

Bundle Digital Information and Governance Committee 26 March 2021

Agenda attachments

Agenda_Digital_Information_and_Governance_Committee_26_March_2021 v1.0.docx

- 1 09:00 - DIG21/01 Welcome and Chair's opening remarks
***To note:** Chair's action items. (*Items scheduled to have been taken to the December meeting, which was stood down*).*
Chair's actions taken and approved on the following:
1- Information Governance Strategy Item – annual review 1- Item approved
1- Information Governance Assurance Report item 1- Assurance provided regarding IG preparedness for EU Exit 1- Item approved
- 2 09:02 - DIG21/02 Apologies
* Chris Stockport, Executive Director Primary & Community Care, Corporate Office
* Jo Whitehead, Chief Executive Officer
* Melanie Maxwell, Senior Associate Medical Director, Office of the Medical Director
* Sue Hill, Executive Director Of Finance, Corporate Office, [*part meeting*] apologies given until *approx.* 10am.
- 3 09:03 - DIG21/03 Declarations of Interest
- 4.1 09:05 - DIG21/04 Draft minutes of the previous meeting held on 25.09.2020
DIG21.04 DRAFT Public - Draft Minutes DIGC 25 09 2020_ V0 04 jc jp JC.docx
- 4.2 09:10 - DIG21/05 Matters arising and Review of Summary Action Log
1. To review the Summary Action Log.
2. To deal with any matters arising not dealt with elsewhere on the agenda.
DIG21.05 Summary Action Log Public (Live version) 19.3.2021.doc
- 4.3 09:15 - DIG21/05.1 Documents circulated to members since the last meeting
* Cyber resilience in the public sector - Circulated 14/01/2021 via email.
* Audit Wales, Welsh Community Care Information System - Circulated 03/02/2021 via email.
- 5 DIGITAL
- 5.1 09:16 - DIG21/06 Digital Operational plan
Dylan Williams, Chief Information Officer
Recommendation -
The Digital and Information Governance Committee is asked to:
1. To decide if the reports provides the appropriate level of assurances.
2. To note the reports.
(Item DIG21.06 a and b rolled over from previous meeting which had been stood down).
DIG21.06a 2020 2021 Informatics OP Q2 Report Cover Sheet V1.docx
DIG21.06b 2020 2021 Qtr 2 Annual Plan Progress Monitoring Report - DRAFT.pptx
DIG21.06c Digital Operational planQTR3 Progress Monitoring Report Board Cover Sheet.docx
DIG21.06d Digital Operational planQTR3 Informatics Plan Progress Monitoring Report.pdf
- 5.2 09:26 - DIG21/07 Informatics Assurance Report
Dylan Williams, Chief Information Officer
Recommendation -
The Digital and Information Governance Committee is asked to:
1. Note compliance with legislative and regulatory responsibilities which relate to the Informatics Services *and*
2. To advise the service of any additional metrics required to improve assurance.
(Item DIG21.07b rolled over from previous meeting which had been stood down).
DIG21.07a 2020 2021 QTR2 DIGC Assurance Report Informatics DRAFT V4.docx
DIG21.07b V2 2020 2021 QTR3 DIGC Assurance Report Informatics FINAL.docx
- 5.3 09:36 - DIG21/08 NWIS update report
Helen Thomas, NHS Wales Informatics Service
Recommendation -
The Committee is asked to note the report from the NHS Wales Informatics Service.
DIG21.08 REP - BCU Board and Committee Report NWIS Mar 2021 d2.docx
- 5.4 09:51 - DIG21/09 Digital Communities (Community Services Transformation workstream): Update Report

Recommendation -

The Committee is asked to note the information contained within the report by way of progress with the Community Services Transformation Fund, and plans for its recovery.

DIG21.09a 01_DIG_Digital Communities Update_v.2_07.12.20.docx

DIG21.09b APPENDIX 1_Digital Communities Logic Model_v.03_19.11.20.docx

DIG21.09c APPENDIX 2_Phase 1 iPad Distribution.docx

DIG21.09d APPENDIX 3_Digital Communities_Feedback_Oct.20.docx

DIG21.09e APPENDIX 4_CRT Info_Digital Companions_FINAL.docx

DIG21.09f APPENDIX 5_Digital Heros Poster.docx

DIG21.09g APPENDIX 6_Project Plan.docx

5.5 10:06 - DIG21/10 Digital Strategy - Our Digital Future

Dylan Williams, Chief Information Officer

Recommendation: The Committee is asked to approve the Digital Strategy.

DIG21.10A Digital Strategy Covering Report.docx

DIG21.10B Appendix 1 Our Digital Future FINAL subject to Exec Approval.docx

DIG21.10b - Embedded doc - Appendix 1 - Digital Strategy Engagement Summary.docx.pdf

DIG21.10b - Embedded doc Appendix 2 - Delivery Plans.pdf

DIG21.10b - Embedded doc Appendix 3 - Full list of National Strategies, Plans and Programmes.docx.pdf

DIG21.10b - Embedded doc Appendix 4 - Where we are now.docx.pdf

DIG21.10b - Embedded doc Appendix 5 - Overview of our ICT Infrastructure.pdf

DIG21.10b - Embedded doc Appendix 6- Our Response to Covid.docx.pdf

DIG21.10b - Embedded doc Appendix 7 - Good Practice Audiology.docx.pdf

DIG21.10b - Embedded doc Appendix 8 - Good Practice Macmillan.pdf

DIG21.10b - Embedded doc Appendix 9 - Glossary.docx.pdf

DIG21.10C Appendix 2 Equality Impact Assessment Screening- Digital Strategy.docx

5.6 10:36 - COMFORT BREAK

6 INFORMATION GOVERNANCE

6.1 10:41 - DIG21/11 Information Governance quarterly assurance report (KPI, Lessons learned and compliance report)

Justine Parry, Assistant Director of Information Governance & Risk

Recommendation: The Committee is asked to receive and note the assurance provided in compliance with the Data Protection and Freedom of Information Legislation.

DIG21.11 Information Governance KPI Report Qtr 3 2020-21 Final.docx

6.2 10:51 - DIG21/12 Chair Assurance report : Information Governance Group

Justine Parry, Assistant Director of Information Governance & Risk

Recommendation:

For information and discussion.

DIG21.12a IGG Chairs report Dec2020.docx

DIG21.12b IGG Chairs report Mar2021v2.docx

7 GOVERNANCE

7.1 10:56 - DIG21/13 Board Assurance Framework Principal and Corporate Risk Report

Simon Evans-Evans, Interim Director of Governance

Louise Brereton, Board Secretary

Dawn Sharp, Assistant Director: Deputy Board Secretary

Recommendation:

The Committee is asked to review and note the progress on the Principal Risk as set out in the Board Assurance Framework (BAF) and Corporate Tier 1 Operational risks presented.

DIG21.13a DIG Committee BAF and Corporate Risk Report - v0.2.docx

DIG21.13b Appendix 1 - BAF 20-18 Digital Estates and Assets v2.0.docx

7.2

11:06 - DIG21/14 Draft Committee Annual Report

Dylan Williams, Chief Information Officer

John Cunliffe, Committee Chair

Recommendation:

The Committee is asked to:-

1. Consider the Draft Committee Annual Report for 2020/21 (in particular, confirming agreement for the proposed RAG scores).

2. Agree that Chair's Action can be taken to approve the final Committee Annual Report for submission to the Audit Committee workshop on 25th May.

DIG21.14a Draft Annual Report v2.0.docx

DIG21.14b Draft DIGC_Committee Annual Report 2020-21 V0.4 DW JP Update AW DS V0.5.docx

8

11:16 - DIG21/15 Summary of InCommittee business to be reported in public

Dylan Williams, Chief Information Officer

Recommendation: The Committee is asked to note the report for information only.

DIG21.15 DIGC Private session items reported in public.docx

9

11:17 - DIG21/16 Issues to inform the Chair's Assurance report

10

11:18 - DIG21/17 Date of next meeting

18th June 2021

11

11:19 - DIG21/18 Exclusion of the Press and Public

Recommendation:

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 in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.

Agenda Digital Information and Governance Committee

Date 26/03/2021
Time 9:00 – 12:30
Location Virtual Microsoft Teams
Chair John Cunliffe
Description

1 DIG21/01 Welcome and Chair's opening remarks

9:00 **To note:** Chair's action items. (*Items scheduled to have been taken to the December meeting, which was stood down*).
Chair's actions taken and approved on the following:
– Information Governance Strategy Item – annual review – Item approved.
– Information Governance Assurance Report item – Assurance provided regarding IG preparedness for EU Exit – Item approved.

2 DIG21/02 Apologies

9:02

- Chris Stockport, Executive Director Primary & Community Care, Corporate Office
- Jo Whitehead, Chief Executive Officer
- Melanie Maxwell, Senior Associate Medical Director, Office of the Medical Director
- Sue Hill, Executive Director Of Finance, Corporate Office, [*part meeting*] apologies given until *approx.* 10am.

3 DIG21/03 Declarations of Interest

9:03

4.1 DIG21/04 Draft minutes of the previous meeting held on 25.09.2020

9:05

4.2 DIG21/05 Matters arising and Review of Summary Action Log

9:10

1. To review the Summary Action Log.
2. To deal with any matters arising not dealt with elsewhere on the agenda.

4.3 DIG21/05.1 Documents circulated to members since the last meeting

9:15

- Cyber resilience in the public sector – Circulated 14/01/2021 via email.
- Audit Wales, Welsh Community Care Information System – Circulated 03/02/2021 via email.

5 DIGITAL

5.1 DIG21/06 Digital Operational plan

9:16 Dylan Williams, Chief Information Officer

Recommendation –

The Digital and Information Governance Committee is asked to:

1. To decide if the reports provides the appropriate level of assurances.
2. To note the reports.

(Item DIG21.06 a and b rolled over from previous meeting which had been stood down).

5.2 DIG21/07 Informatics Assurance Report

9:26 Dylan Williams, Chief Information Officer

Recommendation –

The Digital and Information Governance Committee is asked to:

1. Note compliance with legislative and regulatory responsibilities which relate to the Informatics Services *and*
2. To advise the service of any additional metrics required to improve assurance.

(Item DIG21.07b rolled over from previous meeting which had been stood down).

5.3 DIG21/08 NWIS update report

9:36 Helen Thomas, NHS Wales Informatics Service

Recommendation –

The Committee is asked to note the report from the NHS Wales Informatics Service.

5.4 DIG21/09 Digital Communities (Community Services Transformation workstream): Update Report

9:51

Dylan Williams, Chief Information Officer

Jo Flannery, Regional Programme Manager – Community Services Transformation – Denbighshire County Council

Recommendation –

The Committee is asked to note the information contained within the report by way of progress with the Community Services Transformation Fund, and plans for its recovery.

5.5 DIG21/10 Digital Strategy – Our Digital Future

10:06

Dylan Williams, Chief Information Officer

Recommendation: The Committee is asked to approve the Digital Strategy.

5.6 COMFORT BREAK

10:36

6 INFORMATION GOVERNANCE

6.1 DIG21/11 Information Governance quarterly assurance report (KPI, Lessons learned and compliance report)

10:41

Justine Parry, Assistant Director of Information Governance & Risk

Recommendation: The Committee is asked to receive and note the assurance provided in compliance with the Data Protection and Freedom of Information Legislation.

6.2 DIG21/12 Chair Assurance report : Information Governance Group

10:51

Justine Parry, Assistant Director of Information Governance & Risk

Recommendation:

For information and discussion.

7 GOVERNANCE

7.1 DIG21/13 Board Assurance Framework Principal and Corporate Risk Report

10:56

Simon Evans–Evans, Interim Director of Governance

Louise Brereton, Board Secretary

Dawn Sharp, Assistant Director: Deputy Board Secretary

Recommendation:

The Committee is asked to review and note the progress on the Principal Risk as set out in the Board Assurance Framework (BAF) and Corporate Tier 1 Operational risks presented.

7.2 DIG21/14 Draft Committee Annual Report

11:06

Dylan Williams, Chief Information Officer

John Cunliffe, Committee Chair

Recommendation:

The Committee is asked to:–

1. Consider the Draft Committee Annual Report for 2020/21 (in particular, confirming agreement for the proposed RAG scores).
2. Agree that Chair's Action can be taken to approve the final Committee Annual Report for submission to the Audit Committee workshop on 25th May.

8 DIG21/15 Summary of InCommittee business to be reported in public

11:16

Dylan Williams, Chief Information Officer

Recommendation: The Committee is asked to note the report for information only.

9 DIG21/16 Issues to inform the Chair's Assurance report

11:17

10 DIG21/17 Date of next meeting

11:18

18th June 2021

11 DIG21/18 Exclusion of the Press and Public

11:19

Recommendation:

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 in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.

**DRAFT**

**Digital and Information Governance Committee
Minutes of the Meeting held on 25.09.2020
Held virtually via Webex**

Present:

Mr John Cunliffe	Independent Member – Committee Chair
Professor Nicola Callow	Independent Member
Mr Medwyn Hughes	Independent Member

In Attendance:

Dr David Fearnley	Executive Medical Director
Dr Chris Stockport	Executive Director Primary & Community Care
Ms Sue Hill	Executive Director Of Finance (SIRO)
Ms Melanie Maxwell	Caldicott Guardian
Ms Carol Johnson	Head of Information Governance
Mrs Justine Parry	Assistant Director of Information Governance & Risk
Ms Andrea Williams	Head of Informatics Programmes Assurance & Improvement
Mr John Thomas	Deputy Head of Informatics, Communication & Technology
Mr Richard Walker	Head of Information
Mrs Jody Evans	Corporate Governance Officer
Ms Helen Thomas	NWIS Director of Information, Information Services (part meeting)

Agenda Item Discussed	Action
DIG20/86 Chair's Opening Remarks DIG20/86.1 The Committee Chair welcomed everyone to the meeting. DIG20/86.2 The Executive Director of Finance (SIRO) informed the Committee of a break in her attendance from 10:30am for a brief period of time. DIG20/86.3 It was noted that the Executive Director Primary & Community Care would be the Executive Lead of the Committee for future meetings.	
DIG20/87 Apologies for Absence DIG19/87.1 Apologies received from Dylan Williams, Chief Information Officer. Deputies in attendance on behalf of DW as follows: Andrea Williams, Head of Informatics Programmes Assurance and Improvement, to present the following items: <ul style="list-style-type: none"> → DIG20/90 Digital Operational plan – Informatics Operational Plan Quarter 1 update → DIG20/91 Informatics Assurance Report Quarter 1 → DIG20/92 Digitally Enabled Clinical Strategy Update 	

<p>→ DIG20/107 Consultation details received: Special Authority for Wales Consultation</p> <p>John Thomas - Deputy Head of ICT, Informatics to present the following:</p> <p>→ DIG20/94 Covid on Informatics and Health Records - Service Point Calls</p>	
<p>DIG20/88 Declarations of Interest</p> <p>DIG20/88.1 None received.</p>	
<p>DIG20/89 Draft minutes of the previous meeting held on 19.06.20 and Summary Action Log</p> <p>DIG20/89.1 The Minutes of the last meeting held on 19.06.20 were confirmed as an accurate record, apart from clarification upon the wording regarding to the location of HM Berwyn.</p> <p>DIG20/89.2 Updates to the summary action log were recorded therein and it was agreed to close 8 actions within the action log.</p> <p>DIG20/89.3 Members discussed the additional items referred from the relevant Committee and Health Board Meetings. It was agreed that the outcomes would be advised within the Chair's Assurance report to Board accordingly.</p>	JC
<p>Digital Matters</p>	
<p>DIG20/90 Digital Operational plan – Informatics Operational Plan Quarter 1 update - Andrea Williams, Head of Informatics Programmes Assurance and Improvement, Informatics.</p> <p>DIG20/90.1 The Head of Informatics Programmes Assurance and Improvement provided the Committee with an overview of the report. The purpose of the report is to provide assurance on plan delivery and that regulatory and legal responsibilities are met. It was noted there isn't an approved Informatics Operational Plan for 2020/21 and that the update was based on the extension of the 2019/20 Approved Operational Plan. The plan was reported to be in line with the Corporate quarterly planning process.</p> <p>DIG20/90.2 Key points raised and discussed in the report were :</p> <ol style="list-style-type: none"> 1. Covid had significantly impacted on project delivery, 12 projects had been paused and (with 8 projects now at Amber, which would require further time to be delivered). 	

<p>2. The Welsh Community Care Information System continued to be a high risk, delivery of the WCCIS Risk was under review.</p> <p>3. Finances – overspend, savings target and the discretionary capital programmes were noted.</p> <p>DIG20/90.3 The Chair referred to the Summary Progress table and of the increasing risks of non-deliverance of projects; it was noted that the issue would be discussed within the Resources paper at the later point upon the agenda. The rating of Digital Infrastructure progress was queried given that there had been 2 items which had experienced issues to date. It was agreed to review the status and feedback to members accordingly. Reference was also made to the potentially significant changes to the YGC records library action and its status. The Head of Informatics Programmes Assurance also agreed to provide an update to explore if the item was categorised correctly as green and to confirm that the action was on track at the time of reporting.</p> <p>DIG20/90.4 An independent member expressed the view that the stock images used within the report were not replicating the current Covid climate; for example, the stock images used within the report suggested that staff were not wearing masks or social distancing. The feedback was acknowledged by IM&T attendees for future reports.</p> <p>DIG20/90.5 The members noted the report and agreed that the report provided them with the appropriate levels of assurance.</p> <p>RESOLVED: The Digital & Information Governance Committee reviewed and noted the report.</p>	<p>AW</p> <p>AW</p>
<p>DIG20/91 Informatics Assurance Report Quarter 1 Andrea Williams, Head of Informatics Programmes Assurance and Improvement, Informatics.</p> <p>DIG20/91.1 The Head of Informatics Programmes Assurance presented the report and noted that this was the first assurance report of 2020/2021. The report provided an overview of key performance indicators relating to the quality and effectiveness of information and information systems. The Head of Informatics highlighted the targets which had not been met due to Covid, along with the impacts upon staffing. Postponement to 2021 of the National compliance audit was also highlighted, as was the non-printing of reports that had now recommenced in May 2020.</p> <p>DIG20/91.2 The Head of Informatics Programmes Assurance and Improvement recommended that a workshop be arranged for Members to discuss the future purpose and content of the report. The members agreed.</p>	<p>AW/JE</p>

<p>DIG20/91.3 An independent member raised a query in relation to the completion rate of coding within BCUHB against the National Target scores. It was agreed to benchmark BCUHB in relation to the effect of Covid against other health boards. The Head of Information agreed to provide the data accordingly to the Committee to demonstrate the statistics.</p> <p>DIG20/91.4 The Chair expressed the need to understand the delays regarding WPAS being extended to May 2021. It was understood that there had been the 6 month delay due to Covid prioritisations. The Chair also questioned the Access to Health Records Project (ICO Recommendation) in relation to the Amber status. The Chair requested information in relation to the cost pressures not being supported and the detail in relation to the financial repercussion of risks and breaches. It was agreed for The Head of Informatics Programmes Assurance and Improvement to gain further detail in relation to the specifics and feedback accordingly. The Chair also briefly commented upon Cyber Security and progression to date. It was noted that Cyber Security was to be discussed further therein the private session.</p> <p>DIG20/91.5 The Assistant Director of Information Governance and Risk welcomed the change in format of the report and requested that the Data Quality of responses from the data warehouse be incorporated with regards to negative publicity of FOI requests within future reports. It was agreed for the data to be incorporated.</p> <p>DIG20/91.6 The members noted the report and agreed that the report provided them with the appropriate levels of assurance.</p> <p>RESOLVED: The Digital & Information Governance Committee reviewed and noted the report.</p>	<p>RW</p> <p>AW</p> <p>AW</p>
<p>DIG20/92 Digitally Enabled Clinical Strategy Update Andrea Williams, Head of Informatics Programmes Assurance and Improvement, Informatics.</p> <p>DIG20/92.1 The Head of Informatics Programmes Assurance and Improvement presented the members with the Digitally Enabled Clinical Strategy Update. It was summarised that the strategy consisted of three key documents namely;</p> <ul style="list-style-type: none"> • Strategy on a Page (infographic and based on the two page overview). • The Strategy. • Technical Document (to contain all the more technical information including the Clinical Pathways). 	

<p>It was confirmed that the strategy was in draft form at present and wide engagement would be undertaken to take into account the views of key stakeholders and staff. It was reported that there was an engagement plan currently under development which would take place over 6 weeks, during the October/November period. The Head of Informatics Programmes Assurance and Improvement also confirmed that the strategy would look to use new ways to engage digitally, whilst continuing to use more traditional methods. The strategy would also include a road map for delivery following the consultation method. It was also further confirmed that the stakeholder analysis was also to be undertaken, along with a wide range of surveys.</p> <p>DIG20/92.2</p> <p>Independent members expressed that the two page strategy is impressive and accessible. The technical document had also been discussed; the Head of Informatics confirmed that the document was an expansion of the strategy in detail. An independent member requested feedback in the future regarding the strategy mobilisation based upon the North Wales approach. It was agreed that the Head of Informatics and Independent Member discuss outside of the meeting, in order to benchmark at a future date. It was clear to members (as stated within the overview) that the strategy was non-clinically based. Following the presentation and overview, it was recognised that wider board discussions would require to take place. The Committee provided the overall feedback as required, along with the detailed discussion in relation to consultation and engagement. Digital inclusion within community settings had also been noted and discussed, along with the need for funding and capital planning.</p> <p>RESOLVED: The Digital & Information Governance Committee reviewed and noted the strategy and provided feedback in relation to the consultation accordingly.</p>	<p>NC/ AW</p>
<p>DIG20/93 NWIS update report</p> <p>Helen Thomas (NWIS - Information Services) Director of Information, Information Services, in attendance to present the verbal update to the Committee.</p> <p>DIG20/93.1</p> <p>The Committee Chair welcomed the NWIS Director of Information to the Committee and introductions were made. The Director of Information provided the verbal presentation regarding the National Update report, outlining progress and planning <i>in relation to</i>; the hospital pharmacy programme, WEDS, Critical Care contracts, WICCS, Welsh Clinical Portal, and the Office 365 roll out acceleration position. The Committee was also briefed regarding the Blaenavon Data Centre situation, along with associated risks pertaining to the provider and of the impact regarding the cancer services programme. The Chair raised concerns regarding the critical environment and the need to possibly extend timescales. The Director of Information expressed the view that positive discussions were ongoing relating to all providers and the Welsh Government were fully briefed upon the situation.</p>	

<p>DIG20/93.3 The Chair and Committee members agreed that the future updates to the Committee be presented by way of a written report, which would require submitting to the Secretariat for distribution prior to each Committee Meeting. The Director of Information Services agreed. The Committee Chair thanked the Director of Information for the update.</p> <p>RESOLVED: The Digital and Information Governance Committee noted the update.</p>	HT
<p>DIG20/94 Covid on Informatics and Health Records - Service Point Calls John Thomas - Deputy Head of ICT, Informatics</p> <p>DIG20/94.1 The Deputy Head of ICT, Informatics presented the members with the update and PowerPoint presentation, in relation to the Service Point Calls rates. The overview was given and a discussion took place. The members noted the amount of devices which had been distributed during the peak time of the Covid crisis, along with the extra call for VPN tokens across North Wales. It was commended that the shortages had been dealt with swiftly and that the Cisco Duo system had been utilised with enormous success. The significant increase of calls received across the health board within the period had been reported upon; along with the utilisation of Live Chat, and of the call handling processes in place in relation to ICT support.</p> <p>DIG20/94.2 An independent member queried the comparisons made against local authority figures. It was confirmed that the comparison had been made to put the saturation levels into context, in order to demonstrate the levels of calls received. The Chair of the Committee and members agreed that the presentation had been very informative to note.</p> <p>RESOLVED: The members noted the verbal update and presentation.</p>	

INFORMATION GOVERNANCE	
<p>DIG20/95 Information Governance quarterly assurance report (KPI, Lessons learned and compliance report) Quarter 1 2020/21 Justine Parry, Assistant Director of Information Governance & Risk to present</p> <p>DIG20/95.1 The Assistant Director of Information Governance & Risk presented the Key Performance Indicators: Quarter 1 - April 2020 to June 2020. The report provided the Committee with the high-level analysis, demonstrating many of the continuous improvements to date. It was noted that in line with the previous feedback from Committee Members, that the report included the full quarter data.</p> <p>DIG20/95.3 The Assistant Director of Information Governance and Risk presented the detailed overview. The understanding nature of the general public was acknowledged during the key Covid period, in relation to FOI requesting. Noted were that:</p> <ul style="list-style-type: none"> • It was also noted that there had been 1 tribunal set within the period, which had been in progression with the Information Commissioner accordingly. • During the quarter, compliance with subject access requests had decreased. • It was confirmed that the reported staff shortages within the team were now resolved. • There had been a reduction of reported incidents. • All complaints received within the reporting period had been fully investigated and the lessons learnt had been shared accordingly. • The training compliance rate had not reduced within the quarter. • That there would be an alternative method of training being delivered in the future byway of a training video. <p>DIG20/95.4 An Independent member offered the support of the Committee, in relation to FOI requests and delays in responses from Leads. The committee was advised that there would be a wholesale review of the FOI process over the forthcoming months, in order to streamline response times.</p> <p>DIG20/95.5 The Executive Director of Primary Care made comment with regards to the methodology of the Subject Access Request statistics for GP Practices. It was agreed that the Information Governance Team would cross check the statistics as stated within the report.</p> <p>DIG20/95.6 Discussion ensued in relation to Data Protection Impact Assessments. It was agreed that The Assistant Director of Information Governance and Risk contact The Head of the Value And Savings Programmes Lead, to</p>	<p>JP/CJ</p> <p>JP</p>

<p>discuss any cost improvements and learning regarding the restarts of care pathways to date.</p> <p>RESOLVED – The Committee received and noted the assurance provided in compliance with the Data Protection and Freedom of Information Legislation.</p>	
<p>DIG20/96 Information Governance Annual Report 2019/20 Justine Parry, Assistant Director of Information Governance & Risk to present</p> <p>DIG20/96.1 The Assistant Director of Information Governance and Risk presented the report and provided the highlights in relation to key issues. It was expressed that the All Wales Information Governance Toolkit pilot scheme had been delayed and it was anticipated that it would now be incorporated into the operational plan for 2020/2021. The Assistant Director also stated that the Senior Information Risk Owner (SIRO,) had transferred to the portfolio of the Director of Finance. Incident reporting was also commented upon, along with lessons learnt within the reporting period. It was also reiterated that work was ongoing regarding Childrens Services. In relation to Personal Injury Claims, it was confirmed that work was ongoing with Legal and Risk Services. Compliance Auditing had also been addressed; it was confirmed that twenty audits had taken place and findings and feedback had been shared positively and widely. It was also expressed that the recent IG internal audit had been positive. Overall, common themes were being explored to develop good practice guidelines, along with improved training compliance rates within the year. It was noted that relevant tool kits had also been utilised, along with digital platforms thus ensuring that DPIAs were being undertaken. It was confirmed that the feedback from Patients had been informative.</p> <p>DIG20/96.2 The Chair commended the report and positively commented upon the CPID rating as being 5 star. An independent member also commented upon lessons learnt and the themes reported being interlinked for future reporting. It was agreed that common themes in future be included therein the report.</p> <p>RESOLVED: The Digital and Information Governance Committee noted and ratified the assurance provided within the report.</p>	JP
<p>DIG20/97 Caldicott Outturn Report 2020 Melanie Maxwell, Senior Associate Medical Director to present.</p> <p>DIG20/97.1 The Senior Associate Medical Director presented the report and an overview was given. It was stated that the Health Board had improved its 4 star rating with an increase in compliance to 95% and reached a 5 star compliance rating. It was confirmed that the report and improvement plan</p>	

<p>had been approved by the Caldicott Guardian and all actions from the improvement plan had been transferred to the Information Governance Operational Work plan for 2020/21.</p> <p>DIG20/97.2</p> <p>The Digital and Information Governance Committee received and noted the assurances provided within the report with regards to compliance with the Caldicott Principles and the actions set out in the action plan to drive continuous improvement.</p> <p>RESOLVED: The Digital and Information Governance Committee noted and ratified the assurance provided within the report.</p>	
<p>DIG20/98 Information Governance Group - Issues of Significance Melanie Maxwell, Senior Associate Medical Director to present.</p> <p>DIG20/98.1</p> <p>The Senior Associate Medical Director provided the Committee with the Issues of Significance. The following items had been discussed and highlighted, with regards to an ongoing issue regarding WPAS alerts. It was agreed for IM&T to be involved to provide advice and support in relation to the existing Alert system, regarding variations across the Health Board, in order to simplify elements going forwards. The Senior Associate Medical Director agreed to feedback in relation to progress going forwards. It was discussed that the IG Group had also struggled to gain attendance with regards to meeting the quorum upon the group. It was agreed that feedback would be provided at the next Committee meeting in relation to attendance rates. It was noted that work towards the Child Health Records (ICO reprimand) was work in progress. It was also stated that the Infected blood inquiry work had also recommenced.</p> <p>RESOLVED: The Digital and Information Governance Committee noted the Issues of Significance.</p>	MM
<p>GOVERNANCE</p>	
<p>DIG20/99 Draft Committee Annual Report 2019-2020 for Approval David Fearnley, Executive Medical Director</p> <p>The Executive Medical Director presented the draft report to the Committee which had previously been reviewed by the members, it was therefore agreed to approve the Draft Report for onward submission to the Audit Committee.</p> <p>RESOLVED: The Digital and Information Governance Committee approved the Report.</p>	JE
<p>DIG20/100 Summary of InCommittee business to be reported in public - David Fearnley, Executive Medical Director</p> <p>DIG20/100.1 The Committee noted the report.</p>	

RESOLVED: The Committee noted the Summary of Business reported in public.	
DIG20/101 Issues to inform the Chair's Assurance report John Cunliffe, Chair - Recommendation - To agree the Issues.	
DIG20/102 Any other business - Impact of Blaenavon Data Centre on WPAS project - Verbal update agreed to be provided at the later point in the agenda.	
DIG20/103 Date of next meeting DIG20/103.1 The date of the next meeting was noted as: 18 th December 2020.	

BCUHB Digital and Information Governance Committee Summary Action Log – arising from meetings held in public				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
9.5.19				
Andrew Griffiths	WCCIS Liaise with BCU WCCIS Project Manager to provide support	19.7.19	<p>We were advised by the National Commercial Team to defer planned meetings to negotiate small-scale pilot in North Wales pending functional development roadmap – which remains an outstanding output.</p> <p>Note: CareWorks have been acquired Advanced and impact of the acquisition remain to be clarified but WCCIS Programme Director has indicated there will be no impact on the contracts.</p> <p>NWIS are planning to have and exec-exec meeting in March 2020 where the WCCIS project will be discussed further.</p> <p>DW to incorporate latest status risk update in March 2020.</p> <p>25/09/20 - At the meeting held on 25/09/20 it was noted that the item would be discussed later within the agenda.</p> <p>08/12/20 - Discussed at the previous DIG Committee held on 25.09.2020 – DW advised item to be closed on 8.12.2020.</p>	<p>Await NWIS feedback at DIGC November 2019</p> <p>Feedback - April 2020</p> <p>March 2020</p> <p>September 2020 Ongoing</p> <p>Action to be closed.</p>
21.11.19				
Dylan Williams	DIG19/30.5 Microtest GP systems The Chief Information Officer had agreed to provide update to the Committee with regards to the status	13.03.20	Update 19 th June 2020 - Microtest have withdrawn; work ongoing nationally for remaining 2 options. Primary Care are stable at present – no contractible issues.	<p>June 2020</p> <p>September 2020</p>

	update		25/09/20 – Agreed to close, work is ongoing. Risks had been recognised and conversations are ongoing.	Action to be closed.
13.02.20				
Dylan Williams	DIG20/51.3 HASCAS Action Item – Storage of Clinical Records The Chief Information Officer agreed to review and update the actions formally documented.	13.03.20	19/06/20 update - Action for update at next meeting. 25/09/20 – It was agreed to leave the action open for future update.	June 2020 March 2021 - update to be presented.
Dylan Williams	DIG20/55 Approval of Informatics – Draft Operational Plan <ul style="list-style-type: none"> The Chief Information Officer agreed to amend the item referred to on page 3, in relation to a graphical error. To refer the Corporate Risks related within the report, along with the rolling program of work, as a regular digital perspective. 	13.3.20	19/06/20 Update - Operational planning paused to date, however re-prioritisation now in effect. Under discussions with planning regarding re-engagement. New Staff Member commencing within September 2020 to assist. 25/09/20 – Update – It was agreed to close the item. It was confirmed that Andrea Williams had commenced recently, as per the note confirmed above.	June 2020 Action to be closed.
Justine Parry	DIG20/61 Chair Assurance report - Information Governance Group <ul style="list-style-type: none"> DIG20/61.3 Transfer of records via Taxis. JP to contact Radiology Lead to discuss logistics and plans of agreed systems. 		19/06/20 update – CJ confirmed that the Team are reviewing taxi service provision with procurement. CJ to pick up with Radiology. CJ to review and gain assurance. 25/09/20 update – CJ agreed to enquire as to the agreed methods and reasons for the use of taxis within the health board. CJ agreed to review and report back to the December Committee in relation to justifications.	September 2020 December 2020

			<p>17/12/20 update - Update position and request to close the action:</p> <p>IG, Health Records and Procurement met on the 15th October 2020 to discuss and clarify the following:</p> <ol style="list-style-type: none"> Concerns raised by DIGC around the taxi use for patient transfers (Covid-19) and Patient transfer arrangements in general. I can confirm that taxis are not being used for the transportation of patients. The use of the 365 Response/Ambulance Provider (approved) is in place in addition to other approved ambulance service transport providers. Reasons for Taxi usage. <ul style="list-style-type: none"> Transport of Samples/Notes/Drugs/Urgent Medical Equipment Transportation of staff Urgent situations in a life or death situation out of hours when no other solution is available. <p>Whilst there are other methods of transfers in place the above are still used in limited situations. The approved other methods of transfers should be used in the first instance. (Please refer to point 3 below)</p> Provider arrangements in place. <ul style="list-style-type: none"> I have established that the use of taxi firms has significantly decreased however there are still a 	<p>Action to be closed</p>
--	--	--	---	-----------------------------------

			<p>small number of taxi firms still in use.</p> <ul style="list-style-type: none"> • A full review of those arrangements is being undertaken to ensure that contracts and T & C's are in place and if not they need to be addressed. • We have agreed if a taxi service is needed for the transportation of Samples/Notes/Drugs/Urgent Medical Equipment which cannot be arranged by another approved method/supplier then a formal agreement will need to be put in place. • The Deputy Head of Digital Health Records is leading on the tender specification with support from IG if required. • Information Governance will review any contracts or T & Cs before they can be signed off. 	
Item referred from Finance and Performance Committee				
David Fearnley/John Cunliffe	FP20/24 2019/20 APPMR Digital Health Programme <ul style="list-style-type: none"> - It was noted that the actions were being scrutinised by the Digital and Information Governance Committee (DIGC) however, the Chairman requested that the Executive Medical Director and DIGC 		03/04/20 Acting Board Secretary JP advises : Action to be transferred to DIGC – with outcome to be advised in Chair's Assurance report to Board. 19/06/20 - Delays due to Covid noted and discussed. It was noted that plans are being reviewed and will be fed through to Finance and Performance and Health Board. JC to	June/July 2020

Dylan Williams Jody Evans	Chair provide feedback regarding the delayed national systems to the Chief Executive and Chair to inform ongoing discussion.		confer with Mark Polin regarding outstanding plans and content of feedback within Chairs Report to Board. 25/09/20 – DW to provide the Committee with regular updates regarding national systems and timelines of events therein the Annual Plan accordingly. (Add to Cycle of Business).	December 2020. Action to be closed.
25.09.20				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
John Cunliffe	DIG20/89.3 Members discussed the additional items referred from the relevant Committee and Health Board Meetings. It was agreed that the outcomes would be advised within the Chair's Assurance report to Board accordingly.	October 2020	October 2020 Update: Chair's report to be provided to the November Health Board Meeting. December 2020 – DIG Committee stood down – feedback to be presented to the March Meeting.	26 th March 2021
Andrea Williams	DIG20/90 Digital Operational plan – Informatics Operational Plan Quarter 1 update DIG20/90.3 <ul style="list-style-type: none"> Digital Infrastructure rating; there had been two items, which had experienced issues to date, it was agreed to review the status and feedback. YGC records library category 	November 2020	09/12/2020 update: Action covered and included within the Quarter 2 Report.	Action to be closed.

	status – it was agreed to gain an update and to confirm that the action was on track at the time of reporting.		09/12/2020 update: Action covered and included within the Quarter 2 Report.	Action to be closed.
Andrea Williams/ Jody Evans	DIG20/91 Informatics Assurance Report Quarter 1 DIG20/91.2 A workshop is to be arranged for members to discuss the future purpose and content of the report.	November/December 2020	09/12/2020 update: Workshop arranged for 29 th January 2021.	Action to be closed.
Richard Walker	DIG20/91.3 Completion regarding national target scores - It was agreed to benchmark against other health boards and feedback.			
Andrea Williams	DIG20/91.4 The Chair requested further information regarding cost pressures not being supported, along with detail to the financial repercussion of risks and breaches. It was agreed for The Head of Informatics Programmes Assurance and Improvement to gain further detail in relation to the specifics and feedback accordingly.	December 2020	09/12/2020 update: AW to provide an update to the meeting; due to be held on the 18 th December 2020. December 2020 – DIG Committee stood down – feedback to be presented to the March Meeting.	26 th March 2021

Andrea Williams	DIG20/91.5 Data Quality of responses are to be incorporated within future reports concerning negative publicity of FOI requests.	December 2020	09/12/2020 update: Report received detailing the action taken to date.	
Professor Callow and Andrea Williams	DIG20/92.2 Digitally Enabled Clinical Strategy Update An independent member requested feedback in the future regarding the strategy mobilisation based upon the North Wales approach. Head of Informatics and Independent Member to discuss outside of the meeting, in order to benchmark at a future date.	December 2020	09/12/2020 update: Head of PAI, CCIO and CIO have met with Bangor University Director of IT on 25/11/20 to ensure a more joined up approach for the strategy.	
Helen Thomas - NWIS	DIG20/93 NWIS update report The Chair and Committee members agreed that, the future updates to the Committee be presented by way of a written report.	December 2020	09/12/2020 update: Report received, to be included within the Agenda for the meeting on the 18 th December 2020.	Action to be closed.
Justine Parry Carol Johnson	DIG20/95 Information Governance quarterly assurance report (KPI, Lessons learned and compliance report) Quarter 1 2020/21 <ul style="list-style-type: none"> DIG20/95.5 Methodology of Subject Access Request statistics for GP Practices. It was agreed that the Information Governance Team 	November 2020	October 2020 update - Item in progress. March 2021 update - Data checked with Primary Care Team. Figures are now correct in the latest report.	Action to be closed.

	would crosscheck the statistics, as stated within the report.			
Justine Parry	<ul style="list-style-type: none"> DIG20/95.6 Data Protection Impact Assessments; it was agreed to contact The Head of the Value And Savings Programmes Lead, to discuss any cost improvements and learning regarding the restarts of care pathways to date. 	December 2020	October 2020 update - Completed and will be included in the next KPI report.	Item to be closed.
Justine Parry	DIG20/96 Information Governance Annual Report 2019/20 DIG20/96.2 To include within future reports; the Datix list of common themes.	December 2020	October 2020 Update - Completed and will be included in all future reports	Item to be closed.
Melanie Maxwell	DIG20/98 Information Governance Group - Issues of Significance DIG20/98.1 Quorum - It was agreed that feedback would be provided at the next Committee meeting in relation to attendance rates.	December 2020		
Jody Evans	DIG20/99 Draft Committee Annual Report 2019-2020 The report was approved and it was agreed to submit the report to the Audit Committee.	November 2020	October 2020 update – The Report version number has been updated to reflect the approval. The Report has been forwarded to the Audit Committee as required. Action now complete.	Item to be closed.

Item referred from Public session of the Quality, Safety Experience Committee from the meeting, which took place on: 28.8.2020.				
DIG Committee John Cunliffe Chris Stockport	QS20/170.3 Item had been included in the QSE Chair's Report to the Health Board stating: "The risk relating to the Patient Administration Systems across the three acute hospital sites has been referred to the Digital and Information Governance Committee".	December 2020	<p>December 2020 – To be discussed as part of the NWIS update.</p> <p>December 2020 – DIG Committee stood down. To be discussed as part of the NWIS update.</p>	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 26/03/2020				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Informatics Operational Plan Quarter 2 Report (2020/21)				
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Primary and Community Care				
Awdur yr Adroddiad Report Author:	Dylan Williams, Chief Information Officer, et al.				
Craffu blaenorol: Prior Scrutiny:	Chief Information Officer and Executive Medical Director				
Atodiadau Appendices:	Informatics Operational Plan Quarter 2 Report				
Argymhelliad / Recommendation:					
The Digital and Information Governance Committee is asked to:					
<ol style="list-style-type: none"> 1. To decide if the report provides them with the appropriate level of assurance. 2. To note the report. 					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information
				x	
Sefyllfa / Situation:					
<p>The purpose of this report is to provide the Digital Information Governance Committee with:</p> <ol style="list-style-type: none"> 1. An update on the implementation of the Informatics Operational Plan – Quarter 2. 2. A mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met by the Informatics Services and if delivery is being undertaken against agreed plans. <p>There has been no approved Informatics Operational Plan for 2020/21, this update is based on an extension of the 2019/20 Approved Operational Plan. This year's plan is in line with the Corporate quarterly planning process.</p> <p>The key points from this report are:</p> <ol style="list-style-type: none"> 1. 20 projects are reported as being on track. 2. The BCUHB Health Board and the Welsh Government have given approval to award Civica UK Ltd the contract to implement their 'Cito' Digital Health Record. This means that over the next 4 years we will digitise the acute patient record providing the ability to view patient information in one place from any location; working seamlessly alongside our PAS, WCP and other clinical systems, creating e-forms, and where required scan in patient information. This is a key project within the Patient Records Transition Programme (PRTP). 3. Covid continues to have a significantly impacted on project delivery, 7 projects are on hold due to Covid. 4. 3 projects for escalation are: 					

- a. Welsh Patient Administration System due to NWIS putting this project on hold.
 - b. WEDS due to a delay in implementation (Business Case now approved).
 - c. WCCIS on hold whilst a review is undertaken.
5. The WCCIS Risk is included in the Risk Report.
 6. Finances – overspend, savings target and the discretionary capital programme are covered in finance below.
 7. The Capital Programme with a total value of £1.56Million is included in Appendix A.
 8. The RAG statuses used in this Quarter for the Programmes fully reflect the RAG Status within the report. Previously if projects were on hold due to covid the status could still be green, this is still classed as non-delivery so the RAG status reflects this.

Reviews requested from DIGC 25/9/20

“The rating of Digital Infrastructure progress was queried given that there had been 2 items which had experienced issues to date. It was agreed to review the status and feedback to members accordingly.”

This review has taken place and, one project was Amber so the overall RAG rating should be Amber. This has been changed for Q1 in this Q2 report.

“Reference was also made to the potentially significant changes to the YGC records library action and its status. The Head of Informatics Programmes Assurance also agreed to provide an update to explore if the item was categorised correctly as green and to confirm that the action was on track at the time of reporting.”

This review has taken place and due to the level of changes in the project this has been changed to Amber for Q1 in this Q2 report.

Cefndir / Background:

The Informatics Operational Plan is a service plan that enables the delivery of BCUHB Corporate Plan. It has 7 strategic principles that all projects link to and are reported under.

The plan is updated on an annual basis but the projects within may have a wider timespan for delivery.

Asesiad / Assessment & Analysis

Strategy Implications

This Operational Plan enables the Living Healthier, Staying Well strategic approach.

Wellbeing and Future Generations – the 5 ways of working:

This Operational Plan delivers on the following 5 ways of working

Long Term – We assess digital systems to ensure that they meet future needs and can work with other existing systems

Integration – Some of our systems that we are working on support the delivery objectives of other partners i.e. WCCIS

Involvement – Patients, Staff and key stakeholders are involved in finding the best solutions. We ensure that we are involved when national solutions are being developed to ensure they meet the organisations/patients needs.

Collaboration – We work across the organisation using a collaborative approach, the systems have to meet the needs of the system owners.

Prevention – We put solutions in place that can prevent service failure i.e. text reminders to reduce the number of Did not Attends.

Financial Implications

Revenue: The year to date overspend as of the 30th September 2020 is £290,000 which is due to unachieved savings. Estimated end of year overspend is estimated to be £740K.

The position includes costs of £214K related to Covid costs which is currently funded on basis that all Covid costs will be funded by Welsh Government, however there remains a risk that not all costs will be recovered, which would be a further cost pressure.

Discussions are in progress regarding the 4.6% savings target.

Capital: The discretionary capital programme is covered in Appendix A of the report.

Risk Analysis

The risk of non-delivery of WCCIS is increasing and as a result, the existing risk score has been reviewed.

Legal and Compliance

None.

Impact Assessment

No overall equality impact assessment has been undertaken on the Operational Plan but we are working with the Digital Communities Wales to understand the key data and information in relation to digital inclusion for the new Strategy.

Informatics Operational Plan 2020/21: Progress Monitoring Report

1



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Informatics



Content

About this Report

Executive Summary

Summary Progress against Strategic Principles

Digital Health: High Level Matrix

Digital Health: Milestone Summary Matrix

Finance

Appendix A: Discretionary Capital Plan

1

2

3

4

5

6-7

8

9

Quarter 2

Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate openly and honestly



This report is presented to the Digital and Information Governance Committee (DIGC), to support its remit to receive and gain assurance on the delivery of the Informatics Operational plan. The report presents:-

1. Summary data to highlight progress against Informatics Strategic Principles (page 4) which are detailed with the 2020/21 operational plan
2. Summary data that is reported directly to the Health board and used by them to monitor progress against the annual plan (page 5) for core Informatics Projects (i.e. Digital Health Programme – High Level Matrix). More detailed performance updates against the Milestones of these projects (page 6 to 8) which is used to attribute status. This is not subject to standard submission / scrutiny by the board and is provided to the committee to support their assurance activities.
3. the Revenue and Capital position at the end of Quarter (page 9 to 10)

The ratings which have been attributed to each of the Projects have been assessed by the relevant lead for the project or Milestones. All of the ratings have been reviewed and approved by the Chief Information Officer (CIO). Additional assurance is provided by the Informatics Performance and Improvement department who will request rationale for the ratings given and sample test the anticipated versus achieved milestone deliverables.

Where a red or amber rating is applied to any project in any month, a short narrative is provided to explain the reasons for this and any actions being taken to address.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk (matrix below).

Feedback is welcomed on this report and how it can be strengthened. Please email Andrea.Williams30@wales.nhs.uk

RAG	Every Month End	By year end	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why, and what is being done to get back on track.
Amber	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
Green	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional information required
Purple	Achieved	N/A	Where RAG is Purple: No additional information required

Informatics Operational Plan 2019/20 - Monitoring of Progress against Actions and Milestones

As at the end of September (Quarter 2), the Informatics Operational Plan for 2020/21 has 42 projects which are linked to and intended to deliver 7 Strategic principles and objectives, of these 30 projects are currently active.

	No of projects	Update
Achieved	1	Welsh E-Documents Reporting
On track for achievement, no real concerns	20	
Off Track, serious risk, or will not be achieved	3	Welsh Patient Administration System that has been <u>paused</u> by NWIS WEDS due to delayed implementation WCCIS as it has been put on pause whilst a review is undertaken
Achievement as forecast, work has commenced; some risks being actively managed	7	7 projects are identified as Amber, whilst they are still predicted to achieve objectives they are experiencing <u>difficulties which</u> are being managed, e.g. they may take longer to deliver than initially forecast or finances require resolution before progress can be achieved. This is largely due to competing priorities with the Informatics COVID-19 response <u>and also</u> key stakeholders in other services being unavailable due to COVID-19.
On Hold	9	7 due to <u>Covid</u> 1 due to the WPAS Project being on hold 1 due to a Technical Lead taking up employment in another organisation
Not Started	2	Projects due to start later in this financial year

During this quarter, the projects on hold due to Covid are now recorded as Amber as it shows the true impact on delivery.








Business Cases for Mted and WEDS are being developed.* (Update – the WEDS update was approved by the Finance and Performance Committee on the 29/10/20)

The discretionary capital programme has only recently been agreed with Informatics using the allocation of £1.5m for 2020/21, the details of the Capital Programme can be found in Appendix A.

Summary Progress against Strategic Principles

4

The Informatics Operational Plan details all of the projects that Informatics is aiming to further or deliver during 2020/21 (39). All projects are linked to strategic principles and objectives which are listed below. A high level overview of progress against each objective is also provided e.g. number of projects and project status. Further detail can be provided.

