the differences in comparison to England and Wales and our own Health Board and commented that there was a need for wording in the plan stating how the organisation should be equipped more effectively. Members were assured there will be an opportunity to raise this issue with Welsh Government and Team Wales. It was commented this was the start of the process and there will be opportunities for further discussion once the plan is submitted such as being brought to Board Development session.

The Committee:

NOTED the oral report on Information Management and Technology SOP and for Chairs Action to be taken as this needs to go before Welsh Government by end of September

BOARD MEETING – JANUARY 2017

The minutes of the November Board meeting they noted for information that PPP minutes from September but no other comment was made on them.... There wasn't a board meeting in December.

UHB 16/235 MINUTES FROM OTHER BOARDS / COMMITTEES

The Board **RECEIVED** the following Minutes. The Chair asked the Committee Chairs and the Board if there were any further comments:

1. QUALITY, SAFETY AND EXPERIENCE COMMITTEE - SEPTEMBER

The Committee had supported a business case for the introduction of patient wristbands that had been on the agenda as a patient safety issue for many years. It was hoped that the Board would do likewise. In response to a Board request, the Committee had considered trends and themes from HIW inspections.

2. PEOPLE PERFORMANCE AND PLANNING COMMITTEE – SEPTEMBER

AGENDA ITEM 7.a

DIRECTORS REPORT ON IT	
Name of Meeting : IT&G Sub Committee	Date of Meeting 4 th October 2017
Executive Lead : Executive Director Therapies and Health Science	
Author : Executive Director Therapies and Health Science	
Caring for People, Keeping People Well : This report underpins the Health Board’s “Sustainability” and “Values” elements of the Health Board’s Strategy.	
Financial impact :	
Quality, Safety, Patient Experience impact :	
Health and Care Standard Number 3 & 4.2	
CRAF Reference Number 6.8	
Equality and Health Impact Assessment Completed: Not Applicable	

7.1

<p>ASSURANCE AND RECOMMENDATION</p> <p>ASSURANCE is provided by:</p> <ul style="list-style-type: none"> To receive a verbal update from the Executive Director of Therapies and Health Science report on IT highlights shown below. <p>The Committee is asked to:</p> <ul style="list-style-type: none"> NOTE the update

SITUATION

To provide a verbal update to the IT&G Sub Committee on IT matters

BACKGROUND

- The update covers the period since the last IM&T sub committee.
- Items will be highlighted as an exception report, rather than details of all actions

ASSESSMENT AND ASSURANCE

- The UHB signed the PACS deployment order prior to September NIMB. Radiology and IT are now working with Fuji to plan the implementation date in 2018.
- Executives for IM and IT as well as the informatics ADI represented the UHB at the 6th Sept IM&T strategy day held by WG. The programme covered analysis of why some of the national programmes have implementation difficulties.

AGENDA ITEM 7.a

- The UHB has received communication from WG re the Cabinet Secretary approval an additional £5.579m capital allocation for Information Management and Technology for 2017/18 to deliver priorities within Informed Health and Care across wales. The UHB allocation is £ 448.009.
- The UHB is expecting feedback on the IM&T SoP by the end of September 2017.
- The Turning the Curve programme is getting more established, though opportunities for digital solutions to deliver cash releasing savings in 17-18 are minimal. Areas for further focus have been identified and plans are being developed
- The UHB technical team are working with the NWIS and the national eye care Programme to develop an ophthalmology EPR with optometric connectivity. The Cabinet Secretary has viewing the proof of concept “e-optometry”.
- The WCCIS business case is due to be re-presented to October BCAG group.

7.1

DIRECTORS REPORT ON INFORMATION MANAGEMENT	
Name of Meeting : IT&G Sub Committee	Date of Meeting 4 th October 2017
Executive Lead : Director of Public Health	
Author : Andrew Nelson, 029 20741877	
Caring for People, Keeping People Well : This report underpins the Health Board’s “Sustainability” and “Values” elements of the Health Board’s Strategy.	
Financial impact : There are significant potential financial implications in relation to the management of information governance risks. The Information Commissioner has powers to fine organisations that are in breach of the law through their acts or omissions that materially harm or damage individuals. This does not exclude the ability for individuals to sue the organisation in respect of harm or damage as a result of physical and/or psychological damage or reputation	
Quality, Safety, Patient Experience impact :	
Health and Care Standard Number 3 & 4.2	
CRAF Reference Number 6.8	
Equality and Health Impact Assessment Completed: Not Applicable	

7.2

<p>ASSURANCE AND RECOMMENDATION</p> <p>ASSURANCE is provided by:</p> <ul style="list-style-type: none"> • To receive a verbal update from the Director of Public Health on Information Management matters highlights shown below. <p>The Committee is asked to:</p> <ul style="list-style-type: none"> • NOTE the update

SITUATION

To provide a verbal update to the IT&G Sub Committee on Information Management matters

BACKGROUND

- The update covers the period since the last IM&T sub committee.
- Items will be highlighted as an exception report, rather than details of all actions

ASSESSMENT AND ASSURANCE

Strategic Highlights:

National

- An All Wales Strategy workshop was held in September which focused on agile delivery, user engagement and the approach for the national plan, positive and will inform developments.
- All Wales Digital Health Conference planned for the 19th October – positive focus on using information with David Ford and Paul Harper as 2 of the key note speakers.
- Once for Wales policy document discussed and agreed in NIMB with Cabinet Secretary and Director General present. Gives a significant commitment to making information available across Wales to enable a joined up patient record through adoption of common standards and interoperability. This will affect how we design applications and will ensure that the collective NHS can contribute to taking forward the digital care record (appended).
- Draft policy on use of the cloud now out to consultation – would enable use of the cloud to agreed all Wales standards and for all Wales approved purposes.

National Plan –the UHB is preparing for all day workshop on the 29th October where all Wales Health Board & Trust draft prioritised IMTPs are being pulled together to inform workstream programmes and national plan commitments for 18/19.

- The Health Board is contributing to all Wales discussion around financial strategy, approach to benefits realisation and the potential of a national SLA with NWIS to ensure service priorities are being delivered.
- National Cyber security review should be completed by November leading to the all Wales plan for mitigating risks, completed by end of December, enabling time to make case to WG against the 'earmarked' funding available.
- A Memorandum of Understanding on development of an Ecosystem setting out IP rights and IG requirements associated with the programme has been drafted and is currently being considered by Management Executives, with the recommendation being to accept.
- Snomed_CT programmes both local and national are picking up pace. The UHB is involved and collaborating on both.

7.2

- Digital Maturity Matrix – Proposed tool which will be used to support organisational capacity and capability be benchmarked nationally has been circulated in draft for comment.

7.2

NHS Wales Informatics Management Board

NIMB 13 Sept 2017 (Doc 001)

Team Wales Actions 1, 2, 3 – Once for Wales

Contact: Peter Jones

Who will present: Matthew John

This paper is for discussion and decision

PURPOSE

The purpose of this paper is to update NIMB members on the progress made by the Once for Wales Task and Finish and to make recommendations for further activity.

OPTIONS AND RECOMMENDATION(S)

NIMB members are asked to:

- Agree the recommendations outlined within the paper

FINANCIAL CONSEQUENCES

To be determined through the further work of the Task and Finish Group.

NEXT STEPS

As outlined within the recommendations.

7.2

NHS Wales Informatics Management Board

NIMB 13 Sept 2017 (Doc 001)

BACKGROUND

In March 2017 NIMB agreed the establishment of a 'Once for Wales' (OfW) Task and Finish Group to address three of the Team Wales actions:

1. Agree and communicate a clear definition of OfW which takes in to account the delivery of both national systems and local innovation.
2. Agree what systems should form part of the 'core' national system (the 'must haves') and should therefore be delivered as part of a single, national system, which should be adopted and fully rolled out by all organisations. Current progress in terms of implementation should be understood, along with potential benefits that can be achieved.
3. Establish a common set of standards which enable integration and interoperability across systems in a consistent and secure manner, in order to support local innovation and the use of third party delivery partners.

The membership of the group, which has met five times, is as follows:

Member	Representation for / Role on group
Peter Jones, Deputy Director DHC, Welsh Government	Chair
Andrew Nelson, Cardiff & Vale Phil Walters, Public Health Wales Matt John, Abertawe Bro Morgannwg	Representing NHS Wales Assistant Directors of Informatics
Gary Bullock, Director of Applications, NWIS	Representing NWIS - Applications Development
Helen Thomas, Director of Information Services, NWIS	Representing NWIS - Information
Glyn Jones, Interim Director of Finance, Aneurin Bevan	Representing NHS Wales Directors of Finance
Ian Gunney, Dep.Head of Capital Estates & Facilities, Welsh Government	Representing Welsh Government Finance
Rhidian Hurlle, Medical Director, NWIS	Chief Clinical Information Officer
Mark Wardle, Consultant Neurologist, Cardiff & Vale Rob Bleasdale, Consultant Cardiologist, Cwm Taf	Representing Secondary care Clinicians
Matthew Perrot, NWSSP / NWIS	Representing Procurement
Dan Phillips, Director of Informatics Planning Development	Representing Informatics Planning
Hannah Evans, Director of Planning and Performance, Welsh Ambulance Service NHS Trust	Representing Directors of Planning
Liz Cook, Head of Digital Development, DHC, Welsh Government	Representing Digital Health & Care Policy

The group has not been able to secure a representative from Primary Care.

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PROGRESS TO DATE

In summary the Group have:

- Agreed on the definition of Once for Wales
- Acknowledged that there is a core set of standards which need to be further defined and developed. These standards will need to be continuously reviewed as standards evolve.
- Acknowledged that there is a core set of national data repositories and corresponding services that form the core of the OfW single integrated patient record.
- Acknowledged that there is a core set of national systems that are implemented across Wales to various degrees. The Group agreed that:
 - A set of criteria must be developed in order to identify a system as OfW
 - All current OfW systems must have a clear strategic plan to provide organisations with the intelligence required to make current and future system decisions in line with OfW principles

7.2

Action 1 – “Agree and communicate a clear definition of ‘Once for Wales’ which takes in to account the delivery of both national systems and local innovation”

The group have defined OfW as being about all parties involved in health and care in Wales working collaboratively to add value and deliver the strategy of a single electronic patient record, ensuring that information is entered once and is made available to all those who need it, at the time and place they need it.

For patients, this means:

- their health and care record is available for themselves and their clinician(s) to view, input in to and share regardless of where and when they access NHS and other care services.
- they are clear that their data is held and processed in a safe and secure manner and that NHS and other “authorised/accredited” care staff will only access it on a ‘need to know’ basis regardless of which application/service is used to access the data.
- they give information once and it is available to all of those involved in their care and maintaining their health and well-being’, at the time and place that they need to access it

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- their test results, including x-ray and scan images, are available for their clinician to view, regardless of where and when they access the health and care service.
- their care pathway, and management of their health and wellbeing, is co-ordinated and seamless, regardless of which organisation or agency is delivering the care.
- the support they require is co-ordinated, regardless of which organisation or agency is delivering the support.

For clinicians, this means:

- they have access to view their patient's health and care record, whenever and wherever they need to.
- they have access to view all test results for their patient, including x-ray and scan images, whenever and wherever they need to, regardless of where the tests were requested.
- they have full visibility of their patient's care pathway, enabling them to deliver care and support in a co-ordinated way, regardless of which other organisations or agencies may be involved.

For service delivery and policy development, this means:

- there is common understanding on what data collected across NHS Wales means.
- direct comparisons can be made when undertaking benchmarking
- there is a reduction in the effort required to process and analyse data across Wales.
- data can be shared and used safely and appropriately
- good quality data from multiple sources is available in real-time and can be used effectively to:
 - inform policy development
 - inform service delivery, modelling and planning
 - support the development and evaluation of tools and treatments
 - support service transformation
 - monitor and manage quality and performance
 - support improvements in cost reduction and cost effectiveness
 - support integration of health and social services
 - support research and innovation.

Action 2: "Agree what systems should form part of the 'core' national system (the 'must haves') and should therefore be delivered as part of a single, national system, which should be adopted and fully rolled out by all organisations. Current progress in terms of implementation should be understood, along with potential benefits that can be achieved."

The group have made a distinction between:

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- services/functions such as repository services (e.g. Welsh Results Reports Service, Welsh Care Records Service) indexing services (e.g. NADEX, eMPI, Reference Data Service), and integration/interoperability services (e.g. NHAIS, Welsh GP Record Services).
- systems/applications e.g. WPAS, WLIMS, WCP

Services/functions:

The Group are agreed that a number of services/functions should be mandated to ensure that data is able to flow effectively to and from all health and care systems/applications in Wales (whether National, local or specialist). This includes the need for all clinical systems to feed into the national repositories, utilising the MPI to ensure safe patient identification and linkage. This model provides the basis for the single patient electronic record across Wales and is already substantially utilised.

These Services/Functions include:

- MPI / Welsh Demographic Service
- Welsh Clinical Communication Gateway (WCCG)
- Welsh Reference Data Service (WRDS)
- Welsh Care Record Service (WCRS)
- Welsh Requesting & Results Service (WRRS)
- Welsh Imaging Service (WIAS)

The Group would like to give further consideration to clarify which services/functions should be mandated and provide feedback to NIMB at the next meeting. In addition, the group wishes to develop a prioritised plan for connecting key clinical systems across Wales with the national set of repositories where they do not already do so.

Systems/applications:

The Group agreed that there are a set of core systems that exist that have been developed/procured with a view to them being OfW. These include such systems as:

- Welsh Clinical Portal (WCP)
- Welsh Patient Administration System (WPAS)
- Welsh Community Care Information System (WCCIS)
- Welsh Laboratory Information Management System (WLIMS)
- Welsh Radiology Information System (WRIS - RADIS)

The group agreed that there is significant benefit from the clinical user perspective in establishing single systems across Wales, especially for those that work across boundaries. However, the pace at which we can achieve this must be a factor in decision making. Taking into account the life time of these systems, the availability of new technologies, and the impact on pricing.

The Group agreed that a further piece of work is required to establish the criteria by which a system is given OfW status and the strategic planning that must be in place

7.2

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for such systems. Following this, the systems that already are considered to be OfW will be:

- evaluated against the criteria, to identify any gaps and how they should be addressed
- evaluated against the strategic planning requirements to ensure that functional, technical, strategic (including life expectancy and succession planning) aspects of national systems are clearly defined

This information will be kept up to date moving forward in line with joint strategic planning between all parties under the umbrella of IPAD.

This current and future state intelligence will be used by organisations when evaluating next steps in their strategic planning – whether this be in line with contractual end points, organisational change or in the delivery of national, regional or local business objectives (e.g. delivering the single integrated patient record).

Organisations should pursue the introduction of replacement systems under the OfW principles and carefully consider the current OfW solutions and their associated intelligence. In event that an organisation's evaluation leads to a proposal for a different system where a OfW solution exists, the justification for doing so must be endorsed by IPAD and if approved, the organisation will proceed with the mandate to establish a new OfW solution using the agreed criteria. For example, if at the point an organisation needs to replace a local solution, the intelligence relating to the OfW alternative that is in place within other locations may indicate that the technology is dated and that there no plan to develop it further. In this scenario, the organisation may propose to pursue an alternative solution as a OfW approach. Thus creating a model that encourages technical advancement and future proofing.

The above approach will be developed into a OfW Policy to support organisations and provide assurance locally and nationally.

Action 3: “Establish a common set of standards which enable integration and interoperability across systems in a consistent and secure manner, in order to support local innovation and the use of third party delivery partners.”

The Group are agreed that a catalogue of standards and requirements should be mandated to enable integration and interoperability across all health and care systems in a consistent and secure manner, and to support local innovation and the use of third party delivery partners.

In order to fully support all aspects of interoperability the catalogue would need to cover a wide range of standards and requirements, including, but not limited to, information standards, integration standards, technical standards, as well as

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standards relating to the approach to software development and development environments.

Standards would be mandated through the IM&T governance process and all health and care systems/applications and services/functions deployed in Wales would be required to adhere to these.

The Group are also agreed that a Standards and Interoperability Board should be established which would form part of, and work with, the wider IM&T governance structures.

The Board would be responsible for:

- the identification, assessment and setting of standards to be used across NHS Wales.
- ongoing maintenance of the catalogue of standards, including:
 - establishing a road map to support the implementation of agreed standards, including how each standard should be implemented and used
 - periodically assessing agreed standards to ensure they remain relevant and appropriate
 - establishing a road map to support the decommissioning of standards
- identifying opportunities locally, regionally and nationally to adopt standards providing quick wins, case studies and learning to inform the road map.
- embedding an interoperability framework within NHS procurement at a local and national level to ensure that procurements are appropriately scored as to their level of interoperability.

7.2

Types of standards considered for mandation:

- Adoption of Standards on technical and semantic inter-operability for clinical and non-clinical systems.
- Adoption of agreed standardised terminologies to include, Snomed-CT and DM&D (medicines), codes and terms as described in the NHS Wales Data Dictionary.
- Adoption of Data and statistical standards.
- Minimum specifications and functions within applications for audit and information governance assurance.
- Infrastructure standards across networking, devices and platforms.
- Cyber and Data Security standards.
- Software development standards to enable organisations to work together in accelerating applications.
- Standards relating to the use of Cloud (to be included once the Cloud Task and Finish has completed its work).

RECOMMENDATIONS

NHS Wales Informatics Management Board

NIMB 13 Sept 2017 (Doc 001)

It is recommended that:

- The redefined meaning of Once is Wales is endorsed.
- The Task and Finish Group be extended in order to:
 - clarify which services/functions should be mandated and develop a prioritised plan for connecting key clinical systems across Wales with the national set of repositories, where they do not already do so
 - complete a further piece of work to establish the criteria by which a system is given OfW status and the strategic planning that must be in place for such systems
 - evaluate existing national systems against the criteria, to identify any gaps and how they should be addressed
 - evaluate existing systems against the strategic planning requirements to ensure that functional, technical, strategical (including life expectancy and succession planning) aspects of national systems are addressed
- Agreement is given to create a Standards and Interoperability Board in order to establish a catalogue of standards and requirements to enable integration and interoperability across all health and care systems
- Welsh Government establish an overarching Once For Wales Policy to support organisations and provide assurance locally and nationally

7.2

DIRECTORS REPORT ON INFORMATION GOVERNANCE	
Name of Meeting : IT&G Sub Committee	Date of Meeting 4 th October 2017
Executive Lead : Director of Public Health	
Author : Senior Manager Performance and Compliance	
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.	
Financial impact : There are significant potential financial implications in relation to the management of information governance risks. The Information Commissioner has powers to fine organisations that are in breach of the law through their acts or omissions that materially harm or damage individuals. This does not exclude the ability for individuals to sue the organisation in respect of harm or damage as a result of physical and/or psychological damage or reputation	
Quality, Safety, Patient Experience impact : Management of information governance risks impacts significantly on the quality, safety and experience of our patients and their families. It also has the potential to impact adversely on the reputational standing of the Cardiff and Vale University Health Board and the confidence our community has in us. The management of data and personal information is fundamental to providing a quality service and exemplary patient experience and to meeting our legal obligations.	
Health and Care Standard Number 3.4 & 3.5	
CRAF Reference Number 8	
Equality and Health Impact Assessment Completed: Not Applicable	

7.3

ASSURANCE AND RECOMMENDATION
<p>ASSURANCE is provided by:</p> <ul style="list-style-type: none"> An update from the Director of Public Health on Information Governance matters of a strategic nature. <p>The Committee is asked to:</p> <ul style="list-style-type: none"> NOTE the update

SITUATION

To provide an update to the IT&G Sub Committee on Information Governance (IG) matters of a strategic nature.

BACKGROUND

The update covers the period since the last meeting of the former Information Governance Sub Committee.

ASSESSMENT AND ASSURANCE

IG activities at the UHB are currently not formalized via a formal IG strategy. Activities are aligned to the IG Toolkit that applies in NHS England. An example of this approach is periodic updating of the IG Controlled Document Framework (CDF). The policies and procedures set out in the CDF are intended to broadly mirror the requirements of the IG Toolkit. It is also important to ensure that these policies and procedures are aligned to relevant national initiatives such as “Digital First”.

Another central element of this emerging IG strategy should be a commitment to delivering the key UHB corporate goal of “Getting Things Right First Time” (GTRFT). This is particularly relevant to ITGSC’s assurance role in relation to data quality (DQ). This continues to be driven primarily via the Data Quality Sub Group. DQ shortcomings can have far reaching consequences particularly in performance management terms e.g. metrics incorrectly applied, data skewed and consequently inaccurate for benchmarking purposes etc. This area will continue to be carefully monitored.

The above points were included in discussions with WAO on 26 September 2017 to inform their structured assessment of IG.

7.3

CALDICOTT GUARDIAN REPORT

Name of Meeting : Information Technology and Governance Sub Committee
Date of Meeting: 4 October 2017

Executive Lead : Medical Director/Caldicott Guardian

Author : Senior Manager, Performance and Compliance

Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.

Financial impact : There are significant potential financial implications in relation to this work. The Information Commissioner has powers to fine organisations that are in breach of the law and through their acts or omissions materially harm or damage individual. The levels of fine can reach half a million or more and the ICO now has the right to undertake mandatory audits on NHS organisations. This does not exclude the ability for individuals to take legal action against the organisation in respect or harm or damage both as a result of physical or psychological harm or reputational harm.

Quality, Safety, Patient Experience impact : The content of this report directly impacts significantly on the quality, safety and experience of our patients and their families.

Health and Care Standard Number 3.4 & 3.5 **CRAF Reference Number** 8

Equality and Health Impact Assessment Completed: There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Reports detailing updated actions.

The Information Governance Sub Committee is asked to:

- **NOTE** the Update from Medical Records Management Group relating to
 - Records Destruction
 - Digitalization
 - Closure of Medical Records Libraries
 - Delays in Subject Access Sign Off
 - Decommissioning of Whitchurch Hospital

SITUATION

Given that relatively little time has elapsed since the last meeting, there are no specific issues to report other than those discussed at the Medical Records Management Group.

7.3

BACKGROUND

The Information Governance Sub Committee previously received information on matters that come under the remit of the Caldicott Guardian. This report continues this process.

ASSESSMENT

Update from Medical Records Management Group (MRMG)

i) Records Destruction Proposal

The anticipated approval by the Strategy and Engagement Committee of the UHB Records Management Policy will formalize the UHB procedural framework for the retention and destruction of medical records.

7.3

ii) Digitalization Progress Report

Although good progress has been achieved in some specialties there is still variation in terms of whether some destroy paper records if the corresponding information was recorded digitally varied between Clinical Boards. It was agreed that a 3 month consultation exercise should be carried out with CBs to try and understand and standardise practice.

There will be a workshop with IM&T shortly to discuss digitisation as part of the UHB's strategy for e-progress notes (towards an EPR), and its alignment to national strategy.

iii) Closure of Medical Records Libraries

There continues to be limited progress in this area because of financial constraints. Local opportunities are being investigated to strengthen arrangements.

iv) Delays in Subject Access Sign Off

HSMB has requested a robust proposal for the signing of SARs.

v) Decommissioning of Whitchurch Hospital/Implications for Medical Records Storage

The re-siting of Medical Records from Whitchurch, Lansdowne and other UHB facilities that are either being decommissioned or deemed to be inappropriate in storage terms to a new facility in Treforrest has started. Security continues to be a problem with numerous break ins taking place, although there appears to be no sign that any records have been compromised as a result. It is expected that the security situation will improve considerably once 24/7 monitoring by Cardiff City Council is scheduled to commence early October 2017.

7.3

IM&T STRATEGIC OUTLINE PLAN (SOP) & INTEGRATED MEDIUM TERM PLAN (IMTP)
Name of Meeting : Information Technology & Governance Sub Committee Date of Meeting: 4th October 2017
Executive Lead : Director of Therapies and Health Science & Director of Public Health
Author : Head of IT and Strategy & Assistant Director of Performance and Information (Telephone 029 20 745602)
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact : National £480m, Local £55m over 5 years
Quality, Safety, Patient Experience impact N/A
Health and Care Standard Number 3 & 4.2
CRAF Reference Number 6.8
Equality and Health Impact Assessment Completed: Not Applicable

8.2

ASSURANCE AND RECOMMENDATION
ASSURANCE is provided by: <ul style="list-style-type: none"> • Receive an update on the progress in implementing the UHB's Digital Strategic Outline Programme <p>The Committee is asked to:</p> <ul style="list-style-type: none"> • NOTE the paper which was submitted to the Management Executive team and agreed actions to take forward the digital programme.

SITUATION

The UHB submitted to the Welsh Government (WG) a strategic outline programme (SOP) articulating how informatics and digital technology would be taken forward to enable delivery of our Shaping Our Future Wellbeing strategy in October 2016. A more detailed operational plan outlining the UHB's intended programme of work for 2017/18 has been developed to accompany the SOP and to seek to inform the national programme.

A formal response from WG as to the acceptability of the SOP is now expected at the end of September 2017.

On the 22nd September a capital allocation of £400,000 was received from WG to be spent in 2017/18 on implementing schemes within the SOP.

BACKGROUND

In line with the NHS Wales Digital Health and Care strategy, the UHB's Informatics SOP has four interdependent workstreams which together support the delivery of Shaping Our Future Wellbeing:

- Information for You: Intelligent Citizen's Portal
- Supporting Professionals: Integrated, Digitised Health and Care Record
- Improvement and Innovation: Data to Knowledge
- Planned Future: Enabling our Future Wellbeing

The UHB's annual plan and Turning the Curve to Transformation Programme sets out the priorities for the developments in these areas and has provided much of the focus of the progress to date, along with nationally driven priorities.

ASSESSMENT AND ASSURANCE

Work on preparing the UHB's digital programme for 2018/19 – 2020/21 in support of the Integrated Medium Term Plan and the UHB's SOP has commenced. The accompanying paper attached in appendix 1 was discussed by the Management Executive on the 18th September as part of this process.

The Management Executive agreed the following process for taking forward the digital programme:

- The UHB's Health Systems Management Board to consider existing digital programme and advise on its content and the relative prioritisation of developments identified
- Draft digital programme to be submitted as the UHB's requirements into the national digital plan sessions scheduled for the 29th October and potentially the 2nd November.
- Consideration of the local investment and anticipated benefits schedule required to deliver the prioritised digital programme, relative to the UHB's other priorities to be progressed.
- Management Executive to receive further update on the proposed plan and national fit in November.

Assurance is provided by the structured and timely process outlined above, which is aligned with both the national strategic and delivery programme for digital health and care and the UHB's Shaping Our Future Wellbeing strategy

INFORMATICS STRATEGIC OUTLINE PROGRAMME TO DELIVER “SHAPING OUR FUTURE WELLBEING” UPDATE REPORT – SEPTEMBER 2017
Name of Meeting : MANAGEMENT EXECUTIVE
Date of Meeting: 18 TH SEPTEMBER 2017
Executive Lead : Director of Therapies and Health Science & Director of Public Health
Author : Head of IT and Strategy & Assistant Director of Performance and Information (Telephone 029 20 745602)
Caring for People, Keeping People Well : This report underpins the Health Board’s “Sustainability” and “Values” elements of the Health Board’s Strategy.
Financial impact : National £480m, Local £55m over 5 years

RECOMMENDATION

The Management Executive are asked to:

- **Receive an update on the progress in implementing the UHB’s Digital Strategic Outline Programme**
- **Receive a forward looking financial risk assessment facing the UHB relating to the Digital Health & Care strategy over the next 18 months and provide guidance on how to proceed given the uncertainty around the both national financial approach to digital and the national review of the Strategic Outline Programmes.**

SITUATION

The UHB submitted to the Welsh Government (WG) a strategic outline programme (SOP) articulating how informatics and digital technology would be taken forward to enable delivery of our Shaping Our Future Wellbeing strategy in October 2016.

The indicative cost of delivering the Digital Health and Care strategy across Wales has been roughly estimated to be no greater than £480m in the 5 years 2017 -2022, of which the Cardiff and Vale UHB’s component is in the region of £55m.

This is in the context of only £10m of capital being set aside by WG for delivery of the entirety of the Digital Health and Care strategy in 2016/17 and a further £55m over the 3 years 2017/18 – 2020/21. It is anticipated more may be available for specific developments such as e-prescribing and from funding made available to other WG policy programmes (e.g. condition improvement groups)

A formal response from WG as to the acceptability of the SOP is now expected at the end of September 2017. Despite this, through collaboration numerous work programmes have been taken forward and progress has been made on shaping the national delivery plan and the collective informatics community’s status of “Organisational Development”.

BACKGROUND

In line with the NHS Wales Digital Health and Care strategy, the UHB's Informatics SOP has four interdependent workstreams:

- Information for You: Intelligent Citizen's Portal
- Supporting Professionals: Integrated, Digitised Health and Care Record
- Improvement and Innovation: Data to Knowledge
- Planned Future: Enabling our Future Wellbeing

The UHB's annual plan and Turning the Curve to Transformation Programme sets out the priorities for the developments in these areas and has provided much of the focus of the progress to date, along with nationally driven priorities. The UHB's present prioritisation of the more significant elements of the programme are shown below, using the McKinsey grid approach:

<p>High difficulty, High saving</p> <ul style="list-style-type: none"> • Cyber Security • TECS • Florence • eClinical Record and eForms to standards • Interfacing acute and community systems • Virtual Outpatient contacts • Integrated intelligent scheduling optimisation • Dynamic staff rostering (GPOOH, theatres, community, nursing) 	<p>Medium difficulty, High saving</p> <ul style="list-style-type: none"> • IM&T Infrastructure, KLO • Mobility • Pervasive WiFi • OP Modernisation • E-referral / WPRS / e-advice • MTeD • On line CBT • Skype into nursing homes for GPs • MS2013 & Skype to all clinical desktops • Vision 360 Project • Ward handover, Ward & EU Clinical work stations 	<p>Low difficulty, High saving</p> <ul style="list-style-type: none"> • WCP • BYOD • WiFi Patients/Guests • Virtual Support Prescription & Info Library • WGPR
<p>High difficulty, Medium saving</p> <ul style="list-style-type: none"> • National Diabetic System • Ophthalmology System • National Patient Flow • Clinical productivity monitoring • Multivariable pathway (sequence) analysis 	<p>Medium diff, Medium saving</p> <ul style="list-style-type: none"> • Increased Staff Homeworking • PARIS into WCP • Digital dictation • Virtual Support Prescription Library • Ophthalmology /15-20 practices • WCRS • WHEPPMA (inc GPs) • Chemo ePrescribing • eClinic Letters • GPTR • TRRR • PROMs 	<p>Low difficulty, Medium saving</p> <ul style="list-style-type: none"> • WRRS • Whole system demand capacity analysis • Individual GP practice dem cap • Local health needs approach - receiving cluster based Public Health information • Precision approach to increasing attendance • Admin alerts for under-utilised clinics • Pt digital authorisation to consent – Montgomery (PKB 1000 Lives+)
<p>High difficulty, Low saving</p>	<p>Medium difficulty, Low saving</p>	<p>Low difficulty, Low saving</p> <ul style="list-style-type: none"> • Digitising Good Prescribing Guide • Enhanced performance monitoring • Monitoring of utilisation / productivity • Benchmarking • Extending Clinical Activity Portal (CAP) • Hospital Directory of Services

8.2

ASSESSMENT

A progress report against the initiatives identified in the Informatics section of the UHB's Annual Operating Plan has been attached to this document as Appendix 1. It is our contention that the update demonstrates that there has been some good progress made in taking forward aspects of the informatics agenda, although this progress is not as great as was aspired to at the start of the year.

Highlights include:

Information for You:

- Deployment of Silvercloud (on-line cognitive behavioral therapy solution) to Mental Health services
- Development of PARIS to allow for Silvercloud CBT results to be recorded for comparison to 'face-to-face' CBT results.
- Florence (SMS based support and measurements capture tool) deployed
- Further rollout and support to the PROMs programme
- Trial deployment of Patient Knows Best (PKB) tool for ENT services being designed and configured.
- LYNC (Skype for Business) now rolled out to several hundred uHB PC's. Headsets and speakers issued to staff
- LYNC Support portal/site drafted for launch in September.
- Engagement with WG on the design for the National Citizen portal.
- CaV will be involved in the authoring of the business case for the Citizen portal through October 2017.

