Public Digital & Health Intelligence Committee

Tue 01 June 2021, 09:00 - 12:30

MS Teams

Agenda

1. Standing Items

1.1. Welcome & Introductions

David Edwards

1.2. Apologies for Absence

David Edwards

1.3. Declarations of Interest

David Edwards

1.4. Minutes of the Committee Meeting held on 11 February 2021

David Edwards

1.4 Draft Public DHIC Minutes - 11 February 2021.pdf (9 pages)

1.5. Action Log following the Committee Meeting held on 11 February 2021

David Edwards

1.5 Action Log - DHIC - 11.02.21.pdf (3 pages)

1.6. Chair's Action taken since the Committee Meeting held on 11 February 2021

David Edwards

2. Items for Approval / Ratification

2.1. Information Governance Policy EHIA

James Webb

2.1 - Information Governance (IG) Policy EHIA je.pdf (2 pages)
2.1.1 - Appendix 1 - EHIA Information Governance Policy.pdf (17 pages)

2.2. Committee Terms of Reference

Nicola Foreman

2.2 - Digital Health Intelligence Committee -Terms of Reference.pdf (2 pages)
2.2.1 - DHIC Terms of Reference -final.pdf (8 pages)

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2.3. Annual Work Plan

Nicola Foreman

2.3 - Annual Workplan 2021-2022 - Digital and Health Intelligence Committee.pdf (2 pages)

2.3.1 - Appendix 1- DHIC Annual Work Plan 2021-2022.pdf (1 pages)

2.4. Induction Support for Committee Members

Nicola Foreman

Verbal Update

3. Items for Review and Assurance

3.1. Digital Transformation Progress Report (Digital Dashboard)

David Thomas

3.1 - Digital Transformation Progress Report je.pdf (7 pages)

3.2. Digital Strategy and Roadmap Update

David Thomas

3.2 - Digital Strategy and Roadmap update je.pdf (3 pages)
3.2.1 - Appendix 1 - Digital Stategy and Roadmap Update Slides.pdf (7 pages)

3.3. Case for Investment

David Thomas

3.3 - Digital Strategy Case for Investment je.pdf (3 pages)
3.3.1 - Appendix 1 - Digital Case for Investment.pdf (15 pages)

3.4. GP Pilot Action Plan

David Thomas

3.4 - GP Pilot Action Plan.pdf (2 pages)

3.5. Business Case Development Summary

David Thomas

3.5 - Business Case Development Summary je.pdf (5 pages)

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

James Webb

3.6 - IG Data & Compliance - June 2021.pdf (5 pages)

4. Items for Noting and Information

4.1. Clinical Coding Performance Data

James Webb

4.1 - Clinical Coding Performance Data.pdf (3 pages)

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4.2. Joint IMT & IG Corporate Risk Register

David Thomas & James Webb

4.2 - Joint IMT IG risk register.pdf (2 pages)
4.2.1 - Appendix 1 - Joint IMT IG Risk Register.pdf (2 pages)

4.3. IMT Audit Assurance Tracker

David Thomas

4.3 - IMT Audit Assurance Tracker.pdf (18 pages)

4.4. IG Audit Assurance Tracker and Work Plan

James Webb

4.4 - Information Governance Audit Tracker report.pdf (2 pages)
4.4.1 - Appendix 1 - Internal Audit Tracker.pdf (4 pages)
4.4.2 - Appendix 2 - Regulation tracker.pdf (16 pages)
4.4.3 - Appendix 3 - Information Governance Audit Work Plan.pdf (3 pages)

4.5. IMTP Work Plan Exception Report

David Thomas

4.5 - IMT Work Plan Exception Report.pdf (4 pages)

4.6. Schedule of Control Documents (Policies & Procedures)

David Thomas

4.6 - Schedule of Control Documents.pdf (3 pages)

4.7. Minutes:

David Thomas

i. IMT Capital Management Group Report

ii. Capital Management Group 19/04/2021

4.7. i - IMT Capital Management Group report - May 2021.pdf (12 pages)
4.7. ii - Capital Management Group Minutes of the meeting held 19 April 2021.pdf (10 pages)

5. Items to bring to the attention of the Board / Committee

David Edwards

6. Review of the Meeting

David Edwards

7. Date & Time of next Meeting:

Tuesday 5 October 2021, 09:00am - 12:30pm

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Unconfirmed Minutes of the Public Digital Health & Intelligence Committee
Thursday 11th February 2021 9:00am – 10:00am
Via MS Teams

Chair:		
Eileen Brandreth	EB	Committee Chair / Independent Member - ICT
Members:		
Michael Imperato	MI	Committee Vice Chair / UHB Interim Vice Chair
In Attendance:		
Allan Wardaugh	AW	Chief Clinical Information Officer
Angela Parratt	AP	Director of Digital Transformation – IM&T
Christopher Lewis	CL	Interim Finance Director
David Edwards	DE	Independent Member - ICT
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Information Governance Manager
Nicola Foreman	NF	Director of Corporate Governance
Secretariat:		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Gary Baxter	GB	Independent Member

DHIC 21/02/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the public meeting. She also welcomed David Edwards who will be the new Independent Member responsible for IMT and will be the new chair of the Digital Health & Intelligence Committee from 1st April 2021. CC confirmed that the meeting was quorate	**Action**
DHIC 21/02/002	**Apologies for Absence** Apologies for absence were noted.	
DHIC 21/02/003	**Declarations of Interest** There were no declarations of interest.	
DHIC 21/02/004	**Minutes of the Committee Meeting held on 8th October 2020** The Committee reviewed the minutes of the meeting held on 8th October 2020 **The Committee resolved that:** (a) The Committee approved the minutes of the meeting held 8th October 2020 as a true and accurate record.	

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DHIC 21/02/005	**Action Log following the Committee Meeting held on 8th October 2020** The CC reviewed the action log and confirmed that the actions were either completed or on the agenda for today. **The Committee resolved that:** **a)** The action log updates were received and noted	
DHIC 21/02/006	**Chair's Action taken since the Committee Meeting held on 8th October 2020** None	
DHIC 21/02/007	**Information Governance Policy EHIA** The CC reviewed the policy and stated that the policy applies equally to everybody irrespective of their protected characteristics and asked members of the committee if they were content to approve. The UHB Vice Chair queried that within the policy it states throughout that it "applies to all staff so no problems" and asked if that was correct and whether that was enough analysis. Information Governance Manager (IGM) responded that it was completed in line with other NHS organisations which they used as a bench march, he added that there were no issues identified in any assessment so it seems that those considerations haven't been made or that they have and there haven't been any issues with any groups of people. The UHB Vice Chair felt that there may be staff with characteristics which may result digital access problems and felt the policy skates over that. The IGM stated that if requested by staff with i.e. physical, visual impurities, needed in Welsh, etc. They would make the policy available to them. The UHB Vice Chair queried if this was the correct method as it puts an onus on the staff to raise the issue as the point of the policy is for the Health Board to take responsibility to identify there could be problems for staff and mitigate problems. The CC asked the UHB Vice Chair to pick up the concerns of the committee outside of the meeting to which the IGM could bring back an update EHIA to the next meeting.	**JW**
DHIC 21/02/008	**Digital Transformation Progress Report - (Digital Dashboard)** Director of Digital Health Intelligence (DDHI) stated that they have produced a brief progress report which they have been working through the last few months, with the aim to produce this into a dashboard format but has proven slightly difficult as moving from a reporting to dashboard format requires a bit of time. He said that the focus of the report is based on what they have been doing around Covid highlighting the first 2 pages of the report which details some of the activities they are continuing to do. He mentioned that the Mass Immunisation piece has diverted a number of	

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	resources away from other activity to provide digital support to this programme across C&V. he highlighted that the other progress is to demonstrate that although the focus has been on focus but other activities have been carried on in the background so that things have not been halted The Interim Finance Director (IDF) commented that the amount of activity taken on within the digital teams have been amazing and that the breadth of things not only with the pandemic but in order to drive forward the strategy has been a tremendous effort. The CC commended the DDHI and his team on the huge amount of work being done to support the Covid period with little warning. She added that from this report it can be seen the amount of work that is happening and understands in its own way is transformative and feels they need to get to a point in time where its clearer exactly what needs to be done to support transformation i.e. what are the actual initiatives that are planned and be able to deliver against. The DDHI agreed with the comments made by the CC. **The Committee resolved that:** (a) **NOTE** the progress across the broader Digital Work Programme	
DHIC 21/02/009	**Digital Strategy - Plan on a Page** Director of Digital Transformation – IM&T (DDT-IMT) stated that this is still considered as a draft as they continue to iterate on it but said that this is the outline of transformation activity that they are looking to undertake to enhance and increase their digital maturity over the next 5 years. She mentioned that it is not set out as a priority order and highlighted EPMA saying that it may not be done until 2025 but they are mobilising it now but requires 37 months to implement. She said in terms of which initiatives they are working on now she highlighted a roadmap of activities which have been given RAG ratings. She mentioned the additional funding in Q4 and stated the need for resource investment in digital, she said that they had benefitted in Q4 from some additional funding which is being invested in the Roadmap as well as supporting the Covid response and Windows 10 Programme. She highlighted the following achievements: • Work involved with Digital in regards to the Mass Vaccinations which is ongoing • O365 Broadcast – able to broadcast CEO Connect and also the public meetings which is a really good capability of O365 Suite • Telephone Advice & Guidance (TAG) – they use a national supplier Consultant Connect and highlighted that has resulted in 46% of elective referrals avoided, Virtual consultation, 5.67K hours travel time saved for patients • Electronic Test Requesting mandated In terms of opportunities she highlighted:	

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- Cardiff City Region Bid – stated that this is a big opportunity for the region and are re-procuring for the Patient held records to figure out how they can make that work better for them through this process.
- They are nearing conclusions for a number of business cases that are captured within the roadmap Digital comms, FollowMe print, Community scheduling, ePMA, Scan4Safety, Cash release of real estate

She highlighted the strategic questions that need to be considered:

- Covid-19 – how do they sustain what has worked really well, what is going well, how to support those new ways of working people aspire to but are not yet fully enabled
- Gillick Competence – in the context of a patient held record which is what age a child is considered competence that will be part of a clinical assessment.

She highlighted the Risks and issues:

- Equipment, Resources
- Sustainable funding
- Activity levels & Capacity
- Duration of pandemic

The DDT-IMT then went onto discuss the ENT new model of delivering Planned care which is currently a work in progress but is making huge strides. She referred to how the world changed in response to Covid-19 and how a slew of digital solutions were brought in but not in a planned way. She said this piece of work now is focusing on how they can optimize and leverage those solutions in redesigned Health Care Pathways, which is led by Alan Tomkinson who is the Clinical Board Director for surgical services.
She demonstrated via the presentation how the digital enablers are enabling Patients & Carer's, Primary & Community Care Physicians, and Secondary Care in terms of time, place, space etc. for consultations and patient and clinician interactions.

The CC queried in terms of the strategic questions, she feels that it has been incredibly helpful is introducing flexibility in the workplace to the workforce. She queried if the Health Board are working on how to leverage that further.
The DDT- IMT confirmed this and that this is in scope for one of their programs highlighting it is a theme and that in the road map it is described as staff mobilization including use your own device, it is also part of making things easier for staff piece.

The UHB Vice Chair stated that there are some things that maybe out of control such as contractors, GP's, dentist, etc. and asked how easy it maybe to get the interfaces with those kind of people into the plan and strategy when they are not directly managed by us.
Chief Clinical Information Officer (CCIO) stated that this is a key issue and is subject to ongoing conversation.

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The Committee resolved that:

	(a) RECEIVE and **NOTE** the progress being made in developing the underpinning roadmap plans in support of the Digital Strategy	
DHIC 21/02/010	**Digital Strategy – Case for Investment** The DDT – IMT stated that the purpose is to properly enable &CV to achieve its ambitions and is making the case it is not possible to achieve this if we do not become digitally enhanced or mature and that it requires additional funding. She said that the paper also offers options on how these funding requirements can be met, she added that the paper has been socialized with the Management Executives. The DDHI stated that this was sent to the Management Exec team in December for consideration with a further discussion in February where it was recognised in order for them to achieve the ambitions of the Health Board there needs to be a sustainable investment programme within digital. He stated that he does not underestimate the ask although they are requesting a large sum of money it reflects the legacy and lack of investment over a long period of time. The IDF commented that there is a degree of tension in the system with regards to having a finite amount of capital, an ask for digital, ask for medical equipment, an ask from the estate, and trying to hit an equitable distribution of the limited resources available will be a struggle. He recommended that there should be a tempered expectation about the level of resource that will be made available from the discretionary programme. He stated that he is aware of some of the business cases and if they are above a certain amount they can be taken to Welsh Government for specific funding. The other observation he made was in regards to agreeing £250k for each of the Clinical Boards, he said he would be supportive of this if they can demonstrate where this £250k is coming out of their current cost base as he would like to avoid having a £1.5 Million cost pressure which falls to a bottom line. The IDF wanted to inform the committee that next year nationally there will be £75 Million to be made available specifically for digital and asked the DDHI how we can get access to that and how much of it as possible to take forward the local strategy as opposed to a national one. The DDHI responded that there will be £75 Million of digital funding available from Welsh Government from the 1st April and that there will be conditions attached to most of that therefore with deliverables out of it. He informed the committee that Welsh Government have stated that this should not been seen as subsidizing what individual Boards should be investing in. He referred back to the point about clinical boards investing money, he said that this has been socialized with some and are in agreement as they can see the rationale for that particularly as a number of clinical boards are facing problems with IT due to lack of investment and there being no central pot to allocate. The CC was encouraged to see the different approaches being tried and supports the need to find ways to create a sustainable flow of money to roll and replace the underpinning infrastructure. She added that more so than	

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	ever the services are reliant on having adequate IT services and as this digital transformation agenda rolls forward, if you are not sitting on a firm base it will fail. She emphasized the need for the Health Board to consider the provision of funding to the underlying infrastructure to be equally important to the provision of oxygen to ICU, although no one may die but there won't be any access to the services if the IT fails and said that there has been a consistent lack of investment in the underpinning infrastructure of the Health Board. **The Committee resolved that:** (a) **RECEIVE** and **APPROVE** the approach and content within the investment case for consideration by the UHB's management executive group.	
DHIC 21/02/011	**Wales Audit Reports** The CC said that this was asked to be included on the agenda from the Audit Committee receive and approve the findings of the reports. **Management of Clinical Coding Across Wales** The DDHI stated that having benchmarked against others despite having a lower number of accredited coders is very positive. The CC stated that the report makes it clear that C&V performance is very strong and commended the IGM and his team. She said that before this was not the case and felt it is an excellent turnaround and position it has maintained. She added that why this was recommended to come to today's meeting was for the committee to encourage consideration of how we can use technology to drive an improvement agenda in this area. The IGM commented that the technology utilizes SNOMED and is part of the digital transformation plan, it is about how it is utilized within the coding department and the wider UHB will be about how this report ties into that digital strategy. The CC stated that these comments can be fed back into the Audit committee that the committee received and approved the findings of the report and be assured that the consideration of how technology could assist the digital agenda in this area is part of the planning already. **Welsh Community Care Information System** The CC requested to note this report and reserve a wider discussion as part of the Private session **The Committee resolved that:** **(a) RECEIVE** and **APPROVE** the findings including the WCCIS recommendations contained within the SBAR above	

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DHIC 21/02/012	**IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)** • **Update on NIIAS Position** The CC wanted to commend the information governance team for maintaining some standard when the pressures have been on them to support the Covid effort in the way that they are, she said the failure to meet targets is understandable given the current situation and is confident that this will return to a normalized situation in due course **The Committee resolved that:** **(a) RECEIVE and NOTE** the updates relating to significant Information Governance issues	
DHIC 21/02/013	**Clinical Coding Performance Data** The CC noted the consistent achievements of the Welsh Government targets despite the Covid pressures. **The Committee resolved that:** (a) **Note** the performance of the UHB's Clinical Coding Department.	
DHIC 21/02/014	**Joint IMT & IG Corporate Risk Register** The CC queried that the WCCIS risk had reduced on this report and given the conversation to be had in the private session and was surprised by this. The DDHI responded that this relates to some of the pressure being removed in terms of the uptake of the WCCIS, he said there is annual funding allocated through the integrated care fund for preparation work and is being used to date. He informed the committee that they will not be accepting funding for the new financial year as there is no further prep work required which will be further discussed in the private session. **The Committee resolved that:** **(a) NOTE** progress and updates to the Risk Register report.	
DHIC 21/02/015	**IMT Audit Assurance Tracker** The CC wanted to congratulate all involved as there is all but one outstanding action are closed and stated fantastic work had been done **The Committee resolved that:** **(a) NOTE** progress and updates to the IMT Audit Assurance report.	

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DHIC 21/02/016	**IG Audit Assurance Tracker and Work Plan** The CC stated that very good progress has been made The IGM stated that the ICO will be re-auditing them in October and will be expected to disclose to them in advance of that meeting on all work undertaken on high/urgent recommendations. **The Committee resolved that:** (a) **NOTE** progress and updates of the Information Governance Audit Tracker.	
DHIC 21/02/017	**IMTP Work Plan Exception Report** **The Committee resolved that:** **(a) NOTE** the areas of exception which require further attention and consideration.	
DHIC 21/02/018	**Schedule of Control Documents (Policies & Procedures)** The CC stated that this forms the basis for renewal review of policy and procedures. She highlighted that there is a policy that is due in February and if it has been completed as suggested this needs to come to the committee to be approved as all policy relating to IG and IMT is approved by committee procedures. She asked that this policy be brought to the next committee meeting to be formally approved by the committee **The Committee resolved that:** **(a)** The Committee is asked to **NOTE** progress to date and plans to address the review of remaining documents.	**NF/JW**
DHIC 21/02/019	**IG Training, Communications & Engagement Plan** **The Committee resolved that:** **(a) NOTE** the proposed engagement plan	
DHIC 21/02/020	**Minutes:** i. IMT Capital Management Group Report ii. Capital Management Group 16/11/2020 **The Committee resolved that:** **(a)** The Digital Health & Intelligence Committee is asked to **Note** the IT Infrastructure priority spend programme outlined at appendix 1	

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DHIC 21/02/021	**Items to bring to the attention of the Board / Committee** The DDHI referred back to the investment case and that the investment case and the need for the Board to be aware that without adequate investment the Digital Strategy will not succeed.	
DHIC 21/02/022	**Review of the Meeting** The CC conducted a review of the meeting. All present confirmed the meeting had run very smoothly and good, positive discussions had been held.	
DHIC 21/02/023	**Date & Time of next Meeting:** Tuesday 1st June 2021 09:00am – 12:00pm	

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Action Log
Following the Digital Health & Intelligence Committee
Held on 11th February 2021

Minute Ref	Subject	Agreed Action	Lead	Date	Status
Complete Progress					
DHIC 20/02/010 DHIC 20/10/012	Digital Transformation Progress Report	Dashboard style report to be provided at the next meeting	David Thomas	**11/02/2021**	**COMPLETE** On agenda for February item 3.1
DHIC 20/02/17	Information Governance Policy	Information Governance Manager to undertake a local EHIA on the policy for those areas that deviate from the All Wales policies.	James Webb	**11/02/2021**	**COMPLETE** On agenda for February 2.1
DHIC 20/02/009 DHIC 20/10/005	Data Repository Governance	A verbal update regarding the IG Promise be brought to the June meeting – Now February meeting	James Webb	**11/02/2021**	**COMPLETE** On agenda for February 3.10
DHIC 20/10/013	IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)	NIOS position - had run the system once but unfortunately as a response to covid had to prioritise work and dropped audit function – CC requested an update at the Feb meeting	James Webb	**11/02/2021**	**COMPLETE** On agenda for February item 3.4
DHIC 20/10/013	IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)	IG mandatory training - IGM will bring back a communications plan for the next committee.	James Webb	**11/02/2021**	**COMPLETE** On agenda for February item 4.3

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Minute Ref	Subject	Agreed Action	Lead	Date	Status
DHIC 20/10/015	Joint IMT & IG Corporate Risk Register	The CC referred to an audit action around cyber staff which is marked as closed and wanted the DDHI to comment on whether the interim nature of that had addressed this to ensure it has been fully closed.	David Thomas	**11/02/2021**	**COMPLETE** On agenda for February item 3.6
DHIC 20/10/018	ICO Recommendations and Action Plan	The IGM mentioned that at the next committee meeting these recommendations will be replaced by another 5 as they are able to work through them and progress.	James Webb	**11/02/2021**	**COMPLETE** On agenda for February item 3.8
Actions in Progress					
DHIC 20/10/020	Schedule of Control Documents (Policies & Procedures)	The DCG proposed to work with the DDHI's team to look at where they need minor changes and bring to the committee for review are the ones that have changed significantly:– • What needs to be deleted • Policies that need minor change • Ones that need Committee review	Nicola Foreman / David Thomas	TBC	The Head of Corporate Governance and the IG manager will work together on updating the current policies
DHIC 21/02/018		The CC highlighted that there is a policy that is due in February and if it has been completed as suggested this needs to come back to the next committee meeting to be formally approved		**01/06/2021**	On Agenda for June
DHIC 21/02/007	**Information Governance Policy EHIA**	The CC asked the UHB Vice Chair to pick up the concerns of the committee outside of the meeting to which the IGM could bring back an update EHIA to the next meeting	Michael Imperato / James Webb	**01/06/21**	On Agenda for June

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Minute Ref	Subject	Agreed Action	Lead	Date	Status
Actions referred to the Board / Committees of the Board					

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Report Title:	**Information Governance Policy EHIA**							
Meeting:	**Digital and Health Intelligence Committee**					**Meeting Date:**	**1 June 2021**	
Status:	**For Discussion**		**For Assurance**		**For Approval**	**x**	**For Information**	
Lead Executive:	**Director of Digital and Health Intelligence**							
Report Author (Title):	**Information Governance Manager**							

Background and current situation:

Cardiff and Vale UHB considers information to be a vital asset, and a key enabler, on which the UHB is dependent as we move forward in delivering our "Shaping Our Future Wellbeing" strategy and becoming a data driven organisation.

It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures, management accountability and structures provide a robust governance framework for information management.

The information governance policy is the cornerstone of this framework.

Whilst an all Wales information governance policy was available, the Information Governance Department took the opportunity to consolidate a number of key policies, such as the Internet and Email policies into a single overarching Information Governance Policy. A small number of amendments were made to this policy to ensure it was as enabling as possible. As such, the UHB is required to perform an Equality and Health Impact Assessment (EHIA).

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

The Information Governance Policy EHIA, which has been completed in line with the UHB's generic EHIA for administrative type policies, hasn't identified a negative impact to the relevant staffing groups or inequalities in health.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The completed Information Governance Policy EHIA is attached as ***Appendix 1*** and hasn't identified a negative impact to the relevant staffing groups or inequalities in health.

Recommendation:

The Committee is asked to:

- **APPROVE** the Information Governance Policy Equality and Health Impact Assessment (EHIA).

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	6. Have a planned care system where demand and capacity are in balance

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	x	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Appendix 1

Equality & Health Impact Assessment (EQHIA) for

Cardiff and Vale UHB's Information Governance Policy

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required[1]
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Information Governance Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Information Governance Department Digital and Health Intelligence James Webb James.Webb@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Cardiff and Vale UHB considers information to be a vital asset, and a key enabler, on which the UHB is dependent as we move forward in delivering our Shaping Our Future Wellbeing strategy and becoming a data driven organisation.

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[1] http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

		It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures, management accountability and structures provide a robust governance framework for information management. Therefore the policy objectives are: - We protect the legal rights of individuals, patients and staff in respect of confidentiality and privacy. - We safeguard our information and systems. - We make appropriate use of ICT services, such as email and the internet. - Our staff have access to the relevant and appropriate information they require at the point that it is required. - The value of the information that the UHB manages is increasingly realised - All services transition towards the appropriate adoption of the UHB's technical and data standards and achieve these by 2023. - Opportunities to achieve improvements in clinical and cost-effective care provided by digital technologies are realised. - We improve the ability of our population, patients, and staff to make timely, evidence-based decisions. - Our staff are valued, trusted and enabled. - Our staff are supported to better manage and balance work and out-of-work commitments. - We comply and act in the intended spirit of the Welsh Government's policy and notably the 'Once for Wales' design principles.
4.	Evidence and background information considered. For example • population data	A sub group has developed this policy with a membership consisting of information governance leads and an OSSMB representative. IM&T leads and the Wales Partnership Forum have been consulted.

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	• staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	The NHS Wales Information Governance Management and Advisory Group have approved the text of this Policy. The policy will be approved by the Wales Information Governance Board. The policy is based on good practice and legal obligations as set out by the Information Commissioners Office and in the legislation. The policy has also been constructed from existing agreed principles and the corporate knowledge of its stakeholders. The Information Commissioner has been a key stakeholder in its development and the document has been through several iterations in its development, with comments and feedback being discussed and where appropriate, incorporated at each stage. Documented evidence provided by reviews of other NHS IG policies have demonstrated that there are no statements, conditions, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of the protected characteristics. These other organisations include: NHS England and NHS Improvement and NHS Wales.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	This policy will have no direct impact upon service users, however the effect of it will be to improve the confidentiality, integrity and availability of personal data, which in turn will lead to increased public confidence. Staff and others such as volunteers working on behalf of the UHB will be affected by the Policy

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[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf
[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by their age.	N/A	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes Khan Raj 05/25/2021 16:32:02	The UHB is aware from its demographic information that it employs staff who have disabilities as defined within the Act. As such, the Policy would be made accessible to staff in alternative formats on request or via usual good management practice. **Note** - the Arial font size 14 recommendation is aimed at communication and information needs for patients. If requested, an audio version would be provided.	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by their gender.	N/A	
6.4 People who are married or who have a civil partner.	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected whether they are married or have a civil partner.	N/A	
6.5 Women who are expecting a baby, who are on a break from work after having a baby,	This policy applies equally to all UHB staff members. Therefore	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	the impact of the policy on our staff is not affected by women who are expecting a baby, who are on a break from work after having a baby or who are breastfeeding.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by people of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers.	N/A	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by their religion. It is unlikely to be any impact on	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	staff regarding their religion.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by their sexuality.	N/A	
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected if they speak Welsh. If requested, a copy in Welsh would be provided.	N/A	
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by their income.	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by where they live.	N/A	
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	This policy applies equally to all UHB staff members. Therefore the impact of the policy on our staff is not affected by any other groups or risk factors.	N/A	

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7. **HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	As an administrative Policy, there will be no impact on people based on deprivation and/or health inequalities.	N/A	
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination,	As an administrative Policy, there will be no impact on people trying to improve/maintain healthy lifestyles.	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	As an administrative Policy, there will be no impact on people based on their employment status.	N/A	
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment	As an administrative Policy, there will be no impact on people based on physical environment.	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	As an administrative Policy, there will be no impact on people based on social and community influences on their health.	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	As an administrative Policy, there will be no impact on people based on macro-economic, environmental and sustainable factors.	N/A	

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	This is a high level framework approach which aims to achieve the values under the policy, it is the protection of everybody's information and gives clear guidelines. The policy details how the organisation protects someone's data and security without prohibiting access to services and providing adequate access to data to meet individual needs and the appropriate sharing of data. Overall, there appears to be very limited impact on the protected characteristics and health inequalities as a result of administrative type policies.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	If a member of staff was known to have difficulties with the written word, good management would dictate that alternative arrangements be made, such as individual meetings. Staff are able to raise any issues with their line manager/Human Resources.	James Webb	Depending on individual need	Action in accordance with UHB Employment Policies and Procedures such as the Dignity at Work Policy and to follow advice from Human Resources

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	This document forms part of Cardiff and Vale University Health Board's commitment to create a positive culture of respect for all staff/patients etc. service users. The intention is to identify, remove o minimise discriminatory practice in relation to the protected characteristics (race, disability, gender identity, sexual orientation, age, religious or other belief, marriage and civil partnership, trans status a pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities. As there has been potentially very limited impact identified, it is unnecessary to undertake a more detailed assessment and formal consultation is not required.			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- • Decide whether the strategy, policy, plan, procedure and/o service proposal: ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	For the Information Governance Policy to be updated with this EHIA assessment. The EHIA will be reviewed by the Information Governance Manager. The policy will continue to be enhanced by the actions identified within the EHIA. The EHIA will inform actions and further policy changes of the Policy and inform EHIA's of the component parts of any related policies. The EHIA will be published, alongside the Policy, on the intranet and internet once approved. This EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).	JW	Q1 2021/22	

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Report Title:	**Digital and Health Intelligence Committee – Terms of Reference**								
Meeting:	Digital and Health Intelligence Committee						**Meeting Date:**	1 June 2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**	**x**	**For Information**		
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Director of Corporate Governance**								

Background and current situation:

In line with the UHB's Standing Orders, Terms of Reference for Committees of the Board, should be reviewed on an annual basis.

This report provides Members of the Digital and Health Intelligence Committee with the opportunity to review the Terms of Reference prior to submission to the Board for approval.

This Committee was established as a Committee of the Board in 2019 prior to that it was a sub Committee of the Strategy and Delivery Committee. This was rectified due to the fact that within the Health Boards Standing Orders its states that a Committee for the Board should be established which deals with Information Technology.

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

The Terms of Reference for the Digital and Health Intelligence Committee were last reviewed in March 2020 and approved by the Board in March 2020. Only a few changes have been recommended to the Terms of Reference and these are shown as tracked changes.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The Terms of Reference for the Digital and Health Intelligence Committee have been reviewed by the Director of Corporate Governance, Chair of the Committee and the Director of Digital and Health Intelligence.

Recommendation:

The Digital and Health Intelligence Committee is asked to:

(a) **Approve** the changes to the Terms of Reference for the Digital and Health Intelligence Committee
(b) **Recommend** the changes to the Board for approval.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	x	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	~~Yes / No /~~ Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Digital and Health Intelligence Committee (DHIC)

Terms of Reference

Approved by the Board: ~~26th March 2020~~30th July 21

Next Review Due: ~~March~~ February ~~2021~~2022

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DIGITAL AND HEALTH INTELLIGENCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The UHB Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Digital and Health Intelligence Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3 Digital & Health Intelligence Committee comprises Information Technology, Business Intelligence/Analytics, Information Management, Information Governance, Clinical Coding. It includes some specific IT project teams including those managing the PARIS system, use for mental health/Community services and local management of the Welsh Clinical Portal. Its function is to provide enabling services across the UHB to support the effective use of technology and the use of data/intelligence in the delivery of services.

2. PURPOSE

The purpose of the DHIC is to:

2.1 Provide **assurance** to the Board that;

- Appropriate processes and systems are 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.
- Effective communication, engagement and training is in place across the UHB for Information Governance

2.2 Seek assurance on the development and delivery of a Digital Strategy (which encompasses the areas detailed in paragraph 1.3 above) for the UHB ensuring that:

- It supports Shaping our Future Wellbeing and detail articulated within the IMTP
- Good partnership working is in place
- Attention is paid to the articulation of benefits and an implementation programme of delivery
- Benefits are derived from the Digital Strategy

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3. DELEGATED POWERS AND AUTHORITY

~~In order to~~To achieve its ~~purpose~~purpose, the DHIC must receive assurance that:

- The UHB has an appropriate framework of policies, procedures and controls in place to support consistent ~~standards based~~standards-based processing of data and information to meet legislative responsibilities.
- Accepted r~~R~~ecommendations made by internal and external reviewers are considered and acted upon on a timely basis.
- A risk register is in place and that risks are being appropriately identified, assessed and mitigated at all levels in relation to information governance, management and technology.
- Statutory and mandatory requirements are being met such as Caldicott Guardian, FOI, GDPR etc.

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

3.1 Approve policies and procedures in relation to the Strategy

3.2 Receive assurance that all statutory and mandatory requirements are being met such as Caldicott Guardian, FOI, GDPR etc.

3.3 Receive assurance on the delivery and implementation of the strategy and associated work plan.

3.4 Receive assurance on clinical and staff engagement of the digital agenda.

3.5 Receive, by exception, data breach reports on the following areas:

- Serious reportable data breaches to the Information Commissioner (ICO) and the Welsh Government and any near misses that may be informative for the Committee.
- Sensitive information (break glass system)
- E-mail
- National and local auditing such as NIIAS
- freedom of information,
- subject access requests
- Data Quality
- IG risk assessments
- Incidents – lessons learned from all recorded / reported incidents.

3.6 Receive periodic reports on development, procurement and implementation of national and local IM&T systems

3.7 Review risks:

- Periodically consider risks escalated to the Committee from Clinical Boards / Corporate Departments in relation to:
  - Information Governance
  - Information Management

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- Information Technology

- Review risks escalated to the Committee that have a risk rating of 12 and above.

4. AUTHORITY

4.1 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

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

4.2 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

5.0 ACCESS

5.1 The Chair of Digital & Health Intelligence Committee shall have reasonable access to Executive Directors and other relevant senior staff.

