Public Digital Health & Intelligence Committee Meeting

Tue 01 February 2022, 09:00 - 12:30

Agenda

09:00 - 09:00
0 min

1. Standing Items

1.1. Welcome & Introductions

David Edwards

1.2. Apologies for Absence

David Edwards

1.3. Declarations of Interest

David Edwards

1.4. Minutes of the Committee Meeting held on 5th October 2021

David Edwards

📄 1.4 DRAFT DHIC Minutes 05.10.21MD.NF.pdf (13 pages)

1.5. Action Log following the Committee Meeting held on 5th October 2021

David Edwards

📄 1.5 DHIC Action Log Feb.pdf (2 pages)

1.6. Chairs Action taken since the Committee held on 5th October 2021

David Edwards

09:00 - 09:00
0 min

2. Items for Approval / Ratification

2.1. Committee Annual Work Plan - 2022/23

Nicola Foreman

📄 2.1 Covering report for DHIC workplan.pdf (2 pages)
📄 2.1.a Copy of Committee Work Plan 2022.23.pdf (1 pages)

2.2. Committee Terms of Reference - 2022/23

Nicola Foreman

📄 2.2 Covering report for Terms of Reference.pdf (2 pages)
📄 2.2.a DHIC Terms of Reference -final.pdf (9 pages)

2.3. Committee Annual Report 2021/22

Nicola Foreman

📄 2.3 Covering Report Draft Annual Report DHIC.pdf (2 pages)
📄 2.3.a Annual Report DHIC 21-22MD.NF.pdf (7 pages)

3. Items for Review and Assurance

3.1. Digital Transformation Progress Report (Digital Dashboard)

David Thomas

📄 3.1 Digital Transformation Progress Report.pdf (4 pages)

3.2. ICO Audit Assessment Report

James Webb

📄 3.2 ICO Audit Assessment Report.pdf (2 pages)
📄 3.2.a Appendix 1 Reg tracker.xlsx.pdf (3 pages)
📄 3.2.b Appendix 2 ICO Action plan.pdf (5 pages)
📄 3.2.c Appendix 3 Cardiff and Vale University Health Board - Follow -Up Audit Report v1.0.pdf (12 pages)

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

James Webb

📄 3.3 IG Data and compliance.pdf (6 pages)

3.4. Joint IMT & IG Corporate Risk Register

David Edwards

📄 3.4 DHI Combined Risk Register MASTER DT1 DA.pdf (4 pages)
📄 3.4.a Joint IMT IG Risk Register Cover DA 1.pdf (2 pages)

3.5. Development, Procurement and Implementation of National and Local IMT Systems

David Thomas

📄 3.5 Development, procurement and implementation of national and local IM&T systems – Update Report.pdf (6 pages)

3.6. Digital Strategy Refresh including Investment Requirements

David Thomas

📄 3.6 Digital Strategy Refresh dt2.pdf (4 pages)
📄 3.6.a Appendix DRAFT IMTP Digital high level deliverables 19012022 AP.pdf (1 pages)

3.7. Framework Policies, Procedures & Controls

David Thomas

📄 3.7 Framework Policies, Procedures and Controls.pdf (2 pages)
📄 3.7.a Information Governance Corporate Training Policy.pdf (10 pages)

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4. Items for Noting and Information

4.1. Clinical Coding Performance Data

David Thomas

📄 4.1 Clinical Coding Performance Paper - Feb 2022.pdf (3 pages)

4.2. Minutes: Digital Directors Peer Group

David Thomas

📄 4.2 Digital Directors Peer Group Cover.pdf (2 pages)

4.2.1. Digital Directors Peer Group - Nov 2021

📄 4.2.a Digital Directors Peer Group - Nov 2021.pdf (4 pages)

4.2.2. Digital Directors Peer Group - Dec 2021

📄 4.2.b Digital Directors Peer Group - Dec 2021.pdf (4 pages)

09:00 - 09:00
0 min

5. Agenda for Private Board Meeting

5.1. Cyber Security Update

09:00 - 09:00
0 min

6. Any Other Business

09:00 - 09:00
0 min

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

09:00 - 09:00
0 min

8. Review of the Meeting

David Edwards

09:00 - 09:00
0 min

9. Date & Time of next meeting: Tuesday 7th June 2022

David Edwards

09:00 - 09:00
0 min

10. Public Declaration

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Unconfirmed Minutes of the Public Digital Health & Intelligence Committee
Tuesday 5th October 2021 9:00am – 12:30am
Via MS Teams

Chair:		
David Edwards	DE	Committee Chair / Independent Member - ICT
Present:		
Gary Baxter	GB	Independent Member - University
Michael Imperato	MI	Independent Member - Legal
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Christopher Lewis	CL	Deputy Finance Director
Angela Parratt	AP	Director of Digital Transformation – IM&T
David Thomas	DT	Director of Digital & Health Intelligence
Allan Wardhaugh	AW	Chief Clinical Information Officer
James Webb	JW	Information Governance Manager
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Corporate Governance Officer
Apologies:		
Meriel Jenney	MJ	Interim Medical Director
Mark Jones	MJ	Wales Audit Office
Sara Moseley	SM	Independent Member – Third Sector

DHIC 21/10/001	**Welcome & Introductions**	**Action**
	The Committee Chair (CC) welcomed everyone to the public meeting and confirmed that the meeting was quorate.	
DHIC 21/10/002	**Apologies for Absence**	
	Apologies for absence were noted.	
DHIC 21/10/003	**Declarations of Interest**	
	There were no declarations of interest.	
DHIC 21/10/004	**Minutes of the Committee Meeting held on 1st June 2021**	
	The Committee reviewed the minutes of the meeting held on 1st June 2021	
	The Committee resolved that:	
	(a) The Committee approved the minutes of the meeting held 1st June 2021 as a true and accurate record.	
DHIC 21/10/005	**Action Log following the Committee Meeting held on 1st June 2021**	

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	The CC reviewed the Action Log and confirmed that the majority of actions listed were either complete or on the meeting agenda with the exception of one action: DHIC 21/06/013 which required a date. The Director of Digital Health and Intelligence (DDHI) advised the Committee that the date would be scheduled in by the Director of Corporate Governance (DCG). The Director of Corporate Governance (HCG) noted that the item would need to be taken to the Management Executive meeting as well as it related to an investment decision. **The Committee resolved that:** a) The Action Log updates were received and noted.

NF appears in the right-hand column aligned with the DDHI paragraph.

DHIC 21/10/006	**Chair's Action taken since the Committee Meeting held on 1st June 2021** No Chair's Actions had been taken since the previous meeting.
DHIC 21/10/007	**Digital Transformation Progress Report (Digital Dashboard)** The Digital Transformation Progress Report was received. The DDHI advised the Committee that a commitment had been made to transform the document into a dashboard for Members to view and that it would be provided in a dashboard format at future meetings. It was noted that a lot of work had been undertaken in relation to the preparation of the National Data Resource (NDR) and that work with regards to the same had started to move forward. It was noted that a new Programme Director had been appointed by Digital Health Ecosystem Wales (DHEW) to provide focus and to move at pace to lead the NDR work. The DDHI highlighted to the Committee the "Data to Knowledge" item and that the Lightfoot roadmap data acquisition was nearing completion. It was noted that in the financial year to date a total of twelve pieces of work had been delivered and that the same had included new extracts, validations and enhancements to existing data feeds. It was noted that work was being undertaken to transfer knowledge from Lightfoot to Cardiff & Vale University Health Board (CVUHB) staff so that it would become part of the Health Board's core capability. It was noted that there remained a number of national projects that the Digital Team was supporting. Those included the Welsh Clinical Portal and it was further noted that to ensure the success of that project, dedicated support would be provided at a local level.

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The Committee also noted that there were plans for the Digital Team to implement the Welsh Nursing Care Record (WNCR), dependent on funding, and that a business case was in progress for both capital and revenue aspects to support the rollout throughout the Health Board.

It was noted that in relation to infrastructure, the Health Board was supporting the Cancer Tracking module (which had replaced the tentacle cancer system) in order to ensure that the new cancer pathways were fully supported from a data perspective.

The DDHI concluded that there were a large number of projects running in tandem and that the Digital Team were working at high level and were very busy.

The Independent Member – University (IMU) noted that NHS X in England was about to publish a blueprint from shared care records that would link the hospitals to the community and asked if there was something like that at a national level within Wales.

The DDHI responded that there was an expectation that the National Data Repository (NDR) and Local Data Repository (LDR) would facilitate the sharing of information and noted that work was being undertaken with Local Authority (LA) colleagues around the LDR.

It was noted that there was no information from DHEW regarding a Wales version of the NHS X England blueprint but advised the Committee that a meeting, where it could have been raised, had been cancelled. It was noted that the meeting would be rescheduled.

The Director of Digital Transformation – IM&T (DDT) advised the Committee that the NHS X guidance, when released, would be considered to see how it could be adopted locally.

It was noted that, with regards to digital transformation, there would be a focus on AGILE working and a focus on making sure that the digital transformation aligned with the business required. An Action Plan setting out the proposals could be provided to the Committee in February.

The CC advised the Committee that he recognised the challenges around data sharing and, in particular, the identity and access management side and added that it would be interesting to see what approach NHS X, was taking in that area.

The DDT responded that the Digital Services for Patients and the Public (DSPP) programme was something that NHS X saw as part of their programme and that it would be something that everybody could use for many purposes.

The DDHI added that identity access was being considered and had formed part of the work programme that would be finalised at the end of the year.

	The CC asked the DDHI if the rollout of more local projects, such as the Emergency Unit (EU) Whiteboard, was restrained by lack of resources.
	The DDHI responded that there was a resource constraint. The DDT added that the EU Whiteboard was a relatively straightforward development but was high impact and that to do it, resources had been diverted from other projects.
	It was noted that one of the real advantages in the Health Board that there were a range of in-house developed and managed maintained applications.
	The Committee resolved that:
	a) The progress made to date across the IT Delivery Programme was noted.
DHIC 21/10/008	**Digital Road map Update**
	The Digital Road map update was received.
	The DDT advised the Committee that since the creation and sign off of the Digital Strategy in August 2020, work had progressed with defining the roadmap and associated business cases to support the said Strategy.
	It was noted that the creation of several business cases had resulted in approval of some, via the Business Case Approval Group which was chaired by the Executive Director of Finance.
	It was noted that in the terms of the International Standards for digital maturity (HiMMS) model, the Health Board was at stage 1 of the model and needed to be at stage 6 of that model.
	It was noted that if the trajectory was followed for the national digital investment, the Health Board would have an investment gap for what would be required for the new UHW project (UHW2).
	The DDT advised the Committee of the context surrounding the Digital Strategy, which included:
	• The Digital Strategy which was approved in August 2020
	- The Strategy remained relevant and had been tested with Connect3 (Grant Thornton)
	- It was aligned to the Shaping Our Future Clinical Services (SOFCS) / UHW2 with regards to a learning Health and Care system.
	- It was aligned nationally through the National Clinical Framework.
	- It was aligned UK-wide – Action 6 for the NHS (Lance Commission looking forward from Covid).
	• What the Health Board was responding to.
	- Ministerial priorities, shaping our Futures, Commissioning intentions, Patients Expectations.

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- Recovery & Redesign, Outpatients transformation, RBFT, pressures etc.

- The Actions taken.
  - A roadmap was developed and governance had been put in place.
  - Became part of the Shaping Our Future's strategy, Recovery & Redesign, Outpatients Transformation.
  - Some of the roadmap items were now in progress.

- Progress made
  - Was limited against HiMMS
  - Was limited around resources and funding.
  - The investment Case made in November 2020 was unfunded.
  - There were conditions attached to National funding.

The DDT advised the Committee of the stated intentions as a Health Board which were:

- Empower the person
- Home first
- Outcomes that mattered to people
- Avoid harm, waste and variation.

It was noted that upon review of each intention it was all dependent upon digital, data and technology and that the roadmap's purpose was to deliver on everything.

It was noted that the roadmap was ever-changing and that recent additions included See on Symptom (SoS) and Patient Initiated Follow Up (PIFU).

The DDT advised the Committee of new items and newly placed items that had been updated on the Inception to Delivery status. These included:

- Recovery Bids
- Office 365 capability team bid
- Robotic Process
- Automation
- ICU system (WICIS)
- Patient Facing Communications
- Cardiology remote
- Monitoring
- Electronic Prescribing Medications Administration
- E-Nursing record
- Outpatient Transformation bids
- Vein to vein blood transfusion
- Digital Dictation and Transcription.

It was noted that some items were already live which included:
COM2 updates including alerts
Effective thyroid ratio (ETR) – blood, implementation continued.

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It was noted that there were a number of items that were not funded which would need to be to implemented.

The DDHI advised the Committee that whilst the other areas of the Health Board's recovery bids had been successful in gaining Welsh Government (WG) funding, the digital element of the bid had not been successful because at the point of development, digital had not been a consideration and was seen as separate to other areas.

The IMU noted that the investment gap had not been defined in terms of the actual monetary figures and asked what that was.

The DDHI responded that some of the sums involved were so large that they could not be quantified in simple terms and that it had been agreed that a specific strategic outline case for specific WG digital investment would be put forward.

It was noted that as part of that, figures would be required for that would be looked at over the coming months.

The Deputy Director of Finance (DDF) advised the Committee that the Finance team had asked the DDHI for a Financial Digital roadmap which would set out the both the revenue and the capital requirements. That would assist to identify the appropriate investment gap and consider how to prioritise the same.

The CC asked if it was known what percentage of income the Health Board was spending on IT and digital and asked if there was a prediction of what would be spent over the coming years.

The DDHI responded that it was known how much was spent across the Health Board and noted that the percentage was far shorter than that recommended in the Watcher report.

He added that if the Heatlh Board was to hit the NHS England standard of 2.5% to 3% it would be a very welcome addition because it would see significant inward investment.

It was noted that the impact of the lack of investment in digital services needed to be described and where that would leave the Health Board in 5 to 10 years' time.

The Committee resolved that:

a) The progress across the Digital Strategy Delivery Programme was noted

DHIC 21/10/009	**Case for Investment**
	The Case for investment was received.
	The CC advised the Committee that the case for investment had been discussed in the previous item.

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	The Committee resolved that: a) The progress across the Digital Strategy Delivery Programme was noted.	
DHIC 21/10/010	**Business Case Development Summary** The Business Case Development Summary was received. The DDT advised the Committee that there were a number of benefits attached to the business case which included: • Cash release – the programme could support its own cash flow over a 5 year period if all planning assumptions held true. • £8million "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 would be faster and access to communications would be secure • Carbon Emissions Reduction. It was noted that the £8million "time released to care" was important because it would mean that there would a large amount of productivity that could be invested into care and care related activities. The DDT advised the Committee that digital transformation would not always deliver cashable savings but could deliver benefit. **The Committee resolved that:** a) The progress across the Digital Strategy Delivery Programme was noted	
DHIC 21/10/011	**IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)** The IG Data & Compliance was received. The Information Governance Manager (IGM) advised the Committee that the Interim Medical Director had taken over the role of Caldicott Guardian for the Health Board from the Interim Chief Executive Officer. It was noted that a business case had been put forward to provide extra Information Governance (IG) resource. It was noted that Freedom of Information (FOI) and Subject Access compliance had recovered from the drop experienced in the response to Covid-19. However it was noted that they were still short of an acceptable level.	

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In response to that, Medical Records were undergoing a recruitment process to recruit 2 further staff to support the response.

It was noted that the number of information governance related incidents raised and reviewed remained high, with two incidents being discussed with the Information Commissioner's Office (ICO).

The IGM advised the Committee that the National Intelligent Integrated Audit System (NIIAS) had been running in the Health Board since 1st December 2020. There were technical issues in relation to the same although it was expected that those would be resolved imminently.

It was noted that mandatory training compliance remained a concern for the team and the IGM advised the Committee that all line managers would be contacted regarding the importance of IG.

The DDHI added that the reason IG compliance was so important was because when the ICO investigated data breaches, they would ask what the training compliance rates were within the Health Board.

It was noted that a targeted action would be required and the DCG advised the Committee that it would be referred to the Management Executives as an action.

NF/DT

The IMU asked what volume of FOIs and Subject Access Requests (SAR) were being received by the Health Board.

The IGM responded that 400 to 450 (combined) were being received every month which had equated to a large amount of work for the IG team. The IGM noted that if the data required was clinical, a clinical signature was required and that could have an impact upon the timescale to attend to any such the FOI/SAR requests.