Supporting the Professional:

- Welsh Clinical Portal - excellent progress made in the implementation of the MTED, WPRS, WGPR, WCRS, WRRS, TRRR modules.
- Deployment order signed for national Fuji PACS
- Welsh Laboratory Management System – working towards implementation of Mortuary, Histology and Blood Transfusion modules
- WCCIS – gap analysis completed. Business case preparation phase.
- Choose Pharmacy – rollout is continuing.
- Hospital to Hospital Referrals – planning for pilot phase (part of the AWACI project)
- WHEPPMA – National business case submitted, procurement phase for replacement hospital pharmacy system
- E-Patient Flow Spec Agreed, OBC currently being finalised
- GPTR – testing underway and planning for pilot.

Information and Innovation:

- Development of HOPE within CEDAR as a national analysis & effectiveness unit supporting cost effectiveness analyses and providing reports for National Planned Care Board.
- Extensive Inter & intra organisational benchmarking
- Modelling and scheduling - improved rosters and allocation strategies
- Fully Automated Booking (Heuristic scheduler) improved utilisation and attendance rates (& recent proof of concept on deep learning to probability profile patient's likelihood of DNAing appointments)
- Demand capacity models & activity monitoring core element of 9 qtrs of continuous reduction in RTT and Year end cancer delivery
- Text & data mining (NLP / MBL) autovalidated >800k patients
- Computerised Snomed-CT coder deployed for planning / TTC purposes
- BI tools support mortality audit, identification of patients with DKA & infections(flags in WCWS)

Planned Future:

- Agreement on Once for Wales policy position.
- Rollout of Microsoft LYNC to enabling “desk to desk” video conferencing to improve communication.
- Improvement to the Wi-Fi in corridors between clinical areas.
- Replacement of all the XP PCs
- Upgrade PCs to Microsoft IE11
- Replace the Citrix Homeworking with the latest technology and MsOffice 2013.
- Deployment of Digital Dictation to 50 users with “speech to text” functionality.
- The replacement of the Genomics Hardware and the procurement of pathology systems to support the continued development of this service.
- A “proof of concept” enabling Optometry Practices being able to make e-referrals and access our Eye pathology Clinical Systems “safely and securely”.
- IG agreements in place to enable GP cluster and GP clusters to view the clinical portal

Furthermore there are areas, which as a UHB we would prioritise, which have not yet commenced as they require national agreement, prioritisation and, or, a funding source to be identified.

Our assessment is that the national programme is now starting to form and should create an appropriate vehicle for delivery by mid autumn. The financial position, and availability of direct funding from WG above the £55m, is however not expected to improve in the short term and there appears to be ongoing discussions regarding the role of NWIS and the prioritization of the resource and expertise available within this organisation.

A scoping exercise to assess the potential costs facing the UHB in regards to the digital programme over the next 36 months has been undertaken, assessed against the organisation’s ability to avoid the costs. Detail is provided in Appendix 2. The first draft has indicated the “risk assessed costs” to be in the region of:

Category	3 year Capital Total	Capital costs -Yr1	Capital costs -Yr2	Capital costs -Yr3	3 year revenue costs	Revenue costs - Yr1	Revenue costs - Yr2	Revenue costs - Yr3
Highly likely to materialise with very limited chance to avoid	£16,191,000	£5,875,000	£4,991,000	£5,325,000	£7,047,000	£2,043,000	£2,705,000	£2,299,000
Limited opportunity to avoid	£5,316,000	£2,936,000	£1,580,000	£800,000	£4,519,000	£1,611,000	£1,466,000	£1,442,000
Choice for UHB	£6,170,000	£1,910,000	£2,985,000	£1,275,000	£3,869,060	£1,296,020	£1,249,020	£1,324,020
project commenced funding will accelerate	£1,643,230	£670,000	£513,230	£460,000	£1,750,000	£710,000	£585,000	£455,000
Already funded	£470,000	£420,000	£50,000	£0	£200,000	£60,000	£70,000	£70,000
TBD	£0	£0	£0	£0	£950,000	£100,000	£250,000	£600,000

Cardiff and Vale UHB - IMTP 2018 - 2019/20 - Informatics Programme - Information workplan update report - JUNE 2017

1

Ref	Deliverable	Description	Benefits	Inter-dependencies	Capital costs		Revenue Costs		UHB high priority 17/18	Aug -17 Progress
					17/18	17/18	Request ed priority of NWS 17/18	UHB high priority 17/18		
1	Welsh Citizen Portal	Project to facilitate patient access to appropriate UHB information	<ul style="list-style-type: none"> Provides information to support the population in taking greater ownership of their health and wellbeing Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily and at times on demand) Reduces the number of DNAs outpatients, diagnostics, home visits, GP consults etc Facilitates the UHB, local authorities, primary care etc working better together. Saves patient time 	<ul style="list-style-type: none"> NWS to provide 1 portal for Health & social care, which is open for us to securely communicate with patients and develop tools, apps, forms etc within NWS to enable UHB to make available second/d care record to patients in CP E-form enterprise license so we can develop condition specific questionnaires and make use them in the portal Ability to auto-translate to Welsh (extending work of Gwynedd LA with Bangor Uni for WCDS) 	100000	100000	Yes	No	<ul style="list-style-type: none"> WG leading business case for citizen portal platform. HB meeting with WG on 24th August to consider further. Ecosystem development to open up architecture funded via WG (ETTF) - will allow apps and software to interface with NWS architecture IT leading - 14 month contract with PKB signed as interim step No funding has been forthcoming to date to progress citizen portal, limiting the opportunities for CAV new ways of working. PROMs programme has been informing build design (co-led by C&V) CAV are represented on National TCS and information for You Boards 	
2	Virtual support prescription library	Development of videos and online rehab programmes	<ul style="list-style-type: none"> Support patients in their self management at a convenient time and location – supports home first approach Reduces the demand for face to face consultations, enabling clinicians to focus their time on doing what only they can do. 	NWS to consider architecture of the library videos are prescribed	20000	20000	No	No	Noted by CAV to be an early deliverable of the portal (patient specific videos would be phase 2)	
3	Directory of Services Project	DOS content provider local editor	<ul style="list-style-type: none"> Ensures that residents and visitors to Cardiff and Vale have easy access to knowledge regarding the availability, location and opening times of care and support services, supporting them to choose well 	NWS involved	0	10000	No	No	DELWS used in community - HB services being asked to provide details of services provided and access criteria as part of TTC	
4	Telehealth Project (TECS)	Delivery of Tele Health, Tele Care and Telemedicine programme to support services provided by Cardiff and Vale UHB	<ul style="list-style-type: none"> To support timely discharge from hospital and avoid unnecessary admission to hospital To enable healthcare professionals to plan their interventions based on the symptomatic needs of the service user To enable out of hours teams to access information about patients. Increase care in community 	<ul style="list-style-type: none"> NWS to Publish Standards and interoperability for tools and TEC within citizen portal Design must enable TECS to span NHS & LAs 	150000	250000	Yes	Yes	<ul style="list-style-type: none"> C&V & Aneurin Iwan co-leading for NHS Wales development of standards for data and interoperability Ongoing contribution to Once for Wales task force considering policy direction and associated standards and specifications 	
5	Project to open up national and local architecture	Roadmap to open up the local ICT Architecture to SMART technology and Patient access	<ul style="list-style-type: none"> Provides access to information to support the population in taking greater ownership of their health and wellbeing Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily & at times on demand) Reduces the number of DNAs outpatients, diagnostics, home visits, GP consults etc Saves patient time Would support "Once for Wales" by extending market choice and promoting innovative solutions to bring swiftly into service Requires NHS Wales to have clear standards for interoperability 	<ul style="list-style-type: none"> NWS to Publish Standards and interoperability for access to sub modules and systems and allow access to all 	50000	50000	Yes	No	<ul style="list-style-type: none"> National eco-system project being monitored via IPAD C&V appointed 2 technical architects - review of architecture and infrastructure required. 	
6	My Health On Line (MHOL) Phase 1	MHOL is a web based application that allows patients to book appointments and order prescriptions securely online without telephoning their GP practice. They can also update their general details. MHOL will have further functionality over time.	<ul style="list-style-type: none"> Patients have convenient access to GP services from home or work Saving time Reduce DNAs Avoiding waste 				No	No	All CAV GP Practices are able to give their patients access to MHOL	
7	Choose Pharmacy	The Choose Pharmacy Service is intended to free up GPs' time by making pharmacies the first port of call for common minor conditions. Patients choosing to seek advice from a participating pharmacy will be asked to register with the Choose Pharmacy service	<ul style="list-style-type: none"> Community pharmacies in Wales are now able to offer their patients the electronic Discharge Medicines Review (DMR) service using the NHS Wales Informatics Service's Choose Pharmacy application. Pharmacists use the DMR to compare any changes that were made 	NWS to provide ongoing delivery and support			No	Yes	CAV pharmacies have taken part in the Choose Pharmacy pilot	
8	Auto booking Development (FAB)	FAB books all patients before issuing an attendance letter with a request that patients ring in to confirm. FAB replaces the previous process writing to patient first and expecting them to ring in before booking. Net effect is that it can juggle and fill to capacity the clinics	<ul style="list-style-type: none"> Increased standardisation of the booking process within specialities Improved patient experience (supporting reasonable offer and giving chance to rebook) Increased booking efficiency and clinic utilisation (less unused clinic capacity) Reduce DNAs 				Yes 26 part of GP modernisation	No	<ul style="list-style-type: none"> FAB for therapies heuristic developed by PMS development team Process for auto validating follow up backlog has identified potential new rules of significance which are being validated Lack of access to UHB discharge data is limiting progress - NWS MTSD future WG has confirmed that appointments booked via FAB can be reported as "reasonable" as defined in United Rules 	
9	Patient Self Checking in System	Develop and roll out patient self booking-in and waiting room management system.	<ul style="list-style-type: none"> Increased efficiency for outpatient clinics Improved communication between consultant and patient 	<ul style="list-style-type: none"> Link to Clinical Office Manager (COMS) will improve Referral to Treatment Times (RTT) compliance Burden on reception staff relieved to improve communication between reception staff and patients 			No	No	Operational in Childrens Hospital, Maternity, Outpatients UHW and Llandough. Next planned go lives 2017 - Dental and Physio in Splott clinic	
10	WiFi - Staff Patients and Guests	The continued development and rollout of the integration of Wi-Fi enabling staff patients and visitors to access both free and secured Wi-Fi connectivity	<ul style="list-style-type: none"> Patients are able to access the internet for entertainment whilst in hospital and/or in outpatient clinics. Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD. Real-time on-line patient's survey 				No	Yes	<ul style="list-style-type: none"> We continue to replace the EoL Wi-Fi Access Points in Clinical areas and have started installing new Access Points in the main UHW walkways. National audit of wifi availability underway. £2m capital available for NHS Wales in 17/18 - deployment to be informed by audit 	
	Patient reported clinical	This is a rapid evaluation to determine whether the NHS in Wales can use electronic forms to gain an extended amount of clinical information directly from the patient in the Emergency and	<ul style="list-style-type: none"> The development of a cost effective and realistic means of developing a knowledge for public health, policy and research around issues such as injuries, alcohol, etc 	NWS to open up citizen portal and open architecture for e-forms			No	Requires digital record solution	Delay in WEDES implementation has resulted in national postponement of patient reported clinical information	

8.2

Cardiff and Vale UHB - IMTP 2018 - 2019/20 - Informatics Programme - Information workplan update report - JUNE 2017

Ref	Deliverable	Description	Benefits	Inter-dependencies	17/18	17/18	Requested priority of NWS 17/18	UHB high priority 17/18	Aug -17 Progress
11	Information in the Emergency and Assessment Units	Assessment Unit setting which would support:- Clinical triage and management - An ability to collect information required for policy making, population health and research purposes Patient reported outcomes	Extend the PROMs programme into the ED department -supporting BIG 1 & 3 Introduces the ability to undertake elements of the triage and assessment processes 'virtually'						UHB's joint IM & IT Clinical record development awaiting completion of appointments process
13	Provide Secure communications	The continued rollout and leverage of the licences owned by the UHB using Microsoft Lync in the following five areas – Virtual Clinics, Virtual Multidisciplinary Team Meetings, Virtual Groups, Physiotherapy, Rehabilitation Clinics and Nursing Home Communication Microsoft Lync VC for Virtual Clinics, MDTs, nursing homes and staff training	Nursing Homes: - Reduces unnecessary admissions and reliance on ambulance transfers to hospital Virtual MDTs - Avoids unnecessary travel - Supports timely discharge with quicker release of 'blocked' beds To enable healthcare professionals to efficiently plan their interventions based on the symptomatic needs of the service user Virtual Clinics: - Avoids unnecessary travel for both patients and clinicians - Reduces DNA rate - More efficient use of specialist Clinician resource in remote locations Webinar staff training: - Avoids unnecessary travel - Increases attendance at training sessions - Improves corporate training policy compliance					Yes as per TECS	circa 80 installations to clinical teams that have requested business use of MS LYNC. Several hundred installation of MS LYNC undertaken via the Office 2013 rollout initiative. Web page being set up to support use (User guides etc.)
14	Implement a PROMs and cost effectiveness programme	Systematise a PROMs programme and lead on the establishment of an All Wales effectiveness and cost effectiveness evaluation unit to provide greater evidence of the quality of life of our residents and the change in patient outcomes that our care provides.	- Develops a commercial asset - Provides a strong evidence base as to the effectiveness of care and treatments - Enables HB to benchmark - Improves internal clinical performance - Enables clinicians to use PROMs data to guide referral and follow up practice	NWIS to open up PROMs questionnaire development and library NWIS to publish standards and interoperability			Yes	Yes	Ongoing internal and external work to deliver the national programme has enabled the pilot and roll out of the generic questionnaire to be achieved with the programme commencing for all specialties in February. The adjusted approach is automated to provide the necessary details attached to the patients referral acknowledgement letter to allow access to the generic questionnaire. Completion rates have been lower than expected and work has now commenced to explore avenues to improve this position. Approved go live of the tool and alpha questionnaire delayed whilst technical design issues are sorted. This remains around single point of failure in program management
15	Deliver a participant portal for screening and genomics programmes	Provide secure areas in to which consenting individuals may be granted access to a group of individuals with similar conditions, genomics	- Supports realisation of precision medicine - Supports individuals with similar groups of conditions or those in need of similar care	Potentially				No	Not yet taken forward
16	Develop wearable apps to support health promotion, prevention and improvement	Adapt and develop patient wearable apps - e.g. Cambridge cognitions tablet app for cognitive function etc - with ability to have real time analysis and messaging to patients re their wellbeing and actions required	- Increases confidence and knowledge about their condition - Reduces exacerbations and consequently their demand for primary and acute services	Potentially					Being considered as part of the national TECS boards work
17	A suite of granular information on our provider outcomes and performance to inform population and patients	Publish suite of performance and information reports from BI onto the Q&V internet and intranet in a form which enables stakeholders to 'self manage' their access.	- Informs patients in selecting their care programme from a risk and outcome basis. - Provides information on the quality of care and present standards enabling assessment of how we are performing in delivering the services that our residents are entitled to expect - Demonstrates the UHB's commitment in becoming a transparent organisation, willing to inform and learn from our stakeholders	Requires Wales NHS			No	No	Business intelligence license does permit publication. No plans as yet to publish - although developments in North Wales around publishing EU waiting times being closely watched
18	Enable patients to share relevant health and well-being information they have collected with their	As above - Citizens Portal	- As above - Citizen Portal	NWIS - citizen portal lead					As above - Citizen portal
TOTAL	TOTAL				320000	430000			

Supporting the Professionals

Ref	Deliverable	Description	Benefits	Inter-dependencies	Capital costs	Revenue costs	Requested priority of NWS 17/18	UHB high priority	June-17 Progress
19	Wales Community Care Information Solution	Delivery of an integrated Health and social care system	Availability of a single Community & Mental Health, and Social Care record for the patient, clients and citizens of a region WIS support community based services to deliver more effective and efficient services to citizens in their own homes To support emerging service models and service redesign through provision of supporting infrastructure, applications and information Governance models Efficiency improvements will be gained in the reduction in duplicated workload carried out (due to non informed and unjoined services) across Health and Social Care Care/Safety improvements include a reduction in inappropriate or unsafe home visits due to unjoined and non-joined services Efficiencies will be gained in the spend on e-record systems as PARIS, CareFirst and BSH are rolled across the region	NWIS to plan and project manage delivery in line with requirements of CBV regional spec Early availability of ROS calls to support comm working avoiding £60k cost	250000	100000	Very high priority		Work progressing towards business case agreement and deployment order within C&V UHB. Proposed date for Q&V of December 2017. Activities to achieve this ongoing, including: - Sign for interfaces - Implementation scope - Phasing approach development - Being Central contribution and lead - Discussion and ongoing review of gap analysis - Refinement of data migration and archiving options approval
20	Emergency Department System	Paperless system in order to manage the flow of patients through the ED in real time in order to identify bottlenecks in the ED pathway	All Wales initiative NWIS will host the central infrastructure System allows for a degree of adaptation and localisation of the solution to reflect specific local needs Functionality to support improved clinical care	NWIS interfacing with WCCG, Clinical Portal Development of SNoMed RCM dataset availability	300000	300000	???	High priority	MS Lync improvement programme Local focus of the digital clinical record development being focused on ERAS as per TIC. Although design anticipated to support local ED system should it be desired National WCCG roll out greatly delayed
21	Digitising Health Records Project	Delivery a single view of patient records across the organisation resulting in reduced missing notes/cancelled patient appointments / increased utilization of clinic slots	Improved access to patient records Improving quality of care delivered Cost savings within the health board through the introduction of a paper light system Reduced costs for future support from Health Records for additional clinic activity		100000	150000		Need to end and move to digital era not untested copy	DRR and digital clinical record programme delayed whilst awaiting completion of appointment process Reserve Owen and Paul Cawthra indicated desire to collaborate on e-forms development in this area

8.2

Ref	Deliverable	Description	Benefits	Inter-dependencies	17/18	17/18	Request ed priority of NWS 17/18	UHB high priority 17/18	Aug -17 Progress
22	Welsh Care Record Service	WCERS is an extensive programme of work to provide clinical documents in electronic format and make them available whenever a patient is treated in Wales. Supports the single electronic patient record vision Available to clinicians whenever the patient is treated	Documents are made available in the WCP regardless of where the information was originally created	NWIS to provide continuing development & support including infrastructure and capacity National approach to big data storage req	50000	100000	Yes		Control of access and decisions on records stored in WCERS and records of change identified as issues requiring further review and consultation to ensure it supports patient, clinician and system leader's requirements (i.e. eCP format sub-project)
23	Welsh Patient Referral Service	WPERS supports online e-referral prioritisation by clinicians and clinical teams using the Welsh Clinical Portal and clinical dialogue between and within tertiary and secondary care clinicians and GPs and introduces the Welsh Admin Portal (WAP) for use by health records staff	Safe, secure and fast electronic transmission of patient data between clinicians, health records and administrative staff Reduction in the time taken to add patients to a waiting list and, ultimately, a reduction in the time taken to initiate appointment booking Flexibility – e-referrals can be processed by staff in devolved or other areas that are away from the main Health Records Department Significant reduction in turnaround time between admin and clinical functions Improved security of referral – i.e. referrals will not be lost or mislaid Contributes significantly to the evolving electronic patient Improved Primary/Secondary Care communications on current patient state Improved data accuracy	NWIS to provide continuing development & support including infrastructure and capacity NWIS to proceed with HERES & 4 development (tertiary & internal)	70000	135000	Yes		CAU UHB's successful eMPS project has implemented the system in 45 specialties/Hub specialties to date. Project is also focused on readiness work for external and tertiary referrals.
24	Location Based Records Filing	System to manage paper based Medical Records with a 'Passive RFID' for tracking	Efficiencies in the storage, transit and security of records		0	50000			Project under review
25	National Diabetic System	Project to specify, design, procure or develop and implement National Diabetes System in the UHB	Patient safety Efficiencies	NWIS to plan and project manage delivery in line with requirements of national and local spec NWIS to advise on preferred approach for delivering specialty specific reqs (e.g. ophth v dental)	100000	50000	No	No	CAU clinicians will be taking part in proof of concept work for Phase 1 during winter 2017. UHB has own module as part of CWS which continues to be rolled out
26	Ophthalmology System	Project to specify, design, procure or develop and implement National Eye Care System in the UHB	Improved patient safety due to ability to identify and manage risk, increased efficiencies and availability of relevant clinical information Better business information to enable better management and planning Reduced waiting times for ophthalmology services More efficient pathways More specific management for primary GPs	NWIS to advise on preferred approach for delivering specialty specific reqs (e.g. ophth v dental)	100000	50000	Yes		The design work for connecting Optometric practices to the UHB to view Open Eye and MedSoft UHB systems has been completed and we are now in the testing phase
27	Pap smear sexual health system	The rollout of the solution into the Community Clinics of Cardiff and Vale of Glamorgan	Ability to view pathology results		60000	30000			
28	Electronic prescribing and Medicines Administration (EPMA)	EPMA replaces the current paper prescription and administration record that normally completed for every patient, as well as discharge and outpatient prescription forms.	Improving the quality of prescribing and medicines administration processes and records Reducing some of the risks associated with prescribing and medicines administration process Reducing the occurrence of adverse events associated with prescribing and medicines administration	NWIS to plan and project manage delivery in line with requirements of CWJ regional spec	200000	130000	No		The UHB is involved in the project to replace the current Pharmacy system and procure and implement a new ePrescribing system as part of the eMPS/EPMA project. The Business case is going through the approval process. It would result in the Pharmacy system being replaced in UHB and the ePrescribing system being implemented in 19/20.
29	PACS & PACS Image Sharing project (EvoS TBA)	Implement a next generation PACS and Image Sharing solution	Enterprise Imaging Digital Radiography Integrated Care Clinical Analytics Integrated Radiology	Awaiting advice from WIS	0	0			National Deployment Order signing imminent
30	Welsh Clinical Portal – GP Record Module	A summary of patients' GP records has been made available to secondary care doctors and pharmacists as part of the WCP. Having access to the GP Record supports the use of the Medicines Transcribing and e-Discharge (MTED) module of the Welsh Clinical Portal	Clinicians report that having access to the GP Record supports diagnosis in urgent situations Also supports fast and accurate medicines reconciliation (e.g. Pharmacists do not have to phone GP practices for patients' current medication information.		50000	5000			WPERS record available to CAU doctors and pharmacists & pharmacy workflows. UHB to consider further rollout to other clinicians who have direct involvement in patient care.
31	Chemotherapy e- Prescribing	Implementation of an Chemotherapy e-prescribing System for Haematology	Improved patient safety More timely multidisciplinary communication and reduction of waiting times Reduced drug wastage Reduced inappropriate variation in the use of chemotherapy Improved SACT audit data capture and benchmarking Improved tracking and reporting of high cost drug usage		300000	30000			Live in Wales - All IT technical work complete for Heams. Currently working on testing integration to national EPMA and LMS systems get the due to commence Nov / Dec 2017
32	Digitalised SnoMed CT based Clinical record	Commence development and implementation of open access light record moving to structured /hierarchy unstructured clinical notes and letters from a data management perspective	As up to 80% of clinical information is recorded in an unstructured way, this development is essential to enabling that data to be readily accessed, in turn enabling the benefits of personalised and targeted medicine to be realised and variation in pathway and patient management to be identified, assessed and reduced.	National approach to the EPR - stds, interoperability (uniform) & opening up national architecture	300000	300000		#2 - alongside digital req	Increased developer pool funded and outline project specified - awaiting approval process
33	Migration to Welsh Clinical Portal from Cardiff Clinical Portal	The UHB will move access to the Welsh Clinical Portal, from the Cardiff Clinical Portal, over time. The WCP has functionality not in CCP and these modules are being implemented across the health board (see below). CCP has functionality not currently available	Clinicians have access to a single patient record in one portal without the need to access a variety of different systems Clinicians have access to patient information whenever and wherever they require it Supports patient safety initiatives	NWIS to enable GPs to use WCP on their desktop NWIS to enable WCP on PABIS integration NWIS to enable WCP on PC to be made available via mobile devices	150000	150000	Yes		Process for developing and prioritising a roadmap for enhancing the functionality of the shared portal and the control of access and data storage being taken forward with NWS at all Wales level
34	GP Test Requesting and Result Reporting (GPR)	GPR is a system which will allow staff at a General Practice to electronically request tests and view test results from their local hospital laboratory.	The user at the practice will be able to select the required test/s from an electronic list of tests made available via the Wales Pathology Handbook The request will be electronically sent to the hospital laboratory GPR will print a request form and label Eliminates manual transcription errors Reduces duplicate tests	NWIS to provide continuing development & support including infrastructure and capacity NWIS to resolve GP printing issues with GP systems provider	0	100000	No		UHB to carry out user acceptance testing of new release.
35	Outpatients Modernisation	Will include the installation of pervasive Wi-Fi, PCs in all consultation rooms 'backlog' of 'Kiosk' and 'on line' from	Supports patient experience Enables patients to have access to online advice and tools relating to their care Enables patient reported clinical information, outcome measures and experience measures to be reported by patients whilst in hospital, supporting co-production and reducing the time spent by clinicians doing non clinical activities which could be done by others. Increased efficiency when running outpatient clinics Improved communication between the consultant and the patient Link to CDM will improve RTT compliance and recording of FU appointments Burden on reception staff relieved to improve communication between reception staff and patients		120000	30000	Yes		Programme being introduced to support Taming the Curve Initial focus on cypress portal, follow up modernisation, e- advice, pathway analysis, performance reporting and management and progression to other care delivery Work ongoing on WPI, Kiosks and PCs
36	Welsh Clinical Portal (WCP) Medicines Transcribing and e-Discharge (MTED)	The MTED module facilitates the electronic production of an e-discharge advice letter which includes patients' current medication list. The e-discharge advice letter is sent securely to a patient's GP via the Welsh Clinical Communications Gateway	The implementation of MTED will reduce medication transcription errors Compliance with the formulary is increased An electronic discharge advice letter is produced resulting in fast transmission of structured and complete data to primary care	NWIS to provide continuing development & support including infrastructure and capacity NWIS to fulfil GP's request for change and respond to future request for change in timely manner	100000	125000	Yes		MTED continues to deliver excellent progress. In use on 74 hospital wards. Next phase: GP units and treatment units. UHB not receiving access to its own records for analytical purposes. Outlier on how this will be provided now received from NWS

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Ref	Deliverable	Description	Benefits	Inter-dependencies	17/18	17/18	Request ed priority of NWS 17/18	UHB High priority 17/18	Aug -17 Progress
37	National Patient Flow & patient observations project	The procurement and implementation of a patient flow management system and associated process change into CAU UHB including the necessary infrastructure and integration with existing clinical, operational and management information	Electronic Patient Flow Management (ePFM) systems provide core benefits to the service. At a clinical level it will offer the ability to capture and maintain real time data about the patient's clinical status including patient observations (e.g. National Early Warning Scores for sepsis), pressure area risk scores and other alerts and notifications associated with maintaining patient safety on the ward. Operationally it will utilise electronic white boards to support daily multidisciplinary meetings on wards to plan and deliver timely care by the whole team including referrals to other services. It will provide real time whole hospital and health system bed management information to support the daily management of patient flow in response to changing needs including staff management. Finally, it will provide the opportunity to deliver information for planning and financial purposes.	NWS to lead on majority of interfacing	158000	83500	No	41 - IIC improvement	Next Stage - DCC submitted to the Unshelved Care Programme Aug 2017, each UHB to sign off agreement in principle to proceed with procurement by the end of September. DCC will then go through PAS then NMB prior to submission to WAG Nov 2017
38	E-Advice	Development of a mobile friendly web application to facilitate secure, audited, clinical communication between GPs and secondary care services. The project aims to reduce the number of unnecessary referrals into the hospital by offering an alternative service by which GPs can receive timely expert advice for their non-urgent patients.	Improved dialogue between primary and secondary care Reduction in GP referrals by speciality Reduction in New OP appointments by speciality Improved patient experience Improved education for Primary Care	roll out of E-Advice dependent on NWS providing similar functionality	50000	75000	No		E-Advice platform being developed to support other types of e-communication e.g. internal referrals, consult requests
39	Child Health - CYPHS	CYPHS (Children and Young Persons Integrated System) is the redevelopment project of the CH2000 national child health system, in a change of original scope. Welsh health	National child health system Single patient health record for children and young people Supports patient safety outcomes	NWS are suppliers			No		Awaiting product from NWS.
40	GP Record - Out of Hours Service	The GP Record is a summary of a patient's GP Record. This summary is used in the Out of Hours Service to help with the care and treatment of the patient when the GP	A detailed audit log of GP Record access is kept Patient is asked to consent before the record is accessed Supports diagnosis in urgent situations	NWS to provide ongoing support			No		In use in Out of Hours Service.
41	Department of Sexual Health (DOSH) rollout into Community Clinics	The current DOSH consultation Measure can only be accessed by clinicians based in the CHL however we provide the service to a number of community clinics	A "single" view of the patient supporting their ability to be treated in a community clinic Ability to view pathology results				No		
42	E-Referrals	Integration into B.I. Systems	More granularity in referral data to include details such as BMI and smoking status which can be linked to outcomes. Enables the rollout and take-up of e-referrals to be monitored corporately through				No	Yes but required for understanding variation	Scouted developer post funded and outline project specified Awaiting successful appointment
43	Local Patient Flow Project	Develop and implement of local Patient Flow Project utilising touch screens on wards and enhancing PMS, WCM and Bed Management Systems. This project is complementary to the National Patient Flow Project in that all the IT touchscreen infrastructure will be used to support the National Project.	Electronic Patient Flow Management (ePFM) systems provide core benefits to the service. Operationally it utilises electronic white boards to support daily multidisciplinary meetings on wards to plan and deliver timely care by the whole team including referrals to other services. It provides real time whole hospital and health system bed management information to support the daily management of patient flow in response to changing needs including staff management. Finally, it provides the opportunity to deliver information for planning and financial purposes.				No	No	on hold subject to National procurement of ePFM
44	Clinical use of PROMs	incorporates longitudinal quality of the data within the clinical information modules, informing the clinician and patient of the patient's progress against that of a similar group of individuals	Provides information to enable improvements in individual quality of life and healthy life expectancy Supports individuals to take greater responsibility for their health Supports patients in setting their expectations regarding DQNs given their individual circumstances Supports precision medicine - reducing waste and variation in the management of patients Supports clinicians in delivering care	NWS to provide functionality in line with DCC			Yes	Yes	CDMT receiving data Early work undertaken however requirement about getting sufficient volumes of responses
45	Implement electronic medicine management, decision support and care-planning tools to support workflow and patient safety	Implement Electronic medicines management, decision support and care-planning tools to support workflow and patient safety	Ensures that (expensive) medications are optimally and cost effectively prescribed By reducing drug errors, improves patient experience and outcome Supports clinicians in delivering care						Tools released to clinicians
46	Welsh Clinical Communications Gateway (WCCG) Phase 2 e-Clinical Letters	The Welsh Clinical Communications Gateway Project Phase 2 will provide the capability to transfer all types of clinical information securely from secondary to primary care via WCCG.	Fast electronic transfer of clinical letters to the receiving site Sharing of information between primary and secondary care clinicians Decrease in the cost of administration e.g. reduced telephone calls Full audit capability	NWS to resource project and take forward			No - e-CPD covered WCCP		Readiness phase in preparation for pilot in October. Pilot will be followed up DCA letters.
47	Welsh Results & Reports Service (WRRS)	The WRRS will join together the local TRBR projects to create a service which will allow health boards to view results and reports in other health boards.	Supports the vision of an All Wales patient record	NWS to provide ongoing delivery and support			Yes or part of WCCP?		WRRS live in CAU since March 2017. Well received by clinicians.
48	Full Welsh Laboratory Information Management System (WLIMS) implementation	All Wales solution TraKCare Lab - providing standardisation and ability to share information across all Health Boards. Replaces Telerpath.	Key enabler for the single electronic patient record in Wales which will lead to more efficient and effective patient care Integrated with the WCClinicAP Transfer of tests for investigations from outside UHB does not require double entry	NWS & inter-systems to deliver o/a modules History, mortality, blood transfusion			Yes		User acceptance testing underway.
49	Digital Dictation	The UHB is currently using Analogue tape dictation units to support audio typing. The new technology is digital providing audio dictation, direct to the secretarial support and also speech to text.	The pooling of secretarial and typing support. No longer do clinicians have to wait for the letter because the secretarial support is away on annual leave Greatly improved timescales in the communication with patients and primary care Speech to text reduces the amount of typing				No		10 licenses and 50 transcriber licenses have been purchased and working with the TTC Team to agree implementation priorities
50	Welsh Clinical Communications Gateway (WCCG) e-Referrals Phase 1	The WCCG provides functionality that allows the secure transfer of clinical documents between Primary and Secondary Care IT systems. The scope of Phase 1 is the electronic transfer of GP Consultant Referrals to secondary care	Secure, safe and fast transmission of e-referrals, e-discharge letters and other types of e-communication between primary and secondary care	NWS to provide ongoing support			No		Business as usual, with some refinement of referral options being undertaken to ensure pathway is fully electronic.
51	Radiology Management System - RadS 2	The original RadS system has been improved and upgraded to create RadS2. It provides a foundation for integrating radiology systems across Wales. It allows secure access to diagnostic imaging services, results, images and management information, though requires improved functionality to facilitate a digital end-to-end radiology	Ability to manage radiology waiting lists more effectively Desktop integration with PACS and digital dictation system National systems - care case management provided to NWS Fewer systems for staff to log on to due to system integration	NWS to provide ongoing development and support NWS to incorporate pathway mgmt functionality			No		NWS working on system enhancements.
52	Test Requiring & Results Reporting (TRRS) Module	The TRRS module of the WCP introduces electronic pathology test requesting functionality within WCP. The WCP is integrated with the national laboratory system - TraKCare Lab - which receives and processes the electronic requests and provides results	Clinicians are able to electronically request tests across pathology disciplines Clinicians have immediate access to reports and investigations in the WCP There is a comprehensive audit trail TRRS is integrated with the radiology IT system - TraKCare	NWS to provide timely resolution of request for change All Wales procurement of specimen bags and labels NWS to enable mobile access			Yes		Pathology electronic test requesting now available for use on 59 wards.
53	National Intelligent Integrated Audit Solution (NIAS)	NWS initiated project to procure and implement a National Intelligent Integrated Audit Solution which will be linked to national clinical systems and patient administration systems.	NIAS audits inappropriate access to patient data NIAS audits access to the GP Record in Cardiff and Vale UHB Will be integrated with all national systems over time	NWS to facilitate integration with ESR			No	Need cover for local equipment	Final coverage - but requires remote monitoring. Bid for additional information Governance A.B. C staff member should provide limited use of NWS functionality for auditing purposes
54	e-ICU	The new Wales ICU Network led by Swansea Bay Health UHB has received funding support from the Welsh Government to buy a "single solution" e-ICU system for NHS Wales, with	NIAS audits access to the GP Record in Cardiff and Vale UHB Ability to remotely support the delivery of care in another ICU Hospital	NWS to provide interfacing with national architecture			No		Outgoing developments as required
55	Word Clinical Workstation Development (WCWS)	WCWS is a central application and launch pad for patient clinical and business management. It provides for real time clinical management of inpatients and their data. It allows for all standard administration such as admission, discharge and transfer	Reduction in time between discharge and availability of information to primary care teams Reduction in letter production costs Reduction in Clinician admin time Closer to goal of fully electronic patient record Enhanced audit on patient care				No		Outgoing developments as required
56	Emergency Unit Work Station Development (EUWS)	Provides a real time view on patients to the Emergency Unit as well as Medical and Surgical Assessment Units. It enables the capture and real time monitoring of activity within EU - including those elements associated with breach avoidance and management.	Improved patient movement within the EU improving patient care Accurate management of patient data allowing greater breach avoidance Reduction in letter production costs Reduction in Clinician admin time Closer to goal of fully electronic patient record Enhanced audit on patient care				No		Outgoing developments as required
57	Access and maintain up-to-date demographic information about citizens	Part of data quality work programme but extends desired NWS to email address, mobile phone numbers as well as NPS required data for ensuring up to date demographic information	Allows patients to communicate electronically or via text 24/7 Reduces costs and waste, by eliminating paper and mail and the number of failures in contact	NWS provide service			No		Medical records department engaging with PMS development team to create a plan for patients to verify personal contact details, will include email