6.0 SUB COMMITTEES

6.1 The Committee may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

7. MEMBERSHIP

Members

7.1 A minimum of four (4) members, comprising:

Chair	Independent member of the Board
Vice Chair	Chosen from amongst the Independent members on the Committee
Members	At least one other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

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Attendees

7.2 In attendance:

		Director of Transformation and Informatics Director of Digital and Health Intelligence Assistant Medical Director IT Director of Corporate Governance Data Protection Officer Workforce Representative Other Executive Directors will attend as required by the Committee Chair
7.3	By invitation	The Committee Chair may invite: - any other UHB officials; and/or - any others from within or outside the organisation - to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

7.4	Secretary	- As determined by the Director of Corporate Governance

Member Appointments

7.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

7.6 Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

Support to Committee Members

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

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

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8. COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

8.2 Meetings shall be held no less than three time per year, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

Withdrawal of Individuals in Attendance

8.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

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

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance 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 Board's overall risk and assurance framework.

9.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the UHB overall framework of assurance.

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

10. REPORTING AND ASSURANCE ARRANGEMENTS

10.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

10.2 The Committee shall provide a written, annual report to the board and the Accountable Officer on its work in support of the Annual Governance ~~Statement..~~Statement.

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

10.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- quorum (set within individual Terms of Reference)

12. REVIEW

12.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

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Report Title:	**Annual Workplan 2021-2022 - Digital and Health Intelligence Committee**								
Meeting:	**Digital Health and Intelligence Committee**						**Meeting Date:**	1 June 2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**	**x**	**For Information**		
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Director of Corporate Governance**								

Background and current situation:

The purpose of the report is to provide Members of the Digital and Health Intelligence Committee with the opportunity to review the Work Plan 2021-2022 prior to presentation to the Board for approval.

The work plan for the Committee should be reviewed on an annual basis to ensure that all areas within its Terms of Reference are being delivered.

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

The work plan for Digital and Health Intelligence Committee 2021-2022 has been based on the requirements set out within the Terms of Reference.

The Work Plan should be kept under review to ensure appropriate reporting requirements are met.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The Work Plan provides a structure for reporting to ensure that the requirements set out within the Terms of Reference are met.

Recommendation:

- For Members of the Digital and Health Intelligence Committee to **review** and **approve** the Committee Work Plan for 2021/22 and recommend approval to the Board on 29th July 2021.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care	x

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	x	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	~~Yes / No /~~ Not Applicable								

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Digital Health Intelligence Committee Work Plan 2021-22				
A -Approval D- discussion I - Information	**Exec Lead**	**01-jun**	**05-okt**	**01-feb**
Agenda Item				
Assurance				
Assurance Review on processes and sysems for Data, Information management	DT	D		
Assurance on Information Governance Training, Communications and Engagement Plans	DT		D	
Assurance on the development and the delivery of the Digital Strategy	DT		D	
Review of the framework of policies , procedures and controls	DT	D	D	D
Internal Audit Reviews	DT/NF	D	D	D
WAO Reviews	DT/NF	D	D	D
Other external reviews	DT	D	D	D
Risk Register	DT/NF	D	D	D
Development, procurement and implementation of national and Local IMT systems	DT			D
Statutory and Mandatory Requirements				
Assurance that Caldicott Guardian requirements are met	SW	D	D	D
Assurance that Freedom of Information requirements are met	DT	D	D	D
Assurance that GDPR Compliance is met	DT	D	D	D
Data Breach Reports: Serious Reportable Data Breaches to the ICO Sensitive Information Email National and Local Auditing FOI Subject Access Requests Data Quality Incidents	DT	D	D	D
Policies and Procedures	DT	D	D	D
Digital and Health Intelligence Committee Governance				
Annual Work Plan	NF			A
Self assessment of effectiveness	NF	D		
Induction Support for Committee Members	NF			
Review Terms of Reference	NF			A
Produce Digital and Health Intelligent Committee Annual Report	NF			A
Minutes of Digital and Health IntelligentCommittee Meeting	NF	A	A	A
Action log of Digital and Health Intelligent Committee Meeting	NF	D	D	D

Khan,Raj
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Report Title:	**Digital Transformation Progress Report**								
Meeting:	**Digital and Health Intelligence Committee**						**Meeting Date:**	1st June 2021	
Status:	**For Discussion**		**For Assurance**		**x**	**For Approval**		**For Information**	
Lead Executive:	**Director of Digital and Health Intelligence**								
Report Author (Title):	**Assistant Director of IT**								

Background and current situation:

The UHB has a constantly evolving 3 year strategic outline plan for informatics development designed to underpin delivery of our strategy, Integrated Medium Term Plan (IMTP), transformation programme, the Welsh Government's "a Healthier Wales" and Informed Health and Care policies and strategies.

The Digital and Health Intelligence (D&HI) directorate are committed to delivering the digital strategy as the supporting road map is developed. A key issue is the continued focus and efforts to support the UHB during the ongoing COVID-19 pandemic as well as addressing the more strategic issues associated with the organisation's ambitions for digital maturity.

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

The Work Plan to support the emerging Digital Strategy (2020-2025) consists of multiple projects and programmes, both local and national and is covered in more detail in other committee papers.

A summary of progress across Digital transformation work over the past 4 months from February to May 2021 is set out as follows:

COVID-19 Digital Programme:

The D&HI directorate has continued to focus its plans to prioritise those initiatives to support the UHB in addressing the impact of COVID-19 and recovery.

Huge progress has been made across many areas and work is ongoing including the following examples:

- Mass Covid Immunisation programme – Digital support is being given to the delivery of 4 Mass Vaccination centres (Splott, Pentwyn, Holm View and Bayside/Toys R Us). This includes the availability of Windows 10 WiFi availability in all sites, Welsh Immunisation Service (WIS) training, Nadex accounts, WIS accounts, and a helpdesk bespoke to Mass Vaccs/WIS. Systems support includes the calculation and arrangement of auto-scheduled appointments into WIS across Sites, system testing and change raising against WIS.
- Enabling virtual meetings through the extensive deployment of Teams and Office 365, consultations via Attend Anywhere and Consultant connect,

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- Increase Network infrastructure to improve performance and support use of Teams and Office 365 in Woodland House /University Hospital of Wales (UHW) / University Hospital Llandough (UHL) and CRI,
- Delivering the Test Trace Protect Project,
- The vaccination dashboard continues to be enhanced most recently with the addition of a visualisation illustrating the overall status of the Cardiff and Vale programme. The team continue to support both the vaccination team and public health colleagues with examples such as a deep dive into the staff update rates across all Clinical Boards and disciplines,
- We continue to work with patient safety colleagues in supporting the national agenda in auditing and looking at outcomes during the COVID-19 period plus supporting other national studies that C&V are being put forward for,
- Changes in the apps being used to capture information such as staff lateral flow testing is requiring ongoing resource commitment to visualise new data.

C&V Data Repository

This work stream focusses on accessible data, through sharing and wider clinical use of data stored in GP, community, mental health, EU, outpatient, theatre and maternity information systems and many more systems. Work is continuing to deliver the Local Data Repository (LDR) with preparation including hardware and training on FHIR (Fast Healthcare Interoperability Resources), which is the standard for exchanging data which can be used with APIs or real-time messaging of health and social care data. This will feed into federated LDR's of other Health Boards contributing to the National Data Resource programme.

An OpenStack on-premises cloud environment is being stood up as the LDR production environment. OpenStack is an Open-Source Cloud Computing Infrastructure. This will initially host the production Kafka Ecosystem, Storage Layer and FHIR Server.

The 6 virtual servers will now host our LDR Development and Pre-Production nodes including everything from the Proof-of-Concept environment such as the Kafka Ecosystem, Hadoop Ecosystem and FHIR Server.

The 3 Proof-of-Concept feeds (below) will be the first to move into the production environment within the Health Board that are using the Kafka messaging environment:

- WAST feed - This is a real-time feed from the Welsh Ambulance Services Trust (WAST) of impending ambulance arrivals at UHW. The messaging feed is in-place, and we are currently designing a GUI to sit on top of this. We can then take this to EU for feedback. This work is a collaboration between C&V, BCUHB and WAST. The information governance (IG) has been agreed in principle and a framework developed for all future Kafka feeds by HBs and NDR,

- 2-Way real-time cancer message link between C&V and Velindre NHS Trust - This is real-time feed between the 2 Health Boards for patients that are co-managed. We are at the final stages of the link from C&V to Velindre, aiming to have this in place during June 2021. IG is covered by a data-sharing agreement between C&V and Velindre Trust.

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- Prehab2Rehab - This is an on-going project within C&V which we are supporting at a data and system level. We are currently in discussions with Digital Health and Care

Wales (DHCW) and the Primary Care system suppliers to interface with the GP systems. The IG is undergoing final comments from C&V and NDR IG teams.

Other ongoing and future work:

- Single Cancer Pathway (SCP) reporting - A real-time feed to the NDR for the reporting of SCP information. This will be used for reporting initially but could be used for operational use in the future in line with the principals of NDR.

Implementing the digital strategy
Good progress is being made progressing the digital strategy roadmap, highlights of this work are contained within agenda item 3.2 (Digital strategy update) and 3.3 (Roadmap update) entitled ***Delivering the digital strategy*** and the accompanying slide pack.

Integrated Digital Health and Care Record
Work has progressed with enabling multi-disciplinary teams to share common records, e.g. use of Vision 360 GP clinical record system to allow clinicians to see primary care data at a cluster level. GPs can now access and see community data via the PARIS system.

Data to knowledge programme: Year three of the Lightfoot road map is underway with up to 19 new data extracts planned to provide all elective waiting list data, quality and safety data and regional data sets for pseudonymised linkage to social care (Cardiff Council) and WAST data.

The UHB's Business Intelligence System continues to provide self-service access to information for operational reporting and dashboards, which provide interactive visualisation of data and drill down to patient records. An evaluation of Power Bi is planned to take place during the next few months to explore the potential to use that software as an additional analytics tool in line with other Health Boards in Wales.

A more detailed update on progress against specific projects forms the remainder of this report capturing developments in the IT Delivery programme.

Local / National Projects

- Pharmacy System Replacement Programme - Training on the new system began in January 2021. Go live has been rescheduled at the national level to 9 August 2021. A Windows 10 upgrade is required to implement the new pharmacy system completely. Digital work is ongoing with pharmacy to interface the Robots and automated supply cabinets,
- Carecube scheduling system – support Cardiology (Cath Lab) in the implementation of a new scheduling system – currently in the planning stage,
- Chemocare Version 6 Upgrade – IG agreements signed off in September 2020, planning to start an upgrade in June 2021. Servers are currently being configured awaiting date for the upgrade from the supplier,
- Cardiology GE system upgrade – system is end of life and a deal to upgrade the system and servers was made by cardiology and GE in December 2020. Plan for implementation summer 2021,
- National Intensive Care Information System (WICIS) – the current planned go live date is being reviewed for early 2022 – infrastructure requirements are currently being collated in order to support the implementation (mainly network requirements).

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Welsh Clinical Portal and GP Test Requesting

WCP Electronic Test Requesting

- Pathology Electronic Test Requesting continues to be rolled out across the UHB,
- A Laboratory Medicine and Clinical Diagnostics & Therapeutics (CD&T) service driven eTR Mandate Project commenced in December 2020. The aim of the project is to increase eTR take up to 90%+ across CVA UHB and Primary Care by January 2023 in preparation for the new LIMS service go live,
- Recent go live areas include Cardiology Outpatients, UHW Emergency Unit and UHL MEAU. UHW Emergency Unit usage is at over 95% after 3 weeks of going live,
- The ETR Uptake programme plan to concentrate on improving usage in Inpatient Wards throughout June and July with a view to removing paper forms from August 2021.

WCP Results & Notifications

- WCP Results and Notifications functionality has been implemented into 7 services, with a further 9 on the roadmap.
- EU Paeds are looking to implement paperless Radiology reporting and are working with the WCP Implementation Team and Radiology to do this safely.

GP Test Requesting

- After a successful pilot of GPTR in Saltmead Medical Practice, Penarth Healthcare Partnership and the Vale Group we have now offered the feature to all CAV Practices.
- Currently 27 Practices have been setup and trained for GPTR, with a further 14 practices in pipeline; team actively seeking more practices to be setup with GPTR.

PARIS (community system)

- Expansion of GPs direct access to PARIS in support of cluster working agreed to be expanded across the region.
- Overhaul of PARIS solution (major efficiency version change from vendors) in testing and preparation for July 2021 rollout. In-system dashboards, navigation shortcuts, customisation and Subject access request (SAR) are all major component parts,
- Deployment of the numerous arms of the physiotherapy outpatient service onto PARIS (April-Sept 2021).

Infrastructure

The Cancer Tracking Module

This was released on the 20 January 2021 with the first SCP report from the system due at the end of January. This is a replacement of the Tentacle system which resides on our Oracle repository and links in directly with PMS.

Recently completed:

- Mapping of referral information that pre-populates data fields to appropriate cancer reporting values,
- Data capture capability to support pre-hab to re-hab workstream,
- New SCP Reset functionality in data entry form and output reports,
- Additional in form validation to improve data quality,

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- DU PTL report – functionality to supply self-serve reporting for Cancer services to meet national weekly reporting requirements. Users can now run and output a report that can be sent in required format and calculations to the DU (Delivery Unit).

WIP:

- SQL trigger to complete automation of cancer dataset creation,
- User requested refinements to existing report,
- High level concept plans for Cwm Taf Morgannwg UHB (CTM) as a 'cancer management hub',
- Creation of cancer pathways from within CTM,
- Analysis of CTM potential in workflow.

A lot of the WIP is also linked in with the MDT scheduling and incidental findings workstreams.

COM2/D&T

Additional functionality has been included and released within COM2 and D&T as part of Outpatient transformation including:

- See on Symptoms and Patient Initiated Follow-up functionality. Continued to be rolled back with system changes being made based on initial findings. In talks with information regarding reporting,
- Video capable functionality supporting the use of virtual consultations via Attend Anywhere,
- Integration with e-comms to make communication with patient by SMS possible (Not yet released),
- Prototype WCP stapling (to a test WCP instance) a success – Awaiting agreement from DHCW,
- Currently looking at e-forms solutions to capture clinical data from COM2.
- COM2 Technical Group has been restarted, initially looking at the work list and what changes can be made to the system to give immediate benefits operationally.

EU Workstation

- SNOMED coding of Diagnosis, Procedure and Treatment in line with EDQDF recommendations (Not yet released),
- Complete overhaul of triage recording in line with Manchester Triage System incorporating flow diagrams, pai score and NEWS,
- Working with EU/AU regarding management of Assessment Unit patients on our systems. Cross-over with whiteboard development for EU which has been restarted.

WCWS App (iOS/Android)

Key features of WCWS are now available in an app that can run on iOS and Android devices. Includes Admit Patient, Discharge Patient, InterSite transfers, Ward Transfers, Patient Flag information (including Covid flag), Ward Lists and messages to relatives as SMS messages, Messages from relative are also listed to be read to patients.

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PSA Tracker
System to log and track patients with prostate cancer. The system records all PSA results for patients who are monitored and generates alerts where problems are identified. This allows the users to contact the patient accordingly.

Two versions have been developed – one for CAV and one available to all-Wales.
Next stage - development to include results that are not carried out in CAV.

Major Trauma System
Following a successful trial in CAV, the locally developed system for the South Wales Trauma Network is being rolled out across all health boards in the network during this year

Electronic Radiology Referrals
This ongoing development makes use of our in-house developed eAdvice platform and will be piloted with GPs initially.

eForms
Another exciting development to create an extensible and flexible eForms platform which will be used to deliver electronic pre-op assessments initially.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Assurance is provided by regular internal updates and planning reviews with items for exception highlighted to the Digital Health and Intelligence Committee.

Recommendation:

The Committee is asked to:

- **NOTE** the progress across the IT Delivery Programme.

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

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Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration	x	Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

Khan,Raj
05/25/2021 16:32:02

Report Title:	**Digital Stategy and Roadmap Update**								
Meeting:	**Digital and Health Intelligence Committee**						**Meeting Date:**	1 June 2021	
Status:	**For Discussion**		**For Assurance**		**x**	**For Approval**		**For Information**	
Lead Executive:	**Director of Digital and Health Intelligence**								
Report Author (Title):	**Director of Digital Transformation**								

Background and current situation:

Since the creation and sign off of the UHB's Digital Strategy in July 2020, work has progressed with defining the roadmap and implementing the governance arrangements to ensure that the digital work programme is clearly aligned and supportive of the UHB's strategic direction and priorities. The digital strategy's roadmap development continues to be clinically driven and owned with each of the four Digital Strategy channel programme boards chaired by a Clinician.

Brief highlights are contained below and within the slide deck in ***Appendix 1*** which provides an overview. These will be presented and expanded on at the Digital Health Intelligence Committee (D&HIC) meeting.

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

Good progress continues to be made in promoting the profile of the Digital agenda, with a recent presentation made to the May meeting of the Health System Management Board (HSMB). Follow up presentations and discussions are taking place with individual Clinical Boards aimed at ensuring alignment of resources and priorities where digital enablers are key components of services' transformation and recovery plans.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Assurance is provided via the regular meetings of the channel programme boards, reporting up to the Digital Service Management Board (DSMB) with further reporting to HSMB and the UHB's Management Executive as well as to the Digital and Health and Intelligence Committee.

Resourcing the work programme plans remains a challenge.

Recommendation:

The Committee is asked to:

- **NOTE** the progress being made in developing the roadmap to support implementation of the digital strategy.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration	x	Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

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Item 3.2 and 3.3 Delivering the Digital Strategy
Digital Strategy Update and Road Map Update

The following items constitute the update for 1 June 2021

1. Progress against the roadmap
2. Highlights
3. Planned activity next period

Progress against the roadmap

This is captured in the slide pack attached to this cover report entitled DHIC 1 June 2021

Highlights

Some are shown on slide 6 of the slide pack entitled DHIC 1 June 2021. In addition:

- Business cases have progressed
- An SBRI bid has been submitted to support an ENT exemplar including e-triage on a SoS pathway – this could be a model for all pathways. Bid evaluation is pending.

Planned activity next period

This activity will extend throughout 2021:

- Mobilise approved business case projects – see Item 3.6 Appendix 1
- Implement the ENT exemplar (at slower pace if bid is unsuccessful)
- Produce a Recovery bid for the digital solutions needed to support CAV
- Support production of the IMTP and plans for UHW2 (strategy)
- Progress business case to approval for managed print and agile working
- Start on business cases for year end

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Delivering the Digital Strategy

DHIC update

1 June 2021

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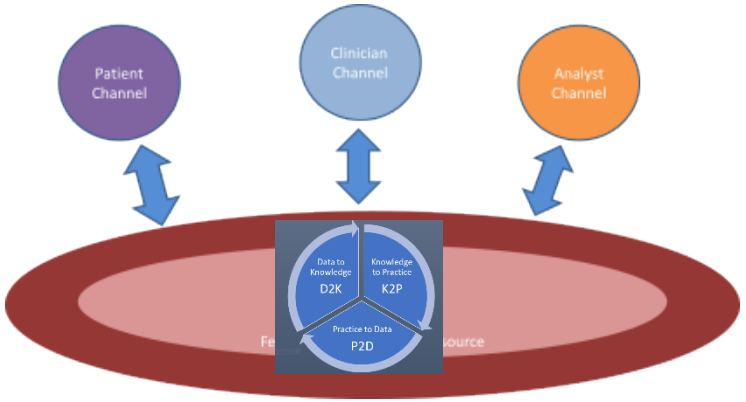
CAV Digital Strategy



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International Standards for digital maturity

HIMSS

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DIGITAL CAPABILITIES

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

Digital & Health Intelligence

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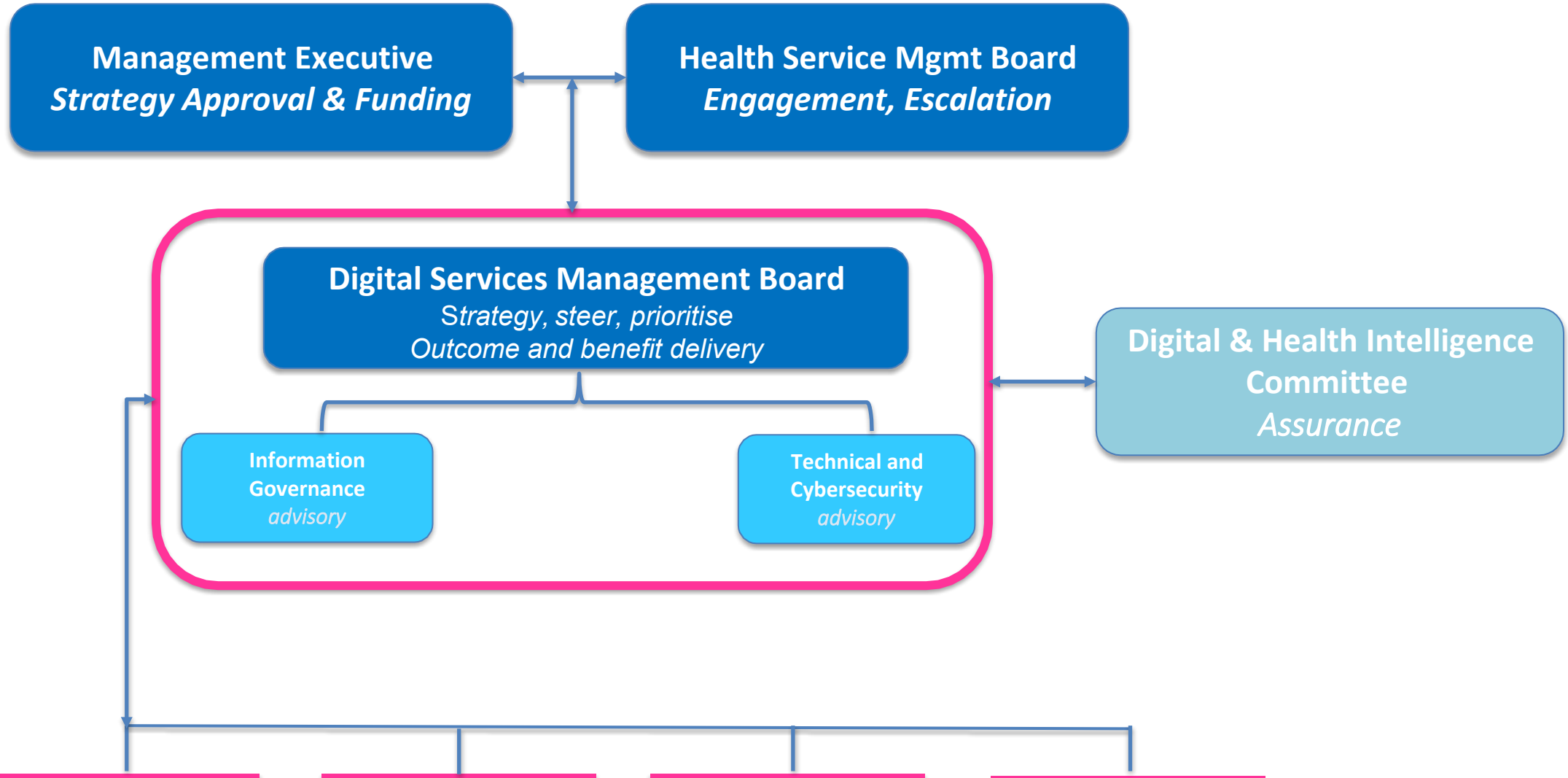

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ROADMAP

MAKING THE STRATEGY REAL

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2020

2025

Patient Channel Programme Board

- Covid response
- Virtual Consultations
- Telecare, assistive technologies
- E-Consent
- Personal Health Record with
- PREMS/PROMS - Telehealth
- Choose and Book / e-bookings
- Self directed enquiry management
- Shared health and care record
- Broadcast (film) public meetings
- Digital communications
- Letters, Correspondence

Clinician Channel Programme Board

- Telephone advice & guidance
- Digital dictation & Transcription
- Digital primary care
- Scheduling – community nursing
- Online referrals/e-referrals
- Electronic Patient record
- Electronic Health record
- Clinical / specialty applications
- Electronic pathology ordering
- Electronic observations (e-obs)
- Extend POCT
- ePMA – electronic prescribing & medicines administration
- Single Sign On

Analyst & Platform Channel Programme Board

- O365 and MSTeams
- chat message video calling
- file share (collaborate)
- Upgrade desktop estate &
- Windows 10 upgrade
- Staff mobilisation inc. UYOD
- 'Making things easier for staff'
- Rotas/e-rostering
- Staff WiFi channel with seamless
- connectivity throughout the estate
- All Enablers inc. virtual desktop
- Managed / Follow Me print
- 'Smart' staff cards – log-in,
- door access, secure print, permits

Capabilities Programme Board

- O365 and MSTeams
- chat message video calling
- file share (collaborate)
- Upgrade desktop estate &
- Windows 10 upgrade
- Staff mobilisation inc. UYOD
- 'Making things easier for staff'
- Rotas/e-rostering
- Staff WiFi channel with seamless
- connectivity throughout the estate
- All Enablers inc. virtual desktop
- Managed / Follow Me print
- 'Smart' staff cards – log-in,
- door access, secure print, permits

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Highlights

ETR

- Uptake increased from 28.7% to 53% in 2021
- Aiming for 'no paper' by September in secondary care
- GPeTR – over 18 practices now using , roll out continues

Consultant Connect

- 2,060 calls since 1 Jan 2021 (exc EU)
- 36% outcomes reported
  - 6% acute admissions avoided
  - 18% pts treated out of hospital
  - 44% referrals avoided (elective)

Attend Anywhere

- 15,000 consultations since 1 Jan 2021

PCIC

- c400 smart handsets to community & primary care staff
- Pilot for 'agile' workforce model
- Corporate mobile contract being investigated

EPMA

- Internal business case produced – with BCAG
- All Wales conversations inc. funding
- CAV looking to accelerate, working with the system

Digital Triage

- MVP Globus in ENT under development
- Automatic discharge from PMS on SoS ticket expiry
- OPFU lists replaced with register in COM2
  - Saves clinician time - no more excel lists

Scan 4 Safety

- Internal business case approved by BCAG
- Pending WG approval of NWSSP BC which CAV BC has informed
- (after elections)

EPR functionality

- Solution architect has drafted roadmap
- Demos planned on examples of different options to meet functionality gaps
- Business case to follow

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Inception to delivery

Status	Red	Amber	Green
Skunk-works			EPR E-Triage and E-SOS
Business Case	E-Consent	Follow-me Print EPMA	Patient Facing Comms Patient Portal Choose and Book PROMS and PREMS Robotic Process Automation
Planning		'Local' NDR SNOMED-CT	ICU system (WICIS) E-Nursing record (WNCR) Rota/roster – Allocate (WoD)
Delivery		Digital Dictation & Transcription Staff Mobilisation	ETR Scan4Safety COM2 updates including alerts Community Nursing Scheduling
Implementation		Infrastructure upgrades	Win 10 Desktop Refresh

Already live

- •Broadcast Meetings
- Video Consultations (Attend Anywhere)
- Telephone Advice and Guidance (Consultant Connect)
- Signals from Noise
- Office 365/ Teams

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05/25/2021 16:52:02

Report Title:	**Digital Strategy – Case for Investment**								
Meeting:	**Digital Health Intelligence Committee**						**Meeting Date:**	**1 June 2021**	
Status:	**For Discussion**		**For Assurance**		**x**	**For Approval**		**For Information**	
Lead Executive:	**Director of Digital & Health Intelligence**								
Report Author (Title):	**Director of Digital Transformation**								

Background and current situation:

Cardiff & Vale UHB Board approved the Digital Strategy (2020-2025) in July 2020 on the recommendation of the Digital & Health Intelligence Committee (D&HIC). The strategy sets out the future direction and plans for a digitally advanced organisation through the development of a detailed roadmap including plans to address legacy underlying infrastructure issues to build new and innovative digital solutions. Creating and maintaining a solid platform and fit for purpose infrastructure are essential to the delivery of all future digital transformation plans.

During the last quarter of financial year 2020-2021, the UHB made available some additional short-term investment funding for the Digital directorate to fund the fast-tracking and resourcing of the (delayed) Win10 rollout programme and rollout of the MS O365 mail migration programme. Some additional short term capital funding was also identified which was used to fund some of the essential infrastructure, as detailed within the Capital Management Group minutes (agenda item 4.7).

There is no central recurrent funding source to address an annual PC/device replacement programme nor adequate capital investment to ensure that all critical IT infrastructure upgrades and replacements are fully funded.

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

The case for investment seeks to secure regular annual investment in the UHB's digital infrastructure, partly to address the legacy challenges, but also to improve our current level of digital maturity from the current basic level of 1 & 2 to becoming a digitally mature organisation where we have complete health records, accessed anywhere by any device and where real time data available across all systems to anyone who needs it.

The COVID-19 pandemic has been the cause of much digital transformation over the last 14 months with more and more staff relying on digital solutions to work from home, provide virtual consultations and to participate in virtual meetings; a large proportion of staff are now reliant on mobile devices, expecting to be able to connect and work seamlessly irrespective of where they are.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

ASSESSMENT

Whilst CAV UHB will have benefitted from Welsh Government (WG) digital funding (both revenue and capital), the amounts are generally small and targeted for delivery of specific

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outcomes. There is also recognition that the capital funds allocated to the UHB are part of a finite pot and that any increase in the Digital allocation can only be achieved by reducing the allocation to fund CAV UHB's Estates requirements.

The lack of a central funding pot for any new or replacement devices prevents an annual refresh programme, meaning that PCs and other devices are left in use far beyond their normal lifecycle leading to poorer performance, more IT support calls/interventions and frustrated users. Use of capital funds that are made available towards the end of a financial year are, by the nature of the immediacy, spent on quick fix solutions, replacing like for like devices rather than on longer term strategic solutions. The business cases being progressed offer a potential solution to the funding challenge, as do accessing the WG-held recovery funds.

ASSURANCE is provided by:

The case for investment document presented at ***Appendix 1*** sets out the reasons for additional investment, covering benefits, options and recommendations for improving the Digital infrastructure.

Recommendation:

The Digital Health and Intelligence Committee is asked to:

- **NOTE** the Digital Strategy – Case for Investment.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	No

Private Board 05/22 (01) 16.12.02

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GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Digital & Health Intelligence

Delivering the Digital Strategy

Case for Investment and Change

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1 Our Strategic Imperative

Cardiff and Vale UHB aspires to become world class, challenging traditional models of service in order to consistently deliver the best possible health and care outcomes for its population and patients by adopting cutting edge and vanguard innovations that lead to improvements. This includes:

- Being an exemplar for research, development and innovation nationally and internationally
- Remote monitoring using artificial intelligence (AI)-enabled processes and medical devices
- New health and care models enabled by robotics, virtual reality - all technological advancement
- Precision medicine as part of a world renowned Genomics service
- Creating and delivering The Dragons Heart Institute, a new paradigm in accelerated delivery
- Strategic partnerships and collaborations with other agencies, industry and academia on a local, national and international scale
- Building a cutting edge 21st century tertiary centre capable of dynamic flex to meet any demands whilst also enabling and facilitating a shift to patient centred care, in the community and in the patients home
- Big Data for risk stratification at the point of care, predictive analytics, and soon, on-demand healthcare
- Ensuring the new reality described in the Shaping our Health and Wellbeing strategy.

Achieving these aims is dependent upon CAV becoming a digitally advanced organisation

1.1 Purpose

The purpose of this document is to commend a 5 year roadmap to deliver the approved CAV Digital Strategy that will rapidly enhance our digital maturity, enable our staff, empower our patients and leverage our rich data sets so that we move to preventative health and care by becoming a learning health and care system. It will enable us to take huge strides towards meeting the aims at 1 above.

The roadmap indicates a priority order for initiatives and a governance model to ensure that what we do is clinically led, patient centred and managed. It also:

- advocates co-production as a way of working, building on learnings including the Robert Wachter report 'Making IT work..', the Topol review, international digital maturity standards, the CAV Convention, working with NWIS and the wider Wales digital eco-system
- aligns with national governance and programmes such as Digital Services for Patients and the Public and standards including the National Architecture review

1.2 Benefits of becoming a digitally advanced organisation

There is a wealth of empirical evidence to support the benefits that sustained investment in digital will realise including:

- Return on investment – multi-million cash releasing programmes
- Release time to care – thousands of hours equivalent to millions of pounds in productivity gain
- Transformed patient experiences where self-empowerment and self-management is the norm
- Reduce isolation and loneliness by reducing digital and social exclusion
- Better health, better outcomes for all
- Efficiency through better throughput and flow
- Reduction in inventory
- Improved safety, quality, quicker, informed clinical decision making
- Forward planning, using data to manage capacity across the system, predictive analytics and risk stratification at point of care
- Carbon reduction and a mobilised workforce
- Happier, healthier staff
- 'IT' just works

1.3 Benefits realisation

Organisations that invest in becoming digitally capable are already realising these benefits. Some shorter term practical internal opportunities we have in CAV are discussed at 10.3, these are just a few examples. The May 2020 National Audit Office report[1] describes that some digitally facilitated benefits take longer to

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[1] https://www.nao.org.uk/wp-content/uploads/2019/05/Digital-transformation-in-the-NHS.pdf

manifest and also that reliance on national funding alone is insufficient to become digitally mature. We must also invest themselves.