It was noted that the requests had reached pre-Covid19 levels for both.

The IMU advised the Committee that it would be interesting to know whether the volume of requests was at particular times and to keep a monthly log.

The DCG noted that it was useful to understand the wider remit of the nature and volume of work undertaken by the IG team and advised the Committee that it could help to support the IGM with the resource requirements because it would highlight that trying to process that many requests with such few staff would be hard to achieve the target.

The IGM responded that due to the complexity of some requests, it could sometimes take a lot of time to fulfil those requests.

The CC advised the Committee that the ICO were likely to be unhappy with the compliance rate for IG mandatory training (63%) and asked if there was somebody within a Clinical Board that would have accountability for the training.

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	The IGM responded that the line managers were responsible for the same.	
	The DCG responded that it would be taken as an Action for the Executives.	**NF / NS**
	The Committee resolved that: a) Received and noted the series of updates relating to significant Information Governance issues	
DHIC 21/10/012	**Clinical Coding Performance Data** The Clinical Coding Performance Data was received. The IGM advised the Committee that Coding Compliance was marginally beneath the WG tartget of 95% but well above the national average in Wales. The CC advised the Committee that the Health Board was were doing well compared to other Health Boards. The IGM responded that the Health Board and Betsi Cadwaladr University Health Board were helping to increase the national average. The IMU asked if there was a strategy to discourage staff from leaving the Health Board in order to work in other organsations. The IGM responded that the team were limited with what could be done to stop people leaving the Health Board's employment. The DDHI responded that he would speak with the Executive Director of People & Culture (EDPC) to see if there could be any incentives that could offered in the the "hard to fill" roles. The CC asked for the the DDHI's proposed discussion with the EDPC to be noted as an action and for thanks to be provided to the teams to acknowledge the Committee's appreciation. **The Committee resolved that:** a) The performance of the UHB's Clinical Coding Department was noted.	
DHIC 21/10/013	**Joint IMT & IG Corporate Risk Register** The Joint IMT & IG Corporate Risk Register was received. The DDHI advised the Committee that the one red risk identified related to Cyber security and the mitigation was that an additional post would be appointed to the Cyber team. It was noted that the Cyber resource was scarce across Wales and that the Health Board was in danger of losing staff who worked in that area.	

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	It was noted that the broader Cyber plan would be picked up in the Cyber assessment framework and a detailed action plan would need to be adhered to. The DDHI advised the Committee that a lot of the other risks related to resourcing and the insufficient resource to deliver. It was noted that part of the mitigation was to provide a case for more resource to the Mangement Executive (ME). The CC queried whether, in light of the discussions had with regard to staff resources and finance, should Cyber be the only red risk on the register. The DDHI responded that he would produce and articulate what the risk was to the entire programme. The DCG responded that she would provide support to the DDHI with regards to strengthening the IT element of the capital risk on the Board Assurance Framework (BAF) before it was captured at the Board meeting. **The Committee resolved that:** a) The progress and updates to the Risk Register report were noted.	
DHIC 21/10/014	**IMT Audit Assurance Tracker** The IMT Audit Assurance Tracker was received. The DDHI advised the Committee on the progress of the Audit Tracker and noted that there was one outstanding item on the Maternity Audit Report which specifically related to Information Governance (IG) processes. It was noted that a commitment had been made to complete the item by the end of 2021 and that a band 7 IG support role had been identified. It was noted that the IG team was under-resourced given the amount of work that was required. Therefore, the need for an additional post had been put into the Digital and Health Intelligence's proposed new structure and the same would be taken to the Management Executives in October for discussion. It was noted that further issues identified on the tracker related to on-going cyber work. As part of the Network and Information Systems Regulations (NIS) a cyber assessment framework that CVUHB were being asked to participate in (which equated to a 35 day programme of work) would start on 11 November. **The Committee resolved that:** a) The progress and updates to the IMT Audit Assurance report were noted.	
DHIC 21/10/015	**IG Audit Assurance Tracker and Work Plan**	

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	The IG Audit Assurance Tracker and Work Plan was received.

The IGM advised the Committee that the report outlined the work that was being prepared in readiness for the ICO's visit and re-audit.

It was noted that the recommendations made by both the Wales Audit Office and Internal Audit had been completed or superseded, 8 regulatory recommendations had been closed, whilst 17 remained open.

The Committee resolved that:

a) The progress and updates to the Information Governance Audit Tracker were noted. | |
| **DHIC 21/10/016** | **IMTP Work Plan Exception Report (Digital Dashboard)**

The IMTP Work Plan Exception Report (Digital Dashboard) was received.

The DDHI advised the Committee that progress was being made in a number of areas where that had been previous issues and noted that funding was a recurrent issue that had been picked up in the report.

The Committee resolved that:

a) The progress against the roadmap and the areas of exception which required further attention and consideration were noted. | |
| **DHIC 21/10/017** | **Schedule of Control Documents (Policies & Procedures) – Verbal Update**

The Schedule of Control Documents (Policies & Procedures) update was received.

The DDHI apologised to the Committee that the update would be provided verbally due to scarce resource within the Digital team.

It was noted that a number of policies were now ready to be brought to the Committee and that his team would work with the Corporate Governance team to determine which policies and procedures could come to the next Committee meeting in February.

It was noted that the policies and procedures that were ready were:

- Transportation of Personal Identifiable Information.
- Information Risk Management procedure.
- IG Corporate training Policy.
- IT Security off-site mobile computing procedure.
- Antivirus guidance.
- IT security breach guidance. | |

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	It was noted that of the above items, only the IG Corporate Training Policy would need to come back to the Committee as all of the others could be approved virtually. **The Committee resolved that:** a) The Schedule of Control Documents (Policies & Procedures) Update was received.	

DHIC 21/10/023	**Minutes:**
	
	    i. IMT Capital Management Group Report
	    ii. Capital Management Group
	    iii. Digital Directors Peer Group
	
	The DDHI advised the Committee that the Digital Directors Peer Group was a new group that had met and that the same would sit alongside the Directors of Planning and Directors of Finance peer groups.
	
	It was noted that the Digital Directors Peer Group would give Executive Digital Health leads a forum to discuss common opportunities, risks and issues with each other with colleagues from WG and DHEW.
	
	The CCIO advised the Committee that it was very welcome group but noted it lacked a clinical voice and highlighted that it would be useful to expand the membership to CCIOs.
	
	The Committee resolved that:
	
	a) The minutes of the sub-groups were noted.	

DHIC 21/10/024	**Items to bring to the attention of the Board / Committee** No Items were brought forward	
DHIC 21/10/025	**AOB**	

	No other business was noted.	
DHIC 21/10/026	**Review of the Meeting** The CC conducted a review of the meeting. All present confirmed that the meeting had run very smoothly and good, positive discussions were had.	
DHIC 21/10/027	**Date & Time of next Meeting:** Tuesday 1st February 2021 09:00am – 12:30pm	

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Action Log
Following the Digital Health & Intelligence Committee
Held on 5th October 2021
(For the meeting 1st February 2022)

Minute Ref	Subject	Agreed Action	Lead	Date	Status
Complete Progress					
Actions in Progress					
DHIC 21/10/011	**IG Mandatory Training Update**	A targeted action would be required around IG compliance.\n\nContacting line managers to stress the importance of IG training on ESR.\n\nThe DCG advised that the action would be taken to ME (see actions referred to the Board/Committees below)	David Thomas / James Webb	**01.02.2021**	On the agenda for February 2022. Agenda item 3.3.
DHIC 21/10/007	**Digital Transformation Action plan**	The team would look internally about how they could transform and how to do business within digital.	David Thomas	**01.02.2022**	On the agenda for February 2022. Agenda item 3.1.
DHIC 21/10/012	**Clinical Coding Performance Data**	The DDHI would speak with the EDPC to see if there could be any incentive that could be offered for the hard to fill roles.	David Thomas	**01.02.2022**	
Actions referred to the Board / Committees of the Board					
DHIC 21/06/013	**Digital Strategy – Case for Investment**	The DCG stated that this could be taken to Strategy review session so that when strategic programmes are considered digital is then highlighted	Nicola Foreman\n\nDavid Thomas	**TBC by DCG**	To be taken to a future Strategy Review session.\n\nThe Director of Digital Health and Intelligence (DDHI) advised the

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Minute Ref	Subject	Agreed Action	Lead	Date	Status
		which would then feed into the Strategy & Delivery Committee.			Committee that the date would be scheduled in by the Director of Corporate Governance (DCG).
DHIC 21/10/011	**IG Mandatory Training**	ME to be made aware of the importance of IG mandatory training	Nicola Foreman / David Thomas	ME date to be set	

Report Title:	Annual Workplan 22-23 - Digital and Health Intelligence Committee					
Meeting:	Digital Health and Intelligence Committee			Meeting Date:	1st Feb 2022	
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 2022/23 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 2022/23 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:

(a) review and ratify the Committee Work Plan for 2022/23 and
(b) recommend approval to the Board on 31st March 2022.

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	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	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.

Regan Nikki
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Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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Digital Health Intelligence Committee Work Plan 2022-23				
App. - Approval Ass.- Assurance Inf. Information and noting	Exec Lead	07-Jun	04-Oct	14-Feb
Agenda Item				
Assurance				
Review and delivery of Digital Strategy	DT	Ass.	Ass.	Ass.
Assurance Review on processes and sysems for Data, Information management	DT		Ass.	
Assurance on Information Governance Training, Communications and Engagement Plans	DT		Ass.	
Review of the framework of policies , procedures and controls	DT	Ass.	Ass.	Ass.
Internal Audit Reviews	DT/NF	Ass.	Ass.	Ass.
WAO Reviews	DT/NF	Ass.	Ass.	Ass.
Other external reviews	DT	Ass.	Ass.	Ass.
Risk Register	DT/NF	Ass.	Ass.	Ass.
Development, procurement and implementation of national and Local IMT systems (as and when required)	DT			Ass.
Statutory and Mandatory Requirements				
Assurance that Caldicott Guardian requirements are met	MJ	Ass.	Ass.	Ass.
Assurance that Freedom of Information requirements are met	DT	Ass.	Ass.	Ass.
Assurance that GDPR Compliance is met	DT	Ass.	Ass.	Ass.
Data Breach Reports: Serious Reportable Data Breaches to the ICO Sensitive Information FOI Subject Access Requests Data Quality Incidents	DT	Ass.	Ass.	Ass.
Digital and Health Intelligence Committee Governance				
Annual Work Plan	NF			App.
Self assessment of effectiveness	NF	Ass.		
Induction Support for Committee Members	NF			
Review Terms of Reference	NF			App.
Produce Digital and Health Intelligence Committee Annual Report	NF			App.
Minutes of Digital and Health Intelligence Committee Meeting	NF	App.	App.	App.
Action log of Digital and Health Intelligence Committee Meeting	NF	Ass.	Ass.	Ass.

Report Title:	Digital and Health Intelligence Committee – Terms of Reference					
Meeting:	Digital and Health Intelligence Committee			**Meeting Date:**	1st February 2022	
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 of 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 June 2021 and approved by the Board in July 2021. Only a few changes have been recommended to the Terms of Reference and these are shown as tracked changes in red.

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.

Recommendation:

The Digital and Health Intelligence Committee is asked to:

(a) Review and ratify the changes to the Terms of Reference for the Digital and Health Intelligence Committee
(b) Recommend the changes to the Board for approval on 31st March 2022.

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

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

Reviewed by Committee: 1st February 2022

Approved by the Board:

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

3.   DELEGATED POWERS AND AUTHORITY

To achieve its 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 processing of data and information to meet legislative responsibilities.
- Accepted recommendations 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.

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:

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

- o   Information Governance
- o   Information Management
- o   Information Technology
- o   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 two 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.

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.

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.

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.

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)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

12.   REVIEW

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

Regan, Nikki
01/27/2022 10:31:17

Report Title:	Draft Annual Report 2021/22 – Digital & Health Intelligence Committee	Agenda Item no.	2.3
Meeting:	Digital & Health Intelligence Committee Meeting	Meeting Date:	01.02.22
Status:	For Discussion	For Assurance	For Approval	x	For Information	

Lead Executive:	Director of Corporate Governance
Report Author (Title):	Corporate Governance Officer

Background and current situation:

An Annual Report from the Committee is produced to demonstrate that it has undertaken duties set out in its Terms of Reference and to provide assurance to the Board that this is the case.

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

At the time of writing this report, the Committee has achieved an overall attendance rate of 90% based upon the number of Committees held to date (that is, the meetings held in June and October 2021). The draft Annual Report will be updated following the Committee's meeting in February 2022 to reflect attendance for the period 1 April 2021 to 31 March 2022.

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

The attached Annual Report 2021/22 of the Digital and Health Intelligence Committee demonstrates that the Committee has undertaken the duties that have been set out in the Terms of Reference.

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Recommendation:

The Digital & Health Intelligence Committee is asked to:

- **REVIEW** the draft Annual Report 2021/22 for the Digital & Health Intelligence Committee
- **RECOMMEND** the draft Annual Report to the Board for formal 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		x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn		x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology		x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us		x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	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:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Regan Nikki
01/27/2022 10:31:17

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Annual Report of Digital Health & Intelligence Committee 2021/2022

1.0   Introduction

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

2.0   Membership

The Committee membership is a minimum of four Independent Members. In addition to the Membership, the meetings are also attended by the Director of 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. The Chair of the Board is not a Member of the Committee but attends at least once annually after agreement with the Committee Chair.

3.0   Meetings & Attendance

The Committee met three times during the period 1 April 2021 to 31 March 2022. This is in line with its Terms of Reference.

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

The Digital & Health Intelligence Committee achieved an attendance rate of XX (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022 as set out below:

	01/06/2021	05/10/2021	01/02/2021	Attendance
David Edwards (Chair)	✔	✔	TBC	**TBC**
Michael Imperato (Vice Chair)	✔	✔	TBC	**TBC**
Ceri Phillips (Committee member until 31 July 2021)	✔	N/A	N/A	
Sara Moseley (Committee Member with effect from 1 August 2021)	N/A	✘	TBC	**TBC**
Prof Gary Baxter	✔	✔	**TBC**	**TBC**
Total	**75%**	**75%**		

4.0   Terms of Reference

The Terms of Reference are due to be reviewed and approved by the Committee on 1 February 2022 and will be approved by the Board on (*to be inserted once approved by the Board (anticipated to be on 31st March 2022*).

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5.0   Work Undertaken

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

Provide **assurance** to the Board that;

- Appropriate processes and systems are in place for data, information management and governance to allow the Health Board ("the UHB") to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.

- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.

- Effective communication, engagement and training is in place across the UHB for Information Governance;

- To seek assurance on the development and delivery of a Digital Strategy for the UHB ensuring that:
  o It supports Shaping our Future Wellbeing and detail articulated within the IMTP
  o Good partnership working is in place
  o Attention is paid to the articulation of benefits and an implementation programme of delivery
  o Benefits are derived from the Strategy

During the financial year 2021/22, the Digital Health & Intelligence Committee reviewed the following key items at its meetings:

Private Digital Health & Intelligence Committee

June, October 2021 & February 2022

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

- IG Audit Assurance

- Sensitive Issues

- Minutes of the Digital Delivery Leadership Group (formerly NIMB)

PUBLIC DIGITAL HEALTH & INTELLIGENCE COMMITTEE – SET AGENDA ITEMS

1st June 2021

At June's Committee Meeting the Committee was provided with a proposed draft of the updated Committee's Terms of Reference. It was noted that the draft updated Terms of Reference had taken longer than planned to be reviewed due to the departure of the previous Chair of the Committee and the time required by the new Chair to review the same.

Digital Transformation Progress Report (Digital Dashboard)

1st June & 5th October 2021

At the Committee meeting in June the Director of Digital and Health Intelligence ("DDHI") provided the Committee with an overview of the progress made with regards to the Digital Dashboard. The DDHI also highlighted to the Committee the impact that COVID had continued to have in relation to the Health Board's digital portfolio, and the digital and information support that continued to be required. The Committee was advised that the digital link into Woodland House had been upgraded and the impact of that had resulted in a more reliable experience using software, such as Microsoft Teams. The Committee was also informed that similar links into UHL and UHW would be made, as well as at other major sites, and the expectation was that this would lead to a better quality of service for all staff using broadband and virtual consultations.