Strategic Principle	Objective	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	High Level Overview
 Digital Roadmap	Adopting a digital by default principal, capturing data once and reusing it, minimising the use of paper and working towards "paper free at the point of care". The building blocks of a single patient view which can be accessed by those receiving, providing or supporting patient care.	A	R			15 Projects detailed within the original 2020/21 plan. 1 project closed as completed, Welsh E-Documents Reporting 3 projects are reported as "unmet" (Red)- WCCIS, WPAS and WEDS 2 Projects are "experiencing issues" (Amber) MTed, Local Data Warehouse expansion 1 on hold due to COVID-19 1 on hold due to dependencies on WPAS 7 reported as on track QTR2 Position = 12 Projects are currently active.
 Data Driven Decision Making	Providing tools to put data from a variety of sources at the heart of decision making in a timely and user friendly manner. Providing insights to inform effective decisions through synthesising information from a variety of sources.	G	A			5 Projects detailed within the original 2020/21 plan. 2 projects are "experiencing issues" (Amber) Mainstream COVID related Data and BI Phase 2 3 projects are reported as on track QTR2 Position = 5 projects are currently active.
 Underpinning Service Transformation	Supporting services to combine technological opportunities with new business processes, that enable us to meet our Local and National responsibilities.	A	A			7 Projects detailed within the original 2020/21 plan. 1 project is reported as "experiencing issues" (Amber), Texting Support: COVID19 1 project is on hold due to the Technical Lead moving posts. 1 project is due to commence later in the financial year 4 projects are reported as "on track". QTR12Position = 5 projects are currently active.
 Digital Mobile Workforce	Providing digital tools to support staff to undertake duties, work together and communicate effectively from a variety of locations - reducing overheads, supporting strategies and enabling "time to care".	G	A			1 Project detailed within the original 2020/21 plan. 1 project is reported as "experiencing issues" (amber) Information Technology Self-Service web portal strategy and development QTR2 Position = 1 project is currently active
 Managing Innovation & Emerging Technologies	Learning and Innovating by providing accelerators of digital transformation. Collaborating with innovators and entrepreneurs and suppliers to encourage innovation.	G	G			2 Projects detailed within the original 2020/21 plan. 1 Reported as on track 1 project is not due to start until later in the financial year. QTR2 Position = 1 Project remains active
 Digital Infrastructure	Providing, developing and maintaining a secure, flexible and robust infrastructure to enable a digital future.	G	A			9 projects detailed within the original 2020/21 plan. 1 project is reported as "experiencing issues" (Amber); core telephony replacement 4 projects are on hold due to COVID-19 4 projects are reported as on track QTR2 Position = 5 projects remain active
 Workforce Development, Transparency, Sustainability & Standards	Nurturing a digital culture throughout the organisation to enable staff to tell us how they want to work. Supporting staff to develop and provide services that meet the efficiency, quality and sustainability challenges that we face. Adopting evidence based best practice and meeting our legislative requirements	G	A			3 projects detailed within the original 2020/21 plan. 2 projects are on hold due to COVID-19 1 project is reported as on track QTR2 Position = 1 project remains active

Digital Health Programme – High Level Matrix⁵

Progress against the following projects is reported to the Board as part of annual plan progress monitoring.

Programme: Digital Health: High Level Summary

Programme	Strategic Objective	Exec Lead	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
WPAS	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	MD						
WCCIS	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	MD						
WEDS	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the West (phase 1, East (Phase 2) and extending into the Central MIU's (Phase 3) followed by the final phase to move onto a Single Integrated WEDS solution'.	MD						
Digital Health Record	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	MD						
YGC Records Library	Support the identification of storage solution for Central Library	MD						
Good Record Keeping Management	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	MD	Pre-Formal Start					
Information Flow	Delivery of information content to support flow/efficiency	MD	On hold / pre-formal start					
Digital Infrastructure	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	MD						

Digital Health Programme Milestone Summary Matrix .6

Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
WPAS						
Ways of Working / Standardisation Activity Data Migration Event 5 started (paused due to COVID-19) User Acceptance Testing Preparation started Training Plan Preparation started	Q1	A				The WPAS project restarted in June after a period of suspension due to the COVID priorities impact. Data Migration Event 5 started against the revised plan working towards a May 2021 go-live. Work was also undertaken on the remaining Ways of Working gaps. Additionally, the Go-Live, Training and User Acceptance Testing strategies were drafted.
Data Migration Event 5 Completed Data Migration Event 6 started Continued Ways of Working Activity Training Strategy Approved User Acceptance Strategy Approved Revised Business Case (Phase 4) Drafted	Q2		R			September 2020 - WPAS project is reporting a delay of approximately 7 months due to NWIS having to divert their resources in order to move national systems including the cancer system CANISC out of the Blaenavon Data Centre (BDC) at short notice as the supplier is ceasing services there. The CANISC system is also end of life so this has accelerated the need for NWIS to implement the Velindre WPAS project in order to de-risk the situation. NWIS have indicated a possible restart of the BCU phase 3 from May 2021, however this has not been confirmed or agreed yet. There is also a current issue which affects our data migration partner DXC being able to support such a date. Further discussions are needed following the most recent delay.
WCCIS						
Planning and configuration for prototype; defining new ways of working; development of reports / workflows etc. Testing of v5.2.15 Correction Planning for wider implementation.	Q1	R				Project paused. Objectives not achieved due to re-deployment of team to cover COVID 19 requirements. Also, re-deployment of Local Authority colleagues involved in the Prototype
Planning and configuration for prototype; defining new ways of working; development of reports / workflows etc. Testing of v5.2.15 Correction Planning for wider implementation.	Q2		R			Planning and configuration of the prototype continues to progress within the WCCIS workstream. The V5.2.15 release from the National Team has been delayed until early 2021 and therefore no testing has been undertaken. The Health Board team have met with the Regional and National Team to discuss re-planning of the wider implementation. The national team have agreed to work with the Health Board to review the detail of the deployment order, however a hardware and technical refresh planned by the National Team may delay this process.
WEDS						
Non-Integrated WEDS (BCU Symphony) Sequencing Approved Correction Plan Approved Revenue Business Case Approved West Data Migration completed West User Acceptance Testing completed West End-user training started	Q1	A				The Correction Plan needs revising due to the change in Go Live date with the Revenue Business Case to be presented to Finance & Performance Committee at the end of July and to the Board at the end of September (via Health Board Review Team - date TBC). Data Migration testing is almost complete and is awaiting sign off. End user training for staff in the Emergency Department West is now 65% complete however, refresher training will now be required due to the Go Live date delay moving from July 2020 to a date in the Autumn yet to be finalised. User Acceptance Testing of the system is ongoing.
Correction Plan Approved Revenue Business Case approved by HBRT and F&P and submitted to Health Board meeting 24/09/2020 DM Signed off West End-user Training completed including MIUs UAT complete	Q2		R			Correction Plan no longer required as BCU will be locally hosting in the interim whilst National Team plan work in the National Data Centre. Work in progress to extend the existing contract in East. Revenue Business Case approved by Health Board Review Team and Exec Team now waiting for approval by Finance and Performance Committee on 29/10/20 . Data Migration Signed off by Project Board at the end of September. Refresher training now planned for October as Go Live Date slipped from July to November (subject to Finance and Performance Committee's Approval on 29/10/20) User Acceptance Testing not signed off.

Digital Health Programme Milestone Summary Matrix

7

Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
Digital Health Record						
Project workstream (WS) 1; WS2; WS3 have been defined and planned to deliver within a 18 month period i.e. ETR, 4 steps to results management all delivered by Sept 2021	Q1	A				Due to Covid crisis this project was put on hold, but restarted in May. Reviewed impact of the crisis that led to stopping printing results (in scope). Interim measures to re-start printing for those areas that require it is being implemented between Pathology and Informatics (from 6th July). Workstream (WS)1 (to request, notify, view and action) is being accelerated to deliver October 2020, with Secondary Care Medical Director identifying resources to enable Informatics to achieve this date. WS2 Mobile Application pilot of new version successful and resources being explored to roll out. WS3 (ETR) NWIS have requested leads from BCU to join national advisory group to drive the future of the test requesting forms. WS4 (Radiology) approach options are being appraised to identify the optimal development.
WS1 (to request, notify, view and action) - workstream is on track to deliver the WCP for all four steps by end of October to enable a full stop of printing results (in scope). WS2 - N/A WS3 - Cytology and Histology test requesting via the WCP has been improved. WS4 - Clear approach to Radiology test requesting and viewing has been approved with agreed timescales for delivery and identifiable progress being made.	Q2		G			WS1 - Work to improve the 'results sign off' functionality within the WCP has been scheduled by NWIS for Q3 (version 3.13). Engagement with the teams across the organisation will begin in the coming weeks on what the new process will look like and ensure readiness to safely transition from paper results (blood sciences, microbiology and Pathology) by next summer. WS2 - BCU engaged in an early Proof of Concept of the WCP Mobile Application, which has influenced the development of the latest version. The roll out of this national application is being planned for later this year and we are awaiting expressions of interest from users. WS3 - Engagement with stakeholders will commence in the coming weeks to baseline current processes and identify any barriers such as issues with printers. BCU have representation on the national working group to understand the requirements for ETR in Cellular Pathology and deliver improved test requesting forms in the WCP later this year. WS4 - work is underway to upgrade the 3 x Radis instances to v2.4 by end of calendar year.
YGC Records Library						
Working with support from the Hospital Management Team, Planning and Estates department to identify an appropriate solution, development and approval by the Health Board of a single stage business case that specifies the storage and logistics requirements for long-term storage of acute patient records in Central	Q1	A				A meeting was arranged to visit the Ablett site on the 27/09/20 to scope out the area in readiness of this becoming the agreed site for the YGC File Library. Work is underway with racking suppliers to assess the best use of the space to rack and store. Since the meeting the work has been put on hold due to the workload of the Planning and Performance (Capital) Team and Estates due to covid and risk compliance work. The actions and timelines will be reviewed at the next meeting.
To have a clear steer from Planning on the availability of the option to house YGC File Library in the entire Ablett Site	Q2		A			A meeting was arranged to visit the Ablett site on the 27/09/20 to scope out the area in readiness of this becoming the agreed site for the YGC File Library. Work is underway with racking suppliers to assess the best use of the space to rack and store.
Good Record Keeping Management						
To begin the baseline of the; storage, processes, management arrangements and standards compliance to work towards PAN-BCUHB Patient Records Compliance with legislation and standards in patient records management across all casenote types.	Q1	A				Pre Covid, the post of Project Manager was advertised as a 12 month secondment, however no candidates met the essential skills. The approach has been reviewed post-Covid to ensure compliance with new restrictions in the undertaking of the review, with a focus on how to progress this at pace. Work is expected to commence in Q2 with the aim to make up as much time as possible within the constraints.
(revised) Project start commenced and work underway with Mental Health Service and Community Service as a priority.	Q2		G			Task Monitoring plan has been implemented with actions delivered during quarter 2. Table top baseline audit has been completed on current knowledge with implementation of the delivery plan for the full baseline audit commencing in Quarter 3. The first service to be audited will be MHLd.

Revenue: The year to date overspend of £290k as of the 30th September 2020 is due to unachieved savings. The position includes costs of £214K related to COVID costs which is currently funded on basis that all COVID costs will be funded by Welsh Government there remains a risk that not all costs will be recovered, which would be a further cost pressure. End of year straight line forecast overspend is expected to be £740. The HoS are all reviewing their mid year expenditure and forecasts for end of year. WCCIS project is currently on hold and funding for Office 365 rollout has recently been agreed. Invest to save project funds has also been agreed for Digital Dictation. Funding also made available in October for Business Intelligence Unit and Access to Health Records.

Revenue	Annual Budget £'000	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance £'000	Year End Forecast £'000		Risk
Achievement against Revenue Resource Limit	18,561	9,340	9,630	290	740		Red
Cost Improvement Programme		2019-20 Savings Target b/f £'000	2019-20 Additional Savings Target B/f £'000	2020-21 Savings Target £'000	2018-19 Recurring Savings plans £'000	2018-19 Non Recurring Savings plans £'000	Risk
Savings Plans		-620	-447	-785	30	0	Red

Capital: The discretionary capital programme has resulted in an allocation of £1.5m for 2020/21. (Previous years were circ £3m). This decrease is principally due to Covid-19 whereby the Health Board may be required to pay for elements of expenditure to date. Appendix A, overleaf, reflects the current agreed capital schemes within the programme with business cases now being completed. Pre-sales and procurement activities have already commenced where required.

DIGITAL ROADMAP						Approved Budget £
WPAS West Implementation	G	G	G	G	G	TBC
Digital Health Record System (DHR)	G	G	G	G	G	£794,000
DIGITAL INFRASTRUCTURE						
Hardware Replacement	G	G	G	G	G	£100,000
Cardiology System Upgrade	G	G	G	G	G	£175,000
IP Telephony System Replacement	G	G	G	G	G	£150,000
WiFi Access Point Upgrades & Expansion	G	G	G	G	G	£25,000
Local Full Fibre Network (LFFN)	G	G	G	G	G	£25,000
PSBA Wide Area Network Upgrades	G	G	G	G	G	£15,000
UPS YGC Data Centre 1	G	G	G	G	G	£80,000
ICT Service Desk Accreditation Review	G	G	G	G	G	£10,000
ILIO Switches	G	G	G	G	G	£25,000
DMZ Implementation	G	G	G	G	G	£28,000
Cisco ISE Implementation	G	G	G	G	G	£35,000
ICT Portal Review	G	G	G	G	G	£15,000
Contingency - Repairs & Replacements	G	G	G	G	G	£40,000
UNDERPINNING SERVICE TRANSFORMATION						
Health Records mobile racking replacement	G	G	G	G	G	£45,000
TOTAL						£1,562,000



Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 26/03/2021					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Informatics Operational Plan Quarter 3 Report (2020/21)					
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Primary and Community Care					
Awdur yr Adroddiad Report Author:	Dylan Williams, Chief Information Officer, et al.					
Craffu blaenorol: Prior Scrutiny:	Chief Information Officer and Executive Medical Director					
Atodiadau Appendices:	Informatics Operational Plan Quarter 3 Report					
Argymhelliad / Recommendation:						
<p>The Digital and Information Governance Committee is asked to:</p> <ol style="list-style-type: none"> 1. To decide if the report provides them with the appropriate level of assurance. 2. To note the report. 						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information
Sefyllfa / Situation:						
<p>The purpose of this report is to provide the Digital Information Governance Committee with:</p> <ol style="list-style-type: none"> 1. An update on the implementation of the Informatics Operational Plan – Quarter 3 2. A mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met by the Informatics Services and if delivery is being undertaken against agreed plans. <p>There has been no approved Informatics Operational Plan for 2020/21, this update is based on an extension of the 2019/20 Approved Operational Plan. This year's plan is in line with the Corporate quarterly planning process.</p> <p>The key points from this report are:</p> <ol style="list-style-type: none"> 1. 17 projects are reported as being on track 2. Symphony was implemented within Ysbyty Gwynedd Emergency Department during quarter 3. It should be noted that implementation is of a locally hosted version of the system and the project name has been updated accordingly. Readiness activities for Minor Injury Units is behind schedule due to Covid pressures. 3. COVID continues to have a significant impact on project delivery, 9 projects are on hold due to COVID. 4. Projects for escalation are; <ol style="list-style-type: none"> a. Welsh Patient Administration System due to NWIS putting this project on hold 						

- b. WCCIS has restarted however there have been delays in obtaining the required information from Community Resource Teams.
- 5. Finances - overspend, savings target and the discretionary capital programme are covered in finance below.
- 6. The Capital Programme with a total value of £1.56 million is included in Appendix A.

Cefndir / Background:

The Informatics Operational Plan is a service plan that enables the delivery of BCUHB Corporate Plan. It has 7 strategic principles that all projects link to and are reported under.

The plan is updated on an annual basis but the projects within may have a wider timespan for delivery.

Asesiad / Assessment & Analysis

Strategy Implications

This Operational Plan enables the Living Healthier, Staying Well strategic approach.

Wellbeing and Future Generations – the 5 ways of working:

This Operational Plan delivers on the following 5 ways of working;

Long Term – We assess digital systems to ensure that they meet future needs and can work with other existing systems

Integration – Some of our systems that we are working on support the delivery objectives of other partners i.e. WCCIS

Involvement – Patients, Staff and key stakeholders are involved in finding the best solutions. We ensure that we are involved when national solutions are being developed to ensure they meet the organisations/patients' needs.

Collaboration – We work across the organisation using a collaborative approach, the systems have to meet the needs of the system owners.

Prevention – We put solutions in place that can prevent service failure i.e. text reminders to reduce the number of Did not Attends.

Financial Implications

Revenue: The year to date overspend as of the 30th December 2020 is £276,000 which is due to unachieved savings. Confirmation that COVID costs will be recovered has been received.

Capital: The discretionary capital programme is covered in Appendix A of the report.

Risk Analysis: There have been no significant changes to project risks during quarter 3.

Legal and Compliance: None.

Impact Assessment: No overall equality impact assessment has been undertaken on the Operational Plan but we are working with the Digital Communities Wales to understand the key data and information in relation to digital inclusion for the new Strategy.

Informatics Operational Plan 2020/21: Progress Monitoring Report



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board
Informatics



Content	1
About this Report	2
Executive Summary	3
Summary Progress against Strategic Principles	4
Digital Health: High Level Matrix	5
Digital Health: Milestone Summary Matrix	6-8
Finance	9
Appendix A: Discretionary Capital Plan	10

Quarter 3

Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate openly and honestly

This report is presented to the Digital and Information Governance Committee (DIGC), to support its remit to receive and gain assurance on the delivery of the Informatics Operational plan. The report presents:-

Summary data to highlight progress against Informatics Strategic Principles (page 4) which are detailed with the 2020/21 operational plan

Summary data that is reported directly to the Health board and used by them to monitor progress against the annual plan (page 5) for core Informatics Projects (i.e. Digital Health Programme – High Level Matrix). More detailed performance updates against the Milestones of these projects (page 6 to 8) which is used to attribute status. This is not subject to standard submission / scrutiny by the board and is provided to the committee to support their assurance activities.

The Revenue and Capital position at the end of Quarter (page 9 to 10)

The ratings which have been attributed to each of the Projects have been assessed by the relevant lead for the project or Milestones. All of the ratings have been reviewed and approved by the Chief Information Officer (CIO). Additional assurance is provided by the Informatics Performance and Improvement department who will request rationale for the ratings given and sample test the anticipated versus achieved milestone deliverables.

Where a red or amber rating is applied to any project in any month, a short narrative is provided to explain the reasons for this and any actions being taken to address.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk (matrix below).

Feedback is welcomed on this report and how it can be strengthened. Please email Andrea.Williams30@wales.nhs.uk

RAG	Every Month End	By year end	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why, and what is being done to get back on track.
Amber	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
Green	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional Information required
Purple	Achieved	N/A	Where RAG is Purple: No additional Information required

Informatics Operational Plan 2020/21: Monitoring of Progress against Actions and Milestones

Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate openly and honestly








As at the end of December (Quarter 3), the Informatics Operational Plan for 2020/21 has 41 projects which are linked to and intended to deliver 7 Strategic principles and objectives, of these 28 projects are currently active.

Project Status	No of Projects	Update
Achieved	1	Welsh E-Documents Reporting
On track for achievement, no real concerns	17	
Off track, serious risk, or will not be achieved	3	WCCIS WPAS (phase 3 and phase 4)
Achievement as forecast, work has commenced: some risk being actively managed	8	8 projects are identified as Amber, whilst they are still predicated to achieve objectives they are experiencing difficulties which are being managed, e.g. they may take longer to deliver than initially forecast or finances require resolution before progress can be achieved. This is largely due to competing priorities with the Informatics COVID-19 response and also key stakeholders in other services being unavailable due to COVID-19
On Hold	12	9 due to COVID 1 due to the WPAS Project being on hold 1 due to a Technical Lead taking up employment in another organisation
Not Started	2	Projects due to start in the 2021/22 financial year

The discretionary capital programme has only recently been agreed with Informatics using the allocation of £1.5m for 2020/21, the details of the Capital Programme can be found in Appendix A.

Due to capital restrictions the Datacentre expansion and consolidation (YGC Air conditioning upgrade and Bangor Data Centre build is now due to start in the 2021/22 financial year, this is a change to the current operational plan as this project was due to commence in QTR3 2020/21

The Informatics Operational Plan details all of the projects that Informatics is aiming to further or deliver during 2020/21 (41). All projects are linked to strategic principles and objectives which are listed below. A high level overview of progress against each objective is also provided e.g. number of projects and project status. Further detail can be provided.

Strategic Principle	Objective	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total Projects	Active	On Track	Experiencing Issues	Unmet	Closed	On Hold
 Digital Roadmap	Adopting a digital by default principal, capturing data once and reusing it, minimising the use of paper and working towards "paper free at the point of care". The building blocks of a single patient view which can be accessed by those receiving, providing or supporting patient care.	A	R	R		15	10	2	5	3	1	4
 Data Driven Decision Making	Providing tools to put data from a variety of sources at the heart of decision making in a timely and user friendly manner. Providing insights to inform effective decisions through synthesising information from a variety of sources.	G	A	G		5	5	4	1	0	0	0
 Underpinning Service Transformation	Supporting services to combine technological opportunities with new business processes, that enable us to meet our Local and National responsibilities.	A	A	G		7	6	5	1	0	0	1
 Digital Mobile Workforce	Providing digital tools to support staff to undertake duties, work together and communicate effectively from a variety of locations - reducing overheads, supporting strategies and enabling "time to care".	G	A	A		1	0	0	0	0	0	1
 Managing Innovation & Emerging	Learning and Innovating by providing accelerators of digital transformation. Collaborating with innovators and entrepreneurs and suppliers to encourage innovation.	G	G	G		1	1	1	0	0	0	0
 Digital Infrastructure	Providing, developing and maintaining a secure, flexible and robust infrastructure to enable a digital future.	G	A	G		9	5	5	0	0	0	4
 Workforce Development, Transparency, Sustainability & Standards	Nurturing a digital culture throughout the organisation to enable staff to tell us how they want to work. Supporting staff to develop and provide services that meet the efficiency, quality and sustainability challenges that we face. Adopting evidence based best practice and meeting our legislative requirements	G	A	A		3	1	0	1	0	0	2

Progress against the following projects is reported to the Board as part of annual plan progress monitoring.

Programme	Strategic Objective	Exec Lead	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
WPAS*	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	MD												
WCCIS	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	MD												
WEDS	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the West (phase 1, East (Phase 2) and extending into the Central MIU's (Phase 3) followed by the final phase to move onto a Single Integrated WEDS solution'.	MD												
Digital Health Record *	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	MD												
YGC Records Library	Support the identification of storage solution for Central Library	MD												
Good Record Keeping Management	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	MD	Pre-Formal Start											
Information Flow	Delivery of information content to support flow/efficiency	MD	On hold / pre-formal start											
Digital Infrastructure	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	MD												

Quarter 3

Informatics Operational Plan 2020/21 - Monitoring of Progress against Actions and Milestones

* Corporate Actions

Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate openly and honestly

Digital Health Programme Milestone Summary Matrix

Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
WPAS						
Ways of Working / Standardisation Activity Data Migration Event 5 started (paused due to COVID-19) User Acceptance Testing Preparation started Training Plan Preparation started	Q1	A				The WPAS project restarted in June after a period of suspension due to the COVID priorities impact. Data Migration Event 5 started against the revised plan working towards a May 2021 go-live. Work was also undertaken on the remaining Ways of Working gaps. Additionally, the Go-Live, Training and User Acceptance Testing strategies were drafted.
Data Migration Event 5 Completed Data Migration Event 6 started Continued Ways of Working Activity Training Strategy Approved User Acceptance Strategy Approved Revised Business Case (Phase 4) Drafted	Q2		R			September 2020 - WPAS project is reporting a delay of approximately 7 months due to NWIS having to divert their resources in order to move national systems including the cancer system CANISC out of the Blaenavon Data Centre (BDC) at short notice as the supplier is ceasing services there. The CANISC system is also end of life so this has accelerated the need for NWIS to implement the Velindre WPAS project in order to de-risk the situation. NWIS have indicated a possible restart of the BCU phase 3 from May 2021, however this has not been confirmed or agreed yet. There is also a current issue which affects our data migration partner DXC being able to support such a date. Further discussions are needed following the most recent delay.
Data Migration Event 6 Completed Data Migration Event 7 started Continued Ways of Working Activity User Acceptance Testing Activity started Revised Business Case (Phase 4) submitted (Subject to approval)	Q3			R		September 2020 - WPAS project is reporting a delay of approximately 7 months due to NWIS having to divert their resources in order to move national systems including the cancer system CANISC out of the Blaenavon Data Centre (BDC) at short notice as the supplier is ceasing services there. The CANISC system is also end of life so this has accelerated the need for NWIS to implement the Velindre WPAS project in order to de-risk the situation. NWIS have indicated a possible restart of the BCU phase 3 from May 2021, however this has not been confirmed or agreed yet. There is also a current issue which affects our data migration partner DXC being able to support such a date. Further discussions are needed following the most recent delay.
Unknown at present. replanning exercise to commence to look at bringing DM activities forward to this qtr, Options being explored to address viability of pooling PiMS West into Central WPAS.	Q4					
WCCIS						
Planning and configuration for prototype; defining new ways of working; development of reports / workflows etc. Testing of v5.2.15 Correction Planning for wider implementation.	Q1	R				Project paused. Objectives not achieved due to re-deployment of team to cover COVID 19 requirements. Also, re-deployment of Local Authority colleagues involved in the Prototype
Planning and configuration for prototype; defining new ways of working; development of reports / workflows etc. Testing of v5.2.15 Correction Planning for wider implementation.	Q2		R			Planning and configuration of the prototype continues to progress within the WCCIS workstream. The V5.2.15 release from the National Team has been delayed until early 2021 and therefore no testing has been undertaken. The Health Board team have met with the Regional and National Team to discuss re-planning of the wider implementation. The national team have agreed to work with the Health Board to review the detail of the deployment order, however a hardware and technical refresh planned by the National Team may delay this process.
Prototype implementation and support for new ways of working. Testing of new releases (bug fixes / Inpatient functionality / mobile).	Q3			R		The WCCIS Workstream (BCUHB, Gwynedd LA and Ynys Mon LA) have continued to work together to develop the security model and outline configuration requirements for the West Prototype. However, delays in receiving required detail and agreement on future ways of working from the new CRTs has seriously delayed progress (these are both still to be resolved). Added to this, the National Team have now requested payment for licences to include Health Board community staff onto the system. The Health Board is now awaiting costs from the National Team with regards to these licences.
Prototype closure: Review & evaluation of prototype. Finalise rollout plans for full implementation; readiness activities	Q4					

Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
WEDS						
Non-Integrated WEDS (BCU Symphony) Sequencing Approved Correction Plan Approved Revenue Business Case Approved West Data Migration completed West User Acceptance Testing completed West End-user training started	Q1	A				The Correction Plan needs revising due to the change in Go Live date with the Revenue Business Case to be presented to Finance & Performance Committee at the end of July and to the Board at the end of September (via Health Board Review Team - date TBC). Data Migration testing is almost complete and is awaiting sign off. End user training for staff in the Emergency Department West is now 65% complete however, refresher training will now be required due to the Go Live date delay moving from July 2020 to a date in the Autumn yet to be finalised. User Acceptance Testing of the system is ongoing.
Correction Plan Approved Revenue Business Case approved by HBRT and F&P and submitted to Health Board meeting 24/09/2020 DM Signed off West End-user Training completed including MIUs UAT complete	Q2		R			Correction Plan no longer required as BCU will be locally hosting in the interim whilst National Team plan work in the National Data Centre. Work in progress to extend the existing contract in East. Revenue Business Case approved by Health Board Review Team and Exec Team now waiting for approval by Finance and Performance Committee on 29/10/20 . Data Migration Signed off by Project Board at the end of September. Refresher training now planned for October as Go Live Date slipped from July to November (subject to Finance and Performance Committee's Approval on 29/10/20)
West ED and MIUs complete and Go-Live Support ongoing East readiness activities commenced including 1 x MIU and 2 x MIUs in Central	Q3			A		Completed YG ED implementation 20/12/2020. Readiness activities for MIUs behind schedule due to Covid pressures.
Post West Go-Live Support East readiness activities completed Go-Live East complete including MIU's x2	Q4					
Digital Health Record						
Development and approval by the Health Board of a full business case for the Digital Health Record which will inform the times scales for the project delivery	Q1	A				The DHR full business case (FBC) has been presented to the HBRG, who unanimously determined it as an approvable business case. Subsequent presentation to Exec Team and DIGC gave unanimous support. Funding route has been agreed with the Executive Director of Finance prior to the FBC being presented to the Finance & Performance Committee in early July. Project on track to take the FBC to Health Board on the 23rd July; if approved on to the WG via a Ministerial Brief.
To have the FBC approved by BCU Health Board; agreement to award contract from the WG - Contract Awarded.	Q2		G			The FBC was approved by the Health Board on 23rd July, and subsequently WG approved the Ministerial Brief to appoint the preferred supplier in September 2020. The 10 day Alcatel (stand still) period, which allows the unsuccessful suppliers to challenge our decision, ended on 2nd October - no challenge was received. This action is now complete.
Engagement with Supplier to agree 4 year formal Project Start Date.	Q3			G		The contract has now been completed and signed with Civica for their Cito product. The project is currently in 'Stage 0 - Pre-Start'. The Project Board has met again to workshop the benefits baselining and risks identification/management; and the Clinical Task & Finish Sub Group has held a workshop to explore the tabs structure within the product and models for delivery. Outline Project Plan anticipated for the January Project Board meeting.
	Q4					

Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
YGC Records Library						
Working with support from the Hospital Management Team, Planning and Estates department to identify an appropriate solution, development and approval by the Health Board of a single stage business case that specifies the storage and logistics requirements for long-term storage of acute patient records in Central	Q1	A				A meeting was arranged to visit the Ablett site on the 27/09/20 to scope out the area in readiness of this becoming the agreed site for the YGC File Library. Work is underway with racking suppliers to assess the best use of the space to rack and store. Since the meeting the work has been put on hold due to the workload of the Planning and Performance (Capital) Team and Estates due to covid and risk compliance work. The actions and timelines will be reviewed at the next meeting.
To have a clear steer from Planning on the availability of the option to house YGC File Library in the entire Ablett Site	Q2		A			A meeting was arranged to visit the Ablett site on the 27/09/20 to scope out the area in readiness of this becoming the agreed site for the YGC File Library. Work is underway with racking suppliers to assess the best use of the space to
To have a clear steer from Planning on the availability of the option to house YGC File Library in the entire Ablett Site	Q3			A		Meeting with SRO and planning lead was held this month with outcome that, due to the delay in the Mental Health scheme and the pressures of Covid within all Departments, work to evaluate the Ablett for Health Records use will hold until April. The Health Records Site Manager reported that risks associate with the portacabin Library are being managed and the delay is within tolerance.
	Q4					
Good Record Keeping Management						
To begin the baseline of the; storage, processes, management arrangements and standards compliance to work towards PAN-BCUHB Patient Records Compliance with legislation and standards in patient records management across all casenote types.	Q1	A				Pre Covid, the post of Project Manager was advertised as a 12 month secondment, however no candidates met the essential skills. The approach has been reviewed post-Covid to ensure compliance with new restrictions in the undertaking of the review, with a focus on how to progress this at pace. Work is expected to commence in Q2 with the aim to make up as much time as possible within the constraints.
(revised) Project start commenced and work underway with Mental Health Service and Community Service as a priority.	Q2		G			Task Monitoring plan has been implemented with actions delivered during quarter 2. Table top baseline audit has been completed on current knowledge with implementation of the delivery plan for the full baseline audit commencing in Quarter 3. The first service to be audited will be MHL D.
Work commenced with all other patient record custodians. Information evaluation underway with Task & Finish Group.	Q3			G		This project is now well underway under the lead of the Deputy Head of Patient Records & Digital Integration Department. There are currently 12 tasks to be completed within the Project, with good progress made in the 1st reporting period. Progress is being reported into the Patient Records Group (via a highlight report) then up to the Information Governance Group (via the Chair's Assurance Report), and to the Digital and Information Governance Committee as part of the overall summary progress from Informatics.
Present the recommendations and funding requirements: ~ Patient Records Group ~ Information Governane Group ~ Digital & Information Governance Committee ~ Executive Team ~ Finance & Performance Committee	Q4					
Information Flow						
The majority of Information led projects are either on hold due to COVID-19 or not due to start until later in the financial year.	Q1					No update available at this stage.
The majority of Information led projects are on track for completion.	Q2		G			The majority of Information led projects are on track for completion.
	Q3			G		The majority of Information led projects are on track for completion.
	Q4					
Maintain/Improve Digital Infrastructure						
Deliver Capital Programme for 2020 2021 as defined within plans	Q1					
Deliver Capital Programme for 2020 2021 as defined within plans	Q2					
Deliver Capital Programme for 2020 2021 as defined within plans	Q3					
	Q4					

The year to date overspend as of the 31st December 2020 is due to unachieved savings. The position includes costs of £265K related to Covid costs which is currently funded on basis that all Covid costs will be funded by Welsh Government there remains a risk that not all costs will be recovered, which would be a further cost pressure. WCCIS project is currently on hold and funding for Office 365 rollout has recently been agreed. Invest to save project funds has also been agreed for Digital Dictation. Funding also made available in October for Business Intelligence Unit and Access to health records. Funding also agreed for Digital Health Records.

Revenue	Annual Budget £'000	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance £'000	Year End Forecast £'000		Risk
Achievement against Revenue Resource Limit	19,060	14,242	14,518	276	316		Red
Cost Improvement Programme		2019-20 Savings Target b/f £'000	2019-20 Additional Savings Target B/f £'000	2020-21 Savings Target £'000	2018-19 Recurring Savings plans £'000	2018-19 Non Recurring Savings plans £'000	Risk
Savings Plans		-620	-447	-785	30	0	Red

Capital: The discretionary capital programme has resulted in an allocation of £1.5m for 2020/21. (Previous years were circ £3m). This decrease is principally due to Covid-19 whereby the Health Board may be required to pay for elements of expenditure to date.

Appendix A, overleaf, reflects the current agreed capital schemes within the programme with business cases now being completed. Pre-sales and procurement activities have already commenced where required.

DIGITAL ROADMAP						Approved Budget £
WPAS West Implementation	G	G	G	G	G	TBC
Digital Health Record System (DHR)	G	G	G	G	G	£794,000
DIGITAL INFRASTRUCTURE						
Hardware Replacement	G	G	G	G	G	£100,000
Cardiology System Upgrade	G	G	G	G	G	£175,000
IP Telephony System Replacement	G	G	G	G	G	£150,000
WiFi Access Point Upgrades & Expansion	G	G	G	G	G	£25,000
Local Full Fibre Network (LFFN)	G	G	G	G	G	£25,000
PSBA Wide Area Network Upgrades	G	G	G	G	G	£15,000
UPS YGC Data Centre 1	G	G	G	G	G	£80,000
ICT Service Desk Accreditation Review	G	G	G	G	G	£10,000
100 Switches	G	G	G	G	G	£25,000
DMZ Implementation	G	G	G	G	G	£28,000
Cisco ISE Implementation	G	G	G	G	G	£35,000
ICT Portal Review	G	G	G	G	G	£15,000
Contingency - Repairs & Replacements	G	G	G	G	G	£40,000
UNDERPINNING SERVICE TRANSFORMATION						
Health Records mobile racking replacement	G	G	G	G	G	£45,000
TOTAL						£1,562,000

Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 26/03/2021				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Informatics Quarterly Assurance Report; Quarter 2				
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Primary and Community Care				
Awdur yr Adroddiad Report Author:	Dylan Williams, Chief Information Officer, et al.				
Craffu blaenorol: Prior Scrutiny:	Chief Information Officer and Executive Medical Director				
Atodiadau Appendices:	Informatics Quarterly Assurance Report				
Argymhelliad / Recommendation:					
<p>The Digital and Information Governance Committee is asked to:-</p> <ol style="list-style-type: none"> 1. Note compliance with legislative and regulatory responsibilities which relate to the Informatics Services and 2. To advise the service of any additional metrics required to improve assurance. 					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information
Sefyllfa / Situation:					
<p>The purpose of this report is to:</p> <ol style="list-style-type: none"> 1. Provide the Digital and Information Governance Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met which relate to Informatics services. 2. Recommend that a workshop is run for Members to discuss the future purpose and content of this report <p>This is the second report for the 2020/21 financial year and highlights the impact of Covid-19 upon Informatics core business. The true impact of the pandemic will require further work and analysis during the coming months. It is evident, however, that COVID has and continues to create further demand for Informatics services over and above what was in current operational plans and priorities.</p> <p>Overall informatics has maintained a level of compliance with existing measures and actions. However, there are some issues of significance that have affected performance:</p> <ul style="list-style-type: none"> • Clinical coding has 2 overdue audit recommendations due to COVID and its impact on staffing however there is a plan to address these during QTR3. • The National Target for Compliance Audit has been postponed to 2021 to due to COVID. There remains a possibility that there will be an external audit on Electronically Coded Data during 2020. 					

- Due to COVID pressures clinical leadership took a decision to stop printing paper test results across the organisation, this project re-started in May 2020.
- Covid has impacted on the delivery of a significant amount of projects.
- Major national systems progress has been impacted, including
 - The WPAS project is reporting a delay of approximately 7 months due to NWIS having to divert their resources in order to move national systems including the cancer system CANISC out of the Blaenavon Data Centre (BDC) at short notice with the supplier ceasing services there. NWIS have indicated a possible restart of the WPAS phase 3 project from May 2021, however this has not been confirmed or agreed yet.
 - WCCIS remains a high-risk project and a Tier 1 Risk *has been escalated to the Tier 1 Committee for approval via the Informatics Senior Management Team. It has been noted that system that had been delivered to time and scope would have been highly beneficial during the COVID crisis.
- A review of progress on first stage of mitigations to support the completion of the pan-BCU centralised Access to Health Records Service took place on 22/09/20 and it was agreed to draft an SBAR to take to Chief Information Officer for authorisation to flexibly utilise the service budget by offsetting against the running vacancies for the large staffing complement to achieve the action.
- COVID has meant that large numbers of machines have not been seen on the network for periods of time which leads to them being outside of compliance with scheduled updates. Once machines are switched on and connected to the BCU network they are updated within 24 hours.

Cefndir / Background:

This report provides key performance indicators that relate to the quality and effectiveness of information and information systems, against which the Health Boards performance may be regularly assessed.

The Informatics Quarterly Assurance Report is an evolving document that will continue to be developed to meet the needs of the committee. The committee is encouraged to advise of any additional requirements.

This is the second Assurance report of 2020 2021.

Asesiad / Assessment & Analysis

Strategy Implications

This Operational Plan enables the Living Healthier, Staying Well by providing assurance on the work of Informatics.

Financial Implications

Each audit recommendations and projects will have their own financial implications.

Risk Analysis

The risk of not providing appropriate level of assurance to DIGC.

Legal and Compliance

This report provides assurance in meeting legal and compliance related requirements as detailed in the report.

Impact Assessment

No impact assessment has been undertaken.

Informatics Quarterly Assurance Report – 2020/21 Quarter 2

The purpose of this report is to provide the Digital and Information Governance Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met which relate to Informatics services.

This report also provides key performance indicators that relate to the quality and effectiveness of information and information systems, against which the Health Boards performance may be regularly assessed

Contents

1. National Audit Office Reports
2. Compliance
 - 2.1 Clinical Coding National targets
 - 2.2 Patient Records
 - 2.3 National Systems Projects
 - 2.4 ICT Security
 - 2.5 ICT Service Desk
 - 2.6 National and Local Systems Availability
 - 2.7 Data Standards Change Notices (DSCN)

This report will continue to evolve to meet the requirements of the committee based upon direction provided

1. National Audit Office Reports

The majority of recommendations that were specified as part of the **Wales Audit Office 2014 & 2018 Clinical Coding Audit** have now been implemented. Table 1 details the total number of recommendations provided and classifies their position over the past four quarters.

Table 1; *Status of Clinical Coding 2014 & 2018 recommendations*

Summary of status	Total Number of Recommendations	Implemented	In Progress	Overdue	Superseded
Qtr2	13	8	3	1	1
Qtr3	13	9	1	2	1
Qtr4	13	10	0	2	1
Qtr1	13	10	0	2	1
Qtr2	13	10	0	2	1

Whilst progress continues the table also highlights that two recommendations are overdue, and one is scheduled for completion. Both overdue recommendations have been delayed due the coding departments reduced staffing and coding completeness prioritisation during the COVID crisis.

Recommendations which are overdue are to: -

1. "Introduce a single coding policy and procedure across the health board which brings together all practices and processes to ensure consistency. The policy and procedure should include ensure coding practices are well described". This recommendation had an initial deadline of 18.11.2019 (2018 rec2a)

A coding policy has been created. The policy was due to be approved at Informatics SMT before submission to the Executive Management Group for approval. Unfortunately, the COVID crisis has prevented further progress from this stage however it is anticipated that this will be presented for approval at Informatics SMT during quarter 3.

2. Introduce a single coding policy and procedure across the Health Board which brings together all practices and processes to ensure consistency. These should address variations in practices across the three sites.

All Standard Operating Procedures which supplement the policy are currently being finalised. Prioritisation of coding COVID activity and reduced staffing during this period has resulted in an extension to the 31/03/2020 deadline set. Once the coding policy has been approved and is live, these will be reviewed and implemented.

2. Compliance

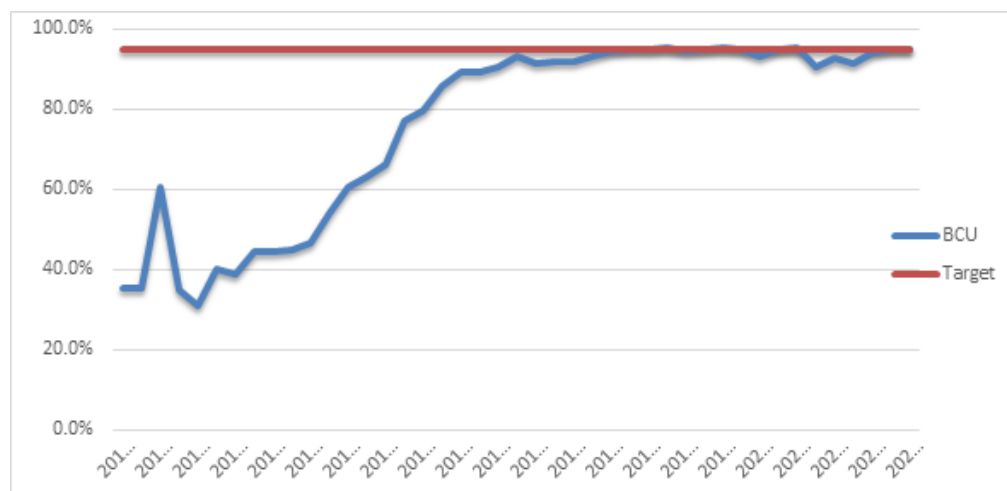
2.1 Clinical Coding; National Coding Targets exist for clinical coding completeness and clinical coding accuracy. They form part of the Welsh Government NHS delivery framework, this details how NHS Wales will measure and report performance.

There are several reasons as to why clinical coding completion in a timely manner is vital. Examples provided by Welsh Government include to allow monitoring of treatment effectiveness and clinical governance, to monitor public health trends and to enable assessment and scrutiny in delivering the condition specific Annual Quality Plans and Tier 1 measures.

The coding completeness in BCU for September 2020 was 95% against the National target of 95%. (This target measures the percentage of clinically coded episodes within 1 month of episode end date).

The following graph depicts how the Health Board has improved its compliance since March 2017 to reach National target compliance.

Figure 1; BCU's Coding Compliance



In addition to the benefits of timely coding highlighted by the Welsh Government, the improvement in coding completeness enables the Health Board to work with timely data to support Freedom of Information requests, Costings, Mortality data and Internal Audit.

As the coding department is now running at full staffing capacity the coding completeness target has been met consistently towards the end of Quarter 2.

As previously reported, the second National Target of Coding Compliance requires an improvement in the accuracy score attained in the annual National Clinical Audit Program. The National Audit Programme for coding which is conducted by NWIS to review accuracy and compliance with National coding standards commenced their scheduled reviews in BCU at the end of Qtr.2 in 2019. The review concluded that the Health Board achieved the Tier 1 measure target of improving the overall accuracy scoring. The Clinical Coding accuracy increased by 3.41% to 93.03% in the 2019 audit in comparison with 89.62% accuracy scoring in 2018. The 2020 audit has been postponed due to COVID, and it has been confirmed by NHS Wales Informatics Service that the national coding audit program will resume in 2021. It is anticipated that there will be an external audit on electronically coded data during 2020 however this will not replicate the Tier 1 target audit.

We are currently meeting one of the two Tier 1 targets however, due to the 2020 audit being postponed the second Tier 1 target is not applicable at this time.

COVID-19 Coding: As of the 31st October 2020, the coding department have coded 93% of COVID related discharges.

Please see appendix 1 at the end of this report for an All Wales comparison on Coding completeness, accuracy and data quality standards.

2.2 Patient Records; are subject to a tier 1 risk - *There is a risk that the right patient information is not available when required. This is caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining*

standards associated with the paper record. This may result in a failure to support clinical decisions for safer patient outcomes and an inability to meet our legislative duties.

The control and mitigation of this risk will be delivered through the 'Patient Record Transition Programme', the latest updates are:

2.2.1 Digital Health Record (DHR) Project: Status (Green) – *The aim is for a single view of the patient record supporting integration with local and national systems in Wales and beyond.*

The full business case was approved by the Health Board on 23rd July, and subsequently Welsh Government approved the Ministerial Brief to appoint the preferred supplier in September 2020. The 10-day Alcatel (stand still) period, which allows the unsuccessful suppliers to challenge our decision, ended on the 2nd October and no challenge was received.

The Project Board has been formed with the acting Executive Medical Director as SRO and strong membership from Clinical and Executive Leads. A *Clinical Task & Finish Group* is being formed to inform the approach to the ensuing implementation plan; which will include digital leads that are being identified within departments pan-BCU.

2.2.2 Results Management Project: Status (Green) – *The aim is to address the low assurance by; digitising the full results management process, stopping printing results, increasing digital test requesting, providing opportunities for mobilisation of the process and providing assurance reports on the tests not viewed and results not actioned.*

Work to improve the 'results sign off' functionality within the Welsh Clinical Portal (WCP) has been scheduled by NWIS for Q3 (version 3.13). Engagement with the teams across the organisation will begin in the coming weeks on what the new process will look like and ensure readiness to safely transition from paper results (blood sciences,

microbiology and Pathology) by next summer. BCU engaged in an early Proof of Concept of the WCP Mobile Application, which has influenced the development of the latest version. The roll out of this national application is being planned for later this year and we are awaiting expressions of interest from users. Engagement with stakeholders will commence in the coming weeks to baseline current processes and identify any barriers such as issues with printers. BCU have representation on the national working group to understand the requirements for Electronic Test Requesting in Cellular Pathology and deliver improved test requesting forms in the WCP later this year. Work is underway to upgrade the 3 x Radis instances to v2.4 by end of calendar year.

2.2.3 Digital Dictation/Speech Recognition (DDSR) Project: Status (Green) - *aim of delivering a DDSR solution, which will modernise the production and sign off of clinic letters and will be a key contributor to the achievement of a cohesive digitised patient record.*

The upgrade of the digital clinic letters solution EPRO to v16.04 and v20.07 were completed in July 2020 and September 2020 respectively. The implementation plan to roll-out across BCU will be discussed with supplier on 15th October, and the SRO of the Project Board on 16th October. Whilst the dependency of the WPAS roll out to West has been delayed; the project will aim to remain on track to complete the integration to PIMS for the end of November. EPRO are developing a mobile application to support remote use of their product which BCU have offered to pilot.

2.2.4 (National) Welsh Nursing Care Record (WNCR) Project: Status (Amber) – *The admission form and 4 risk assessments have been successfully standardised across Wales. This project will initially (i) roll out these standardised forms and (ii) pilot the national application on adult wards.*

The draft business case is in progress has been circulated for comment. It is scheduled to go to the WNCR local Project Board on the 19th October 2020 for review.

2.2.5 Access to Health Records Project (ICO Recommendation): Status (Amber) – *This will not only ensure a standardised response to Access to Health Record requests within BCUHB but will digitise the process to ensure future compliance with all aspects of GDPR and the DPA 2018.*

Initial Pause and Review presented to Head of Service 14/08/20 advising of current position and first stage of action agreed was (i) put in place set KPIs for workload (ii) allocate agreed number of staff assigned to set tasks as a minimum (iii) utilising temporary resource and overtime to support reduction of QA backlog and; (iv) take on management of on-site scanning clerks to better utilise resource in Service as a whole. A review of progress on first stage took place on 22/09/20 and it was agreed to draft an SBAR to take to Chief Information Officer for authorisation to flexibly utilise the service budget by offsetting against the running vacancies for the large staffing complement to achieve the action.