1.4 Recommendations

The approved Digital Strategy explained that we need to resolve legacy underlying infrastructure in order to develop digital capability, over time, in a careful, managed way that prioritises benefit realisation – for staff and for patient care. Recommendations on what we can do and how we can fund our digital aspirations that underpin Cardiff and Vale becoming world class are summarised below. Text that has been shaded in grey within this document refers to those recommendations that have already previously been agreed for funding by Management Executive on 23rd November 2020 and are included for completeness.

Document ref	Recommendation
5, 7	Agree the digital roadmap and build an EPR
8	Agree Option 3- invest in the roadmap
10	Implement the funding options recommendations
10.1, 10.2 **April 2021**	• Increase discretionary capital to move towards the estimated £3.41m pa • Centralise all digital spend where it is appropriate and fund any ongoing liability e.g. licences
10.3 **December 2020**	Invest £0.4m from 01/12/20 to • work proactively with finance and estates to build cash releasing business cases (may require using agency staff) • support the development of a financial model to reinvest savings realised in the digital roadmap • deliver some high impact, tactical improvements
10.5 **April 2021**	Each Clinical Board to • Invest £250K revenue pa to fund staff and software managed by D&HI to develop and deliver enterprise capabilities described in the roadmap • Commit (if capital funding is not forthcoming from the organisations discretionary capital) to a top slice that moves towards the estimated £3.41m pa to bring up the base of the IT estate and maintain it, at a replacement rate of 1/5 of the estate pa, prioritising unsupported and/or end of life servers, the oldest of our desktop/laptop devices and network improvements • Additional equipment. A common complaint from some clinical staff is they do not have enough computing equipment to meet their needs (space is not always the limitation)
10.6	Digital slippage or grant funding from any source should target our digital transformation, not be used to support our underlying IT estate

2 Our Vision and Aims for digital

wrap health and care around individuals, join things up so organisational boundaries don't get in the way and keep the person at the heart of what we do

Aims

Digital First for patients and carers

- ✓ Digital first, easy access to health and care services for people when they need them, face to face or inpatient only when necessary
- ✓ Tell your story once and everyone involved in your direct care will know your story

Digital First for staff

- ✓ Our staff are digitally enabled with the right tools for the job, are equipped and skilled for the internet age, have modern equipment and IT 'just works'

Seamless information sharing across professional and organisational boundaries

- ✓ By getting rid of information silos, it's easy to get the right information, at the right time and in the right place, speeding diagnoses, risk stratifying at point of care improving safety and quality, reducing errors and costs

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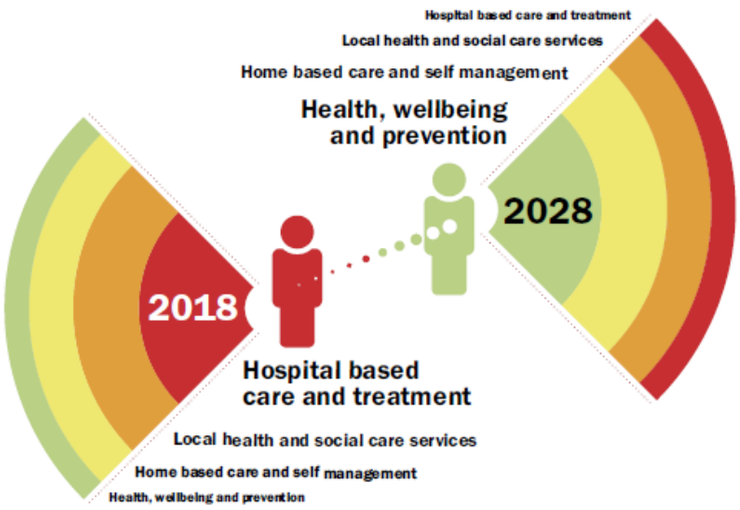
2.1 What success looks like



Healthier Wales: "Plan for Health and Social Care 2018, sets out a clear ambition to promote home based care and self-management with an emphasis upon health, wellbeing and prevention.

We can do more with less, delivering benefits to both our patients and workforce, with care closer to home".

This is part of what the digital roadmap will enable.

3 Context

The strategic context that informs the roadmap is taken from local and national drivers that are well understood. The key highlights we must pay regards to are:

a person's chance of leading a healthy life should be the same, no matter who they are

A Healthier Wales quadruple aims

- Improved population health and wellbeing
- Better quality and more accessible health and social care services
- Higher value health and social care
- A motivated and sustainable health and social care workforce.

National Transforming Outpatients strategy

- the right care, right information, from the right person, at the right time, in the right place, so they can maximise their health and well-being status and stay independent as long as possible

Prudent Healthcare

- Achieve health and wellbeing with the Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production public, patients and professionals as equal partners through co-production.
- Care for those with the grCare for those with the greatest health need first, making most effective use of all skills and resources.eatest health need first, making most effective use of all skills and resources.
- Do only what is needed – no more, no less – and do no harm.
- Reduce inappropriate variation using evidence-based practices consistently and transparently

4 Our current level of digital maturity

STAGE	HIMSS Analytics EMRAM EMR Adoption Model Cumulative Capabilities
7	Complete EMR; External HIE; Data Analytics, Governance, Disaster Recovery, Privacy and Security
6	Technology Enabled Medication, Blood Products, and Human Milk Administration; Risk Reporting; Full CDS
5	Physician documentation using structured templates; Intrusion/Device Protection
4	CPOE with CDS; Nursing and Allied Health Documentation; Basic Business Continuity
3	Nursing and Allied Health Documentation; eMAR; Role-Based Security
2	CDR; Internal Interoperability; Basic Security
1	Ancillaries - Laboratory, Pharmacy, and Radiology/Cardiology information systems; PACS; Digital non-DICOM image management
0	All three ancillaries not installed

There is no single recognised standard to assess our digital maturity, in part, because we are an integrated health and care system.

If we simply look at the HIMSS standard for acute hospitals, we see that CAV is around Levels 1&2.

In this we are not unusual and we now have a plan to take us further across the whole of our integrated system.

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5 A Digital Roadmap

Some service based examples of the transition to becoming digitally mature are captured in this table:

Least digitally mature	Digitally mature
Medical records, Dr Foster records	Electronic health record
Voice dictation to tape and manual coding	Digital dictation and transcription & voice activated coding directly into patient records e.g. using SNOMED CT standards
Information silos in primary, secondary, community, social care	Shared care records, role based access accessible by clinicians and patients including on your own device
Access to information on a fixed PC at a desk, multiple passwords for multiple applications	Access information on any device, anywhere including on your own device, Single Sign On and password for life – single sign in, access all applications
Static images on film, test results on paper, bloods, CT etc.	Diagnostic information accessible anywhere including at the bedside or at home on any device including on your own device
Individual diagnostic tests individually ordered and reported using paper, phone, electronic referral and request methods	Integrated diagnostics - from within the patients electronic record, ordering for any test or imaging, returned electronically, viewable in WCP, accessible on any device including on your own device
Genetic and genomic analyses received as paper records	Genetic and genomic analyses available anywhere clinically appropriate including at the bedside or at home on any device including your own. These records may be interpolated with Histopathology results.

5.1 Improvements for staff

As with any change, we must start with how we will improve things for our staff.

The difference we will make for staff

- Password for life
- Automated password reset
- Up to date internal directories
- Information flow between applications for job/task management
- E-forms – internal and patient facing
- Access almost everything on any device including your own (ambitious!)
- Email accounts for all staff
- Roster / rota solutions for all staff groups
- MS Teams has many capabilities that can respond to a lot of our requirements. These are not all detailed here …

A draft roadmap ready for clinical prioritisation follows, expanding upon these improvements

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Off the shelf EPR

The solution to the problem in our setting is often cited as buying an off the shelf EPR platform.

These are major investment multi-year programmes and apply only to the acute setting. The EPR does not extend to primary or community care, mental health or the back office e.g. HR, Finance neither does it deliver a 'whole' solution for the acute e.g. ePMA (electronic prescribing and medicine management) and there will still be a myriad of clinical, diagnostic and other tools and applications.

An indication of recent EPR awards and their cost is shown in Table 1 below. If the fabric of a hospital has an asset life of 60 years, we would need to plan on the basis that digital capability will add an estimated minimum c£2bn net present value (NPV) to the lifetime cost of the asset for an organisation of our size

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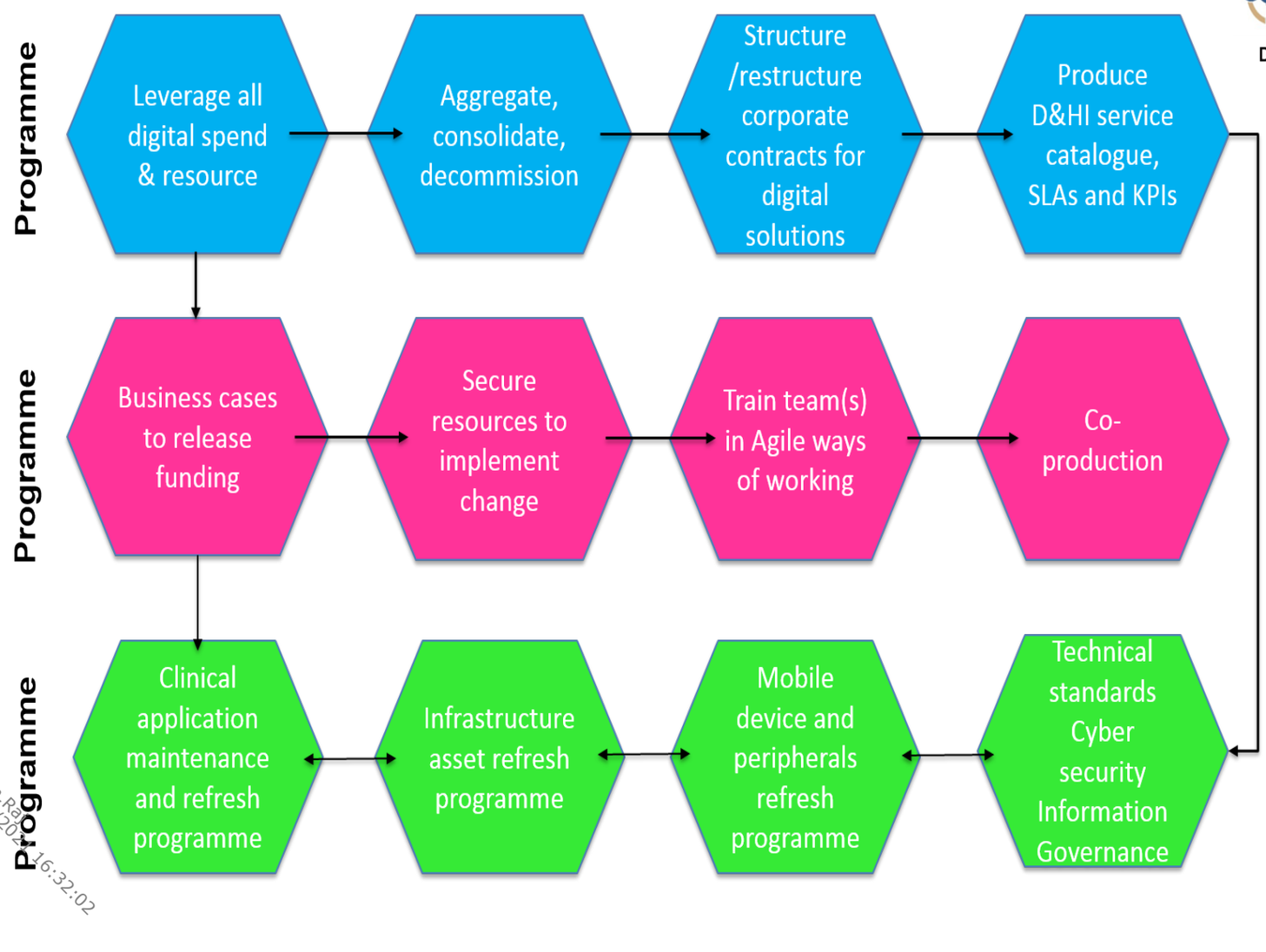
Draft roadmap



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Digital & Health Intelligence

DIGITAL TRANSFORMATION

Digital enablers – a solid foundation.

As set out in the digital strategy, we must improve our basic infrastructure. If we do not, none of these proposals are possible. This must be our first priority.

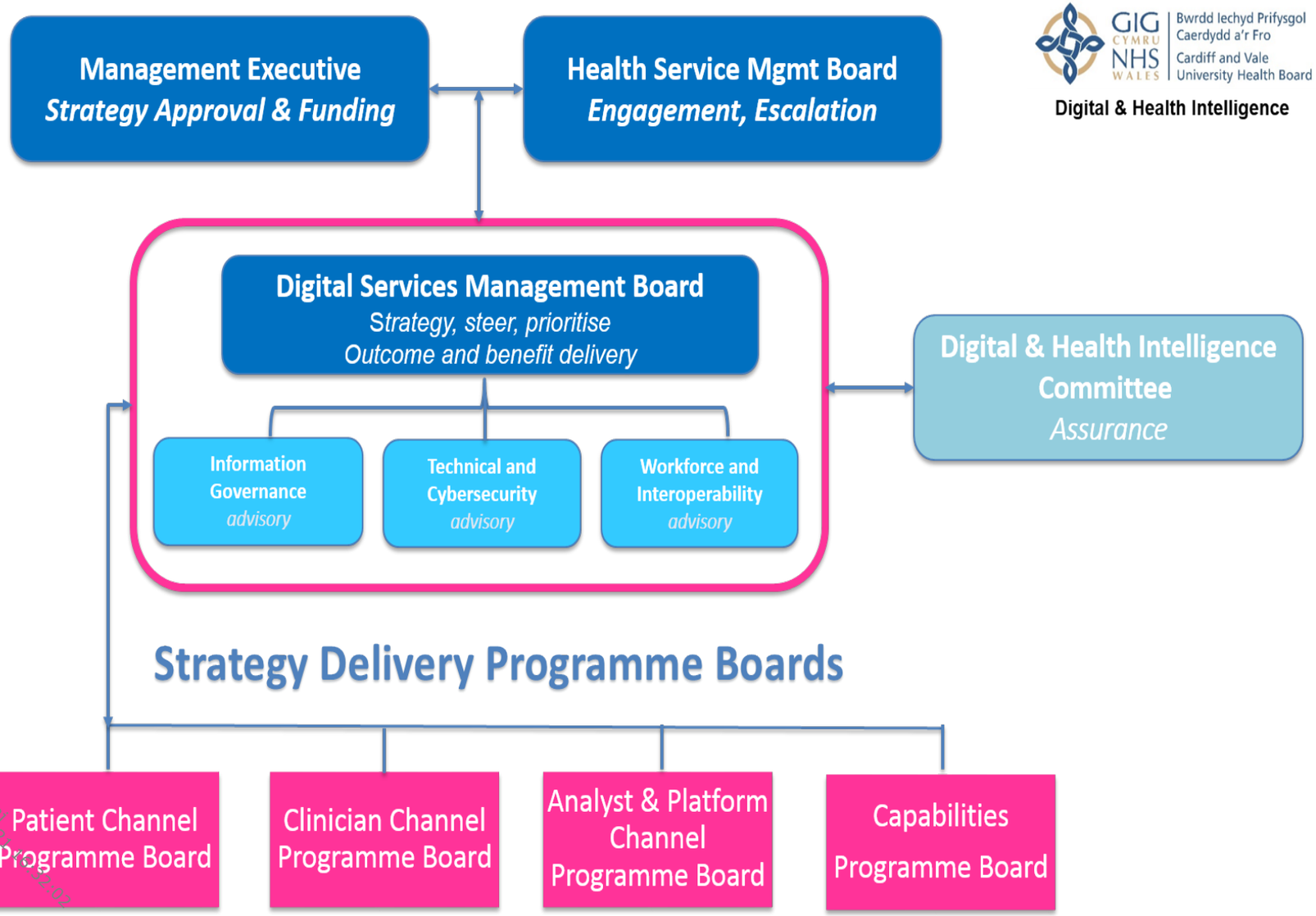
We have approximately 11,000 desktop devices for 14,500 staff. This grew to c13,000 in 2020 following Covid and the home working surge.

c2,000 staff do not have a Nadex account (this will be resolved as part of the O365 programme). We also do not have enough devices to meet demand in clinical areas.

30% of our desktop estate (PCs, laptops) is so aged it must be replaced. This replacement is being funded by a one off WG grant issued in 2019.

We estimate a further 60% of our desktop can be capable of running Windows 10, O365, MSTeams, video conferencing with remedial work. This leaves c10% as an unknown.

Table 2 shows the condition of desktops based on remote analysis. We also have issues with server, network and applications estate



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Digital & Health Intelligence

Governance

Clinically led

Co-production

It is crucial that the delivery of the digital strategy is clinically led. The CCIO has been discussing with senior clinicians and stakeholders their membership of the relevant channel boards and their part in co-producing digital solutions.

This requires clinicians, nurses, AHPs, MHCS staff, health scientists, patient experience, administrative and digital staff to work together in a way that is co-productive, much like the principles that CAV Convention is founded upon.

This requires job plans to make time available so that when we design a solution such as an EPR or digitisation in primary care or mental health that solutions have longevity – because they work for everyone in the system.

Everyone approached is genuinely excited at the prospect of change that we can achieve together and the difference it will make for staff and most importantly, the improvements it will undoubtedly make to patient care.

OPTIONS APPRAISAL

6 Option 1 - No change

There are no benefits to delaying the implementation of this proposal but there are real consequences of inaction. Digital is a part of service change and redesign, it is an enabler to system and service change. As reported in the Wachter review, investing in technology without business change will not deliver optimum or desired results. There are some limitations on what can be achieved given our physical estate however there is much that we can do. If we don't invest in a meaningful way, we will continue to decline. Staff will continue to be disaffected, patient care will suffer despite everyone's best efforts and it will be even harder to recover our position.

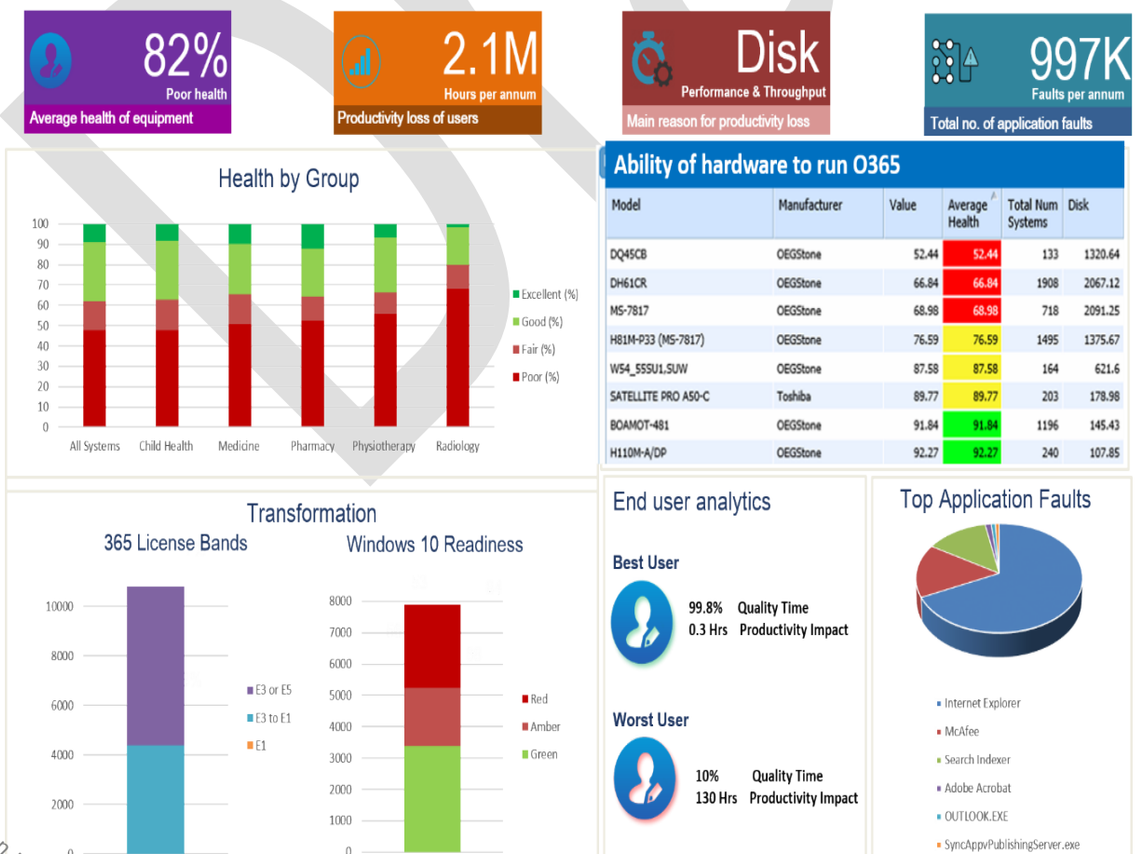
We have risks that can no longer be managed including that some clinical services are under threat of losing applications they rely upon because some of our server estate is well past end of life. We do not have the human resources or equipment to do upgrades whilst also managing day to day pressures. We have a dearth of diagnostic tools which if in place, would enable us to be more proactive, quicker to diagnose equipment faults and implement fixes. This includes automation to fix remotely using AI.

The effect of these is that Digital & Health Intelligence staff are perpetually engaged in trying to resolve "today's issues". There is almost no capacity for future planning as the skilled technical resources managing our infrastructure are over-burdened managing legacy, aged equipment.

6.1 The impact of No Change - lost productivity

Some early analysis by Lakeside software using their Systrack remote diagnostic tool reported that the state of our desktop estate alone (PCs, laptops) means our staff spend between 4 & 34 minutes logging in. They go on to say that just a 10% improvement in log in times[1] would deliver a productivity gain of circa 7 minutes/day per machine.

[1]Extrapolated they report this is **4,884 hours of time / £2,461,662 in recovered productivity pa** based on £14/hr average wage *(source Lakeside)*



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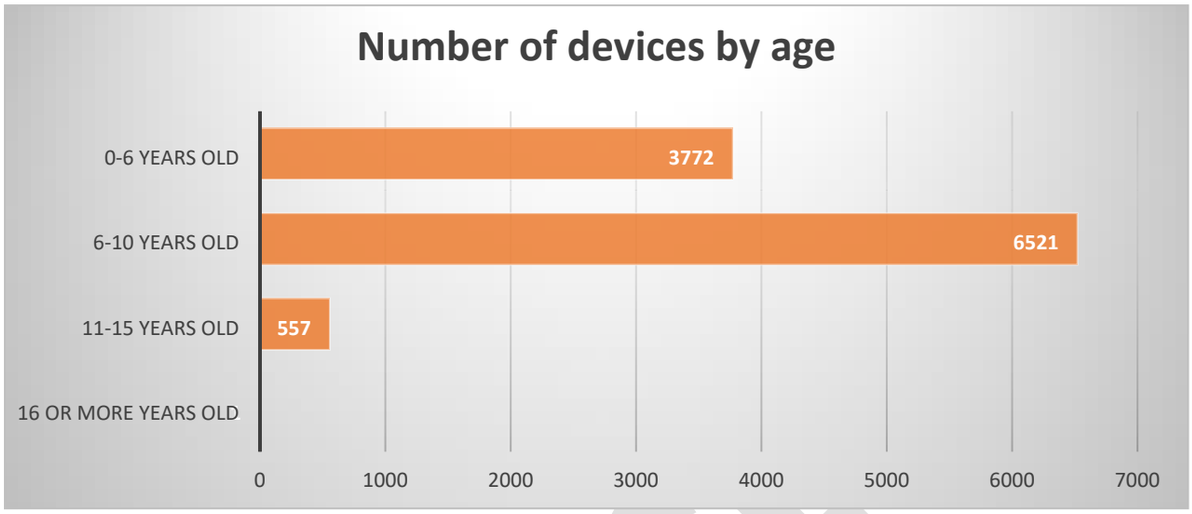
6.1.1 The age of our desktop estate

Profile of our desktop estate (excludes several thousand devices issued for Covid in 2020)[2]



6.1.2 Age profile of desktop devices currently in use, by year

Year installed	2004				
Age in years	16				
No. devices	1				
Year installed	2005	2006	2007	2008	2009
Age in years	15	14	13	12	11
No. devices	5	32	68	104	348
Year installed	2010	2011	2012	2013	2014
Age in years	10	9	8	7	6
No. devices	45	2734	595	3142	5
Year installed	2015	2016	2017	2018	2019
Age in years	5	4	3	2	1
No. devices	2883	205	469	108	107

No change is not considered a viable option

6.2 Purchasing responsibility

Responsibility for purchasing and refreshing computing equipment rests with Clinical Boards and there is an enormous disparity across the organisation in whether or not equipment is fit for purpose. Clinical Boards have limited resources and so we must find solutions that work for us organisationally given all of our competing priorities. Only one Clinical Board invests in additional human resources embedded in the Digital and Health Intelligence team to support the management of their applications, mobile estate and digitally enabled transformation (change) requirements.

This model works and should be replicated

7 Option 2 - Off the shelf Electronic Patient Record (EPR)

The National Audit Office report[1] sets out three options for EPR – buy, best of breed or build.

7.1 Buy

Issues with this approach described with the diagram of the draft roadmap on page 7 are not repeated here. Table 2 records EPR contract awards in 2020. Note that the £400m awards are the only organisations that would come near to the size of our organisation.

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[2] These numbers do not include monitors

Table 2 - recent EPR awards by value[3]

Contract value £	Who	Year	Term	Mean £pa of contract
400m	Manchester University NHS Foundation Trust	2019	15 year	27m
108m	Frimley Heath	2020	10 year	11m
175m	Guys and St Thomas	2020	15 year	12m
181m	Manchester University Trust	2020	15 year	12m
400m	Sheffield (out to tender)	2020	10 year	40m

7.2 Best of breed

The NAO report goes on to say that best of breed solutions can become more expensive over time because you are managing multiple applications and their interconnectivity to achieve the functionality of an EPR.

7.3 Build

Supported by some external resource and by working in a co-productive way with our clinical staff, this positions us to be able to build our own. CAV has an internally developed PAS application and developer resource. Our digital strategy gives us the flexibility to introduce and / or change out applications rather than be tied to a single mega platform for decades. We can integrate data silos through the NDR/LDR, introduce customer friendly, intuitive interfaces making data accessible and usable in a way that it hasn't been before - at the point of care, remotely, peripatetically.

This will enable us to become more financially sustainable, deliver improved health and care services by increasing speed of decision making, improving accuracy in diagnosis and safer prescribing leading to improved quality.

As an integrated health and care system, we can also do things end to end across the whole system across primary, community, mental health and secondary care. This is what the Sustainable Transformation Partnerships (STPs), Integrated Care System (ICS) changes in England aspire to, including the pursuit of Local Health and Care Records (LHCREs).

This structure already exists in CAV and the LDR/NDR will give us our equivalent to the LHCRE. Crucially, this makes a shared heath and care record possible.

The recommendation is to Build an EPR – this is already being explored with senior clinicians

8 Option 3 - Invest in the roadmap

Our financial situation is not set to improve in the medium term and the cost to the economy of Covid is as yet incalculable, all of which means there is less money in the system. Notwithstanding, there is a long legacy of underinvestment which we must act upon and now need to turn around or we will never go forwards.

We need to:

- ✓ make better use of the money we currently spend on digital as a collective
- ✓ make different choices about what we spend money on as a collective to invest in digital
- ✓ digitise paper based, manual systems and processes where there is an obvious return on investment
- ✓ pump prime digital transformation, recognising it is the only solution we have other than adding more staff to making our organisation efficient, effective and sustainable.

9 Current funding position

We can't not invest in digital – everything we aspire to is completely dependent upon it. The cost if we procured an EPR has already been shown to be around £27m pa. Our legacy estate will take sustained

[3] Information from Bidstats http://bidstats.uk/tenders/?q=epr

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investment and some time to fully update. The good news is this work is already underway using the 2019 WG grant but as the diagrams at Section 6.1 demonstrate, this only alleviates a little pressure in our desktop estate. It doesn't complete the job, neither does it extend to our server, network or application (e.g. clinical workstations, PAS) estate.

Funding is very challenging, yet it must be found. Investment opportunities in digital are discussed below.

9.1 CAV discretionary capital

Annual discretionary capital is £0.5k. Occasionally, there is additional funding as a result of slippage however this is not a consistent figure and is typically used to fire fight problems and doesn't enable new capability.

The table below provides a comparison of investment in the digital estate compared to other UHBs of similar size:

UHB	End user devices	Avge discretionary capital pa
Swansea Bay	8,750	£3m
Betsi Cadwaladr	11,900	£2.5m
Cardiff & Vale	13,000	£0.5m
Hywel Dda	6,546	£1.5m

9.2 WG funding

In 2019, CAV benefitted from a one off grant from WG of £3m which will replace c1/3 of our legacy equipment, some of which dates back to 2004. This is a mix of capital and revenue, is documented on the Digital Enablers page and is not repeated here.

There has been no capital funding for digital this year from the £50m pot held by WG, as funds have been diverted to support Covid initiatives. Whist this has funded additional equipment, not replacements, it has had the effect of increasing our desktop devices by approximately 2000 units which is now added to our backlog maintenance pressure.

Usually there is some additional funding provided by WG as a grant to do specific things or through slippage. Our reliance on WG funds to mitigate some of the issues in our IT estate is such that if funding does not arrive and if nothing else changes, our current position deteriorates further.

9.3 Revenue

Organisationally, in 2019 we spent c£13.9m pa on 'IT' as below

£millions	Area of spend
1.9	Microsoft licences
1	Telephony and bleeps
5	Staff costs including technical resources, IG, clinical coding, IT training, Welsh Clinical portal project team and 3 programme change management staff
6	Spend by the rest of the organisation coded to digital however this includes big ticket items including PACS. Only a relatively small number is spent on improvement or replacement of the digital estate e.g. PCs, servers, network

10 Funding opportunities

10.1 Capital cost to resolve the legacy

The annual refresh cost to maintain and sustain our IT estate as well as address the legacy of under investment requires an estimated £3.41m, simply to stand still.

10.2 Centralise all digital spend

A seemingly obvious opportunity would be to centralise what does relate to digital (of the £6m spent by the organisation) however spend that relates to specialist clinical applications and equipment should probably remain with CBs. Further analysis is needed to determine what opportunity may exist for centralisation, aggregation, consolidation and de/re-commissioning of necessary software and hardware. Scale usually brings efficiency.

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10.3 Cash releasing business cases

The paradox is that we do not have resource to devote to analysis for robust business case development. A modest investment of £0.4m in December 2020 will enable us to produce cash releasing business cases for a number of initiatives in the roadmap which based on experience are expected to be cash releasing as:

you@			ePMA
Digital communications - email, SMS, PHR portal replacing paper post across all settings where it is possible to do so	Universal printers, print drivers & multifunction devices linked to staff card; introduce airprint; standardise duplex printing and all documents black&white *only* in majority of locations	Scan4safety - being procured by NWSSP, UHBs keep the benefits. 6 demonstrator sites in England. One of the smaller sites reported cash savings of c£1m. Given our size, CAVs potential is greater	Electronic prescribing and medicines administration – drug control, reduce prescribing errors, improve safety
Save c£0.5m	**Save c£0.5m**	**Save min. £1m**	**Save c£1m**

10.3.1 Cash release of real estate

Modest investment in digital solutions that enable staff to be much more peripatetic including home working will enable admin centres such as Woodland House / other estate to support more admin staff, meaning other estate could be either leased out to generate revenue income or disposed of to generate capital. D&HI would work with Estates and Finance to identify any such opportunities.

10.4 Clinical Boards invest

The proposal is that from 1 April 2021 each CB invests in:

- £250K revenue pa to fund staff and software managed by D&HI to develop and deliver enterprise capabilities described in the roadmap
- Commits (if capital funding is not forthcoming from the organisations discretionary capital) to a top slice to contribute to the estimated £3.41m pa to bring up the base of the IT estate and maintain it, at a replacement rate of 1/5 of the estate pa, prioritising unsupported and/or end of life servers, the oldest of our desktop/laptop devices and network improvements
- additional equipment. A common complaint from some clinical staff is they do not have enough computing equipment to meet their needs (space is not always the limitation)

These measures will enable the whole of the organisation, providing solutions end to end that support new pathways and clinical pathway redesign, as well as supporting some specifics within CBs.