It was noted that a lot of work had been undertaken in relation to the preparation of the National Data Resource (NDR) and that work with regards to the same had started to move forward. A new Programme Director had been appointed by Digital Health Ecosystem Wales (DHEW) to provide focus and to move at pace to lead the NDR work. The Committee also noted that there were plans for the Digital Team to implement the Welsh Nursing Care Record (WNCR), dependent on funding, and that a business case was in progress for both capital and revenue aspects to support the rollout throughout the Health Board.

Digital Strategy & Roadmap Update

1st June & 5th October 2021

The Health Board's Digital Strategy was discussed at the Committee meetings held in June and October 2021.

The creation and development of Cardiff and Vale's Digital Strategy 2020-2025 set out he Health Board's digital direction of travel and was identified as a key enabler of the UHB's service transformation plans over the following 5 years.

The DDHI advised the Committee that the Digital Strategy was approved by the DHIC Committee and Board in July 2020 and that his team were putting in place a roadmap to help bring the contents of that Strategy to fruition.

The DDT informed the Committee that 5 business cases had been produced:

1. Scan 4 Safety
2. Electronic Prescribing & Medicines Administration
3. Digital communications
4. Flexible working business case
5. Rationalising Printer Estate

The Committee had noted that the creation of several business cases had resulted in approval of some, via the Business Case Approval Group which was chaired by the Executive Director of Finance. The Committee was advised of the context surrounding the Digital Strategy, which included:

- The Digital Strategy which was approved in August 2020
  - The Strategy remained relevant and had been tested with Connect3 (Grant Thornton)
  - It was aligned to the Shaping Our Future Clinical Services (SOFCS) / UHW2 with regards to a learning Health and Care system.

- It was aligned nationally through the National Clinical Framework.
- It was aligned UK-wide – Action 6 for the NHS (Lance Commission looking forward from Covid).

Digital Strategy – Case for Investment

The Health Boards Digital Strategy Case for Investment was discussed at the Committee meeting in June. The Committee was advised that (i) the amount of capital investment that came in routinely as an annual recurring sum was circa £500,000 from discretionary capital and (ii) how that finite sum had compared with other Health Boards.

The Committee had recognised the financial constraints and limited resources of the Digital Team and the impact that could have in relation to being able to adequately plan, in particular given that the funds were usually more readily available at the end of the year or through short term funding solutions. The Committee also noted that if that if the financial allocation continued to be a challenge over a number of years it could damage the underlying structure i.e. physicial structure or virtual structure of the Health Board.

The Committee had recognised that lack of digital investment could become more apparent in the Strategy & Delivery Committee, because the digital technology would underpin the Health Board's key strategies. The Committee had noted that the investment piece of work would be referred to the Strategy & Delivery Committee, and subsequently to the Board, to highlight how the impact of not investing appropriately in Digital could impact upon the delivery of the Health Board's overarching strategy.

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

1st June & October 2021

The Committee was advised that the Information Governance Team ("the IG Team") had some outstanding work in order to get back to a pre-Covid position. The Committee had recognised that the IG Team were being mindful not to overburden services with information governance requests whilst pressures had shifted to recovery. Assurances were provided to the Committee in terms of the work undertaken by the IG Team to ensure that the Health Board met its statutory obligations with regards to Subject Access Requests ("SARS") and Freedom of Information requests ("FOI's"). The Committee had noted that the IG Team had continued to review a large number of Information Governance related incidents but only a small number of them were reported to the ICO as the majority did not meet the reporting threshold. The detail of these incidents was reported to the Private DHIC Committee meeting.

The Committee was advised in October that the Interim Medical Director had taken over the role of Caldicott Guardian for the Health Board from the Interim Chief Executive Officer.

The Committee had noted that mandatory training compliance remained a concern and that the IG Team would be contacting all line managers to remind them of the importance of Information Governance and staff training in relation to the same.

The Committee had noted that the volume of monthly Freedom of Information requests was approximately 400 to 450.

Clinical Coding Performance Data

The clinical coding performance data was provided to the Committee meetings in June & October 2021.

In June the Committee noted the concern raised with regards to the loss of staff within the Digital Department. The Committee had noted that a change had been seen over the previous 12 months because the English Health Boards had offered their staff a higher band of pay and more home working.   The Committee had noted the need to look at how the Health Board could support its staff in other ways.

In October 2021 the Committee was advised that Coding Compliance was marginally beneath the Welsh Government tartget of 95%, but well above the national average in Wales.

Joint IMT & IG Corporate Risk Register

The Committee received the Joint IMT and IG Corporate Risk Register at the June & October 2021 meetings and Committee Members scrutinised the same in order to assure themselves that the identified risks were being managed appropriately.

At its October meeting, the Committee was also appraised of staff recruitment to mitigate cyber security risks and had noted that the Cyber resource was scarce across Wales and that the Health Board was, therefore, at risk of losing staff working in that area.

IMT Audit Assurance Tracker

The Committee received and discussed the IMT Audit Assurance Tracker at the June & October 2021 meetings.

The Committee had noted that the IG Team was under resourced given the amount of work that was required and therefore, the need for an additional post in the new Digital and Health Intelligence structure had been proposed and would be referred to the Management Executives for approval in October.

The Committee was further advised that more issues had been identified on the tracker relating to cyber work that was ongoing and, that as part of the Network and Information Systems Regulations (NIS) the Health Board had been asked to participate in a cyber assessment framework and that the associated 35 days programme of work would start on 11 November 2021.

IG Audit Assurance Tracker and Work Plan

The IG Audit Assurance Tracker and work plan were received and discussed at the Committee meetings in June & October 2021.

In October the Committee was advised: -

- of the work that was being prepared in readiness for the ICO's visit and re-audit; and
- All Welsh Audit Office and internal audit recommendations had been completed or superseded, 8 regulatory recommendations had been closed, and 17 remained open.

Policies

In January 2022, the Committee received and approved the Information Governance Corporate Training Policy **(NB to be approved at February's Committee)**

6.0   Reporting Responsibilities

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

7.0   Opinion

The Committee is of the opinion that the draft Digital Health & Intelligence Committee Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

David Edwards

Committee Chair

Report Title:	Digital Transformation Progress Report		
Meeting:	Digital and Health Intelligence Committee	Meeting Date:	1st Februay 2022
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 the digital transformation programme.

The current position on business cases in development and other funded opportunities are summarised in this report. Digital transformation continues to be a priority for the organization and is recognised as a key enabler to support most if not all of the Shaping our futures strategic programmes.

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

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

Programme business cases progress

Business cases approved by BCAG are proceeding as follows.

Digital patient communications
- The digital comms (hybrid mail, appointment booking, portal) proposal was approved by Welsh Government. There is some additional internal process to conclude and we anticipate Q1 22/23 for the ITT finalisation and Q2 procurement and award.
- An NHS Wales App is being developed as part of the Digital Services for Patients and the Public (**DSPP**) programme. Once this is available we expect to reduce our use of what we procure as the hope is that this functionality as well as the ability for patients to see their NHS record (primary and secondary care) will supersede the requirement in the majority of circumstances.
- This will be reflected in the invitation to tender (ITT) when we are able to go to procurement

PROMs
- PROMs – procurement has concluded, we are going through contract award finalisation. The successful bidder was https://www.myclinicaloutcomes.com/

Digital dictation and Transcription
- Jan 2022 - has completed its pilot stages. There were some changes made by us and the supplier and we are ready for much wider deployment. Temporary resource has been secured to accelerate this to end March 2022. We have several hundred parties that have expressed interest. We will then move to develop the integrated version.
- To recap, there are 3 versions of the solution available to us to suit different clinician needs to suit their ways of working. The integrated (3rd) version will take a few months to complete.

Scan4Safety
- Jan 2022 – CAV UHB now have a clinical lead for this (one of our Clinical Board Directors), comms are almost complete and we are pending discussion with the first theatre to baseline in detail their activity. Working with the national programme team, this joint piece of work will deliver significant financial efficiency and importantly it helps to achieve safer practice.
- More information on San4Safety is available here https://www.scan4safety.nhs.uk/ .

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- Joint SROs are the Director of Digital Transformation and the Assistant Director of Finance, CD&T.
- Recruitment by national team for their staffing is complete, locally we will recruit our leads from February 2022.

ePMA
- ePMA – depending upon conclusion of the ePMA framework being delivered by DHCW, CAV anticipate going to market in Q1 2022 as a pathfinder.

Issues

Funding for a flexible resource pool of £200k pa was included in the programme of business cases but was paused to allow internal discussions about numerous change programmes and resource requirements and not reinstated.

There has never been a substantive team to support the implementation and exploitation of MS O365. Short term funding was secured via an SBAR submission to the UHB Management Executive in 2020 but this is now expired. All work will need to cease unless resource continuity can be secured.

There are development, activity, project and operational response pressures in D&HI that can only be alleviated by either stopping or refusing work or increasing our staffing complement on a sustainable basis.

The Director of Digital & Health Intelligence is part of the discussions held by Management Executive on this.

New Business Cases
- The bid we supported for national DPIF funds to introduce an all Wales digital Vein2Vein transfusion solution was successful for initial Discovery work and activity is starting. It will be overseen by the CAV UHB LINC Board.

- Projects which are being supported by Recovery funding to complete by end March 2022 include:
    - Electronic test requesting radiology and dashboards - CT ultrasound and film which is expected to save time for clinicians and improve patient experience.
    - Digital Front door across EAMD including integrated medicine and SAU/SDEC – we are enhancing our existing EU application to all of the front door at UHW. This includes SNOMED CT as well as extending the e-whiteboard and also leveraging that work to support other internal referrals between specialties. SNOMED will give standardized recording which will provide data to enable lead clinicians to better understand attendances e.g. there may be seasonality to some conditions such as bronchiolitis in children which can inform service improvement.
    - In 48 hours we were able to deliver functionality in EU Work Station to support what clinicians refer to as a virtual ward – in digital parlance this is an 'at home' location. Currently in use by medicine this will also extend across the front door to surgery.
    - Working with the comms team, we are targeting 5 areas to work with comms specialists to produce patient facing, patient consumable content. This should support patients / carers after they are seen to self-care/provide information on what to look out for. The areas are SDEC, Paeds EU, Mental Health, ENT, ED. Digital have initiated the projects, identified the areas, secured the funding and are supporting recruitment of contractor resource whilst Comms are managing and overseeing delivery of the work.
    - There are other related works planned and we anticipate bringing in over 20 contractors to support deliver to end March 2022.

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- Outpatients Transformation - clinical space is at a premium as we still have social distancing. A piece of work is underway with the Medical Records manager to create a clinic utilisation model which will enable the organization to have oversight of what is available, when, which specialties have what requirements.
- Importantly, this will enable the UHB to start managing outpatient space as a corporate resource. This initial piece of work is in core (main) outpatients. How we learn lessons and then spread/scale will follow in the next financial year.

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Cardiff and Vale University Health Board

Report Title:	ICO Audit Assessment Report		
Meeting:	Digital and Health Intelligence Committee	Meeting Date:	1st February 2022
Status:	For Discussion	For Assurance	x For Approval	For Information
Lead Executive:	Director of Digital and Health Intelligence		
Report Author (Title):	Head of Information Governance and Cyber Security		

Background and current situation:

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

The audit trackers form the basis of the information governance 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 Appendix 1. The work plan is presented in Appendix 2.

All WAO and internal audit recommendations have been completed or superseded.
15 regulatory recommendations have been closed, 10 remain open.

The ICO undertook their follow up audit during October 2021. Their report is attached as Appendix 3.

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.

Appendix 1 provides an update on the audit trackers and Appendix 2 provides an update on the work plan. There are no outstanding WAO or internal audit recommendations.

Assurance is provided by: Regular reviews of recommendations within the Digital & Health Intelligence senior management meetings.

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Recommendation:

The Board 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	
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	

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:	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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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	Oct-21	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	Oct-21	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 procesws of being reviewed. Completion date: Q1 2022/23		pc	
A3	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	Oct-21	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		All supervisors and managers contacted to ensure staff are reminded of their responsibility to read and be compliant with the IG Policy. In Progress. Email to be sent to all supervisors and managers as part of the IG training engagement plan. Completion date: Q2 2022/23		na	
A4	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	Oct-21	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	Oct-21	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. **Complete.** Caldicott Guardian training - complete SIRO training complete. DPO LLM complete.		c	
A6	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	Oct-21	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	Oct-21	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	Oct-21	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	Oct-21	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	Oct-21	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. Complete. ROPA exists for all regular and project-based sharing in combination with the IAR's, this provides a comprehensive picture of all routine ongoing sharing of data.		c	
A11	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	Oct-21	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. Complete		c	
A12	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	Oct-21	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	

ID		Dept				David Thomas	Directorate	James Webb		Date	Target	Recommendation	Management Response		Status
A13		Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	Oct-21	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	Oct-21	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.		c
A15	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	Oct-21	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). Rejected.		c
A16	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	Oct-21	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	Oct-21	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	Oct-21	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	Oct-21	The organisation should ensure that all staff receive regular training and refresher training on fair processing policies and privacy information.	Will speak to NWIS 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. Complete. Requested that DHCW add content on privacy information to the national IG e-learning.		c
A20	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	Oct-21	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 Complete. National breach reporting tool is now in place		c
A21	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	Oct-21	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	Oct-21	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

Ref														
A23	IT	Information Governance Dept	ICO			David Thomas	Digital and Health Intelligence	James Webb		25/02/2020	Oct-21	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	Oct-21	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	Oct-21	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		na

Information Governance Audit Work Plan February 2022

UHB Ref:	ICO Ref:	Priority	Recommendation	Action	Current Status/Completion Date
R1	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 DHCW 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.	Complete. Requested that DHCW add content on privacy information to the national IG e-learning.
R2	A5	High	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	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,	Complete. Caldicott Guardian training complete. SIRO training complete. DPO LLM complete.

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			included in all job descriptions of roles with IG responsibilities. This should ensure that staff can carry out their roles effectively	Information Asset Administrators	
R3	A10	High	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.	Complete. ROPA exists for all regular and project-based sharing. In combination with the IARs, this provides a comprehensive picture of all routine ongoing sharing of data.
R4	A11	High	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 lawful basis for processing and not meeting their obligations under	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	Complete.

			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.	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.	
R5	A15	Medium	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	Reject—In the context of referrals into the UHB and out of the UHB, the	Rejected.

				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.	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).	
	R6	A20	Low	The organisation should ensure that it has documented what information needs to be given to the ICO in the	Procedure detailing breach reporting	Compete.

					procedure and what detail needs to be provided should be created	National breach reporting tool is now in place.
			event of a reportable data breach. This will provide assurance that breaches are being reported in accordance with the legislation.			
R7	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: Q1 2022/23 |
| **R8** | 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 appropriate policies and therefore are aware of organisational requirements and their responsibilities | All supervisors and managers contacted to ensure staff are reminded of their responsibility to read and be compliant with the IG Policy. | In Progress.

Email to be sent to all supervisors and managers as part of the IG training engagement plan.

Completion date: Q2 2022/23 |

Cardiff and Vale University Health Board

Follow-up data protection audit report

November 2021

Executive summary

Background

The Information Commissioner is responsible for enforcing and promoting compliance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 (DPA18) and other data protection legislation. Section 146 of the DPA18 provides the Information Commissioner's Office (ICO) with the power to conduct compulsory audits through the issue of assessment notices. Section 129 of the DPA18 allows the ICO to carry out consensual audits.

The ICO is an independent, proportionate regulator and sees auditing as a constructive process with real benefits for controllers and so aims to establish a participative approach. High standards of personal data protection compliance help organisations innovate and deliver great services by building trust with the public. The ICO's expertise and consistent approach to regulation provides certainty enabling organisations to feel confident to use personal data responsibly, innovate and support economic growth.

Cardiff and Vale University Health Board (Cardiff and Vale UHB) agreed to a consensual audit by the ICO of its processing of personal data.

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The original audit took place at Cardiff and Vale UHB's premises on 25 – 27 February 2020 and covered the following scope areas:

Scope Area	Description
Governance and Accountability	The extent to which information governance accountability, policies and procedures, performance measurement controls, and reporting mechanisms to monitor data protection compliance to both the GDPR and national data protection legislation are in place and in operation throughout the organisation
Cyber Security	The extent to which the organisation has technical and organisational measures in place to protect personal data from external and internal attacks on confidentiality, integrity and availability.

The audit was conducted following the Information Commissioner's data protection audit methodology. The key elements of this were a desk-based review of selected policies and procedures, on-site visits including interviews with selected staff, and an inspection of selected records.

Where weaknesses were identified recommendations were made, primarily around enhancing existing processes to facilitate compliance with the DPA.