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58	COMS / Follow up Development incorporating Smedley-CT	<p>The Clinicians Office Management (COM) module's primary role is to record clinical decisions that have an effect on the Referral to Treatment (RTT) clock at the time the decision is made. It was originally designed to be used outside of the normal data capture areas e.g. Consultant's office, although it became obvious that it could be easily integrated in clinic and many other areas, such as recording of FU appointments and associated target dates.</p> <p>Currently clinical decisions are recorded, in outpatient settings, on paper using the Clinical Outcome Form (COF) which is passed to administration staff and input to the Trust's Patient Management System (PMS). The COM can be used as an electronic replacement for the COF in this setting.</p> <p>The COM can be used to add patients directly onto the IPWL, request follow-up appointments and notes can be recorded against the review.</p> <p>The COM can be used to record clinical terminology for diagnoses and treatments provided in non IPDC environment.</p>	<p>The Clinicians Office Management (COM) module's primary role is to record clinical decisions that have an effect on the Referral to Treatment (RTT) clock at the time the decision is made. It was originally designed to be used outside of the normal data capture areas e.g. Consultant's office, although it became obvious that it could be easily integrated in clinic and many other areas, such as recording of FU appointments and associated target dates.</p> <p>Currently clinical decisions are recorded, in outpatient settings, on paper using the Clinical Outcome Form (COF) which is passed to administration staff and input to the Trust's Patient Management System (PMS). The COM can be used as an electronic replacement for the COF in this setting.</p> <p>The COM can be used to add patients directly onto the IPWL, request follow-up appointments and notes can be recorded against the review.</p> <p>By improving knowledge of the patients condition and status we would address an issue of immediate patient safety arising from OQ issues. We would also provide functionality essential for delivery of RSC 3.3.</p>					#1 - strategic digital mod	<p>Streamlined developer post funded and outline project specified</p> <p>Awaiting successful appointment</p>
59	PMS development	<p>The PMS system maintains the core patient data set for a number of other systems and planned systems. These include (for example) the Clinical Portal, Diagnostic and Therapies system, EU and Ward Workstations and the planned referral management process via the Welsh Clinical Communications Gateway (WCCG). PMS also provides the main data feed for the Intelligent Warehouse including RTT pathway data.</p> <p>Recognising this, the UHB recognises the long term strategic benefits of a single PMS system across all UHB in Wales, and is fully engaged with NWS to participate in the design and specification of the next implementation of PMS. It is expected that this will not be available for at least 5 years. The UHB will migrate to this National PMS implementation at the appropriate time.</p>	<p>New hardware infrastructure has recently been implemented allowing:</p> <p>Demanded for continued additional functionality PMS to be addressed</p> <p>Greater storage and processor performance which enhances options both within PMS and the Data Warehouse based BI system</p> <p>Required enhancements to the many sub-modules of PMS will progress providing greater clinical and administrative functionality without further impact on current services and functions</p> <p>Continued development and enhancement of clinical communications (correspondence and direct data interlinks) will also be a significant part of this move forward</p>						<p>On going development of the PMS work plan. Significant projects that have recently been released over the previous 12 months include:</p> <p>Recording of Ophthalmology consent and sign-off. Automatic generation of letters from MySentry System.</p> <p>PMS Interface for Point of Care Testing (EQU/UCT), Fully Automated Reading (FAR) - Manual Overwrite and confirmation upload.</p> <p>and other PMS enhancing developments.</p> <p>Diabetes Data Extract.</p>
60	Use of BPM software for ERAS	<p>Rapidly evaluate the use of BPM software in supporting adherence to the evidence based clinically agreed ERAS pathways, which already exist and are in theory adopted within the UHB. In doing so we intend to secure a short term licence to the software, verify and set the system to automate the ERAS pathways, identifying the work ordering and scheduling, the resource resources and the individuals /services responsible and the arrangements for notification and reminders and following training and interfacing with the PMS and pathology results system via BPM as the system for supporting care delivery for peri-operative patients on ERAS pathways.</p>	<p>There is ample evidence which demonstrates that BPM helps organisations decrease costs and increase efficiency, reducing the time it takes for a process to be completed and any unnecessary variation</p>						<p>Project outline agreed as part of digital clinical record development meeting appointment of developers. Specialist services asked for development in OP management workshop</p>
61	National Caring System (Costs TBA)	<p>Procurement and implementation of a National Caring System for Wales</p>	<p>Elimination of Waste</p> <p>Speed</p> <p>Choice</p> <p>Efficiency</p>	NWS to lead procurement			No		<p>Specification and Business Case process ongoing. UHB is engaged with National process.</p> <p>IPAD supported in principle, assuming WC will fund £2m.</p>
TOTAL	TOTAL				£110000	988000			

Planned Future									
Ref	Deliverable	Description	Benefits	Inter-dependencies	Capital costs		Revenue costs		UHB high priority
					17/18	17/18	Request ed priority of NWS 17/18	UHB high priority	
62	Community Services - Mobile Working	<p>The upgrade of the mobile working solution to support our Community and Maternity staff</p>	<p>Direct write up whilst with the patient/in the field, rather than time and resource costly return to base</p>		250000	60000			<p>Avoid readiness of replacement back and RDS access technical mechanism.</p> <p>WiFi access from trusted sources (e.g. Caf Free WiFi) will be allowed following suit to every R2D network.</p> <p>Resource loss within the team (3 & WTE's) have both left the initiative in August 2017.</p>
63	Mobile working - BYOD - Increase BYOD and deployment of a Digital Access Platform	<p>The UHB continues to leverage the benefits of staff using their personal devices using GOOD as a BYOD tool enabling being able to access both Clinical and Business Applications anywhere any time. The UHB is also looking to deploy a suite of products as part of a digital access platform.</p>	<p>Will result in improved timeliness and availability of relevant clinical and business information</p> <p>The production and administration of paper results will be reduced or eliminated</p> <p>The ordering of unnecessary tests will be decreased, resulting in reduced costs to the organization</p> <p>Telephone transcription of urgent results will be reduced or eliminated</p> <p>Will contribute significantly to the evolving electronic patient record supporting accessibility, accuracy and security of patient data</p>		30000	100000			<p>We continue to add new users to "GOOD for Mobile" and planning migration of those remaining users on GOOD to Enterprise</p>
64	Continuing programme to sustain and refresh the IT infrastructure to protect the UHB from system interruption risks	<p>A programme aimed at sustaining and refreshing the IT infrastructure to protect the UHB from system interruption risks and to provide a platform for modernisation and transformation</p>	<p>Improved patient safety</p> <p>Improved continuity of service</p> <p>Less disruption of services</p> <p>Improved Risk Management</p> <p>Improved Data Safety</p> <p>Improved System Performance</p> <p>Improved compliance with IT Security Standards</p> <p>Improved Disaster Recovery capability</p> <p>Mitigation of security risks and delivery of modernisation</p>	<p>Require NWS to collaboratively work with us to ensure funding for national and local infrastructure is available to protect against risks</p>	6750000	500000	Yes		<p>The UHB is continuing its implementation of IT infrastructure previously proposed. There is also work ongoing at a national level to agree the allocation process for £10M WG Capital across Wales for 17/18 with acceleration of national programmes, Modernisation, WiFi and Cyber Security amongst the priorities.</p> <p>Require upgrade in Oracle database license to enterprise, as existing license does not enable real time copy / provision of real time data flows nor other significant useful functionality</p> <p>65 weeks of internet of things devices and associated cyber risks underway to inform national review</p>
65	WiFi - Staff Patients and Visitors	<p>The continued development and rollout of the integration of Wi-Fi enabling staff patients and visitors to access both free and secured Wi-Fi connectivity</p>	<p>Patients are able to access the internet for entertainment whilst in hospital and/or in outpatient clinics.</p> <p>Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD.</p> <p>Real-time on-line patient survey</p>		800000	50000			<p>We continue to replace the Exp WiFi Access Points in Clinical areas and have started installing new Access Points in the main UHB walkways</p>
66	Microsoft Desktop Subscription Project	<p>Project to deliver a revenue based solution to provide the most Microsoft Desktop Products</p>	<p>Provides a platform for continuing modernisation, transformation, office automation and security.</p>		0	450000			<p>Ongoing</p>
67	Cloud Computing	<p>Explore the opportunities of 'cloud' computing to support more efficient and cost-effective digital services</p>	<p>Flexibility</p> <p>Disaster recovery</p> <p>Automatic software updates</p> <p>Capital expenditure Free</p> <p>Increased collaboration</p> <p>Work from anywhere</p> <p>Document control</p> <p>Security</p>	<p>NWS to outline on governance and federation of national networking issues</p>	0	100000	Yes	Essential to big data	<p>All Wales task force convened</p> <p>Use of cloud to be considered as part of architecture required to move to real time data availability</p>

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Ref	Deliverable	Description	Benefits	Inter-dependencies	17/18	17/18	Request ed priority of NWS 17/18	UHB high priority 17/18	Aug -17 Progress
68	Secure messaging with LA	Rollout of McAOffice 2013 to enable users access to "new IT" which provides an encrypted email messaging platform			0	5000			We continue to rollout McAOffice 2013 as the platform enabler
69	Update Intranet	The migration of the UHB Oracle Intranet site to a modern platform	Improved communication channel within the UHB		120000	50000			
70	Single Sign On & Context Sharing	The implementation of a "fast and secure" mechanism for users to connect to the NHS Wales Domain	Ease of access Security Efficiency	All Wales procurement - with NWS facilitating	100000	20000	Yes	Unless 17/18 bid successful	Under review as part of the National programme
71	Suite of interoperability initiatives to inform the Acute to Community transition	A suite of developments to deliver both clinical practice improvements and efficiency improvements View of key Acute information for Community teams (and vice versa) E.g. referring between acute and community teams (quantity undertaken by fax or telephone)	Sharing of patient's history, allergies, involvements and appointments Provides accurate, timely and secured e-referrals between the Acute and CRT services of the UHB Reduces duplication	NWS to enable FHIR, WCF integration & data transfer from all national systems into IW in real time	100000	150000	Yes	Essential to big data	Part of WCF functionality review Also requires standards and interoperability decisions to be confirmed
72	Conform to technical standards and develop a software development toolkit to open up the national platform	Roadmap to open up the local ICT architecture to SMART technology and patient access	Enables access to information to support the population in taking greater ownership of their health and wellbeing Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily & at time on demand) Reduces the number of DNA, outpatients, diagnostics, home visits, GP consults etc Saves patient time Would support "Choice for Wales" by extending market choice and promoting innovative solutions to bring swiftness into service Requires NHS Wales to have clear standards for interoperability	NWS to provide			Y	Yes	Eco-system development by NWS funded by WG (£1m) ADN leading proposal to adopt standards and interoperability functionality
73	E-mail will be recorded as a key demographic and contact field	E-mail will be recorded as a key demographic and contact field	Enables Secure, personalised communication	NWS to update WRODS			yes	Yes	Not yet taken forward as a standard
75	Replacement IT clinical and document management system for clinical governance	Replacing the current system will ensure patient records & events held are safe and the system will integrate with the new LMS system being deployed by the Genetic Laboratories. It will enable an electronic notes system which will improve efficiency and reduce costs.	Sustainability Security Efficiency Patient safety		100000	10000			Currently reviewing tender responses for replacement of One system.
76	Telecommunications Strategic Programme	Telecommunications Strategic Programme ensuring that the voice communications infrastructure and services fully support and underpin the clinical, research and business objectives of the UHB.	Resilience Efficiency Communication Platform for modernisation			50000			Call logging system being upgraded. General Telecommunications infrastructure being upgraded in line with agreed plans.
77	Develop a programme for maximising the effective deployment of Robotics	The role of robotics within care is increasing and forecasting to expand on an exponential basis going forward. Insight in to how CBV and how Wales realise the benefits of these developments in the most cost effective manner is required. Given the huge AI component of robotics, for which big data is the fuel, the requirement on informatics in taking this forward and realising these benefits is essential Intended to be delivered via a federated all Wales programme (HSO)	Robotics may soon become a service that our population expects and a means of improving productivity so as to achieve sustainable care services Early involvement in robotics will ensure that CBV is in a position to excel in teaching, enabling innovation and management in this area		750	750			All Wales group being convened as part of Planned Future workstream
78	Develop a programme for maximising the effective deployment of Artificial Intelligence	A programme for realising the benefits of Artificial Intelligence (AI) is what enables a digital device to use and recognise objects (e.g., read a MRI), understand and reply in normal speech (digital dictation), make decisions and even learn to change its thinking and behaviour as it analyses big data (i.e. IBM's Watson). AI reduces the modern health care system and offers significant scope for reducing health care via labour intensive industry. Intended to be delivered via a federated all Wales programme (HSO)	AI will substitute many processes and is a science on which many of the benefits described above are founded Through automation CBV will have the ability to increase the proportion of services offered 24/7, providing a service that our population expects in addition to improving productivity so as to achieve sustainable care services Early involvement in AI will ensure that CBV is in a position to excel in teaching, enabling innovation and improvement in this area		750	750		Development priority	AIIS project agreed to look at strategies for reducing DNA of outpatients using deep learning Intel have offered to collaborate with NHS Wales as part of an AIIS signed up NWS in May 2017 National cooperation with Intel being explored - who have interest and expertise in applying AI to digital pathology
79	Further develop the accuracy of our resources and coding information within the BI system	Improving the granularity and accuracy in the attribution of costs to care activities and events	The granularity and accurate attribution of costs to activities supports the ability to measure the cost of services, and consequently the relative cost effectiveness of services	RADIS pathway link	0	0			National project has started to procure a new costing system. Implementation will require re-education of existing workforce (coding processes i.e. annual coding, patient level coding and Adaptors). Improved linkage for RADIS and Pathology would be included in any new implementation.
80	Develop the workforce capacity and capability within the NHS to deliver the programme	The move to incorporating digital and technology and making the most of our investments requires that we have a workforce who is capable and willing to embrace and use the tools. This requires a significant Organisational development and training programme.	Improves return on both capital employed and investment, and ensures that when we adopt tools which we rely on to provide care and plan services that we continue to do so with sufficient knowledge and capability that keeps our services safe.		0	0			Ongoing efforts being made to improve analytical competencies of staff in management roles. NHS analysts collaboration initiated, albeit without dedicated resource.
81	Robust clinical and information governance and audit processes to support innovation	As there care is supported or directly delivered digitally, the requirement source code, analytical techniques and infrastructure to be assured from a clinical perspective will be required. An early framework and approach to do this will be developed iteratively	Provides assurance to our residents that we continue to provide resilient, safe and effective services as we develop our service models to embrace the opportunities of digital and technology developments.		0	0			No specific progress to report - consolidation of information governance processes priority after ICO confirmation of "trusted assurance" DPA compliance status
82	Delivery of the core audit and Data quality improvement programme	Improvement of quality of data in all UHB settings in terms of timeliness, completeness, validity, consistency, precision and accuracy. Work to be prioritisation after risk stratification in consultation with directorates	More accurate management information to underpin investment decisions. Improved social engagement via greater ownership of reported data, improved benchmarking						No specific progress to report - consolidation of information governance processes priority after ICO confirmation of "trusted assurance" DPA compliance status
83	Delivery of the core audit and Data quality improvement programme	Work with PMS trainers to develop training material for use in scenarios where "human decisions" are essential because values cannot be validated automatically eg consultant attribution							Data Quality Sub Group meets quarterly. PMS data recorded that was deemed to be invalid or where data was in reference data effectively zero length of stay as a result of deaths being recorded against incorrect consultants. Data quality baseline assessments completed by all but 2 Clinical Boards.
84	Complete and review IM&T information asset register	Compilation of information asset names, business activities supported, location, information class, information asset components, format and owner	Supports UHB Information Governance framework.						Updated Welsh Government rules for measuring waiting times in elective settings (ITE, cancer and cardiac) currently being implemented on shared basis. Updating of supporting documentation (Patient Access Policy and associated handbook) on hold pending review of quarter 1 implementation. Possible consequential changes to PMS under consideration.
85	Support WAO reviews	Input into management responses on IM & T matters relating to national and local studies under the UHB external audit plan	Evidences UHB commitment to effective stewardship of public resources						Updating of information asset registers being progressed via attendance by IG Dept staff at Clinical Board meetings. This work has been given greater impetus by confirmation of UHB "trusted assurance" status for DPA act compliance in ICO follow up audit
86	Support Internal Audit Reviews	Input into management responses on IM & T matters relating to national and local studies under the UHB external audit plan	Evidences UHB commitment to effective stewardship of public resources						Cyber security, mobile and digital maturity reviews completed in September- November
87	Contribute to National and Local IM&T Governance Framework to deliver National and Local Plans	This involves National Informatics Management Board (NIMB), Information and Technology Sub Committee (IMTSC), Senior Clinical Information Technology Group (SCITG), People Performance (PPP) and local Sub Groups and boards when appropriate.	Co-Ordinate approach to delivering National and Local IM&T Plans						Input provided into follow up review of records management arrangements (reasonable assurance rating)
88	Minimise risk of non-compliance with the data protection act and the General Data Protection Regulation	Collaboration on matters that support UHB information governance framework e.g. relevant policies, procedures and operating protocols	Supports UHB Information Governance Framework. Strengthening of data quality						Ongoing and active contribution via IM&T led to demonstrable ability to work with others as shown in Llandau and Warren Cry response

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Cardiff and Vale UHB - IMTP 2018 - 2019/20 - Informatics Programme - Information workplan update report - JUNE 2017

Ref	Deliverable	Description	Benefits	Inter-dependencies	17/18	17/18	Request ed priority of NWS 17/18	UHB high priority 17/18	Aug -17 Progress
89	Assess variation in primary care presentation rates, referral rates and treatment rates in C&V	By gaining access to primary care data, assess whether expected prevalence (level) is underpinning as demand on the primary, community and hospital sectors, providing an understanding of need, referral rates, and treatment rates and the level of equity across Cardiff and the Vale. Would also support ability to understand variation in management of conditions and outcomes in primary care	Informs initiatives / developments aimed at improving access and tackling inequalities and low and enables impact to be quantified	NWS to primary care data			Yes		Quarterly assurance visits by IS dept staff to relevant Clinical Board meetings have started. This has been given greater impetus than ICD confirmed "limited assurance" status in follow up with UHB compliance with the DPA. At the August meeting SSC considered implications of GDPR (comes into effect May 2018)
TOTAL	TOTAL				16,000,000	11,984,000			Analysis based on provider data will be taken forward as prioritised by Primary Care Network of TCS. Some being adopted. Primary Care appointment data for NHS practices should be available in the first half of the financial year, though timelines for EMS practices are to be determined.

IMPROVEMENT AND INNOVATION										
Ref	Deliverable	Description	Benefits	Inter-dependencies	Capital costs		Revenue costs		UHB high priority	June-17 Progress
					17/18	17/18	Requested priority of NWS 17/18	UHB high priority		
90	Intelligent source data	Implementation of smart products and applications within national and local patient support, clinical information and management and resource management systems. Development of SNoMED within COMS Archive 95% of records coded within one month of episode end date	Essential to realising the benefits of research and "validation" process being realised across Wales, reducing cost and time	NWS interfacing on real time basis, Commercial suppliers	£12,000	£120,000			Yes	Event triggered reports (such as path tests and blood sugars) developed to support stroke and diabetes management Proof of concept to code referral letters using Australian Digital Health unnumbered order gave useful results. Awaiting agreements to take forward and maintenance Coding report for T1 Coding levels remain at 10% although UHB is not yet coding mental health activity
91	Real time data acquisition programme	Stable programme encompassing: Automation of national "Minimum Data Sets" returns Current national submission extracts run from PMS and are unsupported and vulnerable to failure. Migration to extract the data from the data warehouse will provide a long term resilient solution. E-Referral - integrate into IW E-ADVICE - review currency and integrate into IW/BS Bring Primary Care ODS service referrals, activity and outcome into BS and Link. Report to WS via BS Stroke - review current data collection and assess benefits including data in corporate warehouse for reporting through BS Fractured NDF reporting and reconciliation of national database - Bring RNDP data from the national db into local data warehouse for analysis and reporting Reporting E-data in BS & Patient level linkage - Establish automated data feed from E-Data db to enable more timely accurate reporting of incidents via BS and to populate nursing dashboards.	Essential to realising the benefits of research and "validation" process being realised across Wales, reducing cost and time Essential to providing sustainable services where demand and system response times are in minutes (e.g. WAST, unscheduled care etc) Improved processes for Extracting Transforming and loading, staging production on an All Wales enterprise basis MDS data management analysts with domain based expertise Data/make architect, design & analysis Takes CMHS MDS sets from Cwm Taf into BS Migration of national data submissions off of PMS (extracts no longer supported) to IW More granularity in referral data to include details such as BMI and smoking status which can be linked to outcomes. Enable the rollout and take up of e-referrals to be monitored corporately through BS. Enables monitoring of the new e-Advice service through corporate BS. Ability to understand outcomes of GP ODS service contacts and outcome into BS and Link. Report to WS via BS Automation and standardisation Linkage of RNDP data into IW for use with outcomes, community deaths and EMAT data. Linkage of QRS incidents into patient activity for use with outcomes, patient experience, EMAT etc.	Cwm Taf providing data sets	£300,000	£60,000			Need for real time reporting	Move from Oracle 11G to 12C offers opportunities which are being reviewed around more frequent transfer of data Outdated activity data set is now generated by the Data Warehouse. Other submissions will need to be scheduled for development using work plan priorities. Meeting held with IT to agree data provision in views. Meeting held with IT to agree data provision in views. Meeting held with IT to agree data provision in views. New data feed will be established to the warehouse of Dyington from, acute severity, anticipated length of stay (PDS) and external stroke Reg. dates/times recorded on Clinical Workstations. CS & TBIS enable On IW work plan not scheduled.
92	Data storage and linkage improvement programme	Stable programme encompassing Data linkage, modelling and cleansing processes and the provision of high performance warehousing enabling linkage to outcomes Presently reporting benefits of an all Wales approach Development of a cancer pathway management tool within the warehouse, bringing in data from the CMHS system Development of a radiology pathway management tool within the warehouse, bringing in data from the RADIS system	Essential to realising the benefits of research and "validation" process being realised across Wales, reducing cost and time Essential to providing sustainable services where demand and system response times are in minutes (e.g. WAST, unscheduled care etc) Reporting of cancer information from the UHB's corporate information tools. Availability of cancer data within the data warehouse for data linkage. Essential for resilience of key databases in organisation Improves ability to manage radiology services	NWS for CMHS data NWS - Develop means of pathway linkage (RADIS etc)	£250,000	£872,000				Under the PROMS project the Data Warehouse will be developed to include a linked schema for purposes beyond the current PIC requirement Cancer pathway that developing slower than anticipated due to staff departure. Some progress made with priority placed on preprocessing data from the oncology system, which is presently the most challenging pathway In consultation made for Radiology development covering MR, US, CT to allow the service to adjust resource availability and to not alternative service delivery options to meet predicted ebb and flow against a backdrop of overall rising demand has been created and a row being tested with the service Significant bundle of benchmarking analysis undertaken to support the TTC programme New version of IBM Cognos Analytics is installed on an evaluation server and a starter pack of dashboards developed. New production server infrastructure implemented by IT, enabling transition to commerce Weekly RTT report on waiting list position and activity automated for availability via BS. Functionality to provide patient level drill down under way Pathway modelling to support Fig 3 - enhanced orthopaedics scheduling completed Opi and control, activity capacity and agency rate monitoring reports produced First dashboard service complete and meeting scheduled to finalise and sign off content and presentation. Security will be implemented to restrict access based on users, roles and locations
		Programme to improve use of quantitative information and evidence in decision making, which will enhance business intelligence capacity and capability across NHS clinicians and systems leaders Implementation of next generation IBM Analytics Business Intelligence tools. Replacing old technology (Cognos 10) to provide fully interactive dashboarding for desk top and mobile, while retaining enterprise reporting platform and scheduling Statistics, data mining, computing and OR training across professional informatics workforce Nursing Dashboard: Provision of fully interactive dashboard for nursing staff across the health board	Will improve all areas of the workforce in being able to access information and knowledge around delivery of operational and strategic objectives, thus improving the quality of decisions and the services overall performance. With a focus on quality, safety, patient experience and use of resources. The dashboard would support corporate and divisional nursing and need managers to manage their resources effectively and safely. Provide the executive director of nursing with assurance across key performance indicators.	Requires Primary care data - NWS to lead	£3,000	£60,000				Data not yet available

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Cardiff and Vale UHB - IMTP 2018 - 2019/20 - Informatics Programme - Information workplan update report - JUNE 2017