2.2.6 Baseline PAN-BCU Project: Status (Pre- Formal Start) – *In response to the HASCAS/Ockenden recommendations, there has been a portfolio change so that all patient records (circa. 25 types beyond 'acute') are now under the responsibility of the Executive Medical Director. This will require (i) a full baseline of all patient records held to measure their compliance against legislation and standards of good record keeping, and (ii) develop recommendations to deliver this in the future.*

Task Monitoring plan has been implemented with actions delivered during quarter 2. Table top baseline audit has been completed on current knowledge with implementation of the delivery plan for the full

baseline audit commencing in Quarter 3. The first service to be audited will be Mental Health and Learning Disabilities.

2.2.7 Update on Other Key Compliance Issues:

National Infected Blood Inquiry (IBI) - *Whilst IBI Project Board is satisfied that controls are effectively in place to manage the responses to the inquiry, there is a significant storage issue due to the embargo on the destruction of any casenote types for the period of the inquiry (est. 5 years).*

This issue remains in good control and is cited for visibility as a live issue. Highlight reports for the management of off-site storage arrangements to cope with the embargo on destruction are provided to the Patient Records Group.

Relocation of the YGC File Library – *The YGC File Library Programme Board needs to develop a single business case for a new pan-central file library to relocate (as a minimum) the acute records from both the Ablett and the portacabin – taking account of the plans for a DHR, by April 2021 in line with the Mental Health Service Business Case.*

A meeting was arranged to visit the Ablett site on the 27th September 2020 to scope out the area in readiness of this becoming the agreed site for the YGC File Library. Work is underway with racking suppliers to assess the best use of the space to rack and store.

2.3 National System Project Updates

2.3.1 WPAS West Project: Status (Amber) – *Phase 3 of the Welsh Patient Administration Programme. This will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites.*

WPAS project is reporting a delay of approximately 7 months due to NWIS having to divert their resources in order to move national systems including the cancer system CANISC out of the Blaenavon Data Centre (BDC) at short notice as the supplier is ceasing services there. The CANISC system is also end of life so this has accelerated the need for NWIS to implement the Velindre WPAS project in order to de-risk the situation. NWIS have indicated a possible restart of the BCU phase 3 from May 2021, however this has not been confirmed or agreed yet. There is also a current issue which affects the ability of data migration partner DXC being able to support such a date. Further discussions are needed following the most recent delay. An SBAR has been submitted to NWIS which proposes the a joint bid for funding to maintain the existing WPAS implementation team and to ensure BCUHB and NWIS resources are ring-fenced to prevent further slippage, requesting that NWIS submits the bid to the Welsh Government.

2.3.2 WEDS Project: Status (Amber) – *Phase 1 of the Welsh Emergency Department System is to implement a non-integrated stand-alone version of the system (BCU Symphony) in BCU West including the minor injury units (MIU's). Phase 2 will upgrade the BCU East System including MIU with further extensions to include Central MIU's (phase 3) before a final phase to move all areas onto the fully integrated WEDS solution.*

The BCU Symphony / National WEDS Project Board were made aware at their July 2020 meeting of a CCN raised by EMIS noting a requirement for NWIS to replace the national data centre hardware before any Symphony/WEDS implementation. This is due to the National data centre hardware coming out of warranty and being end-of-life during the current year. Various ways forward were discussed with all Health Boards and the preferred way forward was to expand the Infrastructure provision in Primary Care Data Centre to include WEDS. This work was estimated to take 16-20 weeks and would

impact BCU West going live before winter 2020/21. To de-risk the possibility of the ED Service having to move onto the non-clinical WPAS system and achieve implementation onto the BCU Symphony system, the Project Board made a decision on 30th September to move BCU West onto the locally hosted solution through the existing BCU Local Agreement with EMIS. The system will therefore be hosted on local infrastructure in the first instance. The Revenue Business Case was reviewed by the Health Board Review Team and recommendations were taken on board before submission to the Execs on 14th October. The Execs approved the Business Case subject to updated and accurate EMIS and NWIS costs being made available before final approval is sought from the Finance and Performance Committee at the end of October.

2.3.3 Welsh Community Care Information System (WCCIS): Status (Red)

Planning and configuration of the prototype continues to progress within the WCCIS workstream. The V5.2.15 release from the National Team has been delayed until early 2021 and therefore no testing has been undertaken. The team have met with the Regional and National Team to discuss re-planning of the wider implementation. The national team have agreed to work with the Health Board to review the detail of the deployment order, however a hardware and technical refresh planned by the National Team may delay this process.

The WCCIS Wales Audit Report, Published in October 2020 has made the recommendation R1 that no further resources are committed from central funding until the Welsh Government works with the WCCIS National Team, Health Board, Local Authorities and Suppliers to produce an updated business case, ensure the organisations involved have the necessary capacity and it has enough priority and to provide feedback from frontline users.

2.3.4 Attend Anywhere: *The BCU Attend Anywhere project builds on the TEC Cymru National Video Consultation Service programme, delivering a robust local configuration and a managed rollout for remote clinics across community and secondary care.*

All three rollout tranches are on track for completion the 23rd October. As of midday on Friday 16th October, a total of 2,858 consultations have taken place across 33 services and a total of 325 different clinicians have participated in consultations. The project is due to be handed to the Outpatients Transformation Group on the 30th October. Welsh Government funding for the use of Attend Anywhere will cease in June 2021 and a national and local business case currently being developed to support the continued use of video consultations once the Welsh Government funding has ended.

2.4 ICT Security; *is the ability to protect the confidentiality, integrity and availability of digital information assets. A range of tools and processes have and are being adopted within the Health board to support ICT security and keep our assets safe.*

2.4.1 Desktop Standardisation Project: The ICT Services Team are actively engaged in a Desktop Standardisation Project with the following aims;

- To deploy Microsoft Windows 10 version 1903 to all devices where it has not been possible to upgrade to Windows 10 previously.
- To establish a rolling replacement programme, alongside an update process that keeps the estates within 6 months of the latest operating system release, as well as patched to the correct level at the application, operating system and driver.
- To have a standardised desktop, with drive and printer mappings the same across the organisation.

- For all staff to have the same experience using BCUHB ICT services regardless of which location they are accessing them from.

2.4.2 Windows 10 Migration: Please note: The project re-started August 2020 with the upgrade schedule progressing well, however reduced access to clinical areas and staff working from home will limit the number of devices that can be upgraded.

“On the 14th January 2020 Microsoft stopped updating and providing support for Windows 7, as such this is considered “end of life”. An agreement has been reached with Microsoft for NHS Wales until January 2021 that they will continue to provide security patches releases only. The desktop replacement programme aims to ensure migration from Windows 7 in line with these timescales. The table below shows the number of devices within BCUHB on each operating system at the end of quarters 3 and 4 from the 2019/20 financial year and quarter 1 and 2 of the current financial year which demonstrates the progress of this project.”

It had been expected for the number of Windows 7 devices to be significantly lower by this point however COVID stopped momentum on the operating system upgrades and the hardware that needed to be physically replaced. A number of laptops which could not be upgraded to Windows 10 needed to be replaced, however the hardware that was originally ringfenced for this had to be utilised for the Health Boards COVID response. A procurement exercise has now been carried out for the replacement devices with delivery expected in Qtr4.

Operating System	QTR3	QTR4	QTR1	QTR2
XP	20	19	16	15
Windows 7	6,669	4,469	4,235	3,633
Windows 10	6,119	8,799	9,167	10,064

2.4.4 Operating Systems and Patch Management: Software which supports a computer's or servers' basic functions such as scheduling of tasks is known as its operating system. BCUHB has a several operating systems in use which are detailed in table 2. Table 2 also provides the number of devices using the operating system and where applicable our compliance with "testing and deploying" software updates released by the vendor to support "bug resolution" and security.

Please note that due to the current COVID pandemic there are large numbers of machines that are not seen on the network for periods of time, this may be as departments have duplicate equipment due to COVID, or equipment which currently is not being used as offices, buildings and departments are either closed or running at reduced capacity due to social distancing rules and home/agile working. This means equipment hasn't been turned on or isn't turned on as often so will not be checking in for updates as regular as normal. This leads to them being outside of compliance with the updates. Once machines are turned back on, they are updated within 24 hours.

Once staff are back in offices any redundant equipment will be reclaimed and reallocated.

Table 2; QTR2 2020 Operating System data.

Operating System	Device Count	% Compliant	% Target
Windows 7	3,655	96.4%	90%
Windows 10	10,514	79.8%	90%
Office 2007	4,399	94.5%	90%
Office 2010	23	98.5%	90%
Office 2013	374	93.3%	90%
Office 2016	8,731	85.8%	90%
Servers	816	89.9%	90%
Average Desktop OS		88.1%	90%
Average Office apps		90.2%	90%
Average all platforms		91.2%	90%

2.5 ICT Service Desk; Calls logged with Informatics decreased (4.7%) from 25,655 in quarter 1 to 24,444 in quarter 2. If we compare quarter 2 from the previous year, calls have increased 13.6% during the same period.

Trends linked to the Coronavirus pandemic and the effect of lockdown on the traditional school summer holiday period. August comparison show a 18.3% increase in calls during period compared to 2019.

2.6 National and Local System Availability

2.6.1 National Systems; During the 3 months July to Sept 2020 there have been 2 incidents of national system failure that have affected BCU Support & Engagement and Informatics teams.

To date no related known incidents of harm have been reported.

System failure is categorised as:

- WelshPAS (WPAS)
 - Security servers needed restarting by National Team
 - National Data Centre issues with Citrix
- Welsh Clinical Portal (WCP)
 - Pathology requesting unavailable
 - List load errors (Ward and Patient lists)
 - GP record issues
 - Requesting issues
- Medicines Transcription and eDischarge (WCP module)
 - Formulary medicines list unavailable
- INSE (Integration Services)
 - Results viewing being affected
 - Demographic information not being passed from downstream systems
- Welsh Laboratory Information Management System (WLIMS)
 - Login issues
- Attend Anywhere (AA)
 - Unavailability of the systems throughout Wales
- Welsh Community Information System (WCCIS)
 - NHS users unable to access system

Systems unavailability (please note that not all downtime length was able to be calculated)

System	Total time of unavailability (approx)
WelshPAS (WPAS)	8 hours
Welsh Clinical Portal (WCP)	56 hours
Medicines Transcription & eDischarge (MTeD)	1 hour
INSE (Integration Services)	13 hours
Welsh Laboratory Information Management System (WLIMS)	4 hours
Attend Anywhere (AA)	3 hours
Welsh Community Information System (WCCIS)	Less than 1 hour

Work is underway to identify metrics and create processes that will capture the impact of National and local system downtime in a more meaningful way.

2.6.2. Local Systems; with the advent of the security of Network and Information Systems Regulations (NIS Regulations*) in 2018, the way in which we record unplanned outages has changed and been adapted to assist with mandatory reporting under these regulations.

In the last quarter (July 2020 – Sept 2020), there have been 24 incidents of user affecting unplanned outages.

- 10 Network connectivity incidents. The majority of these have been down to power outages to the site.
- 7 Telecoms incidents. Which reported a partial loss of telephony in a number of areas of the Health Board. One incident in Towyn Hospital, cause by a power surge necessitated an emergency replacement of the Hospital Phone system.
- 7 server related incidents.

***Note:** The Security of Network & Information Systems Regulations (NIS Regulations) provide legal measures aimed at boosting the overall level of security (both cyber and physical resilience) of network and information systems for the provision of essential services and digital services.

Data Standards Change Notice (DSCN) and Impact Assessments (IA)

DSCN New Releases

There were 12 new DSCN's issued in quarter 2 2020-21, the details are shown in the table below

DSCN	Description	Issue Date	Implementation Date	Update	Status
2020/07	National Cancer Data Standards for Wales - Site Specific - Breast	25/06/2020	Health Boards should continue with 'business as usual' in terms of the data being collected and reported from existing national systems such as Tracker 7 and CaNISC. The Cancer Informatics Solution (CIS) must comply with this standard with immediate effect.	This DSCN introduces a new standard for site-specific cancer minimum reporting requirements. The immediate use of this mandate will be used as a framework for the development of the Cancer Informatics Solution (CIS), therefore Health Boards should continue with 'business as usual' in terms of the data being collected and reported from existing national systems such as Tracker 7 and CaNISC. There is no impact on the Information Dept	N/A
2020/08	National Cancer Data Standards for Wales - Site Specific - Gynaecology	25/06/2020			N/A
2020/09	National Cancer Data Standards for Wales - Site Specific - Head and Neck	25/06/2020			N/A
2020/10	National Cancer Data Standards for Wales - Site Specific - Thyroid	25/06/2020			N/A
2020/11	National Cancer Data Standards for Wales - Site Specific - Colorectal	25/06/2020			N/A

2020/12	National Cancer Data Standards for Wales - Site Specific - Haematology	25/06/2020			N/A
2020/13	National Cancer Data Standards for Wales - Site Specific - Lung	25/06/2020			N/A
2020/14	National Cancer Data Standards for Wales - Site Specific - Upper Gastrointestinal	25/06/2020			N/A
2020/15	Children and Young People Neurodevelopment Assessment - Wait Times	04/08/2020	01/04/2020	This DSCN implemented an update to include the number of referrals in the existing Children & Young People Neurodevelopment Assessment - Wait Times, aggregate proforma	Compliant
2020/16	Admitted Patient Care Data Set - Weekly Submission and inclusion of Unfinished Episodes	09/09/2020	22/09/2020 first weekly submission & 20/10/2020 first monthly submission	This DSCN sees a change to the scope of the Admitted Patient Care data set (APC) to include unfinished episodes and to introduce a weekly unvalidated submission. Monthly submissions will still be required but should also change from 20-Oct -20 to include unfinished episodes. We are now compliant in terms of reporting the weekly returns with the first submission made successfully on 22-Sep-20. It is also expected that the monthly process will be amended in time for the submission due on 20-Oct-20	Compliant

2020/17	Subsidiary ICD Diagnostic Code	09/09/2020	27/10/20 APC & 20/10/20 OP	To retire the Subsidiary ICD Diagnostic Code data item from both the APC and OP data sets and replace with an additional secondary ICD field. The additional secondary ICD field in the APC data set will be 13th Secondary (ICD), and the additional filed in the OP data set will be 2nd Secondary (ICD)	Compliant
2020/18	Outpatient Follow-Up Delay Reporting (AMD)	30/09/2020	September 2020 for August 2020 data	This DSCN sees an amendment to the Outpatient Follow Up Delay Reporting Data Collection to provide accurate reporting of the number of patients discharged to a 'see on symptoms' (SOS) pathway and a patient initiated follow up (PIFU) pathway	Compliant

Impact Assessments (IA)

There were 4 new IA's issued during quarter 2 2020/21, the details are shown in the table below:-

DSCN	Description	Deadline	Feedback Provided	Update	Status
TBC	WCRS Metadata	02/07/2020	15/07/2020	A review of the current document metadata attached to documents held in the Welsh Care Records Service (WCRS) found wide variation. A proposal to apply national standards to all documents generated by NHS Wales systems has been put forward. The results of this impact assessment feedback will aid the final proposal before the issuing of the DSCN.	Compliant
2020/16	APC Weekly Submissions	06/07/2020	08/07/2020	The existing monthly APC submission process means that by the time data is useable for analysis it is already 3 weeks removed from the current position, therefore changes have been proposed to move APC to weekly reporting and to include previously excluded unfinished episodes; this would allow for a more up to date view of admission data. This IA	Compliant

				measures the impact of introducing such a weekly APC submission (DSCN also issued in Q2 2020-21)	
2020/17	Subsidiary Diagnosis	11/08/2020	18/08/2020	An issue was highlighted when discussing the proposed introduction of a weekly APC submission where there is ambiguity existing around the use of subsidiary diagnosis data and 1st secondary ICD. This IA endeavours to measure the impact of re-mapping ICD codes (DSCN also issued in Q2 2020-21)	Compliant
TBC	Outpatient Dataset Redevelopment	01/10/2020	01/10/2020	NWIS are trying to create a baseline account of data currently collected in local systems to assist with the redevelopment of the outpatient dataset	Compliant

Feedback

There was 1 request for feedback issued during quarter 2 2020/21, the detail is shown in the table below:-

DSCN	Description	Deadline	Feedback Provided	Update	Status
TBC	Single Cancer Pathway (SCP)	11/09/2020	22/09/2020	Cancer Services were consulted earlier this year regarding a proposal for a single cancer pathway (SPC). A draft DSCN has now been produced and NWIS are seeking feedback\ comments on this. Caroline Williams secured an extension to the original deadline date and then responded directly to NWIS. From an Information Dept perspective staff will have to make changes to the daily extracts for all three sites, amend the upload process, and create new columns on SharePoint to allow BCUHB to submit the SCP figures in line with the draft DSCN	Response submit within extension deadline

The Information team continues to work with colleagues in the services to improve reporting compliance.

Appendix 1 – Clinical Coding DIGC Report

Clinical coding is the process of translating medical information relating to a patient's hospital admission into standardised codes that can be used for a range of statistical, clinical and management purposes.

Timely and accurate clinical coding is essential given the role the data plays in the planning, management and oversight of NHS services. This has been especially true during the current pandemic, where clinical coding has played a key role in helping to understand Covid-19 related demand on healthcare services. The effect of Covid-19 on BCUHB hospital activity has had a direct impact on clinical coding data including completeness and data quality measures.

Chart 1 - Rolling 12 Month Coding Completeness to 1 month

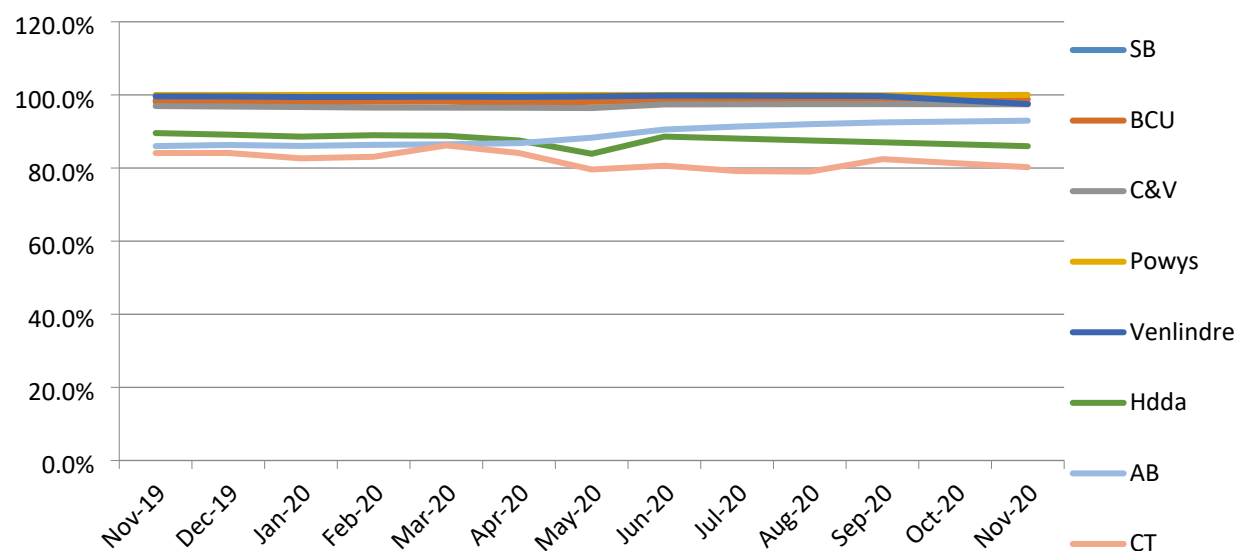


Chart 2 - All Wales - WG of 95% Coding Completeness within 1 Month

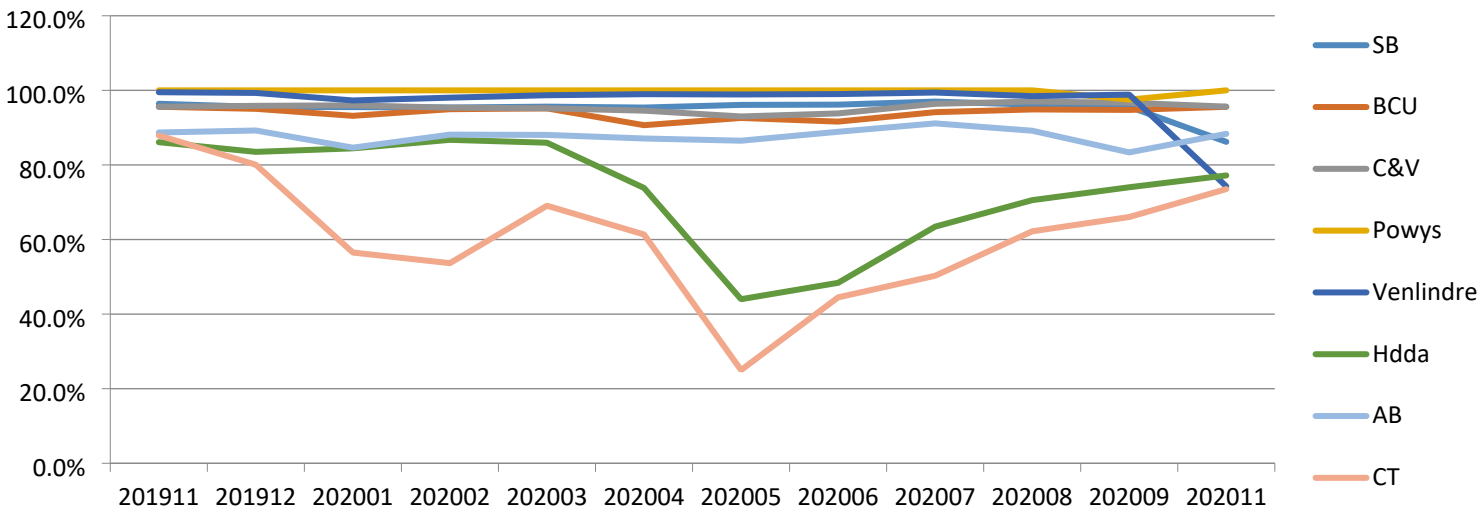
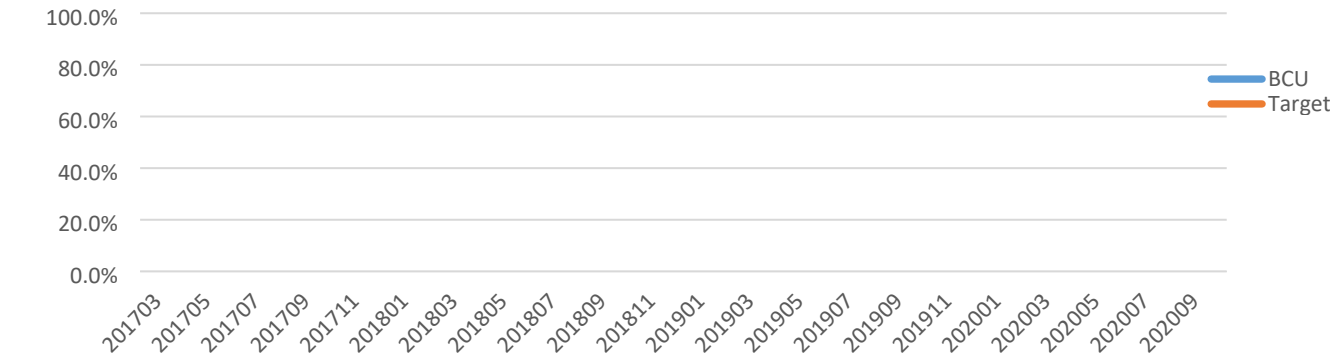
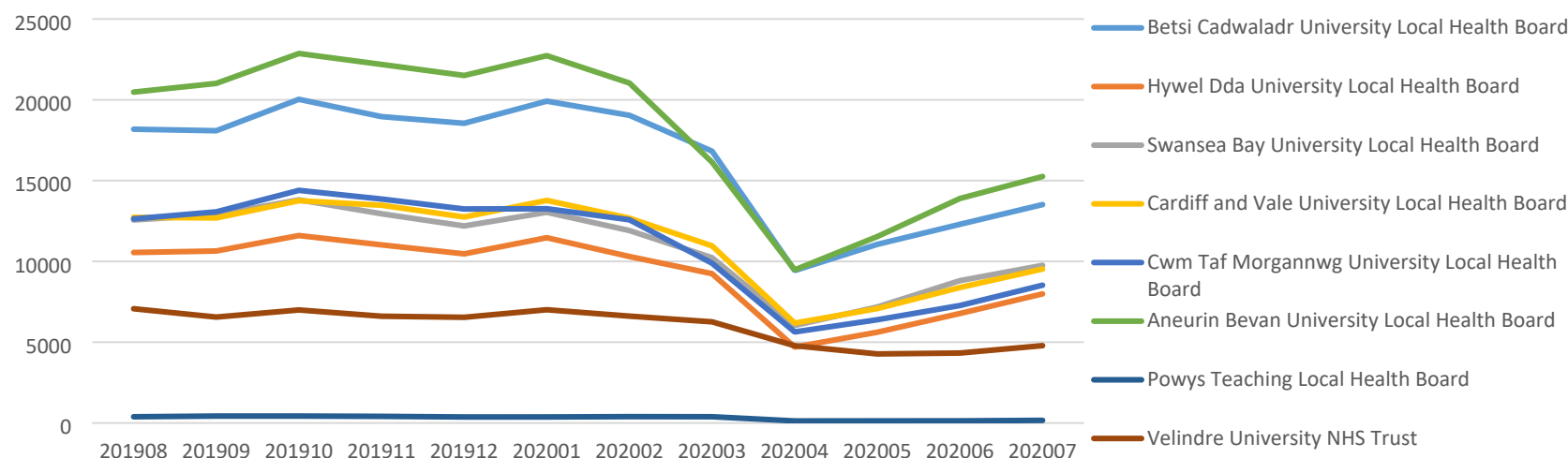


Chart 3 - BCU against Welsh Government target of 95% Coding Completeness within 1 Month



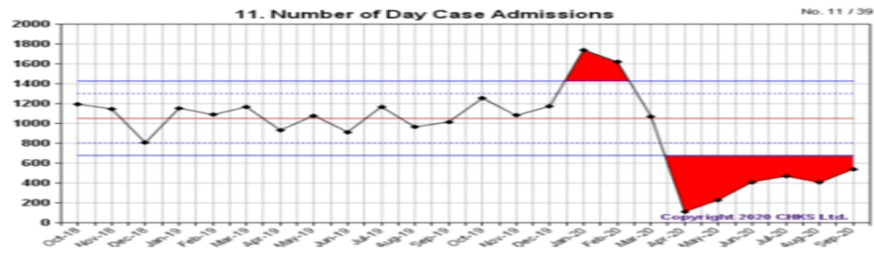
Following the outbreak of COVID 19 during March and April 2020 Welsh Health Board's activity was affected. Locally at BCUHB there were cancellation of elective activity and the reduction short stay emergency patients. This resulted in reduction of episodes that required coding as seen in Chart 4. Although episodes reduced following March 2020 the Coding Department at BCU had a number of staff having to shield, these staff were unable to work from home due to reliance on coding from paper case notes.

Chart 4 –Welsh Health Boards Episodes that require coding

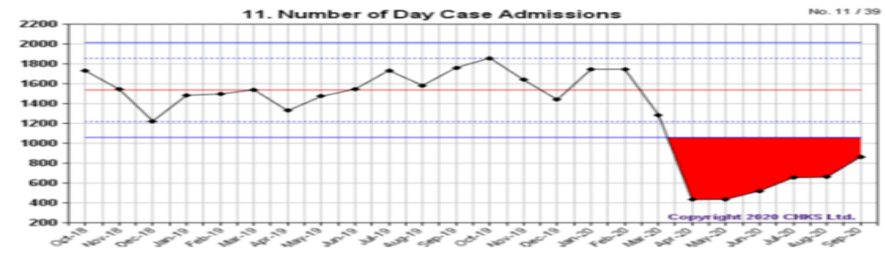


The cohort of patients that were no longer being admitted on average will have less coding depth (amounts of codes allocated) than longer length of stay patients.

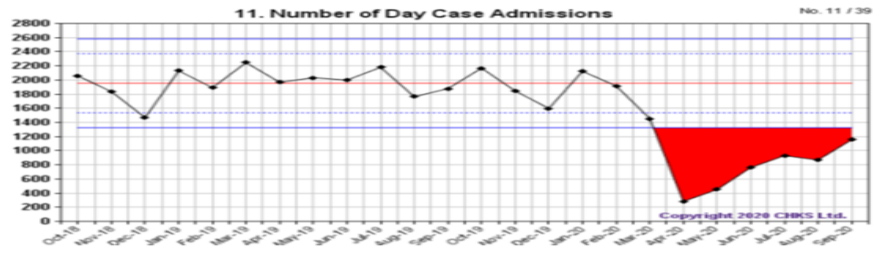
West



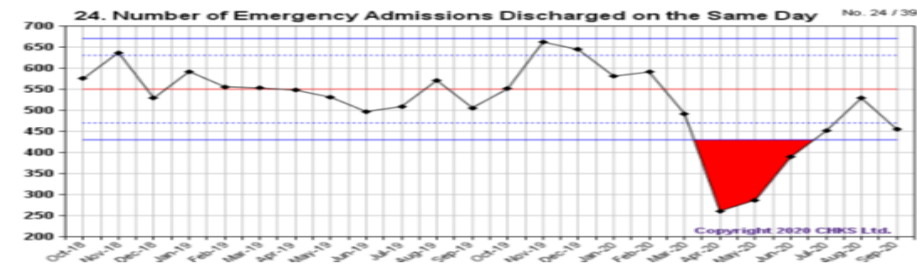
Central



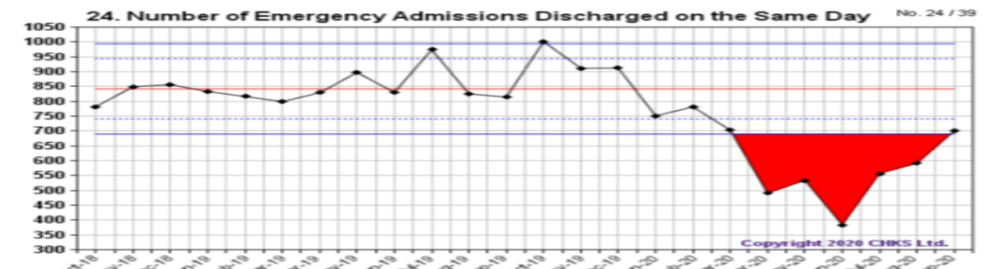
East



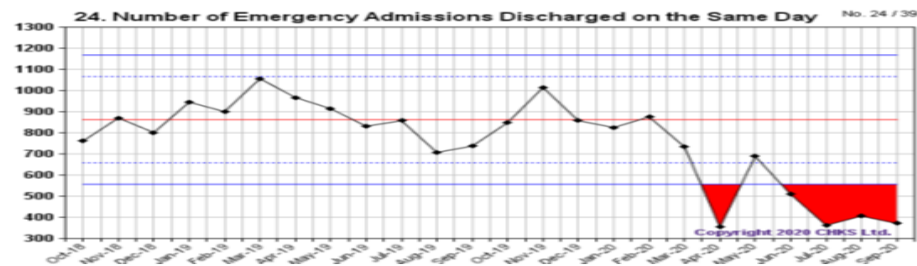
West



Central



East



A reduction in elective admission and short stay emergency admission has resulted in a lower amount of unspecified Primary Diagnosis codes.

Chart 5 – Average Diagnosis Codes Per Episodes

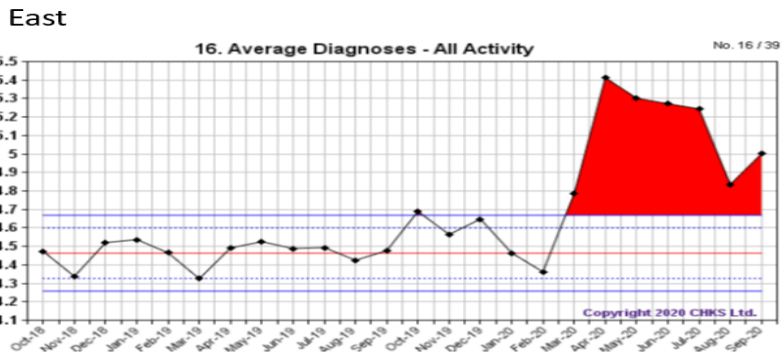
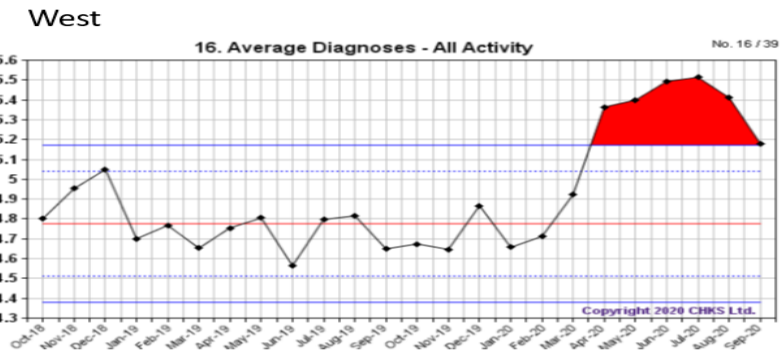
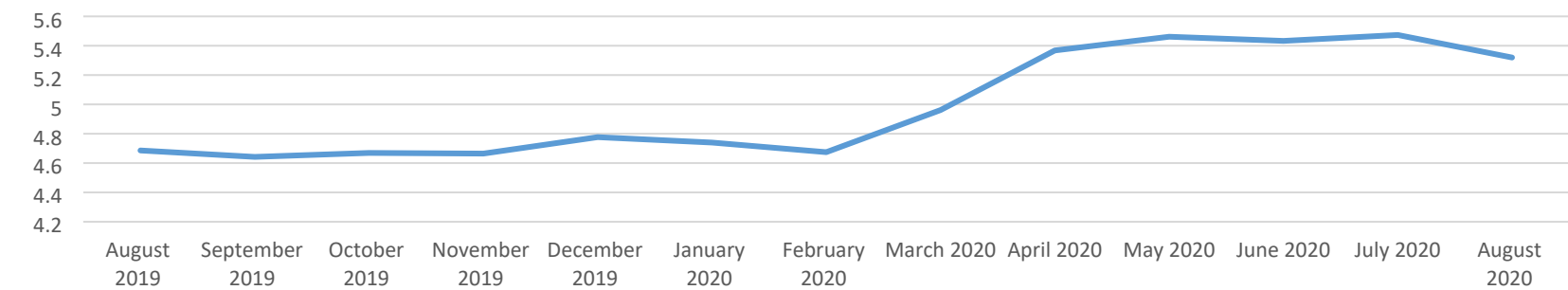
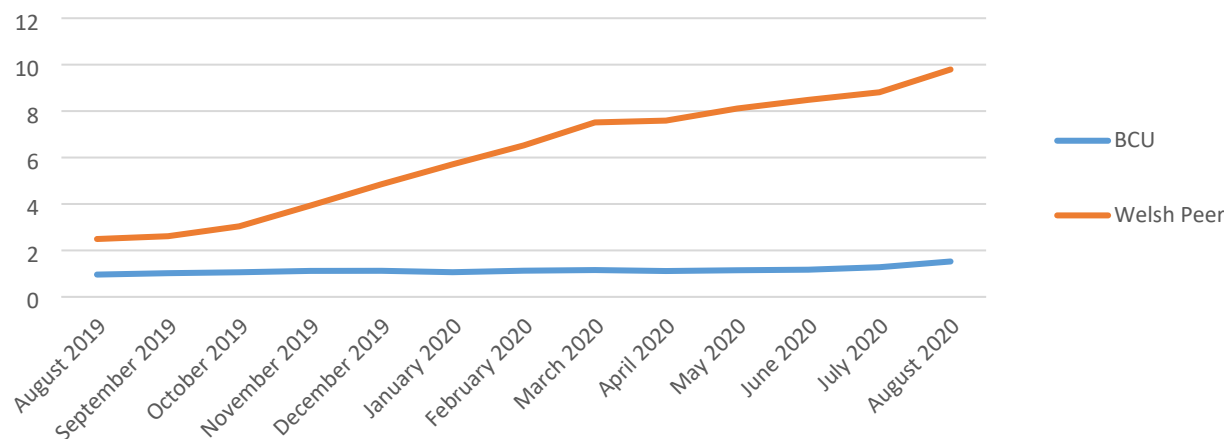


Table 1 - % of COVID Positive Patients coded Discharge Between 01 Jan 2020 to 31 Oct 2020 (data as of 02/11/2020)

Sum of Positive Test Within Spell	1,687
Sum of Spells coded with COVID	1,570
% of spells positive Coded	93%

The Coding of COVID positive patients have been prioritised from the outset of the pandemic. The table below demonstrates that the majority of cases are coded within a short time scale.

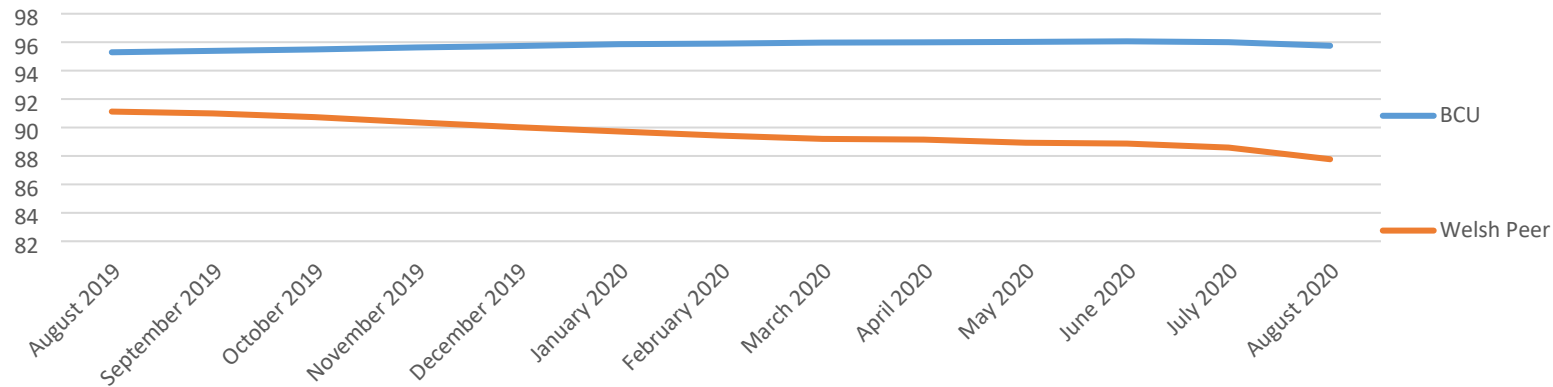
Chart 6 – Un-coded Episodes Admissions with Death Outcome



The coding of patients that die in any of the Health Boards are also prioritised for Coding. The percentage of uncoded deaths at BCU is significantly less than the Welsh Peer group. The coding of hospital deaths contributes towards the Caspe Healthcare Knowledge System (CHKS) data quality index score.

The CHKS Data Quality Index is calculated on a Health Board or Trust's Clinical Coding along with other Data Quality indicators. Rates of coding completeness, unspecified codes, rates if signs and symptom coding and coding are measure that effect a organisations data quality index score.

Chart 7 – CHKS Data Quality Index



As seen in Chart 7 BCUHB has a higher Data Quality index score than the Welsh Peer over the past 12 months. In table 2 we see that BCUHB has the highest Data Quality index score on a 12-month average with the 6 comparable Welsh Health Boards.

Chart 8 – Welsh Health Boards CHKS Data Quality Index

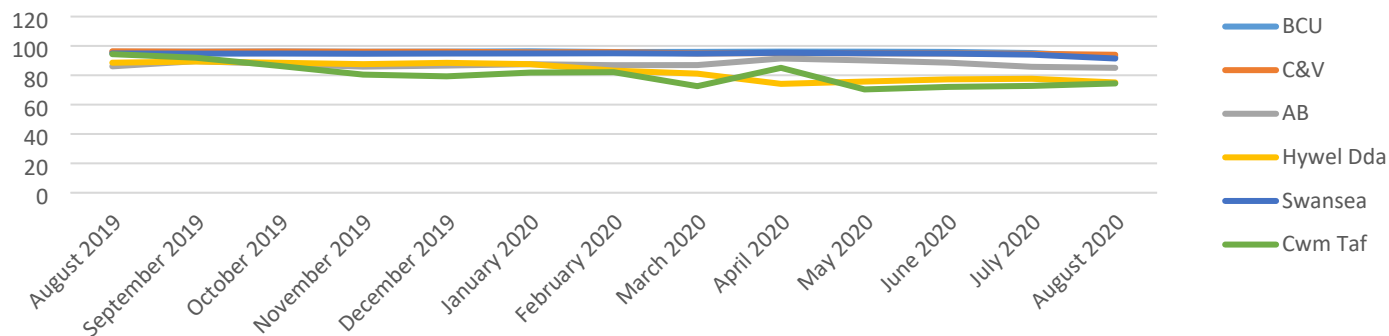


Table 2 – CHKS Welsh Health Boards 12-month Average Rolling Data Quality Index

CHKS average score	
Betsi Cadwaladr	95.7
Cardiff & Vale	95.4
Swansea Bay	94.5
Aneurin Bevan	87.5
Hywel Dda	82.6
Cwm Taf	80.2

Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee			
Cyhoeddus neu Breifat: Public or Private:	Public			
Teitl yr Adroddiad Report Title:	Informatics Quarterly Assurance Report; Quarter 3			
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Primary and Community Care			
Awdur yr Adroddiad Report Author:	Dylan Williams, Chief Information Officer, <i>et al.</i>			
Craffu blaenorol: Prior Scrutiny:	Chief Information Officer and Executive Medical Director			
Atodiadau Appendices:	Informatics Quarterly Assurance Report Appendix 1 – Assurance Report Proposal			
Argymhelliad / Recommendation:				
<p>The Digital and Information Governance Committee is asked to:-</p> <ol style="list-style-type: none"> 1. Note compliance with legislative and regulatory responsibilities which relate to the Informatics Services and 2. To advise the service of any additional metrics required to improve assurance. 				
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)				
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer icrwydd For Assurance <input checked="" type="checkbox"/> Er gwybodaeth For Information <input type="checkbox"/>
Sefyllfa / Situation:				
<p>The purpose of this report is to:</p> <ol style="list-style-type: none"> 1. Provide the Digital and Information Governance Committee (DIGC) with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met which relate to Informatics services. 2. For DIGC to discuss the content of further assurance reports. <p>This is the third report for the 2020/21 financial year and highlights the impact of Covid-19 upon Informatics core business. It is evident, that COVID has and continues to create further demand for Informatics services over and above what was in current operational plans and priorities.</p> <p>Overall informatics has maintained a level of compliance with existing measures and actions. However, there are some issues of significance that have affected performance:</p> <ul style="list-style-type: none"> • Clinical coding has 2 overdue audit recommendations due to COVID and its impact on staffing, it was anticipated that these would be resolved during QTR3 but unfortunately due to an increase in COVID pressures this was not possible. • The National Target for Compliance Audit has been postponed to 2021 to due to COVID. There was no external audit on Electronically Coded Data during 2020. • Due to COVID pressures clinical leadership took a decision to stop printing paper test results across the organisation, this project re-started in May 2020 and Workstream 1 is on track for completion in QTR2 2021/22. 				

- Attend Anywhere has now formally been handed over to the Outpatients Transformation Group and therefore will no longer be reported as an Informatics project.
- Covid has impacted on the delivery of a significant number of projects.
- Major national systems progress has been impacted, including;
 - The WPAS project is reporting a delay of approximately 7 months due to NWIS having to divert their resources in order to move national systems including the cancer system CANISC out of the Blaenavon Data Centre (BDC) at short notice with the supplier ceasing services there. NWIS have indicated a possible restart of the WPAS phase 3 project from May 2021, however this has not been confirmed or agreed yet.
 - WCCIS remains a high-risk project and a Tier 1 Risk has been escalated to the Tier 1 Committee for approval via the Informatics Senior Management Team. It has been noted that system that had been delivered to time and scope would have been highly beneficial during the COVID crisis.
- The compliance percentage for Office 2016 is less than 50% and the team are currently working on upgrading around 5,000 machines to Office 2016 from either 2007 or adding Outlook 2016 in West area for those that still need Pims.
- COVID has meant that large numbers of machines have not been seen on the network for periods of time which leads to them being outside of compliance with scheduled updates. Once machines are switched on and connected to the BCU network they are updated within 24 hours.

Cefndir / Background:

This report provides key performance indicators that relate to the quality and effectiveness of information and information systems, against which the Health Boards performance may be regularly assessed.

The Informatics Quarterly Assurance Report is an evolving document that will continue to be developed to meet the needs of the committee. The committee is encouraged to advise of any additional requirements.

This is the third Assurance report of the 2020/21 financial year.

Asesiad / Assessment & Analysis

Strategy Implications

This Operational Plan enables the Living Healthier, Staying Well by providing assurance on the work of Informatics.

Financial Implications

Each audit recommendations and projects will have their own financial implications.

Risk Analysis

The risk of not providing appropriate level of assurance to DIGC.

Legal and Compliance

This report provides assurance in meeting legal and compliance related requirements as detailed in the report.

Impact Assessment

No impact assessment has been undertaken.

Informatics Quarterly Assurance Report – 2020/21 Quarter 3

The purpose of this report is to provide the Digital and Information Governance Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met which relate to Informatics services.

This report also provides key performance indicators that relate to the quality and effectiveness of information and information systems, against which the Health Boards performance may be regularly assessed.

Contents

1. National Audit Office Reports
2. Compliance
 - 2.1 Clinical Coding National targets
 - 2.2 Patient Records
 - 2.3 National Systems Projects
 - 2.4 ICT Service Desk
 - 2.5 National and Local Systems Availability
 - 2.6 Data Standards Change Notices (DSCN)

This report will continue to evolve to meet the requirements of the committee based upon direction provided

1. National Audit Office Reports

The majority of recommendations that were specified as part of the **Wales Audit Office 2014 & 2018 Clinical Coding Audit** have now been implemented. Table 1 details the total number of recommendations provided and classifies their position over the past four quarters.

Table 1; *Status of Clinical Coding 2014 & 2018 recommendations*

Summary of status	Total Number of Recommendations	Implemented	In Progress	Overdue	Superseded
Qtr3	13	9	1	2	1
Qtr4	13	10	0	2	1
Qtr1	13	10	0	2	1
Qtr2	13	10	0	2	1
Qtr3	13	10	0	2	1

Whilst progress continues, the table also highlights that two recommendations are overdue. Both overdue recommendations have been delayed due the coding departments reduced staffing and coding completeness prioritisation during the COVID crisis.

Recommendations which are overdue are to: -

1. "Introduce a single coding policy and procedure across the heath board which brings together all practices and processes to ensure consistency. The policy and procedure should include ensure coding practices are well described". This recommendation had an initial deadline of 18.11.2019 (2018 rec2a).

A coding policy has been created. The policy was due to be approved at Informatics Senior Management Team (SMT) before submission to the Executive Management Group for approval. Unfortunately, the COVID crisis has prevented further progress from this stage and this will be presented to SMT during quarter 4.

2. Introduce a single coding policy and procedure across the Heath Board which brings together all practices and processes to ensure consistency. These should address variations in practices across the three sites.

All Standard Operating Procedures which supplement the policy are currently being finalised. Prioritisation of coding COVID activity and reduced staffing during this period has resulted in an extension to the 31/03/2020 deadline set. Once the coding policy has been approved and is live, these will be reviewed and implemented.