45 recommendations were made in the original audit report. In order to assist the Health Board in implementing the recommendations each was assigned a priority rating based upon the risks that they were intended to address. The ratings were assigned based upon the ICO's assessment of the risks involved.

Cardiff and Vale UHB responded to these recommendations agreeing to formally document procedures and implement further compliance measures.

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The following charts summarise the Cardiff and Vale UHB's response to the recommendations made.

Overall % of recommendations accepted, partially accepted or rejected
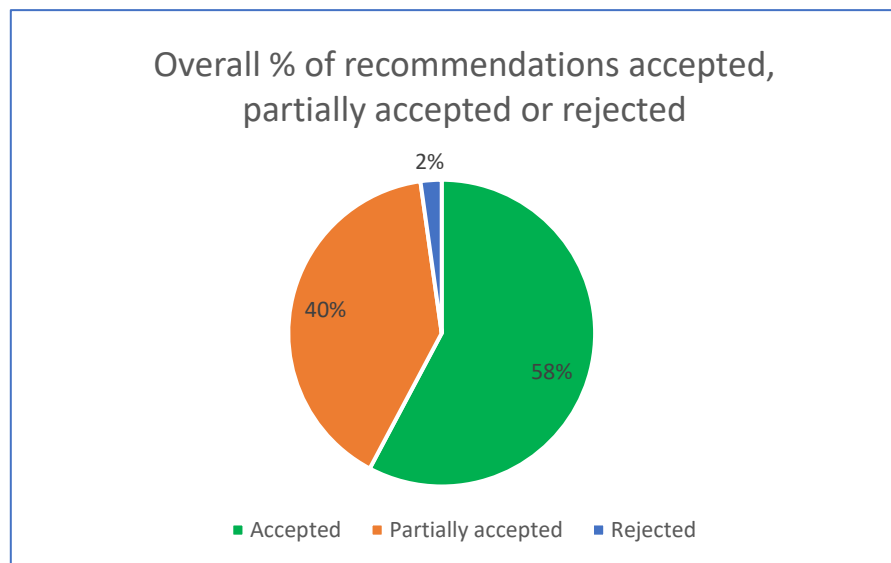
The pie chart above shows that overall, 58% of recommendations have been accepted, 40% have been partially accepted and 2% have been rejected.

Number of recommendations accepted, partially accepted or rejected by scope area
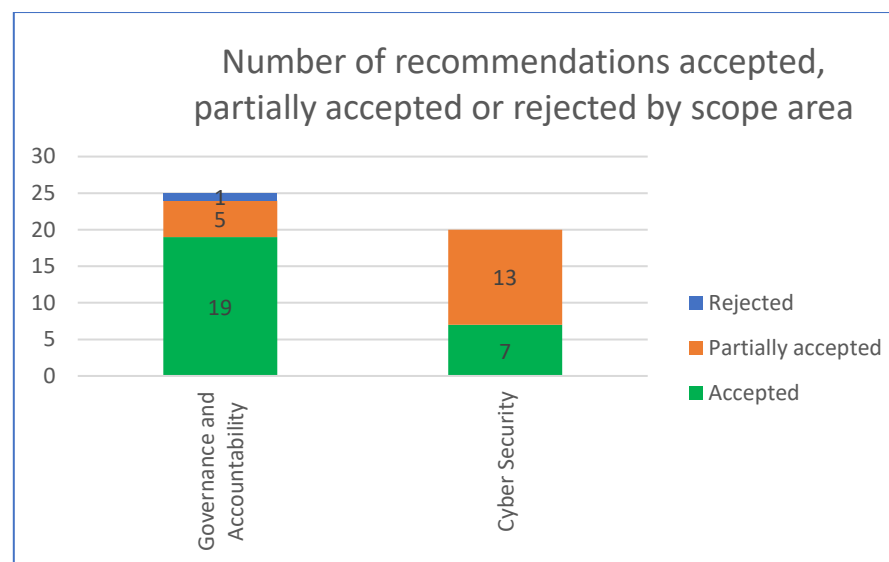
The bar chart above shows that for the Governance and Accountability scope, 19 recommendations have been accepted, 5 have been partially accepted and 1 has been rejected.

For the Cyber Security scope, 7 recommendations have been accepted, 15 have been partially accepted and 0 have been rejected.

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Follow-up process

The objective of a follow-up audit assessment is to provide the ICO with a level of assurance that the agreed audit recommendations have been appropriately implemented to mitigate the identified risks and thereby support compliance with data protection legislation and implement good practice.

For all Urgent and High priority recommendations made in the original audit report, Cardiff and Vale UHB are required to provide an update on the actions they have taken with supporting documentation to evidence progress.

For all Medium and Low priority recommendations made in the original audit report, Cardiff and Vale UHB are required to provide an update on the actions they have taken.

The updated Action Plan should be signed off at Board Level.

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Follow-up audit summary

A desk based follow-up took place in November 2021 to provide the ICO and Cardiff and Vale UHB with a measure of the extent to which Cardiff and Vale UHB had implemented the agreed recommendations. The following charts show a summary of progress to date.
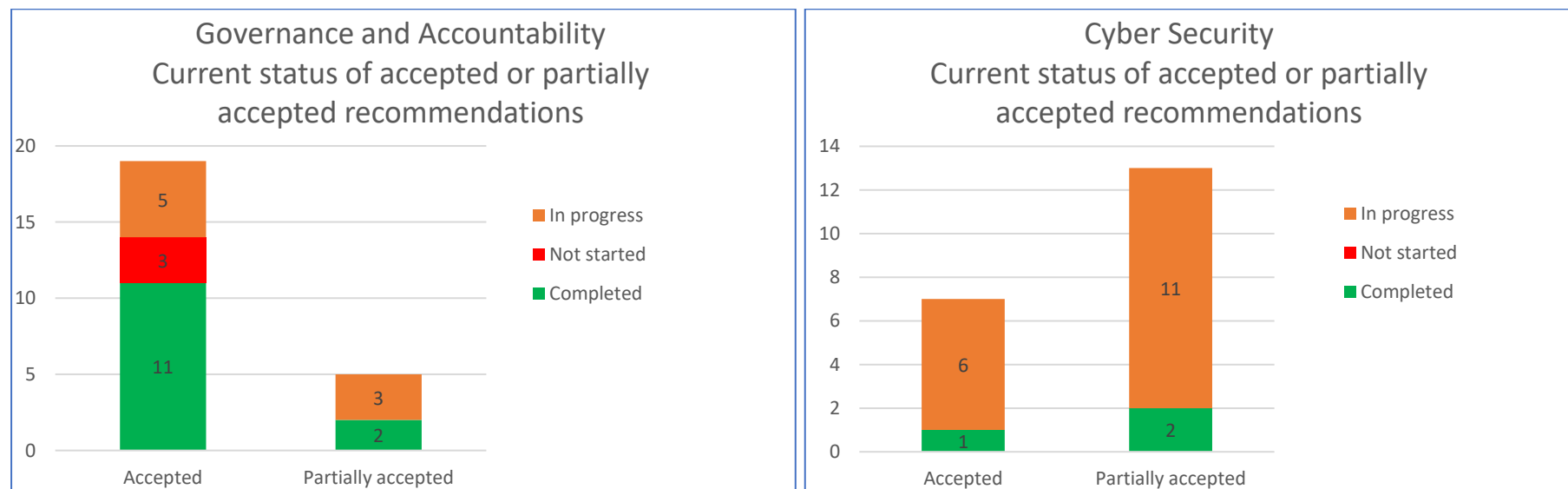
- In the Governance and Accountability scope area there are still 8 recommendations in progress and 3 that have not yet been started. In these instances there remains the residual risk of non-compliance with data protection legislation.
- In the Cyber Security scope area we note that all the recommendations' actions are either in progress or completed.

Key follow-up audit findings

Main improvements include:

Governance and Accountability:

- Cardiff and Vale UHB have implemented an Appropriate Policy Document to ensure that they have properly considered and documented their justification for processing personal data.

- The Information Governance Policy has been reviewed and updated to provide information regarding data protection compliance monitoring.

Cyber Security:

- The Health Board has put in place senior leadership roles to implement improvements to Cyber Security, as well as committing to the recruitment of permanent staff for the Cyber Security Team.

- Assurance around the security of third party contracts has been strengthened by the requirement for suppliers who take data out of the Health Board to complete a Cloud Security Assessment, while those who access the Health Board's data remotely must complete the NHS Wales Code of Connection.

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Main risk areas still outstanding:

Governance and Accountability:

- No progress has been made on the action regarding the reporting of KPIs relating to records management. The Health Board should ensure that there is full oversight of records management at a senior level to provide assurance of compliance to legislation.

- A training needs analysis for information Asset Owners (IAOs) has yet to be carried out. The Health Board should ensure that all IAOs have adequate training to avoid the risk of their not carrying out their role sin information risk management effectively.

- Work has not yet started to ensure that the level of access which IAOs have to the SIRO and DPO is formally established and recorded in job descriptions.

- The Health Board should complete as soon as possible the work to migrate details of all information assets to the new Information Asset Register template where lawful bases for processing information are included.

- The work to review and update all IT policies should be completed as soon as possible so that appropriate and accurate information is available for staff.

- The Health Board should ensure that a process to provide assurance that staff have read appropriate policies has been investigated.

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Cyber Security:

- The cyber security element of the mandatory training modules should be strengthened to improve staff knowledge and avoid personal data being lost or compromised.

- The new change management function should be implemented as soon as possible to ensure adequate controls are in place to protect data.

- Work to ensure the centralised management of endpoint controls should be progressed in a timely manner.

- The Health Board should ensure that external penetration tests are undertaken soon, and continue on a regular basis.

Follow-up audit conclusion

There are a number of outstanding actions which means there is still a risk of non-compliance with data protection legislation. Cardiff and Vale UHB should take urgent steps to complete all the actions agreed in the original audit.

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Credits

ICO Auditors

Michael Thewlis – Team Manager

Elizabeth McKay – Lead Auditor

Thanks
The ICO would like to thank James Webb, Data Protection Officer for their help in the audit follow up engagement.

Distribution List
This report is for the attention of James Webb, DPO and David Thomas, SIRO

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Disclaimer

The matters arising in this report are only those that came to our attention during the course of the follow up audit and are not necessarily a comprehensive statement of all the areas requiring improvement.

The responsibility for ensuring that there are adequate risk management, governance and internal control arrangements in place rest with the management of Cardiff and Vale University Health Board (the Health Board).

We take all reasonable care to ensure that our follow up audit report is fair and accurate but cannot accept any liability to any person or organisation, including any third party, for any loss or damage suffered or costs incurred by it arising out of, or in connection with, the use of this report, however such loss or damage is caused. We cannot accept liability for loss occasioned to any person or organisation, including any third party, acting or refraining from acting as a result of any information contained in this report.

This report is solely for the use of the Health Board. The scope areas and controls covered by the original audit were tailored to the Health Board and, as a result, this report is not intended to be used in comparison with other ICO follow up audit reports.

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Report Title:	Information Governance Data and Compliance		
Meeting:	Digital Health Intelligence Committee	Meeting Date:	1st February 2022
Status:	For Discussion	For Assurance	x For Approval	For Information
Lead Executive:	Director of Digital Health Intelligence		
Report Author (Title):	Head of Information Governance and Cyber Security		

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.

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

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

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The overall Information Governance Department establishment has increased to 5 WTE. A business case for additional resource is being developed for submission to the Business Case Advisory Group (BCAG) for consideration in the next few weeks.

The number of information governance related incidents raised and reviewed remains high, although it wasn't felt necessary to discuss any data breaches with the ICO since the last committee meeting in October 2021.

The anticipated improvement in the Subject Access Request compliance hasn't been demonstrated since the last committee.

Freedom of Information compliance have fully recovered since the last committee.

The IT issues preventing National Intelligent Integrated Audit System (NIIAS) monitoring have been resolved and routine surveillance has been re-established.

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
- Professor Meriel Jenney, Interim Medical Director, is the Caldicott Guardian
- James Webb is the Data Protection Officer
- The Information Governance Department is currently resourced at 5 WTE. This represents an increase by 1.2WTE since the last committee

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

Date reported: Sep 2021 to Dec 2021

During this period, the Information Governance Department reviewed 314 incidents via the UHBs e-Datix incident module. 153 incidents were considered to be IG related. No breaches met the threshold to be discussed.

3. **Freedom of Information Act**

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

Freedom of Information Requests
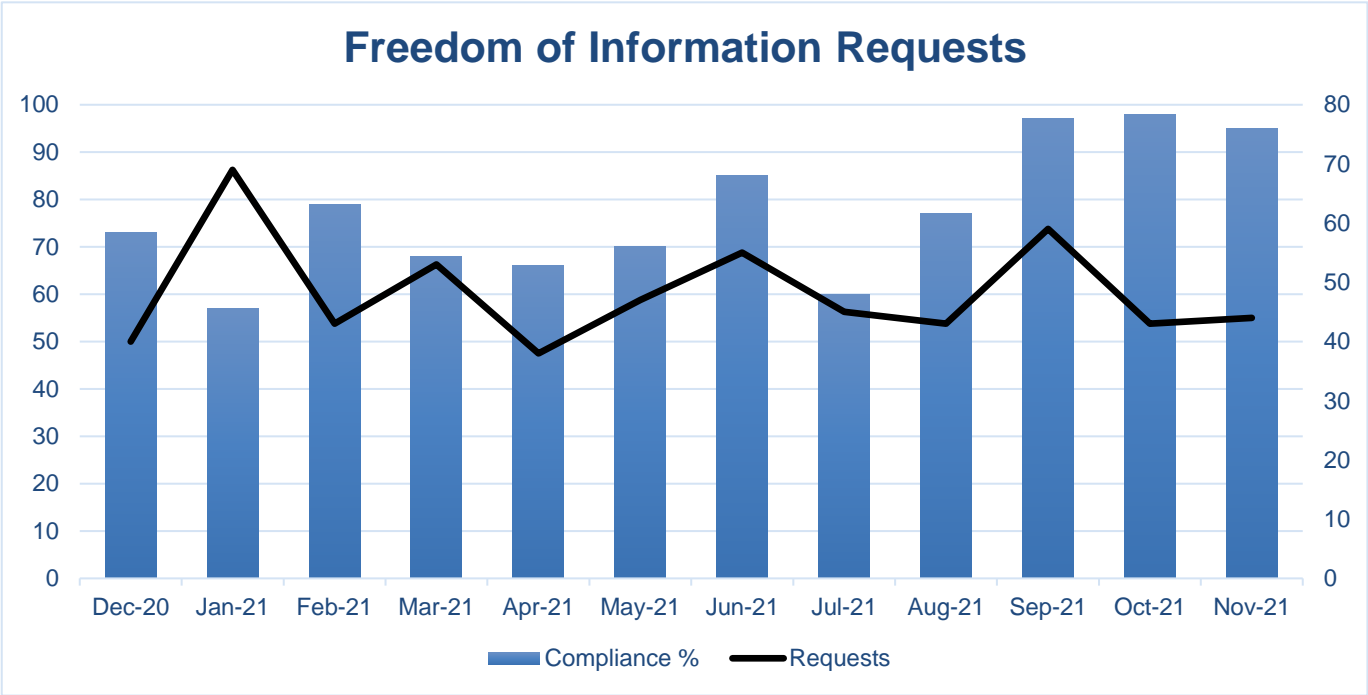
Compliance during over the last 3 months has recovered to pre Covid-19 levels, averaging 97%. The average number of FOIs received during the last 12 months is 48 requests per month. For the previous period, we received 41 requests per month.