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Ref	Deliverable	Description	Benefits	Inter-dependencies	17/18	17/18	Request ed priority of NWS 17/18	UHB high priority 17/18	Aug -17 Progress
93	Information Delivery & Discovery	UHB strategic balanced scorecard. Strategic measurements for measuring progress in delivering UHB's mission "Caring for People, Keeping People Well" have been outlined. A scorecard for measuring progress and reporting on a quarterly basis the measures and the numerous input measures underpinning delivery is required. In addition to a BIC development this will require numerous sub-developments for capturing and measuring progress to be developed and linked together - includes: Health Life expectancy by LSOA / cluster Patient activation scores (CS-PAM & PAM) - patient confidence of managing their own care Unhealthy behaviours bundle & health prevention bundle Clinical service strategy priority bundles (maternity, eye care, cancer, MS, LTC, dementia)	Provides focus and understanding of the progress being made to deliver the key strategic goals of the organisation	Requires inputs from PHE and NWS & potentially social care MDT flow (England use 125)			Yes		Second draft of shorter scorecard close to finalisation
		Provision of reporting suites via BIC for Workstation Modules: To develop reporting solutions to accompany new workstation data collection and PMS modules e.g. Diabetic risk assessments, Obstetric Anaesthetics Service.	Provision of self-service and scheduled reporting.						Ongoing and dependent on data provision from PMS development Team.
		Development of enhanced resource allocation requirement and employment models in with the initial focus being on radiologists	Understanding of what is causing change in demand and in forecasting likely resource requirements in radiology	linked RADIS WL and activity data into IW			Yes		
		Standardisation and provision of a timely adhoc reporting service and QOL capture	On going provision of information internally and externally. Compliance with FOI requests						
		Financial and performance benchmarking. Develop means of identifying areas of high expenditure in comparison to other organisations (financial benchmarking). To include observed data	More granular understanding of Patient Level Costs in comparison to other organisations, essential for financial review						Large suite of analysis produced to inform TTC. Ongoing annual programme established
		Deliver the UHB's Income and expenditure discovery project. Provision of costing, developer and analytical support in order to better understand the costs and theoretical payment by results income the HB as a provider would realise	Supports equity of financial allocation at a national level; provides a greater understanding of the relative efficiency of our individual services.						Finance draft completed latest version review mg mt performance against existing LTA, with evidence submitted to WIC
94	Intelligent systems Programme - Resource allocation, scheduling and optimisation - Decision support tools - Cognitive behaviour programme - Indicative pathway prediction based on content of electronic referral	Algorithms and software to support the dynamic scheduling of patients requiring physical and virtual subsequent attendance or hospital treatment around individual needs / choice, whilst optimising use of human and physical resources (e.g. clinicians, beds, theatres). Development would include consideration of patient behavioural and system response. Intended to be delivered via a Federated All Wales programme (HSJ) Early telehealth resource optimisation (nursing, beds, wards and CCD) To allow the use of condition specific utility scores for PHEWL, use test mixing to determine an indicative pathway based on the electronic referral.	<ul style="list-style-type: none">Dynamically optimises use of resources so as to maximise the time both scheduled and elective demand (at a granular level and including activity and capacity are in balance at minimal cost. eE. forecast a cost saving of £15M for UHW alone over 5 yearsImproves access times, improving patient satisfaction and outcomesMinimises variation in pathway management and reduces waste Supports delivery of Minimum nurse staffing legislation	ADU / PHE & NWS Joint planning for how Wales develops infrastructure, capability and capacity to work with real time info	£50,000	£800,000	No		Presently dependent upon completion of the Master surgery scheduler - an optimisation approach to the department and scheduling of theatre lists, beds and clinical care resource (Simu8 model of patients accessing prostate USC pathway & Modelling pathways to increase organisation's resilience in meeting diagnostic targets completed and being worked through with the service. Simu8 model of stroke pathway presently being configured)
95	- Advice	Development of a mobile-friendly web application to facilitate secure, audited, clinical communications between GPs and secondary care services. The project aims to reduce the number of unnecessary referrals into the hospital by offering an alternative service by which GPs can receive timely expert advice for their non-urgent patients.	<ul style="list-style-type: none">Improved dialogue between primary and secondary careReduction in OP referrals by specialityReduction in New OP appointments by specialityImproved patient experienceImproved education for Primary Care		0	0			as above
96	- Community Services - Mobile Working	832 netbook devices are now in use This makes Cardiff and Vale the largest deployment of Community Mobile working in Wales (by some distance), and one of the largest deployments in the UK.	Direct write up whilst with the patient/in the field, rather than time and resource costly return to base		0	0		no	Asset realisation of 832 excess technical hardware WF access from trusted sources (e.g. Call Free MFTS) will be allowed following visit to every 832 netbooks Resource bus within the team (1 & WTE's have both left the institute in August 2017)
97	- Community services - Maternity Mobile Working	This is enabling access to PABIS, e-mail, Clinical portal, ESR	Provision of direct write-up into the maternity notes by Maternity staff, saving time, costs and increasing report completion		0	0		no	Complete, in support only
98	- Big data & Personalised Medicine programme - Outcomes and Effectiveness Programmes - Prediction & Auto validation techniques - Clinical variation programme - Risk profiling	Strategic programme using the integration of clinical, system and patient information to both enable and deliver personalised medicine and increase health knowledge through data, pathway and text mining approaches, machine based learning and other AI techniques. Intended to be delivered via a federated All Wales programme (HSJ)	<ul style="list-style-type: none">Supports precision medicine enabling greater efficiencies and impacts from treatments to be realised thus improving clinical and cost effectiveness & reducing variationWill speed up research being translated into treatment, reducing drug costs	All Wales consideration of Warehousing and real time analytics	£50,000	£800,000		no	Textual approach being considered as part of the WG tel informatics task force
99	- Population / Public Health Intelligence programme - Surveillance, targeted risk profiling & prevention - Personal genome and connectome projects - Intelligent interactive participant cohorts	Interconnected with more operational big data programme identified above. Similarities to the AI above, with the forecast being an improved profiling of the population in order to identify those most likely of either having or developing health needs and taking preventative / earlier interventions which are personalised around the individual's characteristics. The programme would also ensure that research emanating from the genome and connectome projects is rapidly translated into cost effective treatments within the NHS and into supporting patients who sign up to "research" programmes.	<ul style="list-style-type: none">Should markedly reduce health inequality as interventions will be targeted on individual profiles rather than on individual's likelihood of demanding services.Supports an individual's confidence and knowledge in self management, reducing demand on the more expensive care servicesSupports precision medicine enabling greater efficiencies and impacts from treatments to be realised thus improving clinical and cost effectiveness & reducing variationWill speed up research being translated into treatment, reducing drug costs	PHE & All Wales programme to be developed	700	700		no	Taken forward via National strategic workstream on improvement and innovation
100	- Clinical Informatics programme - Clinical support tools - Patient self help tools and assessments - Patient self management modules and tools - Automated integration of patient self reporting - Automated analysis of clinical diagnostics and results - Provision of social media support	Creation and application within clinical and resource information and management systems of a library of 'authenticator' support tools and decision algorithms for use by the patient and clinicians in the management of symptoms and conditions which draw on evidence and MBU/Big data to improve effectiveness of care and reducing onward variation. Programme seen as a combination of validation of existing tools and development of apps, algorithms and tools based on NHS Wales data (i.e over time will include the PROMS data) Early initiatives would be image recognition classification software in teledermatology and type 1 POC support app Intended to be delivered via a Federated All Wales programme (HSJ)	<ul style="list-style-type: none">By supporting junior clinicians improves effectiveness of care and clinical outcomeReduces errors and variance in clinical practiceReduces the resource required to perform a clinical event, improving productivity and sustainability of servicesEnhances support provided to staff and promotes a desire to research, innovate and improve care and servicesDone at All Wales scale offers significant financial savings	WG, NWS & ADI support on getting Support on getting NCLM and other dataset rapidly agreed and in use across Wales Potentially requires interfacing HSJ created	£0	£35,300		Yes	Presenting tools made available
Total	Total				£92,000	13,954,300			

8.2

Cardiff and Vale UHB - Digital SOP - Financial Risk Assessment for 18 months September 2017-March 2019

1: Highly likely to materialise with very limited chance to avoid, 2: Limited opportunity to avoid, 3: Choice for UHB, Accelerator - project commenced funding with accelerate, (N): National programme, (L) Local Programme

Work-stream	Financial risk assessment	Deliverable	Description	Benefits	3 year Capital Total	Capital costs -Yr1	Capital costs -Yr2	Capital costs -Yr3	3 year revenue costs	Revenue costs - Yr1	Revenue costs - Yr2	Revenue costs - Yr3	National Mandate	Cash Releasing?	ROI?	Capital Secured?	Revenue Secured?	UHB's top priorities for national funding	Turning the Curve (TTC)	Comments
PF	1L	Continuing programme to sustain and refresh the IT Infrastructure to protect the UHB from system interruption risks	A programme aimed at sustaining and refreshing the IT Infrastructure to protect the UHB from system interruption risks and to provide a platform for modernisation and transformation	<ul style="list-style-type: none"> Improved patient safety Improved continuity of service Less disruption of services Improved Risk Management Improved Data Safety Improved System Performance Improved compliance with IT Security Standards Improved Disaster Recovery capability Mitigation of security risks and delivery of modernisation 	£12,200,000	£4,750,000	£3,100,000	£4,350,000	£1,845,000	£509,000	£632,000	£704,000	Y	Y?	Y	N	N	Y	Y	The programme of sustaining the ICT infrastructure underpins everything else. It is what protects us from IT risk including cyber security and prepares us for modernisation and mobilisation. Funding in the past has derived from discretionary capital and WG successful bids.
STP	1N	Electronic prescribing and Medicines Administration (EPMA)	WHEPMA replaces the current paper prescription and administration record chart normally completed for every in-patient, as well as discharge and outpatient prescription forms.	<ul style="list-style-type: none"> Ensures that (expensive) medications are optimally and cost effectively prescribed By reducing drug errors, improves patient experience and outcome Supports clinicians in delivering care 	£2,016,000	£200,000	£1,316,000	£500,000	£600,000	£150,000	£300,000	£150,000	Y	Y	Y	N	N	Y	Y	National project - no spend 17/18 Pharmacy system 18/19 ePrescribing system 19/20
PF	1N	Deployment of the Enterprise Master Patient Index (EMPI)	The Enterprise Master Patient Index (EMPI) helps organisations keep patient data such as name, address and date of birth up to date and accurate. This makes searching for patients' health records faster and safer. Costs for additional UHB systems at £10k per system	<ul style="list-style-type: none"> The EMPI makes it easier for clinicians to identify the correct health records for the right patient The EMPI supports the implementation of the Welsh Clinical Portal and other national systems The EMPI works by linking all the records for an individual patient held information systems to a single patient identity record 	£0	£0	£0	£0	£50,000	£20,000	£20,000	£10,000	Y	?	Y	Y	P	N	Y	Project underway - speed of delivery subject to additional funding
PF	1N	Microsoft Desktop Subscription Project	Project to deliver a revenue based solution to provide the latest Microsoft Desktop Products	Provides a platform for continuing modernisation, transformation, office automation and security.	£0	£0	£0	£0	£282,000	£130,000	£90,000	£62,000	Y	?	Y	Y	P	N	N	Microsoft Subscription already budget in position will increase 18/19
I4U	1/2N	Project to open up local architecture	Roadmap to open up the local ICT Architecture to SMART technology and Patient access	<ul style="list-style-type: none"> Provides access to information to support the population in taking greater ownership of their health and wellbeing Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily & at times on demand) Reduces the number of DNAs outpatients, diagnostics, home visits, GP consults etc. <ul style="list-style-type: none"> Saves patient time Would support "Once for Wales" by extending market choice and promoting innovative solutions to improve community mental health and Social Care record for the patients, clients and citizens of a region 	£200,000	£50,000	£75,000	£75,000	£150,000	£50,000	£50,000	£50,000	Y	?	Y	N	N	Y	N	likely to be cost of adopting standards and making copy data available - linked to numerous other schemes
STP	1/2N	Welsh Community Care Information Solution	Delivery of an Integrated Health and social care system	<ul style="list-style-type: none"> Will support community based services to deliver more effective and efficient services to citizens in their own homes 	£975,000	£475,000	£300,000	£200,000	£3,225,000	£1,084,000	£1,418,000	£723,000	Y	N	Y-?	N	N	Y	N	Significant Business case 18/19 Applied to WG for funding 17/18 - awaiting outcome
I4U	1/2N/3L	Patient Portal	Project to facilitate patient access to appropriate UHB information	<ul style="list-style-type: none"> Provides information to support the population in taking greater ownership of their health and wellbeing Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily and at times on demand) Reduces the number of DNAs outpatients, diagnostics, home visits, GP consults etc Facilitates the UHB, local authorities, primary care etc working better together. <ul style="list-style-type: none"> Saves patient time 	£500,000	£100,000	£200,000	£200,000	£400,000	£100,000	£150,000	£150,000	Y	?	Y-?	N	N	N	N	Spend of £30k this year for ENT PKB - ?Exec / Planned care board commitment to continue

8.2

Cardiff and Vale UHB - Digital SOP - Financial Risk Assessment for 18 months September 2017-March 2019

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Work-stream	Financial risk assessment	Deliverable	Description	Benefits	3 year Capital Total	Capital costs -Yr1	Capital costs -Yr2	Capital costs -Yr3	3 year revenue costs	Revenue costs - Yr1	Revenue costs - Yr2	Revenue costs - Yr3	National Mandate	Cash Releasing?	ROI?	Capital Secured?	Revenue Secured?	UHB's top priorities for national funding	Turning the Curve (TTC)	Comments
STP	1L/2L	PMS development	The PMS system maintains the core patient data set for a number of other systems and planned systems. These include (for example) the Clinical Portal, Diagnostic and Therapies system, EU and Ward Workstations and the planned referral management processes via the Welsh Clinical Communications Gateway (WCCG). PMS also provides the main data feed for the Intelligent Warehouse including RTT pathway data. Notwithstanding this, the UHB recognises the long term strategic benefits of a single PAS system across all LHB's in Wales, and is fully engaged with NWS to participate in the design and specification of the next implementation of PAS. It is expected that this will not be available for at	New hardware infrastructure has recently been implemented allowing- Demand for continued additional functionality PMS to be addressed- Greater storage and processor performance which enhances options both within PMS and the Data Warehouse based BI system- Required enhancements to the many sub-modules of PMS will progress providing greater clinical and administrative functionality without further impact on current services and functions- Continued deployment and enhancement of clinical communications (correspondence and direct data interlinks) will also be a significant part of this move forward	£300,000	£300,000	£0	£0	£495,000	£0	£45,000	£450,000	Y	N	Y	N	N	Y	N	Keeping the lights on - essential to move to professional license
STP	1N/3L	PACS & VNA Project	Implementation of a next generation PACS system	<ul style="list-style-type: none"> Enterprise Imaging Digital Radiography Integrated Care Clinical Analytics Integrated Radiology 	£0	£0	£0	£0	£0	£0	£0	£0	Y	N	N	N	N	Y	N	TBC
PF	2L	Telecommunications Strategic Programme	Telecommunications Strategic Programme ensuring that the voice communications infrastructure and services fully support and underpin the clinical, research and business objectives of the UHB,	<ul style="list-style-type: none"> Resilience Efficiency Communications Platform for modernisation 	£200,000	£50,000	£100,000	£50,000	£0	£0	£0	£0	N	?	Y	P	P	N	N	Project underway - speed of delivery subject to additional funding
I4U	2N	Directory of Services Project	DOS content provider local editor	Ensures that residents and visitors to Cardiff and Vale have easy access to knowledge regarding the availability, location and opening times of care and support services, supporting them to choose well	£0	£0	£0	£0	£70,000	£10,000	£30,000	£30,000	N	?	Y	N	N	N	N	No committed spend - subject to national discussion - ongoing
STP	2N	National Diabetic System	Project to specify, design, procure or develop and implement a National Diabetes System in the UHB	<ul style="list-style-type: none"> Patient safety Efficiencies 	£425,000	£100,000	£225,000	£100,000	£150,000	£50,000	£50,000	£50,000	Y	?	Y	N	N	Y	Y	No Commitment
STP	2N	Ophthalmology System	Project to specify, design, procure or develop and implement a National Eye Care System in the UHB	<ul style="list-style-type: none"> Improved patient safety due to ability to identify and manage risk, increased timeliness and availability of relevant clinical information Better business information to enable better management and planning Reduced waiting times for ophthalmology services More efficient pathways More people managed in primary care 	£405,000	£100,000	£205,000	£100,000	£150,000	£50,000	£50,000	£50,000	Y	Y	Y	N	N	Y	Y	UHB leading National discussion on the delivery. Some limited spend committed to date - potential further spend subject to National project
STP	2N	Digitised SnoMed-CT based Clinical record	Commence development and implementation of paperless/paper-light record moving to structuring hitherto unstructured clinical notes and letters from a data management perspective	As up to 80% of clinical information is recorded in an unstructured way, this development is essential to enabling that data to be readily accessed, in turn enabling the benefits of personalised and targeted medicine to be realised and variation in pathways and patient management to be identified, assessed and reduced.	£900,000	£300,000	£450,000	£150,000	£1,500,000	£300,000	£600,000	£600,000	N?	?	?	N	N	Y	Y	UHB spend 17/18 on developer resource - via Information /IT budget. Additional spend in future as local priority subject to national project

8.2

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STP	2N	Electronic Inpatient Flow: National Programme	Integrated scheduling of patients	Electronic Patient Flow Management (ePFM) systems provide core benefits to the service. At a clinical level it will offer the ability to capture and maintain real time data about the patient's clinical status including patient observations (e.g. National Early Warning Scores for sepsis), pressure area risk scores and other alerts and notifications associated with maintaining patient safety on the ward. Operationally it will utilise electronic white boards to support daily multidisciplinary meetings on wards to plan and deliver timely care by the whole team including referrals to other services. It will provide real time whole hospital and health system bed management information to support the daily management of patient flow in response to changing needs including staff management. Finally, it will provide the opportunity to deliver information for planning and financial purposes.	£1,786,000	£1,586,000	£100,000	£100,000	£1,631,000	£831,000	£400,000	£400,000	Y	Y	Y	N	N	Y	Y	Spend requirements will be subject to B/C approval via WG - no spend requirements for 17/18
PF	2N	Single Sign On & Context Sharing	The implementation of a "fast and secure" mechanism for users to connect to the NHS Wales Domain	<ul style="list-style-type: none"> Ease of access Security Efficiency 	£400,000	£100,000	£200,000	£100,000	£60,000	£20,000	£20,000	£20,000	N	?	Y	N	N	N	N	No cost 17/18 subject to national procurement
PF	2N/2L	WiFi – Staff Patients and Visitors	The continued development and rollout of the integration of Wi-Fi enabling staff patients and visitors to access both free and secured Wi-Fi connectivity	<ul style="list-style-type: none"> Patients are able to access the internet for entertainment whilst in hospital and/or in outpatient clinics. Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD. Real-time on-line patient's survey 	£800,000	£400,000	£200,000	£200,000	£150,000	£50,000	£50,000	£50,000	Y	Y	Y	N	N	Y	Y	WiFi provision is now required to be pervasive to facilitate access to modern systems including WHEPPA, ePF & WCP. The UHB currently relies on its charity for revenue & also is in need of further capital roll out.
STP	2N/3N	National Catering System.	Procurement and implementation of a National Catering System for Wales	<ul style="list-style-type: none"> Elimination of Waste Speed Choice Efficiency 	£0				£0				Y	Y	Y	N	N	Y	?	TBC
STP	2N/3N	Emergency Department System	Paperless system in order to manage the flow of patients through the ED, in real time in order to identify bottlenecks in the ED pathway	<ul style="list-style-type: none"> All Wales initiative NWIS will host the central infrastructure System allows for a degree of adaptation and localisation of the solution to reflect specific local needs Functionality to support improved clinical care 	£400,000	£300,000	£100,000	£0	£668,000	£300,000	£196,000	£172,000	Y	N	Y-?	N	N	N	N	Significant issues in ABMU awaiting outcome - No spend requirement for 17/18
I&I	2N/Funded	Patient Feedback System	Platform within patient portal to capture patient reported experience and outcome measures		£0	£0	£0	£0	£140,000	£0	£70,000	£70,000	Y	Y	Y	Y	N	N	Y	No costs 17/18 taken forward in conjunction with national programme
I4U	3L	Telehealth Project (TECS)	Delivery of Tele Health, Tele Care and Telemedicine programme to support services provided by Cardiff and Vale UHB	<ul style="list-style-type: none"> To support timely discharge from hospital and avoid unnecessary admission to hospital To enable healthcare professionals to plan their interventions based on the symptomatic needs of the service user To enable out of hours teams to access information 	£1,750,000	£150,000	£800,000	£800,000	£825,000	£250,000	£250,000	£325,000	N	Y	Y	N	N	Y	Y	Optional spend (£50k spent 17/18)

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STP	3L	Outpatients Modernisation	Will include the installation of pervasive Wi-Fi, PCs in all consultation Rooms "booking in" Kiosks and "on-line" Proms	<ul style="list-style-type: none"> Supports patient experience Enables patients to have access to online advice and tools relating to their care Enables patient reported clinical information, outcome measures and experience measures to be reported by patients whilst in hospital, supporting co-production and reducing the time spent by clinicians doing non clinical activities which could be done by others. Increased efficiency when running outpatient clinics Improved communication between the consultant and the patient Link to COM will improve RTT compliance Burden on reception staff relieved to improve communication between reception staff and patients 	£450,000	£150,000	£250,000	£50,000	£50,000	£50,000	£0	£0	N	Y?	Y	N	N	Y	Y	Spend requirements going forward will be subject to TTC outpatients modernisation plan & £2m national mobile b/c
STP	3L	E-advice	Development of a mobile-friendly web application to facilitate secure, audited, clinical communications between GPs and secondary-care services. The project aims to reduce the number of unnecessary referrals into the hospital by offering an alternative service by which GPs can receive timely expert advice for their non-urgent patients.	<ul style="list-style-type: none"> Improved dialogue between primary and secondary care Reduction in OP referrals by speciality Reduction in New OP appointments by speciality Improved patient experience Improved education for Primary Care 	£50,000	£50,000	£0	£0	£225,000	£75,000	£75,000	£75,000	N	Y	Y	Y	P	N	Y	Project underway - speed of delivery subject to additional funding
STP	3L	ERAS	ERAS programme requested clinical form to support compliance with ERAS pathway - requires interoperability and data flow	<ul style="list-style-type: none"> Reduced LOS by 2 days for IP elective procedures. Improves quality - moves to digital record 	£0	£0	£0	£0	£12,000	£12,000	£0	£0	N	Y	Y	N	N	Y	Y	Surgery TTC to reduce LOS - Info mtg costs by prioritising resources towards it. Part of HQR programme with BCU & AB - pre-requisite is this
STP	3L	Digitising Health Records Project	Deliver a single view of patient records across the organisation resulting introduction in missing notes/cancelled patient appts / increased utilisation of clinic slots	<ul style="list-style-type: none"> Improved access to patient records Improving quality of care delivered Cost savings within the health board through the introduction of a paper light system Reduced costs for future support from Health Records for additional clinic activity 	£2,000,000	£500,000	£1,250,000	£250,000	£450,000	£150,000	£150,000	£150,000	N	Y-?	Y-?	N	N	N	Y	See ERAS - Being pursued in partnership with other HBS - will seek national funding
STP	3L	Location Based Records Filing	System to manage paper based Medical Records with a "Passive RFID" for tracking	<ul style="list-style-type: none"> Efficiencies in the storage, transit and security of records 	£300,000	£0	£300,000	£0	£110,000	£50,000	£30,000	£30,000	N	?	Y	N	N	N	N	No spend 17/18 project depends on Health Records
STP	3L	Paperless sexual health system	The rollout of the solution into the Community Clinics of Cardiff and Vale of Glamorgan	<ul style="list-style-type: none"> A "single" view of the patient supporting their ability to be treated in a community clinic Ability to view pathology results 	£90,000	£60,000	£15,000	£15,000	£60,000	£30,000	£15,000	£15,000	N	?	Y?	N	N	N	Y	Darren (Sexual Health consultant - is a TTC lead - he has been pointed in direction of Mark Wardle
STP	3L	National Intelligent Integrated Audit Solution (NIAS)	Enable patients to view which health and social care professionals have accessed health and care record	<ul style="list-style-type: none"> NIAS audits inappropriate access to patient data Will be integrated with all national systems over time NIAS audits access to the GP Record in Cardiff and Vale UHB 	£0	n/k	n/k	n/k	£0	n/k	n/k	n/k	Y	n/k	n/k	n/k	n/k	n/k	n/k	Expected to be funded from WG as plan for citizen portal evolves
STP	3L	Implement a PROMs and cost effectiveness programme	Systematise a PROMs programme and lead on the establishment of an All Wales effectiveness and cost effectiveness evaluation unit to provide greater evidence of the quality of life of our residents and the change in patient outcomes that our care provides.	<ul style="list-style-type: none"> Develops a commercial asset Provides a strong evidence base as to the effectiveness of care and treatments Enables HB to benchmark Improves internal clinical performance Enables clinicians to use PROMs data to guide referral and follow up practice 	£0	£0	£0	£0	£60	£20	£20	£20	Y	N	long term - essential	Y	N	N	Y	Risk re outcome of all Wales bid - HB needs to work through implementation costs - Info funded 8a post - require .Swtve developer

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STP	3L	Clinical use of PROMs	Incorporates longitudinal quality of life data within the clinical information modules, informing the clinician and patient of the patient's progress against that of a similar group of individuals	<ul style="list-style-type: none"> Provides information to enable improvements in individuals quality of life and healthy life expectancy Supports individuals to take greater responsibility for their health Supports patients in setting their expectations regarding QoL given their individual circumstances Supports precision medicine - reducing waste and variation in the management of 	£0	£0	£0	£0	£0	£0	£0	£0	Y	N	long term - essential	Y	N	N	Y	as above
PF	3L	Mobile working – BYOD – Increase BYOD and deployment of a Digital Access Platform	The UHB continues to leverage the benefits of staff using their personal devices using GOOD as a BYOD tool enabling being able to access both Clinical and Business Applications anywhere any time. The UHB is also looking to deploy a suite of products as part of a digital access platform	<ul style="list-style-type: none"> Will result in improved timeliness and availability of relevant clinical and business information The production and administration of paper results will be reduced or eliminated The ordering of unnecessary tests will be decreased, resulting in reduced costs to the organisation Telephone transcription of urgent results will be reduced or eliminated Will contribute significantly to the evolving 	£90,000	£30,000	£30,000	£30,000	£300,000	£100,000	£100,000	£100,000	N	Y?	Y	P	P	N	Y	Project underway - speed of delivery subject to additional funding
PF	3L	Digital Dictation	The UHB is currently using Analogue tape dictations units to supports audio typing. The new technology is digital providing audio dictation, direct to the secretarial support and also speech to text	<ul style="list-style-type: none"> The pooling of secretarial and typing support. No longer do clinicians have to wait for the letter because the secretarial support is away on annual leave Greatly improved timescales in the communication with patients and primary care Speech to text reduces the amount of typing 	£480,000	£300,000	£180,000	£0	£90,000	£30,000	£30,000	£30,000	N	Y	Y	N	N	N	Y	Digital dictation has the potential to deliver cash releasing benefits in back office tasks if taken forward appropriately
PF	3L	Update Intranet	The migration of the UHB Oracle Intranet site to a modern platform	<ul style="list-style-type: none"> Improved communication channel within the UHB 	£150,000	£120,000	£30,000	£0	£150,000	£50,000	£50,000	£50,000	N	?	Y	N	N	N	N	TBC
I&I	3L	Provide better information through the use of digital dashboards	Additional dashboard and warehouse developers to acquire data and provide visual interactive dash boarding and reports to citizens, professionals and system leaders		£6,000	£2,000	£2,000	£2,000	£180,000	£60,000	£60,000	£60,000	N	?	Y	Y	N	N	Y	Project underway - Awaiting server (req Sept-2016)
I&I	3L	Expansion of data warehousing, infrastructure and capacity	As part of programme to move to a national warehousing solution enabling the benefits of "Personalised Medicine" via Big data, there are costs with acquiring live data feeds from commercial systems used in the UHB and in providing mirror servers to ensure that there is no impact on the performance of live systems.		£303,000	£101,000	£101,000	£101,000	£180,000	£60,000	£60,000	£60,000	Y	?	Y	N	N	N	N	Data acquisition, storage and delivery programme being developed for all Wales National repository. Local plan and developments required. IW Server is past end of life
I&I	3L	Enhanced quality performance and benchmarking, computer-assisted coding, real time clinical analysis	Programme for developing prompts within systems and for automations leading to improvement in data quality		£250,000	£250,000	£0	£0	£100,000	£0	£50,000	£50,000	N	?	Y	N	N	N	N	Ongoing - used to attract R&D & ETF investment
I&I	3L	Additional laptops and docking stations, data projectors and other equipment	Costs of providing key users with technology to support mobile analytics		£75,000	£25,000	£25,000	£25,000	£0	£0	£0	£0	N	Y	Y	Y	Y	N	N	No costs for 17/18
I&I	3L	Additional Business Intelligence staff.	UHB's proportion of the move to developing a Health Systems Intelligence Unit		£6,000	£2,000	£2,000	£2,000	£300,000	£100,000	£100,000	£100,000	N	?	Y	Y	N	N	N	Mtg Len 14/8 as he is considering getting in mgt consultants to provide addnal analytical resource

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I&I	3L/Funded	Improved Clinical Coding timeliness	Use of Snomed-CT at source and the application of using text mining approaches to digitising coding clinithink and digital clinical record		£70,000	£70,000	£0	£0	£387,000	£129,000	£129,000	£129,000	N	?	Y	N	N	N	Y	National EETF funded - minimal progress no cost expected in 18/19 - local initiative tied up in ERAS/ Clinical record / Snomed & FHIR programme,
STP	3N	e-ICU	The NHS Wales ICU Network led by Aneurin Bevan UHB has received funding support from the Welsh Government to have a "single solution" e-ICU system for NHS Wales, with funding commencing 2015/16.	Avoid the need to transfer a level 1 ICU patient to a level 2 or 3 bed. Ability to remotely support the delivery of care in another ICU Hospital	£0				£0				Y	?	Y	N	N	Y	Y	Pressure coming from WG to get on with EETF funded case - ?cost of interoperability
PF	3N/3L	Suite of interoperability initiatives to inform the Acute to Community transition	A suite of developments to deliver both clinical practice improvements and efficiency improvements: i) View of key Acute information for Community teams (and vice versa) ii) e-referring between acute and community teams (currently undertaken by fax or telephone)		£100,000	£100,000	£0	£0	£450,000	£150,000	£150,000	£150,000	N	Y	Y	N?	N	N	Y	Costs are to be confirmed following technical investigation of issuing eDALs from PARIS to GP's. Other costs would come out of a benefits review of the interface.
STP	Accelerator	Welsh Care Record Service	WCERS is an extensive programme of work to provide clinical documents in electronic format and make them available wherever a patient is treated in Wales	<ul style="list-style-type: none"> Documents are made available in the WCP regardless of where the information was originally created Supports the single electronic patient record vision Available to clinicians wherever the patient is treated 	£200,000	£50,000	£100,000	£50,000	£300,000	£100,000	£100,000	£100,000	Y	Y-?	Y	N	N	Y	Y	Project underway - speed of delivery subject to additional funding
STP	Accelerator	Welsh Patient Referral Service	WPRS supports online e-referral prioritisation by clinicians and clinical teams using the Welsh Clinical Portal and clinical dialogue between secondary care clinicians and GPs and introduces the Welsh Admin Portal (WAP) for use by health records staff	<ul style="list-style-type: none"> Safe, secure and fast electronic transmission of patient data between clinicians, health records and administrative staff Reduction in the time taken to add patients to a waiting list and, ultimately, a reduction in the time taken to initiate appointment booking Flexibility – e-referrals can be processed by staff in devolved or other areas that are away from the main Health Records Department Significant reduction in turnaround time between admin and clinical functions Improved security of referral – i.e. referrals will not be lost or mislaid Contributes significantly to the evolving electronic patient Improved Primary/Secondary Care communications on current patient state Improved data accuracy 	£100,000	£70,000	£15,000	£15,000	£370,000	£135,000	£135,000	£100,000	Y	Y	Y	P	P	Y	Y	Project underway - speed of delivery subject to additional funding
STP	Accelerator	Migration to Welsh Clinical Portal from Cardiff Clinical Portal	The UHB will move across to the Welsh Clinical Portal, from the Cardiff Clinical Portal, over time. The WCP has functionality not in CCP and these modules are being implemented across the health board (see below). CCP has functionality not currently available	<ul style="list-style-type: none"> Clinicians have access to a single patient record in one portal without the need to access a variety of different systems Clinicians have access to patient information whenever and wherever they require it Supports patient safety initiatives 	£283,230	£150,000	£98,230	£35,000	£400,000	£150,000	£125,000	£125,000	Y	Y?	Y	P	P	Y	Y	Project underway - speed of delivery subject to additional funding
STP	Accelerator	GP Test Requesting and Result Reporting (GPTR)	GPTR is a system which will allow staff at a General Practice to electronically request tests and view test results from their local hospital laboratory.	<ul style="list-style-type: none"> The user at the practice will be able to select the required test/s from an electronic list of tests made available via the Wales Pathology Handbook The request will be electronically sent to the hospital laboratory GPTR will print a request form and label Eliminates manual transcription errors Reduces duplicate tests 	£0	£0	£0	£0	£150,000	£100,000	£50,000	£0	Y	Y	Y	Y	N	Y	Y	Project underway - speed of delivery subject to additional funding