2. Compliance

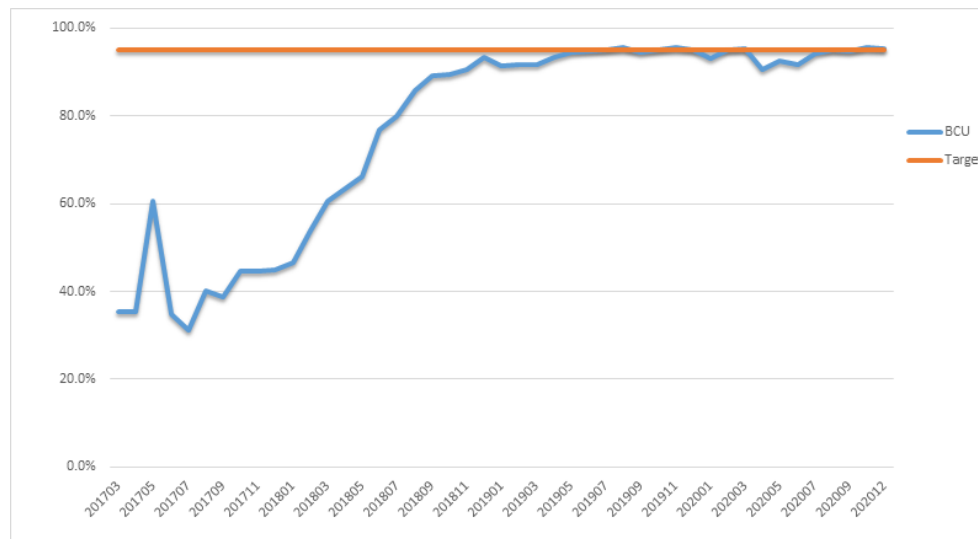
2.1 Clinical Coding; National Coding Targets exist for clinical coding completeness and clinical coding accuracy. They form part of the Welsh Government NHS delivery framework, this details how NHS Wales will measure and report performance.

There are several reasons as to why clinical coding completion in a timely manner is vital. Examples provided by Welsh Government include to allow monitoring of treatment effectiveness and clinical governance, to monitor public health trends and to enable assessment and scrutiny in delivering the condition specific Annual Quality Plans and Tier 1 measures.

The coding completeness in BCU for December 2020 was 95.4% against the National target of 95%. (This target measures the percentage of clinically coded episodes within 1 month of episode end date).

The following graph depicts how the Health Board has improved its compliance since March 2017 to reach National target compliance.

Figure 1; BCU's Coding Compliance;



In addition to the benefits of timely coding highlighted by the Welsh Government, the improvement in coding completeness enables the Health Board to work with timely data to support Freedom of Information requests, Costings, Mortality data and Internal Audit.

As the coding department is now running at full staffing capacity the coding completeness target has been met consistently towards the end of Quarter 3.

As previously reported, the second National Target of Coding Compliance requires an improvement in the accuracy score attained in the annual National Clinical Audit Program. The National Audit Programme for coding which is conducted by NWIS to review accuracy and compliance with National coding standards commenced their scheduled reviews in BCU at the end of Qtr.2 in 2019. The review concluded that the Health Board achieved the Tier 1 measure target of improving the overall accuracy scoring. The Clinical Coding accuracy increased by 3.41% to 93.03% in the 2019 audit in comparison with 89.62% accuracy scoring in 2018. The 2020 audit has been postponed due to COVID, and it has been confirmed by NHS Wales Informatics Service that the national coding audit program will resume in 2021. It was anticipated that an external audit on electronically coded data would be conducted during 2020, however we are still awaiting confirmation of a date from NWIS for this audit, however this will not replicate the Tier 1 target audit.

We are currently meeting one of the two Tier 1 targets however, due to the 2020 audit being postponed the second Tier 1 target is not applicable at this time.

COVID-19 Coding: During QTR3, the coding department coded 91% of COVID related discharges.

2.2 Patient Records; are subject to a tier 1 risk - *There is a risk that the right patient information is not available when required. This is caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining*

standards associated with the paper record. This may result in a failure to support clinical decisions for safer patient outcomes and an inability to meet our legislative duties.

The control and mitigation of this risk will be delivered through the 'Patient Record Transition Programme', the latest updates are:

2.2.1 Digital Health Record (DHR) Project: Status (Green) – *The aim is for a single view of the patient record supporting integration with local and national systems in Wales and beyond.*

The contract has now been completed and signed with Civica for their Cito product. The project is currently in 'Stage 0 - Pre-Start'. The Project Board has met again to workshop the benefits baselining and risks identification/management; and the Clinical Task & Finish Sub Group has held a workshop to explore the tabs structure within the product and models for delivery. Outline Project Plan anticipated for the January Project Board meeting.

2.2.2 Results Management Project: Status (Green) – *The aim is to address the low assurance by; digitising the full results management process, stopping printing results, increasing digital test requesting, providing opportunities for mobilisation of the process and providing assurance reports on the tests not viewed and results not actioned.*

Workstream 1 (WS1) – Welsh Clinical Portal (WCP) 3.11.3 is due to be available for user acceptance testing in January which will support the ability to sign off results electronically. Email baseline audit is returning information pan-BCU on current processes used across Departments. An SBAR is being prepared due to inability to secure resources corporately to fully baseline and prepare the organisation for a full roll out. Overall WS1 remains on track for September 2021 but with resource risks. (WS4) - It has been agreed that BCU will remain on 3 instances of Radis which means the upgrade can now progress.

2.2.3 Digital Dictation/Speech Recognition (DDSR) Project: Status (Green) - *aim of delivering a DDSR solution, which will modernise the production and sign off of clinic letters and will be a key contributor to the achievement of a cohesive digitised patient record.*

This project is now commencing in line with expectations, with roll out underway in West. Engagement sessions have been held and were well received; integration to PiMs held some challenges but is due to complete by end December; roll out to Cancer Services planned for w/c 11/01/2021, followed by a sustained and ambitious roll out across all Service aiming for completion by the end of February.

2.2.4 (National) Welsh Nursing Care Record (WNCR) Project: Status (Amber) – *The admission form and 4 risk assessments have been successfully standardised across Wales. This project will initially (i) roll out these standardised forms and (ii) pilot the national application on adult wards.*

Following Project board review of the approach, the WNCR Nursing Lead is engaging on a revised Options Appraisal and has secured support for writing the ensuing Business Case in the New Year.

2.2.5 Access to Health Records Project (ICO Recommendation): Status (Amber) – *This will not only ensure a standardised response to Access to Health Record requests within BCUHB but will digitise the process to ensure future compliance with all aspects of GDPR and the DPA 2018.*

Funding required to complete the roll out has been secured for the rest of the financial year with the cost pressure recognised for the 2021/22 financial year. Recruitment for additional Band 3 staff is underway and management of remaining staff in West will transfer during January. Legacy backlog in centralised service is being addressed; November forward in centralised service (new ways of working) only 1 breach to date demonstrating changes are taking effect. Whilst the

project overall is off-target, the team has confidence that the full roll out to all West is well planned and on-track for QTR4.

2.2.6 Baseline PAN-BCU Project: Status (Green) – *In response to the HASCAS/Ockenden recommendations, there has been a portfolio change so that all patient records (circa. 25 types beyond ‘acute’) are now under the responsibility of the Executive Medical Director. This will require (i) a full baseline of all patient records held to measure their compliance against legislation and standards of good record keeping, and (ii) develop recommendations to deliver this in the future.*

This project is now well underway under the lead of the Deputy Head of Patient Records & Digital Integration Department. There are currently 12 tasks to be completed within the Project, with good progress made in the 1st reporting period. Progress is being reported into the Patient Records Group (via a highlight report) then up to the Information Governance Group (via the Chair's Assurance Report), and to the Digital and Information Governance Committee as part of the overall summary progress from Informatics.

2.2.7 Update on Other Key Compliance Issues:

National Infected Blood Inquiry (IBI) - *Whilst IBI Project Board is satisfied that controls are effectively in place to manage the responses to the inquiry, there is a significant storage issue due to the embargo on the destruction of any case note types for the period of the inquiry (est. 5 years).*

This issue remains in good control and is cited for visibility as a live issue. Highlight reports for the management of off-site storage arrangements to cope with the embargo on destruction are provided to the Patient Records Group.

Relocation of the YGC File Library – *The YGC File Library Programme Board needs to develop a single business case for a new pan-central file library to relocate (as a minimum) the acute records*

from both the Ablett and the portacabin – taking account of the plans for a DHR, by April 2021 in line with the Mental Health Service Business Case.

Meeting with Senior Responsible Officer (SRO) and planning lead was held this month with outcome that, due to the delay in the Mental Health scheme and the pressures of Covid within all Departments, work to evaluate the Ablett for Health Records use will hold until April. The Health Records Site Manager reported that risks associate with the portacabin Library are being managed and the delay is within tolerance.

2.3 National System Project Updates

2.3.1 WPAS West Project: Status (Amber) – *Phase 3 of the Welsh Patient Administration Programme. This will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites.*

WPAS project is reporting a delay of approximately 7 months due to NWIS having to divert their resources in order to move national systems including the cancer system CANISC out of the Blaenavon Data Centre (BDC) at short notice as the supplier is ceasing services there. The CANISC system is also end of life so this has accelerated the need for NWIS to implement the Velindre WPAS project in order to de-risk the situation. NWIS have indicated a possible restart of the BCU phase 3 from May 2021, however this has not been confirmed or agreed yet. There is also a current issue which affects our data migration partner DXC being able to support such a date. Further discussions are needed following the most recent delay.

2.3.2 WEDS Project: Status (Amber) – *Phase 1 of the Welsh Emergency Department System is to implement a non-integrated stand-alone version of the system (BCU Symphony) in BCU West including the minor injury units (MIU's). Phase 2 will upgrade the BCU East System including MIU with further extensions to include Central*

MIU's (phase 3) before a final phase to move all areas onto the fully integrated WEDS solution.

Ysbyty Gwynedd Emergency Department implementation was completed on the 20/12/2020. Readiness activities for the Minor Injury Units are behind schedule due to Covid pressures.

2.3.3 Welsh Community Care Information System (WCCIS): Status (Red)

The WCCIS Workstream (BCUHB, Gwynedd Local Authority (LA) and Ynys Mon LA) have continued to work together to develop the security model and outline configuration requirements for the West prototype. However, delays in receiving required detail and agreement on future ways of working from the new Community Resource Teams (CRTs) has seriously delayed progress (these are both still to be resolved). Added to this, the National Team have now requested payment for licences to include Health Board community staff onto the system. The Health Board is now awaiting costs from the National Team with regards to these licences.

The BCUHB System Lead has continued to undertake testing of the latest version releases but this testing has been limited due to BCUHB not been granted access to the "copy of live" environment to allow full testing.

Access to "copy of live" environment for testing and a suitable environment to build for the prototype have been highlighted to the National Team for over 12 months but with no resolution.

2.3.4 Attend Anywhere: *The BCU Attend Anywhere project builds on the TEC Cymru National Video Consultation Service programme, delivering a robust local configuration and a managed rollout for remote clinics across community and secondary care.*

Having completed the rollout for Tranches 1, 2 and 3, Attend Anywhere was formally handed over to the Outpatients

Transformation Group on the 30th October 2020. At the point of handover, a total of 3,188 consultations had taken place across 41 services and a total of 362 different clinicians had participated in consultations. Welsh Government funding for the use of Attend Anywhere will cease in June 2021 and both a national and a local business case are currently being developed to support the continued use of video consultations once the Welsh Government funding has ended.

2.4 ICT Security; *is the ability to protect the confidentiality, integrity and availability of digital information assets. A range of tools and processes have and are being adopted within the Health Board to support ICT security and keep our assets safe.*

2.4.1 Desktop Standardisation Project: The ICT Services Team are actively engaged in a Desktop Standardisation Project with the following aims;

- To deploy Microsoft Windows 10 version 1903 to all devices where it has not been possible to upgrade to Windows 10 previously.
- To establish a rolling replacement programme, alongside an update process that keeps the estates within 6 months of the latest operating system release, as well as patched to the correct level at the application, operating system and driver.
- To have a standardised desktop, with drive and printer mappings the same across the organisation.
- For all staff to have the same experience using BCUHB ICT services regardless of which location they are accessing them from.

2.4.2 Windows 10 Migration: Please note: The project re-started August 2020 with the upgrade schedule progressing well, however

reduced access to clinical areas and staff working from home will limit the number of devices that can be upgraded.

“On the 14th January 2020 Microsoft stopped updating and providing support for Windows 7, as such this is considered “end of life”. An agreement has been reached with Microsoft for NHS Wales until January 2021 that they will continue to provide security patches releases only. The desktop replacement programme aims to ensure migration from Windows 7 in line with these timescales. The table below shows the number of devices within BCUHB on each operating system at the end of each quarter for the current financial year.

It had been expected for the number of Windows 7 devices to be significantly lower by this point however COVID stopped momentum on the operating system upgrades and the hardware that needed to be physically replaced. A number of laptops which could not be upgraded to Windows 10 needed to be replaced, however the hardware that was originally ringfenced for this had to be utilised for the Health Boards COVID response. A procurement exercise has

Operating System	Device Count	% Compliant	% Target
Windows 7	3,147	95.00%	90%
Windows 10	11,681	82.50%	90%
Office 2007	3,998	97.6	90%
Office 2010	23	95.5	90%
Office 2013	348	91.4	90%
Office 2016	10,905	49.4	90%
Servers	856	89.9%	90%
Average Desktop OS		91.7%	90%
Average Office apps		88.4%	90%
Average all platforms		91.4%	90%

As Server 2008 and Windows 7 went out of support 14th Jan 21, these will affect the percentage totals next report.

now been carried out for the replacement devices with delivery expected the end of Qtr4.

Operating System	QTR4	QTR1	QTR2	QTR3
XP	19	16	15	11
Windows 7	4,469	4,235	3,633	3,209
Windows 10	8,799	9,167	10,064	10,956

2.4.4 Operating Systems and Patch Management: Software which supports a computer's or servers' basic functions such as scheduling of tasks is known as its operating system. BCUHB has a several operating systems in use which are detailed in table 2. Table 2 also provides the number of devices using the operating system and where applicable our compliance with "testing and deploying" software updates released by the vendor to support "bug resolution" and security.

Please note that due to the current COVID pandemic there are large numbers of machines that are not seen on the network for periods of time, this may be as departments have duplicate equipment due to COVID, or equipment which currently is not being used as offices, buildings and departments are either closed or running at reduced capacity due to social distancing rules and home/agile working. This means equipment hasn't been turned on or isn't turned on as often so will not be checking in for updates as regular as normal. This leads to them being outside of compliance with the updates. Once machines are turned back on, they are updated within 24 hours. Once staff are back in offices any redundant equipment will be reclaimed and reallocated.

Table 2; QTR3 2020 Operating System data.

2.5 ICT Service Desk; Calls logged with Informatics increased (5%) from 24,444 in quarter 2 to 25666 in Qtr3. If we compare Qtr3 from the previous year, calls have increased 14.6% during the same period.

It is felt that trends are linked to the Coronavirus pandemic and the effect of lockdown 2 on the Christmas Period.

2.6 National and Local System Availability

2.6.1 National Systems:

During the 3 months October to December 2020 there has been 1 incident of national system failure that have affected BCU Support & Engagement and Informatics teams.

To date no related known incidents of harm have been reported.

System failure is categorised as:

- WelshPAS (WPAS) Central
- Users unable to log in

Systems unavailability (please note that not all downtime length was able to be calculated)

System	Total time of unavailability (approx)
WelshPAS (WPAS)	45 minutes

Work is underway to identify metrics and create processes that will capture the impact of National and local system downtime in a more meaningful way.

2.6.2. Local Systems; with the advent of the security of Network and Information Systems Regulations (NIS Regulations*) in 2018, the way in which we record unplanned outages has changed and been adapted to assist with mandatory reporting under these regulations.

In the last quarter (Oct 2020 – Dec 2020), there have been 9 incidents of user affecting unplanned outages:

- 5 Network connectivity incidents. The majority of these have been down to power outages to the site.
- 1 Telecom incidents. Which reported a partial loss of telephony in Ysbyty Glan Clwyd.
- 3 Server related incidents.

***Note:** The Security of Network & Information Systems Regulations (NIS

- Regulations) provide legal measures aimed at boosting the overall level of security (both cyber and physical resilience) of network and information systems for the provision of essential services and digital services.

Data Standards Change Notice (DSCN) and Impact Assessments (IA)

DSCN New Releases

There were 13 new DSCN's issued in quarter 3 2020-21, the details are shown in the table below;

DSCN	Description	Issue Date	Implementation Date	Update	Status
2020/19	Substance Misuse Data Set – Additional Treatment Modality	07/10/2020	November 2020 Submission (to include client data from 1st April 2020 for the additional Treatment Modality 11 - Substitute Opioid Prescribing (Injectable Buprenorphine))	To introduce a new value of 'injectable buprenorphine' to the existing Data Item - Treatment Modality. This DSCN has no impact on the Information Department but it was forwarded to Anita Arrowsmith (Prescribed Medication Manager, Substance Misuse Services) who has confirmed BCUHB's compliance.	Compliant
2020/20	NHS Wales Document Metadata Standard	12/10/2020	01/10/2020	To introduce a standard set of metadata of all documents that are stored within the Welsh Care Record Service (WCRS) document repository. This is fundamental to the creation and maintenance of accurate document information and will help to enable effective search and retrieval of documents stored. National Team will ensure compliance for WPAS. Electronic Point of Care (EPOC) in East is partially compliant; further clarification is required from the service supplier regarding particular fields and whether they are populated correctly or not. No other systems were evaluated but it has been noted that this DSCN may have further impact on incoming systems such as digital dictation.	Compliant
2020/21	Single Cancer Pathway - Core	15/10/2020	1st Jan 2021 (first submission 28th Feb 2021 for Jan data)	Please note that both these DSCN's have been replaced by DSCN 2020/28 Single Cancer Pathway – Core (AMD).	N/A
2020/22	Single Cancer Pathway - Adjustments				N/A

2020/23	Eye Care Prioritisation Measures (AMD)	15/10/2020	November 2020 Submission (October data)	To amend the scope within the reporting standard that supports waiting list management for eye care patients to provide the information required to evaluate against targets set by Welsh Government.	Compliant
2020/24	National Cancer Data Standards for Wales - Site Specific - Sarcoma	05/11/2020	Cancer Informatics Solution (CIS) with immediate effect but no action for HB's	To introduce a new standard for patient group specific cancer minimum reporting requirements. Whilst this introduces a change to an existing information standard, the immediate use of this mandate will be used as a framework for the development of the CIS, therefore services/data providers should continue with 'business as usual' in terms of the data being collated and reported. There is no impact on the Information Department.	N/A
2020/25	National Cancer Data Standards for Wales - Site Specific – Teenage Young Adult	05/11/2020			N/A
2020/26	National Cancer Data Standards for Wales - Site Specific – Urology	05/11/2020			N/A
2020/27	Outpatient Virtual Activity - Phase Two	05/11/2020	01/10/2020	<p>This DSCN updates the terms for the outpatient data set (OP ds) and the outpatient referral data set (OPR ds) to include virtual activity, specifically to:</p> <p>a) update the definition scope of the OP ds to encompass virtual clinic appointments (patient contact) and virtual & video clinical reviews (non-patient contact) in addition to face to face appointments</p> <p>b) update the Terms for Clinic Appointment - Consultant led (Outpatients) and Non-Consultant\Nurse led (Outpatients) to include virtual activity</p> <p>c) To create a Data Item Consultation Method to support the national submission of the virtual activity data.</p> <p>As at 21/12/20 only 5% of East and Central's new referrals have the preferred Consultation Method recorded.</p>	Compliant

				Services are slowly working through their existing older outpatient waiters to indicate how patients will be seen. All OP bookings in Central and East should now have Consultation Method recorded.	
2020/28	Single Cancer Pathway - Core (AMD)	09/12/2020	1st January 2021 (January 2021 data to be published in March 2021)	To introduce the Single Cancer Pathway - Core data set which provides the data necessary to perform key metrics around the Single Cancer Pathway. In February 2020 BCUHB will be in a position to report all pathways closed during January 2020, with as many data items completed as possible. Information staff will be making the monthly submission via SQL-to-SQL uploads to NDR stores until such a time that NDR can access direct from the cancer tracking module within WPAS.	Compliant
2020/29	National Cancer Data Standards for Wales - Patient Group Specific - Childhood	10/12/2020	Cancer Informatics Solution (CIS) with immediate effect but no action for HB's	To introduce a new standard for patient group specific cancer minimum reporting requirements. Whilst this introduces a change to an existing information standard, the immediate use of this mandate will be used as a framework for the development of the CIS, therefore services/data providers should continue with 'business as usual' in terms of the data being collated and reported. There is no impact on the Information Department.	N/A
2020/30	National Cancer Data Standards for Wales - Acute Oncology Service (AOS)	10/12/2020			N/A
2020/31	National Cancer Data Standards for Wales - Systematic Anti-Cancer Therapy (SACT)	10/12/2020	With immediate effect (or as soon as practicable following necessary updates to ChemoCare)	To introduce a new standard for cancer minimum reporting requirements for Systemic Anti-Cancer Therapy (SACT). This DSCN has been forwarded to Cancer Services colleagues but will have no impact on the Information Department.	N/A

Impact Assessments (IA)

There were 5 new IA's issued during quarter 3 2020/21, the details are shown in the table below:-

Issued	Description	Deadline	Feedback Provided	Update	Status
23/10/2020	COVID-19 Daily Sitrep Review	30/10/2020	02/11/2020	This IA will be used to inform further discussion at the next PROMs Data Flow Development Group meeting; and ultimately to refine and agree the content of the first set of PROMs data standards. Information Department liaised with Clinical Systems and Service Improvement colleagues to provide a response to this IA.	Compliant
06/11/2020	PROMs Metadata General Health and Knee	19/11/2020	13/11/2020	NWIS are currently in the process of redeveloping the national outpatient dataset. As part of the early work they are trying to create a baseline account of data currently collected in Health Board's local systems; the answers provided via this IA will assist in that process.	Compliant
20/11/2020	Retiring PP01 Submission	20/11/2020	27/11/2020	At October's WISB meeting, board members agreed that prior to stopping the collection of PP01W data across NHS Wales, NWIS should carry out an Impact Assessment to see its impacts across organisations. Performance Team colleagues engaged with service leads to provide a response to this IA.	Compliant
20/11/2020	Welsh Emergency Care Data Set - Phase 1:1	07/12/2020	07/12/2020	This IA measures the impact of new data items added to the Emergency Department Data Set (EDDS) which form part of the phased approach to transforming the data set into the Welsh Emergency Care Data Set (WECDS). The inclusion of the data items "Date and time of referral to speciality" and "Date and time seen by speciality" in phase 1.1 aims to better map the patient journey through the ED. Information liaised with Emergency Care colleagues in order to provide a response to this IA.	Compliant

The Information team continues to work with colleagues in the services to improve reporting compliance.

Appendix 1

Informatics Assurance Report for the Digital Information Governance Committee (DIGC) proposal

The purpose of the quarterly Informatics Assurance report is to provide the Digital and Information Governance Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met which relate to Informatics services.

A review of the current report has recognised that the reporting metrics included may not be what is required from an assurance perspective and to identify additional assurance measures that could be provided by the service.

This proposal aims to outline the current information that is provided to the DIGC by the Informatics department relating to assurance metrics and current compliance and what could be provided and the associated levels of assurance that new metrics could provide. Thus, allowing the committee to decide what information they wish to receive in future assurance reports.

Table 1 outlines the current information that is included and the associated levels of assurance that this provides.

Table 1

Already Included	What assurance does this provide
National Audits and Recommendations	Provides assurance that progress is being made against Audit recommendations and/or identifies escalation in the instance of non-progression.
Project Updates	This Information is provided within the OP Plan reporting therefore duplication of information.
Service Desk	No assurance provided, this currently provides data in relation to number of calls and any associated trends.
Desktop Standardisation	Provides assurance that progress is being made to move away from non-supported Operating Systems. Non supported Operating Systems leave the Organisation vulnerable to Cyber threat.
System Availability (National and Local) <i>(requires agreed target and compliance against target)</i>	Limited assurance provided as this only provides data in relation to number of system failures. More robust assurance could be provided if availability targets/ benchmark and lessons learnt were provided.
DSCN- what are the timescales <i>(requires agreed target and compliance against target)</i>	Need to establish what the required standards are and show compliance against these to provide a more robust level of assurance.

As can be seen the information relating to Project updates and Service Desk provide limited/no assurance and it is suggested that these are no longer included. With regards to System availability and DCSN reporting it is suggested that further work is undertaken if these are to remain within the report to ensure that robust assurance is provided.

Table 2 provides a number of options that could be included within future reports and the assurance that this could offer the Committee. It is suggested that Business Continuity is included on an annual basis due to the testing and reviewing of the plans. With regards to the audit reports for BCUHB Internal and Informatics Local audits it is suggested that an annual plan is provided with progress against recommendations included on a quarterly basis.

Could Include	What assurance would this provide
Business Continuity (<i>Annual - Review Test and communicate</i>)	Compliance with BCUHB Policy and assurance that Informatics have robust and tested plans in place to maintain mission-critical functionality during and after a disaster.
Risk Management (RMG report)	Compliance with BCUHB Policy and assurance that Informatics maintain a robust management of their risks by identifying, assessing, and controlling threats to the organisation.
Benchmarking IT and IT Performance reporting	By ensuring that we benchmark IT Performance we can provide assurance that the Service is delivering requirements within agreed levels.
Reporting compliance for NIS	Assurance that we are reporting any System failure within the agreed Network and Information Systems Regulations (NIS) timeframes thus ensuring the Organisation is not exposed to non-compliance investigation and any associated monetary penalties.
Staffing	Assurance that Informatics are complying with the policies/targets for Mandatory Training, PADR and Sickness Management.
Case note availability	The percentage of case notes available for Outpatient appointments within agreed targets would provide assurance that clinical staff have access to patient history at point of care.
Subject Access Request	Ensuring that compliance is maintained against GDPR legislative targets thus providing assurance that the Organisation is not exposed to non-compliance and any associated monetary penalties.
Project Health Check timeframe compliance	Assurance that Informatics led projects are being managed correctly and to agreed standards, so that all projects have continued business justification and appropriate governance.

Audit reports (*plans and progress against recommendations*) for
BCUHB Internal Audits
Informatics Local Audits
Audit Plans to be shared annually

Provides assurance progress is being made against Internal and Local Audit recommendations or escalation in the instance of non-progression.

To ensure that the report is meaningful it has been identified that the following should be included, therefore providing a standardised approach to assurance reporting.

Information to be provided	Categorisation
Agreed Standard/Benchmark or Target (<i>where applicable</i>)	Compliance/Standards
Progress to date (<i>against Target where applicable</i>)	Performance
Assurance provided or Reason for concern	Quality
Remedial Actions/ Areas for Improvement	

Cyfarfod a dyddiad: Meeting and date:	Digital Information and Governance Committee 26/03/2021					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	NHS Wales Informatics Service December 2020 update to BCUHB Digital and Information Governance Committee					
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport – Executive Director of Primary Care					
Awdur yr Adroddiad Report Author:	Helen Thomas, NHS Wales Informatics Service					
Craffu blaenorol: Prior Scrutiny:	Copied to Chief Information Officer and Executive Director responsible.					
Atodiadau Appendices:	None					
Argymhelliaid / Recommendation:						
The Committee is asked to note this report from the NHS Wales Informatics Service.						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information X
Sefyllfa / Situation:						
The NHS Wales Informatics Service (NWIS) works with Betsi Cadwaladr University Health Board as well as other Health Boards and Trusts in NHS Wales to deliver digital health and care services which will enable more effective, efficient, and safer decision-making by providing access to content-rich, person-focused health and care data and information.						
Cefndir / Background:						
This paper updates the Committee on progress of a range of national Digital initiatives in BCU.						
Asesiad / Assessment & Analysis						
Strategy Implications N/A						
Options considered N/A						
Financial Implications N/A						
Risk Analysis N/A						
Legal and Compliance						

N/A

Impact Assessment

N/A

Project	Update
Establishment of Special Health Authority, Digital Health and Care Wales (DHCW)	<ol style="list-style-type: none"> 1. Legislation has passed through the Senedd to establish the SHA from 1st April 2021. 2. The interim Chair of DHCW, Bob Hudson, was appointed in November for a 12 month period. 3. Appointments have been made for Independent Members, who will be in place by 1st April. 4. The Executive posts of Interim Chief Executive, Director of Finance and Clinical Director have been appointed. 5. The post of Board Secretary has also been appointed. 6. NWIS staff will be TUPE'd to DHCW from Velindre NHS Trust (current hosting organisation for NWIS).
Welsh Patient Administration System (WPAS)	<ol style="list-style-type: none"> 1. The joint planning assumption is to implement BCU West in May 2022 by adding to the existing BCU Central WPAS implementation. 2. WPAS Technical Oversight Group established to help coordinate planning of WPAS implementations across NHS Wales, as these implementations are mutually dependent on the same technical resources. 3. Working with WG to strengthen the core capacity of WPAS data migration & integration.
Welsh Community Care Information System (WCCIS)	<ol style="list-style-type: none"> 1. Regional planning continues for a prototype for a Community Resource Team (CRT). Discussions are underway with the BCU SRO (Bethan Jones) and Supplier to progress the commercial arrangements and the HB is preparing the business case for approval. 2. Currently, 4 of BCU's local authority partners are live with WCCIS.
Data Centre Transition project	<ol style="list-style-type: none"> 1. All NHS Wales services are scheduled to be vacated from the Blaenavon Data Centre by 31st July 2021. 2. Services are being physically and logically migrated to a replacement Data Centre through June and July 2021. NWIS are working with the Data Centre providers, NHS Wales system suppliers, Cloud providers and Infrastructure suppliers, to enact the migration activity.
WCP & WCP Mobile	<ol style="list-style-type: none"> 1. Results Management project: WCP 3.11.3 includes functionality improvements specifically requested by BCU to enable the sign off of results and the recording of action(s). This will be implemented in secondary care in the first half of next year which will mean that Pathology results will no longer be printed, target date September 2021. 2. A roll out of WCP Mobile application is likely to be planned once WCP 3.11.3 is rolled out.

Welsh Patient Referral System (WPRS)	<ol style="list-style-type: none"> 1. NWIS have appointed a Project Support Manager who will work with BCU to develop a plan to implement WPRS. 2. Initial meeting set for April 2021. 3. The implementation plan for WPRS will have technical and resource inter dependencies on the BCU WPAS implementations.
Digitisation of Welsh Nursing Care Record	<ol style="list-style-type: none"> 1. Taking project through BCU's local business change process
Welsh ED system (WEDS)	<ol style="list-style-type: none"> 1. BCU are currently implementing standalone Symphony across the health board. 2. BCU expected to re-join the national WEDS implementation with associated integration, once WPAS single instance complete. 3. Wider WEDS roll out across Wales being accelerated by WG.
Hospital Pharmacy	<ol style="list-style-type: none"> 1. The roll out of the new Hospital Pharmacy system across NHS Wales has completed to plan in both Aneurin Bevan and Cwm Taf Morgannwg. 2. BCU will be the third health board to go live in Q1 2021.
National Data Resource (NDR)	<ol style="list-style-type: none"> 1. NDR Environment created. Initial focus areas: <ul style="list-style-type: none"> • Security Model • Big Data • Social Care • WAST • Reference Dataset • Datix

Strategic engagement

The NWIS senior leadership team and Informatics colleagues from BCU met in January in the first round of strategic engagement discussions to ensure plans and priorities are shared and aligned. It is planned that the next meeting will include members of the BCU Executive Team, and will enable the two organisations to agree a joint plan for 2021/22.

Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 26/03/2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Digital Communities (Community Services Transformation workstream): Update Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport, Executive Director Primary & Community Care						
Awdur yr Adroddiad Report Author:	Jo Flannery, Regional Programme Manager – Community Services Transformation – North Wales Social Care and Well-being Services Improvement Collaborative & Brian Laing, BCUHB Project Manager – Informatics						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	Appendix 1: Logic Model & Value Generation Hypothesis Tree Appendix 2: Phase 1 iPad Distribution Appendix 3: Digital Communities Feedback Appendix 4: Digital Companions CRT Publicity Appendix 5: Digital Heroes Publicity Appendix 6: Digital Communities Project Plan						
Argymhelliad / Recommendation:							
The Digital and Information Governance Committee is asked to note the information contained within the report by way of progress with the Community Services Transformation Fund, and plans for its recovery.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*		Er gwybodaeth For Information*	X
Sefyllfa / Situation:							
The purpose of this report is to provide Board members with a progress update on the Digital Communities initiative; a regional workstream of the Community Services Transformation programme. The Digital Communities initiative encompasses the following: <ul style="list-style-type: none">▪ Virtual visiting project, which has supplied patient-use iPads for use across acute and community hospitals during the Covid pandemic, and beyond, in order to support virtual visiting and enhanced patient experience.▪ Digital Communities, which supplies iPads and other digital technology to care homes and individuals living in the community, in order to support virtual visiting; engagement with health and social care consultations; independent living; positive health, well-being and emotional resilience; and self-care. The report outlines the work that has taken place in order to progress to 'Phase 2' of the initiative, whereby the use of digital technology within the community is being expanded beyond the scope of Covid-19. The report also outlines the work that is being done to compliment the ' Attend Anywhere ' role out, by providing iPads to those digitally excluded citizens, who may benefit from participating in online health and social care consultations/ assessments.							

Cefndir / Background:

Why Digital?

With many services, including health and social care, increasingly moving online, it has never been more crucial for people to have the opportunity to access digital technology to help them manage their health, housing, leisure and mental well-being. However, according to the National Survey for Wales, whilst 85% of adults in Wales use the internet, 15% do not – with older and disabled people, those with limited qualifications and those on lower incomes still the least likely to use digital technologies. Moreover:

- **74%** of people in Wales with a **limiting long-standing illness, disability or infirmity** use the internet, compared with 90% of those without such a condition
- **75%** of men and 68% of women **aged 65 to 74** use the internet, compared with 97% of 16 to 49-year olds

There is a real danger, therefore, that people who most need health and care services are exactly those who are least able to access them digitally. Without actions to tackle digital exclusion, we risk digital transformation widening inequalities rather than narrowing them.

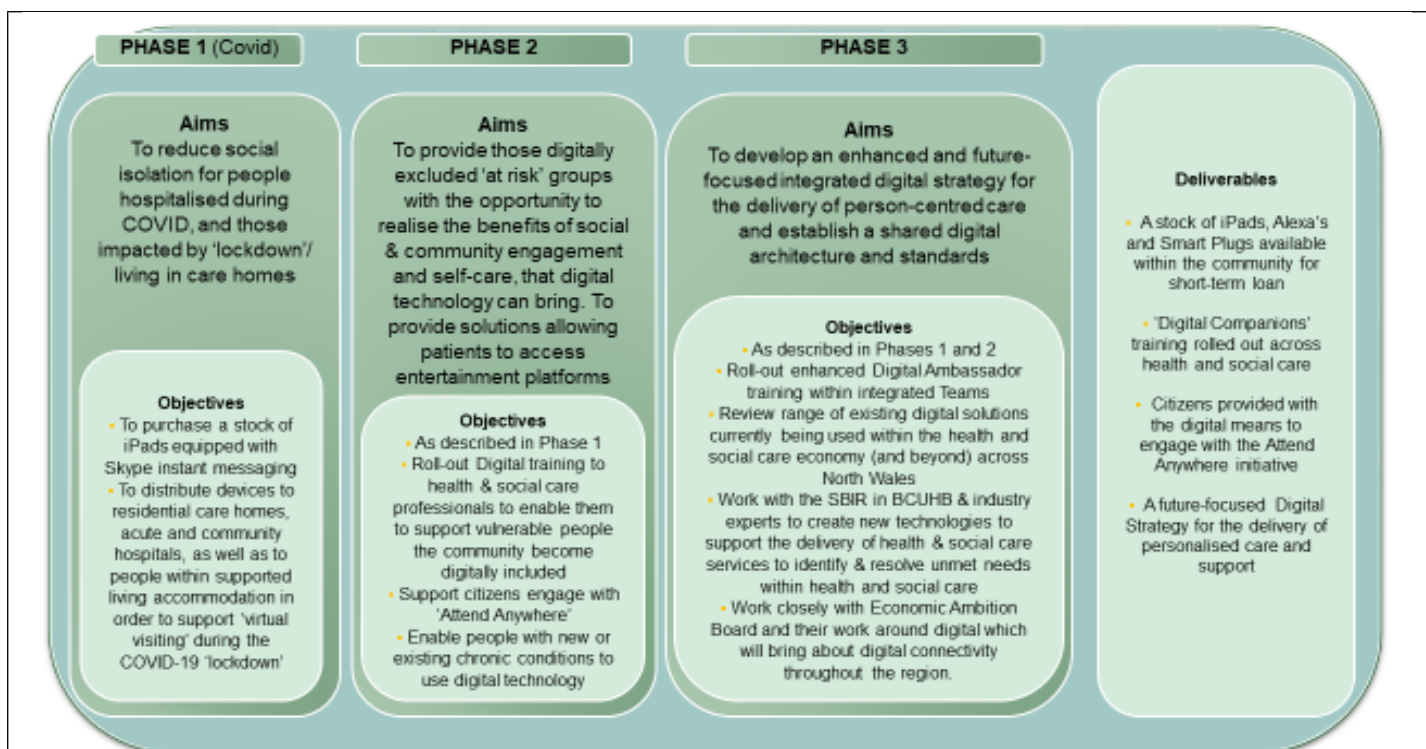
Evidence from similar initiatives across the UK, such as the 100% Digital Leeds initiative being taken forward by Leeds City Council and Leeds NHS Trust, suggests that work to increase digital inclusion can be extremely beneficial in supporting participation in the health and social care digital transformation agenda. Significantly too, evaluation of Phase 1 of the NHS Widening Digital Participation programme provides a detailed analysis of the impact of increasing digital inclusion on health. Of those who were supported by the programme:

- **59%** felt more confident in using online health information
- **52%** feel less lonely or isolated
- **21%** have had less visits to their GP for minor ailments; **22%** have progressed to booking GP appointments online and **20%** to ordering prescriptions online
- **39%** have saved time through carrying out health transactions online

Crucially, the evaluation estimated a **return on investment of £6.40 for every £1.00 spent by the NHS** on digital inclusion support. Increasing digital inclusion has benefits for society as a whole as well as for the NHS and Social Care. It is important to take these benefits into consideration when considering the impacts for public health. A 2014 report from BT on [valuing digital inclusion](#) calculated the social return on investment (SROI) of digital inclusion for individuals and for workers. For individuals, getting online is worth £1,064 a year due to increased confidence, less social isolation, financial savings and opportunities in employment and leisure. For workers, getting online is worth £3,568 a year due to opportunities for remote working and increased earnings opportunities. A 2016 analysis of Scottish data carried out by Ipsos MORI for Carnegie UK Trust illustrates [how the wider societal benefits of internet use is associated with better health and wellbeing](#). Those who use the internet are more likely to have been to a cultural event, visited the outdoors for recreation, taken part in sport or volunteered. Conversely those who are not online are more likely to have visited their doctor once a month or more.

Aims & Objectives

The overall purpose of this project is to develop a digital approach to personalized care, by improving rates of digital inclusion across the region, and enabling citizens to engage with health and social care on an increasingly digital basis (see below):



PHASE 1: Covid Response

Utilizing funding secured from a number of sources (see Assessment section below) 356 iPads were purchased via BCUHB's ICT department. In addition, 100 mobile data sims were gifted by Vodafone for a period of 5 months. Additional mobile data sims have been purchased up until March 2021, to enable users to access the internet without the need for a pre-existing broadband connection. Apple iPads were recommended by BCUHB IT as the preferred tablet device to meet the stated business requirements, as they can be managed easily through the existing Mobile Device Management (MDM) solution and there is already sufficient IT skills and resources in place to support these known solutions. Additional MDM capacity for those iPads deployed to individuals in the community, was secured via contract with the Wales Co-operative Centre.

iPads were primarily distributed to acute and community hospitals, care homes and supported living accommodation to assist with virtual visiting during the pandemic (see **Appendix 2**). A small number of iPads were provided to people living in the community. These numbers are in addition to the mobile devices provided to care homes as part of Welsh Government's 'Attend Anywhere' initiative.



work.

PHASE 2: Expansion into the Community

As Covid restrictions started to ease it became possible to move forward with Phase 2 of the initiative. Those care homes also provided with a digital device as part of the Welsh Government's 'Attend Anywhere' initiative were contacted, and where appropriate, surplus devices are beginning to be re-allocated to people in the community. By working closely with the WG Digital Inclusion Unit (DIU) we have been able to ensure that the majority of care homes across the region continue have access to an iPads/ mobile device, meaning that the positive benefits of Phase 1 were not lost.

The use of iPads within hospital settings is also being expanded to provide solutions allowing patients to access various identified healthcare applications and entertainment platforms, providing a source of stimulation and supporting patient's health and well-being whilst receiving in-patient care. In order to minimize impact on staff, a library model is being rolled out across acute sites, with secure locations being identified within Wrexham Maelor, Glan Clwyd and Ysbyty Gwynedd. The project team are working collaboratively with the Health Board's Patient Experience Team, with volunteer Digital Companions being recruited from within the PALS Teams.

In addition to those iPads being reallocated from care homes, Community Services Transformation funding is being used to purchase a further 216 iPads (including mobile data) for use across the region.

To receive an iPad in Phase 2, an individual will have been identified by a health or social care professional, including those working within integrated teams/ CRTs; Community Agents/ Navigators/ Connectors, Social Prescribers, and third Sector Professionals as being either:

- At risk of social isolation due to poor mobility and/ or inability to leave their home, or living apart from family members/ friends
- In need of opportunities to enable on-line shopping etc. (i.e., shielding)
- Able to benefit/ required to engage with GP virtual consultations or clinic appointments
- Able to benefit from support to promote positive well-being and emotional resilience
- At risk of reduced independence and/ or poor cognition
- At risk of an exacerbation of a new or pre-existing chronic condition

One of the strengths of Phase 2 of the Digital Communities initiative is that it adds value to the Welsh Government's '*Attend Anywhere*' programme, by providing digitally excluded citizens with the means to engage in health and social care consultations. In order to take elements of this workstream forward, contacts are being made with '*Attend Anywhere*' leads across Primary and Secondary Care. The project is also hoping to work with Registered Social Landlord (RSL), Cartrefi Conwy to trial the use of digital Primary Care consultations amongst its tenants. Once evaluated, the intention will be to roll-out across other RSLs.

Funding is also being used to purchase 76 x Amazon Echo's; Amazon Echo Show's and Smart Plugs, and MiFi Units. As with the iPads these devices will be loaned to people living within the community, following the completion of a 'What Matters' conversation. These digital devices will be provided to people in the community who are identified as 'being at risk' within their homes, due to limited mobility; risk of falls etc. As such, the devices will provide health and social care professionals with the tools to safely manage risk within the community, in order to help reduce ED and acute admissions, as well as to help facilitate timely discharges from hospital.

It is proposed that funding is also used to purchase a number of '*Push to Talk*' devices. '*Push to Talk*' is a way of giving informal carers access to a telephone based peer-support network. When a carer pushes the button they are connected to another carer on the system, and their phone will ring for them to have a conversation. Given the increased pressures faced by the informal carer network as a result of Covid-19, this technology is intended to support them to continue in their caring role.

As outlined above, the project recognizes that there is a real danger that the people who most need health and care services are exactly those who are least likely to be able to access them digitally. To help mitigate against this risk, the project is working collaboratively with the Wales Co-operative Centre to roll out a number of important supporting initiatives:

- Online '**Digital Companions' training** is being made available to all health and social care staff, as well as staff working for independent, third and community sector partners. The aim of this training is to enable people to feel confident in talking to and educating people about the benefits of digital technology, and enable them to comfortably teach people the basics about how to use an iPad. Once trained, Digital Companions are linked to people within their area who have received an iPad. The Digital Companion will arrange to meet with the individual shortly after

they receive the iPad to get them started. They also check up with the person at a later date to see how they are doing, and talk more about the benefits of using the iPad and digital technology more broadly. Digital Companions are also available (within working hours) for the individual to contact should they need any help and support (see **Appendix 4**).

- The project team are also working with the Wales Co-operative Centre to build on their **Digital Hero's** project, and work with children and schools to encourage tech-savvy children to spend time with their grandparents getting them used to using technology such as iPads. We hope that this will increase the numbers of older people with a basic knowledge of how to use an iPad, so that they are better prepared in the event that they are offered one on a loan-basis (see **Appendix 5**)

PHASE 3: Promoting Self-care

A key longer-term aspiration of the Digital Communities initiative is to develop mechanisms by which digital technology can be used to support people, including those living with chronic/ life-long conditions, to better manage their health. As and when the initiative moves into Phase 3, work will be undertaken to develop collaborative relationships with the Small Business Research Initiative (SBRI) hosted within BCUHB's Informatics Department, which seeks to find new and innovative solutions to address unmet needs within healthcare. It is hoped that this collaboration will support the enhanced use of telehealth / future focused-digital technology as a way of enabling citizens to safely and effectively manage their long-term condition; thereby reducing demand across Primary and Secondary care. In starting to move this work forward, preliminary conversations are being had with the developers of the '*My Diabetes My Way*' digital platform, which is now the single platform for the self-management of diabetes within Scotland, which includes capability to integrate a number of clinical features within it.

A full project plan for the initiative is attached at **Appendix 6**.

Asesiad / Assessment

Strategy Implications

The Digital Communities initiative is a regional workstream within the Community Services Transformation programme. Operationally, it reports into the North Wales Integrated Services Digital Transformation Board.

Strategically, the programme is aligned to the BCUHB 'Care Closer to Home' workstream, and provides a mechanism for health and social care professionals to safely manage risk within the community, as well as for individuals to better and more safely self-manage their health and well-being. The initiative also aligns well to the Unscheduled Care agenda, with an anticipated outcome of the project being a reduction in demand for acute services.

The programme delivers on the **Well-being and Future Generations Act** sustainable development principles in the following ways:

- **Involvement:** Co-production with professionals, stakeholders and citizens will ensure that services developed meet the needs of citizens and populations. This will ensure the sustainability of care and support in the long-term
- **Collaboration:** Collaborative working is achieved between acute, community health and social care, and primary care, as well as between statutory partners and industry leads in order to develop a future-focused digital strategy and approach
- **Integration:** The initiative supports the digital integration of health and social care
- **Prevention:** The initiative is predicated on clear evidence that the greater use of digital technology within health and social care, can have a significant impact on not only improving the health and well-being of the population, but that it can be used as a preventative tool in helping to drive down demand and manage risk within statutory services.

Options Considered

N/A

Financial Implications

A number funding streams have been accessed in order to support the delivery of 'Digital Communities, North Wales':

PHASE 1	Funding Source	£
	Community Transformation	£70,682
	BCUHB / MacMillan	£50,000
	Conwy Council - ICF	£40,000
	Denbighshire - ICF	£40,000
TOTAL		£200,682

PHASE 2	Community Transformation	£132,130
---------	--------------------------	----------

TOTAL	£332,812
-------	----------

Given the short-term nature of the grant funding to support this initiative, work will need to be undertaken in order to ensure ongoing revenue funding is available to support (a) the costs of providing mobile data to the iPads; (b) the cost of replacing any broken/ damaged devices. A Business Case for ongoing investment is to be submitted to The Programme Board, and Area Integrated Service Boards in December. Moreover, it is important that the project becomes embedded within mainstream service provision. In order to facilitate this, discussions will be had with Telecare leads within each Local Authority in order to build these new digital technologies within their service offer.

Risk Analysis

Risk Description	Consequences	Initial Risk Score	Control Action	Residual Risk Score
Funding is only available in the short-term. There is a risk that funding will not be available in the longer-term	Without ongoing funding to cover mobile data/ replace damaged devices the initiative is likely to cease once Transformation funding ends		Business Case presented to Area Integrated Service Boards, to request ongoing revenue funding, before the end of this financial year	
That digital technology will not be embedded within core services	Without being embedded in core service provision, the project will operate in isolation		Timely conversations will be had with Telecare leads within each Local Authority	
That few people will elect to become digital companions	Without volunteers to support people to use the devices, uptake and use will be minimal		A strong marketing campaign, coupled with a number of options for recruiting volunteers	
There is a risk of potential loss or theft of devices	This would increase costs to partners,		Public donations of old or surplus Apple iPad chargers to be considered	

Legal and Compliance

Following conversations with both BCUHB and Denbighshire's Legal services teams, it has been confirmed that a Privacy Impact Assessment is not required for this programme. Neither is a Cyber Security Assessment, as whilst Alexa technology is cloud-based, no personal information will be shared. Underpinning the greater use of digital technology to support citizens to engage with health and social care professionals, is a clear need to ensure robust information governance is in place. A linked workstream within the North Wales Integrated Services Digital Transformation programme is the development of a Best Practice Guidance document to support health and social care professionals in ensuring that the privacy and best interests of the citizen are safeguarded. With regards KPIs – an initial logic model has been developed (**Appendix 1**), which outlines the performance measures that will be used to report back to the Board over the life of the project.

Impact Assessment

A full Equalities Impact Assessment has been completed and presented to EQIA Scrutiny Group 21/10/20 providing assurance that both the programme, and individual change projects are mindful of, and address any equality, Welsh language, GDPR and other policy issues.