4. Subject Access Requests Processed

4.1 Health Records requests

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

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Subject Access Requests for Medical Records
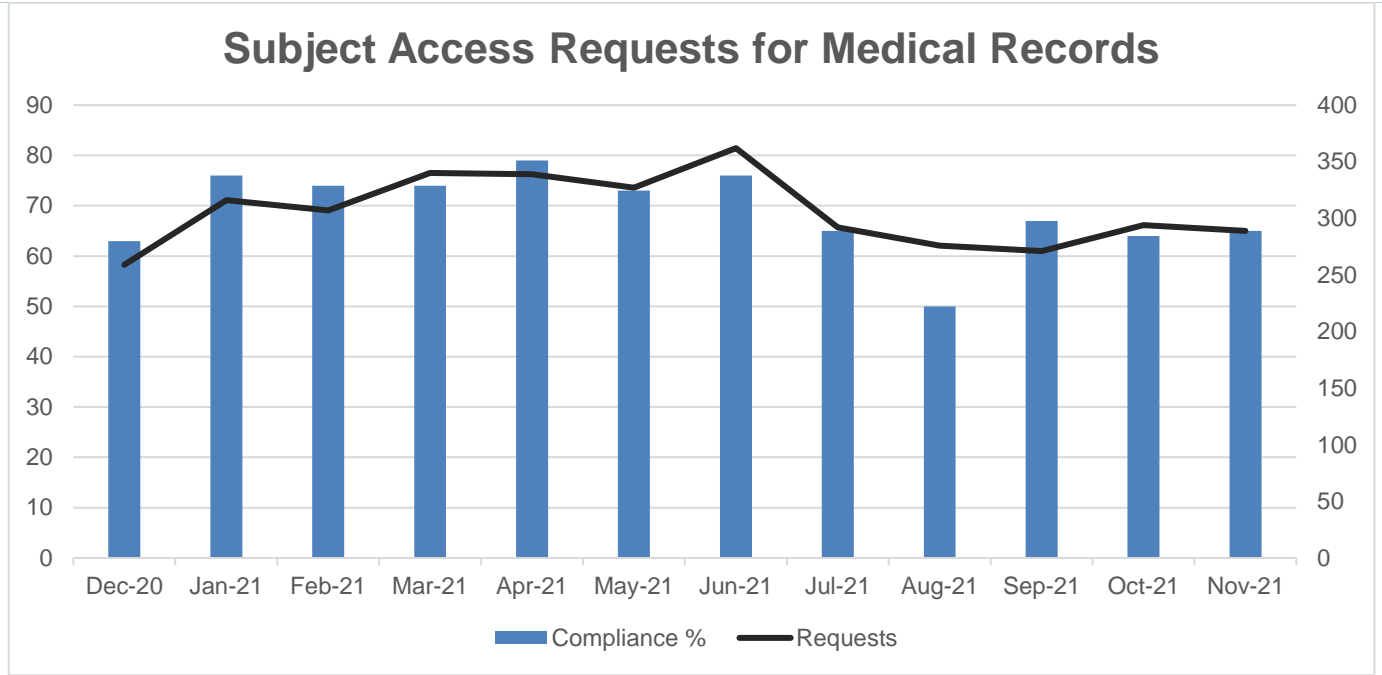
The number of requests received averages 306 per month. Compliance over the last 6 months has dropped due to a combination of resource and technical complications. The technical issues have now been resolved and vacancies have been appointed.

4 .2   Non Health Records

A total of 15 subject access requests submitted for non-health records were received from September to December 2021. 12 requests (80%) were responded to within the legislated time frame.

5.   Compliance Monitoring/NIIAS

The IT issues reported at the last committee meeting have been resolved and monitoring has been re-established based on a plan which Management Executive have approved. An unprecedented number of false positives are being identified given the significant volumes of staff accessing other staff records as part of the Covid-19 vaccination programme. Similarly, an increased number of staff are accessing their own record in order to determine whether Covid results have been reported, so that they can return to work. Administration of such access is being carefully managed.

6.   Information Governance Mandatory Training

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Overall UHB Information Governance training compliance is currently 63% and is broken down by Clinical Boards as follows.

Clinical Board	Compliance
All Wales Genomics Service	88%
Capital, Estates & Facilities	60%
Children & Women Clinical Board	68%
Clinical Diagnostics & Therapeutics Clinical Board	72%
Corporate Executives	67%
Medicine Clinical Board	53%
Mental Health Clinical Board	64%
Primary, Community Intermediate Care Clinical Board	63%
Specialist Services Clinical Board	61%
Surgical Services Clinical Board	57%
UHB	**63%**

This represents no change in average completeness since figures were last provided to the Committee.

As agreed at the previous committee meeting, some dedicated communications targeted at line managers, will be considered at Management Executive, for organisation-wide distribution.

ASSURANCE is provided by:
- Reports detailing compliance against legislative requirements.

Recommendation:

The Digital Health and Intelligence Committee is asked to:

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

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

Regan Nikki
01/2372022 10:31:17

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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	RISK REGISTER TEMPLATE																			
CLINICAL BOARD/CORPORATE DIRECTORATE:			**CORPORATE**																	
SPECIALITY/DEPARTMENT:								**Digital & Health Intelligence**												

Risk Ref.	Strategic Objective	Date risk added dd/mm/yyyy	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Date of next review	Assurance Committee
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total		
A4/0023	8	06/08/2011	**Cyber Security** - The Cyber Security threats to service continuity	DT			0	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.		5	4	20			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 essentiual 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. **Sept 2021: Two cyber roles appointed to with an additional two currently in progress** **Jan 2022 update: Business case being presented to appoint further Cyber Security roles to support Cyber function . Additional interim support has been secured from non-recurrent revenue source.**	Head of IG & Cyber Security				0	
A3/0110	8	13/12/201	**Server Infrastructure** The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to maintain. There is a requirement to also retain a minimal number of physical servers for those systems not capable of virtualisation.	DT			0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		4	3	12			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 amount of Discretionary capital allocated to Digital and the requirements to sustain our infrastructure. This has been highlighted to Capital Management Group and included in the Digital services Case for Investment plan submitted to management excecutive in December 2020. **Jan 2022 update: The UHB has received capital allocations from Discretionary Capital, Internal Capital Slippage, WG Capital slippage and the Digital Priorities Investment Fund totalling in excess of £5M. This will significantly improve infrastructure resilience .**	Head of Digital Operations				0	

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Ref	Score	Date	Risk Description	Owner		Controls / Assurance		L	C	Rating		Update / Action	Lead
A2/0004	8	13/12/2013	The delivery of the IM&T Strategic Work plan is based on the UHB being able to ensure that the IM&T Department is appropriately resourced to manage infrastructure and deliver projects. All bench marking information indicates that the UHB is significantly under resourced in this area. Consequence: Inability to support operational and strategic delivery at pace required, reliance on outsourcing at enhanced cost, non compliance with legislation (FOI / GDPR)	DT	0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		4	3	12		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 HeaITh Board to plan to enahnce its Digital Device infrastructure. There is however a great deficit going forwards between the amount of Discretionary capital allocated to Digital and the requirements to sustain our infrastructure. This has been highlighted to Capital Management Group and included in the Digital services Case for Investment plan submitted to management excecutive in December 2020. Sept 21 - A staff gap analysis has been carried out in DH&I. Significant shortfalls has been identified and formalised within the report being presented to CAV UHB Exec Board by the Director of DH & I **Jan 2022 update: A submission on resourcing was submitted to management Exec in November but was only funded on a non recurring basis to end of March. Further submissions are being prepared for consideration by the Business Case Assessment Group (BCAG)**	Director of D&HI
	8	28/09/2015	Risk:- Non compliance with Data Protection & Confidentiality Legislation - the UHB's progress in taking forward the action plan to reduce the risk of non compliance following the ICO's assessment of our 'reasonable assurance' with the GDPR/ DPA is not sufficient to mitigate the risk of non compliance with Data Protection Legislation. Consequence: Mistrust of our population and other stakeholders resulting in their unwillingness to share / divulge essential information, Significantly financial penalties - and increasing post BA case	DT	0	Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOs/IAAs from this. GDPR awareness being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement.		4	3	12		Restructuring of IG department will increase amount of expert resource. Resolution of long term absence will also increase available expertise and resource to support GDPR plan, and manage the operational requirements on the corporate department. Ongoing implementation of GDPR/ICO action plan. The Information Governance team have developed a work plan to review and update all outstanding policy and procedure documents in the CDF and these are scheduled to be complete by December 2020. Implementing the action plan will reduce the risk, May 2021: policies are being reviewed and an update will be reported to DHIC in June 2021. Sept 2021: Business case being presented to appoint further IG support to support with CB engagement. **Jan 2022: Additional non-recurring funding made available until 31.03.22. Recurrent funding bids are being prepared for consideration by the Business Case Assessment Group (BCAG)**	Head of IG & Cyber Security
	8	19/02/2018	**Data Quality** High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incorrect/incomplete/late recording of activity	DT	0	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		4	3	12		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 - specifically the Analyst Channel Programme Board; plans to establish this board in October 2020. Jan 2021: the Analyst Channel Programme board is holding its inaugural meeting in February, chaired by a clinician.	Head of IG & Cyber Security
	8	16/02/2018	Risk: obligations and accountabilities relating to the way data is handled are not formalised Consequence: the UHB could suffer detriment and/or have difficulties applying remedies against a third party if data is not handled appropriately	DT	0	Library of outline documents for sharing data available, with completion of these supported by corporate information governance department. Requirements to use and refer to are being emphasised within the training.		4	3	12		Procurement are greatly assisting process by referring all issues involving data sharing to the corporate IG department.	Head of IG & Cyber Security
	8	16/02/2018	Risk: IG policies and procedures are not up to date/do not cover all relevant areas. Procedures are not aligned to relevant national policies. Consequence: Lack of clarity in terms of how the UHB expects its staff to work to in	DT	0	Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy is live and covers a number of existing policies.		4	3	12		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.	Head of IG & Cyber Security
	8	02/02/2018	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"	DT	0	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.		3	4	12		CAV involvement in National programme activities and Governance review. Opportunity 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 stakeholder Exec to Exec meetings to share plans and strategic ambitions (initial meeting held in May 21) **Jan 2022: Regular DHCW execs to exec meetings scheduled for 2022**	Head of IG & Cyber Security
	8	28/09/2015	Risk: Accessibility of data: UHB does not have an ability to access and use the data it requires to carry out its full range of statutory obligations and enable delivery of our strategy and IMTP. . Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (e.g. WCRS, WRRS) Consequence - Inability to deliver strategic UHBs, namely - Supporting people in choosing healthy behaviours, - Encouraging self	DT	0	Approach identified to work with C&V GPs to share data across care sectors to inform improvement and to gain a better understanding of need, demand and the capacity available to meet it. National data repository programme will provide access to tools and expertise		3	4	12		National Architectural design group and interoperability group being set up in line with Once for Wales agreement and WG Informatics statement of intent should provide medium term solution. HB taking forward data acquisition programme in line with the development of the electronic care record. May 2021: in support of information sharing outside of direct care purposes, agreement has been reached with WAST and Cardiff Council (Social Services) for data to be shared; a similar request to include GP data is currently being considered by the Wales GPC/DHCW.	Head of IG & Cyber Security

ID	Score	Date	Risk Description			Mitigation / Action			L	C	Rating		Update / Commentary	Owner					
	8	28/09/2015	Risk: Unavailability of full, consistent care delivery information results in an inability to ascertain outcomes of care we provide, and commission, plan and improve services accordingly. Consequence - Low assurance on safety, quality and effectiveness of services and satisfaction with services, sub optimal decision making, inability to execute policy and strategy, reputational damage.	DT	0	Analysis and wider engagement and communication of outcome and audit data, triangulated with efficiencies and effectiveness data as part of Medical Director led programme established. UHB and national investment in data repositories and clinical forms will support programme			3	4	12		Acceleration of programme. This will be addressed via the Digital Strategy enablers programme and clinician and analyst channels programme boards (Oct 2020). Jan 2021: both channel programme boards established and will drive the programme.	Head of IG & Cyber Security				0	
	8	01/10/2018	With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.	DT	0	Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.			4	3	12		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. Jan 2022 Update: Prioritisation process and methodology being compiled as part of a plan to implement a "Digital Front Door" project request process as part of the new Ivanti helpdesk Portal. This does require adequate recurrent resources.	Head of Operations				0	
A4/0024	8	29/01/2021	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).	DT	0	The UHB engaged with NWIS and other Health Boards to evaluate options available to mitigate this risk.			5	2	10		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. **Jan 2022 update- Telepath Contract was extended to end of 2020 (including Hardware refresh) but the Service are in discussion with the supplier to extend further to a date that will see C&V onto the new LINC system in 2023**	Head of Operations				0	
A3/0104	8	13/12/2013	**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.	DT	0	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.			3	3	9		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**. Jan 2022 update: Significant progress has been made in this area with over 8500 new devices recently procured.**	Head of Operations				0	
	8	28/09/2015	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	DT	0	UHB architectural design to be reviewed to consider local data repository for bringing together in a usable way clinical information held in numerous clinical systems. UHB working through a programme to implement once for Wales requirements for data and technical interoperability standards.			3	3	9		National prioritisation for NWIS to open up the national data repositories. **Jan 2020: NDR & CDR workshops to understand the technical roadmap this will be picked up via the national IT** infrastructure review being undertaken in Feb / March 2020 . The new governance model supporting the Digital strategy delivery will address via the clinician channel programme board, which is being established in October 2020. Jan 2021: The clinician channel programme board has been established and will drive direction and priorities for the NDR/LDR in CAV. May 2021: All Digital strategy channel programme boards established and led by a senior clinician, overseeing the delivery of the CAV Digital Strategy roadmap plans. **Jan 2022: NDR Programme Board re-established with a smaller focussed group. CAV represented via Director of Digital & Health Intelligence**	Head of IG & Cyber Security				0	

ID	Score	Date	Risk Description	Owner		Update					Score	Mitigating Actions	Responsible		Score
A4/0025	8	10/07/1905	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.	DT		0	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.			4	2	8	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. Sept 21 - WCCIS national funding has continued into 2021/22, at a lower level than previous years, and with a greater emphasis upon 'record sharing'. To this end, whilst WCCIS implementation continues to be financially supported within VoG, the regional partnership board have employed a project manager (Gill Carter) to investigate the opportunities for wider record sharing, beyond the boundaries of WCCIS scope. The WCCIS programme Nationally is progressing through a series of underlying system upgrades towards a supported version of Microsoft CRM Dynamics, which will be achieved around April 2022. At that point, focus will return upon deployments, and Health Board required functionality.	Senior Programme Manager		0
A5/0013	8	13/12/2013	**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.	DT		0	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.			4	2	8	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. Sept 21 -Windows 10 deployments continues at CAVUHB. We have deployed 6,900 workstations so far with an additional 1,200 devices deployed by the Community team. There are approximately 3,000 devices left to upgrade/replace with an estimated completion date early 2022. **Jan 2022 update: The UHB Device estate has increased significantly to 14000 partly as a result of home working. There now remain less than 900 devices to upgrade or replace. Completion target is March 2022.**	Head of Digital Operatins		0

Report Title:	Joint IMT Risk Register					
Meeting:	Digital and Health Intelligence Committee			**Meeting Date:**	1st February 2022	
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 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 Risks in red status with a score of 20 which include:

- Cyber Security

11 x Risk in amber status with various scores which include:

- Server Infrastructure
- Insufficient Resource – Capital & Revenue
- Compliance with data protection legislation
- Data Quality
- UHB Standard Data Processing
- Governance framework (IG policies and procedures)
- NWIS Governance
- Data availability
- Outcome Measures
- WLIMS
- Effective resource utilisation

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4 x Risks have been reduced on this report to yellow status (below 10) which include:

- End of Life Infrastructure (access devices)
- Clinical Records Incomplete
- WCCIS Local team not resourced
- Software End of Life Implications

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

Risk Register Report is attached

Recommendation:

The Committee is asked to:

- NOTE 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		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	

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:	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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Report Title:	Development, procurement and implementation of national and local IM&T systems – Update Report				
Meeting:	Digital and Health Intelligence Committee			Meeting Date:	1st 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 details on the high priority programmes within CAV UHB'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, IMTP, transformation programme and the Welsh Government's Healthier Wales and Informed Health and Care policies and strategies.

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

Regional e-Record (utilising the Local Data Repository (LDR):

Following a successful bid in September 2021 for £200k of funds from Welsh Government, a virtual team has been formed across CAV UHB, Cardiff council and Vale Council to develop:
    a. Initial 'Lego block' initiative – Looked after Children (LAC) referral management between agencies.
    b. Information Governance/Data Sharing relationship based upon public task and direct care delivery
    c. Front-end viewing tool to present LAC e-record.
    d. Operational testing and acceptance documents to adopt the change into business.

Operational services are currently coming forward with the areas of their businesses that cannot be successfully delivered without improved e-record interoperability. These are being "business analysed" to inform a bid to Welsh Government for 2022/23 support, being submitted during February 2022.

Personal Health Record (PHR) as previously reported, a suite of solutions. Some in progress:

- Hybrid mail, appointment booking, portal to view documents – update reported on in 3.6
- PROMs – update reported on in DHIC agenda item 3.1.
- Clinic mailboxes – IG protocol agreed, guidance on mailbox monitoring and how to set-up mailboxes written and tested, has been shared – no further reports on mailboxes.
- Information for patients on website by clinic and that can be sent to the hybrid mail portal - update reported in DHIC agenda item 3.1.