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STP	Accelerator	Welsh Clinical Portal (WCP) -Medicines Transcribing and e-Discharge (MTED)	The MTED module facilitates the electronic production of an e-discharge advice letter which includes patients' current medication list. The e-discharge advice letter is sent securely to a patient's GP via the Welsh Clinical Communications Gateway.	<ul style="list-style-type: none"> The implementation of MTED will reduce medication transcription errors Compliance with the formulary is increased An electronic discharge advice letter is produced resulting in fast transmission of structured and complete data to primary care 	£200,000	£100,000	£50,000	£50,000	£330,000	£125,000	£125,000	£80,000	Y	Y?	Y	P	P	N	Y	Project underway - speed of delivery subject to additional funding
STP	Accelerator	Welsh Clinical Portal - GP Record Module	A summary of patients' GP record has been made available to secondary care doctors and pharmacists as part of the WCP. Having access to the GP Record supports the use of the Medicines Transcribing and e-Discharge (MTED) module of the Welsh Clinical Portal.	<ul style="list-style-type: none"> Clinicians report that having access to the GP Record supports diagnosis in urgent situations Also supports fast and accurate medicines reconciliation e.g. Pharmacists do not have to phone GP practices for patients' current medication information 	£50,000	£50,000	£0	£0	£15,000	£5,000	£5,000	£5,000	Y	Y	Y	Y	Y	N	Y	No spend requirement
PF	Accelerator	Secure messaging with LA	Rollout of MxOffice 2013 to enable users access to "move it", which provides an encrypted email messaging platform		£0	£0	£0	£0	£50,000	£50,000	£0	£0	N	?	Y	P	P	N	N	No cost required
PF	Accelerator	Community Services - Mobile Working	The upgrade of the mobile working solution to support our Community and Maternity staff	<ul style="list-style-type: none"> Direct write up whilst with the patient/in the field, rather than time and resource costly return to base 	£810,000	£250,000	£250,000	£310,000	£135,000	£45,000	£45,000	£45,000	Y	Y	Y	P	P	Y	Y	Current revenue funding owned by execs - No capital required 17/18- future requirements for WCCIS
I4U	Funded	Virtual support prescription library	development of videos and online rehab programmes	<ul style="list-style-type: none"> Support patients in their self management at a convenient time and location - supports home first approach Reduces the demand for face to face consultations, enabling clinicians to focus their time on doing what only they can do. 	£20,000	£20,000	£0	£0	£100,000	£20,000	£40,000	£40,000	N	?	Y-?	N	N	N	Y	- part of follow up reduction programme -?No spend this year
STP	Funded	Chemotherapy e-Prescribing	Implementation of an Chemotherapy e-prescribing System for Haematology	<ul style="list-style-type: none"> Improved patient safety More timely multidisciplinary communication and reduction of waiting times Reduced drug wastage Reduced inappropriate variation in the use of chemotherapy Improved SACT audit data capture and benchmarking 	£350,000	£300,000	£50,000	£0	£70,000	£30,000	£20,000	£20,000	N	Y	Y	Y	Y	N	Y	Funding in place - project ongoing
STP	Funded	Local Patient Flow Project	Develop and implement our local patient flow project utilising touch screens on wards and enhancing PMS, WCW and Bed Management Systems. This project is complimentary to the National Patient Flow Project in that all the IT touch screen infrastructure will be re-usable to support the National Project.	<ul style="list-style-type: none"> Electronic Patient Flow Management (EPFWS) systems provide core benefits to the service. Operationally it utilises electronic white boards to support daily multidisciplinary meetings on wards to plan and deliver timely care by the whole team including referrals to other services. It provides real time whole hospital and health system bed management 	£0				£0				N	Y	Y	N	N	N	Y	Project in place - requirement to revisit flow and touch screens (x6 screens brought 17/18)
STP	Funded	Ward Clinical Workstation Development (WCWS)	WCWS is a central application and launch pad for inpatient clinical and business management. It provides for real time clinical management of inpatients and their data. It allows for all standard administration such as admission, discharge and transfer	<ul style="list-style-type: none"> Reduction in time between discharge and availability of information to primary care teams Reduction in letter production costs Reduction in Clinician admin time Closer to goal of fully electronic patient record Enhanced audit on patient care 	£0				£0				N	Y	Y	N	Y	N	Y	No spend requirement
STP	Funded	COMS / Follow up Development	The Clinicians Office Management (COM) module's primary role is to record clinical decisions that have an effect on the Referral to Treatment (RTT) clock at the time the decision is made. The COM can be used to add patients directly onto the IPWL, request follow-up appointments and notes can be recorded against the review. The COM can be customised to	<ul style="list-style-type: none"> The Clinicians Office Management (COM) module's primary role is to record clinical decisions that have an effect on the Referral to Treatment (RTT) clock at the time the decision is made. It was originally designed to be used outside of the normal data capture areas e.g. Consultant's office, although it became obvious that it could be easily integrated in 	£0				£0				N	Y	Y	N	N	N	Y	No spend requirement
STP	Funded	Develop a programme for maximising the effective deployment of Robotics	The role of robotics within care is increasing and forecasting to expand on an exponential basis going forward. Insight in to how C&V and NHS Wales realises the benefits of these developments in the most cost effective manner is required. Given the huge AI component of robotics, for which big data is the fuel, the requirement on informatics in taking this forward and realising these benefits is essential. Intended to be delivered via a federated all Wales programme (HSIU)	<ul style="list-style-type: none"> Robotics may soon become a service that our population expects and a means of improving productivity so as to achieve sustainable care services Early involvement in robotics will ensure that C&V is in a position to excel in teaching, realising innovation and improvement in this area 	£0	£0	£0	£0	£0	£0	£0	£0	N							Robotics group set up under planned future
PF	Funded	Replacement IT clinical and document management system for clinical genetics	Upgrading the current system will ensure patient records & results held are safe and the system will integrate with the new LIMS system being deployed by the Genetic Laboratories. It will enable an electronic notes system which will increase efficiency and reduce costs	<ul style="list-style-type: none"> Sustainability Security Efficiency Patient safety 	£100,000	£100,000	£0	£0	£30,000	£10,000	£10,000	£10,000	Y	Y	Y	Y	Y	N	N	Cost around storage of data within HB data lake & how this will be linked - only part of project thought through

8.2

Cardiff and Vale UHB - Digital SOP - Financial Risk Assessment for 18 months September 2017-March 2019

1: Highly likely to materialise with very limited chance to avoid, 2: Limited opportunity to avoid, 3: Choice for UHB, Accelerator - project commenced funding with accelerate, (N): National programme, (L) Local Programme

Work-stream	Financial risk assessment	Deliverable	Description	Benefits	3 year Capital Total	Capital costs -Yr1	Capital costs -Yr2	Capital costs -Yr3	3 year revenue costs	Revenue costs - Yr1	Revenue costs - Yr2	Revenue costs - Yr3	National Mandate	Cash Releasing?	ROI?	Capital Secured?	Revenue Secured?	UHB's top priorities for national funding	Turning the Curve (TTC)	Comments
STP	TBC	Child Health - CYPRIIS	CYPRIIS (Children and Young Persons Integrated System) is the redevelopment project of the CCH2000 national child health system.	National Child Health System, Single Patient record for Children and young people. <ul style="list-style-type: none"> • Supports patient safety initiatives • Enabler to increasing Immunisation and Vaccinations rates • Reduce DNAs 	£0				£0											TBC awaiting National solution
PF	TBC	Cloud Computing	Explore the opportunities of 'cloud' computing to support more efficient and cost-effective digital services	<ul style="list-style-type: none"> • Flexibility • Disaster recovery • Automatic software updates • Capital-expenditure Free • Increased collaboration • Work from anywhere 	£0	£0	£0	£0	£950,000	£100,000	£250,000	£600,000	N	?	Y	Y	N	N	N	Current national task force examining pros and cons on use of cloud - finance lead is Huw Llewelyn

AGENDA ITEM 9.a

SUMMARY RAG STATUS ON MAJOR IM&T PROJECTS – OCTOBER 2017

W/P Ref:	Project and current RAG status	Readiness %	Implementation %	Description	Local, National or Federated (L, N, F)	Status / Next Steps
	<i>Acute-Community Interfacing:</i> Acute Discharge notifications to Community (PMS to PARIS)	60%	0%	A suite of developments to deliver both clinical practice improvements and efficiency improvements: <u>Acute/Community discharges:</u> Akin to the 2016 notification of 'admissions', a small development is required to make community services aware of patient discharges in acute, in order to assure continuation of care in community.	L	This item has been supported by IGSC in July 2017. MHCS/PARIS resource has been limited since this time due to the loss of 5 out of 12 staff members. Initial investigation into the facility has been positive. Prioritisation against the PARIS and PMS development plans is needed for Autumn'17 deliver ahead of Winter pressures.
	<i>Acute-Community Interfacing:</i> PARIS record shown in WCP (for acute and G.P view)	25%	0%	<u>Acute/Community Data visible WCP:</u> View of key Community info for Acute and G.P arenas to view/understand, leading to greater understanding of the patients history, plus allergies, plus involvements and appointments across the uHB.	L & N	NWIS have been engaged to allow the key events in document format from PARIS to be sent to Welsh Care Records Service (WCRS) via Welsh Clinical Portal (WCP). Progress was due in Spring/Summer 2017. However resource loss on MHCS and re-prioritisation of resource to WCCIS priorities have currently withdrawn key management and development resource. Prioritisation is necessary against PARIS and PMS development plans for Q3 and Q4 2017/18.

	<i>Acute-Community Interfacing:</i> e-DAL (discharge notification) issue from	10%	0%	Tens of thousands of annual referrals are made to community services, a high proportion of these via acute of GP. As it stands GPs are made aware of a relatively small proportion of the 'outcomes/discharges' of these referrals. When they are, then they receive this information via paper or other heritage media, that GPs want to move away from to receive all referral DAL's electronically.	L & N	An initial technical design group has met to consider. Phil Clee (Technical Design/Architect) has suggested a means by which PARIS DAL info would be accepted by PMS and issued off to GP's and WCRS via the existent PMS DAL mechanism/link. However resource loss on MHCS and re-prioritisation of resource to WCCIS priorities have currently withdrawn key management and development resource. Prioritisation is necessary against PARIS and PMS development plans for Q3 and Q4 2017/18.
	<i>Acute-Community Interfacing:</i> Birth notifications to Health visiting and specialist community services	50%	0%	Delivers efficiency of service via auto-creation of c6000 annual births from Euroking to PARIS (currently a manual and error prone task). c95% of births are deliverable via a relatively simple interface (excluding complex births, twin demise...)	L	Resource loss on MHCS and re-prioritisation of resource to WCCIS priorities have currently withdrawn key management and development resource.
1.7	WCCG Phase 2 e-Comms e-Clinical Letters	15%	0%	WCCG Phase 2 will provide the capability to transfer all types of clinical information securely from secondary to primary care via WCCG. WCIC has agreed that only authorised clinical letters should be	F	CAV UHB prioritised the requirement to provide other types of e-Communication (in addition to e-referrals and e-discharges) In the first instance the transmission of e-clinical letters from secondary to primary care. A working group has been set up to undertake a pilot in CAV. ABHB and ABMU evaluation reports have been received and visits to 2 ABMU

				<p>viewable in the Welsh Clinical Portal.</p> <p>This project is the second phase of the UHB's 'Go Paperless' initiative. (see WPRS update)</p>	<p>practices carried out. NWIS are looking for an 'accepting health board' to rollout this functionality from April 2017 and have asked that CAV be that health board since we have already put in place an electronic approval process for clinical letters as part of the WCRS project.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Complete all development work required to allow letters to be sent via WCCG to GP practices, including creation of a 'white list'. • Proof of Concept to be carried out with DNA letters • Confirm work to be carried out by NWIS and timescales (assume resource dependent) • Engage with pilot GP practices and secondary care pilot specialties. • Prepare e-learning.
11	<p>Wales Laboratory Information Management System (WLIMS) – outstanding modules.</p> <p>Cellular Pathology module</p> <p>Blood Transfusion module</p>	50%	0%	<p>All Wales solution Trakcare Lab – providing standardisation and ability to share information across all Health Boards. Replaces Telepath. Live with Biochemistry, Haematology and Microbiology since 2014.</p>	<p>UHB is working to towards a go live date for the Histology and Mortuary modules by the end of March 2018. Validation work ongoing and testing expected to commence by December.</p> <p>Blood Transfusion module not expected to be live by end of financial year, therefore options to be worked through – this could require the extension of the Telepath contract or involving other suppliers.</p> <p>Next Steps:</p>

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						<ul style="list-style-type: none"> • Testing for Mortuary and Histology modules • Re plan go live dates for Mortuary and Histology • Consider options for Blood Transfusion
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W/P Ref:	Project and current RAG status	Readiness progress	Implementation progress	Description	Local, National or Federated (L, N, F)	Status / Next Steps
1.1	Migration to Welsh Clinical Portal from Cardiff Clinical Portal			<p>The UHB will move across to the Welsh Clinical Portal (WCP), from the Cardiff Clinical Portal (CCP), over time. A Convergence Plan is required to ensure that the functionality required to support this move is developed in the WCP.</p> <p>The WCP has functionality not available in CCP, these modules are being implemented across the health board.</p>	N	<p>Modules of WCP are being rolled out across the UHB – Medicines Transcribing and e-Discharge (MTED), Welsh GP Record (WGPR), Welsh Patient Referral Service (WPRS), Test Requesting and Results Reporting (TRRR), Welsh Care Record Service (WCRS) and Welsh Results & Reports Service (WRRS).</p> <p>CCP has functionality not currently available in WCP for which a convergence plan will be agreed with NWIS.</p>
1.2	Welsh Clinical Portal Medicines Transcribing and e-Discharge (MTED)	100%	75 wards live Phase 1 complete	<p>The MTED module facilitates the electronic production of an e-discharge advice letter which includes patients' current medication list. The e-discharge advice letter is sent securely to a patient's GP via the Welsh Clinical Communications Gateway as the patient is discharged from the ward. MTED supports the transcription of patient medications throughout</p>	F	<p>MTED is currently live on 75 in patient wards across the health board. Phase 1 is complete. Phase 2 has commenced – implementation in Day Case Units, Assessment Units and Mental Health Wards where this is appropriate. Functionality available will be limited in Mental Health Wards until integration between WCP and Paris is complete. Phase 3 will follow this integration. The MTED Operational User Group has been set up.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Continue the NWIS requirement for CAV UHB development of code to address the

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				the patient's stay.		<p>functionality for a discharge advice letter to be created on demand (required for areas such as MAU)</p> <ul style="list-style-type: none"> • User Acceptance Testing and Go live with WCP V3.10 in February 2018 which will include DAL Import from Theatre Systems to MTeD functionality and a number of MTeD RFCs. • Assess Phase 2 areas for MTED suitability and prepare for implementation. • Assist in the integration preparation for Phase 3 WCP to PARIS Interface. • Continue to hold MeED awareness sessions.
1.3	Welsh GP Patient Record (WGPR)	100%	100%	WGPR (formally known as the Individual Health Record) is a summary of a patients' GP record which has been made available to secondary care clinicians as part of the WCP. Having access to the GP Record supports the use of the Medicines Transcribing and e-Discharge (MTED) module of the Welsh Clinical Portal. The GP Record includes patients' current medication list. The medication list can be accessed by doctors and pharmacists and eliminates the need to phone the GP practice. The GP Record includes other important clinical details, including past medical history.	N	<p>The WGPR is now available to clinicians treating both emergency and elective patients. NWIS has stated that WGPR can be made available to clinician teams involved in the direct care of the patient. Each health board can agree who can have access to the WGPR. In Cardiff and Vale WGPR is available to doctors, pharmacists and pharmacy technicians.</p> <p>Next Steps:</p> <p>Agree which clinical staff groups should have access to WGPR. To be discussed at ISEC on 28th September.</p>

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1.4	Welsh Clinical Portal (WCP) Welsh Patient e-Referral Service – WPRS	100%	45 specialties/sub specialties live	WPRS supports online e-referral prioritisation by clinicians and clinical teams using the Welsh Clinical Portal and clinical dialogue between secondary care clinicians and GPs and introduces the Welsh Admin Portal (WAP) for use by health records staff.	F	<p>Phase 1: 45 specialties/sub specialties are now live, with 4 specialties outstanding. Phase 2 has also commenced which sees specialties managed using the Diagnostics & Therapies module of PMS being included. MSK referrals prioritised by physiotherapists was the Phase 2 pilot, this is complete. Physiotherapy and Dietetics are now live.</p> <p>The WPRS team have managed a successful 'Go Paperless' project which counted down to the UHB only accepting electronic GP referrals for those specialties listed on the WCCG from 1st January 2017. This project was a dependency for the full rollout of WPRS. Compliance has been excellent with very few referrals being sent back to GP practices for re-submission on WCCG.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Go live support for Hand Therapy . • Complete engagement and mapping work with other D&T Specialties • WCP/Paris Integration
1.5	Welsh Clinical Portal Test Requesting & Results Reporting Project (TRRR) Welsh Results Reports Service (WRRS)	100%	55 In patient wards live 5outpatient clinics live	The TRRR module of the WCP introduces electronic pathology test requesting functionality within WCP. The WCP is integrated with the national laboratory system – TrakCare Lab (WLIMS) – which receives and processes the electronic requests and provides results and reports back to the clinicians via the Welsh Clinical Portal.	N	<p>TRRR is now available for use on 55 in patient wards.</p> <ol style="list-style-type: none"> 1. Take up is varied across ward settings with wards having a high turnover having more difficulty with the adoption of the system due to the increased time required to place a test electronically. 2. Where a consultant has made it mandatory for their staff to use TRRR the percentage of tests made electronically is 75%. The ability to bulk order and select test sets is well received

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				WRRS went live in Cardiff and Vale UHB in March 2017.		<p>on wards and approx. 80% of their tests are electronic.</p> <p>3. However the benefits are recognised, particularly in the Pathology Lab where time taken to input test requests into WLIMS is greatly reduced. The time taken to process an electronic request is 2:05 minutes and for a paper request it is 3:45 minutes. This is a difference of 1: 41 seconds.</p> <p>An implementation board has been set up to closely manage the rollout, including any financial decisions associated with the bulk ordering of tests and the procurement of the specimen bags and labels required to support the implementation.</p> <p>The Welsh Results Reports Service (WRRS) is also live in CAV. Clinicians are able to view results for their patients for tests carried out in other health boards. This initiative has been very well received by our clinicians and those in other health boards who can view CAV results.</p> <p>Next steps:</p> <ul style="list-style-type: none"> • Review and monitor TRRR usage across all live wards. • Complete deployment to all in scope inpatient wards. • Start engagement with outpatient clinics • Support Turning the Curve initiative - pilot of TRRR in rheumatology clinic
	Welsh Clinical Portal (WCP) Welsh Care			WCRS is an extensive programme of work to provide clinical documents in electronic	F	6.7million historical documents have been loaded into the WCRS repository and are now available to view in WCP. All new documents must be

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	Record Service (WCRS)			<p>format and make them available wherever a patient is treated in Wales, via the Welsh Clinical Portal.</p> <p>The Wales Clinical Informatics Council has endorsed the recommendation to only display clinically authorised documents in WCP i.e. draft documents will not be available to view in WCP. The exception to this will be documents generated from within WCP e.g. draft discharge advice letters, provisional pathology results.</p>	<p>signed off before being uploaded. The % of documents authorised and therefore uploaded has continued to increase.</p> <p>The UHB will be planning for the upload into WCP of all document types that are currently held in the Cardiff Clinical Portal. Timescales for the completion of this work are not available at present.</p> <p>NWIS are leading on the discussion with Welsh Government re information governance issues associated with sharing of documents across health boards.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> Assess work required to update the WCP repository and the WCP Document Interface to allow additional document types to be added to the WCRS. Welsh Medical Directors have now signed a 'Control Standard for Electronic Health and Care Records' which permits sharing of these letters through WCP. Awaiting NWIS configuration to WCRS to implement sharing.
1.9	National Intelligent Integrated Audit Solution (NIIAS)	10%	10%	<p>NWIS initiated a project to procure and implement a National Intelligent Integrated Audit Solution (NIIAS) which will be linked to national clinical systems and patient administration systems.</p>	<p>The NIIAS tool has been procured and implemented by NWIS to audit confidentiality breaches. NWIS has reached agreement with GPC Wales on how to implement NIIAS monitoring in Primary Care to enable deployment of WCP on to GPs' desktops.</p> <p>Next Steps:</p>

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						<ul style="list-style-type: none"> • CAV's IG Lead to consider potential use of NIIAS to monitor WCP usage.
1.10	<p>Wales Laboratory Information Management System (WLIMS)</p> <p>Microbiology and Blood Sciences</p>	100%	100%	All Wales solution Trakcare Lab – providing standardisation and ability to share information across all Health Boards. Replaces Telepath.	N	<p>TrakCare Lab is live in Microbiology and Blood Science disciplines (since 2014).</p> <p>Some ongoing challenges are being experienced: Standardisation groups need to approve changes but do not meet often, lack of technical resource from InterSystems means clinical fixes/changes/quality improvements take longer to close off/complete.</p> <p>Next Steps</p> <ul style="list-style-type: none"> • Continue with rollout of TRRR – which is integrated with WLIMS saving time for lab staff when booking in pathology test requests. • Request assurance from NWIS that recent series of outages will not be repeated.
1.12	<p>My Health on Line (MHOL)</p> <p>Phase 1</p>	100%	100%	MHOL is a web based application that allows patients to book appointments and order prescriptions securely online without telephoning their GP practice. They can also update their general details. MHOL will have further functionality over time. MHOL has been successfully deployed in 100% of practices across Wales with 80%	N	<p>MHOL Phase 2 is part of the 'Information for You' workstream.</p> <p>Phase 2 functionality will include online registration, mobile access and rebranding. In line with a Welsh Government policy commitment to provide online patient access to the medical record, this functionality is now available but rollout is subject to discussion between GPC Wales and Welsh Government.</p>

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				actively offering MHOL services.		
1.13	Choose Pharmacy Improving Communications with Pharmacies - Discharge Medicines Review Project	100%	9%	<p>The Choose Pharmacy Service is intended to free up GPs' time by making pharmacies the first port of call for common minor conditions. Patients choosing to seek advice from a participating pharmacy will be asked to register with the Choose Pharmacy service</p> <p>Pharmacies will be notified automatically when their patients are discharged from a hospital ward where the Welsh Clinical Portal is being used to transcribe medicines.</p>		<p>Choose Pharmacy pilots in Community Pharmacy are continuing. There are several work streams including the delivery of the MTED DAL to community pharmacists. Community pharmacists carry out discharge medicines reviews, looking for variation between GP and secondary care medication lists. GPs are alerted to any variances. Cardiff and Vale UHB has been part of this pilot work.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Emergency Medicine Supply – repeat prescriptions. Community pharmacists are able to record dispensing of meds in an emergency situation – for example if the patient is on holiday. • Pharmacists will be able to record when they have given flu vaccines. • Confidential service for emergency contraception.
1.14	Welsh Community Care Information System (WCCIS)	35%	0%	<p>This is an All Wales initiative. The WCCIS system will be implemented across Health and Social Care. Readiness evaluation has commenced between the Cardiff and Vale UHB and both council partners.</p> <p>WCCIS will be a region wide Health and Social Care 'core care' record solution to reduce keying, improve care quality (via more informed practitioners), and decrease risks to both</p>	N	<p>Engagement with NWIS/national team and the supplier (CareWorks) is ongoing; VoG Council project underway, go-live 27th November 2017; Cardiff Council business case development is ongoing;</p> <p>CaV functionality gap analysis against Paris is complete; actions locally, regionally and nationally to progress resolution of these gaps;</p> <p>UHB Business Case went to the August BCAG and is being resubmitted for October; questions around capitalisation of posts are still outstanding</p>

				<p>patients/clients and staff.</p> <p>CaV staff continue to be engaged in numerous working groups (Technical, Mobile Working, Business Change) and professional groups (Mental Health, Nursing, Therapies etc..) in the design of datasets underlying WCCIS.</p>	<p>Bid against WG capital for in-year funding is still outstanding, also relating to capitalisation of posts.</p> <p>Significant challenges around the national programme and timescales for delivery of requirements (integration, data standards) and system management (data migration/archiving, duplicate demographics, form development, local authority working practices) remain; escalated to National Implementation Board, and to ADIs; balance of financial risk rests with Health Boards, with local implementations reliant on national deliverables.</p> <p>Next steps:</p> <ul style="list-style-type: none"> • Business case sign-off • Development of Deployment Order
1.15	Welsh Emergency Department System(WEDS)			<p>NWIS have procured a National Emergency Department System called Symphony on the basis of a framework contract.</p> <p>The supplier confirmed that NWIS have procured the following:</p> <p>7 year contract +3 year ext.</p> <ul style="list-style-type: none"> • All Wales Licence • All central Infrastructure to support all HBs which NWIS will host 	<p>The EU Workstation/Symphony Gap Analysis work has identified that :</p> <ul style="list-style-type: none"> • Both EUWS and WEDS can both meet the majority of requirements associated with EU Management within the HB. • Neither system specifically meets all anticipated needs, not least because of the continued evolving requirements of the Department. • Replacement of the existing EUWS with WEDS would break significant and substantial areas of functionality within the overall Patient Care Pathways and

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				<ul style="list-style-type: none"> • Some but limited programme and project management resource <p>Costs excluded are:</p> <ul style="list-style-type: none"> • Annual support • Local Infrastructure • Interface charges • Implementation charges • Development charges • Internal system support 		<p>Management system that is PMS and it's associated modules (EUWS, CWS, Bed Management, Workflow, etc...).</p> <ul style="list-style-type: none"> • Symphony response to the NRS makes clear that most of the functions identified as supported by EDCIMS are only possible through system tailoring at the implementation site. This means that many of the functions are only available through developmental effort within EU. • The small percentage of functions required to enable EUWS to fully meet the evolving needs of the ED can easily be developed with the EUWS for less than half the financial cost required to implement WEDS. New functionality would additionally take less staff resources and be completed sooner than required changes to WEDS. <p>Significantly - developments within EUWS will be usable within the acute care functions of PMS and hence benefit all clinicians rather than being limited to the ED arm of CAV..</p> <p>Significant issues have been experienced in ABMU in implementing the product such that the project is currently under review.</p>
	ePatient Flow Project			<p>Across all hospital services providers in Wales there is a recognition that achieving more effective patient pathways and</p>		<p>Procurement and implementation of a patient flow management system and electronic ward boards. System is to be fed by clinical assessment and physiological observations being recorded</p>

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				<p>patient flow through the care system is essential to the ongoing provision of safe and sustainable services and the delivery of NHS Wales’s strategic and operational objectives. All Health Boards and Velindre Trust are in agreement that a common, live, intelligent electronic system for managing and monitoring patients in a “ward” environment, be that a: hospital ward; an ED; a virtual ward in the community; or a care home bed is a requisite and effective enabler to delivering this as part of a wider improvement programme.</p> <p>This project seeks to establish a <u>common</u> electronic patient flow management (EPFM) system across NHS Wales.</p>		<p>electronically at the bedside. Ideally the system will include alerts and notifications to clinicians, interoperability with other systems, support for PROMS & PREMS, provide data flows for analysis and support patient flow and real time bed management.</p> <p>Next Steps: WG have requested a ‘in house development’ option to be reviewed – Programme is now working with NWIS to include this option into the OBC. OBC will need approval from prior to submission to WG: Support ‘In principle’ from each UHB USC Group IPAD NIMB</p> <p>Dates to be confirmed post programme board meeting on the 4th October 2017</p>
	E-Advice	90%	15%	<p>eAdvice is a mobile-friendly, web-based communication tool which provides a simple mechanism whereby primary care clinicians can easily request advice from secondary care consultants and receive a timely reply.</p> <p>The project aims to help reduce avoidable referrals into the</p>	L	<p>All GP practices are enabled to use e-Advice, with access to the following services;</p> <ul style="list-style-type: none"> • Cardiology • Diabetes • Rheumatology • Thoracic Medicine • Gastroenterology • Sexual Health (GUM) • Medical Biochemistry • Urology • Stop-A-Stroke • Open Access Low Intensity Psychological

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				<p>hospital, thus reducing demand on oversubscribed outpatient clinics and ensuring patients have the most appropriate advice for their care.</p>		<p>Interventions Since the end of July we have been running a pilot with MEAU in Llandough, to replace their inefficient paper-based referral process with a new system delivered through e-Advice. The new system allows them to electronically refer for outpatient appointments, into the CAV instance of WPRS, where the referrals are processed alongside all other electronic referrals received by the health board.</p> <p>Work has also started on development of two new forms, to support a similar pilot with Optometrists.</p> <p>Due, in part, to the success of the CAV implementation of Stop-A-Stroke, we have received expressions of interest from other health boards with regards to sharing access to e-Advice.</p> <p>Next Steps:</p> <p>Reviewing expressions of interest for a number of additional use cases, including;</p> <ul style="list-style-type: none"> • Administrative communications to Primary Care • Notification of death • Notification of critical, urgent and unexpected significant radiological findings <p>Pre-emptive development work to get e-Advice ready for use outside of CAV;</p> <p>Refresh internal data structures to provide additional flexibility for handling new use cases;</p>
3.13	Development of	100%	Ongoing	PARIS provides an Electronic	L	Ongoing expansion, delivering to expanded scope

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	Mental Health & Community System (MHCS) PARIS			<p>Patient Record deployment for Community Services and Mental Health, is providing a solution for clinical record sharing, clinical risk management, care-planning, case-note creation/storage, reporting to Welsh Government, UHB, Service, Teams and individuals, and a mechanism to service manage on the evidence of shop floor, electronic clinical data entry.</p> <p>1.7 million annual casenote entries are now being made (12 million have been written to date), 2,500 daily users, and 1.2 million assessments have been written, from a library of c450 assessment types.</p>		<p>(Flying Start Council services, Integrated MH services).</p> <p>Work needs to be commissioned and delivered to implement the clinically important interfacing to/from Welsh Clinical Portal, HERS2, E3/Euroking interface and to gain use of MTeD.</p> <p>Resource is being decanted, from the end of 2016, into the preparation activities for WCCIS</p>
3.62	Medical Records Digitisation (DHR)	35%	35%	<p>Digitising the records will improve access to the acute health record and speedup updates on clinical information. This will support clinicians in their decision making for our patients, thereby improving the quality of patient care.</p> <p>Whilst the core principles of the DHR remain, an alternative approach known as Clinical Information Triage (CIT) is being tested by acute specialties. The</p>	L	<ul style="list-style-type: none"> • CIT pilot phases commenced; <ol style="list-style-type: none"> 1. June 2017 - Prof Yousef, Cardiology, feedback to date has been very positive. 2. July 2017 - Specialist nurse led clinic, review meeting scheduled September 2017. • Digitising non electronic glaucoma referrals to support independent ophthalmic software continues and will be reviewed alongside CIT. • Paediatrics - CIT process mapping exercise to be undertaken for nephrology, gastro service are on hold due to staffing. • CIT review to be undertaken to include the voice of the clinician. • Adult gastro clinics – process mapped,