10.5 Grants and other funding opportunities

All digital funding opportunities will be pursued, as they are now. Digital slippage or grant funding from any source should target our digital transformation, not be used to support our underlying estate

11 Recommendations

The UHB approved its' digital strategy in August 2020. Implementing it requires commitment to resourcing and investment in a plan that will make CAV one of the most digitally mature organisations in Wales, over time, in a careful, managed way that prioritises benefit realisation – for staff and for patient care.

Issues with IT are raised at practically every meeting or forum attended by a member of digital and health intelligence staff. Any employee of CAV will recognise the issues discussed in here and it is simply not sustainable to continue as we are. Neither is it possible to do all we would like to straight away. The recommendations made are therefore grounded in the art of the possible and are as follows.

Document ref	Recommendation
5, 7	Agree the digital roadmap and build an EPR
8	Agree Option 3- invest in the roadmap
10	Implement the funding options recommendations

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10.1, 10.2 **April 2021**	• Increase discretionary capital to move towards the estimated £3.41m pa • Centralise all digital spend where it is appropriate and fund any ongoing liability e.g. licences
10.3 **December 2020**	Invest £0.4m from 01/12/20 to • work proactively with finance and estates to release real estate build cash releasing business cases (may require using agency staff) • support the development of a financial model to reinvest savings realised in the digital roadmap • deliver some high impact, tactical improvements
10.5 **April 2021**	CBs to invest in: • £250K revenue pa to fund staff and software managed by D&HI to develop and deliver enterprise capabilities described in the roadmap • Commits (if capital funding is not forthcoming from the organisations discretionary capital) to a top slice that moves towards the estimated £3.41m pa to bring up the base of the estate and maintain it, at a replacement rate of 1/5 of the estate pa, prioritising unsupported and/or end of life servers, the oldest of our desktop/laptop devices and network improvements • Additional equipment. A common complaint from some clinical staff is they do not have enough computing equipment to meet their needs (space is not always the limitation)
10.6	Digital slippage or grant funding from any source should target our digital transformation, not be used to support our underlying IT estate

Cardiff and Vale can become the world leading organisation it aspires to be.

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Report Title:	**GP Pilot Action Plan**								
Meeting:	Digital & Health Intelligence Committee						**Meeting Date:**	1 June 2021	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**		
Lead Executive:	**Director of Digital & Health Intelligence**								
Report Author (Title):	**Information Governance Manager** **Director of Digital & Health Intelligence**								

Background and current situation:

In early 2018, Llan Health Centre piloted extending access to Cardiff & Vale UHB (C&V) portal. This facilitated access to any patient within the C&V Portal, as opposed to just those patients registered within the practice in PMS. This model brings access in line with how GPs access results within Welsh Clinical Portal (WCP) and negates the need for manual access to be granted on a case by case basis. The result of the pilot would be a precursor to a decision on whether extended access was provided to all C&V portal users.

Whilst widely supported, and with minimal risk, the pilot wasn't progressed beyond Llan Health Centre. The action remained a long standing ITGSC and DHIC item.

In March 2020, the importance of instant GP access to C&V results and letters was further realised in response to COVID-19 and the Executive Medical Director granted approval for wider deployment of access.

IT development was undertaken and by the end of March 2020 all GPs within C&V were able to access any patient within the C&V Portal.

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

Following a successful pilot, in March 2020 the Information Governance Sub Group granted approval for all C&V GPs to be granted access to any patient within the C&V Portal.

A verbal update outlining the actions taken in support of completing this pilot action plan was provided at the last committee meeting in February 2021. This paper provides confirmation of these actions.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The change in process has facilitated quicker access to C&V results and letters. This also bypasses the manual process of updating PMS following a GP request for access.

Khan Raj
05/25/2021 16:32:02

Recommendation:

- To **note** and ratify the actions taken to achieve closure on the GP action plan.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

Khan,Raj 05/2/2021 16:32:02

Report Title:	**Digital Stategy – Business Case Development Summary**								
Meeting:	**Digital and Health Intelligence Committee**						**Meeting Date:**	1 June 2021	
Status:	**For Discussion**		**For Assurance**		**x**	**For Approval**		**For Information**	
Lead Executive:	**Director of Digital and Health Intelligence**								
Report Author (Title):	**Director of Digital Transformation**								

Background and current situation:

Since the creation and sign off of the UHB's Digital Strategy in July 2020, work has progressed with defining the roadmap and associated business cases to support this. The creation of several business cases has resulted in approval of some, via the Business Case Approval Group chaired by the Executive Director of Finance.

The current position on business case development is contained within the attached Appendix 1, details of which will be expanded upon at the D&HI Committee meeting.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Assurance is provided by regular internal updates and planning reviews with items for exception highlighted to the Digital Health and Intelligence Committee.

Recommendation:

The Committee is asked to:

- **NOTE** the progress across the Digital Strategy Delivery Programme

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Kraikaj 05/25/2021 16:32:02

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration	x	Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

Khan Raj
05/25/2021 16:32:02

APPENDIX 1 Update on business cases

Programme business case - Executive Summary

Following approval by ME of an SBAR in November 2020, five business cases were explored with the expectation of gaining Management Executive approval to mobilise Q1 2021, subject to the expected financial benefits being evidenced.

The purpose of this work was to identify ways in which we can improve our digital maturity whilst also releasing efficiency that can be reinvested in our legacy digital solutions.

A small team was assembled to work with colleagues in the UHB on gathering data to inform baseline positions, identify opportunities, explore their potential and then capture the findings over the period Dec. '20 to Feb. '21. Four Business Cases were completed.

Secure follow me printing, introduce air-printing is nearing completion (printing) whilst *Cash Release Real Estate* requires further consideration by the SRO and Executive Director Planning and so neither are included here as each will come forward on its own.

The original proposal anticipated up to £3m of potential savings (full year effect) equal to £15m over 5 years. Our initial findings far exceeded this estimate and identified other important benefits such as patient safety & quality improvements and productivity gain – time released to care.

On 15 March 2021 a report was presented to Management Executive as a response to an SBAR approved in November 2020

Management Executive agreed the report and directed it to BCAG as part of normal governance as the next step is to initiate and mobilise the projects.

Timeline

- 23/11/20 – SBAR2 presented to ME and approval given to develop 5 business cases
- 12/20 to 02/21 - 4 of the 5 business cases were completed and consolidated as a programme
    - Business cases were developed and shared with the original contributors for review and comment
    - A review of financials was undertaken during March with finance business partners
- 15/03/21 - business case was presented to ME as a programme and approved to proceed to BCAG
- 17/03/21 – attendance at BCAG (item 305) - *BCAG supported the decision of Management Executive to authorise the £70K – non recurrent – to complete the work currently underway*
- 31/03/21 – detailed review of the business cases and a finance 'deep dive' was conducted by Deputy DoF with D&HI Finance business partner.
    - Subsequently the original forecast benefits were reduced from £2.7m over 5 years to £0.7m as a consequence of:
        - new requirement to payback WG for the NWSSP Scan4Safety programme
        - removal of a £1.2m stock optimisation benefit in the Scan4Safety business case to comply with accounting rules
    - 22/04/21 – presentation to BCAG of the programme for approval to proceed to mobilisation and implementation – this excluded the Estates business case as this requires further work and was not part of cashflow in either cost or benefit
    - 05/05/21 – final presentation to BCAG following discussion with DoF, Deputy DoF and Executive Director Planning

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Summary Strategic Context

Each of the initiatives in the programme is part of the digital roadmap which needs to be delivered as part of realising our digital strategy and enhancing our digital maturity.

These enable our current recovery and transformation plans, our future sustainability including Shaping our Future Clinical Services, Shaping our Future Wellbeing, Outpatients Transformation and other transformational programmes which are reliant on digital enablers. UHW2 is dependent upon full implementation of the digital strategy roadmap.

Summary of programme content

Digital patient communications	Includes two digital communications with patients, portal/repository for letters and clinical documentation, PREMs/PROMS, remote monitoring etc
	digital dictation and transcription – put in place a centrally managed solution
	Choose and Book (equivalent) – facilitate patient choice, supports remodeling of outpatients as part of aims for end to end digital processes
	RPA – bots or virtual workers that can be trained to reduce significant administrative process overheads
Scan4Safety	Scan4safety - Core product is stock and inventory management. Financially efficient, improves patient safety, extensive use cases Inc. flow
ePMA	Digitisation of processes for prescribing and recording the administration of medicines. Supports safer prescribing by helping reduce prescription errors, save clinical time spent on medicines administration, improve cost efficiency as well as enabling us to get better value from drug spend

These are a few of the initiatives in the roadmap that need to be delivered. More business cases will follow.

Business case progress

Detailed business cases were presented as a programme detailing each of the projects to BCAG and on 5th May it was agreed that:

- Digital patient communications can proceed subject to:
  - RPA/Bots moved back one year
- Scan4Safety – approved
  - pending NWSSP BC approval
- ePMA - paused
  - - pending national conversations
- Removal of programme management costs
  - pending further corporate work on PMO and PM requirements

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Outcomes and Benefits

A high level of summary of Benefits identified includes:

- Cash release – the programme can support its own cashflow over a 5 year period if all planning assumptions hold true
- £8m time released to care
- Patient safety and quality improvement from reduced errors in prescribing
- Implant traceability and compliance with Medical Device Bill 2021
- Less waste – better stock and inventory management
- Patient choice, communications are faster and access to communications is secure
- Carbon Emissions Reduction

Interdependencies

The biggest interdependencies are considered to be:

- Leadership and communications – support from CAV leaders is essential
- People – these are change programmes
- Process – they will change the way that people work
- Technology – replacing paper systems of working with digital solutions
- Patients – we will change how we communicate and interact with patients

Next steps

The next 6 months activity for these business cases is expected to include:

1. Recruit staff
2. Governance documentation and arrangements including schedule Director and Finance reviews
3. Presentations and comms at digital boards and Health Informatics Forum and other fora
4. Procurements
5. Implement digital dictation and transcription (procurement complete)
6. Secure an agreed way forward all Wales on ePMA
7. Mobilise Scan4Safety in line with national programme
8. Reviewing / Updating Equity Health Impact Assessments
9. Revisiting Corporate Branding such as for Digital Communications e-Letter Templates
10. Launching Pilots

Khan,Raj
05/25/2021 16:32:02

Report Title:	**Information Governance Data and Compliance**								
Meeting:	**Digital & Health Intelligence Committee**						**Meeting Date:**	**1 June 2021**	
Status:	**For Discussion**		**For Assurance**		**x**	**For Approval**		**For Information**	
Lead Executive:	**Director of Digital & Health Intelligence**								
Report Author (Title):	**Information Governance Manager**								

Background and current situation:

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

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

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

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

Quarterly reports are produced for the DHIC to receive assurance that the UHB continues to monitor and action breaches of the UK GDPR / DPA 2018 and that FOI requests and 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.

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

The overall Information Governance Department establishment has further reduced following the retirement of one of the IG officers. Staffing levels are now less than pre GDPR levels and 2 WTE fewer than during 2019.

The number of information governance related incidents raised and reviewed remains high, with only a single incident being reported to the ICO.

Sonia Rai
05/05/2021 16:32:02

Subject Access Request compliance has recovered following a COVID-19 outbreak within the team. Compliance has now plateaued and a further improvement is expected following implementation of an improvement plan.

Freedom of Information compliance has gradually improved since April 2020.

The National Intelligent Integrated Audit System (NIIAS) has been running in the UHB since 1 December 2020.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)
ASSESSMENT

1. **Information Governance Staffing Levels and Capacity**

Information Governance staffing levels are stable. The staffing structure is as follows:

- David Thomas, Director of Digital and Health Intelligence is the Senior Information Risk Owner (SIRO)
- Dr Stuart Walker, Executive Medical Director, is the Caldicott Guardian
- James Webb is the interim Data Protection Officer (DPO)
- The Information Governance Department is currently resourced at 3.80 WTE. This represents a reduction of 2 WTE since the start of the last financial year. A 0.67WTE has recently been appointment via the UHB's Kickstart initiative.

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

Date reported: 2020-2021

Since the last Committee meeting, the Information Governance Department has reviewed 244 incidents via the UHBs e-Datix incident module. Of these, 144 incidents were considered to be IG-related and the UHB felt it necessary to report one of these incidents to the Information Commissioner's Office (ICO). Further details are provided in the Private agenda of the Committee.

3. **Freedom of Information Act**

FOI compliance percentage for 2020-2021 is demonstrated as follows:

Khan Raj
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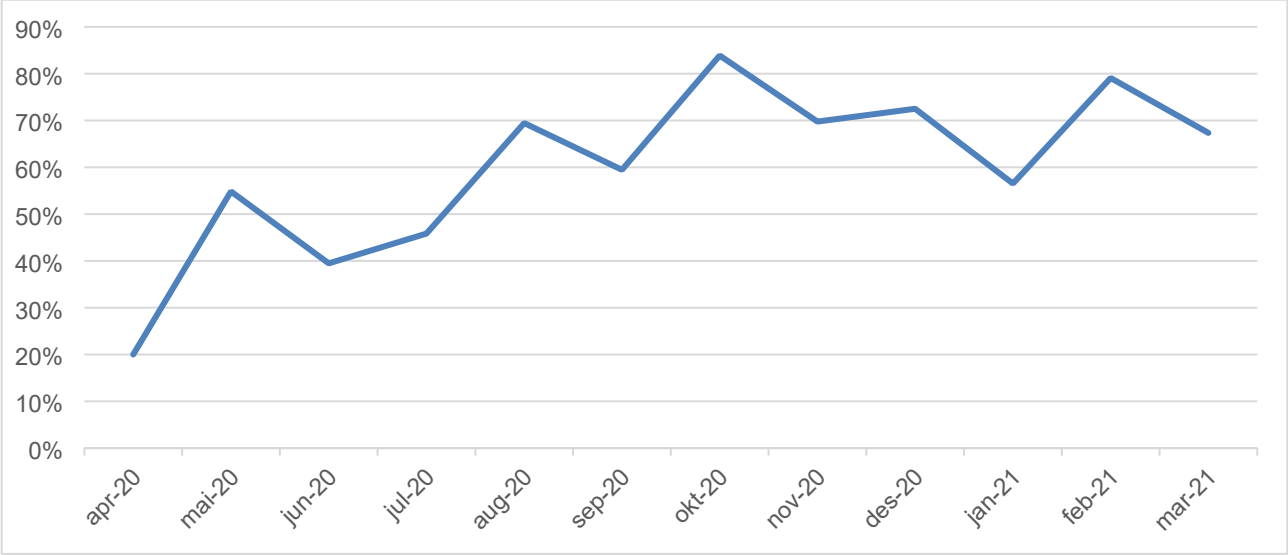


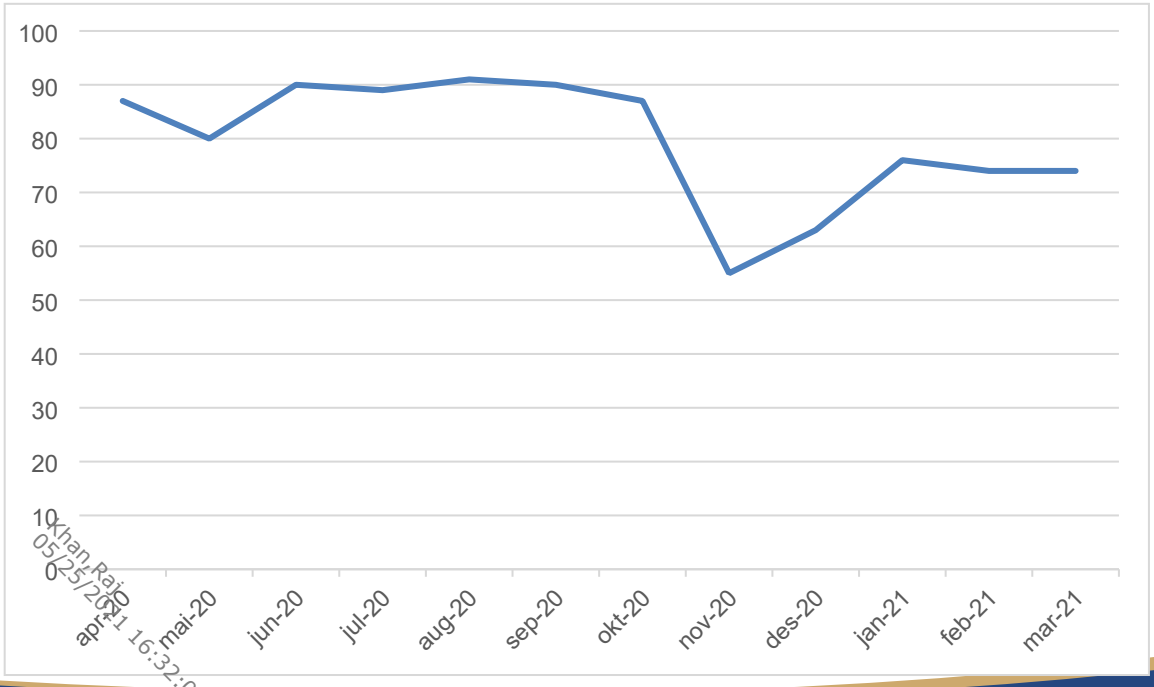
Average compliance for 2020-2021 was 62%. The drop in compliance for 2020-2021 was expected following the reprioritising of work in response to the COVID-19 outbreak. This position was adopted across NHS Wales and local procedures were discussed with the Information Commissioner's Office (ICO).

Compliance has steadily improved throughout the year but is still short of the average compliance from the previous year (85%).

4. Subject Access Requests (SARs) Processed

4.1 Health Records requests 2020-2021

The compliance percentage for 2020-2021 is demonstrated as follows:



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As reported to the previous Committee meeting, an outbreak of COVID-19 in December 2020 led to the entire team self-isolating. Compliance for November 2020 subsequently suffered. Whilst the position has somewhat regained, currently compliance is lower than previously experienced earlier in the year. An improvement plan is being implemented within the department.

4 .2 Non Health Records

A total of 29 subject access requests submitted for non-health records were received during 2020-2021. Similarly to FOI requests, the Information Governance Department has taken a pragmatic approach to ensure UHB staff aren't distracted from delivering healthcare at such a significant time. 10 requests were responded to within the legislated time frame and one request was extended.

5. Compliance Monitoring/ National Intelligent Integrated Audit System (NIIAS)

NIIAS monitoring was re-implemented in the UHB from 1 December 2020 and is now managed on a weekly basis. A breakdown of the criteria used and results have been excluded from this assurance paper as not to undermine the effectiveness of the monitoring operation.

6. Information Governance Mandatory Training

Overall UHB Information Governance training compliance is currently 62.1% and is broken down by Clinical Boards as follows.

Clinical Board	Compliance
All Wales Genomics Service	81%
Capital, Estates & Facilities	52%
Children & Women Clinical Board	70%
Clinical Diagnostics & Therapeutics Clinical Board	73%
Corporate Executives	65%
Medicine Clinical Board	57%
Mental Health Clinical Board	63%
Primary, Community Intermediate Care Clinical Board	51%
Specialist Services Clinical Board	62%
Surge Hospitals	27%
Surgical Services Clinical Board	57%
UHB	**62%**

This represents a further drop of 4% since figures were last provided to the Committee. This can most likely be explained as a consequence of competing priorities due to COVID-19, combined with an increase in home working, the previous baseline was already an area of concern. To improve mandatory training compliance, a communications and engagement message will be directed to all staff with line management responsibilities. This has been developed in collaboration with the Communications team and will be sent on behalf of the Medical Director. It is expected that this will be delivered prior to the next Digital Health Intelligence Committee.

Khan Raj
05/03/2021 14:32:02

ASSURANCE is provided by:

- Reports detailing compliance against legislative requirements.

Recommendation:

The Digital Health and Intelligence Committee is asked to:

- **NOTE** the Information Governance Data and Compliance report, which outlines a series of updates relating to significant Information Governance issues.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

Khan,Raj 05/2/2021 16:32:02

Report Title:	**Clinical Coding – Performance Data**								
Meeting:	**Digital & Health Intelligence Committee**						**Meeting Date:**	**1June 2021**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**x**
Lead Executive:	**Director of Digital & Health Intelligence**								
Report Author (Title):	**Information Governance Manager**								

Background and current situation:

This report considers the performance of the Clinical Coding department. Clinical Coding performance is measured against Welsh Government (WG) targets in terms of its completeness and accuracy.

All secondary care organisations are mandated to translate medical terms used in the inpatient setting that describe a patient's complaint, problem, diagnosis, treatment into a sequence of alphanumerical codes standardised by national guidelines . This permits easy storage, retrieval and analysis of the data for the purpose of, for example, patient-level costing, clinical research and audit, clinical benchmarking, case-mix management and statistics.

All Clinical Coding departments are mandated by WG to submit a minimum of 95% completeness within 30 days of discharge. Coding departments are audited each year by Digital Health and Care Wales (DHCW) and accuracy is based on a requirement for a year-on-year improvement. The UHB is required to code approximately 160,000 finished consultant episodes (FCEs) per annum.

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

- The UHB's Clinical Coding department has achieved the WG 95% completion target in 8 of the 11 months reported in 2020-2021,

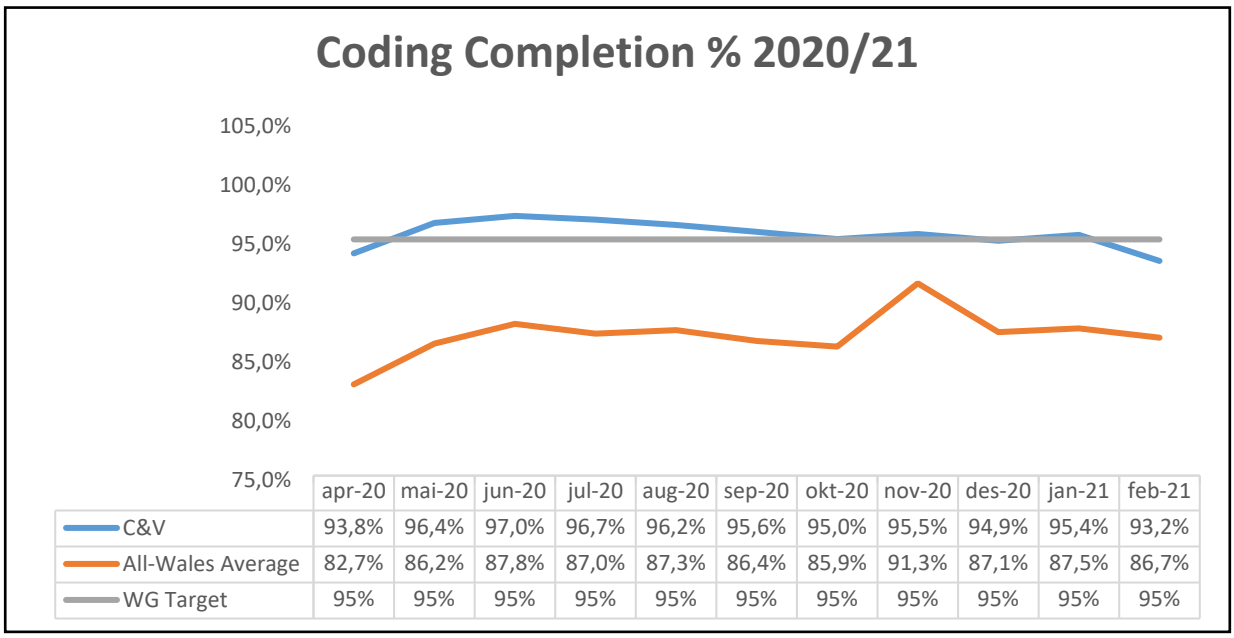
- The department has experienced staffing shortages and has recently lost two qualified Accredited Clinical Coders (ACC) to external posts. Of the 25 remaining coders, just 3 are ACC coders (12%) and a further 3 are yet to take up the post, with an estimated training period of 18 months. It is anticipated the department may continue to lose staff to remote coding posts until the UHB moves to an electronic source document which would facilitate greater home working opportunities,

- The department is currently supporting DHCW to facilitate a remote audit of coding accuracy for a targeted area. This is expected to be completed in May/June 2021 with the results available for the next performance paper.

Khan Raj
05/25/2021 16:32:02

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

The following graph compares the UHB's coding completeness within one month (frozen) against the WG target and the all-Wales average.



	apr-20	mai-20	jun-20	jul-20	aug-20	sep-20	okt-20	nov-20	des-20	jan-21	feb-21
C&V	93,8%	96,4%	97,0%	96,7%	96,2%	95,6%	95,0%	95,5%	94,9%	95,4%	93,2%
All-Wales Average	82,7%	86,2%	87,8%	87,0%	87,3%	86,4%	85,9%	91,3%	87,1%	87,5%	86,7%
WG Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Assurance is provided by:

- The UHB's ongoing level of compliance with WG accuracy and completion targets.

Recommendation

The Committee is asked to:

- **Note** the performance of the UHB's Clinical Coding Department.

Khan Raj
05/25/2021 16:32:02

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	x	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

Khan Raj
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Kind and caring Caredig a gofalgar | Respectful Dangos parch | Trust and integrity Ymddiriedaeth ac uniondeb | Personal responsibility Cyfrifoldeb personol

Report Title:	**Joint IMT Risk Register**								
Meeting:	Digital and Health Intelligence Committee					**Meeting Date:**	1 June 2021		
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	**X**	
Lead Executive:	**Director of Digital and Health Intelligence**								
Report Author (Title):	**Director of Digital and Health Intelligence**								

Background and current situation:

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

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

There are currently 16 joint IMT risks identified on the report:

1 x Risk in red status with a score of 20 concerning:

- Cyber Security

12 x Risks in amber status with various scores which include:

- Software End of Life Implications
- Server Infrastructure
- Insufficient Resource – Capital & Revenue
- UHB Standard Data Processing
- Governance framework (IG policies and procedures)
- Data availability
- Compliance with data protection legislation
- Data Quality
- NHS Wales Informatics Service (NWIS) Governance
- End of Life Infrastructure (access devices)
- Clinical Records Incomplete
- Outcome Measures

3 x Risks have been reduced in this report to yellow status which include:

- Welsh Laboratory Information Management System (WLIMS)
- Welsh Community Care Information System (WCCIS) Local team not resourced
- Effective resource utilisation

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The Risk Register Report is attached at ***Appendix 1*** for information.

Khan Raj
05/25/2021 16:32:02

Recommendation:

The Committee is asked to:

- **NOTE** the progress and updates to the Risk Register report.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
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Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

Khan,Raj 05/2/2021 16:32:02

Objective	Risk Title	Principal Risks	Opened Date	Review Date	Risk Type	Exec lead for the corporate objective	Corp assessment of Impact	Corp assessment of Likelihood	Total	Risk Score (Target)	Risk Level (Target)	Mitigation Action	Further action agreed	Source of control	Lead Committee
6.8.11 A4/0023	Cyber Security	The Cyber Security threats to service continuity	13.12.2013	29.09.2020	Cyber /Service Interruptions	DD&HI	5	4	20	10	MODERATE	The UHB has in place a number of Cyber security precautions. These have include the implementation of additional VLAN's and/or firewalls/ACL's segmenting and an increased level of device patching. However further necessary work is dependent on additional capacity to supplement the current level of staffing within the department.	The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. The requirements have been further highlighted in the National Stratia Cyber security review. Plans are currently under discussion at Welsh Government level to resource Health Boards to undertake additional Cyber security monitoring tasks. All of these requirements have been acknowledged and are included in the current re-organisation plans within the Digital and Health Intelligence Department. **Sept 20: Interim, contract staff with expert cyber knbowldge have been employed to progress essentuial cyber remedial works. this will allow the UHB to fully deploy the cyber schanning tools to effectively manage the increased cyber risks being reported at this time. Discussions with other HBs taking place to look at pooled or shared cyber resources, given the shortage of skilled resources. Jan 2021: internal resources allocated to support the cyber security works. May 2021: New Head of IG/Cyber Secrutiy role being recruited to; additional resources re-allocated to focus on Cyber remedial works.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.9 A5/0013	Software End of Life implications	The UHB is at risk because its PCs require upgrading to Windows 10 due to support ending for Windows 7 in January 2020. There are potentially significant issues with compatibility with applications systems in use both Nationally and within the HB specifically. The UHB has circa 11,000 devices (laptops and PCs) that require operating systems upgrade; of these, 5,500 will additionally require either replacement or physical hardware upgrade.	01.06.2019	29.01.2021	Cyber /Service Interruptions	DD&HI	**4**	**4**	16	10	MODERATE	update 02/08/19: Microsoft will offer extended support on Windows 7 as part of the all Wales MS 065 contract recently negotiated and in place for all NHS organisations in Wales. This will provide support for Windows 7 PCs, beyond 2020.	The Firepower Firewalls have been configured to stop ALL Internet access, if/when a possible serious virus attack is identified and will implemented immediately. Microsoft Windows 10 security support has been extended to March 2021. **Jan 2021: The UHB is utilising WAG Digital investment to implement the address the MS Windows 10 migration programme. Non compliant devices will be upgraded or replaced to ensure devices are Cyber compliant using the Win10 operating system. The UHB is also leading with NWIS in undertaking a review of National Infrastructure requirements as part of the plans to significantly increase Digital investment in Wales going forwards. Although the commencement of the project has been delayed because of COVID, the period has been used address technical issues which are now complete. The rollout has commenced, a Windows 10 Programme manager has commenced in post and a prioritised rollout plan has been presented to the January Digital Capabilities Programme Board. Additional agency staff have also been appointed to help the programme. May 21 Update: Significant progress has been made and plans are now in place to scale up and accelerate further to aim to achieve completion within 8 months. Additionally the UHB has further invested in Infrastructure such that the proportion of devices to be completely replaced has increased greatly providing a platform for a step change in modernising Digital Infrastructure.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.6 A3/0110	Server Infrastructure	The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to complete and revenue based support to maintain. There is a requirement to also retain a minimal number of physical servers for those systems not capable of virtualisation.	13.12.2013	29.01.2021	Service Interruptions	DD&HI	4	4	16	10	MODERATE	Whilst the processes in place provide adequate protection of server infrastructure in line with the availability of existing resources, the UHB should identify funding for the vFarm infrastructure if these improvements are to be maintained. Failure to do so will dramatically increase costs to the UHB as a whole and reduce availability and resilience of implemented systems.	The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Over recent years significant progress has been made with capital investment. This progress will need to be maintained on an ongoing basis in capital and revenue investment. **Jan 2021: The discretionary capital allocation for Digital has been restored to £500K since the last meeting. A server related plan within currentl budget is underway. In addition the Digital infrastructure 5 year sustainability plan has been updated to ensure that highest priority risks are addressed first with any available funding. May 21 update: Further year end capital funding has provided additional opportunities to invest in server infrastructure.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.1 A2/0004	Insufficient Resource - Capital and Revenue	The delivery of the IM&T Strategic Work plan is based on the UHB being able to ensure that the IM&T Department is appropriately resourced to manage infrastructure and deliver projects. All bench marking information indicates that the UHB is significantly under resourced in this area. **Consequence:** Inability to support operational and strategic delivery at pace required, reliance on outsourcing at enhanced cost, non compliance with legislation (FOI / GDPR)	13.12.2013	29.01.2021	Capital / HR / Service Interruptions	DD&HI	5	3	15	10	MODERATE	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.	**Jan 2021: Discretionary capital allocation for Digital has been restored to £500K for 20/21. The UHB is also actively engaged with Welsh Government in undertaking a review of National Infrastructure requirements as part of the plans to increase Digital investment in Wales. In addition the Digital infrastructure 5 year sustainability plan has been updated to ensure that highest priority risks are addressed first with any available funding. The D&HI directorate has also been successful in gaining in excess of £1m additional revenue funding from the UHB for 20/21 and there are bids being considered for recurring additional revenue. May 21 Update: Year end funding of in excess of £2m plus earlier allocations in support of COVID has allowed to HealTh Board to plan to enahnce its Digital Device infrastructure. There is however a great deficit going forwards between the anount of Discretionary capital allocated to Digital and the requirements to sustain our infrastructure. This has been highlighted to Capital Management Group and included in the Digital services Case for Investment plan submitted to management excecutive in December 2020.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Obtaining information fairly and efficiently	Compliance with data protection legislation	Risk:- Non compliance with Data Protection & Confidentiality Legislation - the UHB's progress in taking forward the action plan to reduce the risk of non compliance following the ICO's assessment of our 'reasonable assurance' with the GDPR/ DPA is not sufficient to mitigate the risk of non compliance with Data Protection Legislation. **Consequence:** Mistrust of our population and other stakeholders resulting in their unwillingness to share / divulge essential information, Significantly financial penalties - and increasing post BA case	28.09.2015	29.09.2020	Governance / Clinical	DD&HI	**4**	**3**	12	**9**	MODERAT	Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOs/IAAs from this. GDPR awareness being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement.	Restructuring of IG department will increase amount of expert resource. Resolution of long term absence will also increase available expertise and resource to support GDPR plan, and manage the operational requirements on the corporate department. Ongoing implementation of GDPR/ICO action plan. **The Information Governance team have developed a work plan to review and update all outstanding policy and procedure doucments in the CDF and these are scheduled to be complete by December 2020. Implementing the action plan will reduce the risk, May 2021: policies are being reviewed and an update will be reported to DHIC in June 2021.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Recording information accurately and reliably	Data quality	High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incorrect/incomplete/late recording of activity Absence of ISO 27001 certification. **Consequences:** Potential for poorer patient outcomes and experience, analysis and benchmarking flawed resulting in poor decision making, under recovery of income, inability to maximise potential of R&D	19.02.2018	29.09.2020	Governance	DD&HI	**4**	**3**	12	**8**	MODERAT	Further re-invigoration of the role out of COM2 will increase clinically validated data. Updates and training programme scheduled for mental health and our partners in order to address issues identified in recording and reporting compliance with parts 2 and 3 of the mental health measures. New dashboard release will expose greater amount of data to users, in a more user friendly way, enabling validation by relevant clinicians. Data quality group has established a work plan to improve quality and completeness of data and how it is presented.	Data Quality Group needs to be refocussed. It is currently not meeting due to IG staffing pressures. **Sept 20 Data Quality will be addressed via the new governance arrangements - sepcifically the Analyst Channel Programme Board; plans to establish this board in October 2020. Jan 2021: the Analyst Channel Programme board is holding its inaugrual meeting in February, chaired by a clinician.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Using information effectively and ethically	Use of UHB standard data processing contract now incorporated within procurement's standard toolkit and deployed for all relevant procurements	Risk: obligations and accountabilities relating to the way data is handled are not formalised Consequence: the UHB could suffer detriment and/or have difficulties applying remedies against a third party if data is not handled appropriately	16.02.2018	29.09.2020	Governance	SIRO/DD&HI	4	3	12	7	MODERAT	Library of outline documents for sharing data available, with completion of these supported by corporate information governance department. Requirements to use and refer to are being emphasised within the training.	Procurement are greatly assisting process by referring all issues involving data sharing to the corporate IG department.	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Effective governance, leadership and accountability	Governance framework (IG policies and procedures)	Risk: IG policies and procedures are not up to date/do not cover all relevant areas. Procedures are not aligned to relevant national policies. Consequence: Lack of clarity in terms of how the UHB expects its staff to work to in order for relevant accountabilities to be discharged.	16.02.2018	29.09.2020	Governance	SIRO/DD&HI	4	3	12	6	MODERAT	Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy is live and covers a number of existing policies.	Restructuring of IG department will increase amount of expert resource. Investment in training will also increase available expertise to support the review of policies. **A formal review of policies and procedures is underway as per risk #7.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI