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Ivanti, Projects and ITIL training for staff.

CAV UHB are deploying a new helpdesk as part of their Ivanti Service Management (ISM) implementation, scheduled for 7th February 2022.

The service delivery product suite contains several key elements including; An ITIL framework based Helpdesk, Staff Self-Service and Change Management modules. CAVUHB will also be looking to implement Service and Project Request Automation as well as implement comprehensive Asset Management, throughout all of the Digital Operations teams.

CAV UHB are taking a phased implementation approach collaboratively with the professional guidance of the system supplier, Ivanti. In early Feb 2022, we will be going "Soft Live" this will see the deployment of the Service Desk and Problem Management elements to the internal support teams for approximately eight weeks.

During this time the capturing, training and reporting of incidents will be tested in a working environment. Before going live to the wider CAVUHB staff base, we will be gathering valuable feedback from departmental super users to ensure the system works appropriately for staff as well as IT Support. Change and Asset Management implementation will run alongside the internal release with separate internal teams testing, configuring and refining the environments.

In preparation of this rollout, the first phase of support staff (ten) have successfully completed the ITIL v4 Foundation course and associated examination. There are plans for all of the support staff to have completed the foundation training, with Team Leaders and Seniors completing intermediate and advanced ITIL training throughout FY 22/23.

CAV UHB engaged with a national training partner who came on site to CAVUHB and provided 1-2-1 training for ten IT Support staff. The training consisted of three full days with a formalised examination at the end. All ten participants successfully passed the exam and attained their ITIL v4 Foundation Accreditation.

With the imminent implementation of a new ITIL framework-based Service Desk (Ivanti), staff will be consolidating and applying the theoretical processes they have learnt. The current CAV UHB IT support teams will be divided into ITIL based functions, providing effective collection, effective triaging and reportable progression of incidents and Service Requests. Additional benefits will include standardized working processes and clear escalation paths.

PARIS (Community Patient Information System) Expansion of service delivery:
Physiotherapy outpatient rollout of the PARIS e-record delivered within 'Neuro Outpatients', 'Pelvic Health', and 'Pre-habilitation', with 2022 Go-Lives planned within 'Neuro Community', 'Early Support Discharge', 'Back in Action', 'Bone Marrow transplant', 'Hemophilia', 'Lymphoedema', 'respiratory', and 'Rheumatology'.

Further CD&T rollouts planned within COVID Rehab, Speech and Language Therapy (Adult), and Weight Management

Data to knowledge programme:

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The Lightfoot data acquisition plan was completed on 6th December 2021 meaning all data has now been provided. Currently the data is in the Lightfoot development environment and we await their request to switch the data feeds to Live. The CAV UHB SfN delivery group will now focus on the use of data and delivery of products in SfN, and to this end Lightfoot have been asked to provide a project plan and associated timescales.

The UHB's Data Warehouse has been further developed to integrate Major Trauma, SOS and PIFU data. Work will start shortly to make the data available for visualisation, analysis, operational and performance reporting.

The UHB's Business Intelligence System is being upgraded imminently which will provide additional functionality including AI and full integration with R (programming language for statistical computing and graphics), for more advanced statistical analysis which can be visualised though the BI front end.

An evaluation of Power Bi, to explore its potential use alongside IBM Cognos or as an alternative for dashboarding has not taken place as hoped due to lack for available resource. It is hoped we can schedule this to happen in Q1 of the new Financial Year.

Welsh Community Care Information System

The national WCCIS programme is in the concluding stages of an external strategic review into the future of the programme, which CAV UHB and region have been actively contributing to. Additionally, the Wales Audit Office is due to publish an update to its 2020 report on the adoption of WCCIS. Whilst the national programme focus in 2021 has been on the hardware and platform upgrade of the WCCIS product, the output of the strategic review will be critical to the UHBs future interaction with the programme, and as such, the digital team is looking to re-engage at all levels of the programme to understand where there may be opportunities to improve our digital provision for these services. Related to this, the UHB is leading on a proof-of-concept record sharing initiative, to enable key components of the child health record to be shared between UHB teams and Cardiff Council.

Capital Digital Funding Programme 2020/21

The Digital and Health Intelligence Directorate maintains a constantly updated risk based assessment of infrastructure replacement requirements. This is a recurring requirement of up circa £5m per annum.

The original Discretionary allocation to address this requirement for 2021/2022 is £500K. However subsequently the Digital and Health Intelligence Directorate has been successful in gaining further in year Capital allocations.

Details of these allocations will be shared at the private meeting of the Digital & Health Intelligence Committee meeting.

These additional non-recurrent allocations will significantly improve the UHB in the following areas:

- Potential for increased interruption in services
- User efficiency and effectiveness
- Compliance with NIS directive requirements
- Management of Cyber Security risks
- Modernisation and agile working
- Maintaining optimum data safety

Non Recurring Revenue Programme

The UHB has also provided the Digital and Health Intelligence Directorate with additional revenue, which has enabled the UHB to progress with a number of significant projects. These will be expanded upon in the private meeting of the Digital & Health Intelligence Committee meeting.

Windows 10 upgrade programme:

There are now less then 1,000 machines to upgrade or replace across the UHB estate. In addition there are approximately 900 laptops that were issued as part of the Covid response which need to be returned and replaced with a fully-featured UHB laptop.

The contractors working as part of the Windows 10 programme team have been extended through to the end of the financial year, and the workload is expected to match this time-period.

The programme is now moving to a BAU model, the priority for which will be an upgrade of c1000 of the earliest Windows 10 machines which require updating to a newer version of Windows 10.

MS Office 0365 Programme:

Mail Migration Phase 2:
Personal Information Storage File (PST) Migration: PST file is a data storage file that contains personal information used by Microsoft Outlook and Exchange. It includes e-mail folders, contacts, addresses, and other data.
- PST Standard Operating Procedures (SOP) approved by the OWG. The embedded script written by James of the national team has provided adequate mitigation.
- Pilot group identified within CAV, performing the full project approach on this group. This will include all comms (sway, email), data copies, sanity checking of mapping files, and deployment of GPO. This includes Shared mailboxes and some pst files that exist on drives.

Mobilisation: Workload includes gathering and establishing Windows 10 user requirements for home and on-site workers, In-tune Policy, iOS/Android and Teams meeting rooms policies.
- Community devices roll-out in progress.
- 190 Mini iPad's added to the Apple Business manager – awaiting deployment details from the Dictate Project
- Next phase of 'mobilisation' to support office-based teams which is on hold, pending the submission and approval of a Business Case.

Application Proxy: A service that will enable users to access clinical applications from outside the corporate network on any devices, plus manage and secure devices that users are taking away from the office.

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- The 3 Pilot applications 'Clinical Portal', 'TheaterMan' and "Synapse" tested and sign off from user's perspective.

Phase 2 – Windows Virtual Desktop Proof of concept (Paris)
- Azure subscription setup and access provider to the engineers.
- Azure landing zone deployed with connectivity between Azure and on-premise device.

SharePoint Intranet: This is the replacement for the current CaV Intranet site.
- Completed 28 SharePoint sites to date.
- Commence work on the A-Z Index:
- A and B Index complete.

In addition, end of year resource has been brought in to support:
- Work to align active directory and ESR to support future account automation
- PowerApps development – to support radiology requesting
- Acceleration of the SharePoint Intranet migration

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 Strategic Review.

Windows 10 Upgrade: A programme has commenced, facilitated by WG Digital funding, to deliver this by the close of the 2021/22 financial year. Assurance is provided via the Digital Capabilities Channel Board.

Capital Digital Funding Programme 2020/21:   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 March 31st 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 further functions to 0365. Assurance is provided via the Digital Capabilities Channel Board.

Recurrent revenue to support on-going Office 365 programme developments, remains a challenge.

Recommendation:

The Committee is asked to:

- NOTE progress against the roadmap and the areas of exception which require further attention and consideration as detailed in the 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

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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*							
Prevention		Long term		Integration		Collaboration	X	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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Report Title:	Digital Strategy Refresh		
Meeting:	Digital and Health Intelligence Committee	Meeting Date:	1st February 2022
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:

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

The D&HI directorate are committed to delivery of 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 on-going Covid19 pandemic as well as addressing the more strategic issues associated with the organisation's ambitions for digital maturity. These are set out more broadly in the Shaping our Future strategic programmes, all of which require digital input and support as critical enablers.

Implementing the digital strategy

Since September 2020 following approval of the CAVUHB Digital Strategy, the D&HI directorate team has been focused on responding to the pandemic as well as delivering on a high-level roadmap designed to set the scene to create the Learning Health and Care System. We have had some success and are positioned now to accelerate.

Progress on roadmap initiatives are described under Agenda Item 3.1 as they are funded outside of the base digital budget as Bids / Business Case. The roadmap is being broken down into milestones (high level pending funding) for the next 3 financial years to support submission of the IMTP and being refreshed.

The critical objective is to secure funding to now begin implementing the solution architect work completed in 2021 to build/buy our hybrid EPR. Our focus for the coming year is summarized below.

What Digital needs to do

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Our Cardiff and Vale strategy to [Shape our Future](#) is *dependent* upon digital, data and technology to deliver the needs and wants of its communities and the people of Wales.

As a primary, community, secondary and tertiary care system, CAV must have modern digital capabilities so that patients, clinicians and colleagues have the right information available to them in any setting at any time. From the bedside to a patients home, from a colleagues home office to the device in your pocket.
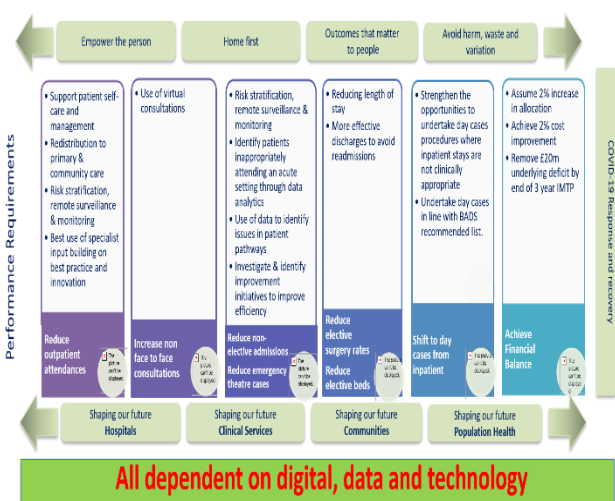
CAV carries a legacy technical deficit that year end capital funding will have a positive impact on for the next 4 years, meaning we can now concentrate on implementing the digital capabilities that will drive digital maturity. Taking a strengths-based approach, in 2022 we are focused upon the mobilisation and / or delivery of a major programme of works, captured as two objectives – capability and maturity.

Digital capability objectives

Our resource baseline needs an uplift of c£2.4m to enable us this to do this efficiently, effectively and in a timely manner.

Interoperability locally as well as nationally is a key determinant of how successful we can be in achieving our aspirations.

This programme of works will improve our digital maturity beyond what we currently anticipate.
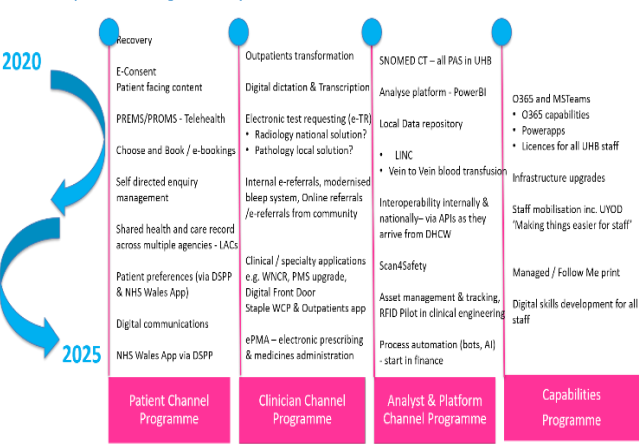
Digital maturity objectives

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Our key objective is to secure c£3.5m to bring in EPR, capacity management and patient flow capabilities. This compared to two £400m EPR bids in England in 2020 for organisations of similar size to our own.

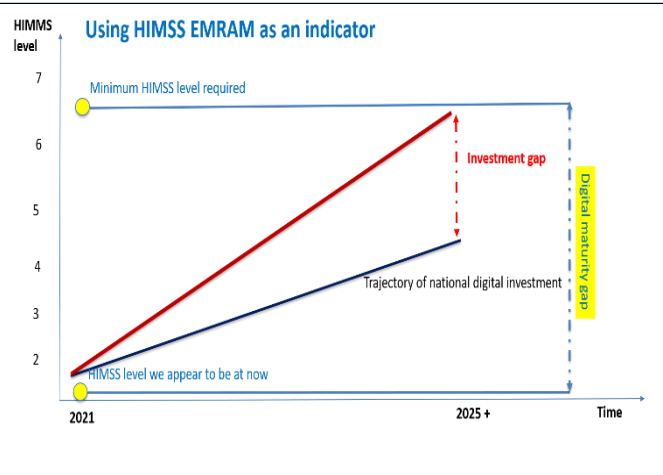We have a high-level design plan created by a solutions architect and have conducted some soft market testing in support of this. A business case will be produced in 2022.

Achieving these two objectives in 2022 means that the focus in 2023 and 2024 can be spent transforming the UHB into the modern, digitally capable organisation it needs to be to support the ambitions of the organisation and its citizens.

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. A copy of the digital roadmap on a page has been developed for inclusion in the latest IMTP plan being submitted to WG. This plan is attached as an appendix (Summary CAV Digital Roadmap) and will be presented in more detail at the committee meeting.

We have committed to a refresh of the digital strategy during Qtr 4 of 2021/22, in part to recognize the importance of digital in support of the proposed new UHW2 (Shaping our Future Hospitals) programme. This work has now been commissioned and has commenced. The scope will be to focus on the robust digital foundations for the future and specifically those that support the delivery of the UHW2 strategic vision and clinical model. Using an experienced external consultancy, the refresh of the digital strategy will be developed using an approach to include validation, review of current state, engagement with stakeholders, alignment with clinical strategy/model, prioritization to inform refinement and direction of travel culminating in a document that sets out high-level principles, aligned to the work already progressing and referenced earlier. Further information on describing this will work be included in the presentation to the committee meeting.

The strategy refresh work will also test the assumptions made on the investment needed and will coincide with a critical piece of work as we review the structure of the Digital and Health Intelligence directorate to ensure it is fit for purpose and adequately resourced to achieve the outcomes and deliverables in the roadmap. As has been previously reported through this committee, and via the case for investment submitted to the Management Executive during 2020, there is a shortfall in the necessary recurrent investment (both revenue and capital) for the digital directorate's services to be able to deliver the organisation's aspirations as described within CAV UHB's existing strategic plans.

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

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

Delivery of appropriate digital services and digital transformation is reliant on the investment cases being funded.

Recommendation:

The Committee is asked to:

- NOTE the progress across the Digital Programme and to NOTE the digital strategy refresh plans as described.