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				CIT record provides clinically prioritised information at the point of care in an outpatient setting.		<p>required clinical information identified, clinic to be tested.</p> <ul style="list-style-type: none"> DHR Rheumatology review in progress, trialling CIT approach for non DHR clinics to support full implementation across the specialty and reduce waste in replicating a full digitised historical record. EU cards – on average 600 episodes of care are digitised Monday to Friday, these are accessible through the C&V portal, COM and to GP practises. 																																			
2.3	Auto booking Development (FAB)	100%	Fully Implemented 100%	<p>The Fully Automated Booking process for New Case patients (FAB) supported by the provision of automated follow up call reminders is fully implemented. The FAB system has demonstrated a reduction in DNA rates and increased clinic utilisation.</p> <p>Stage 2 of development that will allow directorates to manage their outpatient capacity directly and provide a simulation modelling tool for forecasting future capacity/demand that can be used to inform the clinic booking rules.</p>	L	<p>The FAB DNA rates fluctuations around 5%, uptake rates per specialty ranging between 10%-79% and DNA Avoidance from FAB cancellations due to no response, released 10% of additional new case capacity.</p> <table border="1"> <thead> <tr> <th colspan="5">FAB Performance Indicators</th> </tr> <tr> <th></th> <th>FAB Uptake Rate</th> <th>Total DNA Rate</th> <th>FAB DNA Rate</th> <th>DNA Avoidance</th> </tr> </thead> <tbody> <tr> <td>APR 17</td> <td>56.4%</td> <td>10.7%</td> <td>5.7%</td> <td>10.1%</td> </tr> <tr> <td>MAY 17</td> <td>54.7%</td> <td>11%</td> <td>4.7%</td> <td>9.1%</td> </tr> <tr> <td>JUN 17</td> <td>54.7%</td> <td>11.1%</td> <td>5.6%</td> <td>11.1%</td> </tr> <tr> <td>JUL 17</td> <td>52.7%</td> <td>11%</td> <td>5%</td> <td>11.2%</td> </tr> <tr> <td>AUG 17</td> <td>48.4%</td> <td>11.1%</td> <td>5.5%</td> <td>9.7%</td> </tr> </tbody> </table>	FAB Performance Indicators						FAB Uptake Rate	Total DNA Rate	FAB DNA Rate	DNA Avoidance	APR 17	56.4%	10.7%	5.7%	10.1%	MAY 17	54.7%	11%	4.7%	9.1%	JUN 17	54.7%	11.1%	5.6%	11.1%	JUL 17	52.7%	11%	5%	11.2%	AUG 17	48.4%	11.1%	5.5%	9.7%
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					<ul style="list-style-type: none"> ENT Text Pilot Review has taken place, measuring a 13 weeks period. Whilst there has been an increase in successful contact rates the DNA rates has reduced by 3% on average compared to the same period in 2016. Automated options being considered for managing inaccurate responses that require manual intervention, full roll out is dependent on this element of the process. <table border="1" data-bbox="1532 564 1928 732"> <thead> <tr> <th colspan="3">DNA Rates ENT</th> </tr> <tr> <th></th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>10.0%</td> <td>8.2%</td> </tr> <tr> <td>Jun</td> <td>10.5%</td> <td>8.8%</td> </tr> <tr> <td>Jul</td> <td>11.6%</td> <td>8.4%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Urology Text Reminder pilot commenced on 25/7/17 as a Turning the Curve initiative, FAB uptake rates have been increased for key clinics, further increases planned. The PMS/FAB developments to convert manual booked appointments into the FAB identify FAB patients with a pending RTT breach date is dependent on the D&T FAB release. <p>All recent developments will be rolled out as part of the D&T version of FAB. Further changes may be required to the Manual Booking functionality to support booking by Pathway. Further discussions required.</p>	DNA Rates ENT				2016	2017	May	10.0%	8.2%	Jun	10.5%	8.8%	Jul	11.6%	8.4%
DNA Rates ENT																				
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3.5	COMS / Follow up Development	100%	Customisation Development 100% New Developments 75%	Recent request impacting on PMS, COM and Generic letters. Aim is to provide functionality to streamline outcome management within clinics including automatic discharge and follow up management. This will impact letters and PMS.		<p>As a result of the Paeds Call System implementation, further development work has been requested for the following:</p> <p>Electronic Growth Chart Not started/not progressed</p> <p>Nursing List Not Started/not progressed</p> <p>3 new self check in kiosks have been installed in main outpatient corridor at UHW – required configuration information from Med Records Completed</p> <p>Physio CMAT Service to start using COM when service goes live in June 17 - Completed in Barry. A kiosks will be installed in Star Leisure Centre to support the process.</p> <p>Development work to imbed Portal Lite link into COM is underway. Completed.</p>
2.6	Ward Clinical Workstation Development (WCWS)			WCWS is a central application and launch pad for inpatient clinical and business management. It provides for real time clinical management of inpatients and their data. It allows for all standard administration such as admission, discharge and transfer but additionally maintains significant clinical functionality including for example clinical notes, maintenance and management of reports, handover, letter	L	<p>Use and compliance button of the WCW is still in use – supporting the live bed system.</p> <p>A WCW and EU governance and development group was re launched in May and will meet on a quarterly basis.</p> <p>Critical Care view development is complete and now released. Final enhancements ready for release.</p>

				production on discharge, Theory of Constraints, Acuity Measures, etc.		
3.8	Emergency Unit Work Station Development (EUWS)	95%	90%	Provides a real time view on patients to the Emergency Unit as well as Medical and Surgical Assessment Units. It enables the capture and real time monitoring of activity with EU – including those elements associated with Breach Avoidance and Management.	L	<p>NEW Developments (Released)</p> <p>System given functionality to record observations and NEWS score for patient.</p> <p>Clinical Management Plans functionality extended to also cater for Child Sexual Exploitation, Sickle Cell Anaemia & Domestic Violence (Released)</p> <p>Several new clinical flags added including Monitoring, Specialing, Priority Patients, Sepsis, Cognitive Impairment, Emergency Laparotomy (Released)</p> <p>Administrative flags added to highlight patients inappropriate for area and for mislabelled lab samples. (Released)</p> <p>Diabetic flag added to system. (Released)</p> <p>Modification to LOS required to fire RED bed request flag (down to 6hrs from 12hrs). (Released)</p> <p>Changes made to system to accommodate new Medical Ambulatory Emergency Care Unit and its Triage. (Released)</p> <p>NEW Developments (Ready for release)</p> <p>Modifying system to be able to electronically record ED Clinical Standards, reporting to be handled from BIS.</p>

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3.65, 3.66	Mobile Working	100% 100%		A successful bid to the Welsh Government was made to support the rollout of BYOD technologies. We replaced the cameras and dermatoscopes to enable the increase use of Tele-dermatology to all practices.	H	<p>The Hardware has been upgraded to support the migration of the users onto “Good Works”.</p> <p>The UHB continues to rollout Web Applications that will be viewed by GOOD users with the appropriate access rights. We now have more than 900 users and it is increasing weekly</p> <p>The Health Charity has supported the funding to increase the number access points with free Wi-Fi from 600 to more than 2000 and the increase of the Internet link to 700Mb. This will have a major benefit on the continued developed of our Digital Transformation programme.</p>
	Community Services – Mobile Working	100%	100% Now in Support	<p>927 netbook devices are now ‘in use’ by 1028 UHB staff. This makes Cardiff and Vale the largest deployment of Community Mobile working in Wales (by some distance), and one of the largest deployments in the UK.</p> <p>This is enabling access to PARIS, e-mail, Clinical portal, ESR, Expenses, Bluespear, Results Reporting, Internet, Intranet, amongst other facilities..... and has revolutionised the delivery of clinical services in community care.</p>	L	<p>This initiative now also includes the rollout of c80 netbook mobile devices to the uHB maternity dept. (100%)</p> <p>The uHB wish to provide greater usability and value from the deployed netbooks by enabling WiFi access from secure providers,... this requires a physical change to the devices, which will be done when the uHBs ‘Life After Citrix’ solution has been identified (as this will also need a physical change to each netbook. This new solution is delayed and awaited from I.T Technical Services.</p>
3.11	Information for You	30%	20%	Information for You is a new programme of works to influence national works in delivering a	L	In order to start a programme of works and kickstart Information for You funding will need to

				<p>patient portal, and changing the culture of care delivery in CaV to 'TECs first' (Technology enabled care (and information)).</p> <p>The cross-organisation potential for telehealth indicates a spectrum of benefits for patients including reduced admissions and readmissions for those with long term conditions, and an increased capability and understanding in self-managing their conditions. Respectively, the UHB will also benefit from reduced demand on emergency care, shorter hospital stays, and improved identification of negative trends in patient health enabling early interventions.</p>	<p>N</p> <p>N</p> <p>N</p> <p>L</p> <p>L</p>	<p>be sourced.</p> <p>Welsh Government TECS strategy delayed from April 2017 until late 2017. Recommendation from Welsh Government is for a national TECS board chaired by Public Health Wales to be created which is responsible for the strategy. A national programme office for TECS is also expected to be created based on an ETTF bid submitted by Aneurin Bevan.</p> <p>Task Group created by Welsh Government involving Hywel Dda, Powys, Betsi and CaV (Simon Barry) to scale up nationally the remote monitoring of COPD patients.</p> <p>Phase two of My Health Online development to begin rollout in February. Cym Taff are leading on the pilot. Access to the GP record, a mobile app, ability to update demographic details and non-urgent messaging.</p> <p>The MSK Knee Rehab Project Website is now operational from the £75k funding from the Health Foundation to move the experimental The implementation of PROMs into T&O to support Knee and Hip, is now operational. We have recently submitted a further application to the Health Foundation to support MSK in General Practice.</p> <p>We continue to work with GOOD in leveraging their product to support the delivery of both Clinical and Business Application.</p>
3.70	Sustainable	100%	Ongoing	An ongoing project to deliver a	L	A comprehensive infrastructure assessment was

9.1

	Infrastructure Project			safe and sustainable IT infrastructure		<p>undertaken and a risk based prioritised investment assessment plan agreed.</p> <p>All agreed procurement and implementation processes have been completed for the first two years of the Programme (14/15 and 15/16) with no slippage on any projects.</p> <p>Subsequently £3.6m was secured in 16/17 with infrastructure currently being rolled out.</p>
3.93	Welsh Audit Office Back up & Recovery project	100%	95%	A project is underway aimed at addressing 14 recommendations of a WAO review into hosting backup and recovery.	L	Significant progress on all actions within IT control has been made. Significant capital investment is facilitating further progress. Further work required on Clinical Service Boards business continuity and risk management plans.
3.85	Upgrade to Windows 7 Project	100%	90%	The UHB are currently updating its Desktop PCs with either a replacement PC or upgrading the operating system.	L	The three additional staff commenced employment with UHB the end of August 2017. We have a rollout-plan to replace / install a minimum of 75 PCs per week.
3.86	Medic-Bleep	100%	20%	<p>The UHB undertook a 30 Day Challenge with four suppliers to procure a “safe and secure” messaging solution, designed to provide Healthcare Professionals with a modern day communications tool to support quick and easy decision making.</p> <p>If I asked this question 8 years ago the answer would have been “simply” provide them with email and a mobile phone.</p>	L	<p>A pilot rollout of the solution has been completed with Medical Staff in the Surgery Clinical Board</p> <p>At the SCIMaT Business Meeting in September 2017, it was agreed that a review of other similar technologies would be undertaken and a risk assessment completed against each.</p>

				<p>However today we use “whatsapp, Facebook etc” in our everyday life. Therefore it is essential we “keep-up” with modern communication tools to drive through changes in how we deliver a 21st Century Healthcare Service.</p>		
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INFORMATION GOVERNANCE INTEGRATED REPORT

Name of Meeting : Information Technology and Governance Sub Committee
Date of Meeting: 4 October 2017

Executive Lead : Director of Public Health

Author : Corporate Governance Senior Information and Communication Manager

Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.

Financial impact : There are significant potential financial implications in relation to this work. The Information Commissioner has powers to fine organisations that are in breach of the law and through their acts or omissions materially harm or damage individual. The levels of fine can reach half a million or more and the ICO now has the right to undertake mandatory audits on NHS organisations. This does not exclude the ability for individuals to take legal action against the organisation in respect or harm or damage both as a result of physical or psychological harm or reputational harm.

Quality, Safety, Patient Experience impact : The content of this report impacts significantly on the quality, safety and experience of our patients and their families. It also has the potential to impact adversely on the reputational standing of Cardiff and Vale University Health Board and the confidence our community has in us if we are not honest with patients and families when things go wrong or fail in our opportunity to learn and put things right. The management of data and personal information is fundamental to providing a quality service and exemplary patient experience.

Health and Care Standard Number 3.4 & 3.5

CRAF Reference Number 8

Equality and Health Impact Assessment Completed: There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Reports detailing compliance against legislative requirements.

The Information Governance Sub Committee is asked to:

- **RECEIVE** and **NOTE** the Data Protection Act - Serious Incident Summary and Report.
- **RECEIVE** and **NOTE** the Freedom of Information Act updated position report
- **NOTE** the Reports on Breakglass, IHR, PARIS, Subject Access Activity and other items of interest.

9.3

SITUATION

This report provides information on the following areas of Information Governance within Cardiff and Vale University Health Board (the UHB).

- Data Protection Act - Serious Incident Summary and Report
- Incident Report for Paris/BreakGlass/IHR
- Freedom of Information Act - Activity and Compliance
- Data Protection Act (DPA) - Subject access requests (SAR)
- Other items of Interest

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

BACKGROUND

Cardiff and Vale University Health Board (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 1998 (DPA) and the Freedom of Information Act 2000 (Fol).

Quarterly reports are produced for the Information Governance Sub Committee (IGSC) to receive assurance that the UHB continues to monitor and action breaches of the Data Protection Act (DPA) and that Freedom of Information Act requests and DPA 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. Data Protection Act – Serious Incident Report (full report attached as appendix 1)

The reporting period covers January 2017 to 26 September 2017. During this period it was identified there were:

- a total of 987 incidents requiring review by the IG department,
- of these 666 were not IG incidents and were closed immediately
- 321 were identified as IG incidents.

Of the 321 IG incidents identified:

- 73 did not have confidentiality breaches
- 75 did have confidentiality breached identified

The system currently indicates a figure of 173 incidents that are outstanding awaiting review. It has been identified that due to a system change this figure is hugely overestimated and the majority of these incidents have been

reviewed and closed but not categorised correctly therefore remaining as outstanding.

Work has been completed over a recent two week period to work through outstanding incidents which resulted in closing a significant number of incidents that were not IG related. It is planned to complete further work to correct these incorrectly categorised incidents and clear any outstanding incidents awaiting review. There is also now a robust process in place within the department to ensure that there is no backlog of incidents awaiting review.

Following the Medical Directors review of clinical information it had been decided there may be one incident that may require reporting to the ICO following further investigation of the incident.

2. Break glass

A verbal update will be provided in the meeting. Data is not available for Paris and IHR at the time of reporting.

Work is progressing to monitor all incidents at all levels using e-Datix incident reporting system.

3. Freedom of Information Act

Total requests July and August 2017

The report for the above period indicated a total of 105 requests received. Of these requests a total of

- 105 exceeded the 20 day timelimit
- 16 were responded to within the 20 day time limit
- 1 request was withdrawn by the requestor
- 5 requests are still within the due date for compliance with the 20 day limit. It is anticipated that these will all meet the required deadline.

The 20 day compliance rate has deteriorated and at the second month of the second quarter is at 15%. It is anticipated that this will reach a compliance of 20% by end of the quarter (compared to a last quarter performance of 51%). The deterioration is due to staff performance and subsequent actions which have required a temporary reduction in capacity. This is currently being worked through with a plan to restore capacity by the end of October , including a recovery trajectory .

4. Subject Access Requests Processed

4.1 Health Records requests July and August 2017

Information will be provided verbally at the meeting

4.2 Non Health Records

There were a total of three subject access request submitted for non-health records July 2017 and August 2017. One is awaiting payment the others are still within the 40 day compliance period.

5. Other items of interest to the IGSC

5.1 Data Protection Bill Published

Please find below a link to the Data Protection Bill:

https://publications.parliament.uk/pa/bills/lbill/2017-2019/0066/lbill_2017-20190066_en_1.htm

Also a link to the DCMS announcement and impact assessment.

<https://www.gov.uk/government/collections/data-protection-bill-2017>

The Bill is only just starting its progress through Parliament and therefore the content will be under debate / subject to change until it receives Royal Assent.

5.2 ICO Review of IG Training Survey for Staff

The ICO are reviewing progress made with IG training since 2015, when it was originally assessed. An online survey for all staff will be running for 6 weeks from 11 September 2017. This will be added to the Intranet and included in the newsletter every week until the survey concludes.

The survey is available on the following link:

<https://wh.snapsurveys.com/s.asp?k=150452037639>
until 20 October 2017 at 23:59pm.

9.3

AGENDA ITEM 9.d

DIRECTORS REPORT ON IT	
Name of Meeting : IT&G Sub Committee	Date of Meeting 4 th October 2017
Executive Lead : Executive Director Therapies and Health Science	
Author : Assistant Director Information Technology	
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.	
Financial impact :	
Quality, Safety, Patient Experience impact :	
Health and Care Standard Number 3 & 4.2	
CRAF Reference Number 6.8	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- To receive a verbal update from the Executive Director Therapies and Health Science on specific IT project: PACs and LIMS updates

The Committee is asked to:

- **NOTE** the update

9.4

SITUATION

To provide a verbal update to the IT&G Sub Committee on specific projects :

- PACS
-

BACKGROUND

- The update covers the period since the last IM&T sub committee.

ASSESSMENT AND ASSURANCE**PACs Update**

- The UHB signed the PACS deployment order prior to September NIMB. Radiology and IT are now working with Fuji to plan the implementation date in 2018.

AGENDA ITEM 9.d

REPORT TITLE: BLOOD BANK AND CELLULAR PATHOLOGY LABORATORY INFORMATION MANAGEMENT SYSTEMS	
Name of Meeting : IT&G Sub Committee	Date of Meeting: 4th October 2017
Executive Lead : Director of Therapies Health Science and IT	
Author : CD&T Clinical Board Quality and Safety lead/ Deputy Director of Therapies and Health Science	
Caring for People, Keeping People Well. The loss of blood bank due to a failure of the existing TPATH LIMS will cease activity requiring the elective or emergency use of blood or blood products within 72 hours and would create a national blood supply crisis for the Welsh Blood Service. It will also introduce additional risks into the Cellular Pathology and Mortuary service.	
Financial impact: TBD.	
Quality, Safety, Patient Experience impact: Blood Bank and Cellular Pathology services are essential to the effective running of the many healthcare systems. There are significant regulatory risks linked to the management of post mortem human tissue in the mortuary.	
Health and Care Standard Number. Standard 2.8 Blood Management, Standard 2.9 Medical Devices, Equipment and Diagnostic Systems, Standard 3.1 Safe and Clinically Effective Care	
CRAF Reference Number. 1.2, 5.1, 5.1.2, 5.1.4, 6.8, 6.9.1	
Equality and Health Impact Assessment Completed: N/A	

RECOMMENDATION:**The committee is asked to**

- **NOTE** that the Management Executive received a comprehensive paper on the current issues, risks and the business continuity options on 2 October
- **NOTE** this item will be discussed at the Medical Directors meeting on 6 October

SITUATION

DXC currently provides hardware and software support to the version of Telepath (TPATH) used by NHS Wales as part of a national contract managed by NWIS. DXC have served notice that the TPATH contract will expire at the end of this term (i.e. the end of March 2018) unless we refresh both the hardware and the software and provide them with formal notification of such by December 2017. The cost of this option will be in the region of £350 -500K, will compete for local and national WLIMS resources and will take nine months to implement.

The planned replacement for Telepath is the Intersystems (ISC) TrakCare module (WLIMS) provided through NWIS. However, there have been significant delays to the delivery of Blood Transfusion module of WLIMS and timescales for implementation have continued to slip significantly. On the 18th September 2017 at the UHB's local Blood Transfusion WLIMS Implementation Board, NWIS advised that the Blood Transfusion Module will not go live on WLIMS before the 1st April 2018. Additionally, there has been slippage against delivery of the Cellular Pathology modules as a consequence of the HTA inspection and these will also not be implemented before April 2018.

BACKGROUND

Failure of the TPATH System is recognised as a critical risk to the organisation. Without TPATH, the Blood Transfusion Laboratory is only able to provide blood for 72 hours at which point the UHB would need to cease all activity requiring the

AGENDA ITEM 9.d

elective or emergency use of blood or blood products and would create a national blood supply crisis for the Welsh Blood Service. Additionally, there would be regulatory, accreditation, reputational and financial risks from the loss of the Telepath system across the service.

The support contract for TPATH is currently provided from DXC on a 'best endeavours' basis. DXC have served notice that the TPATH contract will expire at the end of March 2018 unless we refresh both the hardware and the software and provide them with formal notification by December 2017. The withdrawal of this service at the end of March 2018 will leave the UHB in a very vulnerable position. Running TPATH unsupported would not be compliant with MHRA standards and therefore likely to impact upon the UHB's regulatory position.

This issue was discussed at the UHB's local Blood Transfusion and Cellular Pathology implementation board on 3rd July 2017. It was agreed that the best option to address the withdrawal of DXC support to TPATH was to 'go live' with the Blood Transfusion module of WLIMS prior to the 1st April 2018. Therefore all local readiness, testing and validation work was fast tracked where resources allowed. The local implementation board made a commitment that activities within its gift to resolve would not contribute to a failure to deliver a WLIMS Blood Transfusion module ready to safely and successfully go live in February / March 2018. Work was also commenced in parallel to develop short term local business continuity options in the event of national project slippage.

This work was commissioned as it was recognised that there are a number of critical dependencies that are not within Cardiff and Vale UHB's gift to resolve. These include the migration of legacy data and functionality of the Welsh Clinical Portal (WCP). There is also a planned MHRA assessment of the national testing and validation process. It is not clear what format this will take or how long the process will last. It would be very unusual for the MHRA not to identify issues to correct. This activity on its own could prevent all Health Boards deploying the WLIMS Blood Transfusion module in a timely manner or even render WLIMS uncreditable without significant investment of resources.

Additionally, WLIMS has experienced unacceptable levels of unplanned downtime and many other performance and safety issues since it went live. These are currently under investigation by NWIS under their 'major incident' process. Confidence in NWIS's ability to safely deploy and support the residual pathology modules remains low across Wales.

At the UHB's local Blood Transfusion and Cellular Pathology implementation board meeting on 18th September 2017 NWIS advised that the earliest predicted go-live for BTL WLIMS would be early summer 2018. Therefore, Cardiff and Vale will not be in the live WLIMS environment when the support for TPATH ends. Senior NWIS Pathology colleagues were unable to provide assurance that WLIMS stability and performance would be to an acceptable standard to support a critical clinical service. As a result of these discussions it was agreed that this issue should be escalated to NHS Wales' Medical Directors who are accountable for the management of blood products.


It was anticipated that Cellular Pathology and Mortuary would go live in September 2017. However, at the recent HTA inspection the advice received was that the new system must be fully validated before going live. Additionally, work relating to traceability must be completed before changing systems. Go Live in Cellular Pathology and Mortuary has therefore been delayed beyond April 2018.

AGENDA ITEM 9.d**ASSESSMENT**

The delayed delivery of WLIMS for Blood Transfusion and Cellular Pathology affects Health Boards across Wales. There is a critical risk in that these vital services will be running on aged infrastructure without a support contract in place. This will not meet MHRA standards. A robust business continuity option is therefore essential.

Whilst it is recognised that an All Wales upgrade solution to this issue for the Health Boards currently running on TPATH (C&VUHB, CT UHB, HD UHB, BC UHB) would be the best outcome both financially (if funded centrally) and politically. It would however signal the end of WLIMS as a viable option for all pathology disciplines, without this decision being taken unilaterally by C&V UHB. However a local business continuity plan will continue to be worked up within the Clinical Board in parallel with the national planning.

Whilst it is accepted that the national position may be clearer when the project has completed its user acceptance testing (UAT) on the 15th October, it is anticipated with the lead time for delivery of either a national or a local business continuity plan that decision will need to be taken during November, or December if the migration to an updated version of TPATH is the preferred option.

	Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board	AGENDA ITEM 10.d
IM&T CAPITAL REVIEW		

Executive Lead : Executive Director of Therapies and Health Science
Author : Assistant Director of IT
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact : £3,628,000 16/17 and £500,000 17/18
Quality, Safety, Patient Experience impact
Health and Care Standard Number ... 3.4 and 4.2 CRAF Reference Number 6.8
Equality Impact Assessment Completed: Not Applicable

REQUIREMENT: The IM&T Sub Committee is asked to:

- **NOTE** the successful delivery of the 2014/15 and 2015/16 "Keeping the lights on" IT Capital Programme
- **SUPPORT** the ongoing requirement to invest in IT Infrastructure in line with the "Keeping the Lights on" programme.
- **NOTE** the successful allocation of £550K from discretionary capital and £1,150,000 from WG ICT capital to support this programme during 2016/17.
- **NOTE** Further capital slippage allocations of £100K internal slippage and £1,828,000 Welsh Government Slippage bringing the total 16/17 IT Capital Allocation to £3,628,000
- **NOTE** the allocation of £500K from discretionary capital in relation to the programme for 2017/18 and the "Risk based" allocation of this funding in line with the 2017/18 circa £2m requirement.
- **CONSIDER** additional requirements in line with 10 year risk adjusted IT Infrastructure plans

10.1

SITUATION

The UHB has an enormous IT infrastructure to support the services it provides. This has now grown to in excess of 9,000 access devices, hundreds of application servers and thousands of items of network equipment. Historically, there has been insufficient capital availability to appropriately address the replacement of this equipment when it becomes "end of life". This backlog has resulted in increased risk to the UHB in terms of interruption of services.

BACKGROUND

The UHB has now decided to act to address risks faced as a result of this historic lack of investment in this area. A risk adjusted assessment of IT infrastructure replacement requirements was undertaken and following previous approval by the IM&T Programme Board significant steps have been made in terms of capital allocation for the first three years of the “Keeping the Lights on Programme” . The first three years allocation was intended as the first steps in a long term infrastructure upgrading programme.

ASSESSMENT

The successful commencement of this programme has delivered significant improvement in robustness and resilience of UHB IT Infrastructure.

The list of projects and procurements in line with this “Keeping the Lights on” Capital Programme is shown below:

- Virtual Server Infrastructure
- Cardiology Systems Upgrades
- SQL Server Software Upgrades
- Switchboard Server Replacements
- WiFi Upgrade
- Backup Infrastructure
- Server Storage Infrastructure
- Network Core and Outer Tier Upgrade
- Data Centre Environmentals Upgrades
- PARIS System Upgrade

Appendix 1 (attached) provides an assessment of all the IM&T Capital allocations for 2014/2015 and 2015/16. It also shows the planned spend against actual spend broken down across all areas of the programme. The assessment outlines how far the capital spend allocations have taken us in delivering the requirements of the “Keeping the Lights” on programme and assesses how far we have come in taking forward the requirement to deliver year 3 of the programme 2016/17.

It also outlines how the year 3 (2016/17) allocation was made up. It commenced with a successful 2016/17 allocation of £1,700,000 capital to the programme. This is made up of £550K from Discretionary Capital and a successful bid to Welsh Government for £1,150,000 of ICT Capital. The WG criteria include:

- Infrastructure Sustainability
- Mobility
- Network/Wifi expansion
- Cyber Security

This programme was then further supplemented by UHB slippage (£100K) and WG slippage (£1,828,000) bringing the total programme to £3,628,000.

The procurement programme in relation to the ICT Capital plan outlined in appendix one was completed by the end of the financial year. The implementation of this infrastructure is ongoing in line with plans.

In relation to 2017/18 to date there has been an allocation from the Discretionary Capital Programme of only £500K. This is in relation to the circa £2m requirement identified in the agreed “Keeping the lights on” plan. As a result, this allocation is being ring fenced against data centre environmental issues, Servers, Storage and network infrastructure and will only be committed on a risk based assessment in the second half of the financial year. In addition the UHB continues to engage with WG and other potential sources of funding to supplement this programme where possible. To this end the UHB has been successful in gaining the largest allocation (£448K) of WG Capital allocation for 17/18 although this is mainly for acceleration of National programmes rather than “Keeping the Lights on”.

10.1

APPENDIX ONE

KEEPING THE LIGHTS ON CAPITAL RAG STATUS REVIEW £K							
ITEM	TWO 14/15 TO 15/16		RAG STATUS AFTER YEAR 2	YEAR THREE 2016/17	YEAR THREE 2016/17 CURRENT CONFIRMED ALLOCATION	RAG STATUS YEAR 3	COMMENTS
	REQUIREMENT	SPEND/ IMPLEMENTATION PROGRAMME		REQUIREMENT			
VM SERVERS	940	880	AMBER	210	357	GREEN	Additional Requirements identified
STORAGE AND BACK UP	725	567	AMBER	201	640	GREEN	Additional Storage and Network Requirements identified
NETWORKS	250	588	GREEN	2052	782	AMBER	Alternative Supplier used and a mix of layer 2 devices deployed to achieve reduction in costs and mitigate risk
SQL	250	250	GREEN			GREEN	Complete
CARDIOLOGY	895	895	GREEN			GREEN	Complete
SWITCHBOARD	100	70	AMBER	80	47	AMBER	Highest priority kit replaced
DATA CENTRE ENVIRONMENTALS	80	40	AMBER	90	16	AMBER	Highest priority kit replaced
WiFi	80	40	AMBER		365	GREEN	Additional and replacement Wifi to enhance infrastructure and support systems
PARIS INFRASTRUCTURE	450	450	GREEN			GREEN	Complete
COMMUNITY MOBILE	250	120	AMBER	218	80	AMBER	Highest usage devices replaced, remaining requirements part of WCCIS Business Case
PC REPLACEMENT	166	548	GREEN	482	1094	GREEN	Additional PCs to address XP replacement more quickly
IM&T AND TURNING THE CURVE PROJECT INFRASTRUCTURE					247	GREEN	Various infrastructure aimed at supporting TTC and WCP
TOTALS	4186	4448	GREEN	3333	3628	AMBER	

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AGENDA ITEM 11.a

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Internal Audit Plan 2017/18

April 2017 NHS Wales Shared Services Partnership Audit and Assurance Services

Planned output	Audit Ref	Corporate Risk Register	Outline Scope	Indicative Audit days	Executive Lead	Outline timing
Information Governance and Security						
IT Strategy		6.8	Strategic MTED deployment	15 days	Director of Therapies	Q2
Virtulisation			Review the security and resilience of the updated virtualised environment.	15 days	Director of Therapies	Q3
IT Strategy			Welsh Patient Referral Services (WPRS)	TBC	Director of Therapies	TBC
IT Help Desk or Departmental IT System			WCP Deployment including Helpdesk or Welsh Patient Referral System	15 days	Director of Therapies	Q3/4

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Maternity Audit Report June 2015

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R2. Password reset A standard set of rules and questions should be put in place and completed before a password reset is granted to ensure appropriateness	MEDIUM	This function needs to go through Euroking for a system modification. We have no control over any upgrade dates. This will need to go through a major development with them so will take time and require approval from Euroking.	System Administrator Head of Operational Delivery	Still awaiting development from EuroKing	Discussion underway with other HBs to support the development and split the costs for E3 development due to financial position.
R3. Single point of failure A second administrator or support officer should be in place to ensure service delivery in the event of system administrator not being able to carry out normal duties.	MEDIUM	Plans will be developed to share the learning and skills within our existing staffing. This finding will be escalated to the Clinical Board to enable further longer term solutions to be explored.	System Administrator Head of Operational Delivery	Not practical to share All Skills. 7.5 hrs Temporarily given but requires a minimum of 18.75	Discussions still underway due to resource restraints
R4. Duplicate Identification Numbers The potential for an automated new born registration interface from E3 to PMS should be explored and discussions with IT about the possibilities carried out.	MEDIUM	This has recently started involving PMS, Medical Records, Clinical staff and the system administrator. Phil Clew has approved this.	System Administrator	First meeting was 03/06/2015 Further discussion Nov. 16 – costs in excess of 2K Medical Records and PMS to agree the work so the final quote from the supplier. This will then be presented to the	Requirements presented to the Board and rejected. Passed through endowments and successful. Requirements now with E3 to implement with PMS team.