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Objective	Risk Title	Principal Risks	Opened Date	Review Date	Risk Type	Exec lead for the corporate objective	Corp assessment of Impact	Corp assessment of Likelihood	Total	Risk Score (Target)	Risk Level (Target)	Mitigation Action	Further action agreed	Source of control	Lead Committee
Effective governance, leadership and accountability	NWIS Governance	Governance arrangements for overseeing and challenging NWIS are weak. There is insufficient transparency, blurred lines of accountability and they lack a clear set of priorities **Consequences:** The significant resource we provide to NWIS is not optimally used to support the UHB in delivering its statutory obligations nor in supporting us to deliver our strategic objectives as identified in "Shaping Our Future Wellbeing"	02.02.2018	29.09.2020	Governance	DD&HI/ DOTH	**3**	**4**	12	**1**	Low	UHB is engaged with WG and NHS peers to take forward the recommendations of the WAO review of NWIS with a view to addressing the numerous risks identified in the report.	**CAV involvement in National programme activities and Governance review. Opporunity to influence the new SHA replacing NWIS via the consultation exercise which has commenced (Sept 20). Jan 2021: Feedback submitted to WG in response to the new SHA consultation document launched in Nov 2020. May 2021: DHCW committed to quarterly staeholder Exec to Exec meetings to share plans and strategic ambitions (initial meeting held in May 21)**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Sharing information appropriately and lawfully	Data availability	**Risk:** Accessibility of data: UHB does not have an ability to access and use the data it requires to carry out its full range of statutory obligations and enable delivery of our strategy and IMTP. . Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (e.g. WCRS, WRRS) **Consequence** - Inability to deliver strategic UHBs, namely - Supporting people in choosing healthy behaviours, - Encouraging self management of conditions, - Enabling people to maintain or recover their health in or as close to home as possible, - Creating value by enabling the achievement of outcomes and experience that matter to people at appropriate cost, - Enable and accelerate the adoption of evidence based practice, standardising as appropriate	28.09.2015	29.09.2020	Clinical / Service / Business Interruption	DD&HI	**3**	**4**	12	**1**	Low	Approach identified to work with C&V GPs to share data across care sectors to inform improvement and to gain a better understanding of need, demand and the capacity available to meet it. National data repository programme will provide access to tools and expertise	National Architectural design group and interoperability group being set up in line with Once for Wales agreement and WG Informatics statement of intent should provide medium term solution. HB taking forward data acquisition programme in line with the development of the electronic care record. **May 2021: in support of information sharing outside of direct care purposes, agreement has been reached with WAST and Cardiff Coundil (Social Services) for data to be shared; a similsar request to include GP data is currently being considered by the Wales GPC/DHCW.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.2 A3/0104	End of Life Infrastructure (access devices)	Each year a number of access devices (PC's , laptops, netbooks etc.) fall in to the category of being end of life. The Health Board's clinical and business needs requires continued and expanding use access devices. This infrastructure has a maximum lifespan of typically 5 years and then requires replacement.	13.12.2013	29.01.2021	Service Interruptions	DD&HI	3	4	12	10	MODERATE	There is an impact to Business and Clinical Systems because of the age of the hardware and clinical/business application software - replacement relates to the availability of resources and departmental agreement/priorities.	The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Over recent years significant progress has been made with capital investment. **Jan 2021: The UHB is utilising WAG Digital investment to implement the address the MS Windows 10 migration programme. Non compliant devices will be upgraded or replaced to ensure devices are Cyber compliant using the Win10 operating system. The UHB is also leading with NWIS in undertaking a review of National Infrastructure requirements as part of the plans to significantly increase Digital investment in Wales going forwards. Although the commencement of the project has been delayed because of COVID, the period has been used address technical issues which are now complete. The rollout has commenced, a Windows 10 Programme manager has commenced in post and a prioritised rollout plan has been presented to the January Digital Capabilities Programme Board. Additional agency staff have also been appointed to help the programme. May 2021: significant progress achieved with Win10 roll out programme.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Recording information accurately and reliably	Clinical Records Incomplete	**Risk:** Clinical records are not joined up across disciplines, care settings or geographical boundaries resulting in incomplete and out of date patient information. Summary information is not routinely shared across systems. Differing local service models which are also going through a period of significant change mean access to appropriate data is an increasing need. **Consequence** is unsupported clinical decision-making, introducing patient harm and/or disadvantage and failure to meet NHS Wales digital strategy	28.09.2015	29.09.2020	Clinical	MD	3	4	12	6	MODERATE	UHB architectural design to be reviewed to consider local data repository for bringing together in a usable way clinical information held in numerous clinical systems. UHB working through a programme to implement once for Wales requirements for data and technical interoperability standards.	National prioritisation for NWIS to open up the national data repositories. **Jan 2020: NDR & CDR workshops to understand the technical roadmap this will be picked up via the national IT infrastructure review being undertaken in Feb / March 2020 . The new governance model supprting the Digital strategy delivery will address via the clinician channel programme board, which is being established in October 2020. Jan 2021: The clinician channel programme board has been estabilised and will drive direction and priorities for the NDR/DCR in CAV. May 2021: All Digital strategy channel programme boards established and led by a senior clinician, overseeing the delivery of the CAV Digital Strategy roadmap plans.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Using information effectively and ethically	Outcome Measures	**Risk**: Unavailability of full, consistent care delivery information results in an inability to ascertain outcomes of care we provide, and commission, plan and improve services accordingly. **Consequence -** Low assurance on safety, quality and effectiveness of services and satisfaction with services, sub optimal decision making, inability to execute policy and strategy, reputational damage.	28.09.2015	29.09.2020	Business and Organisational Strategy	DD&HI	3	4	12	4	MODERATE	Analysis and wider engagement and communication of outcome and audit data, triangulated with efficiencies and effectiveness data as part of Medical Director led programme established. UHB and national investment in data repositories and clinical forms will support programme	Acceleration of programme. **This will be addressed via the Digital Stategy enablers programme and clinician and analyst channels programme boards (Oct 2020). Jan 2021: both channel programme boards established and will drive the programme.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.12 A4/0024	WLIMS	The Welsh Pathology Information management system (WLIMS) implementation has taken longer than envisaged. As a result of this all Health Boards will not have migrated off their legacy pathology systems (Telepath) by end of March 2018, which is when their current telepath contracts will expire (contract currently in extension).		29.01.2021	Clinical Service Interruptions	DD&HI	5	2	10	10	MODERATE	The UHB engaged with NWIS and other Health Boards to evaluate options available to mitigate this risk.	It has been agreed to upgrade Telepath Hardware and Software to mitigate risks. Telepath application software has been upgraded to latest version - Hardware has been installed - System has now been configured by DXC - final testing/validation now complete - **Went live 23rd Nov 2019** **May 2021 : WLIMS continues to fall short of the full range of functionality. Therefore Telepath system will need to continue in use and be monitored providing mitigation to the new LINC system in the future.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Effective governance, leadership and accountability	Effective resource utilisation	With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.	01.10.2018	29.09.2020	Governance	DD&HI	3	3	9	**4**	MODERATE	Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.	New digital directorate's operating model (being implemented in Sept/Oct 2019) will require a change in governance and priority setting across the digital arena at the UHB. A proposed digital design group will be established to set direction and priorities for the Digital and Health Intelligence functions. **Terms of Reference with HSMB. Jan 2020 Digital strategy being developed. Digital Management Board established. May 2021: Digital Services Management Board meeting in May.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.13 A4/0025	WCCIS local teams not resourced	Risk: The delivery and implementation of a single instance of national Mental Health, Community and Therapies System (WCCIS) requires significant local resource to co-ordinate work streams and implement key deliverables across the UHB. Consequence: Delayed milestones, poor quality deliverables and ultimately delayed realisation of benefits. Critical deliverables are being held up, including: local business case; delivery of full functionality against the Statement of Requirements; delivery of essential product enhancements; infrastructure, system configuration, service management, ongoing support, integration with other national systems, testing, data migration	2018	29.09.2020	Business and Organisational Strategy	DOI	4	2	8	1	MODERATE	Update 18/11/2019: Temporary posts have been funded from regional ICF monies, including 2 Business Analyst posts, regional technical , programme and project lead resources. Implementation in the UHB remains dependent on delivery of extensive functional enhancements, for which there is currently no delivery roadmap.	UHB is working with NWIS, WG and Regional IHSCP on review of WCCIS deliverables including health functionality, information standards, data migration and reviewed commercial arrangements. **ICF funding has been confirmed for 2019/20 and 2020/21 based on assessment of WCCIS impact for integrated Vale of Glamorgan teams and for paper-based therapeutics teams in the UHB. Jan 2021: changes to structures and reallocation of workload for CAV staff being implemented to manage the expected cessation of funding for WCCIS for CAV. May 2021: changes within the D&HI directorate structures reflect the redcution in ICF funding available for 2021/22 without adversely impacting ability to support the programme.**	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI

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Report Title:	**IMT Audit Assurance Tracker**								
Meeting:	**Digital and Health Intelligence Committee**						**Meeting Date:**	**1 June 2021**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**x**
Lead Executive:	**Director of Digital and Health Intelligence**								
Report Author (Title):	**Senior Programme Manager**								

Background and current situation:

The purpose of this report is to provide an update on the IMT audit assurance tracker.

The Audits undertaken in 2017-2018 comprise of the following:

- Maternity - Audit complete with one outstanding action

All previous audits undertaken from 2018 to 2019 have been previously reported and complete and removed for the Audit Assurance Tracker.

The Audits to be undertaken in 2020-2021 include:

- IM&T Control and Risk Assessment – Audit complete and attached in the Tracker
- IT Service Management (ITIL)
- Review of departmental IT system (to be agreed with Internal Audit (IA))

The Audit tracker is presented at ***Appendix 1*** for information. The timing of the reviews are to be confirmed due to COVID-19 pressures.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Assurance is provided through regular reviews of recommendations within the Digital & Health Intelligence senior management meetings.

Recommendation:

The Committee is asked to:

- **NOTE** progress and updates to the IMT audit assurance tracker .

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Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration	X	Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

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Appendix 1

Cardiff and Vale University Health Board Audit Assurance Review Plan

Contents

Maternity Audit Report June 2015 2

Audit	Progress	Notes
Maternity	1 action still open - Development now agreed with supplier with no cost to the service. Awaiting confirmation of timescales	Continue to monitor progress –Service has confirmed development required will be available in Version 1.8 of the system which should be available later this year quarter 4 – previously reported quarter 3 but due to Covid upgrade has been moved to quarter 4 – continue to monitor progress**. May 21 update: Development of version 1.8 still ongoing delay is with the supplier – service continues to monitor progress. A meeting is arranged for 27/5/21 with the supplier to confirm dates for upgrade.**

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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. Previous Update: Meeting with Euroking in February 2018 to discuss progress but restricted due to Euroking system modification **Jan 2019** Due to be delivered next financial year 2019. Jan 2019 Service awaiting confirmation from EuroKing to find out which	**Partially Complete:** **May 2021** A meeting with the supplier will take place on 27/5 to establish ETA of deployment of version 1.8 to enable Password reset within the maternity application

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
				upgrade it will be developed in. **July 2019** Awaiting confirmation of date from supplier for upgrade to the system – continue to monitor this action. Development now agreed with supplier with no cost to the service. Monitor progress of development & implementation. **February 2020** Service has confirmed development required will be available in Version 1.8 of the system which should be available later this year. **Feb 2021** Service has confirmed development of version 1.8 still delayed – they	

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
				are continuing to monitor progress with the supplier and will confirm once an ETA on version 1.8 will be released.	

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IM&T CONTROL AND RISK ASSEMENT 2020/21

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
Observation 1 – IG Processes (Operation) The structures underneath the committee and the IG Subgroup are not fully integrated. There are Quality Groups and leads within clinical boards, however there is limited interface between these and the central IG process. The size of the IG team means that there is limited opportunity for the IG team to attend clinical board meetings and there is no forum for IG leads across the organisation to meet and discuss issues. In addition, there is no process for clinical boards to formally submit a statement of compliance into the IG sub group or committee. The lack of this process means that the Caldicott Guardian and SIRO cannot be fully assured that processes are operating effectively across the organisation. **Recommendation:** An IG Forum should be established **for** the IG leads from each clinical board to meet to discuss issues and to coordinate IG matters across the Health Board at an operational level.		We agree with the recommendation; the intention is for IG issues to be picked up at Clinical Board Q&S briefings but this will require additional capacity to ensure that the IG function is able to support the Clinical Boards. This will be reviewed as part of finalising the D&HI structure.	IG Manager by 30 June 2021		In progress
Observation 2 – Governance Framework (Operation) The structured framework for management and governance of		The Digital Service Management Board, to include Clinical Board representation, will be re-established to meet on a regular quarterly basis, from 27 May 2021 onwards. As part of the DSMB function,	Director of Digital & Health Intelligence 31 May 2021		Complete

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
IM&T is not properly functional. The DHIC has formally delegated responsibility for IM&T for the organisation. However, departments with devolved control over their informatics do not attend and are not part of this Committee. We note that the new structure as designed aims to overcome this historical position with participation in the DMB from Clinical Boards, however due to Covid the implementation of this has been delayed. The lack of key stakeholder involvement means that the Health Board may not have full visibility of the informatics provision across the organisation as a whole and the delegated Committee may not be able to fully deliver on its remit. **Recommendation:** The revised governance framework for IM&T / digital should be implemented to ensure that there is a holistic structure for the organisation, with participation from Clinical Boards. Where control over aspects of IM&T has devolved to departments, the assurance flows to the DHIC should be clarified to ensure the committee can maintain oversight over the whole organisation.		alignment of informatics and ICT services that sit outside D&HI directorate will be mapped and included for completeness of oversight at UHB level.			
Observation 3 – Monitoring Compliance (Operation)		Agreed. A register of compliance for all IM&T related legislation and standard will be developed to support the NIS Directive and data security standards, which will be	Director of D&HI 31 July 2021		In progress

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
There is no register of compliance requirements for IM&T and there is no structured process to identify all the compliance requirements relating to IM&T, assessing the compliance status and feeding the position in relation to requirements, status and consequences upwards to committee for items such as PCI/DSS, or NISD. **Recommendation:** A register of compliance requirements for all IM&T related legislation and standards should be developed along with a process for assessing status and reporting upwards to Committee.		managed through the Head of Digital Operations.			
Observation 4- Communicating Managed Risks (Operation) While the Digital & Health Intelligence Directorate risk register is monitored via the standard Health Board process and within the Directorate, with escalated risks reported via Committee and Board, there is no process to formally notify executives of risks being managed at a lower level which contain a severe or catastrophic worst-case scenario. **Recommendation:** Management should consider providing an annual report that identifies risks that have a low likelihood but have a severe worst-		The D&HI directorate risk register is shared with the D&HI Committee at each meeting. An annual report to capture the low risk high impact risks will be produced and shared at the committee and with the Management Executive team.	Director of D&HI 30 September 2021		In progress

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
case scenario. This would ensure that executives are aware of the risks and worst cases that are being managed at a lower level, but hold the potential for severe adverse effects should they materialise.					
Observation 5 – Link of Risks to Events (Operation) The link from the risk management process to the event / issue / problem management process is not fully defined, with no automatic identification of underlying risks that are causing issues and addition of these onto the risk register. This means that any underlying risks may not always be recorded in good time. **Recommendation:** The risk identification process should be formally linked to the issue / event / problem management process in order to ensure that underlying risks are identified.		The risk identification process to support the event and problem management process will be developed and documented, for inclusion as part of the management or risk assurance documentation to be presented at the regular D&HI committee.	Head of Digital Operations 30 Sept 2021		In progress
Observation 6 - Management Framework– (Operation) There is a lack of overarching control and oversight over IM&T within the organisation as a whole with clinical boards having the ability to make their own decisions and source informatics. This may result in conflicting decisions or decisions that do not holistically fit the organisation.		The DSMB is being re-established to meet again from 27 May (each quarter) where decisions and actions relating to IM&T will be captured to ensure alignment with the UHB's digital strategy.	Director of D&HI 31 May 2021		Complete

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
Recommendation: The Health Board should ensure greater links with clinical boards and the D&HI Directorate are developed using the DMB to ensure all decisions are aligned with the organisations digital strategy.					
Observation 7– Policies (Operation) There are some departments that manage their own systems and these do not fully fit within the digital structure. Whilst there is an expectation that they will comply with the digital way of working, and there are structures in place to share information and requirements via the DMB, the mechanisms for assurance are not fully formalised, particularly for items such as change control where there is no organisational policy or procedure. **Recommendation:** Departmentally managed systems should comply with good practice for the management of digital. The D&HI Directorate should produce good practice guidance documentation for the health board overall as leaders of the digital services provision, with all departments required to comply for areas such as change control.		The D&HI directorate will produce updated good practice guidance documentation, based on ITIL and industry standards, for dissemination across all IM&T functions across the UHB.	Director of D&HI 30 Sept 2021		In progress

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
Observation 8 - Baseline (Operation) The Digital Strategy and associated documents includes consideration of a baseline of the current strategic position, but this is incomplete, with no full assessment of IT skills within the D&HI Directorate or wider organisational IT skills. There has also been an assessment of the digital maturity of the organisation in respect of the delivery of an electronic medical record. Again this process is not fully complete with no strategic assessment of maturity against key areas such as the 'ability of leadership to leverage technology', the 'level of accepted technology risk', or the 'approach to innovation', 'culture' and 'knowledge level of users'. The lack of a full baseline and maturity assessment means that the organisation is not fully aware of its starting position and of barriers to implementing its Digital Strategy. **Recommendation:** A review of the current strategic position of the Health Board in relation to its digital provision and maturity across all domains should be undertaken.		The D&HI directorate will undertake a complete baseline assessment against the digital maturity standards (HIMMS) to assist in determining the current position and help inform the digital strategy roadmap. This will be presented at D&HI committee.	Director of D&HI 30 Sept 2021		In progress
Observation 9 - Roadmap – (Operation) The roadmap has not been fully defined however, with no		The current roadmap has been produced to align with the channel programme boards; a more detailed roadmap to include resources and dependencies will	Director of D&HI 30 Sept 2021		In progress

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
clarification or assessment of the resource requirements, dependencies, overlaps and synergies among projects and no formal prioritisation of the projects. **Recommendation:** The roadmap should be fully defined in order to help deliver the Digital Strategy		be developed for approval at D&HI committee.			
Observation 10 – Strategy Communication (Operation) Although the Digital Strategy has been to Board and Committee, and included in Chief Executive updates, it is not easily available on the website for all stakeholders and there has been no full communication of it and its aims. **Recommendation:** The Strategy should be available on the Health Board website, and flagged, with a communication plan to push awareness with all stakeholders.		The digital strategy is available as a public document and is accessible via the UHB's website. A communication plan for internal consumption is being developed. This will form the basis of a broader comms plan to share with all stakeholders.	Director of D&HI 30 Sept 2021		In progress
Observation 11 – Budgets (Operation) The budget for the D&HI Directorate does not fully reflect the organisation's requirements. This means that the Health Board may not be sighted on the financial resource needed to achieve the Digital Strategy, and that overspending may happen against		A Case for Investment has been produced and shared with the Management Executive team which sets out the capital and revenue requirements for the life of the digital strategy (2020-2025). Discussions on affordability and potential sources of funding are taking place with executive management. Decisions on funding are expected to be made during the second quarter of 2021/	22 Director of D&HI 31 Aug 2021		In progress

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
budgets. In addition the funding for digital is unstable, with the total capital funding available for Digital unclear throughout the year and a significant proportion provided towards the end of the year. This lack of a consistent, agreed and funded budget for both capital and revenue funding leads to difficulties in planning D&HI works and delivery of the Digital Strategy. The D&HI Directorate budget should be set to reflect the actual need of the organisation. **Recommendation:** The capital expenditure budget should be reviewed with the intent to providing a stable funding position to allow for delivery of the digital strategy.					
Observation 12 – Workforce (Operation) The workforce planning process is disjointed without a single plan for the Informatics Directorate that brings together the resolution for both resource gaps identified via departmental planning and the skills gap identified via the PADR process. There has been no full assessment of what skills are held within the D&HI Directorate and the skills and resource needed to support organisational IM&T and implement the Digital Strategy. Consequently, there has been no full identification of the skills gap and no development of a structured		All staff within the D&HI directorate are expected to complete the PADR and objective setting process, which will identify current training and development needs. These will be compared with the known and expected requirements to deliver the digital strategy and will form the annual plan of training and development.	Director of D&HI 30 Sept 2021		In progress

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
staff development plan in order to close the gap. Without this development plan in place the organisation may struggle to implement the strategy. **Recommendation:** A full assessment of the current skills within the directorate, alongside the required resource and skills for the Digital Strategy should be undertaken. Once the gaps in skills have been identified a formal plan to upskill staff should be developed.					
Observation 13– Security Management (Operation) The lack of defined cyber security resource has meant that although the Health Board has maintained key cyber security requirements such as patching and monitoring, it hasn't been able move the cyber security agenda forward and there is no cyber security work plan which would allow the health board to develop its cyber security position. **Recommendation:** A formal cyber security workplan should be developed. This should be based on a formal assessment of the current position of the health board and define the actions needed to improve the position.		A full cyber security work-plan, including NIS directive requirements will be completed as soon as the cyber team is in place. Recruitment is currently underway.	Head of IG/Cyber and Head of Digital Operations 31 July 2021		In progress

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
Observation 14 – Cyber Awareness(Operation) Although training on cyber security is available, the national training has not been mandated for all staff within the health board. **Recommendation:** The national cyber security training should be mandated for all staff.		Accepted. The national cyber resilience unit at Welsh Government has been approached for assistance in producing the training plan for staff across the UHB.	Director of D&HI 30 June 2021		In progress
Observation 15 – Cyber Security Reporting (Operation) There is only limited reporting on cyber security, with no reporting on the current status of the health boards security position and no KPIs to track status of this and demonstrate the success of the team in improving the position. **Recommendation:** Formal reporting on cyber security should be established, along with a suite of cyber security KPIs in order to show the status of cyber security and the progress of the team in managing issues.		A formal report on cyber security will form part of the suite of documents to be shared regularly at the D&HI committee.	Director of D&HI Sept 2021		In progress
Observation 16 –Assets (Operation) There is no single record of all assets held by the Health Board and their current status in terms of configuration, warranty etc. **Recommendation:**		The new IT portal and service desk solution procured in March 2021 will be populated to create a single register of all IM&T assets.	Head of Digital Operations 30 Sept 2021		In progress

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
Consideration should be given to developing a single register of assets and their configuration status for the Health Board. This should include a process for identifying critical assets and ensuring regular assessment of the need for replacement of these.					
Observation 17 – Patch Management (Operation) Servers and network equipment are not always fully patched, apart from patching for critical issues. This is both to reduce the risks associated with patch failure and due to staff resource. However, this decision and the associated risks and patching procedure are not formally documented within a patch policy or procedure. This means that senior management may not be fully aware of the position, and the organisation is reliant on staff knowledge **Recommendation:** A patch management policy, and associate procedure should be developed.		Agreed. A full patch management policy will be created to include all related procedures.	Head of Digital Operations 31 July 2021		In progress
Observation 18 – Continuity (Design) There is no holistic, overarching IM&T BCP for the organisation which fully identifies the business critical activities based on business impact analyses (BIA), the priorities for recovery and the measures in place for each system used within		Agreed. Working with colleagues in corporate planning, a full BCP/DR process will be developed and shared with Management Executive.	Director of D&HI 30 Sept 2021		In progress

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
the Health Board. Accordingly the RTO /RPO for each of the IT systems used within the Health Board is not fully defined and agreed, and executives and stakeholders may not be aware of the full continuity position and risk. **Recommendation:** The organisation should develop an overarching BCP / DR process. This should: • consider all the systems and use a business impact analysis to identify the business critical systems to prioritise for recovery; • departments with devolved control should feed into this process to ensure all system have appropriate plans and that the plans do not conflict; • RTO / RPO should be agreed for each system with the key stakeholders; and • The full position should be defined and agreed with executives to ensure that they accept the position and associated risks.					

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Report Title:	**Information Governance Audit Assurance Tracker**								
Meeting:	**Digital and Health Intelligence Committee**						**Meeting Date:**	**1 June 2021**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**x**
Lead Executive:	**Director of Digital and Health Intelligence**								
Report Author (Title):	**Information Governance Manager**								

Background and current situation:

The UHB's information governance audit trackers comprise of audits completed by Internal Audit, Audit Wales (AW) and the Information Commissioner's Office (ICO).

The audit trackers form the basis of the information governance (IG) work plan which pragmatically addresses outstanding actions from all three audits in preparation for the ICO's follow up audit during 2021.

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

An update on progress against the Information Governance recommendations is shown in ***Appendices 1 and 2***. The work plan is presented at ***Appendix 3***.

Only 1 internal audit recommendation remains open, all of the Audit Wales recommendations have been completed or superseded, and 7 regulatory recommendations have been closed, 18 remain open.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Duplicate actions within the audit trackers have been removed. The only 'urgent' action has been closed and the work plan addresses a number of remaining 'high' priorities.

Appendices 1 & 2 provide an update on the audit trackers and Appendix 3 provides an update on the work plan. There are no outstanding Audit Wales recommendations.

Assurance is provided through regular reviews of recommendations within the Digital & Health Intelligence senior management meetings.