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	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:	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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High Level Milestone Summary CAV Digital Roadmap - excludes infrastructure refresh, BAU activity - roadmap being refreshed

KEY

Colour	Meaning
Red	Unfunded, BC TBD
Yellow/Amber	Some funding but not enough to complete the work / some unknowns on funding
Green	Funded and barring other priorities we expect to complete the work
Blue	Outside of CAV control

Year	Q	Electronic Patient Record	Digital front door	Econsent	Patient facing content	Digital comms & Choose and Book	DSPP	PROMs	Shared health and care records using LDR	Self directed enquiry management	Outpatients transformation	Community, Mental Health and PCIC services	Digital dictation & Transcription	eTR radiology & GPeTR	Clinical/specialty applications	Interoperability	Scan4Safety	Vein2Vein transfusion (all Wales)	Powerbi	Use Your Own Device	Managed print/Fralw Me printing
22/23	1	Refresh solution architecture work and soft market testing update	Virtual ward / home location in EAMD, medicine and surgery; WCWS functionality ported across to EUWS	Decision on piloting E-consent	Patient facing content published for targetted areas - c130 leaflets	Digital comms ITT specification finalised inc. hybrid mail, patient portal, digital post, choose & book for patients	NHS Wales App (from DSPP)	PROMs platform integrations and 1st service areas live	Next Use Cases agreed for 22/23; Continued build out of LDR; Evaluation of LACS LDR pilot		SoS & PIFU spread and scale; SOS and PIFU technical approached to be extended across MH and community; referrals internally and from primary and community care	- Complete the onboarding of outpatient Physiotherapy, Speech and Language, Dietetics, COVID Rehab, Long COVID, and associated CD&T services into clinical e-record keeping (via PARIS)	Lite versions implemented /available UHB wide	GPeTR into production; eTR modalities in local acute solution review checkpoint	ePMA procurement (off back of DHCW framework); Outpatients module stapled into WCP; SNOMED CT live in PMS & PARIS	Integrations with PROMs, digital dictation etc	Project initiation and one theatre already baselined	Hardware in place		Evaluation of platforms	
22/23	2	ITT	Generation upgrade, overhaul of UI, ergonomics and availability ; Se-whiteboards further developed for internal referrals from Front Door to internal specialties	If approved 1st areas go live	EIDO leaflets published as patient facing content - subject to permissions	Procurement & contract award	Dependant on DSPP roadmap - patient preferences, comms via app, appointment booking etc	Implementation through clinical areas continues	Establishment of the CaV region as a 'Digital Care Region' within which Digital change can be co-ordinated across organisational boundaries		Attend Anywhere initiative with the Outpatient modernisation initiative - emphasis is Virtual Consultations agnostic of platform e.g. using video, phone; Outpatients application on PMS redesign commences	Commence full scale rollout of e-Diary (e-community scheduling) for non Malinko services (CRTs, Midwifery, Community M.H, Primary Care Liaison services initially)	Integration with PMS		WNCR implementation? WiFi phones and pager text capability			Implementation in line with plan agreed Q4 2021/22	Hardware commissioned	Decision and discussion at channel board	BISapps migrated to AppProxy; sunset Blackberry
22/23	3	Business case	NOMED CT work scoped and planned;	Pilot evaluation	Service areas develop for themselves on an ongoing basis	Mobilisation & integrations	(Dependant on DSPP roadmap…)	Estimated - alignment with national PROMs ViH programme and target aerchitecture	common demographics store for the UHB with a stretch target being common 'flagging' (alerts, risks, allergies); BC approvals and funding agreements in place		Iteration	Clinical Letters to CCP and WCP – is a significant deliverable, giving visibility to 'acute' and 'primary care/GPs' of activity	Reprocurement	Review WCP etr for secondary care if suitable/appropriate	Internal referrals work extended to all suitable/appropriate	Internal referrals work extended to all appropriate specialties	NDR, LDR and shared record work	Implementation in line with plan agreed Q4 2021/22	Discovery work concludes and report for WG produced	Secure funding and resource to support decisions; AWD virtual desktop built and in test	ITT specification finalised
22/23	4	Approval and funding TBD	Decision on next steps			Implementation starts	(Dependant on DSPP roadmap…)	(Estimated - alignment…)	Mobilise	Subject to funding - use RPA to signpost incoming CMS queries	Outpatients application on PMS redesign tested and into Production	Rollout of WAP e-referral management within PARIS services		eTR pathology - understand DHCW roadmap / look at local interim options	Internal referrals work extended to all appropriate specialties	PMS & PARIS interoperability in test	PMS & PARIS interoperability in test	Implementation in line with plan agreed Q4 2021/22	BC approval and funding bid	Build	Procurement & contract award
23/24	1				Capabilities in delivery, benefits realisation tracking						Generation upgrade of PARIS to 7.1, overhaul of UI, ergonomics and availability of SNOMED			Ongoing implementations of clinical applications	PMS & PARIS interoperability in test		Implementation in line with plan agreed Q4 2021/22		Iteration; Deployment - virtual desktop	Printer estate audit
23/24	2	Mobilisation & integrations									Commence migration to SNOMED recording	eTR for blood, radiology pathology complete		Ongoing implementations of clinical applications			Implementation in line with plan agreed Q4 2021/22			Mobilisation & integrations
23/24	3	Implementation starts												Ongoing implementations of clinical applications			Implementation in line with plan agreed Q4 2021/22			Implementation starts
23/24	4	Capabilities in delivery, benefits realisation tracking												Ongoing implementations of clinical applications			Implementation in line with plan agreed Q4 2021/22			Capabilities in delivery, benefits realisation tracking
24/25	1													Ongoing implementations of clinical applications			Implementation in line with plan agreed Q4 2021/22			
24/25	2													Ongoing implementations of clinical applications			Implementation in line with plan agreed Q4 2021/22			
24/25	3													Ongoing implementations of clinical applications			Implementation in line with plan agreed Q4 2021/22			
24/25	4													Ongoing implementations of clinical applications			Implementation in line with plan agreed Q4 2021/22			

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1/1

Report Title:	**Framework Policies, Procedures & Controls**		
Meeting:	Digital and Health Intelligence Committee	**Meeting Date:**	1st February 2022
Status:	**For Discussion**	**For Assurance**	**For Approval**	x	**For Information**	

Status:	**For Discussion**	**For Assurance**	**For Approval** x	**For Information**

Lead Executive:	**Director of Digital and Health Intelligence**
Report Author (Title):	**Head of Information Governance and Cyber Security Information Governance Manager**

Background and current situation:

There is a backlog of policies and procedures documents that are out-of-date, with a number being high-lighted in various audit reports recommending that they are reviewed and, if necessary, up-dated.

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

There is one policy for approval: -

- Information Governance Corporate Training Policy

There are also five procedures or guidance documents that have been fully reviewed and updated and will separately require approval virtually:

- Transportation of Case Notes and Personal Identifiable Information.
- Information Risk Management Procedure
- Remote Working Procedure (formerly IT Security off-site computing procedures)
- Malicious Software Guidance (formerly Antivirus Guidance)
- IT Incident Guidance (formerly IT Security Breach Guidance)

It should be noted that some procedures have changed names to reflect new digital terminology, as denoted in brackets against the specific documents).

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

Whilst only policies require formal ratification or approval at committees of the CAV UHB board, guidance and policy notes and procedures also require agreement though these can be done

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virtually. The control Document Schedule has been updated to reflect the current status of each of the documents.

Recommendation:

The Committee is asked to:

- APPROVE the Information Governance Corporate Training policy

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	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered									
Please tick as relevant, click here for more information									
Prevention		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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Reference Number: UHB 286 Version Number: 1.2	Date of Next Review: 14 Dec 2023 Previous Trust/LHB Reference Number: NA

Information Governance Corporate Training Policy

Policy Statement

Cardiff and Vale University Health Board (the UHB) has an Information Governance Policy that was developed by the Information Governance Sub Committee (IGSC) (now the Digital and Health Intelligence Committee (DHIC)) and approved by the People, Planning and Performance (PPP) Committee.

Information Governance refers to the structures, policies and practice of the UHB, the NHS and its suppliers to ensure the confidentiality and security of all records, and especially patient records, and to enable the ethical use of them for the benefit of individual patients and the public good.

A key element of the policy is to ensure that comprehensive and effective arrangements are in place to provide information governance training (IGT) at all staff levels of responsibility. This procedure translates that principle into more detailed guidance including individual responsibilities. It clearly sets out the IGT programme, management organisation and responsibilities of staff.

Policy Commitment

Employees will be required to complete all necessary and relevant training which is appropriate to their individual job roles to ensure they fully understand their individual responsibilities in respect of the following principles in order to comply with the legal requirements of the Data Protection Act:

- Information is held securely and confidentially
- Information is obtained fairly, lawfully and efficiently
- Information is recorded accurately, reliably and up to date
- Information is used effectively and ethically
- Information is shared appropriately and lawfully
- Information is retained only for as long as is legally necessary
- Information is held and disposed of appropriately and lawfully
- Information is adequate, relevant and not excessive
- Information is used in line with the rights of the data subjects

The UHB has developed a training programme that will enable staff to process information appropriately thereby ensuring that all legal requirements, standards and obligations are met by the UHB. All staff will be required to complete mandatory foundation level training.

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All employees are required to adhere to this procedure. Inappropriate management of data and information may lead to disciplinary action. Serious breaches, such as inappropriate or unauthorised disclosure of person identifiable information, theft and misuse of information technology through acts and omissions of staff may constitute gross misconduct and may lead to dismissal and possibly police involvement. All staff, whether permanent, temporary or contracted (including students, contractors or volunteers and those on honorary contracts) are responsible for ensuring they are aware of IG requirements and that they comply with these on a daily basis on a daily basis.

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Information Governance Training- Operational Management

Clinical boards Clinical Board Directors are the accountable officers will act as deputies to the SIRO and give assurance that the UHB obligations are met in their areas of responsibility. The Clinical Directors discharge the role of Information Asset Owners (IAOs) and Directorate Managers Information Asset Administrators (IAAs). They will ensure that training can be delivered to all Clinical Board staff and where required will arrange for any cascade training to be disseminated.

Corporate Services Corporate directors are the accountable officers will act as deputies to the SIRO and give assurance that the UHB obligations are met in their areas of responsibility. The Assistant Directors or equivalent discharge the role of Information Asset Owners (IAOs) and Section Managers Information Asset Administrators (IAAs). They will ensure that training can be delivered to all corporate function staff and where required will arrange for any cascade training to be disseminated.

This will ensure that all staff and others undertaking work on behalf of the UHB are trained in IG to the appropriate level commensurate with their job role.

The work of the Clinical Boards and corporate services. Arrangements shall be in place to achieve the UHBs objectives. The key responsibilities are to ensure that:
- Effective training both induction and refresher is in place to achieve a level of at least 80% for mandatory foundation training
- Mandatory and any additional training that has been identified will be managed through personal appraisal and development review
- Year on year improvement in respect of staff training will be actively managed

In order to ensure that this work is successfully supported and completed there must be robust IGT programmes in place. Managers will:
- Complete training needs analyses for all staff as part of mandatory training
- Manage staff training attendance -for new staff and refresher training
- Maintain ESR and local training records
- Identify and implement refresher training where incidents and poor performance has been identified

The deputies to the SIRO will periodically give assurance to the SIRO and DHIC that they have these arrangements in place and an annual performance report will be produced by the deputies to the SIRO for integration into a corporate report. This process will be clearly tied into the performance reporting schedules required by the Health Systems Management Board (HSMB) for clinical boards.

Regan, Nikki
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Information Governance Training Programme Framework

Appendix 1

Monitoring Arrangements The UHB shall routinely monitor its performance for.
- Overall compliance – the SIRO
- Local compliance - clinical boards and corporate services
- Corporate arrangements - the DHIC
- Compliance by formal assessment–
  - Health and Care Standards 3.4 and 3.5
  - Caldicott annual assessment
  - Internal Audits sponsored by the DHIC
  - Annual and specific audits by the Welsh Audit Office
  - Any other audits or assessments directed by the Welsh Government

Scope
This procedure applies to all UHB staff in all locations including those with Honorary Contracts.

Equality Impact Assessment	An Equality Impact Assessment has been completed. The assessment found that there was some impact on the equality groups mentioned in relation to communication. An action plan has been developed to address those areas.

Health Impact Assessment	A Health Impact Assessment (HIA) has not been completed
Policy Approved by	Information Governance Sub Committee
Group with authority to approve procedures written to explain how this policy will be implemented	All controlled documents that sit within the information governance policy framework i.e. the IG Policy and all associated procedures and guidelines that refer to the areas stated in the commitment section in this procedure.
Accountable Executive or Clinical Board Director	Executive Director responsible for Organisational Training and Development

Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the **Governance Directorate.**

Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
1	21.7.2015	05.04.2016	New Policy
1.2			Updated with new committee arrangements

Appendix 1

Information Governance Training (ICT) Programme Framework – Training Modules to be taken by staff

1. All new staff to receive corporate induction on appointment and this includes a high level overview of Information Governance. This will include the mandatory Information Governance e-learning module

2. Local induction identified for each job role are mandatory and must be undertaken within six weeks of being appointed and within every two years thereafter

3. On appointment to a new post within the UHB all staff must undertake corporate and local induction alongside any refresher training as appropriate.

4. Routine refresher IGT training is required every three years

5. Managers can activate refresher training at any time subject to incidents and competency assessments.

6. The Information Governance Team is available for advice. Contact e-mail: Cav.ig.Dept@wales.nhs.uk

Ref	Job Role	Mandatory Modules to be undertaken (other might be required locally by management)	Approx Time to complete
A	All staff	**Corporate Induction: High level IG**	1hr
		Introduction level: IG e-learning tool Induction: Refresher (two years routinely):	1hr
B	Directors and Independent members	**Corporate Induction: High level IG**	1hr
		Introduction level: IG e-learning tool Induction: Refresher (two years routinely):	1hr
		Business continuity management (foundation):	2hrs
C	Head of Information Governance and Assurance and all Information Governance Department staff	**Corporate Induction: High level IG**	1hr
		Introduction level: IG e-learning tool Induction: Refresher (two years routinely:	1hr
		Information Security Management Secure Transfers of Personal Data	1/2 day
		NHS Information Risk Management for SIROs and IAOs	1 day
		Records Management and the NHS Code of Practice Access to Health Records	1day
		Access to Information and Information Sharing in NHS Wales (WASPI)	1 day

D	Caldicott Guardian	**Corporate Induction: High level IG**	1hr
		Introduction level: IG e-learning tool Induction: Refresher (two years routinely):	1hr
		Records Management and the NHS Code of Practice Access to Health Records	1 day
		The Caldicott Guardian in the NHS and Social Care	1 day
E	Senior Information Risk Owner and Deputy Senior Information Risk Owners	**Corporate Induction: High level IG**	1hr
		Introduction level: IG e-learning tool Induction: Refresher (two years routinely):	1hr
		Information Security Management Secure Transfers of Personal Data	1 day
		NHS Information Risk Management for SIROs and IAOs	1 day
		Records Management and the NHS Code of Practice Records Management in the NHS	1 day
F	IT Security Manager and team	**Corporate Induction: High level IG**	1hr
		Introduction level: IG e-learning tool Induction: Refresher (two years routinely):	1hr
		Information Security Management	1/2 day
		NHS Information Risk Management for SIROs and IAOs	1 day
		Records Management and the NHS Code of Practice Records Management in the NHS	1 day

		Business continuity management	½ day
		Access to Information and Information Sharing in NHS Wales (WASPI)	1day
G	Information Technology Management staff	Corporate Induction: High level IG	1hr
		Introduction level: IG e-learning tool Induction: Refresher (two years routinely):	1hr
		Information Security Management Secure Transfers of Personal Data	1 day
H	Freedom of Information Act Lead and support staff	Corporate Induction: High level IG	1hr
		Introduction level: IG e-learning tool Induction: Refresher (two years routinely):	1hr
		Information Security Guidelines Secure Transfers of Personal Data	1 day
		Information Risk Management : Introductory	1/2day
		Records Management and the NHS Code of Practice	1 day
		Access to Information and Information Sharing in the NHS	1 day
I	Subject Access lead and support staff	Corporate Induction: High level IG	1hr
		Introduction level: IG e-learning tool Induction: Refresher (two years routinely):	1hr
		Information Security Guidelines Secure Transfers of Personal Data	½ day
		Information Risk Management : Introductory	½ day
		Records Management and the NHS Code of Practice	1/2 day

		Records Management in the NHS	1/2day
		Access to Health Records (SARs)	1day
		Access to Information and Information Sharing in NHS Wales (WASPI)	
J	Health Records – Head of Health Records and Health Records Teams Corporate Records – IG Team and corporate records teams	**Corporate Induction: High level IG**	1hr
		Introduction level: IG e-learning tool Induction: Refresher (two years routinely):	1hr
		Access to Health Records	1/2day
		Access to Information and Information Sharing in NHS Wales (WASPI)	1 day
		Records Management and the NHS Code of Practice **Records Management in the NHS**	1 day
		Secure Transfers of Personal Data	1/2day
K	Clinical Board Directors and –Heads of Service Information Asset Owners (IAOs)	**Corporate Induction: High level IG**	1hr
		Introduction level: IG e-learning tool Induction: Refresher (two years routinely):	1hr
		Information Security Management **Secure Transfers of Personal Data**	1/2day
		NHS Information Risk Management for SIROs and IAOs	1day
		Records Management and the NHS Code of Practice	1/2 day
L	Directorate managers and Assistant corporate	**Corporate Induction: High level IG**	1hr
		Introduction level: IG e-learning tool Induction:	1hr

Directors - Information Asset Administrators (IAAs)	Refresher (two years routinely): **NHS Information Risk Management for SIROs and IAOs**	1day
	Information Security Management Secure Transfers of Personal Data	1/2day
	NHS Information Risk Management Introductory	1/2day
	Records Management and the NHS Code of Practice	1/2day

Regan,Nikki
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Report Title:	Clinical Coding – Performance Data			
Meeting:	Digital Health Intelligence Committee		Meeting Date:	1st February 2022
Status:	For Discussion	For Assurance	For Approval	For Information x
Lead Executive:	Director of Digital and Health Intelligence			
Report Author (Title):	Head of Information Governance and Cyber Security			

Background and current situation:

This report considers the performance of the Clinical Coding department. Clinical Coding performance is measured against Welsh Government 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 Welsh Government to submit a minimum of 95% completeness within 30 days of discharge. Coding departments are audited each year by DHCW (formerly NWIS) 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 discrepancy between local and national completion figures has now been resolved.