APPENDIX 1: DIGITAL COMMUNITIES: Logic Model & Value Generation Hypothesis Tree

RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
In order to accomplish our set of activities we will need the following:	In order to address our problem, we will accomplish the following activities	We expect that once we have accomplished these activities they will produce the following outputs	We expect that if accomplished these activities will lead to the following outcomes	We expect that if achieved the following changes will occur
<ul style="list-style-type: none"> Ability to facilitate access to internet-enabled devices that meet the needs of the user Device management support Digital literacy training materials Ability to facilitate or provide access to quality technical support Ability to facilitate or provide access to community-based support Support from and collaboration with local government and/or community partners Clinical buy-in across primary, community health and social care, and secondary care LA & BCUHB support to lead initiative in each area An engaged and enthusiastic workforce 	PHASE 1: VIRTUAL VISITING <ul style="list-style-type: none"> Purchase Wi-Fi & 4G enabled iPads (incl. mobile data) and distribute across acute and community hospitals, residential care homes some supported living accommodation 	<ul style="list-style-type: none"> iPads procured and distributed across agreed sites Contract for device 'MDM' management secured Collaborative relationship developed with Wales Cooperative/ Digital Communities Wales Online 'Digital Companions' training developed and shared Additional iPads distributed amongst people in their own homes Digital Companions network grown across community health & social care teams Specialist Digital Champions training (UNITE) rolled-out to provide in-depth training across health & social care Clear pathways and referral channels developed across Attend Anywhere within Primary and Secondary Care Best practice guidance developed to support use of digital technology in health and social care Digital heroes recruited from schools across North Wales Work with RSL to pilot use of digital GP consultations with tenants Additional digital technology (e.g., echo-dot/ echo-show, push to talk, and smart plugs) purchased to support independent living and positive risk management Opportunities to access 'My Diabetes My Way' digital self-management platform explored and understood Prototype digital solutions for health and care Digital communities and associated technology mainstreamed within core telecare and telehealth budgets Integrated 2-3-year digital strategy for personalised care and support 	SHORT-TERM <ul style="list-style-type: none"> Improved digital literacy capacity to become confident, safe and secure, and self-directed learners Increased access and use of applications and online content designed to enable positive health and well-being, and the ability to self-manage care Expanded digital capabilities within care homes Reduced rates of social isolation Increased uptake of digital consultations across primary, secondary, community and social 	<div>Improved 'Clinical' Outcomes</div> <div>Improved experience of people who use digital technology</div> <div>Improved safety and quality</div> <div>New Care Model</div>
	PHASE 2: DIGITAL INCLUSION FOR PERSON-CENTRED CARE & SUPPORT <ul style="list-style-type: none"> Extend distribution of devices to include people at home Roll-out digital literacy training to health and social care staff Engage schools/ children in digital literacy support Link with 'Attend Anywhere' to enable digitally excluded citizens to engage 		MID- TO LONG-TERM <ul style="list-style-type: none"> Increased levels of social connections, social capital and collaboration Increased access to healthcare and wellness More inclusive for older people and people with disabilities More robust civic engagement Reduction in health inequalities Reduced GP and ED attendances Improved population health and well-being 	
	PHASE 3: A DIGITAL FUTURE <ul style="list-style-type: none"> Prototype new technologies in partnership with industry Enable use of digital technology for people with new/ existing chronic condition(s) Mainstream within core budgets 			

APPENDIX 1: DIGITAL COMMUNITIES: Logic Model & Value Generation Hypothesis Tree

VALUE GENERATION HYPOTHESIS TREE

The North Wales 'Digital Communities' initiative will enable community and digital transformation by proactively providing citizens with the skill and the means to engage with health and social care, digitally. It will add to the tools available to practitioners to engage and communicate with individuals. By facilitating greater **self-care and management** of health and well-being, the programme will enhance **preventative** care, enabling people to proactively self-manage long-term conditions. This increased self-management will serve to increase citizen autonomy and control over their health and social care journey, and will improve experiences of services. Digital technology will be used by health and social care professionals in order to **manage risk** within the community, which will help **reduce hospital admissions**, facilitate **timely discharges**, and **manage demand on social care services**.

A: 'Clinical' outcomes Measured by quality of life, GP attendances; self-management/ care will be improved by increased digital literacy and inclusion	B: Experience of people who use digital technology Will be improved through increased ownership and control	C: Improved safety & quality Will be ensured through robust information governance, and positive risk management strategies	D: An expanded digital model for health and social care delivery Will be person-centred and offer the citizen and the professional choice and flexibility
<p>A focus on the benefits of using digital technology to enable people to maintain contact with family and friends, as well as continue to participate in social networks and activities, as well as access the myriad of well-being apps and information sources will:</p> <ul style="list-style-type: none"> ▪ Reduce rates of social isolation ▪ Support mental health, well-being, & emotional resilience ▪ Improve quality of life <p>The development and utilisation of digital technology to support better and improved rates of self-care for people living with one or more chronic conditions will deliver reductions in:</p> <ul style="list-style-type: none"> ▪ GP & ED attendances ▪ Emergency admissions ▪ Escalation in care 	<p>A focus on the benefits of digital technology for positive health and well-being, as well as for self-management, will:</p> <ul style="list-style-type: none"> ▪ Improve individual reported outcomes on social contact; knowledge of their own health; how in control they feel ▪ Reduce the need for professional health and/ or social care intervention <p>By improving digital literacy amongst citizens and professionals, the programme will support greater confidence in the ability to deliver services through digital technology. For citizens, the impact and learning will extend beyond health and social care interactions, and will enable people to feel more confident in accessing a</p>	<p>The greater provision of digital health and social care delivery, including consultations, clinic appointments, reviews and MDT meetings, will be underpinned by sound Information Governance, including Best Practice Guidance policy and procedure to support safe working practices, and ensure that citizens are safeguarded throughout.</p> <p>A focus on the use of digital technology to support independent living, will enable practitioners of develop positive risk management strategies, that are person-centred, and outcomes focused. A more positive approach to risk will deliver reductions in:</p> <ul style="list-style-type: none"> ▪ GP & ED attendances ▪ WAST call-outs ▪ Average hospital LoS 	<p>By improving digital inclusion and literacy amongst health and social care professionals and citizens:</p> <ul style="list-style-type: none"> ▪ Greater health and social care interactions will move online ▪ Citizens will be better enabled to participate in this 'digital shift' <p>As the confidence of citizen's in using digital technology to find health information online, benefits will be realised in terms of the number of people who feel confident in using digital technology to manage their health and well-being at home. This will reduce dependency on health and social care by:</p> <ul style="list-style-type: none"> ▪ Reducing high cost packages of care ▪ Reducing long-term residential placements

APPENDIX 1: DIGITAL COMMUNITIES: Logic Model & Value Generation Hypothesis Tree

And will improve health-related quality of life	variety of resources on-line (e.g., shopping)	<ul style="list-style-type: none">▪ DToC rates▪ Care home admissions	
A: Clinical Outcomes	B: User Experience	C: Safety & Quality	D: New Care Model
<p>A focus on the benefits of using digital technology to enable people to maintain contact with family and friends, as well as continue to participate in social networks and activities, as well as access the myriad of well-being apps and information sources will:</p> <ul style="list-style-type: none">▪ Reduce rates of social isolation▪ Support mental health, well-being, & emotional resilience▪ Improve quality of life <p>The development and utilisation of digital technology to support better and improved rates of self-care for people living with one or more chronic conditions will deliver reductions in:</p> <ul style="list-style-type: none">▪ GP & ED attendances▪ Emergency admissions▪ Escalation in care <p>And will improve health-related quality of life</p>			

APPENDIX 1: DIGITAL COMMUNITIES: Logic Model & Value Generation Hypothesis Tree

A: Clinical Outcomes

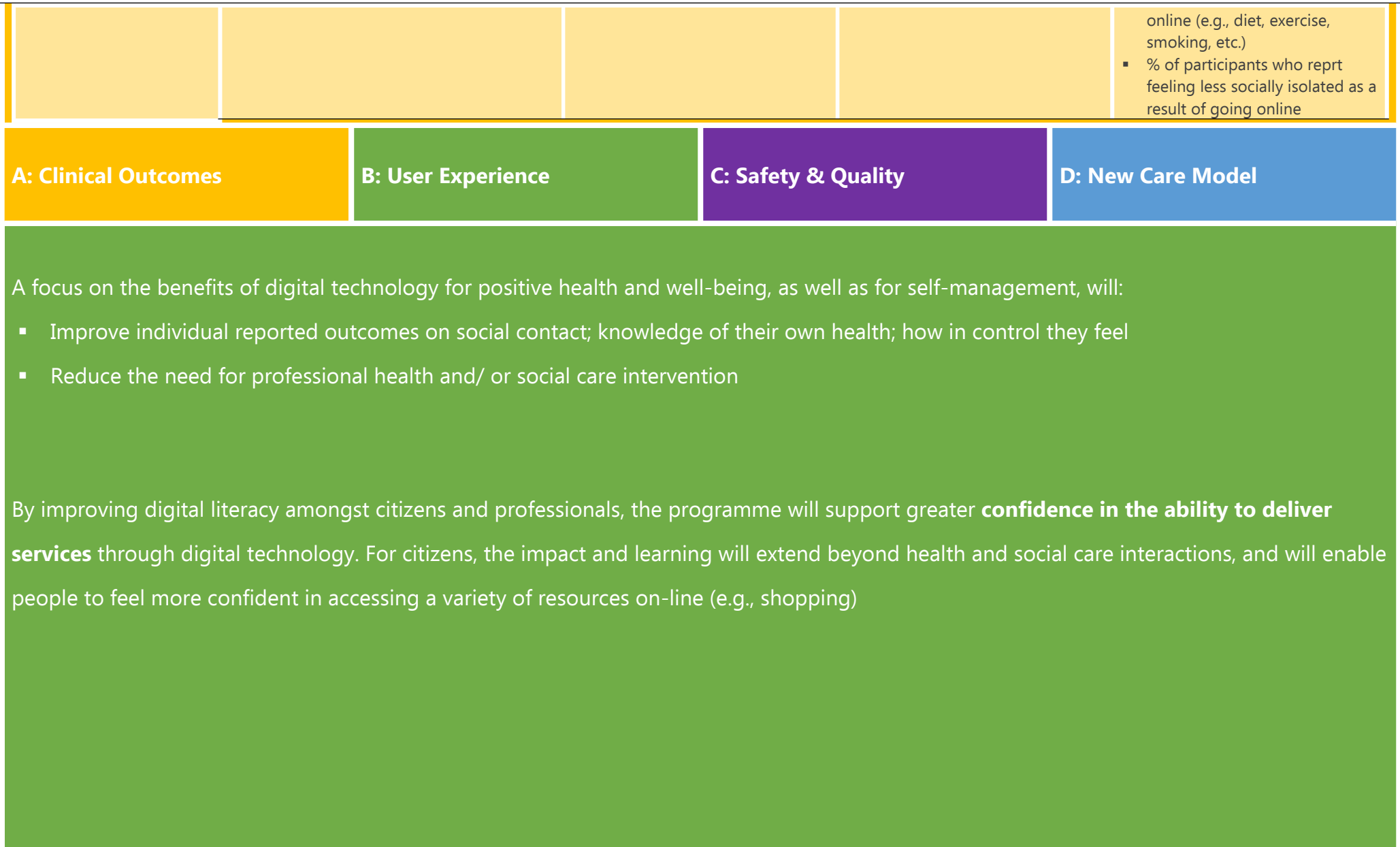
B: User Experience

C: Safety & Quality

D: New Care Model

Primary assertion	Sub-assertion	Evidence Available	Further evidence to be gathered	Metrics
Clinical' outcomes as Measured by quality of life, GP attendances; self-management/ care will be improved by increased digital literacy and inclusion	<p>1) A focus on the benefits of using digital technology to enable people to maintain contact with family and friends, as well as continue to participate in social networks and activities, as well as access the myriad of well-being apps and information sources will:</p> <ul style="list-style-type: none"> Reduce rates of social isolation Support mental health, well-being, & emotional resilience Improve quality of life <p>2) The development and utilisation of digital technology to support better and improved rates of self-care for people living with one or more chronic conditions will deliver reductions in:</p> <ul style="list-style-type: none"> GP & ED attendances Emergency admissions Escalation in care <p>And will improve health-related quality of life</p>	<p>Phase 1 of the NHS Widening Digital Participation programme. Of those supported by the programme:</p> <ul style="list-style-type: none"> 59% felt more confident in using online health information 52% feel less lonely or isolated 21% have had less visits to their GP for minor ailments; 22% have progressed to booking GP appointments online and 20% to ordering prescriptions online <p>Ipsos MORI (2016) Those who are not online are more likely to have visited their doctor once a month or more</p>		<ul style="list-style-type: none"> Number of iPads distributed by: <ul style="list-style-type: none"> Care home Hospital Supported living Own home % of iPads in use Frequency of use within hospital settings % of hospital staff who felt virtual visiting iPads had a positive impact on staff time % of staff reporting that patient feedback has been positive % of staff who felt they'd been given sufficient training to support patients to use iPads % of participants who report that 'life is better' as a result of being able to access the internet % of participants seeking health information on line % of participants who believe their health or health behaviour has improved due to going

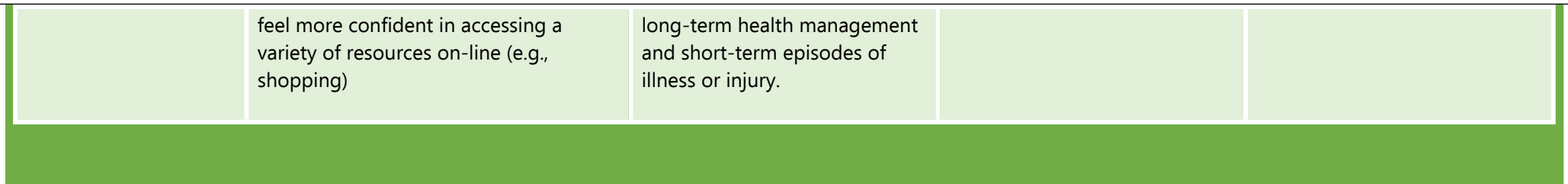
APPENDIX 1: DIGITAL COMMUNITIES: Logic Model & Value Generation Hypothesis Tree



APPENDIX 1: DIGITAL COMMUNITIES: Logic Model & Value Generation Hypothesis Tree

A: Clinical Outcomes		B: User Experience	C: Safety & Quality	D: New Care Model
Primary assertion	Sub-assertion	Evidence Available	Further evidence to be gathered	Metrics
The experience of people who use digital technology will be improved through increased ownership and control	<p>1) A focus on the benefits of digital technology for positive health and well-being, as well as for self-management, will:</p> <ul style="list-style-type: none"> Improve individual reported outcomes on social contact; knowledge of their own health; how in control they feel Reduce the need for professional health and/ or social care intervention <p>2) By improving digital literacy amongst citizens and professionals, the programme will support greater confidence in the ability to deliver services through digital technology. For citizens, the impact and learning will extend beyond health and social care interactions, and will enable people to</p>	<p>Ipsos MORI (2016) illustrated how the wider social benefits of internet use is associated with better health and well-being. Those who use the internet are more likely to have been to a cultural event, visited outdoors for recreation, taken part in sport or volunteered. Conversely, those who are not online are more likely to have visited their doctor once a month or more</p> <p>Nuffield Trust (2016)</p> <ul style="list-style-type: none"> • Patient outcomes will be improved because technology intelligently supports 		

APPENDIX 1: DIGITAL COMMUNITIES: Logic Model & Value Generation Hypothesis Tree



A: Clinical Outcomes

B: User Experience

C: Safety & Quality

D: New Care Model

The greater provision of digital health and social care delivery, including consultations, clinic appointments, reviews and MDT meetings, will be underpinned by sound **Information Governance**, including Best Practice Guidance policy and procedure to support safe working practices, and ensure that citizens are **safeguarded** throughout.

A focus on the use of digital technology to support independent living, will enable practitioners of develop positive **risk management** strategies, that are person-centred, and outcomes focused. A more positive approach to risk will deliver reductions in:

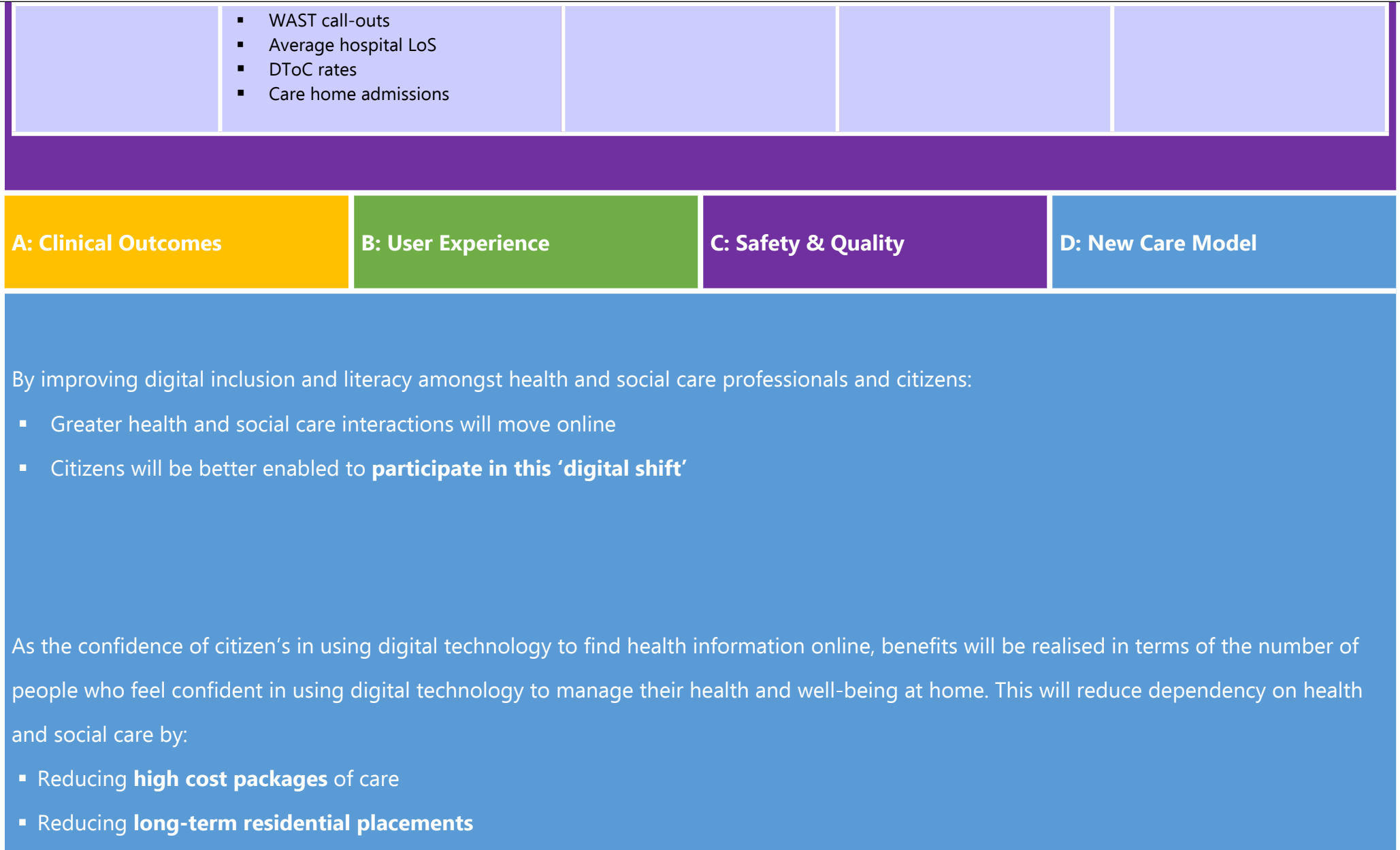
- GP & ED attendances
- WAST call-outs
- Average hospital LoS
- DToC rates

APPENDIX 1: DIGITAL COMMUNITIES: Logic Model & Value Generation Hypothesis Tree

- Care home admissions

A: Clinical Outcomes		B: User Experience		C: Safety & Quality		D: New Care Model			
Primary assertion		Sub-assertion		Evidence Available		Further evidence to be gathered		Metrics	
Improved safety & quality Will be ensured through robust information governance, and positive risk management strategies		<p>1) The greater provision of digital health and social care delivery, including consultations, clinic appointments, reviews and MDT meetings, will be underpinned by sound Information Governance, including Best Practice Guidance policy and procedure to support safe working practices, and ensure that citizens are safeguarded throughout.</p> <p>2) A focus on the use of digital technology to support independent living, will enable practitioners of develop positive risk management strategies, that are person-centred, and outcomes focused. A more positive approach to risk will deliver reductions in:</p> <ul style="list-style-type: none">▪ GP & ED attendances							

APPENDIX 1: DIGITAL COMMUNITIES: Logic Model & Value Generation Hypothesis Tree



APPENDIX 1: DIGITAL COMMUNITIES: Logic Model & Value Generation Hypothesis Tree

A: Clinical Outcomes		B: User Experience	C: Safety & Quality	D: New Care Model
Primary assertion	Sub-assertion	Evidence Available	Further evidence to be gathered	Metrics
An expanded digital model for health and social care delivery will be person-centred and offer the citizen and the professional choice and flexibility	<p>1) By improving digital inclusion and literacy amongst health and social care professionals and citizens:</p> <ul style="list-style-type: none"> Greater health and social care interactions will move online Citizens will be better enabled to participate in this 'digital shift' <p>2) As the confidence of citizen's in using digital technology to find health information online, benefits will be realised in terms of the number of people who feel confident in using digital technology to manage their health and well-being at home. This will reduce dependency on health and social care by:</p>	<p>Phase 1 of the NHS Widening Digital Participation programme. Of those supported by the programme:</p> <ul style="list-style-type: none"> 59% felt more confident in using online health information 39% have saved time through carrying out health transactions online <p>A return on investment of £6.40 for every £1.00 spent by the NHS on digital inclusion support. Nuffield Trust (2016)</p> <ul style="list-style-type: none"> Clinical professionals and their organisations will be spending their time on their core competency – treating patients – rather than wasting time managing processes. They will have access in real time to all the information they need. New roles and competencies will be added to the managerial cadre in healthcare – most importantly that of analytics. Professionals will develop a wider range of consulting and coaching skills, to account for the increased ways in which they can interact with and empower their patients. 		

APPENDIX 1: DIGITAL COMMUNITIES: Logic Model & Value Generation Hypothesis Tree

	<ul style="list-style-type: none">▪ Reducing high cost packages of care▪ Reducing long-term residential placements	<ul style="list-style-type: none">• Organisational and professional boundaries will be far less visible, as integrated information and communication systems dissolve many of the current divides between primary, secondary and tertiary care.		

APPENDIX 2**Phase 1 iPad Distribution**

County	Location	Number Provided
Wrexham	Care Homes	15
	Community	0
	Hospitals	28
Flintshire	Care Homes	15
	Community	0
	Hospitals	4
Denbighshire	Care Homes	50
	Community	40
	Hospitals	48
Conwy	Care Homes	91
	Community	0
	Hospitals	8
Gwynedd	Care Homes	8
	Community	7
	Hospitals	29
Ynys Mon	Care Homes	3
	Community	11
	Hospitals	9
ALL	Mental Health & Learning Disabilities (BCUHB)	31
ALL	Hospices & Ysbyty Enfys sites	21

APPENDIX 3: Project Feedback



Supported Living Feedback

"... have iPads and they are proving incredibly useful"

"All projects that have them are finding them extremely useful."

"All being used for a variety of purposes throughout the projects"

"It is being used in the supported living projects and amongst the advocacy group and has been brilliant already so thanks to whoever devised it"



Hospital Feedback



Virtual Visiting
Project Evaluation Re



Patient use iPad
evaluation report .pdf



Press Releases

[Virtual visits helping care home residents across Wrexham to keep in touch with loved ones - Wrexham.com](http://www.wrexham.com/news/staff-at-wrexham-maelor-hospital-help-patient-celebrate-100th-birthday-187831.html)

<http://www.wrexham.com/news/staff-at-wrexham-maelor-hospital-help-patient-celebrate-100th-birthday-187831.html>

<https://www.denbighshirefreepress.co.uk/news/1840115-1.350-ipads-delivered-care-homes-hospitals-across-north-wales-help-people-stay-touch-family/>

Digital Communities – Feedback

Care Home Feedback



"When I received a call to offer us an iPad to enable the residents to keep in touch with loved ones during the current lockdown, I was absolutely delighted ... Having the iPad brings so much joy to the residents. Their faces light up when they see their family members appear on video calls. Having the iPad to communicate with the outside world during such a difficult time has defiantly had an emotional benefit to our residents"

"It is important that within this changed environment we find ways of creating a new normality for our residents, which restores their feelings of safety and wellbeing. A key element of this is to ensure that contact with loved ones is maintained."

"One Resident has been to Face time both of their children, one living in [Town] and the other in [Country] at the same time and have a 3-way conversation."

"Another resident was able to FaceTime their relative in [Country] who they haven't seen for 8 years."

"The iPad had made a huge difference to the residents, as well as being able to keep in touch with their families they have also been able to download some activities on to the iPad that the residents can enjoy taking part in."

"... this has proved to be a fantastic opportunity for residents to be able to stay in contact with their relatives, one of our residents hasn't seen his brother who lives in [Country] for almost 18 years. Although they do speak monthly via phone it was the first time they had actually seen it other in this time, it was a wonderful experience for them, it was really lovely for them to be able to see each other face to face and indeed for all of our residents to have the opportunity to see their loved ones face to face, and to be able to reassure them that they are safe and well"

APPENDIX 3: Project Feedback



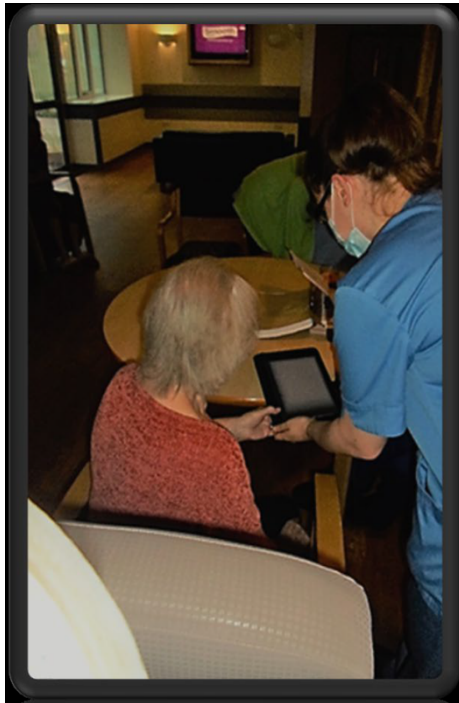
Rhaglen Trawsnewid Gwasanaethau Cymunedol Gogledd Cymru

Prosiect Cymunedau Digidol

Allech chi ddod yn Gydymaith Digidol a helpu rhywun rydych yn eu cefnogi i fynd ar-lein?

Rydym yn chwilio am unigolion neu hyd yn oed dimau cyfan, sy'n gweithio ym maes iechyd a gofal cymdeithasol i gofrestru i ddod yn 'Gydymaith Digidol' a helpu'r bobl rydych yn eu cefnogi i fynd ar-lein.

Helpwch bobl i ddefnyddio technoleg er mwyn:



Cysylltu gyda theulu a ffrindiau

Magu annibyniaeth siopa ar-lein, presgripsiwn ar-lein

Rheoli Lles – defnyddio apiau a gwybodaeth iechyd, mynychu apwyntiadau ar y we

Cymdeithasu – lleihau unigrwydd ac unigedd trwy gysylltu â grwpiau a gweithgareddau lleol

Mae'r rhaglen Trawsnewid Cymunedol wedi prynu iPads sy'n cael eu benthycu i bobl yn y gymuned, i'n helpu i 'fynd ar-lein'.

Rydym yn chwilio am:

- Staff sy'n gweithio yn y **Timau Adnoddau Cymunedol**
- **Gweithwyr Cymdeithasol**
- **Nrsgys Ardal a Chymunedol**
- staff **Arlalluogi**
- **ThG** Cymunedol, ac ati

i ymuno â ni fel Gydymaith Digidol a chael mynediad i'n cynllun benthycu iPad ar gyfer y bobl rydych yn eu cefnogi.

Beth yw Gydymaith Digidol?

Yn cael ei fedeg gan Gymunedau Digidol Cymru, mae'r cynllun yn harneisio ewylllys da a sgiliau'r bobl sy'n hapus yn defnyddio'r rhyngwrdd, ac yn eu hannog i effeilio a rhywun sydd ddim mor hyderus.

Fel Gydymaith Digidol, byddwch yn:

- **Cefnogi pobl i fynd ar-lein** gan ddefnyddio un o'r iPads a ddarperir, neu eu helpu i wneud gwell defnydd o'u dyfais eu hun, os oes ganddynt un
- **Helpu pobol i adnabod apiau** ac ati yn seiliedig ar beth sy'n bwysig iddyn nhw
- **Annog** y defnydd o dechnoleg ddigidol ac **apwyntiadau ar y we** o fewn eich tîm, lle bo'n briodol

Cliciwch [yma](#) i ddarganfod mwy ynghylch beth mae bod yn Gydymaith Digidol yn ei olygu, ac i gael mynediad i'r hyfforddiant ar-lein am ddim.



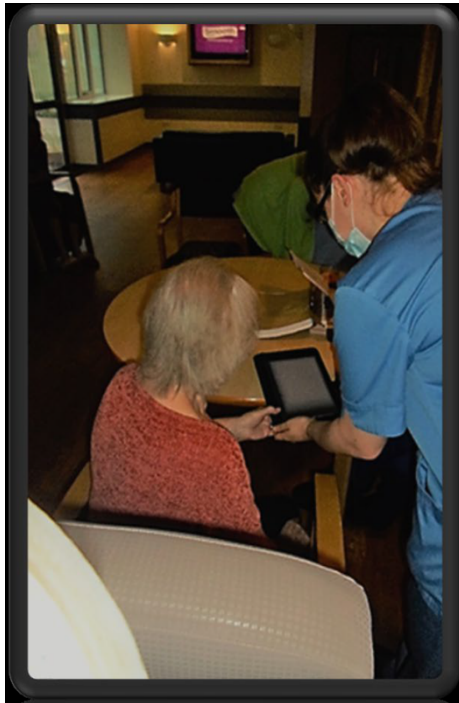
North Wales Community Services Transformation Programme

Digital Communities Project

Could you become a Digital Companion and help someone you support to get on-line?

We are looking for individuals working in health and social care, or even whole teams to sign-up to become 'Digital Companions' and help the people you support to get on-line.

Help People to use technology to:



Connect with family and friends

Gain independence – online shopping, online prescriptions

Manage Well-being – accessing health apps and information, attending virtual appointments

Socialise – reduce loneliness and isolation by linking to local groups and activities

The Community Transformation programme has purchased iPads that are being loaned to people in the community, to help them to 'get on line'.

We are looking for:

- Staff working in **Community Resource Teams**
- Social Workers**
- District & Community Nurses**
- Reablement staff**
- Community **OTs**, etc.

to join us as Digital Companions and have access to our iPad loan scheme for the people you support.

What is a Digital Companion?

Run by Digital Communities Wales, the scheme harnesses the good will and skills of people who are happy using the internet, and encourages them to buddy up with someone who isn't.

As a Digital Companion, you will:

- Support people to get on-line** using one of the iPads provided, or help them make better use of their own device, if they already have one
- Help people to identify apps** etc. based on what matters to them
- Encourage** the use of digital technology and **virtual appointments** within your team, where appropriate

Click [here](#) to find out more about what becoming a Digital Companion involves, and to access the free online training



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESANT GOGLEDD CYMRU
NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE



GIG
CYMRU
NHS
WALES
Bwrdd Iechyd Priflyso
Sêctol Cymru
University Health Board



GIG
CYMRU
NHS
WALES
Iechyd Cyhoeddus
Cymru
Public Health
Wales



CYNGOR SIR
YNNYS MON
ISLE OF ANGLESEY
COUNTY COUNCIL

CYNGOR
SIR DDINBYCH
DENBIGHSHIRE
COUNTY COUNCIL



CYNGOR
GWYNEDD
COUNTY COUNCIL



CYNGOR
SIR Y FFLINT
FLINTSHIRE
COUNTY COUNCIL



Wrexham
COUNTY BOROUGH COUNCIL
CYNGOR BOROIRYDD Y GWIR
WRECCSAM



Oes gennych chi'r gallu i fod yn **ARWR DIGIDOL?**

Oes gan Taid
ymwybyddiaeth
uchel o dechnoleg
ddigidol?

Ydi Nain
angen help
gyda mynd ar-
lein



Plant... Beth am wneud defnydd da o'ch sgiliau TG a helpu rhywun i ddefnyddio iPad neu Dabled. Dydach chi byth yn gwybod, efallai y gall achub eu bywyd nhw!

Athrawon... Beth am hyfforddi'r dosbarth cyfan i fod yn Arwyr Digidol, a defnyddio eu sgiliau TG i helpu pobl yn y gymuned?

Mae Bwrdd Partneriaeth Ranbarthol Gogledd Cymru yn gweithio mewn partneriaeth gyda Chymunedau Digidol Cymru i helpu pobl hŷn i fynd ar-lein.

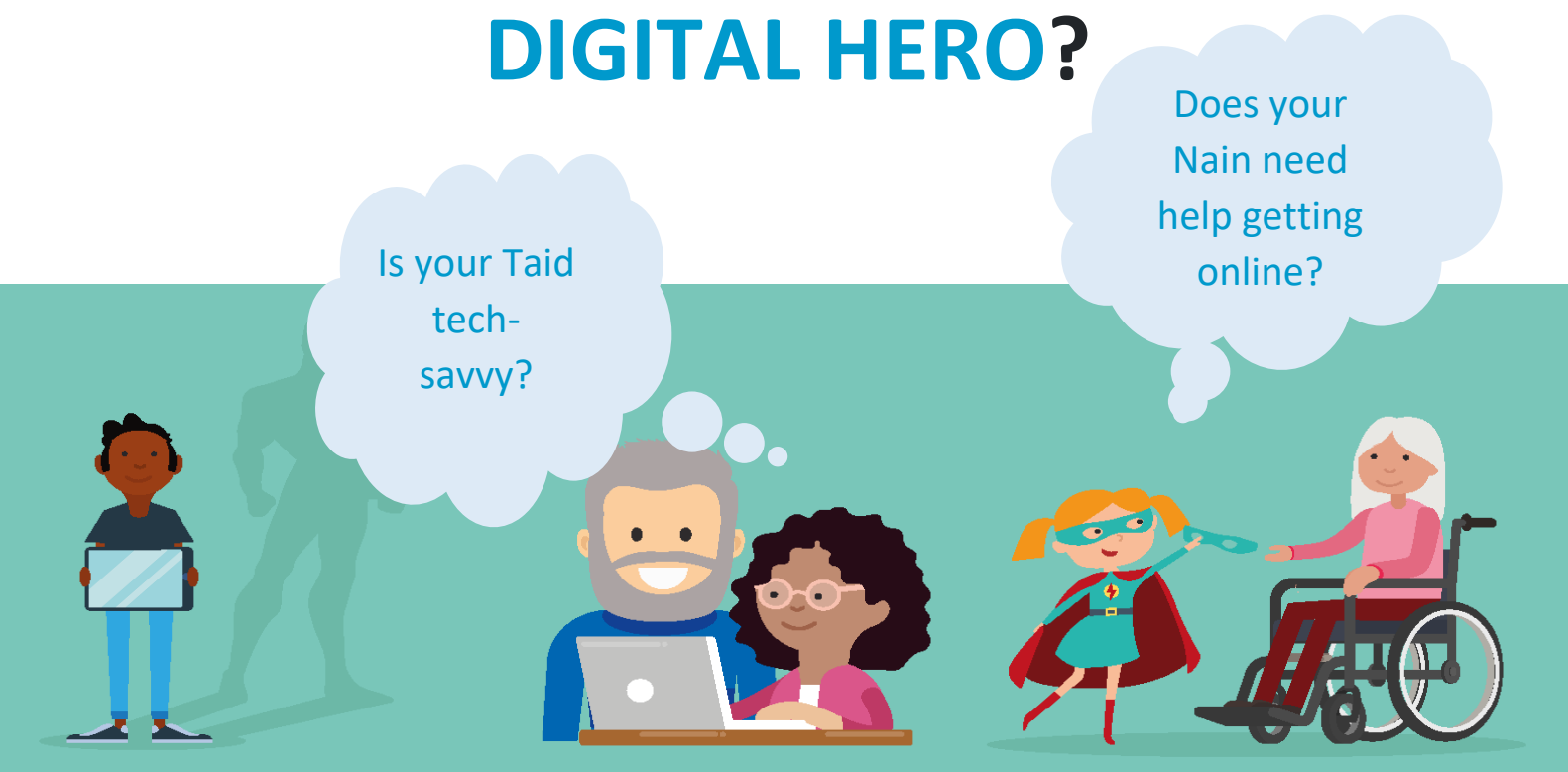
Gallwch ein helpu drwy ddod yn Arwr Digidol a helpu pobl hŷn i ddysgu sut i ddefnyddio technoleg ddigidol.

I ddarganfod mwy am fod yn Arwr Digidol ac i gofrestru am hyfforddiant am ddim ewch i:

<https://www.digitalcommunities.gov.wales/cy/arwyr-digidol/>



Do you have what it takes to be a **DIGITAL HERO?**



Kids... Put your IT skills to good use, and help someone you know to use an iPad or Tablet. You never know, it could save their life!

Teachers... Why not train up your whole class up to become Digital Heroes, and use their IT skills to help people in their community?

The North Wales Regional Partnership Board are working in partnership with Digital Communities Wales, to help older people to get online.

You can help us by becoming a Digital Hero and encouraging an older person you know to use digital technology.

To find out more about becoming a Digital Hero & sign-up for free training, visit:

<https://www.digitalcommunities.gov.wales/digital-heroes/>

Appendix 6 Project Plan

[illegible]

Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 26/3/21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Digital Strategy - Our Digital Future					
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Primary and Community Care					
Awdur yr Adroddiad Report Author:	Dylan Williams, Chief Information Officer, <i>et al.</i>					
Craffu blaenorol: Prior Scrutiny:	Phase 2 Engagement Subject to Executive Team Approval (24/3/21) Stakeholder Reference Group (22/3/21) Also going to: Strategy, Partnership and Population Health (15/4/21)					
Atodiadau Appendices:	Appendix 1 - Our Digital Future Digital Strategy Appendices: <i>Appendix 1 - Digital Strategy Engagement Summary</i> <i>Appendix 2 - Delivery Plans</i> <i>Appendix 3 - Full list of National Strategies, Plans and Programmes and other Key Links</i> <i>Appendix 4 - Where are we now – Ambitions, Enablers and Current Systems</i> <i>Appendix 5 - Overview of our IT Infrastructure</i> <i>Appendix 6 - Our Response to Covid</i> <i>Appendix 7 - Good Practice – Audiology</i> <i>Appendix 8 - Good Practice – Macmillan</i> <i>Appendix 9 - Glossary</i> Appendix 2 - Equalities Impact Assessment					
Argymhelliad / Recommendation:						
The Digital and Information Governance Committee is asked to approve the Digital Strategy.						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
The purpose of this report is to provide the Digital Information Governance Committee with an overview of the Digital Strategy.						
The Strategy has been developed through a 2 phased engagement approach. Phase 1 – 19 th October 20 – 18 th December 20 (8 weeks) <ul style="list-style-type: none"> Targeted communication campaign 						

- Linking in with existing networks
- Focus Groups
- Q&A Session
- Surveys
 - Staff Survey – 315 responses
 - Patient/General Public Survey – over 321 responses
 - Partner Survey – 14 responses

Phase 2 – 25th February 21 – 11th March 21 (2 weeks)

- Check we got it right engagement – over 40 responses

Over 4,000 comments have been received and these have been used to shape the Strategy.

Cefndir / Background:

The Digital Strategy puts patients, carers and staff at the centre of what we do through changing the way we work, with digital being the key enabler.

The Vision is:

“Transforming the patient experience, safety and outcomes through digital ways of working”

With 2 Ambitions:

Ambition 1 – Enabled Patients and Carers

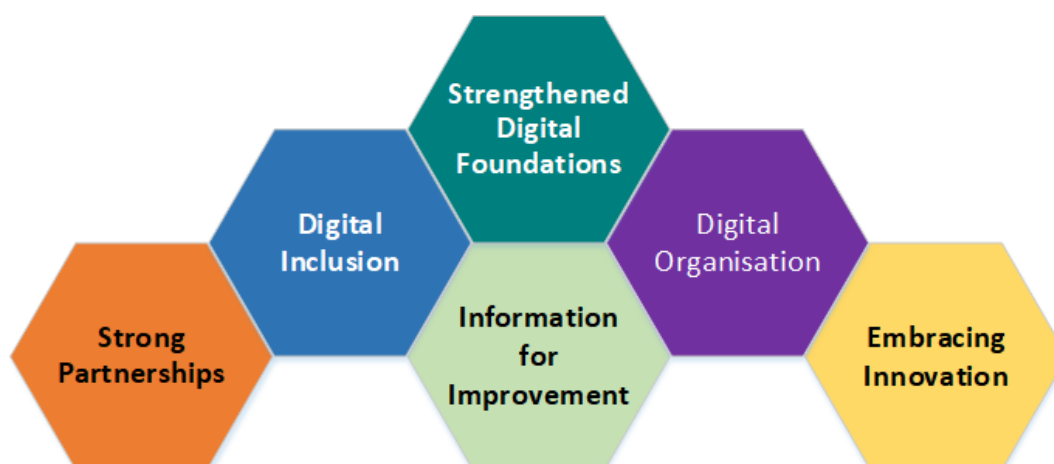
“As a Patient or Carer I can use digital technologies to actively manage my own care/care of others, to communicate and to have my say on services”

Ambition 2 – Connected Staff

“As a member of Staff I can access the right information, in the right place at the right time, with the right devices and I am supported to be confident to use technology and information to improve the services I provide”

A wide range of experiences have also been identified which we can check if we have delivered through future engagement.

There are 6 Key Enablers that underpin this Strategy, without actively improving them we will be unable to deliver the Vision, Ambitions and Experiences. The following are the 6 Key Enablers.



The 2 most significant risks that could impact on the delivery of this Strategy include sustainable investment and the reliance on national infrastructure and projects.

There are detailed delivery plans to ensure delivery.

The success of this Strategy will be measured by:

- **Improved Experiences** - patient, carer and staff experiences.
- **Improved Benefits** - The benefits that the strategy brings to the patients, carers, staff and the organisation, this will include financial and non-financial benefits and where appropriate the return on the digital investment.
- **Increased Compliance with Legislation** – Ensuring we meet the required legislation.
- **Prioritised Investment** - Prioritised sustainable investment in digital.
- **Increased Digital Maturity** – Meeting agreed maturity milestones.
- **Right Workforce to Deliver** - Having the right workforce with the right skills to deliver.
- **Time to Delivery** - Time from business case approval to implementation of the systems (Planned V Actual).

The key points from the engagement were:

- Staff felt that logging in once and being able to access patient information in one place were currently not being experienced within their roles.
- This was backed up throughout the comments with a strong message of their being too many 'disjointed systems' and a general lack of ICT resources available to allow staff to carry out their role effectively.
- Access to a single, digital patient record was the experience which staff would most like to have in the future.
- A lack of funding and lack of ICT resources was seen to be the number one reason why the organisation may not be able to deliver on the aims of the strategy according to staff.
- The feeling of staff was also backed up by patients/public, who stated that the aspirations of the strategy were likely to be held back due to a lack of funding/costs as well as current poor systems. Investing in digital was seen to be the number one solution to this.
- The top 2 experiences that patients wanted were to be listened to and to be communicated with.
- Throughout the patients/public survey, the theme of digital exclusion was evident with respondents concerned that the move to digital would exclude some patients across North Wales.
- Other themes which occurred were the concern regarding the security of their data and the request for there to be a cohesive view of digital patient record to avoid duplication/ create more joined up care.
- The Welsh Government Inclusion Unit also responded to the engagement and strengthened the strategy. The also highlighted that it is an example of good practice for social inclusion and digital skills.

This is the detailed Strategy and it will be developed into a shorter Public Version and a Strategy on a page. The Engagement Report will also be published.

Asesiad / Assessment & Analysis

Strategy Implications

This Strategy will support the delivery of Living Healthier, Staying Well, Workforce Development Strategy and the Estates Strategy.

Wellbeing and Future Generations – the 5 ways of working:

The Digital Strategy delivers on the following 5 ways of working

Long Term – Delivery plans in place to deliver for the longer term. We assess digital systems to ensure that they meet future needs and can work with other existing systems.

Integration – Some of our systems that we are working on support the delivery objectives of other partners i.e. WCCIS

Involvement – Patients, Carers, Staff and key stakeholders are involved in finding the best solutions. We ensure that we are involved when national solutions are being developed to ensure they meet the organisations/patients needs. The Strategy has been developed through engagement.

Collaboration – We work across the organisation using a collaborative approach, the systems have to meet the needs of the users.

Prevention – We will aim to put solutions in place that can prevent service failure i.e. text reminders to reduce the number of Did not Attends.

Financial Implications

Revenue: The revenue that we have secured is identified within the Strategy. Not all revenue has been identified and will be subject to Business Cases and Prioritisation. Some projects are being nationally led so we do not have the costings for these yet.

Capital: The same as in revenue.

An annual financial plan will be developed.

Risk Analysis

The key risk to the implementation of the Strategy is the funding required to deliver.

Legal and Compliance

Some aspects within this Strategy have been added in as they ensure we are compliant with regulations i.e. Cyber Security, Information Sharing etc.

Impact Assessment

Equality Impact Assessment can be found in Appendix 2.

Our Digital Future










“Transforming the patient experience, safety and outcomes through digital ways of working”

Digital Roadmap for Health in North Wales
2021-2024

Subject to Executive Approval

1.	Foreword	4
2.	Introduction	5
3.	Our Digital Vision, Ambitions and Enablers – Overview	6
4.	Ambition 1 - Enabled Patient and Carers Experience	7
	Patient and Carers Experiences	7
	How these experiences will feel different for Patients and Carers	8
	Patients and Carers – How you can support the delivery of this Strategy	9
5.	Ambition 2 – Connected Staff Experiences	10
	Staff Experiences	9
	How these experiences will feel different for Staff	12
	Staff – How you can support the delivery of this Strategy	12
6.	The 6 Enablers	12
	Enabler 1 – Strengthened Digital Foundations	13
	Enabler 2 – Information for Improvement	13
	Enabler 3 – Digital Organisation – “Think Digital”	14
	Enabler 4 – Strong Partnerships	14
	Enabler 5 – Digital Inclusion	15
	Enabler 6 – Embracing Innovation	16
7.	National and Local Context	16
	National Context	16
	Local Context	19
8.	Where are we now	21
	Brief Overview	21
	What We delivered in 2019/20	23
	Our Key Challenges	24
	Our Risks	25
9.	Delivering the Ambitions and Enablers	26
	Delivering Ambition 1 – Enabled Patients and Carers	26
	Delivering Ambition 2 – Connected Staff	29
	Delivering Enabler 1 – Strengthened Digital Foundations	33
	Delivering Enabler 2 – Information for Improvement	37
	Delivering Enabler 3 – Digital Organisation – “Think Digital”	39
	Delivering Enabler 4 – Strong Partnerships	42
	Delivering Enabler 5 – Digital Inclusion	43
	Delivering Enabler 6 – Embracing Innovation	45
10.	Roadmap for Delivery and Measuring Success	47
11.	Monitoring and Reviewing the Strategy	48

Appendices

	Title	Document
Appendix 1	Digital Strategy Engagement Summary (link to full engagement report once published)	 Appendix 1 - Digital Strategy Engagemer
Appendix 2	Delivery Plans	 Appendix 2 - Delivery Plans.pdf
Appendix 3	Full list of National Strategies, Plans and Programmes and other Key Links	 Appendix 3 - Full list of National Strat
Appendix 4	Where are we now – Ambitions, Enablers and Current Systems	 Appendix 4 - Where we are now.docx.pd
Appendix 5	Overview of our IT Infrastructure	 Appendix 5 - Overview of our ICT
Appendix 6	Our Response to Covid	 Appendix 6- Our Response to Covid.c
Appendix 7	Good Practice – Audiology	 Appendix 7 - Good Practice Audiology.c
Appendix 8	Good Practice – Macmillan	 Appendix 8 - Good Practice Macmillan.p
Appendix 9	Glossary	 Appendix 9 - Glossary.docx.pdf

1. Foreword



I am delighted to share our Digital Strategy with you, the last year has been a challenge for us all but it also brought us many opportunities and lessons from a digital perspective. We had to quickly accelerate digital ways of supporting our patients and staff. Some examples include introducing virtual consultations, the creation of new data systems to ensure we had access to the latest data, and supporting many staff to work from home.