Recommendation:

The Committee is asked to:

- **NOTE** progress and updates to the Information Governance Audit Tracker.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities
6. Have a planned care system where demand and capacity are in balance

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

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Audit	Audit Log Ref No.	Audit Reference	Financial Year Fieldwork Undertaken	Final Report Issued on	Audit Title	Executive Lead for Report	Audit Rating	No. of Recs Made	Rec No.	Rec. Rating	Recommendation Narrative	Management Response	Operational Lead for Recommendation	Agreed Implementation Date	Committee Implementation Monitored by	Updated Implementation Date	Status	Recommendation Status [RAG Rating]	Please confirm if completed (c), partially completed (pc), no action taken (na)	Executive Update	Status of Report Overall	Age	Age Group	ac	ad
IA 1920		CUHB-1920-23	2019-20	24/01/2020	Freedom of Information	Director of Transformation and Informatics	Reasonable	7	R7/7	L	FoI certification or additional FoI training should be available for team members whose role involves processing and answering FoI requests.	FOI lead in discussion with NWIS re national approach to training.	Information Governance Manager/ Q1 2020/21				Opem	Over 6 months	pc	potential training opportunities discussed at local and national level; in the absence of national training, suitable alternative training being actively researched.	audit open over 6 months	Not Open	Closed/Not Open		

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Audit	(All)

Audit Log Ref No.	Financial Year Fieldwork Under	Audit Title	Audit Rating	Executive Lead for Report	Status of Report Overall	Age Group
IA 06 1819	**2018-19**	Performance Reporting Data Quality - Non RTT	**Substantial**	Director of Public Health	**Audit open over 18 months**	Date not Specified
IA 09 1819	**2018-19**	Strategic Planning/IMTP	**Substantial**	Director of Planning	**Audit open over 12 months**	Over One Year
IA 11 _1718	**2017-18**	WLI Payments Follow-Up	**Reasonable**	Chief Operating Officer	**Audit open over 30 months**	Over One Year
IA 12 1819	**2018-19**	Dental CB – Theatre Sessions	**Reasonable**	Chief Operating Officer	**Audit open over 24 months**	Over One Year
IA 12_1718	**2017-18**	Residences	**Reasonable**	Director of Planning	**Audit open over 30 months**	Date not Specified
IA 17_1718	**2017-18**	Wellbeing of Future Generations Act	**Reasonable**	Director of Public Health	**Audit open over 30 months**	Over One Year
IA 24 1819	**2018-19**	Kronos Time Recording System - Estates	**Reasonable**	Director of Planning	**Audit open over 18 months**	Over One Year
IA 27 1718	**2017-18**	University Hospital of Wales Neo Natal Development	**Reasonable**	Director of Planning	**Audit open over 30 months**	Over One Year
IA 28 1819	**2018-19**	CRI Safeguarding Works	**Reasonable**	Director of Planning	**Audit open over 18 months**	Over 6 Months
IA 28 1819	**2018-19**	CRI Safeguarding Works		Director of Planning	**Audit open over 18 months**	Over One Year
IA 29 1718	**2017-18**	Business Continuity Planning Follow-Up	**Reasonable**	Director of Planning	**Audit open over 24 months**	Date not Specified
IA 29 1819	**2018-19**	Commissioning	**Reasonable**	Director of Transformation and Informatics	**Audit open over 18 months**	Over One Year
IA 30 1718	**2017-18**	Mortality Reviews	**Reasonable**	Executive Medical Director	**Audit open over 24 months**	Over One Year
IA 31 1819	**2018-19**	Water Safety	**Reasonable**	Director of Planning	**Audit open over 12 months**	Over One Year
IA 32 1718	**2017-18**	RTT Performance Reporting	**Reasonable**	Director of Transformation and Informatics	**Audit open over 24 months**	Over One Year
IA 32 1718	**2017-18**	RTT Performance Reporting		Director of Transformation and Informatics	**Audit open over 24 months**	Over One Year
IA 32 1819	**2018-19**	UHB Core Financial Systems	**Reasonable**	Director of Finance	**Audit open over 12 months**	Over 6 Months
IA 32 1819	**2018-19**	UHB Core Financial Systems		Director of Finance	**Audit open over 12 months**	Over One Year
IA 33 1718	**2017-18**	Costing Review	**Reasonable**	Director of Finance	**Audit open over 24 months**	Over One Year
IA 38 1819	**2018-19**	Legislative/Regulatory Complaince	**Limited**	Director of Corporate Governance	**Audit open over 18 months**	Over One Year
IA 38 1819	**2019-20**	Legislative/Regulatory Complaince	**Reasonable**	Director of Corporate Governance	**Audit open over 18 months**	Over One Year
IA 41 1819	**2018-19**	Internal Medicine Directorate – Mandatory Training & PADRs Follow-Up	**Limited**	Chief Operating Officer	**Audit open over 18 months**	Over One Year
IA 48 1920	**2019-20**	Carbon Reduction Commitment	**Substantial**	Director of Planning	**Audit open over 12 months**	Over One Year
IA 52 1920	**2019-20**	Legislative / Regulatory Compliance	**Reasonable**	Director of Corporate Governance	**Audit open over 12 months**	Over One Year
(blank)	**(blank)**	(blank)	**(blank)**	(blank)	**(blank)**	(blank)
(blank)	**2019-20**	Specialist Neuro & Spinal Rehabilitation and Older People's Services (Rookwood Relocation)	**Reasonable**	Director of Planning	**audit open over 3 months**	Over 6 Months
(blank)	**2019-20**	Specialist Neuro & Spinal Rehabilitation and Older People's Services (Rookwood Relocation)		Director of Planning	**audit open over 3 months**	Date not Specified
(blank)	**2019-20**	Consultant Job Planning Follow-up	**Limited**	Executive Medical Director	**Audit open over 6 months**	Date not Specified
(blank)	**2019-20**	Brexit Planning	**Reasonable**	Director of Planning	**Audit open over 6 months**	Date not Specified
(blank)	**2019-20**	Freedom of Information	**Reasonable**	Director of Transformation and Informatics	**Audit open over 6 months**	Closed/Not Open
(blank)	**2019-20**	Medical Staff Study Leave	**Reasonable**	Director of Workforce and Organisational Development	**Audit open over 6 months**	Over 3 Months
(blank)	**2019-20**	Medical Staff Study Leave		Director of Workforce and Organisational Development	**Audit open over 6 months**	Less Than 3 Months
(blank)	**2019-20**	Medical Staff Study Leave		Director of Workforce and Organisational Development	**Audit open over 6 months**	Due Date Not Reached
(blank)	**2019-20**	Control of Contractors	**Reasonable**	Director of Finance	**Audit open over 6 months**	Over 3 Months
(blank)	**2019-20**	Control of Contractors		Director of Finance	**Audit open over 6 months**	Over 6 Months
(blank)	**2019-20**	Control of Contractors	**Reasonable**	Director of Finance	**Audit open over 6 months**	Over 3 Months
(blank)	**2019-20**	Control of Contractors		Director of Finance	**Audit open over 6 months**	Over 6 Months
(blank)	**2019-20**	Control of Contractors		Director of Finance	**Audit open over 6 months**	Less Than 3 Months
(blank)	**2019-20**	Risk Management	**Reasonable**	Director of Corporate Governance	**Audit open over 6 months**	Over 3 Months
(blank)	**2019-20**	Risk Management		Director of Corporate Governance	**Audit open over 6 months**	Date not Specified
(blank)	**2019-20**	UHW Neonatal Development	**Substantial**	Director of Planning	**audit open over 3 months**	Date not Specified
(blank)	**2019-20**	Management of Health Board Policies and Procedures	**Reasonable**	Director of Corporate Governance	**audit open over 3 months**	Due Date Not Reached
(blank)	**2019-20**	Pre-employment Checks	**Reasonable**	Director of Workforce and Organisational Development	**audit open over 3 months**	Date not Specified
(blank)	**2019-20**	Strategic Planning - IMTP	**Reasonable**	Director of Planning	**audit open under 3 months**	(blank)
(blank)	**2019-20**	Strategic Planning - IMTP		Director of Planning	**audit open under 3 months**	Closed/Not Open
(blank)	**2020-21**	Annual Quality Statement	**Substantial**	Executive Nurse Director	**audit open under 3 months**	(blank)
(blank)	**2020-21**	Annual Quality Statement		Executive Director of Nursing	**audit open under 3 months**	(blank)
(blank)	**2020-21**	Environmental Sustainability Report	**Reasonable**	Acting Director of Finance	**(blank)**	(blank)
(blank)	**2020-21**	Surgery Clinical Board - Theatres DirectorateSickness Absence Management	**Reasonable**	Chief Operating Officer	**(blank)**	(blank)
(blank)	**2020-21**	Regional Partnership Board	**Reasonable**	Director of Planning	**(blank)**	(blank)
(blank)	**2020-21**	Management of Serious Incidents	**Reasonable**	Executive Nurse Director	**(blank)**	(blank)
(blank)	**2020-21**	Governance Arrangements During the COVID-19 Pandemic	**Advisory**	Director of Corporate Governance / Acting Director of Finance	**(blank)**	(blank)
Grand Total						

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Status		(All)
Recommendation Status	[RAG Rating]	(All)
Status of Report Overall		(All)

Count of Age	Column Labels								
Row Labels	**Closed/Not Open**	**Date not Specified**	**Due Date Not Reached**	**Less Than 3 Months**	**Over 3 Months**	**Over 6 Months**	**Over One Year**	**(blank)**	**Grand Total**
2016-17	**2**	**1**					**1**		**4**
Completed	2								2
Partially complete		1					1		2
2017-18		**2**					**11**		**13**
na		1							1
pc		1					11		12
2018-19		**1**				**3**	**17**		**21**
na						2	10		12
pc		1				1	7		9
2019-20	**4**	**21**	**6**	**6**	**5**	**5**	**4**		**51**
c	3								3
na		13	5	4	3	3	1		29
pc	1	8	1	2	2	2	3		19
Grand Total	**6**	**25**	**6**	**6**	**5**	**8**	**33**		**89**

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Status	(All)
Recommendation Status [RAG Rating]	(All)
Status of Report Overall	(All)

Count of Age	Column Labels								
Row Labels	**Closed/Not Open**	**Date not Specified**	**Due Date Not Reached**	**Less Than 3 Months**	**Over 3 Months**	**Over 6 Months**	**Over One Year**	**(blank)**	**Grand Total**
2017-18		**2**					**11**		**13**
na		1							1
pc		1					11		12
2018-19		**1**				**3**	**17**		**21**
na						2	10		12
pc		1				1	7		9
2019-20	**4**	**21**	**6**	**6**	**5**	**5**	**4**		**51**
c	3								3
na		13	5	4	3	3	1		29
pc	1	8	1	2	2	2	3		19
2020-21									
c									
(blank)									
Grand Total	**4**	**24**	**6**	**6**	**5**	**8**	**32**		**85**

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ICO Ref #	Clinical Board	Directorate	Regulatory body/inspector	Service area	Regulation/Standards	Lead Executive	Assurance Committee	Accountable individual	Inspection Cycle Time	Last Inspection Date	Next Inspection Date	Recommendation Narrative / Inspection outcome	Inspection Closure Due by	Management Response	Recommendation Status (RAG Rating)	Please Confirm if completed (c), partially completed (pc), no action taken (na)	Executive Update
	INFORMATION COMMISSIONERS OFFICE																
A1	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	To ensure that the IGET covers all necessary topics during meetings the organisation should introduce a set of formal ToRs		Following a review, IGET has been replaced by a new IG Group. The ToR are enclosed.		c	
A2	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	To ensure that policies remain fit for purpose and that staff have appropriate direction and information to avoid the risk of data protection breaches, the organisation should ensure that they are subject to timely routine review.		All D&HI policies to be reviewed and updated if necessary		pc	
A3	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	To ensure that staff are fully aware of the responsibilities regarding IG, the organisation should consider means by which assurance can be given that staff have read appropriate policies and therefore are aware of organisational requirements and their responsibilites		IG Manager to investigate the feasibility of implementing a process that provides this assurance		na	
A4	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	To ensure that staff receive the appropriate level of IG training for their role, regular training needs analysis should be undertaken in order to inform the IG training programme		There currently is a national piece of work looking at the different training requirements across NHS staff in Wales. This is being considered at the Information Governance Management Advisory Group (IGMAG)		na	
A5	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	In order to ensure that specialised roles with IG responsibility have received appropriate training to carry out their role effectively, a training needs analysis for these roles should be undertaken. To ensure that training requirements for staff with specialised DP roles are recognised and formalised, these should be included in all job descriptions of roles with IG responsibilities. This should ensure that staff can carry out their roles effectively		For the following staff, a TNA shall be undertaken separate to the piece of work referenced in A4: Caldicott Guardian, SIRO, Data Protection Officer, Information Asset Owners, Information Asset Administrators		na	
A6	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should provide detailed information about how compliance with data protection policies and procedures is to be monitored to give assurance regarding observance.		The IG Policy will be reviewed and consideration given to potential data protection compliance monitoring.		c	
A7	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	To ensure that management have a complete picture of performance and compliance, and provide assurance that the organisation is complying with the relevant legislation, the reporting of KPIs relating to records management should be reinstated		The reporting of such measures, as outlined, may be more appropriately, and may already be, reported at a Medical Records Group. If this isn't the case, the IG Manager will work with the Medical Records management to ensure that these KPIs are reported.		na	
A8	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should ensure that all areas have carried out comprehensive data mapping exercises to ensure that the there is a clear understanding and documentation of information processing.in line with the requirements of the organisation's IG policy and national legislation.		All IAR are currently being centrally collated. A review will be conducted to ensure that IAO are correctly capturing lawful basis etc...		na	
A9	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should ensure that it has a complete ROPA which includes all the information required by the legislation, so they are aware of all information held and the flows of information within the organisation, and have assurance that the record is an accurate and complete account of that processing.		Ensure that a ROPA is undertaken in line with Art 30 of the GDPR.		c	
A10	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should ensure that there is an internal record which documents all processing activities in line with the legislation. This will provide assurance that all information processed is recorded as required by the appropriate legislation.		Ensure that a ROPA is undertaken in line with Art 30 of the GDPR.		na	
A11	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should review the purposes of processing activities to ensure that they identify and document a lawful basis for general processing and an additional condition for processing criminal offence data, and therefore obtain assurance that they meet their obligations under the current legislation. The organisation should ensure that it documents the reasons for determining the lawful bases for each processing activity. Otherwise they risk failing to correctly identify the lawfull basis for processing and not meeting their obligations under the relevant legislation. The organisation should ensure that there are clear procedures in place to ensure that the t lawful basis is identified before starting any new processing of personal data or special category data. This will provide assurance that the organisation is relying on the correct lawful bases as required by the legislation.		Review Privacy Notice and IG Policy to ensure lawful basis for processing criminal data is clearly documented. 5.2.5.1 of the IG Policy (Data Protection Impact Assessment) states that 'All new projects or major new flows of information must consider information governance practices from the outset' and 'In order to identify information risks, a DPIA must be completed'. This is the point at which the lawful basis will be determined by theIG dept. The UHB's Privacy Notice does not document the lawful basis for each processing activity. We would be unable to document within the scope of the Privacy Notice the lawful basis for each of the UHB's numerous processing activities.		na	
A12	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should document its lawful bases for processing special category data is correct based on the requirements of Article 9 of the GDPR and Schedule 1 of the DPA 2018 to provide assurance that it has appropriately considered how a determination was reached.		Ensure that our lawful basis for processing special category data is reviewed and documented		c	

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A13		Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should ensure that there is an APD in place to define which schedule 1 conditions are relied on, so that the organisation is in compliance with the legislation. In order to ensure compliance with the legislation, the organisation should further: Create an APD which considers what procedures are in place to ensure compliance with the Article 5 principles of GDPR. Ensure the APD considers how special category data will be treated for retention and erasure purposes Ensure the APD defines a responsible individual for the processing activity		APD to be implemented		c	
A14	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	In order to be sure that it is keeping to data protection legislation by providing accurate processing information, the organisation should ensure that only current and accurate privacy information containing all the information as required under Articles 13 & 14 of the GDPR is available on its website. To ensure that it is upholding the requirement for data subjects to be properly informed of ho their information is being processed, the organisation should ensure there is a clear link to the general privacy notice from the front page of its website.		UHB website to be reviewed and any old documentation removed. Access to privacy notice considered.		na	
A15	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should ensure that there is a process in place to provide privacy information to individuals if personal data obtained from a source other than the individual it relates to. This should be recorded on privacy information to make sure that the organisation is fulfilling its obligations in regard to the data which it processes.		In the context of referrals into the UHB and out of the UHB, the patient is likely to already be aware of this dataflow. This represents an exemption under Article 14 (5)(a) of the GDPR. In all other cases, we believe that manually informing individuals of this information would represent a 'disproportionate effort' given that we are unable to determine what a referring organisation has made their patients aware of and the volume of referrals received by the UHB -- therefore being exempt under Art 14(5)(b).		na	
A16	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should consider additional means in which privacy information can be promoted or made available to individuals, to ensure that it does not rely on passive communication which risks individuals not being made aware of how their data is processed. This would help ensure that the a organisation is not in breach of legislation.		Will raise at the national Information Governance Group to investigate how other UHBs/Trusts are achieving this requirement.		na	
A17	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	To ensure that privacy information is available to all areas of the population the organisation must consider means of providing information to those who may not understand the standard notice. This would help ensure that the a organisation is not in breach of legislation, and all data subjects can understand the provided privacy information.		To consider alternative versions are available to ensure all data subjects can understand their rights and how their data is processed. The UHB was of the view that the current privacy notice satisfied this requirement but this will be reviewed.		na	
A18	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	In order to ensure that the privacy information is effective, the organisation should consider means to evaluate how effective it is by means of user testing or evaluation of complaints. This would provide the organisation with assurance that they were effectively providing privacy information as required by the legislation. A log of historical Privacy Notices should be maintained to allow a review of what privacy information was provided to data subjects on what date. This would provide the organisation with assurance that it has carried out effective reviews of privacy information.		A log of privacy notices should be kept and maintained. The IG dept will work with the Concerns to ensure that a mechanism is introduced to ensure any concerns received about the Privacy Notice are fed back to the IG dept and used to inform future publications of the Privacy Notice.		c	
A19	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should ensure that all staff receive regular training and refresher training on fair processing policies and privacy information.		Will speak to NWIS (now DHCW) regarding national e-learning module to understand whether training on fair processing can be incorporated. The IG dept will also add guidance to its internal webpage for staff engaging with patients.		pc	
A20	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should ensure that it has documented what information needs to be given to the ICO in the event of a reportable data breach. This will provide assurance that breaches are being reported in accordance with the legislation.		Procedure detailing breach reporting procedure and what detail needs to be provided should be created		na	
A21	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	To ensure that the organisation notifies individuals appropriately where there their personal data has been breached, the organisation should ensure that there is a documented procedure to ensure that the following is included in all breach reporting: the DPO details, a description of the likely consequences of the breach and a description of the measures taken to deal with the breach (including mitigating any possible adverse effects). This will help the organisation keep to the legislation when informing individuals about a data breach.		Procedure detailing breach reporting procedure and what detail needs to be provided should be created		c	
A22	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	Retained data should be reviewed on regular basis to identify any opportunities for minimisation or pseudonymisation of data to provide assurance for the organisation that they process the least information possible in line with the legislation.		This should be achieved by regular review of IAR. Linked to A23.		na	

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A23	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	To ensure that the IAO function is effective, the organisation should formalise the appropriate level of access which IAOs have to the SIRO and DPO, and ensure that designated IAO responsibility is included in job descriptions. This will provide assurance to the organisation that the IAOs are able to effectively carry out their role in the risk management process as required in legislation. When IAO responsibility has been included in job descriptions, the organisation should ensure that all staff are aware of this and what the responsibility entails. This will provide further assurance to the organisation that the IAOs will effectively carry out their role in the risk management process as required in legislation.		The IG dept suggests that the role of IAO is assigned to a designated level of management across the organisation (e.g. Directorate Manager/General Manager) and that this role is incorporated into Job descriptions.		na	
A24	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	The organisation should ensure that all staff with specific information risk roles receive regular training to provide assurance that they are able to carry out their roles effectively with regard to information risk.		TNA to be performed. National piece of work currently being undertaken.		na	
A25	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	TBC	To ensure that staff with specific risk management roles are fulfilling those roles effectively, the organisation should formalise means by which IAOs are routinely consulted on project and change management processes s and attend or are able to feed into IG meetings. This will provide assurance that they are carrying out their roles in relation to risk management effectively and thereby reduce the risk of a breach of legislation through information risk not being handled properly.		This is being considered by the IG group which will feed into Digital Management Board		pc	

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Regulatory and Accreditation Dashboard

Biochemistry ISO15189 inspection readiness

Improvement required on time of longest incident and CAPA.

Low likelihood of inspection

Haematology ISO15189 inspection readiness

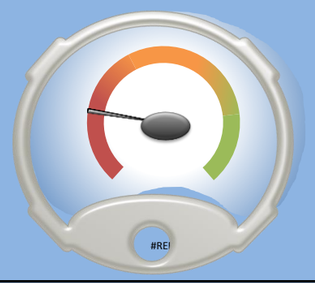
Significant delays in capa management

Last inspections held on 3 - 5th April and 1 - 2 May 2019

Cellular Pathology ISO15189 inspection readiness

Overdue CAPA and incident is of concern.

ISO inspection arranged for March 2020.



Radiopharmacy MHRA inspection readiness

Good improvement on audit and Capa closure

Without clear estates plan closure is likley

High likelihood of inspection

Cellular Pathology/Mortuary HTA inspection readiness

Whilst the previous inspection has been closed successfully, the current performance on timeliness of closing CAPA and incidents needs continued improvement

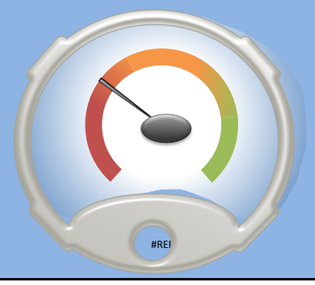
SMPU Pharmacy production MHRA

significnatly overdue incidents and capa, reflects current escalation postion with the regulator

UHL Pharmacy MHRA inspection readiness

significantly overdue incidents and CAPA

High likelihood of inspection



BLood Transfusion Laboratory MHRA inspection

Inspection outcomes recently closed, MHRA on bimonthly monitoring to test sustainability
Improvement required on time of longest incident
Low likelihood of inspection

Stem Cell Processing Unit HTA

long standing capa closure related to change controls

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REGULATORY BODY REVIEW TRACKER - September 2019

Clinical Board	Directorate	Regulatory body/inspector	Service area	Regulation/Standards	Lead Executive	Assurance Committee	Accountable individual	Inspection cycle time	last inspection date	Next inspection date	Inspection outcome	inspection closure due by	inspection closure complete/ontrack? 1=Y 2=N
FIRE AND RESCUE SERVICES													
	Capital and Asset Management	Fire and Rescue Services	Multistorey Car Park, Llandough	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			16/03/2020		the standard of fire safety appeared to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005.		
	Capital and Asset Management	Fire and Rescue Services	Orthopaedic Centre, Llandough	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			18/02/2020		the standard of fire safety appeared to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005.		
	Capital and Asset Management	Fire and Rescue Services	Ward A6	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			19/02/2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises. Aritcle 17: Maintenance - Fire resisting doors are not adequately maintained		
	Capital and Asset Management	Fire and Rescue Services	Rookwood Hospital, Artificial Limb Centre	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			10/02/2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.		
	Capital and Asset Management	Fire and Rescue Services	Vale Mental Health Services, Barry Hospital	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			27/01/2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.		
	Capital and Asset Management	Fire and Rescue Services	Vale Community Offices, Barry Hospital	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			27/01/2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.		

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Clinical Board	Directorate	Regulatory body/inspector	Service area	Regulation/Standards	Lead Executive	Assurance Committee	Accountable individual	Inspection cycle time	last inspection date	Next inspection date	Inspection outcome	inspection closure due by	inspection closure complete/ontrack? 1=Y 2=N
		HIW	Llanishen Court Surgery	HIW	Ruth Walker	QSE Committee			10/12/2019		Limited processes were in place to support the safe recruitment and training of staff. There was no evidence that Disclosure and Barring Service (DBS) checks		
Specialist	Rehabilitation	HIW (Unannounced)	Rookwood Hospital	HIW	Ruth Walker	QSE Committee	Director of Nursing, Specialist		02/10/2019				
Medicine	Stroke Rehabilitation	HIW (Unannounced)	Stroke Rehabilitation Centre, UHL	HIW	Ruth Walker	QSE Committee	Director of Nursing, Medicine		17 & 18/09/19		Immediate assurance was required in realtion to appropriate checks on resuscitation trolleys. Action plan completed.		
PCIC	Dental	HIW (Announced visit)	BUPA Dental Care, Canton	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		02/09/2019		Non-compliance notice issued regarding incorrect and hazardous storage of healthcare waste and innaccurate dental records. Improvement plan required by 11th September 2019.		
PCIC	Dental	HIW (Announced visit)	Family Dental Care	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		19/08/2019		Areas identified for improvement - Maintenance improvements in some clinical areas, radiology audits must		
PCIC	GP Practice	HIW (GP Announced visit)	Waterfront Medicial Centre	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		12/08/2019				
PCIC	Dental	HIW	Cathays Dental Practice	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		05/08/2019		Non-compliance notice - storage of healthcare waste.		

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PCIC	Dental	HIW	High Street Dental Practice, Cowbridge	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		23/07/2019		Non-compliance notice - The service must ensure healthcare waste is being stored appropriately and securely within the dental practice in line with best practice guidelines. HIW found evidence that the practice was not fully compliant with current regulations, standards and best practice guidelines		
PCIC	GP Practice	HIW	Birchgrove Surgery	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		10/07/2019		Area of concern - Findings during the HIW inspection - they considered the pre-employment records of two non-clinical members of staff and there was no evidence that the relevant Disclosure and Barring Service (DBS) checks had been carried out. The Practice Manager confirmed that the DBS checks were not routinely undertaken for any non-clinical members of staff such as Practice management, administrative and reception staff. Improvement required. The Practice must implement a process to ensure that: Pre-employment checks for all staff include the need for a DBS check appropriate to their roles and all current members of staff have a DBS check undertaken urgently, appropriate to their roles. A record must be kept		
PCIC	Dental	HIW (Announced visit)	Penarth Dental Healthcare	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		01/07/2019		HIW found evidence that the practice was not fully compliant with the regulations and other relevant legislation and guidance. HIW recommended improvements be made in the following; Provide more information to patients on how children and adults can best maintain good oral hygiene; the Fire Safety Officer must undertake training by a fire safety expert, make adjustments to the infection prevention and control procedures in place at the practice, provide a baby nappy bin and ensure the waste is disposed of appropriately, staff to receive training on the safeguarding of children and vulnerable adults, unused dental supplies need to be stored in a more secure cupboard, make adjustments to the arrangements for safe		

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PCIC	Dental	HIW (Announced visit)	Llanederyn Dental Practice	Private Dentistry Regulations/All Healthcare Standards	Ruth Walker	QSE Committee	Director of Nursing, PCIC		23/05/2019		HIW found some evidence that they were not fully compliant with Private Dentistry Regulations and all Health and Care Standards. The practice has been recently bought by its current owners and through discussions with them it was clear that they are keen to develop and improve the practice. There were a number of policies and procedures in place, but they were not dated, not version controlled, did not contain a review date and in the majority of instances did not include a staff signature demonstrating that the policies and procedures had been read and understood. HIW recomended that the practice need to ensure that all staff are appropriately trained with evidence of this training held on file. HIW recommended a number		
PCIC	Dental	HIW (Announced visit)	Tynewydd Dental Care	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		13/05/2019		HIW found some evidence that the practice was not fully compliant with Private Dentistry Regulations and all Health and Care Standards and a non compliance issue was issued. Copy of immediate assurance letter dated 24.05.19 received.		
PCIC	Dental	HIW	Park Place Dental	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		01/05/2019		HIW recommend improvements could be made regarding advising patients of the results of their feedback and any changes. Review the management of emergency drugs and ancillary equipment.		

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PCIC		HIW (Clinical Review)	Her Majesty's Prison, Cardiff	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		01/05/2019		It was recommended that immediate steps are taken to review, monitor and improve the standards of note keeping in the medical records at HMP Cardiff. Formal Protocols should be devised for chronic disease management of all major chronic diseases as would be the case in community GP monitoring. Formal protocols should be devised for action to be taken after a period of nonattendance for dispensing of medications. A period of non-attendance should be obvious to the staff dispensing medication as they mark the medication charts accordingly. The protocol should include but need not be restricted to : □ Action to be taken to determine the cause of the non-attendance □ Note should be made of		
PCIC	Dental	HIW (Announced visit)	Cathedral Dental Clinic	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		26/03/2019		Due to the CCTV cameras located within the practice, including the surgeries HIW have asked for CCTV signage to be clear and prominent to all patients and visitors attending the practice. Policies and procedures need to be updated to reflect current CCTV guidelines. The patient records HIWreviewed were detailed, but they identified some areas where improvement is required.		
Medicine	Emergency Care	HIW (Unannounced)	Emergency Unit/Assessment Unit	HIW	Ruth Walker	QSE Committee	Director of Nursing, Medicine		25/03/2019		28th March 2019 - immediate improvement plan required - letter; response 05-04-19; HIW response 11-04-19 - immediate assurance plan not accepted; 2nd UHB reponse 29th April 2019; HIW response accepting immediate assurance. Response sent 07.06.19. HIW assurance received 20.06.19.		

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Mental Health		HIW (Unannounced)	Hafan Y Coed	HIW	Ruth Walker	QSE Committee	Director of Nursing, Mental Health		18/03/2019		HIW found the Health Board did not always meet all standards required within the Health and Care Standards (2015), the Mental Health Act (1983), Mental Health (Wales) Measure (2010) and the Mental Capacity Act (2005). HIW recommended that the service could improve upon: Areas of Mental Health Act documentation require improvement □ Garden areas on all wards are in need of maintenance and the responsibility for this, needs to be confirmed □ Inconsistency of information displayed for patients and relatives across the wards Page 7 of 34 HIW report template version 2 □ Areas of good practice employed on some wards are not shared with others to maintain consistency		
PCIC	Dental	HIW (Announced visit)	Danescourt Dental Practice	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		18/03/2019		The practice has conducted an internal audit and has addressed the gaps in fridge temperature readings by updating the record sheet used, and developed a process to handover responsibilities during staff absences. The Primary Care team has also audited fridge temperature logs and noted that temperatures were recorded on all working days.		
PCIC	Dental	HIW (Announced visit)	Alison Jones, Barry	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		17/12/2018		HIW identified areas for improvement with regards to arrangements for checking of emergency drugs and equipment, first aid equipment and dental materials.Improvements were required with regards to some fire safety arrangements.More detailed patient records were needed in some areas to evidence the care and treatment provided to patients.The practice needed to implement a number of policies and procedures, and some were also in need of updating. Regular appraisals for staff needed to be introduced.		
PCIC	Community	HIW	Mental Health Team, Western Vale	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		04/12/2018				

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PCIC	Dental	HIW (Announced visit)	Penylan Dental Practice	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		28/11/2018		HIW recommended that the practice move its emergency drugs and equipment to a place that is more accessible. Improvements recommended included: the practice are to ensure that all staff have completed appropriate safeguarding training, a feminine hygiene bin is to be installed in the staff toilet, emergency drugs with their appropriate algorithms to be stored in separate and labelled containers/bags. There were no areas of non compliance identified at this inspection		
PCIC	GP Practice	HIW (Announced visit)	Pontprennau Medical Centre	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		05/11/2018		HIW found that the practice was not fully compliant with the Health and Care Standards in all areas of service provision. HIW did make a number of recommednations for improvements which included that they review and update written policies and procedures to ensure they all accurately reflect current arrangements at the practice, that they demonstrate that suitable staff recruitment checks have been conducted and ensure all staff have received up to date mandatory training and that records for this are kept within the practice. They further recommended that practice meetings should be formalised utilising agendas, and developing meeting minutes to aid communication throughout the teams.		
PCIC	Dental	HIW	Windsor Road Dental Care, Cardiff	HIW	Ruth Walker	QSE Committee	Director of Nursing, PCIC		29/10/2018		This will be managed directly with the primary care contractor by HIW. We will only see final response from the practice when it is published with the report. We will however ask for specific assurance on this particular inspection when PCIC report to QSE Committee in December 2018.		
	Radiology	HIW	Radiology	The Ionising Radiation (Medical Exposure) Regulations 2017	Ruth Walker	QSE Committee	Andrew Wood/Kathy Ikin	ad hoc	04/10/2017		3 non conformances		
	Medical Physics	HIW - MARS associated with IR(ME)R	Medical Physics	The Medicines (Administration of Radioactive Substances) Regulations 1978	Ruth Walker	QSE Committee	Andrew Wood/Kathy Ikin	ad hoc	not inspected in the last 10 years		n/a		