- The department has experienced considerable staff shortages, and over the last twelve months has lost 11 clinical coders to external posts. Four of which were qualified Accredited Clinical Coders. Of the 22 remaining coders, just 3 are ACC coders (14%). There are 4 vacancies that need to be recruited to with a training period of 18 months. It is anticipated the department may continue to lose staff to remote coding posts until the UHB implements an electronic source document.

- The UHB is seeking to utilise contract coders on a short-term basis to cover a small shortfall prior to end of year submission in June 2022.

- As part of the National Clinical Audit Programme, DHCW will conduct their annual audit on the Clinical Coding Department in March 2022.

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

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

Coding Completion 2021
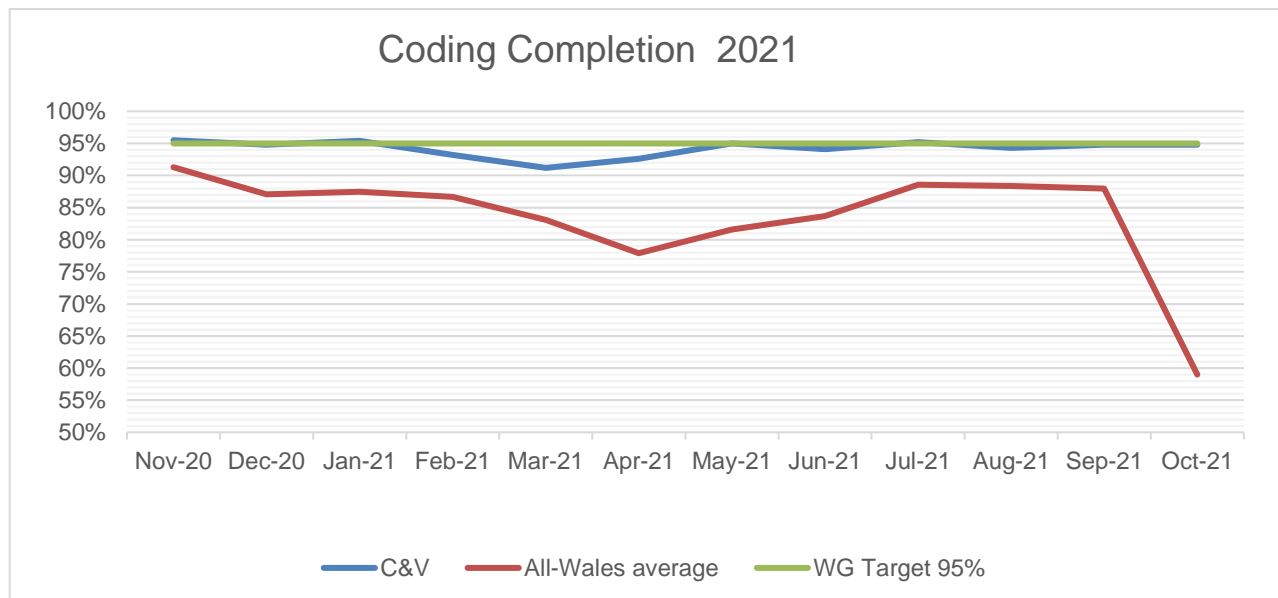
Assurance is provided by:

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

Recommendation:

The Digital Health Intelligence Committee is asked to:

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

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	

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

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

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Report Title:	**Digital Directors' Peer Group**		
Meeting:	Digital and Health Intelligence Committee	**Meeting Date:**	1st February 2022
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 creation of the Digital Directors peer group in 2021 replaces the previous Digital Delivery Leadership Group meeting which came into existence in 2020 following the dissolution of the National Information Management Board which had been focused on providing an overview of information and IM&T issues nationally.

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

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

The attached minutes of the last two meetings held in Nov and Dec 2021 provide an update on the scope and range of discussions on digital matters impacting on all NHS Wales organisations.

CAV UHB is represented by the Director of Digital and Health Intelligence.

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

Assurance is provided by the discussion and exchange of views and updates on a wide range of digital related issues via the regular monthly meetings compromising board-level leads for digital from across all NHS Wales organisations, including Welsh Government and DHCW.

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Cardiff and Vale
University Health Board

Recommendation:

The Committee is asked to NOTE:

- Minutes of Meeting – 5th November 2021
- Minutes of Meeting – 2nd December 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		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									
Prevention		Long term		Integration		Collaboration	x	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.*

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**

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

Digital Directors Peer Group
Draft Notes

Date of Meeting:	Friday, 5 November 2021
Time of Meeting:	1.30 -3.30pm
Chair:	Andy Haywood, Director of Digital Services, WAST

Attendees: Andy Haywood (WAST), Ifan Evans (WG), Helen Thomas (DHCW), David Thomas (CVUHB), Pete Hopgood (PTHB), Anthony Tracey (HDUHB), Phil Corrin (BCUHB), Vicki Cooper (PTHB), Philip Bowen (WG), Deb Harding (WG), Iain Bell (PHW), Claire Osmundsen-Little (DHCW), Sian Richards (HEIW), Matt John (SBUHB), Alison Ramsey (NWSSP), Mike Ogonovsky (ABUHB), Daisy Naughton (WHNSC)

Guests: WG: Andrew Richardson, Ryan Perry, Natasha Curtis, Stephanie House

Apologies: Stuart Morris (VUNHST)

No	Item	Action
1.	**Introduction** Apologies were noted. The minutes of the last meeting were agreed, and the action log was updated. **Matters arising** AI update will be moved to a future meeting in the new year. Digital Directors discussed the wider impact of PHW using data that originates from other organisations. SR noted that HEIW are in a similar place to PHW and have struggled with governance framework as there is no formal policy in place. It was advised that IGMAG look at reviewing the policy for future work. **ACTION SR to share the HEIW governance assurance paper for cross organisational data with the group.**	**SR**
2.	**Digital identity of NHS staff** Claire Bevan has sent her apologies and will provide an update on WNCR at a future meeting. SR explained that students, especially nursing students, have access to O365 and NADEX, work is ongoing and the funding mechanism is being set up. Issues such as staff index and digital identity have arisen. HEIW are working with NWSSP on the risk and governance of a digital staff index.	

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	HT while supportive, noted that NHS Digital have produced work on the topic, which could be replicated in Wales. DT explained that identity and access management is part of the AWIP remit. AWIP Programme Board are meeting next week, and DT can raise the issue then. NWSSP ESR contract is up for renewal and the two pieces of work should be aligned, with WODDs cited. **ACTION DT to share update from AWIP Programme Board meeting on staff index.**	**DT**
3.	**Digital Governance Framework update** WG colleagues provided an update on the proposed digital governance once a CDO is appointed. The presentation shared prior to the meeting outlines the remit of the different OCDO teams (Data Innovation, Standards, Digital Quality Improvement, Governance and Communications). IE expressed frustration about the slow progress and noted that WG also have resource constraints. Re slide 6 of the presentation, section in green outlines delivery of the framework and is broadly in place. HT raised concerns about losing talent from delivery organisations to non-delivery roles. WG need to ensure that there is sufficient capacity and process in places to stand up work if needed. IB asked how the WG framework fits into the wider OCDO for Local Government. DH agreed that there needs to be further work to align the offices. MO raised the generic use of the 'care' through out the document, need to be clear when it refers to social care. IE thanked Digital Directors for their input and noted the complexity of the challenge. All agreed that the Digital Directors Peer Group is the best forum for discussion and that it should be a standing item. **ACTION Add Digital Governance Framework to future agendas.**	**DN**
4.	**Finance** COL noted that DoFs are reviewing half year spend and looking at the forecast. COL noted that there is a general nervousness from DoFs colleagues over the end of year positions and the differing financial landscape that is expected next year. The O365 Programme Board is melding into the Centre of Excellence and COL would value Digital Directors input. There is good representation across HBs for the Microsoft negotiations.	

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5.	**DPIF** WG has written to DPIF funded project's SROs asking for a position update by Monday 8 November. There are unallocated funds for both capital and revenue, which WG would like to spend otherwise it will be hard to justify requesting the same amount next year. It was suggested to accelerate current programmes, this financial year, if possible. PB shared predicted funds for each HBs; to note the slide which was shown in the meeting did not cover all of the HBs, Trusts and SHA in Wales. PB urged Digital Directors not to focus on the figures, but to consider general themes and ideas. **Prioritisation List from IMB leads** DT noted that only 9 organisations have submitted their prioritisation lists and he is waiting on 4 more. Currently, the total value of potential capital spend is £13.9m. They are looking at what can be procured centrally, to try to mitigate supply chain challenges. All agreed that decisions will need to be made very quickly. Digital Directors and DHCW thanked DT and the IMB leads for their work. WG wanted to streamline the approval process and suggested allocation letters and weekly drop-in clinics, to keep up the pace. All agreed that non-recurrent funding is the issue. IB warned that they would have to be careful to ensure that existing projects would not be negatively affected if additional projects were started. There was agreement that there is a capacity issue and that outside contractors could be used to complete existing projects. **ACTION DT to send out summary prioritisation list to Digital Directors.** **ACTION DT and DH to look AWIP and CAF to see if there are any existing recommendations.** **ACTION AH to create a Microsoft Teams for the Peer Group.**	 **DT** **DT/DH** **AH**	
6.	**AOB** - **NHSmail assessment process with NHS Digital** HT wanted to make Digital Directors aware that in order to gain accreditation to share data with NHS England, there has been an independent assessment that has highlighted some non-conformance issues with NHS Wales emails. - **OSSMB Chair** DT stepping down from the role and wanted to know whether another Digital Director/ senior colleagues would be interested. HT and Digital Directors thanked DT for his time as Chair and noted the difference his		

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	leadership has made. It was proposed that if an assistant director was to take the role, they would be invited to the Digital Directors Peer Group. **ACTION Share OSSMB Chair nominations at the December Digital Directors meeting.** - **[Data: a new direction](#) consultation** IB noted that the UK Government have an open consultation on data and GDPR. If agreed, then IB offered to coordinate a response on behalf of the Digital Directors. - **Digital Directors Peer Group Chair** AH explained that originally the Peer Group Chair is on a 6-month rotation, which means he is coming to the end of his term. **ACTION Discuss Digital Directors Peer Group Chair at the December meeting.** - **Digital strategy workshop, next steps** DH has pulled together a review document from the first session. All agreed that a second session with Gartner would be beneficial.	**ALL** **DN**
	Date of next meeting: Thursday 2 December, 3-5pm	

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	Digital Directors Peer Group Draft Notes	
Date of Meeting:	Thursday 2nd December 2021	
Time of Meeting: **Chair:**	15:00 – 17:00 Andy Haywood, Director of Digital Services, WAST	

Attendees:

Andy Haywood (WAST),	Ifan Evans (WG),
Helen Thomas (DHCW),	David Thomas (CVUHB),
Anthony Tracey (HDUHB	Vicki Cooper (PTHB),
Philip Bowen (WG),	Deb Harding (WG),
Iain Bell (PHW),	Claire Osmundsen-Little (DHCW),
Sian Richards (HEIW),	Matt John (SBUHB),
Alison Ramsey (NWSSP),	Stephanie House
Leigh Davies	
Ryan Perry(WG)	
Shikala Mansfield	
Andrew Griffiths FEDIP	
Stuart Morris	

Guests: Andrew Griffiths FEDIP, Shikala Mansfield (DHCW)

Apologies:

No	Item	Action
1.	**Introduction** **Notes from last meeting** The notes from the previous meeting were accepted by the group. **Reflections** The reflections were very positive from members and highlighted the improvements of the quality of conversations, maturity and improvement of collaborative working. However, IB felt that there needed to be more collaboration with Sub-groups.	
2.	**Infrastructure review update** DT presented the work packages update with following highlights: 4 in flight 4 commissioned 6 forward schedules – AWIP 6 in scope for IAM Delivery Structure 3 Road mapped 4 items in scope for Discovery Phase 2.	

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	DPIF Options Scope Definition and ITSM SOC Development Funding was being sought with a commitment to have all the work completed by the end of March 2022. Still waiting on tenancy legacy although these would be lifted and shifted. SR advised that the slides were helpful to get the whole picture. **Action 1 – Dec 21 - DT to bring back summary of work packages to the next meeting.** Meeting would take place with Channel 3 to go through the Road maps as these would be more technical, the group highlighted simpler technical terms would be beneficial.	**David Thomas**
3.	**Workforce review** A conversation ensued around the work being undertaken around the workforce. This would be lined work to identify the current and further needs to ensure correct workforce. Competency requirement to establish a picture of where we are and where we wanted to be. Stage one has been completed with 3 phases used to describe the H&C ddat plus. Some job families are missing and would be looking at current jobs and map against the ddat roles. Andrew Griffiths (AG) advised that a spreadsheet would be sent out and would need to be returned as soon as possible to get a picture of where the gaps are. **Action 2 – Dec 21 - Andrew Griffiths (AG) to send out spreadsheet for completion to identify gaps in workforce. To be returned as soon as possible** IE apologised as they would be writing to the Digital directors asking for completion before Christmas.	
4.	**DPIF update** The deadline for presentations was extended to the 6th December with bids totalling £14,306,056 with items being rethemed but not removed. All proposals would be presented to government with the group advised no further money for capital would be available. Only one proposal received for revenue any others required by Monday 6th Dec. Work packages of three months with requirements to extend into the first quarter would also be considered. All bids would be reviewed over the next couple of days with letters of comfort being issued for successful bids and would be submitted to the Ministers. Funding letters to be issued before Christmas around 20th-23rd December. DT questioned the expectation for each to order their own requests however it was felt that joined up ordering would be more beneficial. Monies would be required to be spent in Q4 and agreement needed to ensure who would be ordering the specific items and would be supported as much as possible by Government.	

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	There were challenges around revenue and highlighted the difficulties spending non recurrent revenue money. IE- Hoped that the new DPIF funding would be available January 2023. A large piece of work had taken place for the Strategic and Infrastructure Review and would be presented to the DOF's to investigate more Revenue spend.	3
5.	**Finance** Concerns were raised around funding for next year highlighting IT being front end loaded, price increases, energy pay pressures and cost pressures. COL presented the Microsoft Update, summarising the progress of Phase 1 and 2. Thanks were also given to Health Boards for their continued support. Preparations to complete the deal with Microsoft in July 2023. The O365 Programme Board would change to the O365 Centre of Excellence Programme Board. Looking at the medium term a discussion ensued around starting to take people off the Microsoft platforms.	
6.	**Digital Ward/Urgent and Emergency Care** A work stream would be set up with an overall board, steering group and Delivery Group. A Digital Group needed to be set up with the group being asked the send through nominations from Health Board/Special Health Authority. There was further discussion as to collecting the correct information from Emergency Care which had ministerial interest and funding. IB reiterated the importance of understanding what was being used at present and what was required.	
7.	**Digital Directors Peer Group Chair** AH confirmed he would step down as chair after next meeting in January 2023. After being nominated SM accepted the roll of chair which would commence from February 2023.	
8.	**Agreed actions and AOB** CLJ advised an HSCN Change was required on the 8th December which had been met with some disagreement from Radiographers. CLJ would send out an email which required the HB's to agree with the deadline of Monday 6th December. SR - HEIW are lead organisation for Apprenticeships with a Steering group being set up. Thanks was given to SBUHB, Powys and BCU for putting forward representative to attend meeting on the 9th December and if others wanted to send someone to let her know. The aim of this review would be to develop a Health Informatics apprenticeship pathway at levels 2, 3 and 4 that was fit for purpose for healthcare in Wales. The Steering Group would engage and consult with relevant stakeholders in Wales on the component parts of the framework including the qualifications to be included.	

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	HT advised that the IMTP's Delivery statements had been prepared and would value HB's feedback. **Action 3 – Dec 21 - HT to share IMTP slides to the HB's for consideration and comments.**	**Helen Thomas**
	Date of next meeting: Date to be arranged	

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