Digital is the future and we know that we have to increase the pace of delivery, support people through this change, maximise the use of our budgets and additional funding with a clear plan for delivery today and for the future.

This is an ambitious strategy for us as we have previously focused on delivering technology, but our primary focus now is about how we can improve the experiences that our patients, carers and staff have on a day to day basis by working with them.

All our plans are becoming increasingly preventative, we need to provide access to patients and carers to the information they need that can support them to self-manage their care and our staff have to be able to access the right information, in the right place at the right time to be able to provide safe, positive patient experiences and improved outcomes.

Our approach is “Digital First – leaving no-one behind”. This is crucial as some of our patients and their carers may be digitally excluded and we do not want this strategy to have a negative impact on people’s health.

Thank you to everyone who engaged with us on this strategy, we had a great response with over 4,000 comments and you will see that your feedback has shaped this strategy. We will continue to engage, and I look forward to working with you and providing you with an annual update on progress.

Jo Whitehead

Chief Executive of BCUHB

2. Introduction

Our Vision is all about **“transforming the patient experience, safety and outcomes through digital ways of working”**. This means putting the experiences of patient, carers and staff at the heart of what we do. Achieving this involves ensuring we get the basics right.

This strategy supports the delivery of our strategic priorities in Living Healthier, Staying Well and our Population and Organisational Outcomes and is informed by feedback from our engagement. It covers primary care, secondary care, community care and mental health.

Although we have made some investment over the last 3 years, the fact remains that we are still behind where we need to be. The current level of funding has not enabled us to keep up with the increasingly rapid pace of change and sustainable investment is one of our biggest challenges in the implementation of this Strategy which has been highlighted through our engagement.

As a result, we know that our staff feel frustrated by their daily digital experiences: how they access patient data, multiple logins, disjointed systems plus limited or out of date equipment and software. This strategy is aimed at reducing this frustration and providing more efficient ways of working.

Being able to access the right information in the right place at the right time, through a Digital Health Record (DHR) is key to helping our staff deliver the highest quality of service. This strategy details our plans to make this happen, this will also include how we share information across borders as some of our patients receive treatment outside of North Wales.

Our patients deserve the best experiences possible. This means choice in how they can communicate with us, together with providing reassurance they are listened to, they can receive specialist care easily and quickly and that their information is safe and secure. These key experiences and how we will deliver them have been included to ensure we meet the needs of our patients. The engagement has been positive and we will move to an approach that puts the user in the centre, be it a patient, carer or staff.

To finance this strategy we will review how we fund digital, prioritise what we deliver and identify other funding sources. There is a significant amount of service transformation that is happening now and needs to happen in the future and at the moment we don't have the capacity or capability to deliver all of this.

Cyber security is one of our biggest risks and therefore one of our key priorities. We have a duty to keep our patients, carers, staff and our organisation safe so that we are able to continue to deliver services in the unlikely event our systems are compromised.

Our approach of “Digital First - leaving no-one behind” has been developed to reflect the importance of inclusion and the high level of concern raised about this during the engagement. We know that 10% of our population are digitally excluded, (this figure does not include care homes or hospital settings) and this is even higher in some of our patient groups. It is important that we still have efficient systems and processes in place for those who cannot access services digitally, whilst also working collaboratively to support them to access digital services if they should choose to.

The Welsh language and culture are vitally important and we will work with others to meet the Welsh Language Standards.

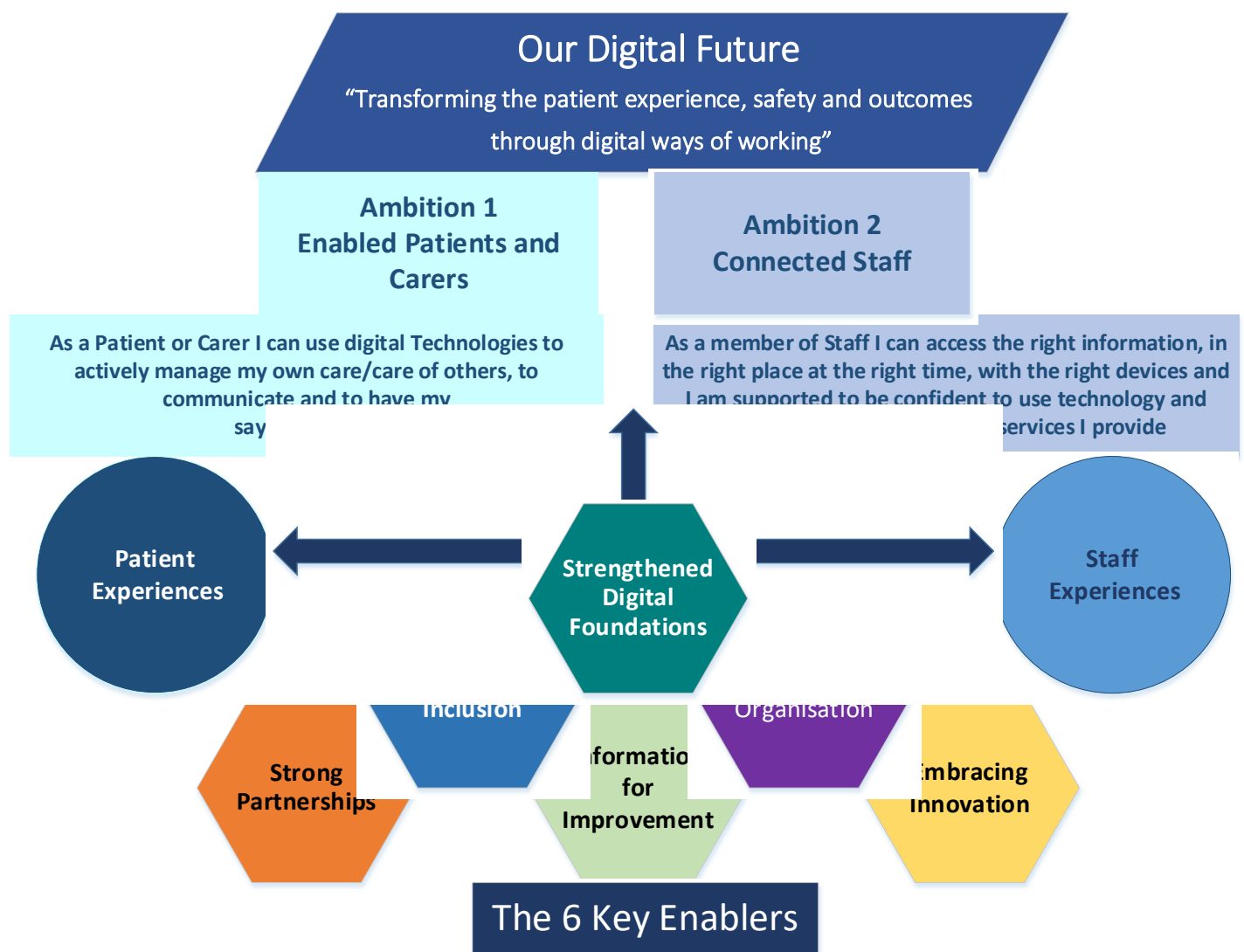
We cannot deliver this Strategy on our own, a key enabler for this strategy is about working in partnership. Our key areas for working in partnership are through our community resource and mental health teams, digital inclusion, digital skills, research and developing our workforce for the future.

We know that digital transformation is not easy. It is not just about putting systems in place, it also involves changing our culture and providing a vision for change and supporting staff and all users through the change.

Our longer term vision is to work towards the development of a Digital Health and Social Care Strategy across North Wales, which ensures we are working collaboratively so together we can deliver more technology enabled care, supporting care closer to home and our prevention agenda.

The digital world changes at pace so we will need to review this Strategy annually, especially in line with our clinical strategy and the new Digital Strategy for Wales.

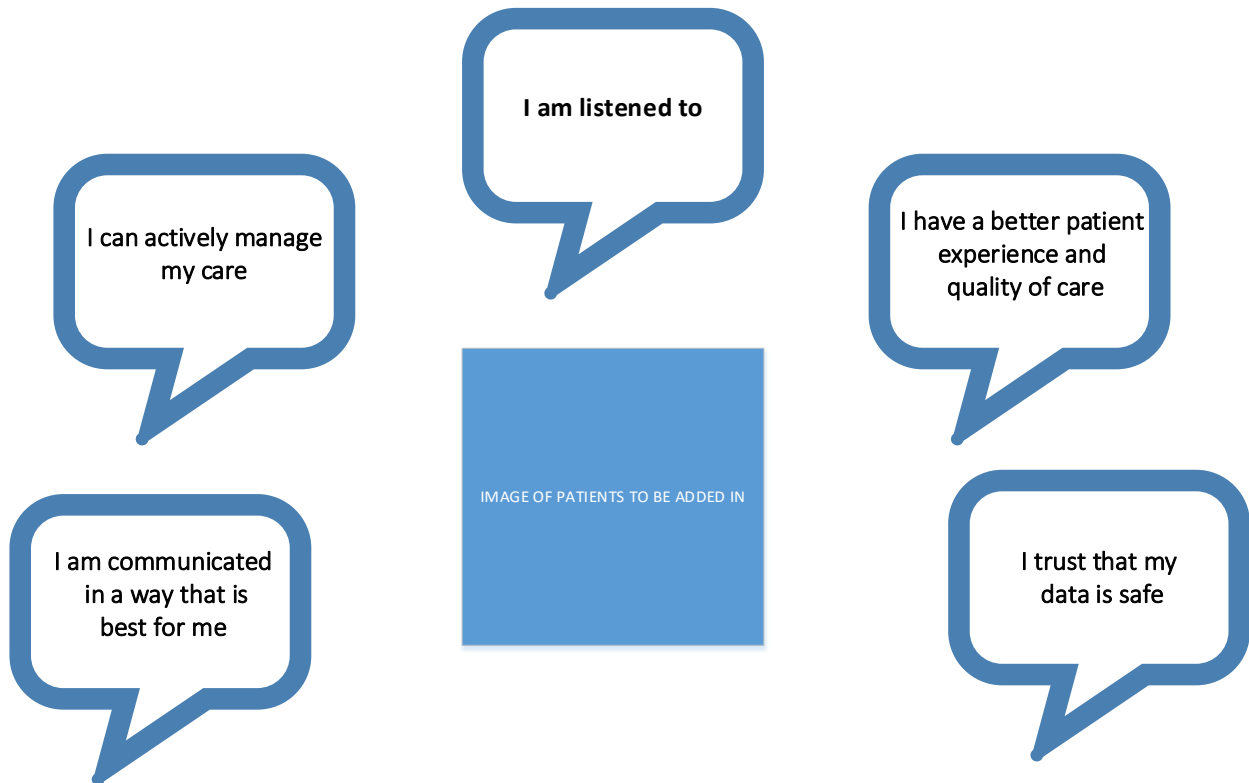
3. Our Digital Vision, Ambitions and Enablers – Overview



4. Ambition 1 – Enabled Patient and Carers Experience

Patients and Carers Experiences

We want our patients and carers to have the following experiences:



- I am kept informed about my care
- I have the choice of face to face or video consultations
- I can book some appointments/change my appointments online and receive reminders in a way that suits me
- I can receive my letters digitally and can have access to them more easily for future reference
- I am communicated with in my language/method/format of choice



- I can tell you about my care, experience and my health so I receive the best care for me, and it improves services
- I don't have to keep repeating my details to different individuals or organisations who provide my care
- My rights are taken into account



- There is a single accurate source of information held about me and important information is available to all who treat/support me
- When I am referred, I will get care easier and quicker
- Services I receive are designed around patient needs
- It is easier for me to move between services
- I can receive some of my care closer to home
- I am safe



- I will be able to access my information more easily so I can be more informed about my care and options
- I will be able to update parts of my own health record in the future so the person providing my care knows more about me
- I am signposted to suitable self-help resources and apps
- I know where and how to access information and services digitally



- When I provide my data, I know that it will only be used to provide my care and improve health care, and that it will be stored safely and kept confidential at all times

How these experiences will feel different for patients and carers

The patient focused stories below show how the experiences will feel different for our patients and carers.

<p style="text-align: center;">Picture of Dewi</p>	<p>Dewi is a 73 year old who has diabetes and it has affected his vision, he is currently being treated as an outpatient at the diabetes and ophthalmology departments. Dewi had a fall and was taken into the Emergency Department late one evening. During his time within the Emergency Department, Dewi didn't have to repeat his details as his real-time patient progression and documents were all on one system. The staff that treated Dewi had access to his Digital Health Record and the real-time monitoring of his diabetes through his wearable device so they had access to vital information which supported their decision on the best treatment for Dewi whilst reducing any clinical risks. Dewi was safely discharged electronically with information sent to the GP electronically with details of the prescription that he has been given. On discharge the information was also shared electronically with the Community Resource Team, a multidisciplinary Health and Social Care Team who then provided his wrap around care in the community.</p>
<p>Lowri is a 27 year old and has a busy life, working full-time and is a single mum. Due to her kidney condition</p>	

<p>she needs to attend a large number of outpatient appointments, at some of these appointments she has to be physically seen by a clinician but other times does not. Lowri works with her clinician to develop a plan for using virtual consultations as this saves her 1 hour of travel time per appointment and £30 in child care fees.</p>	<p>Picture of Lowri</p>
<p>Picture of Elin</p>	<p>Elin is a 20 year old asthmatic and she wants to play an active role in her care as this helps her manage her condition better. She likes to see her recent test results and compare them with her last results and she has worked closely with her clinician to be able to do this. She can access this information and some other parts of her digital health record through the patient portal, where she can also find information on her next appointments and if they aren't suitable she can change them electronically.</p>

Patients and carers – how you can support the delivery of this strategy

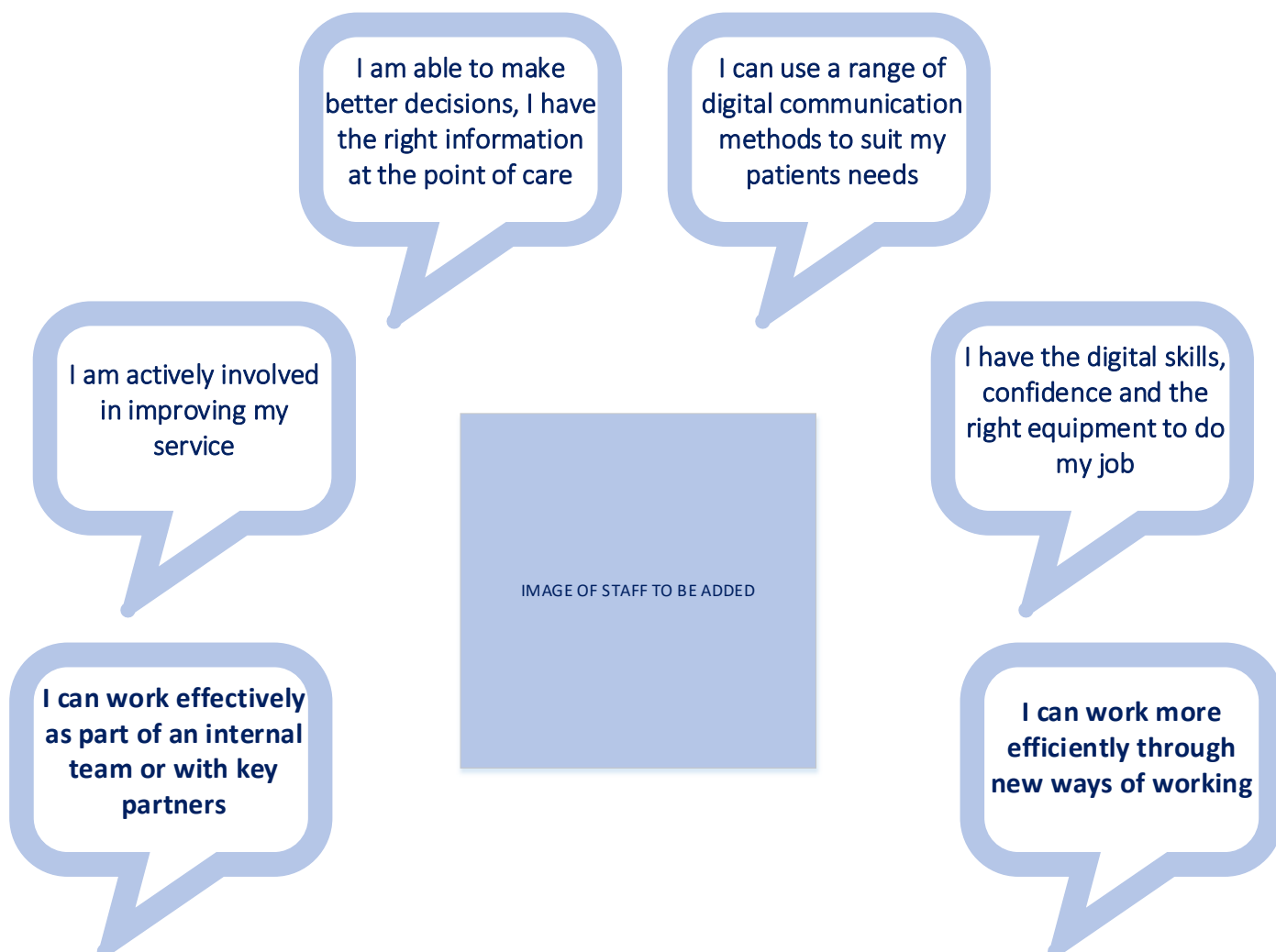
For this Strategy to be successful we all need to be actively involved. From the engagement, our patients and wider stakeholders thought the following were what they could do deliver the experiences:

- ✓ **Be positive about new technology** which is provided, be willing to test them out, learn how they work and feedback to us areas for improvement via various engagement methods.
- ✓ **Embrace the technology within your households**, ask for help when required, so you can get support to develop your digital skills
- ✓ **Share good experiences** with family, friends and networks to help promote the use of our digital solutions.
- ✓ **Take responsibility for your own health** by using other, trusted sources of information when required, providing us with the correct information about you, and keeping that information up to date.
- ✓ **Use our services responsibly**, use the right services, at the right time, for the right reasons.
- ✓ **Be supportive and patient** as sometimes new ways of working go wrong

5. Ambition 2 – Connected Staff

Staff Experiences

We want our Staff to have the following experiences:



I am able to make better decisions, I have the right information at the point of care

- I know how to access all the information I need
- I know my patients better as I have listened to the information they have given during and after the care I have provided

I can use a range of digital communication methods to suit my patients needs

- I can use virtual consultations where they better suit my patients
- I can run group sessions and work collaboratively with other health care partners where it will benefit my patients

I have the digital skills, confidence and the right equipment to do my job

- I am supported to develop my digital skills and I know where to go to get support
- I have the right equipment to do my job

I am actively involved in improving my service

- I have easy access to the data and information I need to review performance and standards
- I am engaged and can influence improvements in my service and organisation
- I am able to identify when digital solutions can support me to deliver a better service to my patients

I can work effectively as part of an internal team or with key partners

- I can share and receive information and media securely with key partners
- I can use digital solutions that help me to collaborate

I can work more efficiently through new ways of working

- I can digitally dictate my letters
- I can make electronic test requests and sign them off electronically
- I can make and receive e-referrals
- I can log on once and have access to all the key systems that I need
- If my role allows, I can work from any location and meet my colleagues virtually which means I spend less time travelling
- I have confidence in the systems that I use, and the information held in them is up to date
- I can manage medicines and prescribe electronically
- I contribute to better communication between Primary and Secondary Care
- I know where my patients are, so that I can ensure their needs are promptly met to minimise time away from home

How these experiences will feel different for Staff

The staff focused stories below show how the experiences will feel different for our staff.

<p>Kate is a Doctor that works across two of the three acute hospitals. Kate has access to a standard set of the systems that she uses on a daily basis and is able to sign in once for all of these, which saves her a lot of time. Kate also accesses the same systems across both hospitals so she doesn't have to learn to use two different systems.</p>	<p>Picture of Kate</p>
<p>Picture of Meinir, Rob and Lesley</p>	<p>Meinir, Rob and Lesley all work in the Community Resource Team in Bangor. Meinir is a district nurse, Rob is a Social Worker and Lesley is the local GP. They are able to share information safely with each other which allows them to see in one place the information about the person that they are caring for with a single care plan that they can all access and update. They don't have to</p>

keep asking the same questions and they have everything they need to do their jobs in one place

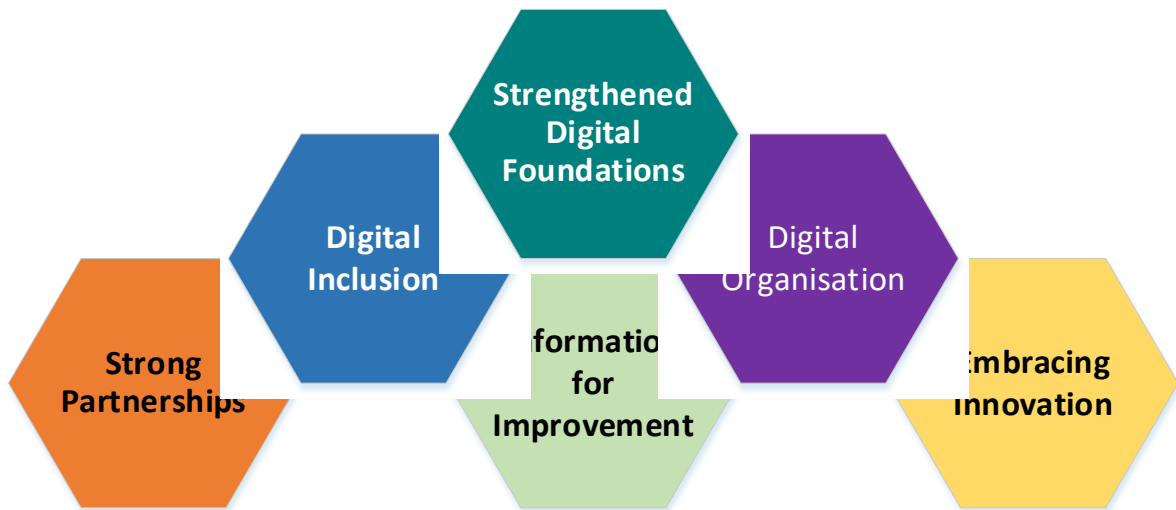
Staff – How you can support the delivery of this strategy

For this Strategy to be successful we all need to be actively involved:

- ✓ **Be positive about new technology** which you have access to, be willing to test them out, learn how they work and feedback to us areas for improvement via various engagement methods.
- ✓ **Promote digital ways of working to colleagues** and consider helping others who are less confident, maybe become a Digital Champion for your service.
- ✓ **Be proactive in developing your digital skills** to keep up to date with the latest technology, devices and systems
- ✓ **Use data** to make decisions and improve services
- ✓ **Promote changes to the way services are delivered** by having honest conversations with patients and being confident enough to assist patients where required
- ✓ **Actively engage with the wider organisation** when opportunities arise to ensure you are having your say on all things digital
- ✓ **Support in the identification and realisation of the benefits** that are achievable via the use of digital solutions.

6. The 6 Key Enablers

To enable us to deliver our Vision, Ambitions and Experiences we will focus on the following enablers, please also see the Delivery Plans in Appendix 2.



Enabler 1 – Strengthened Digital Foundations

“Our ICT infrastructure, systems, devices and support provided are suitable for today and the future, we have strong information security and governance, and we get the best out of our suppliers”

We have to **“Invest in and get the basics right”**, this is a key message from the engagement with our staff. Laying down strong digital foundations are crucial for us to be the digital organisation we want to be, to enable us to deliver the patient and staff experiences and the changes that are needed, safely at a faster pace.

These basics include our networks, devices, hardware, systems, storage, and telephones.

Cyber-security is one of our biggest risks, daily attacks have become the norm and we work with a large amount of the most sensitive personal data that we have to keep safe. We take this high risk seriously and we will do everything we can to prevent attacks, if we are attacked, we will be resilient in order to minimise the damage and achieve the recovery required.

We have a large number of suppliers and need to ensure we manage what we have well, buy exactly what we need, at the best price/value and develop positive relationships with our suppliers.

Enabler 2 – Information for improvement

“We use quality data to create intelligence to make better decisions, predict demand and improve services”

Getting the basics right means that our data has to be correct, accessible, usable and robust to provide the most benefit to our staff and improve our services. The amount of data and information we have is growing at a rapid rate. We need to make maximum use of it to deliver quality services now and in the future.

Our business intelligence (BI) technology and skills are essential for operational delivery, enabling the organisation to make immediate and short to medium term decisions. We also need to develop our modelling capability, which will provide us with a pro-active way of understanding the longer-term impact of any changes that we make and predict the supply and demand of our services.

We will continue to increase the use of our BI dashboards across the organisation and we will move towards a self-service approach by equipping the services with the dashboards and interrogation tools, this will help release resources to focus on other important information areas.

A consistent approach to reports is important for staff confidence and uptake. We will review our existing reports and dashboards, ensuring a consistent look and feel.

Robotic Process Automation (RPA) is now a proven tool, with many uses across the NHS. RPA can automate repetitive tasks across applications and systems. We will use the ethnicity and preferred language from the COVID-19 vaccination programme as a pilot for RPA, importing the data into our patient Administration System.

In Clinical Coding SNOMED- CT would provide us with a structured clinical shared language that is readable by computers. It is made up of clinical terms that include procedures, symptoms, clinical measurement, diagnosis and medication. SNOMED will support the sharing of data between systems, and specifically our new Digital Health Record. We will start the automation of Clinical Coding as it allows for real time information about our patients to be available, saving time and resources.

Our work as part of the National Data Resource (NDR), will contribute to the establishment of a national data store making use of Cloud and 'Big Data' methodologies. We will establish a real-time messaging framework that enables improved frequency and timeliness of data feeds for reporting.

The NDR will facilitate access to key datasets to enable reporting and provide local insight for improvements to patient care. Advanced analytics will be enabled through access to modern data toolkits.

Enabler 3 – Digital Organisation “Think Digital”

““Think Digital” We actively develop our digital culture and maturity through committed and accountable leadership, being integrated throughout our business planning processes with the appropriate investment to improve. Delivering benefits to patients and staff: financial, non-financial, social and environmental.”

To deliver transformational change we need to be a Digital Organisation which means more than just having systems and processes in place, it is also about people and a way of thinking and acting. We want our staff, patients and carers to “Think Digital.” Thinking digitally across the organisation will be a big change for us but it is what we have to do to make sure we can deliver excellent care now and in the future.

Many transformation projects fail because of organisation culture challenges, we are prioritising and investing time in improving our digital readiness to ensure we will have more success in delivering the changes that are needed.

We have started our journey to become a digital organisation; we have identified that we need to improve our digital readiness and strengthen our governance, service standards, finance, planning and how we deliver our projects. This can only be achieved by continuing to actively develop our staff and learn and grow through meaningful engagement.

Identifying and delivering benefits to show the difference this Strategy makes is important and one of our key measures of success. As well as financial and non-financial (social) we will also assess the environmental benefits digital solutions bring.

From the engagement we know that most of our staff are not familiar with our current digital objectives, our staff have to know what we are aiming to achieve.

Enabler 4 – Strong Partnerships

“We can seamlessly share relevant information with our key partners and we work co-productively in developing new ways of working with our Patients, Staff, Key Partners and Suppliers”

One of the key areas of concern from the public and patients from the engagement is the safety of the information that they provide to us so we will ensure data protection and information security is at the forefront of our thinking when designing services. To provide the best services to our patients who receive care from a range of organisations, we want to be able to share and receive information seamlessly with our partners when we need to, so everyone has the right information and the person receiving care does not have to repeat their history.

To meet the needs of our patients and staff we have to work in a more co-productive way (doing things “with” rather than “to”), this is covered more in how we will deliver the experiences for patients and staff and our approach of User Centred Design.

This co-productive approach is what we want to use with our key partners to get the best out of working together for our patients and staff. We will embed this into our ways of working.

Our community resource and mental health teams work as part of integrated teams with our key partners. We have already identified that we need to provide a different digital service support model for all our services and this model for these two services will be different, due the level of integrated working as to make best use of resources and to develop their own longer term digital plans.

We recognise the importance of working in partnership and are committed to achieving a Joint Digital Health and Social Care Strategy across North Wales, to deliver better experiences for our patients/service users and our staff.

We will continue to work with partners on digital opportunities that benefit our patients and staff.

One of the key areas for working in partnership is the digital skills of our patients and staff. This is covered in more detail in Enabler 3 – Digital Organisation and Enabler 5 – Digital Inclusion.

Enabler 5 – Digital Inclusion

“We are fully aware of the impact of any new ways of working on our patients, carers and staff so we can put plans in place to ensure inclusion.”

Concerns regarding digital exclusion was a common theme throughout our engagement. The public/patients thought that digital exclusion was one of the top 3 reasons to the question “what do you think might stop, or get in the way of the above experiences happening’

10% of the population of Wales are not online and 27% of those who do use the internet lack at least one of the five basic digital skills:

1. Handling information and content
2. Communicating
3. Transacting
4. Problem solving
5. Being safe and legal online

Older people, people with disabilities and people with a limiting long term health condition are less likely to be online, these are the people who are more likely to need health and social care support. Further information about digital inclusion and basic skills can be found here: [Digital inclusion and basic skills](#).

87% of people who said they are in good general health said they are able to find the right information when they are ill, compared with 68% of those in poor health. People who displayed all five digital skills (3 month period in 2019) are more likely to have used the internet to access health information than those with fewer skills. Similar proportions of people said they can find the right information to help them lead a healthy lifestyle.

Our approach is “Digital First - leaving no-one behind.” We will continue to provide and support people to access our services non-digitally e.g. through face to face appointments. If we don’t it could impact on existing health inequalities.

This is an important area for us to continue to work in partnership as part of the Digital Communities Initiative, to embed Social Inclusion and form a stronger relationship with Digital Communities Wales and/or other Welsh Government programmes which aim to reduce digital exclusion as to gain additional expertise and experience in this area.

Enabler 6 – Embracing Innovation

“We keep up to date with new ideas and ways of working and be involved in and invest in innovative research and development. We learn from and are ready to adopt best practice”

We want to be one step ahead of new and existing technology is out there and how we can use it.

We will keep up to date and review new models of care to improve the care we provide, we will integrate these into our new developing clinical strategy.

Research is an important aspect to becoming more innovative in the digital world. This is particularly important for delivering digital clinical environments where patients and staff can both benefit.

This is an area where we can work in partnership with our own Research and Development Team and the Regional Research, Innovation and Improvement Co-ordination Hub (delivered by the North Wales Social Care and Well-being Services Improvement Collaborative) as well as Higher Education and Colleges locally and nationally.

To ensure we achieve this, we commit to agreeing a protected proportion of our Informatics staff time to do this annually.

We need to review how we manage research and development in Informatics so that services have a direct link in to review opportunities.

We also have some excellent examples of good practice across BCU, from our partners and other health boards, we will create a forum to learn from these.

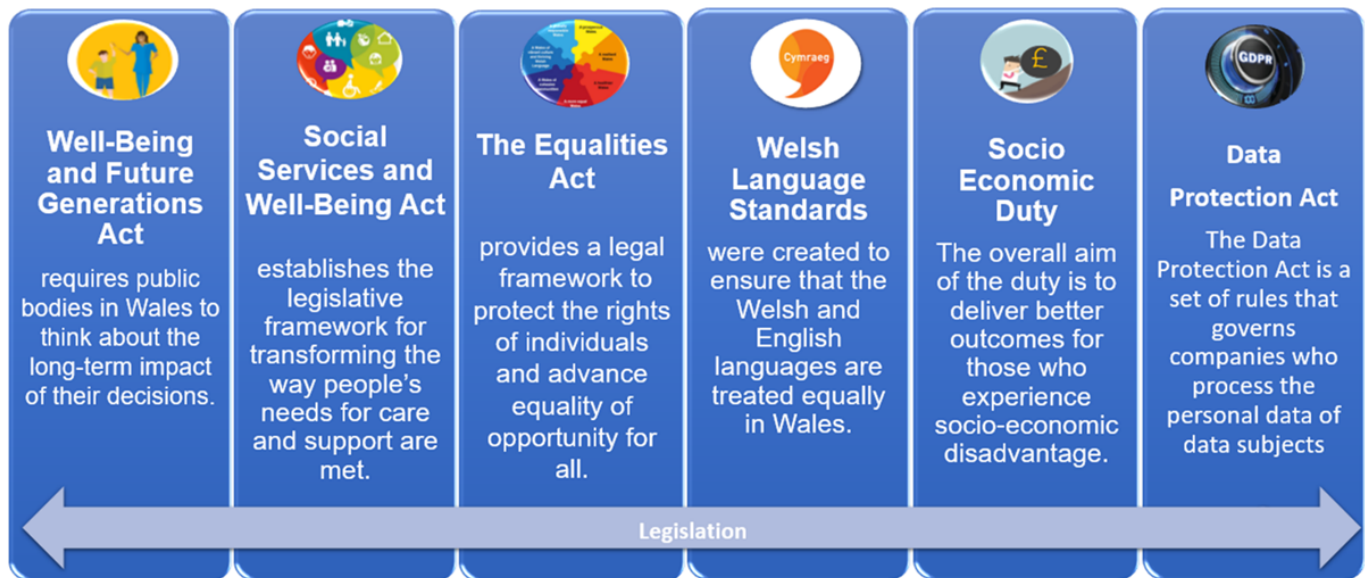
We will also continue to lead on the Small Business Research Initiative (SBRI), which works with public sector bodies across Wales to develop innovations where no solution on the market exists. This is a co-creation and collaboration approach where we identify unmet needs with our colleagues within health and invite industry and academia to work closely with us to develop a solution together that meets our needs. We also want to advance this further by leading on a UK wide national SBRI working with all the home nations to have a wider impact for health of the UK population.

7. National and Local Context

National Context

Our Legislative and Strategic Environment

As a Public Sector Organisation, we have a duty to adhere to a number of external acts and legislations. We have taken the following legislation into account when developing this Strategy and will ensure we continue to meet the requirements of them as we deliver:



National Strategies, Plans and Programmes

There are also a lot of national strategies, plans and programmes that we need to deliver on and take into account in this Strategy. A full list of these can be found in Appendix 2. The 2 key ones are:

A Healthier Wales: A Plan for Health and Social Care (2018) recognises digital healthcare technology as a key enabler of transformational change. It also acknowledges the challenges of driving digital change at pace and scale across health and care in Wales. The quadruple aims of this plan are as follows and have been used to develop our population outcomes.

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

Informed Digital Health - A Digital Health and Social Care Strategy for Wales (2015) set out a vision that included supporting people and professionals to use information whilst being enabled by the NHS Wales Digital Architecture.

[Informed Health and Care – A Digital Health and Social Care Strategy for Wales](#) (December 2015):

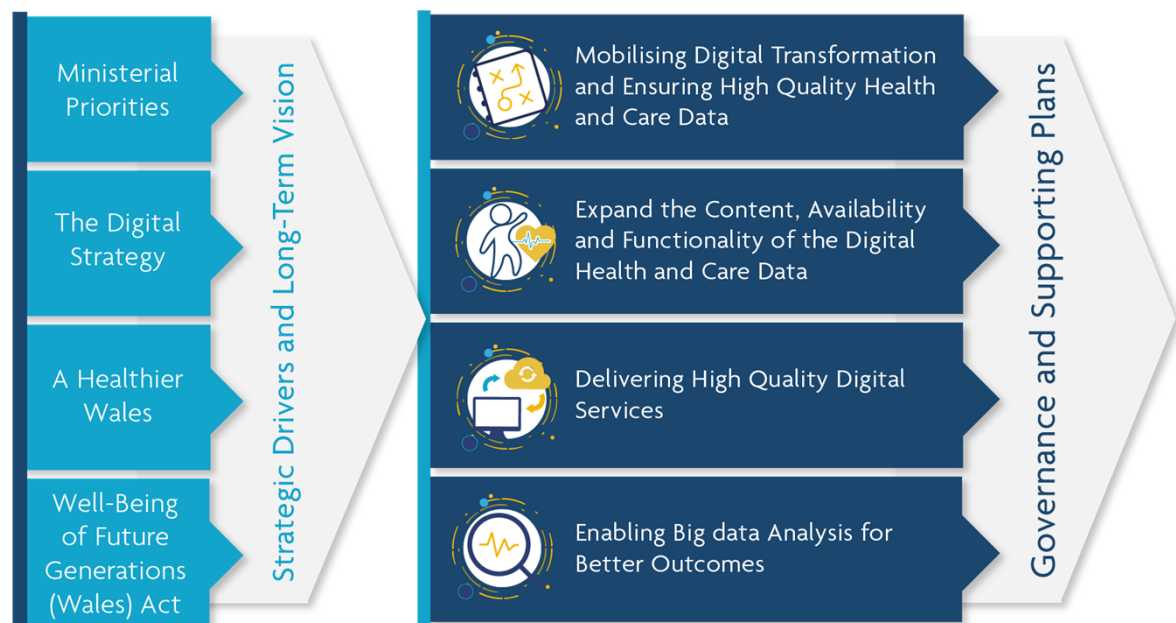


This Strategy, a Healthier Wales and the Informatics Systems in NHS Wales (Public Accounts Committee, 2018) which identified the challenges in delivering digital transformation and at a pace have all set the

direction for digital change in Wales. This has resulted in a new body called the Digital Health and Care Wales being developed (Formally NWIS – NHS Wales Informatics Service) and the appointment of a Chief Digital Officer (CDO) for Health and Care who will define national standards and services.

National Delivery

Digital Health Care Wales (DHCW), which is a special health authority leads on the digital transformation of Health and Care in NHS Wales. They have a responsibility to deliver Informatics to Primary Care and some of the ICT Services and Projects nationally by providing us with a range of services and solutions. This Strategy includes some work in relation to Primary Care but a lot of the support and new ways of working is undertaken by DHCW who we will work closer with. DHCW is funded nationally from the Welsh Government to deliver the following on our behalf:



DHCW supports all Health Boards through a “Once for Wales” approach, recognising that Health Boards are at different stages of their digital journey means that sometimes national solutions don’t meet our local needs and could introduce delays.

About North Wales

North Wales is a great place to live and work, the following are some key facts and figures about the population of North Wales that provides us with some service delivery challenges. We have taken these into account to develop this Strategy and we will continue to take into account the changing needs of our populations.

Young People

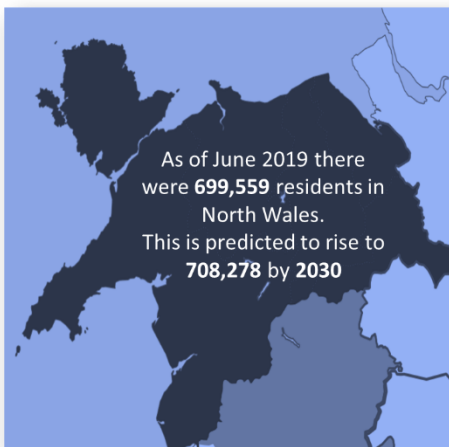
1 in 10 children between the ages of **5 and 16** has a mental health problem and many more have behavioural issues,



Approximately **50%** of people who go on to have serious mental health problems will have symptoms by the time they are **14**.



As of June 2019 there were **699,559** residents in North Wales. This is predicted to rise to **708,278** by 2030



Mental Health

1 in 4 adults experiences mental health problems or illness at some point during their lifetime.



1 in 6 of us will be experiencing symptoms at any one time.

2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder.

Between **1 in 10** and **1 in 15** new mothers experiences post-natal depression.

Older People

15% of households in North Wales are occupied by people over the age of **65**, with Conwy having the highest rate at **17.1%**.

The Wales Average is **14%**.

1 in 16 people over **65** and **1 in 6** over the age of **80** will be affected by dementia.



Deprivation

12% of the BCUHB Population live in the fifth most deprived area of Wales. The Health Board has some of the most deprived areas in Wales in particular along the North Wales Coastline



Almost a **quarter** of Children and young people under **20** live in poverty in Wales.

Life Expectancy

82.5
Years



78.8
Years

But the difference in life expectancy between the most and least deprived areas is **8.8** Years for a Man and **6.2** years for a Woman.

Digital Exclusion

10% of adults in Wales are not online
21 % of over 65s are digitally excluded

21 % of people with a limiting long-standing illness, disability or infirmity do not use the Internet



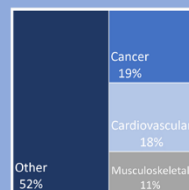
Hospital Attendances



Over **115 Thousand** Hospital Admissions per year.

Over **235 Thousand** A&E attendances per year.

Burden of disease



This shows the greatest causes of disease burden in Wales as measured by the Disability Adjusted Life Years (DALY).

Other Conditions include Mental Health problems

About BCUHB

This Strategy supports the delivery of our BCUHB Strategy, "Living Healthier, Staying Well - Working in Partnership to Improve Health and Deliver Excellent Care across North Wales" that defines our future models of care delivery. With respect to providing more care closer to home, services will be provided through local community resource teams, including local authority and the third sector partners, offering a range of advice,

assessment and treatment. The local teams will be supported by 14 primary care clusters that provide access to more specialist services without having to attend an acute hospital. The primary care clusters will include mental health services and each will be based upon a population of approximately 50,000.

Largest Health
Board in
Wales

Budget: £1.5
Billion

Over 17,000
Staff

3 Acute
Hospitals

22 Community
Hospitals

Over 90 Health
Centres

(Clinics, Community Health Bases,
Mental Health Teams & 98 GP
Practices, 80 Dental Practices, 152
Pharmacies & 74 Opticians)

The Strategy also supports the delivery of our 9 Population and Organisational Outcomes for 2021 – 2024:

Population Outcomes

- Outcome 1 - People in North Wales have improved health and well-being with better prevention and self-management.
- Outcome 2 - Better quality and accessible health and social care services enabled by digital and supported by engagement.
- Outcome 4 - The health and social care workforce is motivated and sustainable.
- Outcome 5 - Higher value health and social care system that has demonstrated rapid improvement and innovation.
- Outcome 6 - Improve health and reduce inequalities.

Organisation Outcomes

- Outcome 7 - Service transformation
- Outcome 8 - Progress against targeted intervention requirements
- Outcome 9 - Long-term quality service and financial sustainability

Informatics at BCUHB

Our Informatics Team supports the delivery across the Health Board and is made up of ICT, Patient Records & Digital Integration, Information and Clinical Coding and Programmes, Assurance and Improvement.

- **ICT**
Information and Communication Technology (ICT) is the development, management and support of the core ICT infrastructure, including systems and servers, networks, telephony, personal computers, email and collaboration and mobile communications as well as the provision of Service Desk and Customer Support and Engagement
- **Patient Records and Digital Integration**
The Patient Records and Digital Integration Department provides a sustainable range of services

that are renowned for ensuring the quality and standards of patient records, ensuring the timely availability of records to inform clinical decisions, and meeting our legislative requirements in relation to subject access requests; alongside leading projects to deliver the safe transformation from paper to digital.

- **Information and Clinical Coding**

The Information Management Services Department is responsible for delivering a complex and diverse service to the Organisation comprising of WPAS Management, Information Development, Information Reporting, Information Standards, Information Analysis and Clinical Coding.

- **Programmes, Assurance and Improvement**

The Programmes, Assurance and Improvement Service manage national and local digital programmes and projects working across the organisation. Undertaking Businesses Analysis to support services with their processes and systems; Provide business support, assurance and improvement for the Informatics Service and are the guardians for the national Small Business and Research and Innovation Centre.

8. Where are we now

Brief Overview

We are at the point where we know we need to change or we are at risk of being left behind in the digital world. We have also mapped out where we are now in relation to the delivery of the ambitions, enablers and existing systems. Please see Appendix 4.

What is good about where we are now

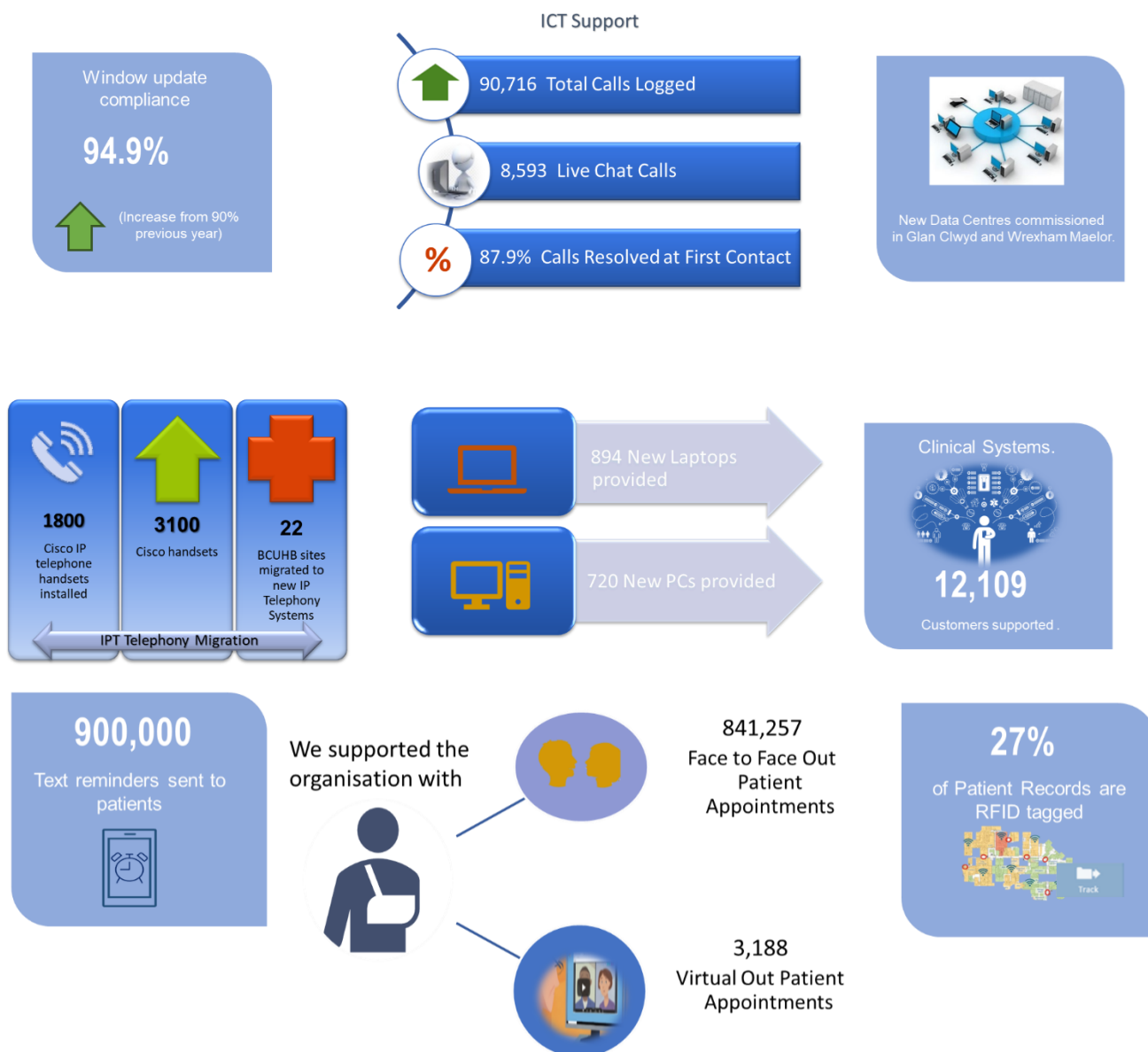
- We are **ranked No 1 in Wales** for our IT Infrastructure in the AWIIR Report March 2020 which shows our planning in this key area is progressive. Please see Appendix 5 for more detail.
- Learnt lessons from Covid.
- Invested in upgrading equipment as it has become outdated.
- Telephone Services have been updated, including new switchboards.
- Computer networks have been replaced.
- Implemented Public Wi-Fi at most BCUHB premises
- Improved our data centres with extra-protection from cyber-attacks.
- Started the roll out of Symphony which will become the Welsh Emergency Department System.
- Started the roll out of Virtual Consultations.
- Implementation of better ways of recording care of patients and data is displayed in real-time to support consultants make decisions on a daily basis.

Where we need to improve

- We are not a digital organisation.
- Informatics Service is just seen as the providers of computers and phone and support if things go wrong.
- We don't have the core systems in place across the organisation which delays the implementation of other basic functionality (WPAS & online appointments).
- A lot of staff are frustrated with their digital experience in work.
- The public, patients and carers are concerned about digital exclusion.
- We have invested but not at the scale that is needed to fully embed or lead the way in digital.
- Due to funding arrangements, locally and nationally a lot projects start but are never completed so no benefits are gained.
- We don't deliver at the pace of change needed as we don't prioritise and lack the staff to deliver.