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Clinical Board	Directorate	Regulatory body/Inspector	Service area	Regulation/Standards	Lead Executive	Assurance Committee	Accountable Individual	Inspection cycle time	last inspection date	Next inspection date	Inspection outcome	Inspection closure due by	Inspection closure complete/on track? 1=Y 2=N	Document review compliance	Audit compliance	Audit overdue by (days)	Overdue CAPA	CAPA overdue by (days)	Number of overdue incidents	incidents overdue by (days)	Critical Issue1=y 2=n	Critical Comment	completion	Documents	Audit Compliance	Audit overdue	CAPA	Capa overdue	Incidents	Incident overdue	Critical	compliance score	Days since last inspection	Inspection liklihood Red	Inspection Liklihood Amber	Inspection liklihood green	Overall inspection liklihood
ALL WALES QUALITY ASSURANCE PHARMACIST																																				
CD&T	Pharmacy	Regional Quality Assurance Specialist	Pharmacy SMPU	Quality Assurance of Aseptic Preparation Services	Stuart Walker	QSE Committee	Darrel Baker	183	27/01/2020	27/07/2020	166 actions	31/12/2020	2																								
CD&T	Pharmacy	Regional Quality Assurance Specialist	Pharmacy UHL	Quality Assurance of Aseptic Preparation Services	Stuart Walker	QSE Committee	Darrel Baker		06/08/2020				2																								
CD&T	Pharmacy	All Wales Quality Assurance Pharmacist	Pharmacy SMPU	Medicines Act 1968 (c.67) specific review of section 10	Stuart Walker	QSE Committee	Darrell Baker	365	01/11/2018	01/10/2019	High Risk - resourcing of an accountable pharmacist	01/11/2019	2																								
CD&T	Pharmacy	All Wales Quality Assurance Pharmacist	Pharmacy UHL	Medicines Act 1968 (c.67) specific review of section 10	Stuart Walker	QSE Committee	Darrell Baker	365	16/07/2019		High Risk - estate and PQS deficiencies - link to MHRA inspection	01/01/2019	1																								
CD&T	Pharmacy			Falsifying Medicines Directive	Stuart Walker	QSE Committee	Darrell Baker	n/a	n/a	n/a	no inspection data as yet																										
BRITISH STANDARDS INSTITUTE																																				
	Planning	British Standards Institute	Capital, Estates & Facilities	ISO - 14001 Environmental	Abigail Harris	Health and Safety	Jon McGarrigle	185 (Twice Yearly)	01/07/2019	01/01/2020	Minor non conformances which will be addressed by next audit																										
CARDIFF AND VALE OF GLAMORGAN FOOD HYGIENE RATINGS																																				
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Teddy Bear Nursery	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Kelly Lovell, Ruth Hutchinson		22/05/2020		Due to COVID-19 an intelligence gathering exercise was undertaken. No matters of public health concern was identified.																										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Barry Hospital Kitchens	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Lesley James, Linda Watts, John Smith		10/03/2020		Food rating 5	30/04/2020																										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Teddy Bear Nursery	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Kelly Lovell, Ruth Hutchinson		20/02/2020		Food rating 5	30/03/2020																										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Ward Based Catering, Brecknock House	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Keith Prosser		02/12/2019		Food rating 4																										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Bwyd Blasus	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Ranjith Akkaladevi		28/11/2019		Food rating 4																										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Aroma Express, Brecknock House	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Stepfanie Burgess		28/11/2019		Food rating 3																										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Rookwood Hospital	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety	Andrew Wood		25/11/2019		Food rating 5																										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Teddy Bear Nursery	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety			04/09/2019		Food rating 4	30/09/2019																										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Llandough Hospital	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety			19/09/2019		Food rating 5																										
	Facilities	Cardiff and Vale of Glamorgan Food Hygiene Ratings	Hafan y Coed	Food Safety Act 1990 (the Act),	Abigail Harris	Health and Safety			19/09/2019		Food rating 5																										
COMMUNITY HEALTH COUNCIL																																				
Mental Health	St Barrucs Ward,	Community Health Council			Abigail Harris	Audit and Assurance			3.02.20		1. Explore opportunities for volunteer groups to visit regularly & spend more time with patients there. Possibly befriending groups to visit.																										
Mental Health	Daffodil Unit, UHL	Community Health Council			Abigail Harris	Audit and Assurance			3.02.20																												
Surgery	Ward B6, Trauma Unit, UHW	Community Health Council			Abigail Harris	Audit and Assurance			25.02.20		1. Consider improving the non-HCSW staffing levels (incentives for retention of staff) across the Ward's multidisciplinary teams, including a deputy to assist the Nurse Manager, and the possible																										
Surgery	Ward B6, Trauma Unit, UHW	Community Health Council			Abigail Harris	Audit and Assurance			25.02.20		2. Liaise with Estates to repair the bathroom/toilet problems and upgrade the interim reception desk.																										
Surgery	Ward B6, Trauma Unit, UHW	Community Health Council			Abigail Harris	Audit and Assurance			25.02.20		3. Place a 'Putting Things Right' Information Notices in the Day Room.																										
	Ward C7,	Community Health Council			Abigail Harris	Audit and Assurance			26.02.20		1. Update the notice boards on the Ward	To be completed by Friday 31st July 2020																										
	Ward C7,	Community Health Council			Abigail Harris	Audit and Assurance			26.02.20		2. Install a suggestion box so patients, relatives, carers and visitors can leave comments or suggestions.	To be completed by Friday 31st July 2020																										
	Ward C7,	Community Health Council			Abigail Harris	Audit and Assurance			26.02.20		3. Place hand washing notices at all sink areas	To be completed by Friday 31st July 2020																										
FIRE AND RESCUE SERVICES																																				
Specialist Services Clinical Board	Capital and Asset Management	Fire and Rescue Services	CS UHW	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	17/06/2019	01/06/2020	Failed to comply with requirements of safety order. Schedule of works required included: 3 x management	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1																								
Medicine /Clinical Board	Capital and Asset Management	Fire and Rescue Services	B7 UHW	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	27/06/2019	01/07/2020	Failed to comply with requirements of safety order. Schedule of works required included: 3 x management 1 x compliance 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1																								
Surgery Clinical Board	Capital and Asset Management	Fire and Rescue Services	West 3 Anwen Ward UHL	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	09/07/2019	01/07/2020	Failed to comply with requirements of safety order. Schedule of works required included: 1 x management 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1																								
Surgery Clinical Board	Capital and Asset Management	Fire and Rescue Services	Ceryx Ward ICU	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	10/09/2019	01/09/2020	Failed to comply with requirements of safety order. Schedule of works required included: 1 x compliance 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1																								
Surgery Clinical Board	Capital and Asset Management	Fire and Rescue Services	Ward A5	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	19/09/2019	01/09/2020	Failed to comply with requirements of safety order. Schedule of works required included: 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1																								
Specialist Services Clinical Board	Capital and Asset Management	Fire and Rescue Services	Ward B5	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	19/09/2019	01/09/2020	Failed to comply with requirements of safety order. Schedule of works required included: 1 x compliance 1 x estates 1 x management	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1																								
Surgery Clinical Board	Capital and Asset Management	Fire and Rescue Services	Operating Theatres	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	30/09/2019	01/09/2020	Failed to comply with requirements of safety order. Schedule of works required included: 2 x compliance 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1																								
Clinical Gerontology	Capital and Asset Management	Fire and Rescue Services	Rhydlafar Ward, St David's Hospital	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	21/01/2020	01/01/2021	Complied with the requirements of the Regulatory Reform Safety Order 2005	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1																								
Clinical Gerontology	Capital and Asset Management	Fire and Rescue Services	Lansdowne Ward, St David's Hospital	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	21/01/2020	01/01/2021	Failed to comply with requirements of safety order. Schedule of works required included: 1 x management 1 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1																								
Clinical Gerontology	Capital and Asset Management	Fire and Rescue Services	Sam Davies Ward, Barry Hospital	Health and Safety at Work Act 1974	Abigail Harris	Health and Safety	Director of Strategic Planning	365	27/01/2020	01/01/2021	Failed to comply with requirements of safety order. Schedule of works required included: 2 x estates	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been completed.	1																								
	Capital and Asset Management	Fire and Rescue Services	Multistorey Car Park, Llandough	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			16/03/2020		the standard of fire safety appeared to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005.																										
	Capital and Asset Management	Fire and Rescue Services	Orthopaedic Centre, Llandough	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			18/02/2020		the standard of fire safety appeared to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005.																										
	Capital and Asset Management	Fire and Rescue Services	Ward A6	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			19/02/2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises. Article 17: Maintenance - Fire resisting doors are not adequately maintained.																										
	Capital and Asset Management	Fire and Rescue Services	Rookwood Hospital, Artificial Limb Centre	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			10/02/2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.																										
	Capital and Asset Management	Fire and Rescue Services	Vale Mental Health Services, Barry Hospital	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			27/01/2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.																										
	Capital and Asset Management	Fire and Rescue Services	Vale Community Offices, Barry Hospital	Health and Safety at Work Act 1974	Martin Driscoll	Health and Safety			27/01/2020		Duty of Works: Article 8: The provision in respect of fire resisting doors is not Adequate The standard of fire separation is not adequate Article 13: Fire fighting and fire detection: The fire detection is not adequate for the type and use of the premises.																										
HEALTH EDUCATION AND IMPROVEMENT WALES																																				
		Health Education and Improvement Wales																																		
HEALTH INSPECTORATE WALES																																				
Obstetrics Service	Maternity	HIW	Maternity Services	HIW	Ruth Walker	QSE	Head of Midwifery				HIW are undertaking a national review of maternity services across Wales (Phase 2).	Details of community maternity sites sent to HIW 17.07.20 and self																										
Medicine	Unscheduled Care	HIW	EU and AU, UHW	HIW	Ruth Walker	QSE	Director of Nursing, Medicine			10-11th March 2020		HIW have suggested that the UHB is required to provide HIW with details of the action it will take to ensure a system is in place to ensure all patients have a patient identification band to ensure staff can correctly identify patients and provide the right care. Six patients in the lounge area of the AU were not wearing wristbands; two patients were in receipt of intravenous medication.	Improvement plan to be returned by **19th March 2020.** Improvement Plan sent to CEO office to send to HIW on 18.03.20. Updated improvement plan sent to HIW 02.07.20. Assurance received 09.07.20.	**To be reported at August 2020 QSE**																														
Medicine			Sam Davies ward, Barry hopsital	HIW	Ruth Walker	QSE	Director of Nursing, Medicine			28-29th January 2020		HIW found overall that the ward provided a very good environment to support the care and treatment of the patients. The ward was well equipped, with a range of activities available to patients. The number	Improvement plan to be returned by **24th March 2020** Improvement plan	**To be reported at August 2020 QSE**																												
Mental health			Hafan Y Coed - Elm and Maple Wards	HIW	Ruth Walker	QSE	Director of Nursing, Mental Health			10-12 February 2020		Immediate assurance letter issued 13/02/2020 with a deadline for response 20th February which was not met due to a delay in the CEOs office. Extension requested. 04.03.20 - Immediate Assurance acceptance received from HIW. Inspection next steps letter issued	**24.03.20** Improvement plan sent to 26.03.20. Final report published **21.07.20**	**To be reported at August 2020 QSE**																														

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REGULATORY BODY REVIEW TRACKER - September 2019

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REGULATORY BODY REVIEW TRACKER - September 2019

	Pharmacy	MHRA	Pharmacy UHL	Good manufacturing practice (GMP) and good distribution practice (GDP)	Stuart Walker	QSE Committee	Darrel Baker	365	23/07/2019	23/07/2020	3 majors 2 others	31/03/2020	2	Descalated from MHRA Inspection Action Group 1st July 2020	76%	150	44	334	5	108	2	Gold command in place to address findings of MHRA inspection	0	20	0	0	0	0	10	0	0	30	#REF!	#REF!	#REF!	#REF!	#REF!
CD&T	Medical Physics	MHRA	Radiopharmacy	Good manufacturing practice (GMP) and good distribution practice (GDP)	Fiona Jenkins	QSE Committee	Andrew Wood/Kathy Ikin	730	23/07/2019	no date set	5 majors, 2 others	tbc with regulator	1	Descalated from MHRA Inspection Action Group 1st July 2020	82%	150	12	137	0	0	2	Gold command in place to address findings of MHRA inspection	20	20	10	0	0	0	10	10	0	70	#REF!	#REF!	#REF!	#REF!	#REF!
CD&T	Medical Physics	MHRA	Medical Physics	Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices 2015.	Fiona Jenkins	QSE Committee	Andrew Wood/Kathy Ikin	ad hoc	02/01/2011	no inspection notified	No inspection to date in this area	n/a	n/a		75%	121	11	195	0	0	0		0	0	0	0	0	0	10	10	0	20	#REF!	#REF!	#REF!	#REF!	#REF!
CD&T	Medical Physics	MHRA	Medical Physics	Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use 2015.	Fiona Jenkins	QSE Committee	Andrew Wood/Kathy Ikin	ad hoc	03/01/2011	no inspeciton notified	no inspection to date in this area	n/a	n/a									LPAs appointed and laser safety audits performed.	0	0	0	10	10	10	10	10		40	#REF!	#REF!	#REF!	#REF!	#REF!
CD&T	Medical Physics	MHRA	Medical Physics	Managing Medical Devices 2015	Fiona Jenkins	QSE Committee	Andrew Wood/Kathy Ikin	ad hoc	05/01/2011	no inspeciton notified	no inspection to date in this area	n/a	n/a									Need to review the state of implementation in the UHB. No MR Safety Expert appointed.	0	0	0	10	10	10	10	10		40	#REF!	#REF!	#REF!	#REF!	#REF!
NATURAL RESOURCES WALES																																						
CD&T	Radiology	NRW	Radiology UHL	Environmental Permitting (England and Wales) Regulations 2016 Permit HB3393NA (Sealed Source Cat 5)	Fiona Jenkins	QSE Committee	Andrew Gordon/ Lesley Harris	1461	12/02/2020		none	compliant n/a	1																										
CD&T	Radiology	NRW	Radiology UHL and Theatres (unable to seperate visit and report)	Environmental Permitting (England and Wales) Regulations 2016	Fiona Jenkins	QSE Committee	Andrew Gordon/ Lesley Harris	730	12/02/2020		Radiology - 3 actions - completed 0 non compliance	13/03/2020	1																										
CD&T	Radiology	NRW	Radiology UHW, Medical Physics, Radiopharmacy, Pathology & inVitro	Environmental Permitting (England and Wales) Regulations 2016	Fiona Jenkins	QSE Committee	Andrew Gordon/ Lesley Harris	730	30/04/2019		Radiology - 1 action, completed 1 recommendation, completed	01/05/2019	1									No local RWA. RWA audits complete. Support being given from Velindre NHS Trust	20	0	0	10	10	10	10	10		60	#REF!	#REF!	#REF!	#REF!	#REF!
CD&T	Radiology	NRW	Radiology UHW, Medical Physics, Radiopharmacy, Pathology & inVitro Lab (unable to	Environmental Permitting (England and Wales) Regulations 2016 Permit CD9437 (Sealed	Fiona Jenkins	QSE Committee	Andrew Gordon/ Lesley Harris	1461	30/04/2019		Radiology - None	Compliant n/a	1																										
OFFICE FOR NUCLEAR REGULATION																																						
	Medical Physics	Office for Nuclear regulation	Medical Physics	The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009	Fiona Jenkins	QSE Committee	Andrew Wood/Kathy Ikin	185 (Twice Yearly)	17/03/2017		4 non conformances, 3 recommendaitons	01/05/2017	1									DGSA appointed. DGSA audits performed.	20	0	0	10	10	10	10	10		60	#REF!	#REF!	#REF!	#REF!	#REF!
QUALITY IN PRIMARY IMMUNODEFICIENCY SERVICES																																						
Specialist Services	Immunology	Quality in Primary Immunodeficiency Services (QPIDS)	Immunology	Quality in Primary Immunodeficiency Services Standards	Stuart Walker	QSE Committee	Stephen Jolles/Richard Cousins	365		01/10/2019																												
Specialist Services	Immunology	Quality in Primary Immunodeficiency Services (QPIDS)	Immunology	Quality in Primary Immunodeficiency Services Standards	Stuart Walker	QSE Committee			01/10/2019		Accreditation declined																												
RESEARCH AND DEVELOPMENT																																						
	Haematology	Research and Development			Stuart Walker	QSE Committee																																	
UKAS																																						
Exec	Institute of Medical Genetics	UKAS	Institute of Medical Genetics, UHW	ISO 15189	Fiona Jenkins	QSE Committee	Lisa Griffiths		29/05/2020	no date set	No findings/non-conformances were raised, so there is no improvement action report		1																										
CD&T	Biochemistry	UKAS	Cellular Pathplgy/ (Mortuary - UKAS)	ISO 15189	Fiona Jenkins	QSE Committee	Adam Christian Scott Gable Sally Jones	365	23-29/03/20	no date set	31 Mandatory findings 31 Evidence required 11 Action recommended	closed 2/8/20202	1																										
Specialist Services	ALAS	SGS/UKAS	ALAS (CAV)	ISO 9001:2015	Fiona Jenkins	QSE Committee	Paul Rogers	185 (Twice Yearly)		01/01/2020	2 x Major Corrective Actions, 1 X Minor Corrective Action, Several Opportunities for Improvement	06/09/2019	1																										
Surgical Services	Perioperative	SGS/UKAS	SSSU	ISO 13485:2016	Fiona Jenkins	QSE Committee	Clare Jacobs	365	01/01/2019	01/09/2019	3 minors	01/01/2020	1																										
Surgical Services	Perioperative	SGS/UKAS	HSDU	ISO 13485:2017	Fiona Jenkins	QSE Committee	Mark Campbell	365	07/08/2019	01/08/2020	2 minors	07/08/2020	1																										
Specialist Services	Haematology	SGS/UKAS	Haematology/Blood Transfusion (UKAS)	ISO 15189:2012	Fiona Jenkins	QSE Committee	Alun Roderick	N/A	06/11/2019	N/A	Accreditation extra visit: Action Mandatory x 2 Require Evidence to UKAS x 1 Action Recommended x 1	6.12.19	1																										
Specialist Services	Medical Genetics	SGS/UKAS		ISO 15189:2012	Fiona Jenkins	QSE Committee	Peter Thompson		2 and 5/11/19		Action Mandatory x 14 Require Evidence to UKAS x 14 Action Recommended x 5	5.12.19	1		100%	0			0	0																				
CD&T	Haematology	UKAS	PHlebotomy (UKAS)	ISO 15189	Fiona Jenkins	QSE Committee	Andrew Gorringe/Alun Roderick	365	31/03/20 - 7/04/20	19/04/2021	Included in Haematology findings above	05/05/2019//	1		100%	0	0	0	0	0	2	had an unnanounced audit on the 24/10/2019. 1 major and 5 minors. The 1 major hase been bloxed and 3 of the 5 minors have been closed.																
CD&T	Biochemistry	UKAS	Biochemistry (UKAS)	ISO 15189	Fiona Jenkins	QSE Committee	Carol Evans/Nigel Roberts	365	04/12/2019	07/12/2020 to 11/12/2020	25 findings	16/02/2020	1		100%	0	0	0	0	0	2	unnanounced audit on the 07/08/2019. 2 minors both closed out. One minor was for the intranet web page for sterile services needed to be updatsed. We removed the page and waiting from the intranet team to add a new one.																
CD&T	Biochemistry	UKAS	Specimen Reception (UKAS)	ISO 15189	Fiona Jenkins	QSE Committee	Carol Evans/Nigel Roberts	365	04/12/2019	07/12/2020 to 11/12/2020	2 findings and 1 reccomendation Included in findings of Biochemistry UKAS	16/02/2020	1																										
CD&T	Lab Med/Haematology	UKAS	Haematology/ Blood Transfusion Laboratory	ISO 15189	Fiona Jenkins	QSE Committee	Alun Roderick Vicky Cummings Rachel Borrell	365	31/03/20 - 7/04/20	19/04/2021	4 mandatory findings 4 evidence required	18/05/2020	1																										
WELSH WATER																																						
		Welsh Water			Abigail Harris	Health and Safety																																	
WSAC																																						
	Audiology	WSAC	audiology - adults	audiology quality standards	Fiona Jenkins	QSE Committee	Lorraine Lewis	1095	01/06/2019	01/06/2022	compliant with 8 of 9 standards and meeting 85% target	12/07/1905	1																										
	Audiology	WSAC	Newborn hearing screening wales	audiology quality standards	Fiona Jenkins	QSE Committee	Jackie Harding	730	01/06/2018	01/06/2020	80% target met in all standards and 85% overall target met	01/01/2019	1																										
	Audiology	WSAC	audiology - paediatrics	audiology quality standards	Fiona Jenkins	QSE Committee	Jackie Harding/Rhian Hughes	730	01/06/2018	01/06/2020	80% target met in all standards and 85% overall target met	12/07/1905	1																										
WEST MIDLANDS QRS																																						
Specialist Services	Haematology	West Midlands QRS	Red Cell Service (Clinical Haematology)	Published by Thalassaemia and Sickle Cell Society (2018)	Medical Director	QSE Committee	Jonathan Kell (Lead) Clare Rowntree (Clinical Director)	1095	01/10/2019	01/10/2022	In need of investment from WHSSC and ini stafff	01/12/2019	1																										

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Information Governance Audit Work Plan May 2021

UHB Ref:	ICO Ref:	Priority	Recommendation	Action	Current Status/Completion Date
R1	A21	High	To ensure that the organisation notifies individuals appropriately where there their personal data has been breached, the organisation should ensure that there is a documented procedure to ensure that the following is included in all breach reporting: the DPO details, a description of the likely consequences of the breach and a description of the measures taken to deal with the breach (including mitigating any possible adverse effects). This will help the organisation keep to the legislation when informing individuals about a data breach.	Procedure detailing breach reporting procedure and what detail needs to be provided should be created	Completed. National breach reporting guidance now in circulation.
R2	A2	High	To ensure that policies remain fit for purpose and that staff have appropriate direction and information to avoid the risk of data protection breaches, the organisation should ensure that they are subject to timely routine review.	All D&HI policies to be reviewed and updated if necessary.	In Progress. All out of date IG related policies have been identified and are in the process of being reviewed. Completion date: Q2 2021/22
R3	A3	Medium	To ensure that staff are fully aware of the responsibilities regarding IG, the organisation should consider means by which assurance can be given that staff have read	All supervisors and managers contacted to ensure staff are reminded of their	In Progress. Email to be sent to all supervisors and managers as

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			appropriate policies and therefore are aware of organisational requirements and their responsibilities	responsibility to read and be compliant with the IG Policy.	part of the IG training engagement plan. Completion date: Q1 2021/22
R4	A19	High	The organisation should ensure that all staff receive regular training and refresher training on fair processing policies and privacy information.	The UHB will speak to NWIS regarding national e-learning module to understand whether training on fair processing can be incorporated. The IG department will also add guidance to its internal webpage for staff engaging with patients.	In Progress. Completion date: Q2 2021/22. NWIS contacted regarding updating provisions of national mandatory e–learning.
R1	A18	Low	In order to ensure that the privacy information is effective, the organisation should consider means to evaluate how effective it is by means of user testing or evaluation of complaints. This would provide the organisation with assurance that they were effectively providing privacy information as required by the legislation. A log of historical Privacy Notices should be maintained to allow a review of what privacy information was provided to data subjects on	A log of privacy notices should be kept and maintained. The IG dept will work with the Concerns to ensure that a mechanism is introduced to ensure any concerns received about the Privacy Notice are fed back to the IG dept and used to	Completed. No concerns received to date. Agreement in place for Concerns to notify IG department of all future concerns relating to privacy notices.

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			what date. This would provide the organisation with assurance that it has carried out effective reviews of privacy information.	inform future publications of the Privacy Notice.	

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Report Title:	**Digital Delivery Programme – Exception & Issues Report**								
Meeting:	Digital and Health Intelligence Committee						**Meeting Date:**	1 June 2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**X**
Lead Executive:	**Director of Digital and Health Intelligence**								
Report Author (Title):	**Director of Digital and Health Intelligence**								

Background and current situation:

This paper provides a high level exception report on the high priority programmes within Cardiff & Vale University Health Board's (CVUHB's) IT Delivery Plan.

The UHB has a constantly evolving 3 year strategic outline plan for informatics development designed to underpin delivery of our emerging digital strategy, Integrated Medium Term Plan (IMTP), transformation programme and the Welsh Government's "A Healthier Wales" and Informed Health and Care policies and strategies.

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

Exception items raised for noting:

High level issues to report to the Digital Health & Intelligence Committee (DHIC):

Personal Health Record (PHR) Part of a bigger piece of work and a suite of solutions. The Digital & Health Intelligence (D&HI) team are about to enter a procurement process (pending Welsh Government (WG) approval). The Committee is invited to review the slide pack which the Director of Digital Transformation can talk through.

Data to knowledge programme: Year three of the Lightfoot road map is underway with up to 19 new extracts planned to provide all elective waiting list data, quality and safety data and regional data sets for pseudonymised linkage to social care (Cardiff Council) and Welsh Ambulance Services Trust (WAST) data.

The UHB's Business Intelligence System continues to provide self-service access to information for operational reporting and dashboards, which provide interactive visualisation of data and drill down to patient records. An evaluation of Power Bi is planned to take place during 2021 to explore the potential to use that software as an additional analytics tool in line with other Health Boards in Wales.

WCCIS (Welsh Community Care Information System): With the conclusion of the ICF funding stream that has supported regional work on WCCIS to date, regional resource supporting WCCIS has ended. A new funding stream has been put forward by Welsh Government and a Cardiff and Vale regional bid of £190,000 in 2021-2022 has now been accepted. The breakdown of this funding is being discussed in the coming weeks, with the expectation that it will support: Vale of Glamorgan (VoG) Council adoption of WCCIS finance

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functionality, development of opportunities to support the adoption of data standards across the health and care sector in the Cardiff and Vale region, and facilitating a regional approach to the creation of information sharing opportunities, aligning initiatives to strategic national programmes including the NDR.

Capital Digital Funding Programme 2020-2021: The Digital Health and Intelligence (D&HI) Directorate keeps a constantly updated risk based assessment of infrastructure replacement requirements. This is a recurring requirement of up circa £5M per annum.

The Discretionary capital allocation to address this requirement for 2020-2021 was £500K.

The D&HI Directorate was successful in gaining additional supplementary in year capital allocations both internally and via Welsh Government funds as outlined below.

Much of the focus of these allocations has been to provide additional user devices to support the Win10 programme and agile working:

All Digital Capital objectives for 2020-2021 were achieved in line with agreed plans as outlined below:

- Core Discretionary allocation £500K
- Welsh government slippage allocation £500K
- National Data Repository £186K
- Additional Maternity Devices allocation (approved at last CMG) £80K
- Network upgrade for O365 and Teams £600K
- Additional year WG slippage £700K
- Additionally, the WG made 2 targeted allocations earlier in the year for mobile device replacement in support of the COVID-19 crisis

A spend programme was completed working closely with procurement and the finance department to ensure all orders were complete and receipt of goods achieved prior to end of financial year 31 March 2021.

Windows 10 upgrade programme: Win 10 programme commenced in Q1 2021 after COVID-19 pressures put the programme on hold in 2020. As of 11 May 2021, there are 8,562 W7 devices in the estate and 2,399 W10 devices in the estate. The original programme scope was for 10,000 W7 machines to be converted to W10 but the response to COVID-19 pushed the estate numbers higher.

- Pharmacy all sites will complete in May
- University Hospital of Wales (UHW) satellite buildings 90% complete
- UHW main building block B 85% complete
- UHW Out Patients, Maternity and CHFW all in progress
- University Hospital Llandough (UHL) and CRI starting
- Community planning to reach over 50 other sites is underway

Office 0365 Programme: Migration of email inboxes is 96% complete with ongoing work migrating remaining shared mailboxes and a final batch of user accounts. Short-term business cases have enabled resource to be brought in to support mobilisation, SharePoint (as an intranet) and app proxy and mobilisation, however this funding comes to an end within the next 6 weeks. Further cases for resource have been drafted and shared within the department. The

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national Office 365 programme team has a roadmap of work through to November 2021, based on 'driving the value' from the existing Microsoft contract.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

WCCIS: assurance is provided through ongoing local and regional involvement in national programme groups, including the new Service Management Board.

Windows 10 Upgrade: A programme has commenced, facilitated by WG Digital funding, to deliver this during 2021. Assurance is provided via the Digital Capabilities Channel Board.

Capital Digital Funding Programme 2020-2021: A spend programme was completed working closely with procurement and the finance department to ensure all orders were complete and receipt of goods achieved prior to end of financial year 31 March 31 2021. Assurance is provided via the Capital Management Group.

Office 0365 Programme: The UHB is working with the National 0365 programme board on planning arrangements to migrate to 0365. Assurance is provided via the Digital Capabilities Channel Board.

Recommendation:

The Committee is asked to:

- **NOTE** the Digital Delivery Programme – Exception & Issues Report, and the progress against the roadmap and the areas of exception which require further attention and consideration.

Shaping our Future Wellbeing Strategic Objectives
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

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Prevention		Long term		Integration		Collaboration	X	Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

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Report Title:	**Schedule of Control Documents (Policies & Procedures)**								
Meeting:	**Digital & Health Intelligence Committee**						**Meeting Date:**	1 June 2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	**X**	
Lead Executive:	**Director of Digital & Health Intelligence**								
Report Author (Title):	**Director of Digital & Health Intelligence**								

Background and current situation:

The Digital and Health Intelligence (D&HI) Directorate team are responsible for the development, maintenance and review of specific policies and procedures relating to Information Governance (IG) and IT Security.

The list of policies and procedures which either need to be updated or deleted as they have been superseded is shown at ***Appendix 1***.

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

At the last committee meeting, in February 2021, the following 5 documents had been reviewed and updated:

- Data Protection Guidance for Researchers
- Internet and email monitoring, administration and reporting protocol
- Transportation of Personal Identifiable Information
- Information Risk Management Procedure
- Information Governance Corporate Training Policy

Since the last committee meeting, the following 6 documents have been reviewed and revisions drafted:

- Information Asset Procedure
- Records Management Procedure
- IT Security Incidents (Breach) Guidance
- IT Security off site Mobile Computing Procedure – reviewed and replaced with Remote Working Procedure
- Anti-Virus Guidance – reviewed and replaced with Malicious Software Guidance
- Emailing Patients Template Protocol – review undertaken, protocol is no longer relevant. The Information Governance Policy – scheduled for review in February 2022 will be brought forward to incorporate the Emailing Patients Protocol.

The documents above require review and approval by the relevant steering group prior to submission to the relevant Committee for ratification.

A full list of IT and IG policies with their current status is presented at ***Appendix 1*** for information. The IG/IT team will undertake a review of the remaining documents on a prioritised basis.

Amanda Raj
05/25/2021 16:32:02

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Although the completion of the review of all policies and procedures has been delayed as a result of the transfer of Digital resources and priorities to address the COVID-19 crisis, a review continues on all key documents prioritising those most influenced by new ways of working e.g. remote working.

This objective will be further enhanced by the establishment of the new Information Governance and IT Security team (including Cyber security) within the Digital and Health Intelligence (D&HI) Department.

A number of policies and procedures remain on the attached ***Appendix 1*** which require review and the review date has passed. With the establishment of the new team these documents will be updated in priority order.

Recommendation:

The Committee is asked to:

- **note** the Schedule of Control Documents (Policies & Procedures), the progress to date and plans to address the review of remaining documents.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click here for more information

Prevention		Long term		Integration		Collaboration	x	Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

Kiran Rai
03/03/2021 16:32:02

APPENDIX 1

						Q4		Q1			Q2			Q3			Q4				
						Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22		
									◆ 01/06				◆ 05/10				◆ 01/02				
UHB Ref Number	Title of Document	Type of Document	Last review date	New review dat	Current Status															Next Action Required	Committee
UHB 006	Data Protection Guidance For Researchers'	Guidelines	07-Dec-2015	07-Dec-2018	Review & revision completed, requires steering group review & approval.	C								◆						R&D approval	DHIC - Report for Ratification & Publication
UHB 007	Remote Access Software	Protocol	29-Sep-2010	11-Jan-2012	In Review	R				C				◆							DHIC - Report for Ratification & Publication
UHB 048	Internet and E-mail Monitoring, administration and Reporting Protocol	Protocol	26-Apr-2011	01-Apr-2014	Review & revision completed, requires steering group review & approval.	C								◆						Updated - awaiting publication	DHIC - Report for Ratification & Publication
~~UHB 049~~	~~Emailing Patients Template Protocol~~	Protocol	26-Apr-2011	01-Jan-2014	Review completed, no longer relevant, to be removed.	R				◆										To be incorporated into UHB246 Information Governance Policy	DHIC - Report for Removal from Publication
UHB 263	Transportation of Personal Identifiable Information	Procedure	26-Feb-2015	26-Feb-2018	Review & revision completed, requires steering group review & approval for submission to committee 13th July	C					◆									Updated - awaiting publication	Strategy & Delivery Committee - Report for Ratification & Publication
UHB 286	Information Governance Corporate Training Policy	Policy	21-Jul-2015	21-Jul-2018	Review & revision completed, requires steering group review & approval for submission to committee 13th July	C					◆									Updated - awaiting publication	Strategy & Delivery Committee - Submit for Review & Approval
UHB 287	Information Risk Managment Procedure	Procedure	18-Sep-2015	18-Sep-2018	Review & revision completed, requires steering group review & approval.	C								◆						Updated - awaiting publication	Report to DHIC for Ratification & Publication
UHB 288	Data Quality Management Procedure	Procedure	15-Sep-2015	15-Sep-2018	Review Scheduled						R		C	◆							DHIC - Report for Ratification & Publication
UHB 289	Information Asset Procedure	Procedure	22-Jun-2015	22-Jun-2018	Review & revision completed, requires steering group review & approval.	R				C				◆							DHIC - Report for Ratification & Publication
UHB 290	Personal Information use and Disclosure of and the Duty to Share Guidance	Guidelines	22-Jun-2015	22-Jun-2018	Review Scheduled					R			C	◆							DHIC - Report for Ratification & Publication
UHB 298	Data Quality Policy	Policy	15-Sep-2015	15-Sep-2018	Review Scheduled					R			C		◆						Strategy & Delivery Committee - Submit for Review & Approval
UHB 301	Information Goverance Operational Management Responsibilities Procedure	Procedure	19-Jan-2016	19-Jan-2019	Review Scheduled					R			C		◆						Strategy & Delivery Committee - Report for Ratification & Publication
UHB 326	Records Management Procedure	Procedure	08-Aug-2017	08-Aug-2020	In Review	R				C				◆						Review and update with Med Records input	DHIC - Report for Ratification & Publication
UHB 356	Contractual Clauses and Arrangements Procedure	Procedure	22-Jun-2015	22-Jun-2018	Review Scheduled					R			C	◆							DHIC - Report for Ratification & Publication
UHB 357	Clauses within Employment Contracts Procedure	Procedure	22-Jun-2015	22-Jun-2018	Review Scheduled					R			C	◆							DHIC - Report for Ratification & Publication
~~UHB 421~~	~~IT Security off site Mobile Computing Procedure~~	Procedure	20-Sep-2016	20-Sep-2019	Review & significant revision completed	R				↓											DHIC - Report for Ratification & Publication
UHB 421	Remote Working Procedure	Procedure	18-May-2021	tbc	Revised pending Steering Group approval					C				◆							DHIC - Report for Ratification & Publication
~~UHB 422~~	~~Anti Virus Guidance~~	Guidelines	20-Sep-2016	20-Sep-2019	Review & significant revision completed	R				↓											DHIC - Report for Ratification & Publication
UHB 422	Malicious Software Guidance	Guidelines	18-May-2021	tbc	Revised pending Steering Group approval					C				◆							DHIC - Report for Ratification & Publication
UHB 424	IT Business Continuity Guidance	Guidelines	08-Aug-2017	08-Aug-2020	Review Scheduled					R			C	◆							DHIC - Report for Ratification & Publication
UHB 427	IT Security Equipment Procurement Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Review Scheduled					R			C	◆							DHIC - Report for Ratification & Publication
UHB 428	IT Security Incidents (Breach) Guidance	Guidelines	20-Sep-2016	20-Sep-2019	Revised pending Steering Group approval	R				C				◆						Updated - awaiting publication	DHIC - Report for Ratification & Publication
UHB 429	IT Security Software Licensing Procedure	Procedure	20-Sep-2016	20-Sep-2019	Review Scheduled					R			C	◆							DHIC - Report for Ratification & Publication
UHB 246 - NEW	Information Governance Policy	Policy	15-Nov-2019	04-Feb-2022	Review Scheduled					R			C	◆						Scheduled for early review to incorporate UHB 049	DHIC - Report for Ratification & Publication
UHB 254	*I.T Security Policy*	*Policy*	*31-Mar-2015*	*31-Mar-2018*	*Superseded by UHB 246 Information Governance Policy*					◆										*Remove UHB 254 IT Security Policy from publication*	*Report to DHIC for Ratification & Publication*
UHB 256	*Freedom of Information Policy*	*Policy*	*31-Mar-2015*	*31-Mar-2018*	*Superseded by UHB 246 Information Governance Policy*					◆										*Remove UHB 256 Freedom of Information Policy from publication*	*Report to DHIC for Ratification & Publication*
UHB 358	*Information Technology Security Procedure*	*Procedure*	*20-Sep-2016*	*20-Sep-2019*	*Superseded by UHB 246 Information Governance Policy*					◆										*Remove UHB 358 Information Technology Security Procedure from publication*	*Report to DHIC for Ratification & Publication*
UHB 425	*IT Security Internet Use Local Procedure*	*Procedure*	*08-Aug-2017*	*08-Aug-2020*	*Superseded by UHB 246 Information Governance Policy*					◆										*Remove UHB 425 IT Security Internet Use Local Procedure from publication*	*Report to DHIC for Ratification & Publication*
UHB 426	*IT Security Emails Local Procedure*	*Procedure*	*08-Aug-2017*	*08-Aug-2020*	*Superseded by UHB 246 Information Governance Policy*					◆										*Remove UHB 426 IT Security Emails Local Procedure from publication*	*Report to DHIC for Ratification & Publication*

Key	Policy	Procedure/Guideline
R = Review Period (Min 28 Days 1st Consultation + 10 Days Review 1 + 5 Days Review 2 *to include EHIA (EQIA)		
C = Final Draft Approved via relevant Steering Group.		
◆ Committee Meeting Schedule	Submit to Committee for Approval	Report to Committee for Ratification (Min 14 days prior to meeting) - send to Raj / Nathan

Kumar Raj 03/25/2021 16:32:02

REPORT TITLE:	**IT CAPITAL REPORT MAY 2021**								
MEETING:	**CAPITAL MANAGEMENT GROUP**						**MEETING DATE:**	**17th May 2021**	
STATUS:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		
LEAD EXECUTIVE:	**Director of Digital and Health Intelligence**								
REPORT AUTHOR (TITLE):	**Assistant Director of IT/ Deputy Director**								

PURPOSE OF REPORT:
The Capital Management Group is asked to:

NOTE the successful achievement of delivery of Digital Capital spending in line with agreed plans on IT Infrastructure priority spend Programmes and the ongoing requirements for Digital Infrastructure Discretionary capital funding.