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
				board.	Awaiting time scale from supplier E3.
R5. Missing/incorrect demographics Explore the potential of a 2 way interface with PMS so that demographics can be updated immediately through E3.	LOW	We are awaiting the interface of recommendation 4 to be completed before this recommendation can be actioned.	System Administrator	Unable to progress until point 4 completed-costs in excess of 10K	Dependant on R4 being complete

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Theatreman Audit March 2015

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>R2. Inaccurate data held in system Data entry controls should be established to ensure data has the correct format and is contextually accurate. Constraints should be added at the database level.</p>	MEDIUM	<p>The Directorate accepts that testing is required to locate fields with data controls issues within the whole system. Some initial testing is in the process of being undertaken and this will identify the volume of changes to the system that may be required. Trisoft will be contacted to seek their advice and support to this task. In terms of patient specific test results the directorate will investigate what is in theatreman and what is actually used with a view to disabling these functionalities.</p>	<p>Applications Support Manager Theatre IT team Clinical Director/Lead Nurse</p>	<p>Testing completed and sent to Trisoft – currently sat with development. Feb 2017 Data controls addressed by Trisoft, upgrade on hold until CEPOD Whiteboard Project is complete.</p>	<p>Oct 17 This requirement is connected to our upcoming TheatreMan upgrade. The upgrade is planned to be delivered to us in December, however, it has been brought to the services attention recently that we require a new server/updated software. Therefore, the delivery date may be pushed into next year depending on the date of the server change. The service is working with</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
					both IT and the supplier to establish costs and timescales
R6. Loss of processing/data The BCP should be reviewed and the renewed plan tested.	LOW	The Directorate has already accepted the Business Continuity Plan (BCP) should be reviewed and is currently in the process of updating the BCP documentation prior to circulation/communication to the Directorate Management and Clinical Leaders/Theatre teams. It is then proposed to undertake testing of the renewed plan where the TheatreMan server will be switched off and the disaster recovery plan invoked.	Directorate Manager Clinical Director Lead Nurse Applications Manager Theatre IT Team Clinical Leaders Services	BCP reviewed, for discussion and agreement at Directorate Business meeting 18.11.16 and Directorate Policy forum 24.11.16. Date of test to be confirmed.	Testing completed on 14/9/17 action now complete .
R10. The UHB is not maximising the benefits from the system Theatres should consider setting up a user group to seek input from users on the system, its use, problems and future development.	LOW	The Directorate has already acknowledged there is a need to set up a user group and is in the process of arranging an inaugural meeting where terms of reference, composition of the group and frequency of future meetings can be agreed. It is envisaged this should commence within the next 3 months.	Clinical Director Directorate Manager Lead Nurse Applications Support Manager	Date for inaugural user group meeting to be confirmed – Jan 2017.	Complete – User Group to meet Oct 2017
All Other actions have now been completed May 2017					

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Telecoms Follow-up Audit March 2016

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
1. A formal business continuity document for telecoms should be developed	MEDIUM	Technical Disaster Recovery Plan completed and included in IT Disaster Recovery Plan. Operational Business Continuity Plan under construction by Head of Operation Services.	Head of IT	Technical Disaster Recovery Plan completed	IT actions Complete
			Head of Operational Services	EPO to be appointed and commence work on action plan by March 2016 – EPO actually appointed September 2016	Strategic planning team have developed a template for clinical boards to develop Business continuity plans. The Chief Operating officer has required Clinical board teams to update their BC plans using the template and complete by 31 Dec 17. Invite EPO to next mtg to seek assurance on progress.

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
All other actions are now complete May 2017					

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Digital Health Record January 2016

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>R1. Breach of data protection/Caldicott due to inappropriate access to information</p> <p>Access restrictions should be developed to the DHR. At a minimum the system should log access to records.</p>	HIGH	<p>All users of the DHR will have signed an IT User Security form as part of access requirements to the Clinical Portal. As such users of the DHR should be aware of their responsibility in only accessing a patient's clinical record within the professional capacity of their UHB role and within the specific need at that time. The EDRM used does have comprehensive audit functionality and will log users and usage. Reports have been developed and are in testing in order to more readily monitor and share access information as part of the channels of information security management and administration. In terms of access restrictions, a mirroring of the active directory associated with Clinical Portal could be replicated for the EDRM. However, currently only break-glass functionality exists for results. To attempt a similar process for an entire acute record would require a clinical review of access requirements at an organisational level. Should this be undertaken and permissions agreed, a comprehensive mechanism in which to set-up and manage this at individual and group level will be required. The DHR Programme will look to feed in accordingly.</p>	Sion O'Keefe	<p>Deadline of 30th April 2016 to have completed the PIA and to have an agreed development plan linked to the former</p>	<p>COMPLETE</p> <p>A report tool has been developed and is operational that enables identification of who has accessed the DHR by a hospital number or by the users Clinical Portal password.</p>

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Capital Audit Assessment 2015

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
All other actions are now complete May 2017					

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WAO Diagnostic Review of ICT Capacity and Resources

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
All Actions are now Complete May 2017					

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WAO combined follow up of Data Quality, Caldicott, Business Continuity Planning and ICT “Backup and Recovery” Audits

Note: IOAs – Information Asset owners
IAAs – Information Asset Administrators
PPP – People, Planning and Performance Committee
IGSC – Information Governance Sub-Committee
C-PiP – Caldicott in Practice Assessment Tool

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
WAO Section: Data Quality					
WAO Section: Caldicott Governance Arrangements					
WAO Section: Disaster Recover/Business Continuity					

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>R1 Produce complete list of systems utilised and ensure ICT disaster recovery plans have been developed for all systems</p>		<p>List completed. List will be validated by resending IM & T Hosting and Back Up Agreements (HBAs) to all data owners and subject to ongoing review. It is acknowledged that DR/BC plans and associated testing and training is variable across clinical directorates. The UHB BC policy now provides a standard template for planning. All directorates should use this template to produce their BC and DR plans. The UHB has strengthened the role of Head of Emergency Planning, Response and Resilience to co-ordinate the UHB's emergency preparedness and business continuity functions. In order to support this role and the wider organisation, specifically in the context of providing support in the training and embedding of business continuity and disaster recovery planning, a business case for the post of Emergency Preparedness Officer (EPO)</p>	List – Head of IT	List delivery complete	IT actions Complete

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		has been produced and is being considered for internal resourcing. Once in post the EPO will be responsible for co-ordinating and monitoring the level and completeness of BC plans across the UHB. The EPO will also develop an action plan to address the BC and DR planning recommendations of the WAO review. Progress towards achievement of this objective will be monitored via an action log reported regularly to the Information Governance and IM&T Sub Committees	DR plans – clinical systems - Director of Planning (co-ordination)/ Relevant DMs (implementation)	Target to appoint EPO and commence work on action plan by March 2016 Business Continuity planning is subject to the appointment of an EPO – EPO appointed Sept 2017	Strategic planning team have developed a template for clinical boards to develop Business continuity plans. The Chief Operating officer has required Clinical board teams to update their BC plans using the template and complete by 31 Dec 17. Invite EPO to next mtg to seek assurance on progress.
R2 Test all ICT disaster recovery plans for the systems and infrastructure regularly to ensure they operate as		The HB undertook a two year programme of investment in infrastructure (Servers, Storage and Networks) in order to replace aged equipment and address some of the	Upgrading of virtual server infrastructure – Head of IT	Investment programme ongoing – target for completion	The UHB has been undertaking an extensive

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>intended</p> <p>Supplementary R2</p> <p>Identify any material/key clinical systems that have not been tested for disaster recovery and test them appropriately</p>		<p>gaps in existing infrastructure. This financial investment period completed in March 2017.</p> <p>Much of this funding became available at the end of that financial year and the HB is currently undertaking a program of implementation and replacement that will stretch beyond September 2017.</p> <p>The Health Board continues to successfully carry out restores of subsets of all system files at least a 100 times per year. This ongoing level of Data Restoration can provide the UHB assurance on the processes in place.</p> <p>The ability to provide more significant levels of restore testing will be subject to completing the implementation of purchased Hardware, Software Licensing restrictions and staff resources. Once this begins it will be carried out on a risk assessed basis due to the stated resource restrictions.</p> <p>Directorates should undertake tests of the Business Continuity and DR Plans once they are established in line with R1.</p>		<p>March 2017</p> <p>Completion date moved to December 2017 due to implementation requirements and will be dependent on staff resources – both IT and Service Department..</p>	<p>programme of Server infrastructure upgrades facilitated by WG and Discretionary Capital in line with the agreed keeping the lights on strategy. Recent year end capital has enabled the UHB to address requirements in relation to additional storage and network requirements in order to commence targeted test and restore capability by December 2017.</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
			Testing -Corporate ICT systems - Head of IT	Data Restoration is ongoing Annual report due to be submitted March 2016	Annual report submitted March 2016 – Complete
			Testing – Clinical systems - Director of Planning (coordination)/ Relevant Directorate Managers) Investment programme ongoing – target for completion March 2016	Appoint EPO and commence work on action plan by March 2016 EPO Appointed Sept 2016	Strategic planning team have developed a template for clinical boards to develop Business continuity plans. The Chief Operating officer has required Clinical board teams to update their BC plans using the template and

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
					complete by 31 Dec 17. Invite EPO to next mtg to seek assurance on progress.
R3 Develop a corporate template BC plan to promote quality and consistency for BC plans		The corporate template BC plan has been completed but not implemented. The co-ordination process for development and implementation of BC and DR plans will be taken forward by the Head of Emergency Planning as agreed in the response to R1 above.	Clinical systems - Director of Planning (coordination of implementation)	Appoint EPO and commence work on action plan by March 2016	As Above
R4 Develop business continuity plans for key clinical depts and ensure these exist for all other clinical/non-clinical depts Supplementary R4 Formally document business continuity plans relating to Health Edge, Theatreman and Maternity Systems		Agreed - see R1	Director of Planning (coordination)/Relevant DMs (implementation) Supplementary R4 Directorate Manager – Surgical Support (Health Edge/ Theatreman) Interim Directorate Head of Operations and Delivery (Maternity)	Appoint EPO and commence work on action plan by March 2016 Supplementary R4 Appoint EPO and commence work on action plan by March 2016	As Above
R5 Introduce arrangements to consider cross department and site level BC issues.		Agreed - see R1	Clinical systems Director of Planning (coordination)/Relevant DMs	Appoint EPO and commence work on action plan by March 2016	As Above

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R6 Test BC plans regularly to ensure they operate as intended and adequately support continued clinical service provision within and across depts		Agreed - see R1	(implementation) Clinical systems - Director of Planning (coordination) /Relevant DMs (implementation)	Appoint EPO and commence work on action plan by March 2016	As Above
R7 Identify from testing of the BC plans and manual procedures the effect on quality, cost and timeliness of clinical service provision of utilising manual processes to inform future continuity planning		Agreed - see R1. Impact of failure in the event of downtime lasting a range of periods is documented in individual IM & T hosting and backup HBAs. The feasibility of using manual systems is usually considered in this process. However, more comprehensive narrative needed in BC plans.	Clinical systems - Director of Planning (coordination)/Relevant DMs (implementation)	Appoint EPO and commence work on action plan by March 2016	As Above
R8 Reinforce BC governance arrangements by communication and training for relevant managers, clinicians and other staff		Agreed - see R1	Clinical systems Director of Planning (coordination)/Relevant DMs (implementation)	Appoint EPO and commence work on action plan by March 2016	As Above
R9 Establish formal arrangements to review BC plans and risk assessments to ensure they are comprehensive, consistent and appropriate for business need		Agreed – links in to R1 In relation to Risk, the arrangements for reviewing risk assessments are clearly identified within the Risk Assessment and Risk Register Procedure. The Procedure also clearly states the responsibilities completing risk assessments, identifying the required actions and escalating risks where required. All high and extreme risks should be incorporated within the appropriate risk register and if appropriate escalated to the Corporate Risk and	Clinical systems – BC Plans – Director of Planning (Coordination) Risk Assessments – Board Secretary	Appoint EPO and commence work on action plan by March 2016	As Above

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		Assurance Framework. Each Clinical Board and Corporate Directorate is responsible for ensuring that they have taken or identified the appropriate action in response to the risk.			
WAO Section: IT Backup arrangements					
R7 Complete and update ICT Disaster Recovery plans for departmental systems' recovery.		Completed. List will be validated by resending IM & T Hosting and Back Up Agreements (HBAs) to all data owners and subject to ongoing review. It is acknowledged that DR/BC plans and associated testing and training is variable across clinical directorates. The UHB BC policy now provides a standard template for planning. All directorates should use this template to produce their BC and DR plans. The UHB has strengthened the role of Head of Emergency Planning, Response and Resilience to co-ordinate the UHB's emergency preparedness and business continuity functions. In order to support this role and the wider organisation, specifically in the context of providing	Production of List of systems– Head of IT	Production of list - Completed Nov 2015	Production of list - Completed

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		<p>support in the training and embedding of business continuity and disaster recovery planning, a business case for the post of Emergency Preparedness Officer has been produced and is being considered for internal resourcing. The EPO will also develop an action plan to address the BC and DR planning recommendations of the WAO review.</p> <p>Progress towards achievement of this objective will be monitored via an action log reported regularly to the Information Governance and IM&T Sub Committees.</p>	DR plans – Executive Director of Planning (co-ordination)/ Relevant DMs (implementation)	<p>Appoint EPO and commence work on action plan by March 2016</p> <p>EPO Appointed Sept 2016</p>	<p>Strategic planning team have developed a template for clinical boards to develop Business continuity plans. The Chief Operating officer has required Clinical board teams to update their BC plans using the template and complete by 31 Dec 17.</p>
<p>R10 Periodically test the backups by using them to restore a working copy of the system. This can be on a cyclical basis and prioritised according to the level of risk associated with each system.</p>		<p>The HB undertook a two year programme of investment in infrastructure (Servers, Storage and Networks) in order to replace aged equipment and address some of the gaps in existing infrastructure. This financial investment period completed in March 2017.</p> <p>Much of this funding became available at</p>	Executive Director of Therapies & Health Science/Relevant DMs	<p>Investment programme ongoing – target for completion March 2017</p> <p>Completion date moved to December 2017</p>	<p>The UHB has been undertaking an extensive programme of Server infrastructure upgrades facilitated by</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		<p>the end of that financial year and the HB is currently undertaking a program of implementation and replacement that will stretch beyond September 2017.</p> <p>The Health Board continues to successfully carry out restores of subsets of all system files at least a 100 times per year. This ongoing level of Data Restoration can provide the UHB assurance on the processes in place.</p> <p>The ability to provide more significant levels of restore testing will be subject to completing the implementation of purchased Hardware, Software Licensing restrictions and staff resources. Once this begins it will be carried out on a risk assessed basis due to the stated resource restrictions.</p> <p>Directorates should undertake tests of the Business Continuity and DR Plans once they are established in line with R1.</p>		<p>due to implementation requirements and will be dependent on staff resources – both IT and Service Department..</p>	<p>WG and Discretionary Capital in line with the agreed keeping the lights on strategy. Recent year end capital has enabled the UHB to address requirements in relation to additional storage and network requirements in order to commence targeted test restore capability by December 2017.</p>

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Bluesprier IT System Audit 2016/17

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R1 The system is not fully used. The system allows for the collection of operation notes and clinical information (as per the business case). This information can then be extracted as operation notes or in the form of business information reports that can be generated. However this information isn't always entered and the UHB cannot therefore get full information out. The system should be fully used with all users entering clinical information	Medium	Introductory meeting took place in March with the new account manager for the company. Discussions now underway regarding expanding use of the system further, to allow the department to get the most from the system.	Deputy Directorate Manager		Complete
R3 Testing identified a number of weaknesses over user access: - There is no minimum password length, no complexity requirement and no forced change of password. - Generic accounts are in use, with 2 having access to create / amend data and 1 being a super user	Medium	Directorate to address this in line with recommendations above.	Assistant Directorate Manager	Due to complete 31 st October 2017	Due to complete 31 st October 2017

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>- 4 users do not have a nadex user name and therefore do not use active directory for login. - There is no formal process to identify leavers. As a result 1 super user has moved to a new department and is still active and 1 user has moved to another organisation and is still active. Minimum password controls should be enacted in line with the IT Security Policy. The use of generic accounts should cease. A process for identifying when staff leave the UHB and for deactivating the user accounts should be established.</p>					
<p>R4 Although backups are taken and reports provided to the admin team from IT, these have not been tested by a restore. In addition due to the change of staff in the office the new system admin is not fully aware of the files to be backed up, or have copies of previous backup reports for comparison. The backups should be</p>	Medium	Directorate to discuss with supplier and healthboard I.T. department.	Assistant Directorate Manager	Due to complete 31 st October 2017	Due to complete 31 st October 2017

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
periodically tested by restore. The log files should be checked to ensure all expected items are included and that the file sizes are consistent.					
R5 There is no business continuity procedure in place for the Bluespier system. A formal continuity procedure should be developed	Medium	To be reviewed as part of the All Wales strategy around national system implementation.	Directorate Manager	Currently under way.	Complete
R6 There is no departmental user group at which UHB staff can discuss the use of the system and potential improvements. In addition the super users are unaware of any national user groups. A departmental user group should be established. A UHB representative should seek to attend any national user group.	Low	To be reviewed and recommendations taken on board.	Assistant Directorate Manager	End May 2017	Complete

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Specialist Services Patientcare IT System Audit 2016/17

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R2 Inappropriate access to system / data. The system provider should ensure that the database is kept up to date and maintained appropriately.	High	The Directorate will seek clarification with IT and the Service provider on who is responsible for the upkeep and maintenance of the system. The Directorate will put a contract/SLA in place accordingly	Andrea Richards	End of June 2017	Work in Progress
R3 Inaccurate data held in system. Data input controls should be enacted with ranges, limits, formats and mandatory fields considered.	Medium	A user group will be set up to discuss how to implement the changes required around the enablement of limits on certain fields and mandatory fields	Andrea Richards in conjunction with the Service Provider	Group to be set up by end of June 2017 and work to be completed by July 2017	Organisation of a working group has been delayed for several reasons relating to availability of staff etc. A meeting will be pulled together by the end of October 2017 to take forward the outstanding issues

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October 2017

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>R4 Loss of processing / data. A formal business continuity and disaster recovery procedure should be developed. Detailed system documentation should be provided or held in escrow as part of this process.</p>	Medium	<p>The directorate will investigate the process for developing a business continuity and disaster recovery plan for the Patient care database</p> <p>The directorate suggest that this separated into application issues and server issues</p> <p>The directorate will work through the requirements and develop a disaster recovery plan detailing the actions needed to manage in the event of loss of database.</p> <p>The directorate to link with IT and the Service Provider to develop this plan via the user group.</p> <p>It should be noted that if there was a loss of the data held within the database there would be no effect to patient care as all clinical information is held on Clinical Portal and in patient notes.</p> <p>The Directorate will investigate how to take forward ensuring a detailed system documentation is held in escrow</p>	Andrea Richards	July 2017	<p>A formal Business continuity Plan has been drafted which needs to be discussed with IT.</p> <p>Work is required on regards to escrow</p>
<p>R5 Although backups are taken, there has been no test of these to ensure their integrity. The backups should be tested on a periodic basis.</p>	Medium	<p>Neurosciences will liaise with the Cardiff & Vale UHB IT Department, to produce a scheduling plan for undertaking backups and the testing of these backups are within CAV approved policies and</p>	Andrea Richards	June 2017	<p>Discussions are underway with the IT Department to put the system onto the</p>

Cardiff and Vale University Health Board Audit Assurance Review Plan

October 2017

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		<p>procedures.</p> <p>This process will be linked with the development of the business continuity and disaster recovery plan</p>			VEEAMing server this could provide the best backup and testing scenario. This would allow us to test the veracity of the backups robustly. Plan to move over to the new backup system by end of December 2017.
<p>R6 The UHB is not maximising the benefits from the system. The exact ownership of the system should be clarified and payments made to Eldrix reassessed to ensure that the UHB has not paid for software it owns. Should ownership be either wholly or partly by the UHB, the UHB should seek payment from Eldrix relating to income from sale of the system elsewhere.</p>	High	<p>For clarity, (accepting that payments have been made) no payments have been made to Eldrix from Neurology revenue. Payments for the epilepsy database and ongoing maintenance were agreed through the contract arrangements and have been funded through the Epilepsy research PI account.</p> <p>The Directorate will work with Eldrix to put in place a contractual arrangement for the MS data base.</p> <p>The directorate have had no involvement in the Parkinson's database as this a</p>	Andrea Richards	June 2017	Meeting arranged with Mr peter Welsh to discuss the IP issues (26 th September 2017)

Cardiff and Vale University Health Board Audit Assurance Review Plan

October 2017

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		<p>service that sits within the Clinical Gerontology Directorate</p> <p>The directorate to seek advice from Peter Welsh in regards to Intellectual Property</p>			
<p>R8 Inaccurate data held in system. The interface between PMS and Patientcare should be 2 way to allow for updating of patient demographic information.</p>	Low	<p>The User group will be tasked to take forward the development of a 2 way interface.</p> <p>Directorate to invite a member of the Health Board IT Department to support the User group</p> <p><i>IT Response:</i> Maintenance of the patient record lies with Medical Records (also known as Health Records). Allowing tertiary systems to update the patient demographic record would be at their behest and not at the behest of other departments. They would need to satisfy themselves that the procedures and processes in place are fit for purpose. Importantly, the PMS index must be regarded as sacrosanct and any requirement to update via tertiary systems must be confirmed as 'Gold Standard' before it could be allowed.</p> <p>It is also the case that the need to update the patient demographics is almost certainly not appropriate in this instance and hence a two way interface would not be required. It is the IT Department's</p>	Andrea Richards	July 2017	WIP

Cardiff and Vale University Health Board Audit Assurance Review Plan

October 2017

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		<p>understanding that all patient events are managed administratively through the 'PMS System' and it is only the clinical data that enters the 'Patientcare System'. As such attendances, etc., are being recorded on PMS directly and can be updated within the PMS system as part of that attendance process.</p> <p>Nevertheless, in the event that a tertiary system is ratified as both Gold Standard and appropriate to directly update demographics then the IT Department will make relevant functions available to the Supplier of that system.</p>			

AGENDA ITEM 13.a

Cyber Security Update	
Name of Meeting : IT&G Sub Committee	Date of Meeting 4 th October 2017
Executive Lead : Executive Director Therapies and Health Science	
Author : Assistant Director Information Technology	
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.	
Financial impact : TBC	
Quality, Safety, Patient Experience impact :	
Health and Care Standard Number 3 & 4.2	
CRAF Reference Number 6.8	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION**ASSURANCE**

- The committee is asked to note the ongoing process of Cyber Security review being undertaken at a national and local level.
- The committee is also asked to note the potential requirement for National and local investment to support cyber security enhancements.

SITUATION

This report is intended to provide a verbal update to the IT&G Sub Committee on Cyber Security

Cyber Security, as all will be aware, is becoming an increasing risk to service continuity and resilience in all organisations.

BACKGROUND

The UHB recognised these potential threats and developed a business case to enhance cyber security management as part of the 16/17 IMTP process.

Although this business case was recognised as one of the highest priority funding requirements for the Health board, to date, it has been unsuccessful in achieving additional investment. Additional work has been requested to support the case.

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AGENDA ITEM 13.a**ASSESSMENT AND ASSURANCE**

Subsequently the 'Wannacry' virus illustrated the potential threat to all organisations and specifically Health in that it caused major disruption in dozens of mainly English hospitals resulting in them having to suspend many services and engage in many activities to resolve the crisis.

All NHS organisations in Wales collaborated to prevent the spread of this infection into Welsh health systems.

NHS Wales and Cardiff in particular were successful in protecting the UHB from the worst effects of this outbreak through a concerted effort over a prolonged period including out of hours.

In the light of the above it had been proposed that there be an internal audit in relation to cyber security however discussions at a national level have led to agreement that there should be a national review of cyber security.

This review is intended to lead to a set of standard recommendations across Wales to support all organisations in enhancing cyber security.

To this end in collaboration with other UHBs an allocation of £150k to undertake this independent review has been secured with a view to securing a further £1.5m from WG capital to deliver the recommendations. (The draft review remit is attached for information)

All UHBs have also, in support of this process, undertaken a cyber security self assessment review the findings of which have been collated by NWIS to aid the review process.

It is intended that the outcome of this national review and capital allocation process will be reported to a future IT&G sub committee and that this will further support the case for an enhanced business case for cyber security to be submitted to the BCAG.

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AGENDA ITEM 13.a

The provision of external security assessment for NHS Wales

Introduction

Following on from recent global cyber security issue which affected both public and private sector organisations including the NHS, the Associate Directors of Informatics from the various NHS Wales organisations have requested an external review of their readiness to deal with a cyber-security attack against one of more NHS Wales organisations. This document sets some background information and the initial requirements relating to the engagement.

Background Information

Welsh Cyber Assurance Process

A Welsh Cyber Assurance Process (WCAP) has been developed by NWIS in order to assure both NHS Wales organisations and authorised 3rd Parties who connect to the NHS Wales network and assist organisations identify areas for improvement for inclusion within local security improvement plans; The WCAP is based upon published international standards and recognised best practice. A follow up scope of work has been defined to further enhance the security posture across NHS Wales.

While a number of the components below have already been identified, reported on and a resultant security improvement plans made available through the local organisation's WCAP submission further work will be necessary to ensure all resultant work is prioritised and resourced to ensure the level of assurance in both attained and maintained.

Importantly an NHS Wales national Cyber Security status report would support the adoption of National Systems and Services and provide assurances of the depth and consistence of controls enacted to WG, WAO, NHS England and others.

Any assurance will need to clearly articulate the requirements within the scope of work below but in summary

- Initial Gap analysis
- Security Improvement Plan & Timescales
- Resource & Cost allocation required in order to deliver planned improvements
- LHB local reporting (both initial and ongoing using a consistent reporting format)
- National & Local (enterprise) reporting for NHS Wales (initial and ongoing using a consistent reporting format)
- LHB Review of the security improvement plan on a quarterly basis
- National and local (enterprise) reporting on a 24month basis to include local organisations re-submission of the WCAP.

NHS Wales Networking and Active Directory

NHS Wales organisations all connect to a single Layer 3 (routed) network provided as an MPLS VPN on the Welsh Public Sector Broadband Aggregation Network (PSBA). Many sites have firewalls to segment themselves from the PSBA network, but little or no NATing is done. There are

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over 1000 sites connecting to this network (in this NHS Wales VPN), including hospitals, clinics, GP practices, data centres, etc.

The NHS Wales network connects to the N3 network in England and the IP addresses used in Wales is a subset of that in use on N3. There are two firewalled connections between NHS Wales PSBA and N3.

NHS Wales uses a single Microsoft Active Directory (CYMRU.nhs.uk) for all user and computer accounts. Some legacy domains exist for server resources, and various 'domain trusts' are in place between CYMRU and these legacy domains.

As such, whilst some network segmentation is in place between sites on the network, all organisations share a significant amount of common infrastructure resources such as the CYMRU domain, a single Microsoft Exchange Organisation, a single Skype/Lync infrastructure and so on. Therefore, to some extent, the overall security of the network is considered to only be as strong as the weakest link in that chain. WAST?

Scope of Work:

- Identification of key weaknesses, risks posed and options for mitigating them, for people, processes and technology (incorporating impact, level of risk pre & post mitigation and likely costs for each option). This is for the local organisation and the network/community more generally.
 - Identify, analyse and evaluate security risks.
 - Working with the LHBs and NHS Wales more generally to help them develop a realistic view and understanding of the cyber security risks that affect their organisations and the wider network/community as a whole.
 - Communicating risk assessment outcomes to LHBs in ways that support effective security and inform decision making.
- Generate proposed Security Improvement Plans along with recommended timescales and prioritised areas for investment
 - These should incorporate the development and documentation of risk management improvement plans that are appropriate for the LHBs individual environments and take into account local resources and importantly what they are trying to achieve in regard to both improving security while supporting the delivery and enhancement of patient related services.
- Provide advice and guidance on the establishment of an information security management system (ISMS), where one doesn't exist.
 - Undertake the creation of on-going scheduled review process to support the mitigation of security risks and provide associated management reports.
 - The provision of organisational specific advice to develop a mature Information Security Management System
 - The provision of advice and guidance to help LHBs develop approaches that ensure the continuous management of identified risks which evolve to cope with changes in, for example the business, threat and technology landscape within their ISMS

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- Provide advice and guidance for further compliance necessary to support connections to third party networks, such as PSN Connection
 - Provide LHBs with a route to expand this work to attain a relevant externally assured level of compliance against current and future legislation such as GDPR, NIS Directive and international standard EN/ ISO27001:2013; as well as other models such as PSN and N3 compliance.
- Undertake review and provide recommendations relating to strategies and processes for Vulnerability Testing, Penetration Testing, Remediation & Re-testing.
 - Provide a comprehensive common strategy and plan for the additional assurance that such testing can provide, and how this can be undertaken to common national standards.
- Undertake review of governance related to cyber security from a local organisation and NHS Wales perspective
 - Incorporating, Corporate Governance, Audit Committees, Risk management, Board awareness of cyber risk, existing ISMS systems, ISO27001, Cyber Essentials, ITIL, etc.
- Undertake review and make recommendations for improvements to existing operational policies and processes relating to Cyber Security, including.
 - IT / Information Security
 - Optimal Hardware/software
 - Encryption
 - Maintaining Existing Services and End of Life Management
 - Backup and restore
 - Anti-Virus / Malware
 - Password and identity authentication
 - Patching policy (Microsoft and others, including firmware)
 - Public-Facing web access to NHS Wales
 - Mobile Devices – both networked and stand-alone
 - Network topology, including links the wider NHS and third party network
 - Content inspection / filtering for web browsing – specifically focussing on risk of infection/breach.
 - Content inspection / filtering for emails – specifically focussing on risk of infection/breach.
 - Authentication processes – password policies, etc.
 - Wireless (WiFi) access
- Review existing approaches for the management of Medical Devices, Internet of Things, and other Health 2.0 implications
 - Provide a methodology to manage such devices to an agreed framework to maintain the necessary security
- Provide recommendations for minimum and costed All-Wales standards relating to Cyber Security, including, but not limited to:
 - Anti-Virus / Malware
 - Password and identity authentication, including password policies.
 - To include access to NHS resources from non-NHS networks
 - Security updates / patching (Microsoft and others, including firmware)

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- Content inspection / filtering for web browsing – specifically focussing on risk of infection/breach.
- Minimum staff and skills matrix
- Content inspection / filtering for email – specifically focussing on risk of infection/breach.
- Security configuration for PCs and servers, for access from the NHS network and from access from 3rd party networks or the internet.
- Wireless (WiFi) access

This should include recommendations about which functions/features should be configured/controlled locally and which should be configured/controlled nationally.

- Undertake review of numbers and capabilities of the existing staff working in the area of cyber security within each organisation. Benchmark against recommendations around appropriate staff quantities and skills levels (including certifications where necessary) to maintain a formal organisation Cyber Security certification such as EN/ ISO27001:2013 or Cyber Essentials Plus.
- Undertake reviews of existing processes and materials for user education relating to Cyber Security. Provide recommendation on methods to improve as necessary.
- Undertake reviews of the processes and systems for responding to Cyber Security Incidents from a local organisation and NHS Wales perspective
- Provide advice and guidance on developing an education/development programme to get more technical expertise into the Cyber Security Field?

Organisations within scope

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf University Health Board
- Abertawe Bro Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Public Health Wales Trust
- Welsh Ambulance NHS Trust
- Velindre NHS Trust, including Welsh Blood Service
- NHS Wales Informatics Service, including services provided to GP practices
- NHS Wales Shared Services Partnership

Structure of engagement

There are two key parts to the engagement. The first is described as the *'Initial assessment'*, which is to carry out the work as described above. The second part is a *'Follow on review'* at a later date (approx. 12 months) to review progress against the Security Improvement Plans developed as part of

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the initial assessment. This follow on review would be an option for LHBs/Trusts to call off as required.

There should sufficient and suitably skilled / experienced resources assigned to the project to allow most of the work to be completed in parallel.

Initial assessment

The approach to the engagement is to be proposed by the suppliers, but is expected to include the following:

- Initial meeting with representatives from NHS Wales's organisations to confirm scope of works, method of engagement, etc.
- Review of organisation submissions for the WCAP process
- A series of meetings with each organisation to gather further information as required to complete the review.
- Production of reports
- Presentation of reports/finding to organisations

Follow on review

This is a follow on review for each organisation in around 12 months, to review and assess progress of that organisation's Security Improvement Plan – as created in the Initial Assessment. As above, the approach is to be proposed by the suppliers.