- A range of BI Dashboards have been developed to help individuals, services make decisions and improve.
- Our Alert Texts notify key services when patients are in hospital to help with continuity of care in the community and allows GP's to track progress of their patients during a hospital stay.
- Our Account Management approach in Information is working well.
- Text Reminders to patients, with 12,000 appointments being re-used when patients have notified that they are unable to attend. This also captures language choice.
- We know what our patients, carers and staff want out of a Digital Strategy.
- Work with the Board on digital maturity has started
- We lead on Innovation nationally through the Small Business Research Initiative Centre of Excellence.
- We have started our improvement through engagement with our patients, carers and staff (Please also see what we delivered in 2019/20).
- Costs in our business cases generally do not include lifetime costs of projects through to business as usual.
- Our delivery of some projects are dependent on national funding and delivery – this sometimes slows us down, they are not at the right time for us and then funding is limited.
- Some staff do not have access to the right equipment to do their job.
- Some of our hardware is running on old technology.
- Investment in cyber-security is as at a crucial stage to keep our information safe.
- The focus previously has been solely on the implementation of technology and not the wider change required.
- The link between digital delivery and meeting our strategic objectives and supporting performance improvement has not been fully developed.
- A lot of our services are going through transformation, this transformation is not co-ordinated from a digital perspective resulting in ad-hoc support to services.
- We don't know the digital skill levels of our staff.
- We don't promote our digital achievements internally or externally.

Informatics –Key achievements



In addition to this we have also responded to Covid, please see **Appendix 5- Our Response to Covid.**

Our Key Challenges

We have quite a lot of challenges that could impact on our digital transformation, we have taken them into account in developing this Strategy and we will also review them as part of how we manage our risks. The following 4 challenges provides an overall summary:



Our Population

- **Increasing demand for services:** The population in North Wales will increase due to more babies being born and people living longer – an ageing population will need more care and we have an ageing workforce so there is a risk of a loss of knowledge and experience.
- **Increasing complexity:** There are an increasing number of people who have more than one health need, so health needs are becoming more complex.
- **Digital inclusion:** 10% of people in Wales are digitally excluded, they are likely to be older, less educated and in poorer health. Digitally excluded people do not have access to a range of health and care information so can impact on the amount of referrals.
- **Increasing awareness about Data Protection legislation:** and the greater need to keep their information safe and secure.



Pace of Change and Increasing Demand

- **The pace of change:** The pace of technological change and innovation moves so fast.
- **Increasing demand for digital services:** Demand for digital services and more flexible ways of working is increasing from both staff and patients.
- **Digital skill development:** Digital skills of staff and patients may not always keep up with the pace of change.
- **Large amount of legacy systems that are unconnected:** We have many unconnected systems and processes across BCU.
- **Reliance on paper based records:** Across BCUHB so difficulties when patients move between sites.
- **Low level of digital maturity:** Our culture has varying levels of digital readiness that will need to mature to achieve the required level of digital change.
- **National delivery:** There are competing national drivers that do not always align with what we want to deliver and sometimes slows down our delivery.



Reducing Finance and Short Term Funding

- **Savings:** Over the last 3 years we have had to make significant savings and we have to still make more.
- **Increasing costs for technology:** due to increase in demand and complexity.
- **Short term funding:** Increasing short term grant funding and decreasing budgets.
- **Lack of sustainable funding:** Increasing short-term grant funding with a local expectation to sustain and refresh longer-term putting increased pressure on future budgets.



Working Together

- **Different systems and agenda's:** We work together with a range of partners to deliver what is best for our patients and staff as it can bring better results. Working together can take more time and can be more difficult due to the use of different systems.
- **Once for Wales:** We work with other Health Boards facilitated by DHCW to develop solutions for Wales, these national solutions don't always meet our needs, and are sometimes not timely.

To support the successful delivery of this Strategy we have identified the following risks that we will need to manage. A risk is something that could happen which could have a negative impact on the delivery of the Strategy. We will manage these through our Risk Registers and regular review, monitoring and reporting.

These risks have been identified through current delivery, the challenges and engagement:

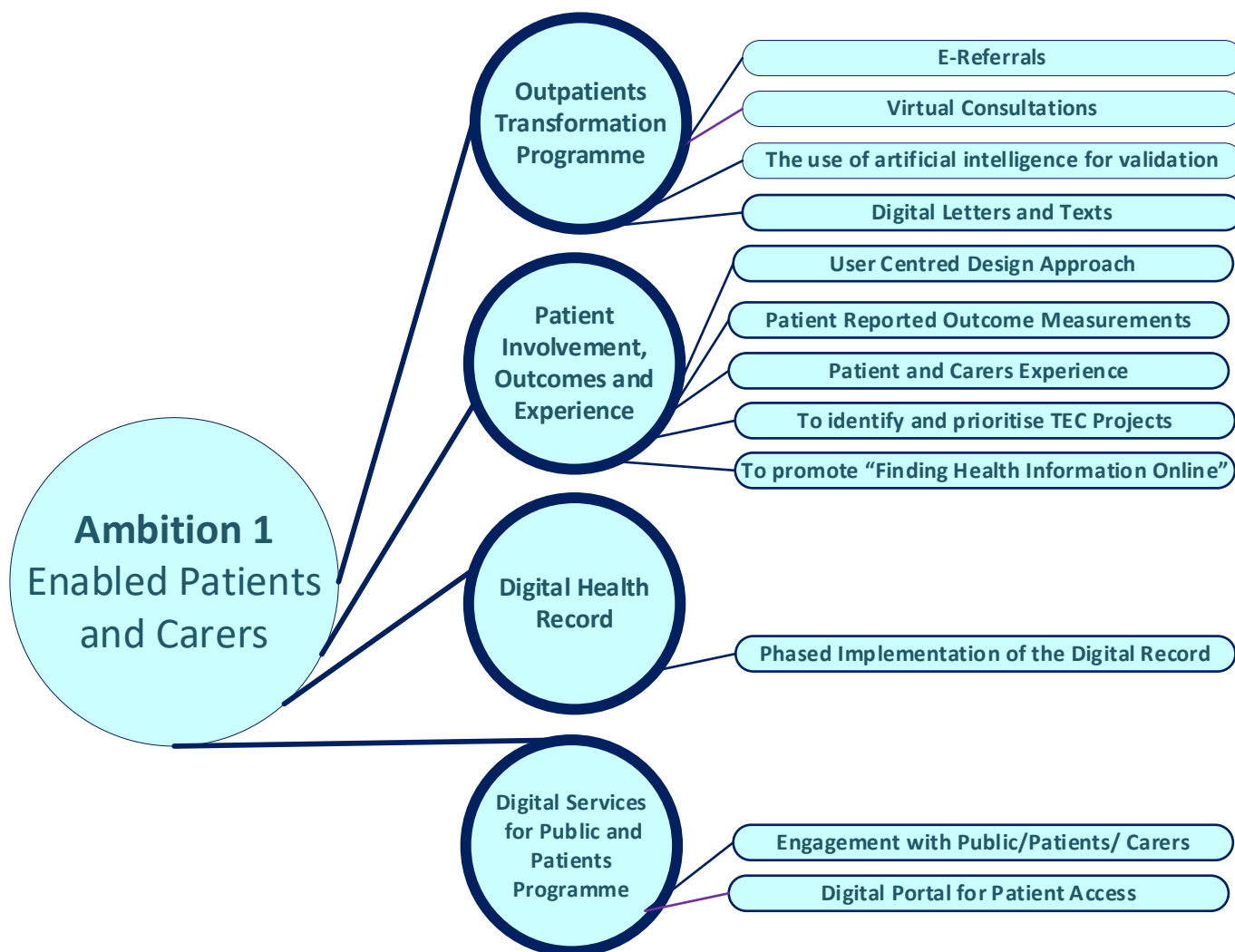
1. Competing priorities with lack of sustainable investment in digital
2. National infrastructure and projects may not deliver what is needed and/or at the required pace
3. Unable to keep up with the pace of digital change to meet the expectations of our patients, carers and staff
4. Information is not safe
5. Insufficient staff capability and capacity to deliver the Strategy
6. Organisational culture and service planning does not change
7. Lack of engagement from staff

9. Delivering the Ambitions and Enablers

To deliver our Vision we have developed detailed delivery plans for our Ambitions and Enablers, these can be found in Appendix 2 and we have provided some further details below.

Delivering Ambition 1 – Enabled Patients and Carers

The delivery of the Patient and Carer Experiences will be done through the following Programmes or Projects but some of the Patient Experiences will also be delivered through the Connected Staff Delivery Plan.



Outpatients Transformation Programme

We are just developing our Outpatients Transformation Programme aligned to the National Strategy "Transforming the way we deliver outpatients." This programme will deliver a lot more than what we have put into this Strategy as these are just the digital aspects. This Programme will include:

- Electronic referral management systems to make getting specialist care easier and quicker;
- Technology to reduce the need to go to hospital for an appointment if it is not needed;
- Alternative ways to support effective self- management of stable long term conditions;
- Alternative approaches to reduce the need for inappropriate outpatient appointments;

The digital priorities that will be delivered will be:

- E-referrals – to deliver this we have to have the same Welsh Patient Administration System (WPAS) in place across the organisation so we will see if there are any other ways to develop this whilst we are putting in the WPAS.
- Continue to roll out of Virtual Consultations
- We want to get the data right first time and we will use Artificial Intelligence to improve the validation of the data that we have
- Improved Communication methods

In the future we also want patients or carers to be able to book their appointments online, before we can progress with this we need to have WPAS in across the organisation.

Digital Appointment Letters and Text Reminders Project

A project has also been set up to deliver digital letters and text reminders under “My Appointment Letters Online” this has been put in place due to WPAS not being fully implemented.

Patient Involvement, Outcomes and Experience

User Centred Designed Approach (UCD)

We want our patients to be at the centre of when we are changing or developing new digital services which means we will work with people who will be using them. UCD is a process in which the needs, wants and limitations of the end user are taken into account. Through this approach we expect to get an increased user experience plus make implementation more efficient.

Value Based Health Care & Patient Reported Outcome Measurements (PROMS)

We are currently implementing our Value Based Health Care Plan one of the key areas of this plan is the collection of PROMS as a key data set will as this will allow us to assess if we are delivering better outcomes with financial sustainability. We are currently piloting the collection of PROMS with our Orthopaedic Team.

Digital can also support Value Based Health Care through supporting any pathway re-design work and reducing the failure demand.

Patient and Carers Experience (PREMS)

As part of our Patient and Carer Experience Strategic Plan, we are working collaboratively at a national level to have one system that collects patient experience and turns it into real-time insights which will improve the services that our patients receive.

The new bi-lingual system will be able to collect data via multi-channels i.e. online, tablet, SMS, phone, E-mail (survey links), QR Codes and paper to ensure we do not digitally exclude our patients and accommodating sensory loss.

This system will collect that national Patient Reported Experiences Measures. (PREMS)

Finding Health Information Online

There is a lot of fake health information online, believing this information could cause harm to our Patients and their Carers, so we will promote the regionally developed “Finding Health Information Online”

Once the Digital Portal has been developed we can also introduce Chat Bots, so patients can self-care by gaining information and advice.

Digital Health Record (DHR) Project

The development of the Digital Health Record will allow a single view of the patient record, having this in place will support the integration with local and national systems and will provide greater access to systems and information that are safe and reducing the use of paper from the way we work. We will have one system that is capable of gathering patient information from scanned records, new content from e-forms and current and future systems. Part of this project is also to develop digital ways of sharing information across our borders. This project has started and is planned to deliver across the Health Board over 4 years.

A patient's ability to access this information in the future will be through the Digital Portal to be delivered by the Digital Services for Public and Patients Programme (DSPP). The DHR and the Digital Portal has to be in place, so access to information will grow over the next few years.

Digital Services for Public and Patients Programme

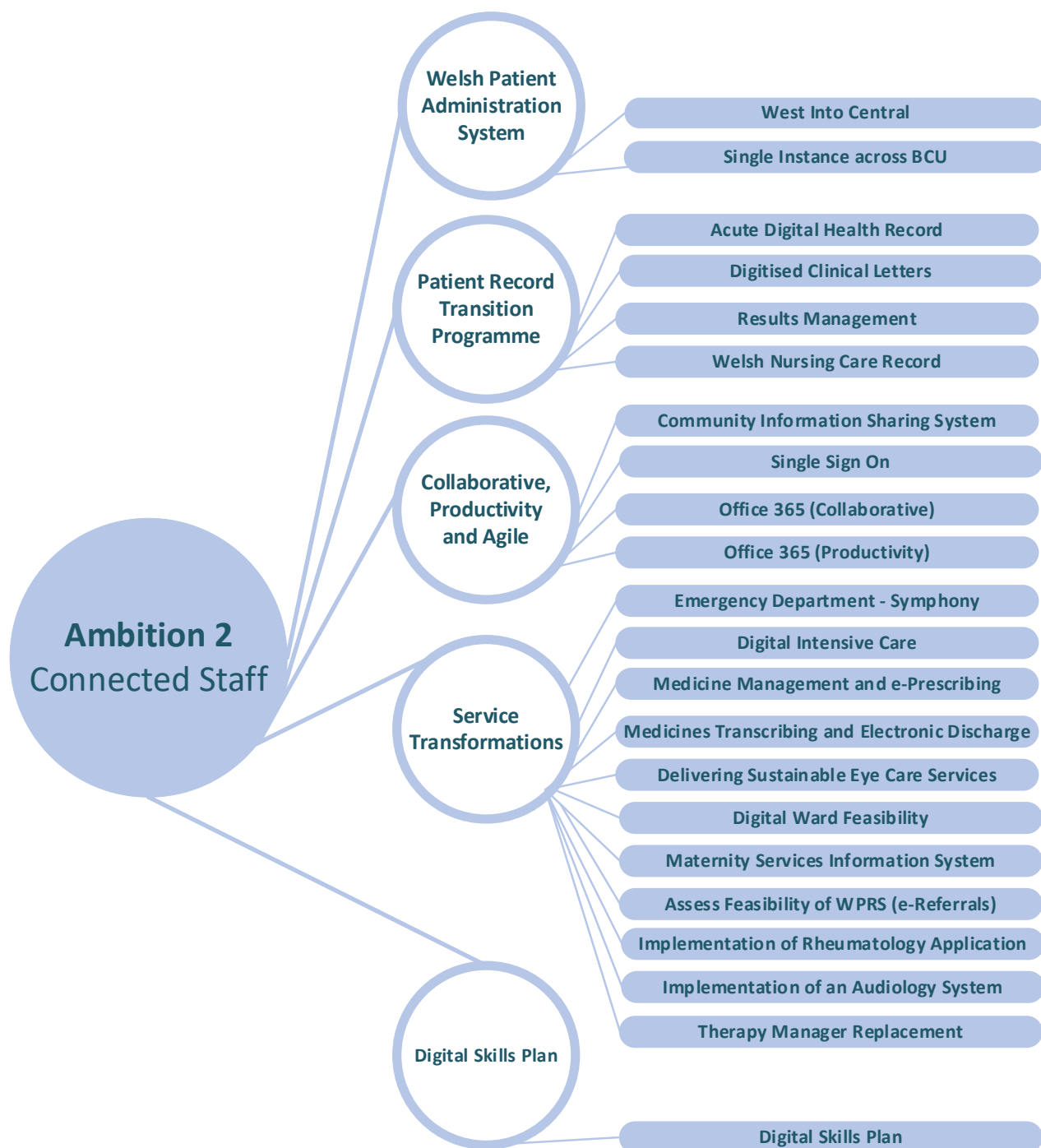
Digital Services for Public and Patients Programme (DSPP) is a national programme which will develop a Digital Portal that will provide access to parts of the digital health record to patients, including for example appointments, prescriptions, test booking and results. Patients will also be able to give their permission for other people to access the digital record such as their carers, people who provide their care and others who they choose.

This is a national project being led by DHCW and we are represented on some of the delivery groups.

Some Staff experiences mirror what we will deliver for Enabled Patients and Carers. These are:

- The implementation of the Digital Health Record to support better decision making
- Know more about the patients Outcomes and Experiences through PROMS and PREMS so that improvements can be made.
- Ability to undertake Virtual Consultations
- Ability to make e-Referrals

Delivering the Connected Staff Experiences will be done through the following key Programmes/Projects and Plans plus the delivery of the Enablers.



Welsh Patient Administration System (WPAS) Project

This is the basic core administration system in any hospital/community and we don't have this in place yet across the whole organisation. The PAS documents the patient events and provides support to the basic workflow for case note tracking, referrals, outpatient clinics and inpatient activity. Having a single PAS across all Acute Hospitals will also allow us to fully utilise the PAS and implement new systems that link in with WPAS – we won't have to implement systems multiple times so will save us time and money.

Patient Record Transition Programme (P RTP)

Our P RTP Programme is an established Programme will continue to work on deliver the following:

- Digital Health Record (DHR), creating a single digital place for the patient record, supporting integration with local and national systems in Wales and beyond.
- Digitised Clinic Letters (Digital Dictation & Speech Recognition), key to achieving the wider move from paper to digital patient records.
- Results Management – to deliver a fit for purpose solution that will be used across our clinical teams that will improve patient safety and support the transition from paper
- Welsh Nursing Care Record (WNCR) – this will transform the nursing documents through standardising the forms, so all our nurses will be using the same forms and they will be digital
- Centralised Teams – providing our staff with the right training and environments to ensure compliance with our legislative responsibilities for appropriately, safely and securely managing and sharing patient information

Collaborative, Productivity and Agile Working Programme

Our staff rated “I can work effectively as part of a multi-disciplinary team” as their highest current experience and “I can work from any location and meet my work colleagues virtually, spending less time travelling” as the 4th highest current experience – we have to continue to deliver and improve these experiences.

This Programme will be new but the projects within are existing projects and will link in with the Corporate Workforce Programme and approach to agile working, it will include:

- Implementation of a Community Information Sharing System
- Implementation of Single Sign on
- Full roll out of Office 365 (Collaborative)
- Roll out of the Office 365 Power Applications and Power Business Intelligence (Productivity)

Some of our teams such as our Community Resource Teams and Mental Health Teams work closely on a daily basis with our key partners such as Social Care and we need to be able to share patient information between partners safely – an Information Sharing Agreement is important and this is covered in Enabler 3 – Stronger Partnerships but we also need the technology to share this information so that they can work more as one team to provide the best care to the patient/service user.

We will implement a Community Information Sharing System, that meets all partner's needs, we have invested a lot of time and money already into the Welsh Community Care Information System so we will assess if this is the most appropriate solution moving forward.

Due to Covid working from home or any location has become the norm and we expect demand from our staff to continue to increase. Many of our staff have patient facing roles or provide support on site and work across sites, our staff need a seamless service regarding what site they are working from or if they are working from home.

Office 365 also provides us with opportunities for new ways of working and we will maximise our use of these so we work more efficiently.

Service Transformation Programmes and Projects

We have a significant amount of service transformations underway across the organisation and many more being planned, digital is an enabler for these transformations. How they are supported by Informatics varies depending on the project, this is why we have highlighted the need for a different approach to how we support services and that includes digital planning at a service level so the right support can be provided or prioritised. (Please see Strengthened Foundations and Digital Organisation). Through better service planning we will be able to fully view the full range of service transformations, the value and the benefits. Service Transformations have to be led by the Services and supported by Informatics.

The following Programmes and Projects have been identified from what we are currently delivering, through engagement and what external funding we know will be available nationally. They are at different stages of planning and require support. This is not an exhaustive list and many services are changing the way they work. Our Clinical, Estates and Environmental Sustainability Strategies also need to be included as digital will be crucial in supporting them so we know that we will need to add more in and prioritise

- **Emergency Department – Symphony**

Our Emergency Departments have been under significant pressure due to Covid and staff who work under these conditions need real-time information about the people that are attending, why they are attending, and where they are in their treatment which can speed up discharge.

This is provided by Symphony which we continue to roll out and upgrade in our Hospitals and Minor Injury Units, and then move onto the Welsh Emergency Department System.

This will also support the reduction in waiting times and speed up discharge, so will also improve the patient experience.

- **Digital Intensive Care**

This is in its early stages and is a National Programme that will transform critical care by automating the collection of data from the monitors and devices used to support patients with life-threatening illnesses.

- **Pharmacy - Medicine Management and e-Prescribing**

Medicine Management and e-prescribing was a recommendation in the “Pharmacy: Delivering a Healthier Wales”. This national investment will accelerate these plans for a 2021/22 delivery. This Project will result in a digital medicines management system and an e-Prescribing System and will also enable electronic transfer of prescriptions between GP’s and Community Pharmacies.

- **Pharmacy - Medicines Transcribing and Electronic Discharge (MTeD)**

MTeD has been partially rolled out within 69 ward areas across BCU, we want this to be accessible to the remaining 55 locations through the Welsh Clinical Portal. This will enable pharmacists to transcribe patient medications electronically and clinicians to record a summary about a patient's hospital stay which can be electronically sent securely to GP surgeries.

- **Ophthalmology – Delivering Sustainable Eye Care Services**

This National Project will provide an ophthalmic digital system that will provide electronic referrals between community optometry practices and hospital eye departments and enable more people to be treated and cared for locally.

E-referral will enable the safe timely transfer of clinical information to support referrals for diagnosis and treatment and avoid the delays inherent in a traditional paper based system. Implementation of e-referral and introduction of an Electronic Patient Record (EPR) for eye care will enable community optometry practices and hospital eye departments to have joint access to patient records enabling shared care and monitoring.

- **Digital Ward Feasibility**

As our wards use a range of systems, we have piloted the implementation of STREAM which helps with patient flow and discharge as well as developing a new Welsh Nursing Care Record. This feasibility will assess the funding requirements for any required digital systems and to bring together the existing multiple systems whilst linking into the Digital Ward national funding.

- **Maternity Services Information System**

“Maternity Care in Wales – A Five Year Vision for the Future (2019-2024)” provides the strategic direction of our Maternity Services. Within this 5 year plan the digital priorities are a national information system, an All Wales electronic maternity record that will be accessible to individual mothers and which will be linked across Wales so they can be accessed by the professionals providing the care.

(Please Note: This is not an exhaustive list and changes rapidly)

Digital Skills Plan

Our staff scored “I have the skills to work digitally and access to the training I need for the future” as the second highest experience they currently have but there is a possibility that this is not fully representative of our staff as it is likely that those without the skills did not complete the survey. Staff also identified that further digital training and support was needed and that technology will not be used without the skills to use it. Our staff skills are essential to successfully deliver this Strategy.

“Within 20 years, 90% of all jobs in the NHS will need some element of digital skills. Staff will need to be able to navigate a data rich healthcare environment. All staff will need digital and genomics literacy”

The Topol Review, 2019

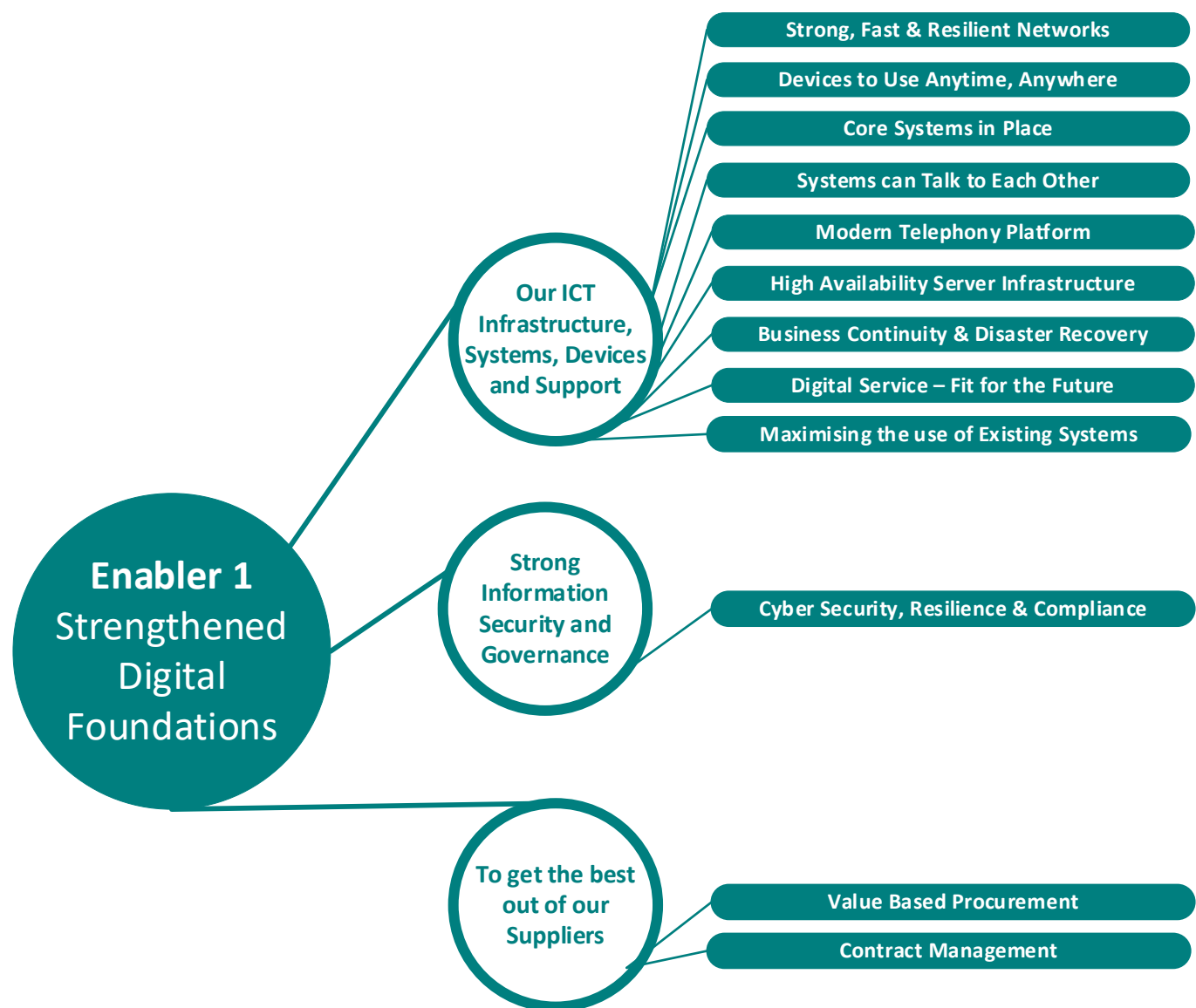
Staff need to be confident working digitally, not all our staff are confident at the moment. Our Staff have wide ranging digital skills from staff who do not use a computer as part of their everyday work to staff who use multiple systems every day.

We will develop a Staff Digital Skill Plan where digital skills are classed as a basic skill, staff can self-assess their own skills and it becomes part of their Training and Development Plan. Digital skills training will be delivered working in partnership with Digital Communities Wales, Unions and any other key partners.

This allows us to assess and improve the digital skills of our staff so when we implement new digital ways of working we have an agreed way to assess skills and identify the level of change and what needs to be done to ensure success.

Part of this Digital Skill Plan will include using existing staff support structures and the development of Digital Champions to support and improve confidence.

Delivery of Enabler 1 – Strengthened Digital Foundations



Our ICT infrastructure, systems, devices and support provided are suitable for today and the future

Building Strong, Fast and Resilient Networks

We will develop networks that provide safe and high speed connectivity with fully resilient design to ensure continuity of service supporting the organisation in ensuring that all services continue to work uninterrupted.

We will continuously increase the bandwidth to Community Hospitals and Health Care Centres and develop additional Wi-Fi capacity across the Health Board for improved corporate and patient access.

Devices to Use Anytime, Anywhere

The continued roll out of a series of modern, secure and fit for purpose PC's, Laptop, Tablets and Smartphones that meet the needs of services as their own demands change to meet patients requirements. Using software deployment methods to enable rapid roll out.

Finalising the migration of the PC and Laptop estate over to Windows 10

Continued roll out of the O365 to support collaboration, improved communication and agile capacity as included in Ambition 2 – Connected Staff.

Core Systems Place

We will have the following systems in place, these are the systems that we need in place as our core systems:

- One Patient Administration System across the Health Board (WPAS)
- Welsh Clinical Portal (WCP)
- Welsh Laboratory Information Management System (WLIMS)
- Digital Health Record (DHR)
- Community Information Sharing System (Currently WCCIS)
- Welsh Emergency Department System (WEDS)
- Welsh Radiology Information System (WRIS)
- Welsh Immunisation System (WIS)
- Data Warehouse and National Data Resource (NDR)

Please note – these are our core systems and there are other critical clinical/departmental and corporate systems that will be needed to deliver this Strategy.

We have over 280 systems across the organisation that are managed in different ways. We want each of these systems to have Business Continuity Plans in place so if they fail, services can still be delivered.

Systems can Talk to Each Other

The safe portability of patient data using nationally agreed standards and Application Programming Interfaces (API's), will support the our 'once for Wales' and indeed more broadly 'once for the patient' approach; i.e. of our patients that are transferred for speciality care, 96% receive this over our closest boarder into England and as a result we have to work closely on this with our partners and services within and beyond Wales.

Across our organisation we have lots of systems that need to talk to each other to realise the patient experience of providing their information once. When we put new systems in place we will fully assess if they can share information.

Some of our Primary Care and Secondary Care systems don't talk to each other. Primary Care providers have two main systems. This is a big gap in sharing information and impacts the patient journey when they move between services we provide to patients. This is very challenging, but we want to see if it is possible, first on a small scale.

Modern Feature Rich Telephony Platform

We will finalise the IP Telephony to enable utilisation of wider functionality and the decommissioning of the legacy systems.

We will develop contact centre technology to deliver within the organisation including GP surgeries providing call menu options such as language choice, call queuing and the consolidation of patient contact into centres that can deal with multiple types of enquiries and bookings.

We will also further develop mobile application deployment and device management to support our mobile workforce

High Availability Server Infrastructure

We will become more demand responsive and we will be able to scale up and down instantly as to meet the needs and changing demands of our services, including our seasonal demands. Our private cloud will also integrate with other Public Cloud providers to develop a Hybrid Cloud Solution allowing us to increase our technology capacity and provide externally provided service seamlessly. This hybrid approach gives us the greatest benefit to where we are now this is our staged approach to being fully in the cloud.

Business Continuity and Disaster Recovery

We will continue to develop our disaster recovery plan and undertake regular exercises to provide the assurance that plans are in place and are ready to be invoked in the event of a critical incident.

A Digital Service that is Fit for the Future

Our ICT Support and Service will further develop customer engagement as to fully capture services requirements so we can meet our customers' expectations, whilst also working towards achieving the Service Desk Institute (SDI) accreditation so we provide industry best practice.

Across Informatics, we will review our current service support model that we provide so that it can best meet the needs and demands of the services, we will also include how we can best use new communication technology.

We know from our response to covid we need to have technology that is easily transferable or portable to be able to respond to business continuity incidents.

Maximising the use of Existing Systems

We have a number of systems that require upgrades and we include these in our business as usual but when we do upgrades we need to ensure we get maximum value out of the additionally that sometimes comes with upgrades.

We will also review the use of our key systems and provide staff with the support to use the systems better and ensure that all our systems have business continuity plans.

Our Diagnostic & Laboratory Systems provide a full digital system for test requesting, processing and reporting, this a national system near the end of its contract which requires a new agreement with upgraded functionality.

Strong information security and governance

Cyber Security, Resilience and Compliance

We will have the right resources, technology, skills and staff awareness in place to prevent the increasing number of cyber-attacks and if we are attacked, we will minimise the damage and recovery required.

We will meet all our statutory requirements (Network & Information Systems Regulations Directive (NIS-D) and gain best practice certifications including Cyber Essentials (CE), IASME and ISO 27001 Certification.

Testing is important to see if what we have put in place works, so we will undertake external Penetration testing to provide assurance.

We will also ensure that there is a balance between Cyber Security and the needs of our organisation to carry out its business whilst meeting the Data Protection legislation

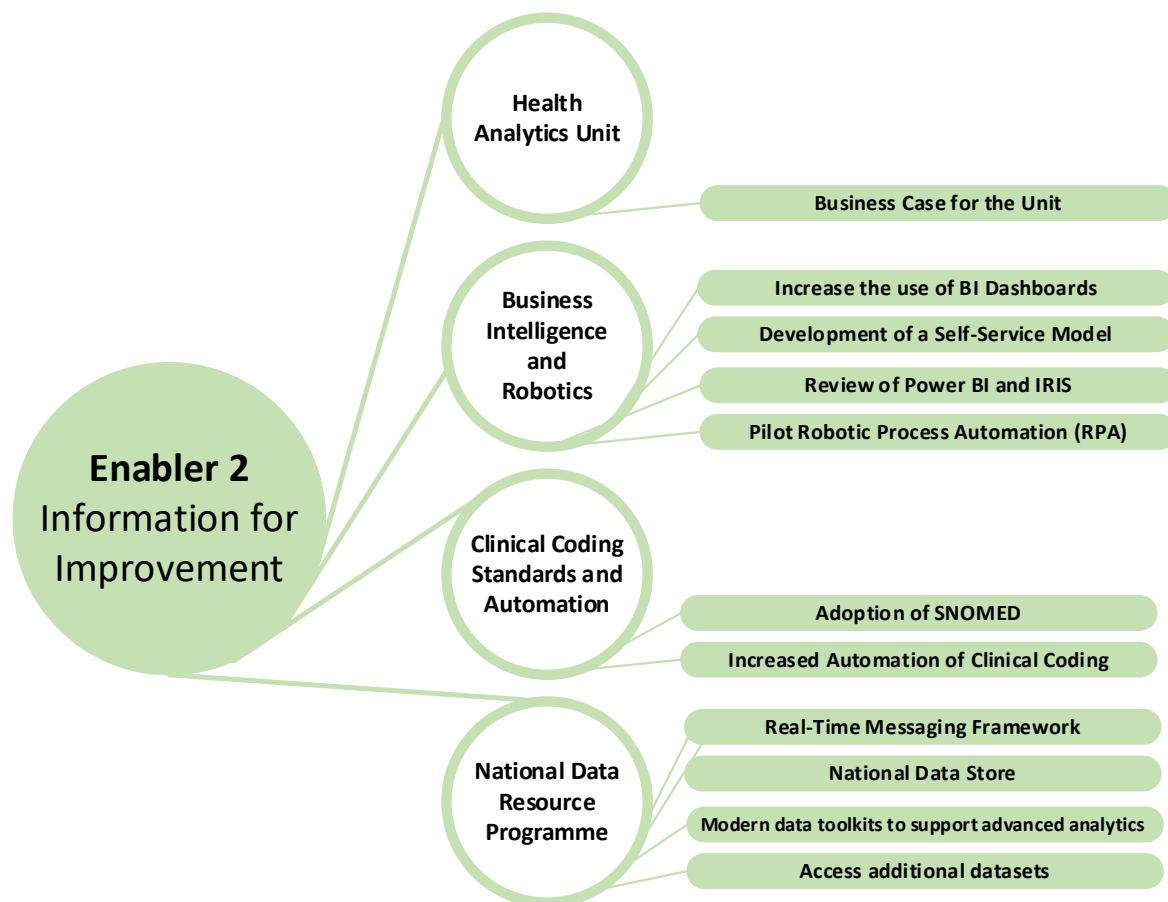
To get the best out of our suppliers

Value Based Procurement and Contract Management

We will continue to improve our procurement practices to ensure we gain the right systems/services to deliver what we need and that they are fit for purpose for the end user. This is important as it is directly related to our approach to Once for Wales. We also will work better with our suppliers to get more financial and social value from them through improved relationships and supplier management.

At a national level one of our key suppliers is Digital Health and Care Wales, they have to prioritise and meet the needs of all the Health Boards in Wales. As Health Boards are at different levels of digital maturity DHCW has to ensure they know what our priorities are to deliver this Strategy and work with us to develop our joint plans for delivery on an annual basis, before their plans are approved by the Welsh Government. We also need to monitor the implementation of our joint plan.

Delivery of Enabler 2 – Information for improvement



Health Analytics Unit

Develop a Business Case for the Health Analytics Unit.

A Health Analytics Unit would enable us to create dedicated capacity and further develop skill within the team to undertake modelling and forecasting that proactively supports the organisation with longer term planning.

We will develop a Business Case to show the added value, costs and benefits that this Unit will bring.

Business Intelligence and Robotics

Increase the use of Business Intelligence (BI) Dashboards

Many of our services use business intelligence (BI) dashboards and more services can benefit from their use. We will do this by using and further developing our account management approach working with the services to ensure information gaps are addressed and that information is at the heart of service management and decision making.

Development of Self-Service Model

Working with the services to develop a Self-Service Model to meet basic information requirements. This will allow our team of analysts to spend time dealing with complex requests work closely with information customers and problem owners to interpret the vast amount of data available to us.

Review of Power BI and Iris

We will standardise our reporting templates and develop our brand to provide consistency and assurance to our information users.

Pilot Robotic Process Automation (RPA)

Identify and undertake a RPA Pilot to demonstrate the value it can bring to some repetitive key tasks.

Clinical Coding Standards and Automation

Adoption of SNOMED-CT (Systemized Nomenclature of Medicine Clinical Terms)

We will work nationally with DHCW to implement SNOMED-CT at BCU.

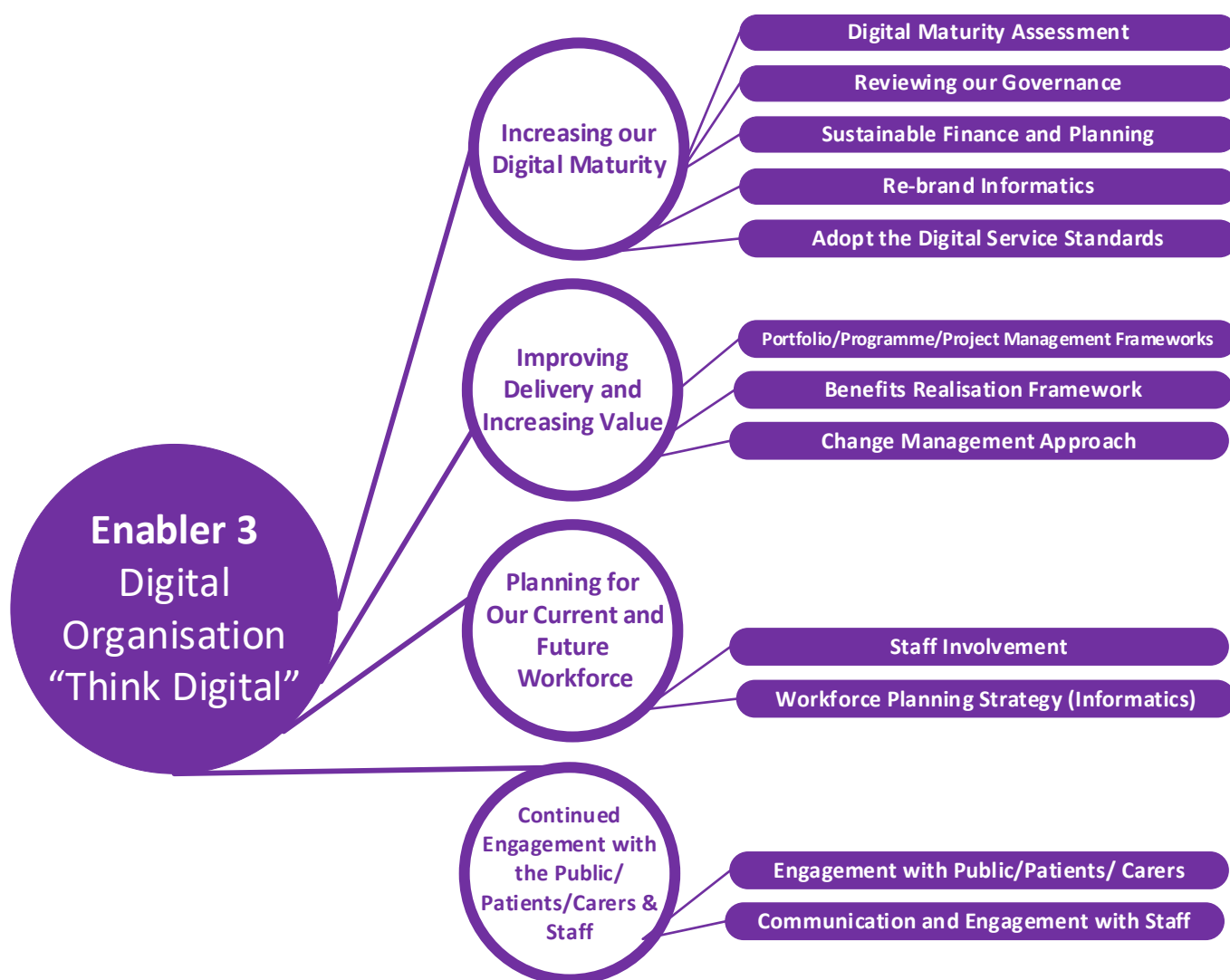
Increased Automation of Clinical Coding

Develop a project to increase the automation of clinical coding.

National Data Resource Programme (NDR)

We will continue our work with the NDR Team and we will:

- Establish a Real-Time Messaging Framework
- Establish National Data Store (Using Cloud & 'Big Data' Methodologies)
- Provide access to modern data toolkits to support advanced analytics
- Access additional datasets (i.e. WAST, 111,)



Increasing our Digital Maturity

Digital Maturity Assessment

Our digital maturity will improve through knowing where we are now and where we want to get to with a clear plan in place. We will focus on our ability to plan and roll out digital services, increase the amount we use digital to deliver services and our infrastructure we have to support our digital service delivery.

Reviewing our Governance

Our systems and processes that we use to lead, control and direct our digital work (our governance) will need to be reviewed and strengthened. This includes our digital expertise and leadership making sure we have the right people with the right skills to contribute across our organisation. Our Governance will also include all the frameworks that we need to make change happen i.e. Change, Benefits etc.

Sustainable Finance and Planning

We have limited finances, this is one of the key areas identified by our staff which they felt could impact on the delivery of this strategy. Finance is our biggest risk in the delivery of this Strategy, but we have to ensure that we provide the best experiences and outcomes that matter to people, whilst looking after our limited resources and finances.

We will make best use of our existing budget and ensure we deliver value. We will introduce new ways of working such as Portfolio Management that will help us prioritise what we do, delivering what contributes to what we need to deliver our strategic priorities and we will align this new way of working with our existing governance structures.

Where there is short term funding available for digital transformation, we need to maximise the use of this resource but whilst also ensuring what we do will last longer than the length of the funding as short term solutions can have a negative impact on patient and staff experiences.

As our funding is limited and sometimes short term we will also look for additional sustainable funding opportunities, having this Strategy and knowing our priorities will make this easier for us to take these types of opportunities.

Our business cases need strengthening for projects across the organisation so that all digital costs are fully identified as well as taking into account the lifetime costs of the systems and equipment we put in place. Again, making the best use of our resources.

Digital planning for the future at a service level needs to improve as it allows us to plan our resources and funding better and for us to be able to deliver the right projects or work that deliver our strategic priorities, provides value and benefits.

Re-brand Informatics

To modernise our thinking, we will re-brand our Informatics Department so the service are not seen to be just about lap tops and phones, but about the wider digital agenda and support with transformational change.

Adopt the Digital Service Standards

Part of becoming a Digital Organisation is that we have to keep the people who use our services at the centre of what we do and we will do this by adopting the Digital Service Standards Wales as an organisation and integrate them into our digital projects, this also supports our approach to Digital Inclusion.

Improving Delivery and Increasing Value

Portfolio, Programme and Project Management Frameworks

To ensure that we are delivering the right programmes and projects and value we will implement a Portfolio Management Framework, this will help us prioritise what we need to do.

Delivering new systems and ways of working at a pace relies on us having the right amount of staff with the right skills but also implementing new ways of working, breaking down what we need to deliver into shorter tasks, assess more often with users and change our plans as required. We will implement a more agile approach to how we manage our projects and programmes where it is appropriate and will incorporate it

into a review of our Project Management Framework and in the development of our Programme Management Framework

Benefits Realisation Framework

Having good plans in place won't deliver the change, the work we do has to make a difference and provide value and we need to be able to show this. Benefits will be identified at the very beginning of what we do and we will monitor their delivery. Benefits have to be owned by the services and our Clinical leads will play an important role in embedding this way of working.

Our focus on benefits will be on the patient i.e. safety, outcomes and experience, our staff as well as financial, non-financial, social and environmental. We need to strengthen our knowledge and experience in relation to systems and the impact on these areas; particularly patient safety, this is a key area for research for us.

Change Management Approach

This Strategy will transform how we provide services, how we work day to day and will impact on our patients and carers. Embedding these changes to realise the benefits will be challenging so we will adopt/develop appropriate change management approaches.

Planning For Our Current and Future Workforce

Staff Involvement

Increasing our clinical and non-clinical staff involvement in leading and being involved with our digital projects is crucial as they know what they need from systems and any new ways of working, this is part of our End User Design approach.

Our current Digital Clinical Leadership Team needs to be strengthened to also include a Nursing Clinical Lead, to ensure that nursing profession is fully represented and shaping Our Digital Future.

All clinical staff who take on these lead roles will all have appropriate and ongoing support to continue to develop into their roles, this support will be clinically led by our Chief Clinical Information Officer. One of the key roles that has been identified through this strategy is to be the champions for clinical benefits realisation.

This strategy will impact on all of our staff, the wider staff involvement in this change is covered in the Staff Experiences section.

Workforce Planning Strategy for Informatics

To be able to deliver this strategy we need to have the right digital workforce now and a plan for what workforce we will need over the next 5+ years, including our leadership and management. We already know that we have an increasing need for staff with cybersecurity skills and we also expect this key area to become even more complex and expensive.

Training is a key part for planning for our future skill needs, we expect that in 5 years' time our skills needs will be significantly different to today due to the pace of technological change.

Developing our Workforce Planning Strategy is a key area that we will need to work collaboratively on with our local Colleges, Universities and National Bodies such as Health Education Improvement Wales, Social Care Wales, Digital Health and Care Wales and the Centre for Digital Public Services.

Continued Engagement with the Public, Patients, Carers and Staff

Planned Engagement with the Public, Patients and Carers

The response to our Public/Patient Survey was great, and this strategy has been shaped based on the feedback and comments that we received.

Building on this engagement is important so see if this strategy is making a difference and we will work through our existing networks and also developing an informal Digital Patient Group who will be involved in testing digital solutions and providing views on approaches to digital solutions.

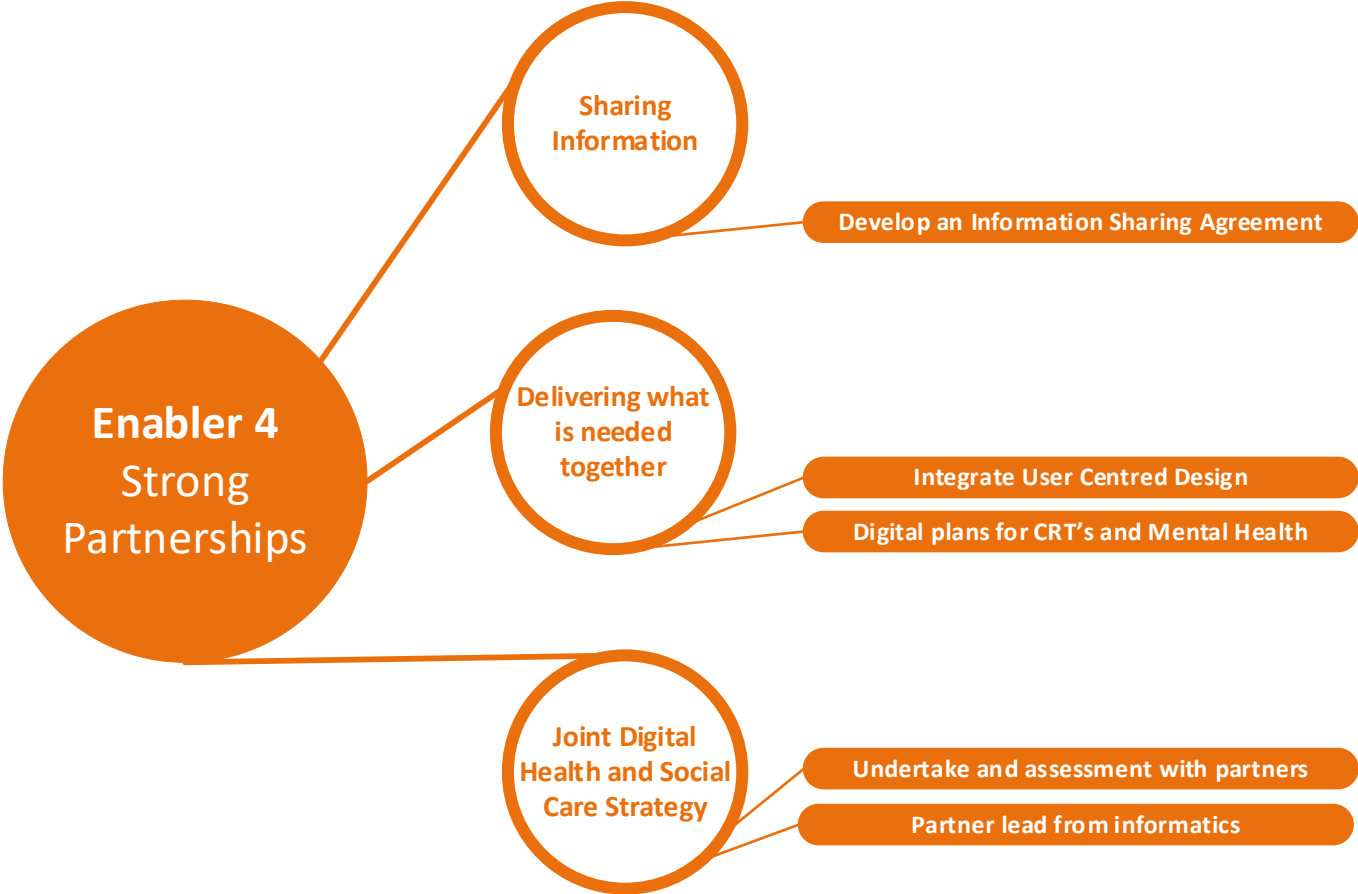
We will also need to continue to engage to assess if we have improved from the Public/Patient view as the engagement has provided us with a baseline to which we can assess our delivery of this Strategy.