SITUATION:
The Digital Health and Intelligence Department keeps a constantly updated risk based assessment of infrastructure replacement requirements (presented at previous meetings). This is a recurring requirement of up circa £5M PA.

BACKGROUND:
The Discretionary allocation to address this requirement for 2020/2021 was £500K

All Digital Capital objectives for 2020/21 were achieved in line with agreed plans as outlined below:

- Core Discretionary allocation £500K – CDR8
- Welsh government slippage allocation £500K – CAL3
- National Data Repository £186K – CEJT
- Additional Maternity Devices allocation (approved at last CMG) £80K – CDR8
- Network upgrade for O365 and Teams £600K – CEKB
- Additional year WG slippage £700K – CAL9
- Additionally the WG made 2 targeted allocations earlier in the year for mobile device replacement in support of the COVID crisis

ASSESSMENT:

Attached at appendix 1 is the optimal infrastructure refresh plan. Each year we prioritise available budget against this plan. The table below outlines the average yearly optimal requirement for the huge digital infrastructure in Cardiff and Vale. Peer organisations in NHS Wales are allocated up to £4M from discretionary capital. The current digital allocation is £500K. The Digital Strategy Case for Investment and Change recently presented to Management Exec has outlined the case for increasing the Digital discretionary capital allocation.

Arjan Raj
05/25/2021 16:32:02

Whilst the Directorate welcomed the additional capital allocations towards the end of the financial year, these were spent on tactical solutions rather than Strategic procurements which would advance our overall technical stock as per the Digital Strategy.

Khan,Raj
05/25/2021 16:32:02

IT Infrastructure	Optimal Replacement Cycle PA
End user devices	£1,000,000
Network	£1,910,000
Switchboard	£660,000
WiFi	£416,000
Server	£760,000
Back Up	£255,000
Storage	£380,000
Environmental	£58,000
SQL licensing	£140,000

RECOMMENDATION:

The Capital Management Group is asked to note the successful achievement of delivery of 20/21 Digital Capital spending in line with agreed plans on IT Infrastructure priority spend programmes and the ongoing Digital Infrastructure sustainability requirements.
An increased sustainable capital allocation would enable us to better plan for future technologies rather than replacing like for like devices.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click here for more information

Khan,Raj
05/25/2021 16:32:02

Sustainable development principle: 5 ways of working	Prevention		Long term		Integration		Collaboration		Involvement	
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable									

Khan,Raj
05/25/2021 16:32:02

APPENDIX 1

IT Infrastructure sustainability plan

IM&T
Data Network Voice Infrastructure
Desktops, Laptops and Netbooks

5 Year Plan

Start Period 2019/20 Financial Year

Khan,Raj
05/25/2021 16:32:02

1. Introduction and Background

This 5 Year plan identifies the costs of replacement of internal physical hardware associated with delivery of the Data Network, Voice Infrastructure, Desktops, Laptops and Netbooks Hardware for the period beginning 2019/20.

This plan only considers the End of Life of equipment as at February 2019 and doesn't include any uplift for new services (which would further increase the replacement demand).

All IT equipment is based on the US $ exchange rate.

A reduction of 5% in the exchange rate US Dollar rate making it $1.254 would result in an increased cost to the 5 year plan of £1,014,161.

Please note, ALL costs include VAT at the current rate of 20%

This document includes a 2% annual increase in the Data Network, Voice Infrastructure, Desktops, Laptops and Netbooks Hardware for the period beginning 2019/20.

Subject Areas

The infrastructure areas under consideration are as follows :

1. Data Network Infrastructure
2. Wi-Fi Infrastructure
3. Voice Infrastructure
4. Desktops, Laptops and Netbooks
5. The following are excluded, from any costs included in this document
    a. Printers replacement
    b. Microsoft Software as the UHB has an Enterprise Agreement with Microsoft
    c. Clinical Board Business and Clinical Application Hardware and/or Software Replacement or upgrading

Desktops, Laptops and Netbooks Replacement Cost Plan

YEAR	PCs	Netbooks	Laptops	Screens		2% annual increase	Total Required
2019/20	1300	180	150	0	£896,321	£17,926	£914,247
2020/21	1400	180	150	1000	£1,050,038	£21,001	£1,071,039
2021/22	1300	180	150	0	£896,321	£17,926	£914,247
2022/23	1400	180	150	1000	£1,050,038	£21,001	£1,071,039
2023/24	1300	180	150	0	£896,321	£17,926	£914,247
2024/25	1400	180	150	1000	£1,050,038	£21,001	£1,071,039
TOTAL	**8100**	**1080**	**900**	**3000**	**10,080**		
Unit Cost inc VAT	£537	£600	£600	£100			
Total	**£4,351,077**	**£648,000**	**£540,000**	**£300,000**	**£5,839,077**	**£116,782**	**£5,955,859**

Khan Raj
05/25/2021 16:32:07

Data Network Infrastructure Replacement Cost Plans

YEAR	Data Network	Devices	Unit Cost	Total; cost	2% annual increase	Total Required
2019/20	*Data Switches*					
2019/20	29 series switches	32	£5,000	£192,000	£3,840	£195,840
2019/20	35 series switches	42	£5,000	£252,000	£5,040	£257,040
2019/20	37 series switches	313	£5,000	£1,878,000	£37,560	£1,915,560
2020/21	*Firewalls*	200	£1,000	£240,000	£4,800	£244,800
2020/21	*Data Switches* 3750V2 & X series switches	190	£5,000	£1,140,000	£22,800	£1,162,800
2021/22		0	£0	£0	£0	£0
2022/23	Core Network	0.5	£3,000,000	£1,800,000	£36,000	£1,836,000
2023/24	Core Network	0.5	£3,000,000	£1,800,000	£36,000	£1,836,000
2024/25	Data Switches	450	£5,000	£2,700,000	£54,000	£2,754,000
	GBICS	3000	£350	£1,260,000	£50,400	£1,310,400
Total					**£146,040**	**£11,512,440**

Switchboard Infrastructure Replacement Cost Plan

YEAR	Switchboard	Device	Unit Cost	Total Cost	Total Required
2019/20	UHW/UHL/CRI	1	£225,000	£270,000	£270,000
2020/21	Small Sites	9	£8,000	£86,400	£86,400
2021/22	No EOL	0	0	0	0
2022/23	St David's	1	£60,000	£72,000	£72,000
2023/24	No E0L	0	£0	£0	£0
2024/25	UHW/UHL/CRI	1	£3,000,000	£3,600,000	£3,600,000
Total				**£4,028,000**	**£4,028,000**

Khan Raj
05/25/2021 16:32:19

Wi-Fi Infrastructure Replacement Cost Plan

YEAR	Wi-FI Network	Device	Unit Cost	Total Cost	2% annual increase	Total Required
2019/20	No E0L	0	£450	£600	£37,536	£37,536
2020/21	No E0L	0	£450	£540	£37,536	£37,536
2021/22	Access Point 3600	166	£450	£89,640	£37,536	£127,176
2022/23	No E0L	0	£450	£540	£37,536	£37,536
2023/24	No E0L	0	£450	£540	£37,536	£37,536
2024/25	Access Point 1240	510	£450	£275,400	£37,536	£312,936
2024/25	Access Point 1830	97	£450	£52,380	£0	£52,380
2024/25	Access Point 2700	28	£450	£15,120	£0	£15,120
2024/25	Access Point 2800	1166	£450	£629,640	£0	£629,640
2024/25	Access Point 2801	700	£450	£378,000	£0	£378,000
2024/25	Access Point 3700	614	£450	£331,560	£0	£331,560
2024/25	Access Point 3800	13	£450	£7,020	£0	£7,020
2024/25	Access Point Controllers	5	£20,000	£120,000	£0	£120,000
2024/25	Access Point Licences	3500	£80	£336,000	£0	£336,000
Total		**3,128**			**£225,216**	**£2,459,976**

Khan Raj
05/25/2021 16:32:02

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

IM&T
Server and Storage Team 5 Year Plan

IT Infrastructure sustainability plan

Start Period 2019/20 Financial Year

Khan,Raj
05/25/2021 16:32:02

2. Introduction and Background

This 5 Year plan identifies the estimated costs of replacement of internal physical hardware associated with delivery of server infrastructure for the period beginning 2019/20.

Estimated costs include only the estimated requirements associated with replacement of EOL infrastructure. It does not include uplift for new services.

The costs estimated do not include any associated networking costs and infrastructure. It is assumed that these costs will be covered within the sibling reports produced by the Networks and also Helpdesk Teams.

Whilst the costs do not include uplift it is recognised that replacement of EOL hardware is with hardware at least 5 years newer than the original and that as such the hardware will be more performant than the replaced hardware. Whilst this might be taken to imply an automatic uplift it is also recognised that software suppliers place increasing demands on their software functionality to enable monitoring etc improvements. Typically a new server is therefore only capable of running equivalent new software to the same performance levels as the old server ran old software. In short there is therefore a functionality uplift but no capacity uplifts to be taken in to account.

Subject Areas

The infrastructure areas under consideration by the Server Team are as follows :

6. Server Infrastructure (including O/S)
7. Storage Infrastructure
8. Backup Infrastructure
9. Environmentals. This includes replacement of cooling and power protection UPS (etc..) but does not include Data Centre or Server Room uplift. Additional areas and cooling units (etc..) are not included.
10. MS-SQL replacement costs are not considered since the replacement of this software will be highly Service Department oriented. However, it is suggested that Health Board undertakes to review the current unsupported software status.

Server Replacement Cost Plans

	EOL Vhosts	Server Hardware	Server Software (O/S, Backup licences etc..)	total
2019/20	12	£420,000	£180,000	£600,000
2020/21	12	£420,000	£180,000	£600,000
2021/22	16	£560,000	£240,000	£800,000
2022/23	18	£630,000	£270,000	£900,000
2023/24	18	£630,000	£270,000	£900,000

Khan Raj
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Backup Infrastructure Replacement Cost Plans

	Tape Drives (EOL Replacement)	Backup Disk Arrays	Management Servers	Licences	**Total**
2019/20	£40K (LT06)	£50K	£50K	£10K	**£150K**
2020/21	£90K (LT07)	£90K	£60K	£20K	**£250K**
2021/22	£90K (LT07)	£90K	£70K	£25K	**£275K**
2022/23	£100K (LT08)	£100K	£70K	£30K	**£300K**
2023/24	£100K (LT08)	£100K	£70K	£30K	**£300K**

Backup infrastructure requirements are more complex in terms of uplift. Whilst the displayed figures do not include a Service Department uplift (ie for new services) it does take in to account (within the constraint that it is an estimate only) that existing services will accumulate more data during the period. As such this cost estimates to include replacement of EOL infrastructure with infrastructure capable of backing up the same system list with higher anticipated data volumes.

Storage Infrastructure Replacement Cost Plans

	Disk Space	Cost including supporting Hardware
2019/20	400TB	£250K
2020/21	500TB	£300K
2021/22	750TB	£350K
2022/23	1000TB	£500K
2023/24	1000TB	£500K

Storage infrastructure requirements are also more complex in terms of uplift. Whilst the displayed figures do not include a Service Department uplift (ie for new services) it does take in to account (within the constraint that it is an estimate only) that existing services will accumulate more data during the period. As such this cost estimates to include replacement of EOL infrastructure with infrastructure capable of storing the same system list with higher anticipated data volumes.

Environmentals Replacement Cost Plans

Year	£
2019/20	£50K
2020/21	£50K
2021/22	£60K
2022/23	£60K
2023/24	£70K

Khan, Kai
05/25/2021 16:32:02

This costs allows for the replacement of on aircon unit in each of the four server rooms in each year. This will match the EOL requirements on a rolling program. Increased costs in years 3 and 5 reflect an anticipation that the prices will increase over time

It is to be noted that the aircon units are critical to the wellbeing of the HB's Server and Network infrastructure and must not be allowed to move beyond EOL

MS-SQL Replacement Cost Plans

The Health Board Departments utilise significant numbers of MS-SQL servers with licence requirements ranging from 4 licences for the smaller applications to 12 and more for the larger systems. Currently the Health Board maintains a number of systems that utilise past EOS (End of Support [equivalent to EOL]) versions of the database that are no longer secure but enforced due to the costs associated with upgrade of the relevant Departmental Applications. However, a program of work is underway to upgrade these systems as Departments are able and funding agreed.

These figures are therefore given as an indicative for the HB awareness. Costs identified are based on current licence costs. **It is to be noted** however that indicative costs for the future cannot be given because the costs of licences are extremely fluid. Additionally licences are subject to significant change over years with rules associated with their purchase sometimes becoming punitive and (for example only) potentially requiring older licences to be upgraded in order to use newer versions through consolidation imposed rules. As such the HB might want to consider purchasing licence early and in bulk whilst limitations are potentially less punitive.

Year	MS-SQL Licences at or Past EOL	Current Cost per Licence	Total Cost
2019/20	56 Licences (MS-SQL2005)	£1200	Circa £68K
2020/21	180 Licences (MS-SQL2008)	£1200	Circa £215K

Khan Raj
05/25/2021 16:32:02

CAPITAL MANAGEMENT GROUP
MINUTES OF THE MEETING HELD MONDAY 19TH APRIL 2021
VIA MICROSOFT TEAMS

Present:
Catherine Phillips, Executive Director of Finance (Chair)
Christopher Lewis, Deputy Director of Finance
Abigail Harris, Executive Director of Service Planning
Geoff Walsh, Director of Capital, Estates and Facilities
Nigel Mason, Business Manager
Marie Davies, Assistant Director of Strategic and Service Planning
Clive Morgan, Director of Genomics Partnership Wales

In attendance: Zoe Riden-Phillips

1.	**INTRODUCTIONS AND APOLOGIES FOR ABSENCE** Apologies were received from Helen Lawrence
2.	**NOTES FROM THE PREVIOUS MEETING** The notes of the previous meeting held 15th March 2021 were accepted as a true and accurate record **2.1 ACTION LOG** The group reviewed the actions from the previous meeting and provided an update on the following: **CMG15/03/21-02: Endoscopy Expansion UHL -** GW confirmed that the design options were presented to the project team and the development of the business case had been progressed and was near completion. The action was closed. A full update on the position of the BJC was included within the report. **CMG 15/03/21-03: Theatre Capacity Programme -** GW had met with Adam Wright, Head of Operations, to update the current Terms of Reference and new project team and board membership, with a view arrange the bi-monthly meetings within the following weeks. The action was closed. **Action: AH requested that AW be added to Capital Management Group as the Director of Operational Planning had left the organisation.** **CMG 15/03/21-04: Sustainable Transport Hub -** GW met with the planning authority in relation to the future of the Lakeside Wing (LSW) planning application. In conclusion, it was agreed that it would be beneficial for the UHB

Khan Raj 05/25/2021 16:32:02

to consider options to improve facilities for public transport links which would benefit any future planning applications.
GW reminded the group that the LSW planning application under the Town and Country Planning Act had been extended from 12 months to 18 months.

CP asked AH to provide feedback from Management Executives to allow the CMG to agree a way forward with the scheme.

AH confirmed that a substantial amount of money had been expended to develop the original plans for the scheme and proposed that GW undertake a scoping exercise for the group to understand the planning capacity to deliver a minimum, albeit, appropriate scheme to support the transport plan.
Action: GW develop a scope of a revised sustainable transport hub and routinely update at the monthly meetings.

CMG 15/03/21-07: St. Davids Hospital - GW had submitted a draft paper to AH for review prior to presentation at Management Executives (ME)
AH requested to meet with CP to review and discuss a way forward prior to presentation at ME. The action from the previous meeting was closed.
Action: AH/CP review the draft St. Davids Hospital paper prior to presentation at ME.

CMG 15/03/21-09 The Acute Infrastructure Sustainability Capital Programme Board notes were to be included within the following monthly report.

CMG 15/03/21-10 CM confirmed that the year-end medical equipment reconciliation report was included within the Medical Equipment Report.
CM advised that paper was being drafted for consideration relating to the options for decontamination of endoscopes and anticipated that this would be presented at the next meeting.
Action: CM present proposal on Modular facility for endoscope pass through modular facility.

CMG 15/03/21-11: Draft Capital Approval Plan – NM confirmed that the capital plan reflected the changes agreed at the previous CMG meeting prior to presentation at ME.
AH advised that whilst ME had supported the draft capital plan there was a discussion relating to the allocation split, particularly with regards to IM&T and Medical Equipment backlog.
AH proposed that Estates, IM&T and Medical Equipment prepare specification and invite tenders early in the new financial year which would be ready in the event of slippage being identified at any point within the financial year, and in particular for year end slippage.
GW confirmed that CEF have a process in place where all potential schemes are tendered and ready to be progressed and advised that Medical Equipment benefited from a number of frameworks in place for equipment.
GW agreed with AH that IM&T should develop schemes to a point to be able to progress when funding became available.
CP raised concerns regarding long term procurement plans with no procurement representation. It was also noted that there were no IM&T

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	representatives at the meeting to provide information on their current processes. **ACTION: CP agreed to liaise with DT to ensure that IM&T representatives were in attendance at all meetings** **CMG 15/03/21-12: MTVH Theatres** AH confirmed that a letter of support for the Major Trauma Vascular Hybrid Theatres Outline Business Case had been received from Aneurin Bevan UHB although advised the group that she would follow up with Cwm Taf UHB to confirm their position. **ACTION: AH follow up with Cwm Taf UHB for their letter of support for the Major Trauma and Vascular Hybrid Theatres Outline Business Case**
3.	**CAPITAL MANAGEMENT REPORT** **3.1 EXECUTIVE SUMMARY** GW presented the Capital Management Report and confirmed that the UHB finished 2020/21 with a significant Capital Resource Limit (CRL) of £95,447m. This included £14,458m Discretionary Allocation, £80,922m approved 'All Wales Capital Funding' and £0,125m Forecast Capital Projects Without Approved Funding. GW advised that a small percentage underspend would be identified following the finalisation of the year-end figures although this would be within the allowable tolerance. The 2021/22 CRL had also been issued from Welsh Government (WG) in April 2021. The current CRL for 2021/22 was £28,598m which included £14,871m Discretionary Allocation, £11,328m approved 'All Wales Capital Funding and £2,399m Forecast Capital Projects Without Approved Funding The UHB had previously submitted bids into WG for consideration of a number of schemes under the Programme for Targeted Improvements. The report included a table of the schemes and funding that had been approved to the total of £3,261m. **DECISIONS / INFORMATION REQUIRED** The capital report included information on a number of schemes which had been identified within either the COVID Recovery Programme or the general Discretionary Programme, which required information to progress. These included • Wards to be refurbished within the financial year and the arrangements for decant given that a number of wards remain dedicated to COVID. • Childrens Hospital for Wales Theatre 5 'fit out' • Virtual Village at UHL • Community Diagnostics at Health and Wellbeing Centres AH advised that earlier discussions with the ops team had indicated that the theatre 5 'fit out' would be included within the COVID recovery programme.

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However, the UHB would be required to ensure that WG were advised of all priority schemes in the pipeline
Action: GW to liaise with SC/AW to identify the theatre capacity programme within the financial year.

The group agreed that the Chief Operating Officer (COO) Steve Curry (SC) and AW arrange for the information to be gathered for the capital team to progress.
ACTION: SC & AW arrange for information on the above schemes to be gathered and submitted to the capital planning team to progress with the next stages.

3.2 PROJECT INITIATION ENQUIRIES

The report provided an overview of the schemes which were in process with the capital team. There were no decisions required at the meeting.

3.3 REQUESTS FOR URGENT CAPITAL FUNDING

One Request for Urgent Capital (RUC) funding was included within the report for consideration to proceed to the next stage. A desktop budget exercise had been undertaken for RUC017 – Upgrade of SSSU changing facilities. The service was included within the Green Zone area and an upgrade of the facility was required to meet standards and to boost staff morale as they were unable to leave the area during their shift.
The cost of the refurbishment ranged from £110k to £125k. This scheme had not been included within the capital programme, therefore, GW advised that this would require to be funded from the contingency allocation.

CP raised concerns on utilising the contingency allocation in the first month of the financial year and asked if the service had sought charitable funding support to support the scheme. CL advised that the UHB Health Charity were unlikely to be in a position to support the scheme in totality, although they would be able to provide information on the best way forward.
AH was in agreement with CP and proposed that the group approve the scheme in principle, on the basis that the service look to identify charitable funding.
It was confirmed that the group **approved the request in principle.**
ACTION: GW agreed to liaise with the UHB Health Charity on all potential charitable funding options and advise the service of the outcome.

3.4 FINANCIAL SUMMARY

NM presented the financial summary and informed the group that the CRI Health and Wellbeing Hub OBC development, £1.9m, had not been included within the capital programme as the cashflow had not been confirmed at that time. As a consequence, the UHB were reporting a £1m overspend.

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There were a number of business cases with WG, undergoing the scrutiny process i.e. schemes awaiting funding approval. This was a total of £3.936m of funding to be reallocated to the UHB from WG following submission of the

	necessary resource information. If the funding was approved then this would put the UHB in a far more positive position. NM provided an overview of the detailed information and confirmed that all movements within the reporting month were highlighted as amber rating. • Eye care - The unapproved funding had reduced from £2,627m to £2,399m • CRI Redevelopment scheme – as discussed • Unallocated – reduced from £0.878, to £0. CP noted that AH was identified as the executive lead for the vast majority of the schemes and proposed that the group support the decision for SC to become executive lead of the COVID recovery schemes and Theatre Capacity Group as these were deemed more of an operational issue. The group **supported** the decision. AH reported that a governance paper was being drafted to ensure that all schemes being progressed were formally being 'signed off' with the Clinical Boards therefore, SC as an executive lead would provide appropriate level of approval. **ACTION: NM to update the executive lead of COVID Recovery Schemes and Theatre Capacity Programme to SC.** CM raised a query with GW in relation to the Radiopharmacy Scheme. CM had been made aware in recent discussions that this scheme was likely to be progressed through the Transforming Access to Medicine Programme (TRAMS) at IP5. **ACTION: GW agreed to liaise with Matt Temby, CD&T Clinical Board to confirm the position.**
4.	**MAJOR CAPITAL REPORTS** The following Business Cases were undergoing WG scrutiny: • Outline Business Case for Radiopharmacy. *Feedback was anticipated following the local election process in May 2021.* • Business Justification Case for UHL Engineering Infrastructure, *Submitted March 2021* • Outline Business Case Major Trauma and Vascular Hybrid Theatre. *Submitted to WG March 2021.* **4.1 MATRIX EXCEPTION REPORTING** 19 schemes on the capital schedule were reported as high risk due to programme delay, budget constraints and / or level of information required to progress. GW reported on the schemes which were **Endoscopy Expansion (2.1.4)**

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It was anticipated that the Business Justification Case would be completed for presentation at CMG, 19th April 2021, and UHB Board 29th April 2021, however a slight delay had been reported due to the late receipt of the capital cost forms and the formal approval of the revenue case at the Business Case Advisory Group (BCAG) at their next meeting, 5th May 2021, prior to presentation at May Board 2021.
Action: AH requested that GW advise the UHB Board facilitator of the delay to allow the agenda to be updated.

Genomics (2.1.7)

The Outline Business Case had been approved by WG in April 2021. The Full Business Case was being developed in parallel, as agreed with WG and UHB Board. The accelerated timeline was necessary for the UHB to satisfy the conditions of the agreement to lease, which required the lease to be signed in June 2021.
GW advised that, subject the decision of the group to progress with the submission of the FBC to WG, there would still be a risk that WG would not consider the case as it had been developed outside of the parameters of the Designed for Life (D4L) process.

UHL Car Park Safety Fencing (2.1.17)

GW informed the group that another incident had been reported with a patient at the multi storey car park at UHL and that works were being reviewed to progress as quickly as possible.

IMTP Schemes – Item 4

CP queried the status IMTP schemes on Item 4 as there was little information regarding their progress. GW advised that the schemes were put forward by Clinical Boards the previous year for consideration to proceed. There were a number of schemes that had progressed. CP requested that the schedule be updated to reflect the schemes that had progress and were still in the pipeline to be addressed.
ACTION: Update the IMTP schemes on the schedule to reflect their current status

MD advised that there were a number of schemes required to support Regional and National priorities. As an example, HASU was consistently raised by WG as a request for all organisations providing Acute Stroke Care Services to develop plans for implementation of HASU.
AH agreed and reported that ME had provided a recommendation within the Annual Plan to progress with HASU as a priority however, the Clinical Boards were required to develop a HASU plan to identify if the UHB would be providing a regional or local service, to allow the capital requirements to be considered.

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LETTERS OF APPROVAL

There were three letters of approval received within the reporting month:

	• Award of Funding to Cardiff & Vale University Health Board in respect of National capital programmes in 2021-22 for Infrastructure, Fire Safety, Mental Health and Decarbonisation. £3.262m • Award of Funding to Cardiff & Vale University Health Board in respect of COVID 19 Funding – Green and Amber Zones 202021 Equipment. £0.125m • Award of Funding to Cardiff and Vale University Health Board in respect of medical equipment March 202021. £1.287m **ESTATE COMPLIANCE** GW requested to highlight that re-tenders for the water safety testing and local extraction plant had been issued. Health and safety and contractor control was being monitored regularly. The health and safety advisors continued to challenge contractors on site to ensure that they were compliant with the site induction training. **Appendices** The notes of the WG Capital Review Meeting held in March 2021 were included within the report for reference.
5.	**PROGRAMME** GW presented a programme via Microsoft Projects, of all of the schemes in development. These were in line with the capital development schedule. The programme provided the group with information of each period from the development of the business case through to construction and operational commissioning. Key dates were included for governance purposes to ensure that each project was presented at the appropriate level i.e. Programme Board, CMG / BCAG, and UHB Board prior to submission to WG for scrutiny. Each scheme would be monitored against the programme to ensure that any delays were identified and highlighted for mitigation. GW advised that there was approximately one month of internal approval stages required following the completion of the Business Case. Capital planning team members and end users were being reminded to ensure that this time allocation was accounted for when developing and completing the Business Case to manage the process.

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	CP and AH were supportive of the programme and the detail of which was included. AH requested that the document continue to be developed as a live document to ensure that all time constraints were identified clearly. CP highlighted that the governance dates were clearly articulated however would like to have more detail under 'document development'. **ACTION: Include additional level of detail under business case document development to monitor the progress**
6.	**MEDICAL EQUIPMENT** CM presented the Medical Equipment report and highlighted that the UHB had procured £10,463,097.08m of medical equipment in 2020/21. This was from the £1m discretionary capital allocation and year-end slippage of £8m. £600k was refunded from a Body Tom mobile CT camera which was deployed to the Dragons Heart Hospital, however, was faulty and returned, and WG confirmed that the funding could be retained. A further £1m was received to support additional pandemic capacity and approximately £315k revenue to capital transfer. Full detail of the breakdown for each funding stream was included within the appendices of the report. CM explained the process and governance around the additional medical equipment procured through additional funding and raised concern of the potential revenue tail of a number of items which were procured in response to the COVID19 pandemic due to the limited time to undergo the correct procedure. A further £487k of clinical board requests for urgent medical equipment remained unfunded. CM advised that a rigorous scrutiny process should be followed to ensure that all other funding options had been exhausted. A Medical Equipment Asset register was maintained. This was a total of £140m. The equipment was stratified and prioritised by risk. AH asked CM if the Mini C-Arm under urgent medical equipment requests was in relation to Vascular. CM advised that the previous Mini C-Arm that was procured went to surgery clinical board and advised that he would confirm shortly after the meeting. AH advised that Aneurin Bevan UHB had raised concerns regarding the UHB's ability to deliver a regional MTC service without a fully operational vascular theatre available, and an additional C-Arm would be beneficial. CM advise that he would confirm the status, however, he was minded that the annual discretionary capital allocation would be able to take forward and report back at the next meeting. **ACTION: C-Arm**
7.	**IM&T** NL was unavailable to attend the meeting. The group reviewed the report that was submitted for noting.

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	The report provided information on the digital capital objectives which were achieved in 2020/21, including: • Core Discretionary allocation £500K – CDR8 • Welsh government slippage allocation £500K – CAL3 • National Data Repository £186K – CEJT • Additional Maternity Devices allocation (approved at last CMG) £80K – CDR8 • Network upgrade for O365 and Teams £600K – CEKB • Additional year WG slippage £700K – CAL9 • Additionally the WG made 2 targeted allocations earlier in the year for mobile device replacement in support of the COVID crisis
8.	**FULL BUSINESS CASE – GENOMICS PARTNERSHIP WALES** The Full Business Case (FBC) for the Genomics Partnership Wales scheme at CD1 Coryton was presented at CMG for consideration and support to submit to WG for scrutiny. GW reported that the FBC had been presented at UHB Board on March 25th 2021 and was given approval in principle to proceed, subject to the outcome of CMG. CP had reviewed the business case and raised concern on the level of detail provided in relation to the sources of funding within the revenue case and requested clarity to ensure that the UHB would not be expected to fund all revenue following commissioning. CM confirmed that the UHB finance team had been involved with the development of the business case and advised that the background information could be presented. CP requested that CL liaise with the revenue case finance lead and proposed that the group review the business case at a later date for consideration. AH advised that a sub group had been established but was unaware if any future meetings arranged in the diary. **ACTION: CL liaise with finance for revenue case information** **ACTION: ZR arrange future CMG Sub Group meetings** **ACTION: Return Genomics FBC at CMG Sub Group for consideration**
8.1	**AVON HOUSE LEASE RENEWAL** GW presented an SBAR for CMG support to extend the lease of Avon House for a further five years, with a break clause after four years. GW advised the group that the services at Avon House, including District Nursing and Community Midwives were scheduled to transfer to the Penarth Health and Wellbeing Centre following completion of the scheme, however there were no plans to relocate Acute Autism. It was anticipated that options for the Acute Autism Service would be reviewed at a later date to identify an appropriate location.

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	The group **supported** the heads of terms for renewal of an existing lease at Avon House over a five year period with a break clause after four years. The paper also included a proposal to lease additional space to accommodate the 'Headroom' staff. The team had reported operational issues with limited provision for private space for consultations. In addition, due to social distancing requirements in response to COVID19, there were limited numbers of staff able to attend the workplace. The group did not support the proposal to extend the Mental Health area and requested that GW advise the Clinical Board that this was agreed on the basis that the UHB were working to reduce office capacity across the UHB to promote flexible working. **ACTION: GW advise the property and accommodation manager to proceed with the extension of the lease for Avon House** **ACTION: GW advise Mental Health Clinical Board that the proposal to extend was not supported.**
10.0	**ANY OTHER BUSINESS** There was no other business discussed at the meeting.
11.0	**DATE AND TIME OF NEXT MEETING** Monday 19th April 2021, 10am – Microsoft Teams

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