Outputs

Initial assessment

- A report to be produced for each organisation and an aggregated 'national' report for NHS Wales
- A presentation of the reports, findings and key recommendations to each organisations board (or their nominated representatives)
- A presentation of the aggregated report, findings and key recommendations for
 - The NHS Wales Implementation Planning and Delivery Board
 - The NHS Wales National Informatics Management Board

Follow on review

- A follow on review for each organisation in around 12 months, to review and assess progress of that organisation's Security Improvement Plan – as created in the first engagement. Produce an individual report for each organisation and an aggregated 'national' report for NHS Wales
 - Presentation of findings to the local organisation
 - The NHS Wales Implementation Planning and Delivery Board

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Indicative Timescales:

- Initial scoping meeting to take place in September 2017
- Interviews and information gathering with organisations during October/November 2017
- Draft reports by end November 2017
- Final reports and presentations during December/January 2018

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Expected outcomes

Organisations will be in a position to better understand their current cyber security readiness and also to strengthen their improvement plans generated from their WCAP submission.

When combined with an externally delivered Penetration Test of their networks or systems/ Services (*outside scope of this engagement*) this would provide each organisation with a robust Gap Analysis to generate a full and comprehensive cyber-security improvement plan for their local I.T environments.

NHS Wales more widely to have stronger policies and governance arrangements which are essential in maintaining and improving the security of the NHS Wales networks, systems and information.

Format for the supplier response

Approach, Methodology and Suitability

Suppliers must describe their approach and methodology in engaging with NHS Wales to meet the initial requirements - including an outline of the proposed deliverables to local organisations and a national view. This should include examples of similar engagements undertaken by the supplier.

Suppliers must describe their approach and methodology for delivering the follow-on review of the Security Improvement Plans.

Suppliers must provide CVs (or equivalent) for the candidates being proposed for the work, which would demonstrate their suitability to undertake the work.

Suppliers should also include a description of the role that each of the proposed candidates would be undertaking as part of this engagement.

Suppliers must describe their approach for the project / engagement management.

Suppliers must confirm their ability to undertake the work within the specified timescales.

Commercials

Suppliers must provide costs (*including a reasonable breakdown of how the costs are derived*) for the 'Initial assessment' for all the organisations within the scope described above.

Suppliers must provide a per-organisation cost for the 'Follow on Review'.

This is an option for each organisation to take, but for evaluation and scoring purposes, it will be assumed that all organisations would choose to undertake the 'Follow on Review'.

Suppliers must also provide day-rates for resources to provide advice and support to assist organisations in delivering the identified improvement plans. It is anticipated that this could be up to 10 days per organisation and this number will be used in the evaluation and scoring. Where multiple types of resources are proposed at various costs, an average of the costs will be used for evaluation and scoring purposes (*which will not include project and engagement management resources*).

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NOTES OF THE MEDICAL RECORDS MANAGEMENT GROUP

Meeting on 22 August 2017

Small Meeting Room, Head Quarters, UHW

Present:

Dr Graham Shortland	Medical Director/Caldicott Guardian	Chair (GS)
Paul Rothwell	Senior Manager Performance	(PJR)
Sion O'Keefe	Directorate Manager, OP Services	(SO'K)
Keeley Baker	Health Records Manager	(KB)
David Hanks	Project Manager, Children & Women	(DH)
Tina Bayliss	Deputy Director of Operations, Surgery	(TB)

Apologies:

Jenny Thomas, Matt Temby, Mike Bourne, Chris Darling and Eira Yassien

MRMG 17/026 WELCOME AND INTRODUCTION

GS welcomed everyone to the meeting. Members noted that Carolyn Jones would be retiring permanently in approx 5 weeks time. Catherine Thomas would then support GS on a 4 days per week basis.

MRMG 17/027 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 14 June 2017 were agreed as an accurate record of the meeting.

MRMG 17/028 MATTERS ARISING

- **ICO Report**

PJR advised members that after a desk based follow up review the ICO had expressed disappointment at the relative lack of progress in terms of delivering the action plan agreed after their in depth review of DPA compliance carried out the previous year. Although it was not expected that the ICO would carry out a further review at the current time, it was important to realise that the ICO would take the above into account in the event that, in the future, they felt the UHB had fallen short in terms of discharging its statutory obligations.

PJR explained that the thrust of the action plan going forward was for the IG dept to engage systematically with Clinical Boards (CBs)/Corporate Depts (CDs) on IG matters, specifically via attendance at relevant meetings on a quarterly basis. A pro forma had been produced to enable CBs/CDs to report relevant developments in a consistent manner. PJR was asked to supply a copy of this to members. Good progress had also been made in terms of “mainstreaming” IG via the Datix incident reporting process. In this way CBs/CDs were made aware of relevant incidents in order that they could learn from them as appropriate.

Action: PJR

Members noted that steps being taken to deliver the ICO action plan would be documented in a legacy statement relating to all work overseen by the Information Governance Sub-Committee. This would be presented by IGSC to a new committee that, subject to PPP approval, would be formed when IGSC and the IT Committee were merged. The new committee was scheduled to have its inaugural meeting on 4 October 2017. PJR explained that, going forward, the intention was to present IG matters to the new committee primarily for information, after relevant operational discussions overseen by the Director of Public Health (Executive lead for IG), the Caldicott Guardian and the SIRO. This “IG Executive” would escalate matters, primarily to Management Executive, where appropriate.

The legacy statement would also cover matters discussed by the Medical Records Management Group. In this way the MRMG would essentially have a work plan for 2017/8 even though one had not been formally submitted to IGSC.

- **Destruction of Records**

Members noted that the IGSC had agreed the following:

- A records management policy (for onward transmission to the new Strategy and Engagement Committee for formal adoption)
- A records management procedure (to be formally implemented once the policy agreed)
- Supporting detailed procedures including the Department of Health retention schedule

Collectively the above would provide a comprehensive framework that would inform the appropriate destruction of records going forward and thus would be fundamental to good governance.

- **Standard Operating Procedures**

PJR advised members that he still awaited a response from Charles Dalton in relation to the suggestion that the cut off point of max 6 months before a record was deemed to be “lost” as opposed to “misplaced” be documented in the updated UHB Incident Reporting Procedure. GS asked for the relevant correspondence to be forwarded to him.

Action: PJR

- **Digitisation**

Members noted that practice in this area i.e. whether to destroy paper records if the corresponding information was recorded digitally varied between Clinical Boards. It was agreed that a 3 month consultation exercise should be carried out with CBs to try and understand and standardise practice. SO’K was asked to give GS a max 1 side A4 SBAR that could be discussed via CB quality and safety leads. GS would present this initially at a forthcoming Monday CBD meeting.

Action: SO’K

Members noted the good progress that was currently being made in digitisation projects in some specialties, particularly in conjunction with IT platforms such as COM. This work was essentially guided by the principle of only digitising those records that the relevant clinician particularly wanted to access, which were not already available electronically. Other records could be accessed via the Portal, with paper records available as back up subject to relevant retention periods. The Health Records department were due to complete a three month trial of the Clinical Information Triage project by mid-September and would bring a review paper to the next MRMG.

Action: SO’K

- **Libraries**

SO’K advised members that progress with regards restricting access to filing libraries to Health Records staff only had been very limited due to funding reasons. The following actions were agreed:

- Reference should be made to the matter in the IGSC legacy statement

Action: PJR

- Reference should also be made in the UHB CRAF

Action: P Welsh

MRMG 17/029 Storage of Records at Whitchurch

Members noted that the transfer of records from Whitchurch to Treforest was progressing with the move of some physio records. It was noted that Management Executive supported the position that CBs should be required to make a financial contribution for the transfer of their records to Treforest unless the Board agree a global allocation specifically for this. Members noted that the latest estimate was that Whitchurch would need to be wholly vacated within 3 months. It was also noted that the current projection was that if all records currently stored at Whitchurch (i.e. without any prior culling) were transferred to Treforest that would take up approx 75% of available capacity. Records to be transferred from the decommissioned Lansdowne site, as well as pre-identified community locations, would take up a good deal of the remaining capacity.

It was agreed that this subject should be covered in the IGSC legacy statement.

Action: PJR

MRMG 17/030 Emergency Unit Cards – Standard Operating Procedures

Members agreed the SOP.

MRMG17/031 Transport of Medical Records

Members noted that, following concerns expressed by Tony Chatfield, a meeting would be held to look at costed options for the secure transport of medical records in particular to prevent packages breaking open.

MRMG 17/032 Chair's Action

SAR sign off

GS advised that HSMB, after considering an SBAR, had requested a robust proposal for the signing off of SARs. It was agreed that this subject would be discussed in more detail at the Group's next meeting prior to further discussion at HSMB. GS asked that mechanisms for improving the current system be provided ahead of this.

Action: SOK

MRMG 17/033 Any Other Business

It was agreed that the use of fax machines should be discontinued from a medical records perspective.

MRMG 17/034 Matters to be referred to IGSC

Given that IGSC would shortly be disbanded relevant MRMG matters would be picked up in the IGSC legacy statement.

MRMG 17/035 Date of Next Meeting

It was agreed that the Group's next meeting should be held after 5 October 2017.



**UNCONFIRMED MINUTES OF THE
SENIOR CLINICAL IM&T GROUP MEETING
HELD 8th SEPT 2017
SEMINAR ROOM A/B, 3rd FLOOR PCCU, CHILDREN'S HOSPITAL, UHW**

Clinical Representatives Present:

Adam Christian (AC)	CD&T
Allan Wardaugh (AW)	Chair – Assistant Medical Director for IM&T
Graham Smith (GS)	Children and Women's Services
Hannah Jane Davies (HJD)	Children and Women's Services
John Potts (JP)	Dental
Lynette Sewter (LS)	Children and Women's Services
Neil Jones (NJ)	Mental Health
Nicholas Morley (NM)	CD&T
Martyn Read (MR)	Specialist Services
Melanie Cotter (MC)	Medical Education
Mohid Kahn (MK)	Medicine
Rwth Ellis Owen (REO)	CD&T

IM&T/Exec/Other Representatives Present:

Craig Smith (CS)	NWIS Project Manager
Fiona Jenkins (FJ)	Exec Dir of Therapies & Health Science
Gareth Bulpin (GCB)	Tech Dev, Network & Support Manager
Jo Brooks (JB)	NWIS Programme Manager
John Frankish (JF)	NePFM Programme Lead
Mark Cahalane (MC)	MHCS Programme Manager
Nigel Lewis (NDL)	Head of Information and Strategy
Phil Clee (PC)	Database, Development & Server Manager
Sandra Whitney (SW)	IM&T Programme Manager
Sharon Hopkins (SHo)	Director of Public Health
Susan Hostler (SH)	TRRR Project Manager

Apologies:

Aled Roberts	Medicine
Andrew Nelson	AD of Performance & Information
Caroline Bird	Assistant Chief Operating Officer
Clive Morgan	Assistant Director of Therapies
Haydn Mayo	PCIC
Jack Francis Gresley Underwood	Mental Health
Jackie Davies	PCIC
Jo Mower	Medicine
Karen Pardy	PCIC
Mark Wardle	Specialist Services
Nav Masani	Specialist Services
Steve Curry	Interim Chief Operating Officer

Tracey Lewis
Usmaa Umer

Mental Health
Mental Health

Secretariat:

Kimberley Cox - IT Project Manager

SCIMaTG 1.01 WELCOME AND INTRODUCTIONS

The Chair opened the meeting and welcomed everyone present.

SCIMaTG 1.02 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

SCIMaTG 1 INFORMATION SHARING AND CLINICAL PRESENTATIONS

The Chair gave an update on recent IM&T developments and emphasised the need for clinical engagement in IM&T initiatives

SCIMaTG 1.2 e-Patient Flow Management (ePFM) Programme overview and update

JF gave an overview of the ePFM programme and scope. JF advised that an outline business case has been drafted and the programme have been asked to include an option within the business case to develop 'in house' through NWIS as well as procuring a solution from an external supplier. Once the outline business case has been agreed it will come back to the health boards for sign off of local revenue costs involved in the programme.

The group discussed backup and business continuity and were advised that all clinical boards are required to have business continuity plans in place for all systems. The group discussed how the system would aid the clinicians decision making process and how national standards will need to be agreed with input from all local health boards, accepting that there will be some variation in practice across the country. The procurement process will be aiming to deliver the specification that the health boards collectively have asked for, it was emphasised that this specification will need to have a high level of scrutiny by a wide range of clinicians.

ACTION: Secretariat to circulate slides from presentation to SCIMaT members for information

ACTION: Secretariat to circulate detailed business requirements document to SCIMaT members for review and invite feedback directly to JF

SCIMaTG 1.3 Notification of Critical, Urgent and Unexpected Significant Radiological findings

REO advised the group that due to a safer practice notification from 2007 there is a need to radiologists to notify the referring clinician of all critical, urgent and unexpected significant radiological findings and that the referring clinician is required to confirm receipt of this notification. Ideally there should be a safe effective electronic means of fail-safe alert notification to facilitate this process. Such an electronic system doesn't currently exist in CAV and therefore radiology are trying to implement a manual system. However implementing this across the

health board has been difficult due to different working practices across different areas. The current manual method of alerting referring clinicians is also very time consuming for radiology so there is a need for an effective and less time consuming solution. A system has been built into RaDIS that will produce lists of reports that have been flagged as having critical, urgent and unexpected significant radiological findings and this list is then distributed to clinicians but there is currently no reliable method for clinicians to confirm receipt of this information. The current proposal being put forward by radiology is for each directorate to nominate a name person(s) to receive (and confirm receipt of) these lists who will then be responsible for passing the information to their relevant team members. This proposal is currently with the clinical boards awaiting comment.

It was noted that email is not the safest or most reliable method for making sure notifications are received. The IT dept have developed the e-advice system which while looking like email is much more auditable and might provide the confirmation of receipt that radiology need.

ACTION: IT dept to arrange demonstration of e-advice system for REO

SCIMaTG 2 IM&T TEAM PRESENTATIONS

SCIMaTG 2.1 Radiology e-requesting demo

CS showed the new radiology e-requesting form that is being developed so that referring clinicians can make radiology reports through WCP and they will be sent electronically to RaDIS, taking away the need for paper forms. Demographics for the system will be few from the eMPI, there will be a standard list of radiological investigations available and this will be searchable. The system will be fully auditable. Over a period of 3 months NWIS have been engaging with a large number of clinicians across a range of disciplines to get input into how the form should look.

ACTION: REO and SH to meet to discuss ongoing radiology requirements in more detail outside of this group

SCIMaTG 2.2 Information for you update: The Citizen Portal

MC gave a brief background to the reasons for the citizen portal project. My Health Online is very underused and there are over 400 online presences giving health information that WG have been involved in. There is a need for this information to be consolidated in one location. A 'discovery' period has been underway to consult with stakeholders and a findings paper has been produced.

ACTION: Secretariat to circulate Citizen Portal Discovery Findings paper to SCIMaT members for information

ACTION: SCIMaT members to discuss with colleagues and their clinical boards how patient portals might impact on/change their practice

SCIMaTG 3 BUSINESS MEETING

SCIMaTG 3.1 PROJECT UPDATES

- **Microsoft Lync roll out**

The Group **NOTED** the Lync paper. GCB gave an update on where the roll is at present. GCB advised that 3 new temporary members of staff have recently started work to support the roll out and this will increase the pace. The group

noted that the current polycom video conferencing software doesn't work well with lync at present. It was advised that NWIS are producing a document on how to use the polycom video conferencing system and lync together

ACTION: GCB to provide update on progress at next SCIMaT meeting

- **TRRR**

The Group **NOTED** the TRRR paper. SH gave an update on where the TRRR roll out is at present and the challenges that have been encountered. There are significant time savings to be made by the pathology labs from the system but it takes clinicians longer to complete the blood forms electronically than it does to complete a paper form. This had led to varied levels of usage of TRRR across the health board. Work is underway to shadow a clinician on a ward and compare the time it takes to request tests on paper compared to electronically. It was noted that mobile access to TRRR might improve usage and that changing the current process so that admin staff made the requests electronically could also be investigated by individual areas if they wished.

ACTION: Invite GS to next ISEC meeting to discuss specifics of TRRR implementation in paed.

ACTION: SH to look at training and awareness to make sure users are aware of the time series requesting functionality within TRRR

ACTION: SH to investigate the position of other HBs in relation to TRRR roll out and update at a future SCIMaT meeting.

- **Medicbleep**

The Group **NOTED** the Medicbleep update paper and discussed if WhatsApp could be used securely as another option. It was noted that the problem with WhatsApp is once an image is sent through WhatsApp the health board no longer has ownership over that image or control over what happens to it. Also images taken on users own devices and sent via WhatsApp are saved onto the device and may be uploaded to the cloud etc. This poses a security risk for patient identifiable information. It was agreed that an application for sharing images containing PID instantly through mobile devices was required and that WhatsApp was not secure enough for this purpose.

ACTION: IT dept/GCB to review potential options for a secure picture/messaging application and bring back results of this review to a future SCIMaT meeting for discussion

- **Introduction of ADT functionality to CAV WCP**

The Group **NOTED** the discussion paper. JB gave a background to the request, NWIS are developing ADT functionality with WCP as other health boards have requested this for out of hours ADTs. This is not something that CAV generally require as CAV has WCWS and the 'one number' for admitting and transferring patients out of hours and this is done by admin/nursing staff. If CAV would like to include this development in their version of WCP then the development needs to be prioritised internally as it will require development within PMS. It was agreed that clinicians in CAV do not require this functionality and therefore there was no need to prioritise the development.

SCIMaTG 3.6 FOR INFORMATION:

- **Proposed process for clinical board authorisation of WCP account access to WGPR**

The Group **NOTED** the proposed process

- **ISEC**

The Group **NOTED** the draft ISEC minutes.

- **WCIC**

The Group **NOTED** the WCIC notes.

- **NIMB**

The Group **NOTED** the draft NIMB minutes.

SCIMaTG 3.7 IT RAG STATUS REPORT – FOR INFORMATION

The Group **NOTED** the draft IT RAG status report.

SCIMaTG 3.8 MINUTES AND ACTIONS FROM PREVIOUS MEETING HELD ON 5th MAY 2017

Agreed.

SCIMaTG 3.9 AOB

Nothing raised.

SCIMaTG 3.10 TO NOTE THE DATE, TIME AND VENUE OF THE NEXT MEETING OF THE SCIMaT GROUP

Thursday 9th September, 9am, Seminar Room A/B, 3rd Floor, CHfW

NHS WALES INFORMATICS MANAGEMENT BOARD

**Draft minutes of the meeting
Tuesday 04 July 2017 – 14.30-17.00**

Attendees:

Andrew Goodall (AGD), Chair	-	Welsh Government
Dylan Williams (DW)	-	Betsi Cadwaladr UHB
Huw George (HG)	-	Public Health Wales
Sharon Hopkins (ShH)	-	Cardiff and Vale UHB
Rhidian Hurle (RhH)	-	NHS Wales Informatics Service
Hamish Laing (HL)	-	Abertawe Bro Morgannwg UHB
Peter Jones (PJ)	-	Welsh Government
Andrew Griffiths (AG)	-	NHS Wales Informatics Service
Elizabeth Waites (LW)	-	NHS Wales Informatics Service
Frances Duffy (FD)	-	Welsh Government
Mark Osland (MO)	-	Velindre
Neil Frow (NF)	-	NHS Shared Services Partnership
Lloyd Bishop (LB)	-	Aneurin Bevan
Anthony Tracey (AT)	-	Hywel Dda
Aled Williams (AW)	-	WAST
Eifion Williams (EW)	-	Powys
Stephen Harry (StH)	-	Cwm Taf UHB
Frank Atherton (FA)	-	Welsh Government
Daniel Phillips (DP)	-	Velindre
Caren Fullerton (CF)	-	Welsh Government
Evan Moore (EM)	-	Hywel Dda
Angela Gough (Secretariat)	-	Welsh Government

Apologies:

Steve Ham – Velindre
 Fiona Jenkins – Cardiff & Vale
 Albert Heaney – Welsh Government
 Nicola Prygodzicz – Aneurin Bevan
 Karen Miles – Hywel Dda
 Patsy Roseblade – WAST

1. Welcome and Introductions

AGD welcomed members to the meeting and members introduced themselves. AGD also introduced CF to members, and welcomed her to the meeting.

2. Detailed update from NHS Wales Shared Services Partnership (NWSSP)

NF gave a presentation to members about the current work and future plans for NWSSP.

Some key points from the presentation were:

- NWSSP are uniquely placed to encourage collaborative working, help to reduce duplication and to share lessons learned.
- NF provided a number of examples where technology had been used to improve efficiency and deliver financial benefits e.g. the introduction of an all Wales e-Expenses system, ESR enhance, TRAC recruitment system, e-DBS system, prescription pricing system (Phase 2), BOSS student bursary system and a pan public sector e-learning platform.
- In particular NF noted that NWSSP are currently working with Directors of Workforce across a number of areas to make changes happen in line with the national improvement programme targets of introducing an improved recruitment system.
- NWSSP updated their ICT strategy in 2017 and will shortly be submitting their SOP for review. It was important to recognise that ICT was an enabler for efficiency and service improvement and that the real challenges and opportunities came from the change management process working with trusted partners in health boards & trusts.
- NF noted that Welsh Government funding had been welcome to replace some of their old IT kit to introduce 'Once for Wales' systems which would not run on the old machines. There were numerous benefits around procurement, functionality, updates when common systems were used across Wales.
- Mobile working had only recently become a reality for NWSSP as it had previously been unsupported by NWIS so things like Mobile Iron have been successful, with a positive effect on staff and different ways of working.
- A complete review of the infrastructure has taken place, linking in with NWIS. Outputs had linked into issues of speed and cyber security.
- Links with NWIS were key when working to resolve the latest cyber security issue as they were the experts and there was no point in trying to duplicate this in other places.
- In March 2016, NWSSP carried out a cyber security assessment, which resulted in creation of an action plan. Work is ongoing to implement the plan.
- NF noted that some of the issues NWSSP encounter are issues with firewalls when introducing new systems and the pace of rolling out systems were often linked to organisational change rather than problems with introducing a new system.
- NF noted that NWSSP currently operate e-learning for the public sector, which had been a great success from a relatively small team. Welsh Government themselves have recently migrated to this platform. It was important that this was put on a better footing NWIS had always covered the servers etc., but it had never formally been included within the NWIS work programme given the strategic significance across the public sector.
- NHAIS (patient registration system) is going to be outsourced in NHS England as part of their transformation programme, however changes had already been implemented in Wales, which helped streamline and consolidate the service. There has not been a great deal of engagement with Wales on this. There were three elements: records transfers, patient registrations and family practitioner payments. The first two were being covered off however the

payments element still needed to be sorted as there were two options which needed to be resolved. NWSSP have a recorded risk of the costs of replacement of this system.

- Prescriptions – NF noted that there are approximately 79 million items processed each year. Currently, a barcode is used for processing and there is a 55-60% automation of these.
- NWSSP have invested in some high quality scanners that were being used to remove paper and assist transactional processing within Primary Care, Student Awards, Legal & Risk and Procurement Services.

AGD recognised how important the systems that NWSSP run are.

EW raised an issue in that systems are implemented that are core to the running of the NHS but there is not 24/7 resilience cover on these systems. NF noted that some of the bigger systems have 24/7 coverage built in to their contracts.

RhH noted that eLearning is key for clinicians as this prevents them from being pulled away from work to do training.

FD highlighted a number of areas of common interest across the work being carried out by Shared Services and the NIMB programme (e.g. contract management, change management), and that hopefully both sides are learning from each other.

HL asked whether there is a view to move to a fully electronic prescription service. NF advised that there are legislative issues around signatures on forms and there would be uses with changing the culture in GP practices.

AGD advised that this should be raised at an efficiency board meeting.

Action – FD/PJ to ensure this is raised at an efficiency board meeting

CF noted that the eLearning package is welcomed and asked how NWSSP prioritise where they should invest next. NF advised that they have a board structure in place and they regularly move people around the organisation to focus on different things.

3. Strategic Discussion

FD asked members to note a general overview on the Team Wales actions in Doc 1 and advised that there are several actions which are scheduled for the September meeting.

DP presented Doc 2, regarding the Team Wales change management action. DP noted that IPAD had supported the recommendations in the paper.

The key points from the discussion of this paper were:

- ShH raised a concern that there are a lot of task and finish groups being established and it is becoming a problem to populate all of these. FD noted that these groups should be short-term groups. AGD advised members to keep an eye on this and there will be a need to re-prioritise if it becomes a problem.
- There is a need to ensure alignment between ICT processes and change management processes.

- AGD asked members to provide some examples of where recognition of change management has worked:
 - ShH - a lot of time was taken to work with people concerning e-referrals and this proved to be effective
 - StH - Cardiology had taken a step back to consider change management and this accelerated processes
 - LW – Pharmacy is an area where there has been clear leadership with a strong vision of what was wanted. This resulted in ownership of the product
 - ShH noted that the Veterans Association have done a lot of work and it would be useful to link in with them. DP advised that he would link in with the contact from the Team Wales meetings
- DP noted that change management will be on the agenda for the Strategy Workshop in the autumn.

NIMB members were supportive of the proposed approach to improving change management.

4. Informed Health and Care, a digital health and social care strategy for Wales

Update on progress

Highlight reports setting out progress on the four Informed Health and Care delivery Workstreams (Information for You, Supporting Professionals, Improvement and Innovation and A Planned Future) were distributed in advance of the meeting, for information. AG confirmed that these papers had all been agreed by IPAD.

AG noted that IPAD have been struggling to complete these reports on time. Steering groups have now been set up for each of the workstreams. ADIs are covering attendance of these so that they don't all have to attend each one.

ShH noted that it is difficult to get a feel of what is being driven towards from the highlight reports. It would be nice to see more focus on benefits and outcomes. AG agreed to focus more on this in future reports.

Action – AG to amend highlight reports to include more information on benefits and outcomes

Risks/issues

AGD noted that there are four risks marked as critical on the risk log:

- WCCIS
 - Doc 8 gave an update on the progress so far in the procurement and implementation of WCCIS and the next steps.
 - NIMB members agreed with the next steps.
 - EW gave a verbal update on WCCIS in Powys. The key points included:
 - It is recognised that information sharing is a challenge. There is a big task in getting the Information Governance right.
 - It is critical that enough resources are acquired to successfully implement WCCIS

- A large amount of time has been taken to test and re-test functionality
 - A lesson for the future is to reduce variance in the system across organisations. Tailoring the system has caused problems with updates
 - There is a need to keep in mind that the goal is not implementation of the system, but the improvement of client services
 - ShH asked about learning from pilot implementations and whether a Gateway review will take place. LW noted that Carol Shillabeer has already asked for a Gateway review to take place.
 - LW noted that there are key people from the first local authorities who are now moving around to help implementation in other local authorities. A similar system will need to be established for health.
 - EM highlighted a need to show the outcomes and benefits of using the system. EW was keen that there should be a sufficient enough period to monitor the benefits appropriately. AGD noted that enough time has passed in order to go back to the first local authorities and identify their realised benefits. LW noted that a lessons learned/benefits paper will be created and will focus on the early benefits of adopting the system.
 - FD asked if the WCCIS programme board is taking the risk on board. LW advised that this will be picked up at the programme board and also noted that the risk on the NIMB log is about resources and this may be aided by the share of the £10M capital allocated to WCCIS.
 - HL raised concerns that the health part of WCCIS hasn't been finished yet and also the timetable in the paper is not accurate. LW advised that she would review the timetable and take out the indicative dates for the organisations who have not yet signed the deployment order.
- Action – LW to review the timetable in Doc 8**
- WEDS
 - AG advised that a letter of non-conformance has been issued to the supplier, who has 30 days to respond.
 - NWIS are meeting the affected health boards regularly to work through the next steps.
 - AGD advised that there is a need to concentrate on contingency plans.
 - FD asked whether decisions will be made by the WEDS programme board? AG advised that they would and initially they have been concentrating on the affected health boards but all organisations will be included in any decision making.
 - A lessons learned exercise will be carried out to inform any future procurement.
 - AGD asked that this risk be managed by the Programme Board, with updates given to NIMB as appropriate.
 - Cyber Security
 - This is covered under section 5 of the agenda
 - WLIMS

- AGD noted that he is happy that there are mechanisms in place to manage this but asked for a brief update.
- LW gave an update:
 - the testing of the blood transfusion module hasn't moved on as quickly as they would like
 - the company that owns Telepath has written out to say that hardware and software will need to be updated for support to continue past April 2018. This issue will be discussed by the Service Management Board and the Blood Transfusion Board
- AGD asked that WLIMS be added to the September NIMB agenda for a detailed discussion.

Action – Secretariat to add WLIMS to the September agenda

AGD also asked about MHOL and the progress on online registration. AG agreed to provide AGD with a detailed brief outside of the meeting but noted that the new release of MHOL will include online registration and is currently in testing.

Action – AG to brief AGD on MHOL

AGD asked for a general discussion about PACS to take place at the September NIMB meeting.

Action – Secretariat to add PACS to the September agenda

CCIO progress update

NIMB members were asked to note the content of Doc 9.

RhH noted that publication of NIIAS reports should be considered. The IG team at NWIS have some ideas on how these can be presented and NIMB members can consult with Darren Lloyd on this.

ShH noted that it would be good for this paper to focus on outcomes and benefits.

Capital funding

Doc 10 set out recommendations from IPAD on prioritisation of £10M capital for 2017-18. NIMB members were asked to support the priorities and the next steps.

DP thanked everyone for their contribution to the paper.

ShH asked for IPAD to be thanked for the work they have done on this.

FA raised a concern that we are already 3 months in to the financial year. DP noted that the allocation is phased.

NIMB members supported the priorities and AGD asked that the advice be sent to the Cabinet Secretary ASAP.

Action – PJ to advise the Cabinet Secretary and ask for a decision on the allocation of the £10M capital funding ASAP

Update on the online platform

PJ asked members to note the content of Doc 11. The proposal is for work to continue on developing the online platform with an incremental development. The ambition is to deliver a platform that is similar to gov.uk

HG noted that there should be consideration of the preventative side of healthcare.

CF noted that Wales.com are moving away from the platform approach towards content that can be used in different places.

AGD advised that there is a need to think about the content, not just the technology. There should be more discussion outside of NIMB and an update at a future meeting.

5. Information Governance/Security/Standards

Sub-groups

Doc 12 provided a summary from each sub-groups. There were no escalations to NIMB for this meeting.

FD advised the group that she had held a meeting with NWIS to look at all the NIMB sub-groups. Further work on reviewing these will take place. NIMB will be kept informed.

Cyber Security

Doc 13 gave an update. NIMB members were asked to note the content.

AG noted that a workshop has taken place to look at what happened and the issues. The paper notes a list of areas for improvement.

Some money has been allocated in the £10M capital for cyber security.

HL advised that the first meeting of SIROs has been held. It was agreed that a lot of work is needed to get up to speed and they are looking at the training that can be brought in to Wales.

EM noted that this incident appeared to be treated separately from the serious incident plan and links should have been made.

CF noted that a review will be commissioned for local Government and she will link in with AG on this.

FD noted that at the Digital Symposium, it was suggested that the biggest risk is around the understanding of staff. She referred to the previous CIO report on information governance, and noted that a follow up review was expected this year.

HL raised an issue with the NWSSP e-learning platform – he said that information governance training was not being recorded on the system, and that this was the measure that the ICO would look at.

Action – NF to review and report on correcting this problem

7. Minutes and actions from the previous meeting

The minutes of 18 May meeting were agreed and actions updated accordingly.

8. AOB

LW noted that there was a Welsh-language workstream in WCCIS where there was a lot of detailed work that could be useful elsewhere. She agreed to bring this to a future meeting.

AGD asked that members take away a general note about including information on benefits and outcomes in NIMB papers.

LW asked that the Cabinet Secretary's Informatics report be circulated with future NIMB papers. Members agreed with this.

Cwm Taf will provide the detailed update at the September meeting.

Members were reminded that the Cabinet Secretary will be attending the first hour of the September meeting.