Communication and Engagement with Staff

Continued Staff Engagement is also important, again so we can see if this strategy is making a difference.

All our Staff need to know about this strategy and their role to support its delivery, so we will develop a communication plan and continue to engage.

Delivering Enabler 4 – Strong Partnerships



Sharing Information

We will work collaboratively with our Partners to develop an Information Sharing Agreement so that we keep information safe and we ensure that information is shared lawfully in line with Data Protection Legislation.

- **Delivering what is needed together**

We will train our digital staff to work more co-productively and to integrate User Centred Design into how we work.

We will work co-productively with our community resource and mental health team to develop service digital plans.

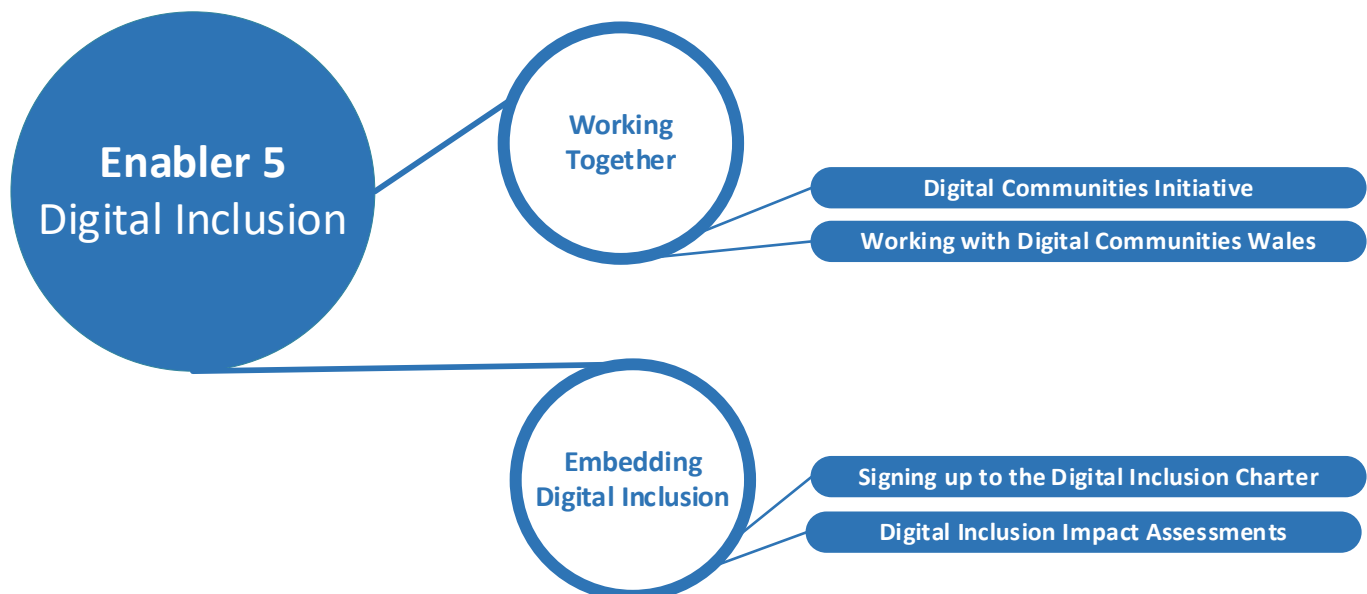
Our key internal partner is our Information Governance Team, who we will continue to work closely with to ensure we meet the Data Protection legislation and ensure privacy by design.

- **Joint Digital Health and Social Care Strategy**

We will work with our partners to assess if they would prioritise the development of a Joint Digital Health and Social Care Strategy.

We will provide a partner lead from the Informatics Service to continue to work with partners on digital opportunities that benefit our patients and staff.

Enabler 5 – Digital Inclusion



Working Together

Digital Communities Initiative

We are part of the Digital Communities Initiative and will continue to be a part of this group. We will focus on providing digital training to Health and Social Care Staff to support the most vulnerable to become digitally

included; support citizens to engage with virtual consultations and support people with new or existing chronic conditions to use digital technology.*

As we have stated we want to assess if our Local Authority Partners want to have a Joint Digital Health and Social Care Strategy. Due to the significant impact of digital exclusion on people who use our services we want to progress our work with our partners to develop a digital strategy for personalised care and support, which will form part of an overall Joint Digital Strategy.

*Note: this may not be Health Board wide as Local Authorities have to opt in to be involved.

Working with Digital Communities Wales (and/or other Welsh Government Programmes which aim to reduce digital exclusion)

Digital Communities Wales: Digital Confidence, Health and Well-being is a three-year Welsh Government funded programme which aims to reduce digital exclusion and help improve basic digital skills levels across Wales

Digital Communities Wales is one of our key partners to improve digital inclusion of both our patients and our staff. We want to continue to work with them and engage with them early when we have patient facing or staff service changes. They are the experts in developing volunteers and digital champions and can advise us on best practice. They are also a key partner in relation to our plans to support our staff in developing their digital skills. (See Ambition2: Connected Staff).

Embedding Digital Inclusion

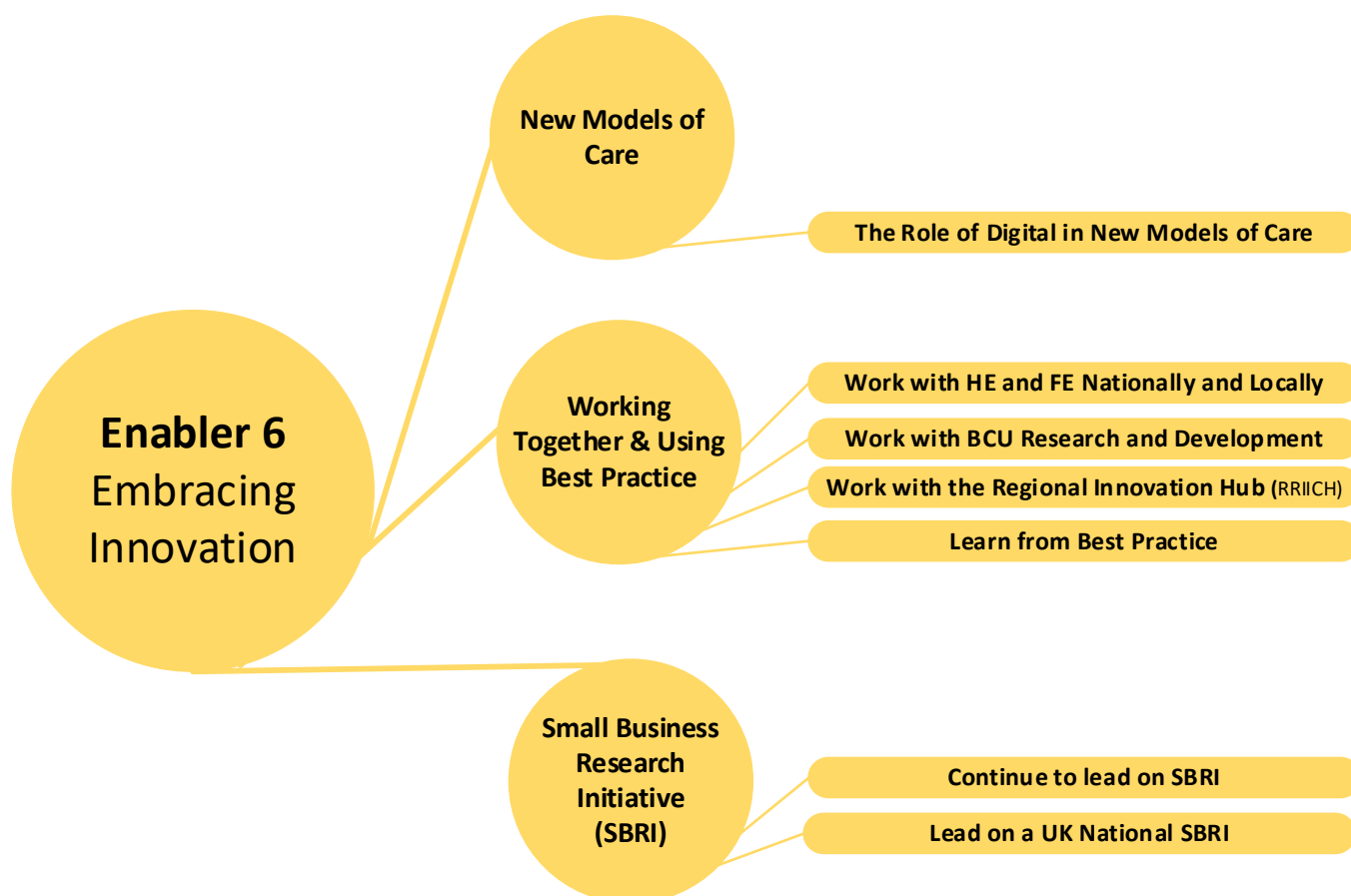
Signing up to the Digital Inclusion Charter

For our Strategy to be successful Digital Inclusion is crucial so we will sign up to the [Digital Inclusion Charter](#) and embed it into our ways of working.

Digital Inclusion Impact Assessments

The impact that we have on our users could be significant, we will fully assess the impact of the digital services that we implement and undertake a Digital Inclusion Assessment (DIIA) utilising the national digital inclusion checklist and incorporating our Socio-economic Duty.

Enabler 6 – Embracing Innovation



New Models of Care

The Role of Digital in New Models of Care.

We need to research new models of care to see which ones will work for us, most of these new models of care will need to be digitally enabled, and these will be identified through our Clinical Strategy.

The future will be very different as the digital technology and we as an organisation advance in this area, this Strategy focuses on getting the basics right but we have to be one step ahead and look at our longer term vision which is more virtual, more automated with an increase in the use of robotics.

We have started real-time monitoring of patients using wearables during covid. The Alaw Ward have been able to monitor some cancer patients who are on chemotherapy at home using a smart watch whose real-time data is being monitored by the clinicians who provide their care and who can pick up any early warning signs. We want to increase the use of this technology as it provides many opportunities to provide self-care and preventative care rather than re-active care.

Are virtual wards an option for us in the future? With the ability to remotely monitor it could support people who can and want to be at home.

Our GP Surgeries have adapted well to a more virtual approach through covid, with some using e-Consult which has alleviated some access issues for some patients. Can our GP surgeries become more digital and work together in clusters so patients have access to a wider range of surgeries?

Working Together and Best Practice

Work with Higher Education (HE) and Further Education (FE) Nationally and Locally

Innovation in Digital is happening, cross all the HE and FE Institutes and providers across Wales. We want to build stronger relationships with Bangor University and Grwp Llandrillo Menai for both innovation and workforce planning. At a national level we want to learn from the Wales Institute of Digital Information (WIDI) and their approach to developing students to be the workforce for the future.

We will also look for opportunities to work at a national level and learn from best practice.

Work with BCU Research and Development

We have our own Research and Development Team who are leading the way in innovation and we want to bring Digital and Research closer together.

Work with the Regional Research, Innovation and Improvement Co-ordination Hub (RRIICH)

The aim of the hub is to coordinate research, innovation and improvement activity in North Wales about how health and social care services can work together better. It is really important for us to link in more with the work of the hub, existing research and information that has been developed at a regional level already. An example of this is that work has already been done on “Finding Quality Health Information Online” which is important to the delivery of this Strategy.

Learn from Best Practice

We have lots of good practice within BCU, from our Partners and other Health and non-health organisations.

Reviewing this will be part of our approach.

There are many examples of good practice; Our Audiology Department have been using a patient management system so have been using a paperless system for more than 20 years. A case study of this can be found in Appendix 7.

Strong Partnerships are crucial for our future, our Cancer Services Team work with Macmillan and have just delivered the Transforming Cancer Services Together Programme, and patients have access to the Electronic Holistic Needs Assessment (EHNA) that supports person centred care. More details can be found in Appendix 8 – Macmillan Case Study.

Small Business Research Initiative (SBRI)

Continue to lead on the SBRI

The work that we have done leading the SBRI nationally is award winning and to further drive innovation we are keen to continue with this. This is funded through the Welsh Government currently on an annual basis, with a view to making permanent.

Lead on a UK National SBRI

There are so many opportunities for innovation and one of these is to work at a UK level with key partners to develop a national challenge and response.

10.Roadmap For Delivery and Measuring Success

Please note The Projects that we have Funding Secured for are the delivery dates, not the start dates. For the Business Case Dependant Projects are the dates the Business Cases will be produced.

	Enabled Patients and Carers		Connected Staff							
	Funding Secured/Not Required			Business Case Dependent			National Funding Dependent			
2021/22	Digital Letters and text reminders	Digital Dictation & Speech Recognition	Results Management	Virtual Consultations	Patient Experience System	Patient Reported Outcomes	Patient Portal (DSPP)	Digital Intensive Care project	Digital Ward	
	Symphony / WEDS	User Centred Systems Design		WNCR	Community Information Sharing System	Pharmacy - MTeD	Medicine Management & e-Prescribing			
				Eyecare Programme Implementation	WPRS (e-referrals secondary care)	Maternity Services Information System				
				Implementation of Rheumatology	Implementation of Audiology system	Single Sign on				
2022/23	Office 365 (collaborative)	Office 365 (Productivity)		Artificial Intelligence for validation	WPAS (West into Central)	Therapy Manager Replacement				
2023/24	Acute Digital Health Record			WPAS (Single Instance)						
2024/25				E-Referrals	Online Appointments		Symphony / WEDS	Digital Skills Plan		

The success of this Strategy will be measured in the following ways:

- **Improved Experiences** - patient, carer and staff experiences.
- **Improved Benefits** - The benefits that the strategy brings to the patients, carers, staff and the organisation, this will include financial and non-financial benefits and where appropriate the return on the digital investment.
- **Increased Compliance with Legislation** – Ensuring we meet the required legislation.
- **Prioritised Investment** - Prioritised sustainable investment in digital.
- **Increased Digital Maturity** – Meeting agreed maturity milestones.
- **Right Workforce to Deliver** - Having the right workforce with the right skills to deliver.
- **Time to Delivery** - Time from business case approval to implementation of the systems (Planned V Actual).

11. Monitoring and Reviewing this Strategy

An annual update on progress of this strategy will be developed and will be monitored through the Digital Information Governance Committee (DIGC) and reported to the Health Board.

This is a 3 year strategy and will be reviewed in 3 years but due to the pace of change it will require an annual update.

Appendix 1

Digital Strategy Engagement Summary

The approach

We provided opportunities for stakeholders to engage to help develop the Digital strategy. The engagement aimed to capture stakeholder feedback on the contents of the draft Digital strategy as well as understanding stakeholder's views and experiences in relation to digital.

The engagement was underpinned by a communications campaign containing key messages and specifically targeted our key stakeholders. The engagement also provided opportunities for stakeholders and the public to comment or feedback on what they feel the Digital strategy should focus on.

A two phased approach to engagement is being undertaken.

Phase 1- Engagement with all stakeholders on the priorities within the draft strategy, including feedback on their current experiences in relation to digital and what the priorities are for each stakeholder group.

Phase 2- Further engagement on the final draft to ensure the views obtained from phase 1 are reflected within the final Strategy and it meets stakeholder needs.

Executive Summary

The Digital Strategy Engagement involved a range of engagement methods including survey, focus groups, Q&A session and Social Media posts. Across these methods, over 800 people were included in the engagement which resulted in over 4,000 comments.

When analysing the feedback, it was found that, in summary, staff felt that logging in once and being able to access patient information in one place were currently not being experienced within their roles. This was backed up throughout the comments with a strong message of their being too many 'disjointed systems' and a general lack of ICT resources available to allow staff to carry out their role effectively. Access to a single, digital patient record was the experience which staff would most like to have in the future. A lack of funding and lack of ICT resources was seen to be the number one reason why the organisation may not be able to deliver on the aims of the strategy according to staff.

The feeling of staff was also backed up by patients/public, who stated that the aspirations of the strategy were likely to be held back due to a lack of funding/costs as well as current poor systems. Investing in digital was seen to be the number one solution to this.

Throughout the patients/public survey, the theme of digital exclusion was evident with respondents concerned that the move to digital would exclude some patients across North Wales. Other themes which occurred were the concern regarding the security of their data and the request for there to be a single, digital patient record to avoid duplication/ create more joined up care.

A large number of respondents stated that they were happy to participate in consultation and engagement opportunities in the future to ensure systems are co-produced.

Although the responses from partners was low, a theme of partners wanting to work in partnership/collaboration was seen as well as partners wishing for more engagement opportunities to be available.

In summary, to be able to achieve the aims of the Digital Strategy and to provide better, patient focussed care, it was seen that it is important that the Health Board invest in digital solutions and ensure the right amount of resources are provided to allow digital solutions such as the Digital Health record to be achieved. Work should take place with service users to ensure that systems are co-produced and to avoid the prospect of digital exclusion.

Appendix 2 – Delivery Plans

Acronyms

Programmes and Projects	Programmes and Projects
<p>OTP: Outpatients Transformation Programme</p> <p>MDP – My Digital Portal</p> <p>DSPP – Digital Services for Public and Patients Programme</p> <p>PRPT – Patient Record Transition Programme</p> <p>OTP – Outpatients Transformation Programme</p> <p>CPAWP - Collaborative, Productivity and Agile Working Programme</p> <p>STP – Service Transformation Project</p>	<p>ACD – Acute Care Director</p> <p>ADC – Area Director Central</p> <p>AD-CP – Assistant Director – Corporate Planning</p> <p>AD-S&BA - Assistant Director - Strategic And Business Analysis</p> <p>BCM – Business Continuity Manager</p> <p>CCIO - Chief Clinical Informatics Officer</p> <p>CDA – Clinical Director Audiology Services</p> <p>CDTS - Clinical Director Therapy Services</p> <p>CIO – Chief Information Officer</p> <p>CP – Chief Pharmacist</p> <p>CPRS – Consultant Physician Rheumatology Services</p> <p>DHO – Deputy Head of Information</p> <p>DWS – Director Women’s Services</p> <p>EDPC – Executive Director for Primary and Community</p> <p>ED-WOD – Executive Director – Workforce and Organisational Development</p> <p>HICTS - Head of ICT Services</p> <p>HICTS – Head of ICT</p> <p>HIPAI – Head of Informatics Programmes, Assurance and Improvement</p> <p>HOI – Head of Information</p> <p>HOP&CE – Head of Patient & Carer Experience</p> <p>HPRDI – Head of Patient Records and Digital Integration</p> <p>PMOTP – Programme Manager – Outpatients Transformation Programme</p> <p>SBA – Senior Business Analyst</p> <p>SLNIS - Senior Lead Nursing Informatics Specialist</p>

Please note: The dates below shaded in colour are the delivery dates.

Experience	Ref.	Action	Lead	2021/22	2022/23	2023/24
Ambition 1 - Enabled Patients and Carers						
I am communicated in a way that is best for me	1.1	OTP: To develop e-Referrals (Note: This cannot be delivered until WPAS is in place so an alternative will be assessed)	PMOTP/HIPAI	Business Case Dependant		2024/25
	1.2	OTP: Continue the Implementation of Virtual Consultations	PMOTP	Business Case Dependant		
	1.3	OTP: To develop and deliver a plan to improve patient communication	PMOTP	Business Case Dependant		
	1.4	OTP: The use of artificial intelligence for validation	PMOTP	Business Case Dependant		
	1.5	MDP: Development of digital letters and text reminders through NeoPost (Interim until WPAS is live)	HOI			
	1.6	Online appointments in Secondary Care is WPAS dependant		TBC		2024/25
	1.7	To plan any new patient digital systems so they take the language/method/format into account (Includes the Welsh Language)	HIPAI			
I am listened to	1.8	To embed a user-centred design approach into the implementation of patient focused systems.	HIPAI			
	1.9	To implement Patient Experience System	HOP&CE	Business Case Dependant		
I have a better patient experience and quality of care	1.10	Implementation of the Digital Health Record (for reporting purposes this will be covered in the Connected Staff Ambition)				
	1.11	To keep up to date with the Technology Enabled Care (TEC Cymru) Centre to identify and prioritise TEC projects for care closer to home.	HIPAI			
	1.12	To assess the impact on patient safety through our benefits realisation framework.	SBA			
I trust that my data is safe	1.13	Please see Enabler 1 Delivery Plan – Cyber Security and Resilience				

I can actively manage my care	1.14	DSPP: To work support the national development of the Digital Services for Public and Patients Programme. (Patient Portal Gateway)	HOI/HIPAI/ HPRDI/CCIO			
	1.15	DSPP: To implement the Patient Portal (DSPP).	CIO	Early Stages National Project		2025/26
	1.16	Promote the “Finding Health Information Online” leaflet	HOI			

Ambition 2 – Connected Staff

Experience	Ref.	Action	Lead	2021/22	2022/23	2023/24
Ambition 2 - Connected Staff						
I am able to make better decisions. I have the right data at the point of care	2.1	PRTP: Implementation of the Digital Health Record	HPRDI			
	2.2	PRTP: Implementation of WNCR	SLNIS	Business Case Dependant		
	2.3	STP: Implementation of the Welsh Patient Administration System – West into Central	HIPAI	Business Case Dependant		
	2.4	STP: Implementation of the Welsh Patient Administration System – Single Instance	HIPAI	Business Case Dependent		
I can use a range of digital communication methods to suit my patients needs	2.5	OTP: Implementation of Virtual Consultations (Covered in Ambition 1)				

I have the digital skills, confidence and the right equipment to do my job	2.6	Develop a Digital Skills Plan working collaboratively with our key partners. (Right devices covered in Enabler 1 – Strengthened Digital Foundations)	ED - WOD	Business Case Dependant		
I am actively involved in improving my service	2.7	Implementation of user centred design in the development/implementation of new systems	HIPAI			
I can work effectively as part of an internal team or with key partners	2.8	CPAWP: Implementation of a Community Information Sharing System	HIPAI	Business Case Dependant		
	2.9	CPAWP: Full roll out of Office 365 (Collaborative)	HICTS			
	2.10	CPAWP: Roll out of the Office365 Power Applications and Power Business Intelligence (Productivity)	HICTS			
I can work more efficiently through new ways of working	2.11	CPAWP: Implementation of Single Sign on.	HICTS	Business Case Dependant		
	2.12	OTP: Implementation of e-Referrals (Covered in Ambition 1)				
	2.13	P RTP: Digitise Clinical Letters (Digital Dictation & Speech Recognition) Project	HPRDI			
	2.14	P RTP: Implementation of Results Management Project	HPRDI			
	2.15	STP: Implementation of Symphony/WEDs	HIPAI			
	2.16	STP: Intensive Care Unit – implementation of Digital Intensive Care Project	TBC	National Funding Dependant		
	2.17	STP: Feasibility of a Digital Ward	HIPAI	National Funding Dependent		

	2.18	STP: Pharmacy – Implementation of Medicine Transcribing and E-Discharge Project (MTeD)	CP	Business Case Dependant		
	2.19	STP: Implementation of Medicine Management and e-Prescribing	CP	National Funding Dependant		
	2.20	STP: Implementation of the EyeCare Programme	ACD	Business Case Dependant		
	2.21	STP: Assess the feasibility of the implementation of WPRS (e-Referrals internal Secondary Care)	HIPAI	Business Case Dependant		
	2.22	STP- Maternity Services Information System	DWS	Business Case Dependant		
	2.23	STP: Implementation of Rheumatology	CPRS	Business Case Dependant		
	2.24	PRTP: Implementation of an Audiology System Therapy	CDA	Business Case Dependant		
	2.25	CPAWP: Therapy Manager - Replacement - options appraisal to be undertaken 2021	CDTS		Business Case Dependant	

Enabler 1 - Strengthened Digital Foundations

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Our ICT infrastructure, systems, devices and support provided are suitable for today and the future						
Building Strong, Fast and Resilient Networks	3.1	Using Optical Spectrum Access (OSA) technology over dedicated optical fibre circuits to increase bandwidth and resilience between Data Centres and District General Hospitals	HICTS			
	3.2	Increasing bandwidth to Community Hospitals and Health Centres utilising Welsh Government funding made available via the North Wales Economic Ambition Board	HICTS			
	3.3	Continuously building additional WiFi capacity and extended coverage for improved corporate and patient access	HICTS			
Devices to Use Anytime Anywhere	3.4	Finalise migration of PC and Laptop estate to Microsoft Windows 10 and reduce hardware lifecycle to enhance user experience and productivity	HICTS			
	3.5	Develop software deployment methods to enable rapid roll-out of PC's, Laptops, Tablets and Mobile Phones	HICTS			
	3.6	Continued roll-out of Microsoft Office 365 to further support collaboration, improved communication and agile capability to work anywhere	HICTS	Please see Ambition 2 – Connected Staff		
Core Systems in Place and Business Continuity	3.7	Implementation of WPAS – Single Instance	HIPAI	Please see Ambition 2 – Connected Staff		
	3.8	Implementation of a system that enables sharing patient data with our key partners	HIPAI	Please see Ambition 2 – Connected Staff		
	3.9	Business Continuity Plans in place for all systems across the organisation	BCM			
Systems can Talk to Each Other	3.10	Work at a National level to support the development standards for integration/interfaces				
	3.11	Undertake integration assessments when implementing any new systems	HPRDI /HIPAI			
	3.12	Develop a business case to develop a pilot for integration between Primary Care and Secondary Care systems	HIPAI			
High Availability Server Infrastructure	3.13	Completion of move to fully virtualised server architecture to support hybrid cloud infrastructure enabling the Health Board to consume services to meet changing service requirements	HICTS			
	3.14	Employ Storage Virtualisation technologies to create a demand responsive and resilient storage architecture	HICTS			

	3.16	Robust management maintaining high levels of availability and resilience delivering key clinical and business systems across geographically diverse Data Centres	HICTS			
Modern Feature Rich Telephony Platform	3.17	Finalise IP Telephony migration to enable utilisation of wider functionality and decommissioning of legacy telephony systems	HICTS			
	3.18	Development of contact centres for Health Board managed GP practices in-line with GMS standards	HICTS			
	3.19	Further develop mobile application deployment and device management to better support mobile workforce	HICTS			
A Digital Service that is Fit for the Future	3.20	Develop customer engagement to fully capture technology requirements in order to inform and align ICT service delivery and meet customer expectations	HICTS			
	3.21	Develop ICT support processes to achieve Service Desk Institute (SDI) accreditation in order to consistently deliver industry best practice ICT service management	HICTS			
	3.22	Review Informatics Support Model and pilot a new model in Mental Health and our Community Resource Teams, incorporating best practice in communication technology	HIPAI			
Maximising the use of Existing Systems	3.23	Upgrade WLIMS	HICTS			
	3.24	Undertake a review of the usage of our key systems and provide staff with the support to use the systems better.	HIPAI			
Strong information, security and governance						
Cyber Security and Resilience	3.25	Achieve Cyber Essentials (CE), IASME and ISO 27001 Certification	HICTS	Dates to be confirmed		
	3.26	Put in place the necessary requirements to fulfil the statutory Network & Information Systems Regulations Directive (NIS-D)	HICTS	Dates to be confirmed		
	3.27	Regular internal vulnerability assessments and external Penetration Tests to provide assurance of the Health Boards security posture	HICTS			
Best Value out of Suppliers						
Value Based Procurement and	3.28	Work collaboratively with NWSSP to strengthen procurement processes. use Value Based Procurement where appropriate and to gain maximum value from our contracts (Including Social Value)	HIPAI			

Contract Management	3.29	Develop a whole lifecycle relationship management model (Includes contract management)	HIPAI			
	3.30	Annually develop a joint plan for the year ahead with DHCW	HIPAI			

Enabler 2 – Information to Improve

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Information To Improve						
Health Analytics Unit	4.1	Develop a Business Case for the Health Analytics Unit	DHI			
Business Intelligence and Robotics	4.2	Increase the use of BI Dashboards	DHI			
	4.3	Development of a Self-Service Model	DHI			
	4.4	Review of Power BI and IRIS	DHI			
	4.5	Pilot Robotic Process Automation	DHI			
Clinical Coding Standards and Automation	4.6	Adoption SNOMED	HOI			
	4.7	Increased Automation of Clinical Coding	HOI			
National Data Resource Programme	4.8	Establish a Real-Time Messaging Framework	HOI			
	4.9	Establish National Data Store (Using Cloud & 'Big Data' Methodologies)	HOI			
	4.10	Provide access to modern data toolkits to support advanced analytics	HOI			
	4.11	Access additional datasets (i.e. WAST, 111,)	HOI			

Enabler 3 - Digital Organisation

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Think Digital						
	5.1	Baseline our Digital Maturity (Includes Leadership & Capabilities)	HIPAI			

Digital Maturity and Governance	5.2	Develop a Digital Maturity Action Plan	HIPAI			
	5.3	Undertake a review of Digital Governance as to incorporate the Digital Strategy	?			
	5.4	Chief Information Officer to sit on the Board (Or Board approved digital representative)	CEO			
	5.5	Develop a Communication Plan to raise awareness of the Strategy	HIPAI			
Re-branding	5.6	Re-brand the Informatics Service	HIPAI			
Digital Service Standards	5.7	To adopt the Digital Service Standards Wales	CIO			
	5.8	To integrate the Digital Standards Wales into the Programme/Project Documentation	HIPAI			
Finance and Planning	5.9	Corporate review of the Business Case so it fully captures digital requirements	AD-S&BA			
	5.10	Implement a Management of Portfolio approach which includes a full review of governance of Digital Programmes/Projects	HIPAI			
	5.11	Allocate a lead from Informatics to have overview of all external funding	CIO			
	5.12	Review the Corporate Planning process and templates to ensure that service digital requirements are fully captured	AD-CP			
Delivery and Making a Difference	5.13	Review of Project Management Framework to become more agile	HIPAI			
	5.14	Develop and implement a Programme Management Framework	HIPAI			
	5.15	Implementation of Management of Portfolio	HIPAI			
	5.16	Develop and fully implement a Benefits Realisation Framework (Including Training/Support)	HIPAI			
	5.17	Undertake research on the impact of systems on patient safety and outcomes and integrate the findings into the Benefits Realisation Framework	HIPAI			
Workforce Planning	5.18	Develop and Informatics 5 year Workforce Planning Strategy and Implement	HIPAI			
Staff Involvement	5.19	Fully assess the level of staff engagement in all project engagement and communication plans.	HIPAI			
	5.20	Appointment of a Clinical Digital Nurse Lead	CCIO			
	5.21	To use the Competency Framework for Clinical Informaticians to develop a training needs analysis for existing Clinicians and part of the induction process for new Clinicians taking on this role	CCIO			
Continued Engagement	5.22	Set up a virtual digital patient group	HIPAI			
		Do a follow up public/patient engagement to monitor changes in perception from the first engagement	HIPAI			

Enabler 4 – Strong Partnerships

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Strong Partnerships*						
Information Sharing	6.1	To develop an Information Sharing Agreement and embed it into practice	ADC			
Delivering what is needed together	6.2	Project Staff to attend training and provided with support to work co-productively	HIPAI			
	6.3	Allocate a Partner Lead from Informatics	HIPAI			
Joint Health and Social Care Digital Strategy	6.4	To assess the feasibility with all 6 Local Authorities in North Wales for a Digital Strategy for Health and Social Care	HIPAI			

* Note: a lot of the partnership actions are covered in the ambitions and other enablers.

Enabler 5 – Digital Inclusion

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Digital Inclusion						
Digital Communities Initiative	7.1	To continue to be part of the Digital Communities Initiative				
	7.2	Develop and integrated Digital Strategy for the Personalisation of Health and Social Care		To be confirmed with Partners		

Embedding Digital Inclusion	7.3	Sign up to the Digital Inclusion Charter	CIO			
	7.4	Develop a Digital Inclusion Impact Assessment utilising the Digital Inclusion Checklist	HIPAI			
	7.5	Undertake a Digital Inclusion Impact Assessment for all digital service changes that we make	HIPAI			
Digital Communities Wales	7.6	Further develop the relationship with Digital Communities Wales and report on what work they are doing with the Health Board as a way of sharing good practice	HIPAI			

Enabler 6 – Embracing Innovation

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Embracing Innovation						
Research and Development	8.1	Work with HE and FE nationally and locally	CIO			
	8.2	Work with BCU Research and Development	CIO			
	8.3	Work with the Regional Innovation Hub (RRIICH)	CIO			
	8.4	Have a Research and Development Lead for Informatics and share with all services				
	8.5	Learn from best practice	ALL			
Small Business Research Initiative	8.6	To continue to host the National Small Business Research Initiative Centre of Excellence.	LJ			
	8.7	To lead on work with the other 4 UK SBRI nations to develop and run a UK wide challenge.	LJ			
	8.8	To continue to collaborate with colleagues across public sector organisation within Wales to identify unmet needs and run challenges within industry.	LJ			
	8.9	To strengthen the Centre's innovation footprint and standing across Wales.	LJ			
	8.10	To work with procurement colleagues across Wales to ensure procurement and adoption of successful solutions.	LJ			

Appendix 3

Full List of National Strategies, Plans and Programmes

A Healthier Wales

Welsh Government wants everyone to have long, healthy, happy lives. For this to happen they need to help people look after themselves well and need to make sure we have the right health and social care services to help people stay well, to get better when they are ill, or to live the best life possible when they have problems that won't get better.

In 2020 they asked a group of experts to advise how they could ensure the health services and the services which look after people who need extra support (social care) are the best they can be. Those experts recommended a number of changes, in particular to make it easier for the NHS and social care to work together in a joined-up way. They should also work with other services like education and housing, to help people stay healthy and independent for as long as possible. When someone needs help because their health is poor, that help must be provided by the right people, in the right place, and at the right time. The Healthier Wales Plan explains how Welsh Government intend to make this happen.

Public Health Wales Strategic Plan 2019-2022

Sets out seven new priorities that PHW believe will add the most value and make the most contribution to improving health, well-being and sustainability in Wales.

Prudent Healthcare

Securing Health and wellbeing for future generations. Ensuring public and professionals are equal partners through Coproduction. Care those with the greatest health need first. Do only what is needed and do no harm. Reduce inappropriate variation through evidence-based approaches.

Value Based Healthcare

Value in Health is a national programme of work striving towards achieving a Value-Based Health Care approach across NHS Wales in support of Prudent Healthcare principles. The vision is to work collaboratively with organisations to improve the health outcomes that matter most to the people of Wales.

Seeks to improve the health outcomes that matter most to the people in Wales. By asking people about their outcomes and creating a data-driven system which seeks to provide timely information to citizens, clinical teams and organisations to inform decision-making that leads to outcomes that are financially sustainable.

Delivering Digital Inclusion: A Strategic Framework for Wales

Work is underway to formulate a strategy to achieve a smarter, better connected society and economy by making sure everybody in Wales has access to digital technologies and knows how to use them. The Strategy aims to support and help the public sector to provide excellent online digital services to people and businesses and an intention to provide leadership and action in all aspects of digital service development, and design.

Workforce Strategy for Health and Social Care

Sets out ambitious goals for a workforce that will match the requirements of a transformed health and social care system. It also addresses the need to tackle serious challenges with supply, recruitment and retention of staff.

It reflects a core element of the Parliamentary Review and A Healthier Wales' 'Quadruple Aim' to deliver an inclusive, engaged, sustainable, flexible and responsive workforce to deliver excellent health and social care services.

[Informed Health and Care](#)

Is a Digital Health and Social Care Strategy for Wales. This strategy outlines how we will use technology and greater access to information to help improve the health and well-being of the people of Wales. It describes a Wales where citizens have more control of their health and social care, can access their information and interact with services online, promoting equity between those that provide and those that use our services in line with prudent healthcare and sustainable social services.

[Digital Strategy for Wales](#)

Welsh Government are currently developing the new Digital Strategy for Wales, it has identified 6 Missions.

[National Programme for Unscheduled Care \(NPUC\)](#)

One of three national programmes prioritised by the Welsh Government Minister for Health and Social Services.

This will include work to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments to enable optimisation of clinical outcomes and patient and staff experience.

[Strategic Programme for Primary Care \(SPPC\)](#)

An All-Wales Health Board-led programme that works in collaboration with Welsh Government. The Programme aims to bring together and develop all previous primary care strategies and reviews at an accelerated pace and scale, whilst addressing emerging priorities highlighted within a Healthier Wales.

[Transforming Outpatients Programme](#)

To deliver improved and more efficient services for patients - with the specialist medical advice and access to the right information.

To enable patients to be seen in the right place, at the right time, and by the most appropriate healthcare professional.

To ensure that every interaction adds value and understanding for both the patient and the clinician.

[Digital Transformation Programme](#)

Looking at;

- Transforming digital services for patients and public
- Transforming digital services for professionals

- Investing in data and intelligent information
- Modernising devices and moving to cloud services
- Cyber-security and resilience

Digital Public and Patient Services Programme

Creating a Core Platform, the programme aims improve digital services for NHS Wales' patients. This programme will explore the opportunities and challenges within the system and how it will work to seek to improve the way NHS Wales uses digital for a multitude of patient interactions and activities.

Pharmacy - Delivering a Healthier Wales

Aligned to A Healthier Wales, the Welsh Government's long-term vision for health and social care, Pharmacy: Delivering a Healthier Wales sets out long term goals and principles, and short-term actions required to transform the role and contribution of pharmacists, pharmacy technicians, pharmacy teams and pharmacy premises. A transformation which is required to maximise the health gain the citizens of Wales derive from their interactions with the pharmacy profession.

Together for Mental Health in North Wales

Together for Mental Health in North Wales is Betsi Cadwaladr University Health Board's all-age plan to improve the mental health and wellbeing of people across North Wales.

This new approach aims to ensure that people of all ages receive the right support, in the right place, at the right time, throughout their lives. This involves moving away from a clinical, specialist model of bed-based care to one which is focused on community-based prevention and early intervention.

Maternity Care in Wales – A Five Year Vision for the Future (2019-2024)

Maternity Care in Wales provides the strategic vision for Maternity Services across Wales, its vision is. This vision will be delivered through the 5 principles of maternity care that have been identified.

In order to ensure that children in Wales have the best start in life Strategy will need to develop sustainable services that are able to prepare families for parenthood, as well as responding to their social, emotional and physical health needs. Pregnancy also represents an opportunity to support women to adopt healthy lifestyles and maximise her families' health and wellbeing across their life course.

Other key documents used to develop the Strategy (Right click and Open Hyperlink)

[A Coherent and Trustworthy Health Network](#)

[A Digital Health and Social Care Informed Health and Care; A Digital Health and Social Care Strategy for Wales \(gov.wales\)](#)

[A Healthier Wales: A Plan for Health and Social Care](#)

[A New Era of Digital Leadership](#)

[Betsi Cadwaladr Three Year Plan 2018 2021](#)

[Designing Digital Skills Interventions for Older People](#)

[Digital Communities Initiative](#)

[Digital Inclusion and Basic Skills.](#)
[Digital Inclusion Forward Look: towards a digitally confident Wales \[HTML\] | GOV.WALES](#)
[Digital Inclusion Guide for Health and care in Wales](#)
[Digital Inclusion Guide for Health and Social Care Wales](#)
[Digital Inclusion Guide Health and Social Care](#)
[Digital Inclusion Health and Care](#)
[Digital Inclusion Health and Care Lessons Learned NHS Widening Digital](#)
[Digital Inclusion in Health and Care in Wales](#)
[Digital Inclusion in Wales](#)
[Digital Inclusion NHS Wales and ABMU](#)
[Digital transformation in the NHS \(nao.org.uk\)](#)
[Digital Wales](#)
[Every Nurse is an E-nurse](#)
[Eye care wales](#)
[Finding Quality Health Information Online](#)
[HEE-Topol-Review-Mental-health-paper.pdf](#)
[HIMSS Analytics EMRAM Criteria Sheet](#)
[ICT Strategy for the Public Sector in Wales](#)
[Informatics Strategy 2017-2021](#)
[Informatics systems in NHS Wales \(audit.wales\)](#)
[Informed Health and Care – A Digital Health and Social Care Strategy for Wales](#)
[Informed Health and Care a Digital Health and Social Care Strategy for Wales](#)
[Living Healthier Staying Well](#)
[Maternity Care in Wales](#)
[Nuffield Trust Delivering the Benefits of Digital Technology](#)
[Oxford Health NHS Trust Operational Plan 2019-20](#)
[Parliamentary Review of Health and Social Care in Wales Final Report \(gov.wales\)](#)
[Primary Care Model for Wales written description April 2019 \(Eng\).pdf](#)
[Public Health Wales Digital Technology Report 2019](#)
[securing-health-and-well-being-for-future-generations.pdf \(gov.wales\)](#)
[The benefits of adopting a user centred design approach \(digitalhealth.net\)](#)
[The Topol Review \(hee.nhs.uk\)](#)
[Transforming Care through Technology toolkit](#)
[Transforming the way we deliver Outpatients in Wales](#)
[VBHC Action Plan 2019-2022.pdf \(wales.nhs.uk\)](#)
[Wachter Review](#)
[Wanless Report](#)

Appendix 4

Where are we now – Ambitions, Enablers and Current Systems

The following represents where we are now in relation to our Ambitions, Enablers and Current Systems, in the lifetime of this Strategy we want to move towards full delivery and embedding into ways of working and in some cases leading the way.

Our Ambitions



Ambition 1 - Enabled Patient and Carer



Ambition 2 – Connected Staff

Therapy Manager Replacement				
Audiology System				
Rheumatology Application				
Feasibility of WPRS				
Maternity Services Information System				
Medicines Prescribing & Electronic Discharge				
Medicine Management and e-Prescribing				
Digital Ward		Symphony (ED)	Pathology TRAC	
ICU Project		Results Management	Primary Care Systems	
Single Sign On	Eye Care Project	Digitised Clinical Letters (DSSR)	Therapies System	
Online Appointments	MTeD	O365	PACS	
PROMS &PREMS	WNCR	WPAS	Welsh Clinical Portal	
Patient Portal	E-referrals	Digital Letters & Text Reminders	Welsh Clinical Communications Gateway	Audiology Systems
User Centred Design	Digital Health Record	Virtual Consultations	Telemedicine(West)	Text Reminders

New to BCUHB or work has not progressed

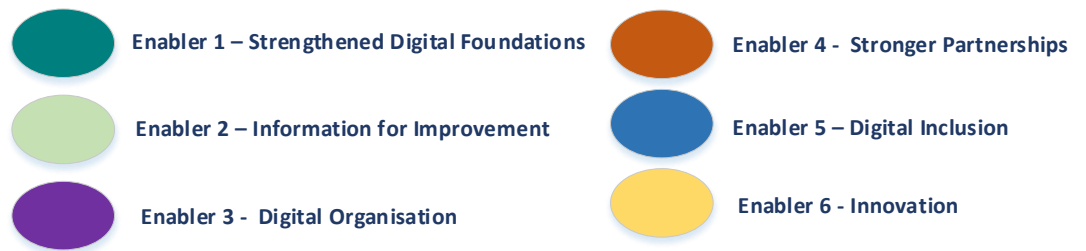
Business Case/Plan but work has not started

Business Case/Plan and work has started

Embedded into Ways of Working

Leading the Way

The 6 Enablers



Digital Research and Development				
Embedding Digital Inclusion				
Joint Digital Health and Social Care Strategy				
Digital Plans for CRT's and MH				
User Centred Design				
Continued Engagement				
Workforce Planning				
Staff Involvement				
Change Management Approach				
Benefits Realisation Framework				
Portfolio, Programme and Project Management Frameworks				
Digital Service Standards				
Re-brand Informatics				
Sustainable Finance and Planning				
Digital Maturity & Governance				
Clinical Coding Standards and Automation				
Pilot Robotic Process Automation		Digital Communities Wales Relationship		
Review of Power BI and IRIS		Digital Communities Initiative		Small Business Research Initiative
Business Intelligence Self-Service		Staff Involvement		Response to Covid
Digital Analytics Unit		Cyber Security		Account Managers Model
Contract Management		Modern Telephony		Text Reminders
Value Based Procurement	Information Sharing Agreement	Core Systems in Place		Alert Texts
Maximising the use of Existing Systems	Safe and Responsive Storage	The Right Devices		IT Infrastructure
Digital Service Fit for the Future	Business Continuity of all Systems	Strong Resilient Networks	Business Intelligence Dashboards	Public Wifi
New to BCUHB or work has not progressed	Business Case/Plan but work has not started	Business Case/Plan and work has started	Embedded into Ways of Working	Leading the Way

Betsi Cadwaladr University Health Board

BCUHB infrastructure overview

Statistics



3 Switchboards
4.5m Calls Per
Annum



16,000 Service
Users



3 Data Centres



Supporting
Staff Across
194 Sites



800 Wireless
Access Points



6500 Laptops
7000 PC's



4100 Mobile
Phones



1400 Printers
475 MFD's



16,500
Telephone
Handsets



725 Physical &
Virtual Servers



750 Cisco
Network
Switches



500 Tb of Data
Stored



95,000 Service
Support Calls
Per Annum



3400
Pagers/Bleeps



100+ Firewalls



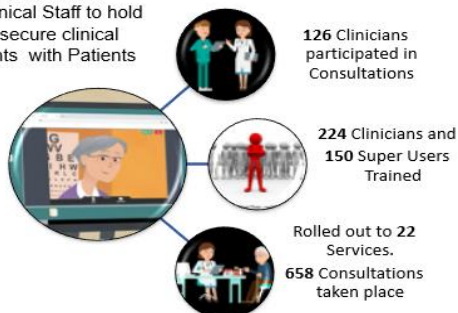
280 Business &
Clinical Systems
Supported

Appendix 6

Our Response to Covid

Informatics – COVID 19 Response

The rapid deployment of Attend Anywhere by Informatics Teams enabled Clinical Staff to hold safe and secure clinical appointments with Patients

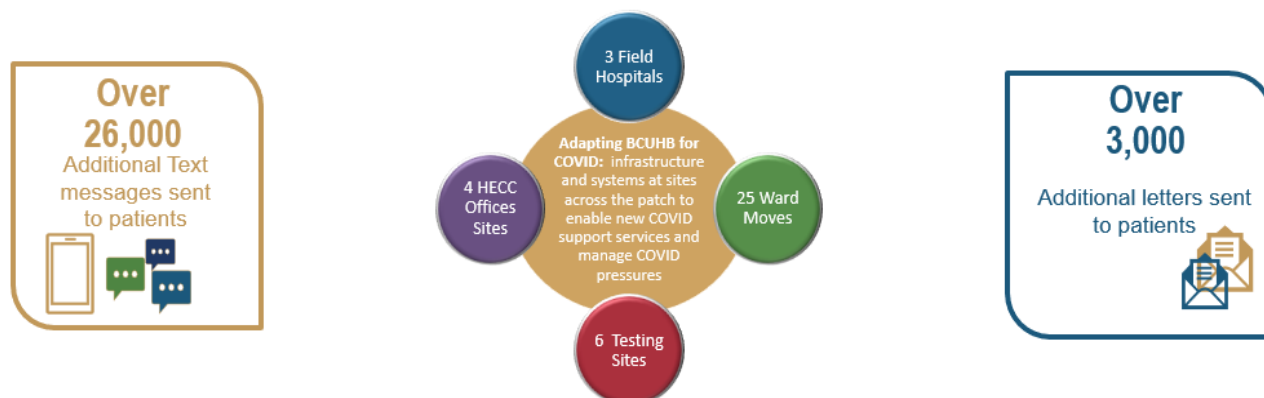
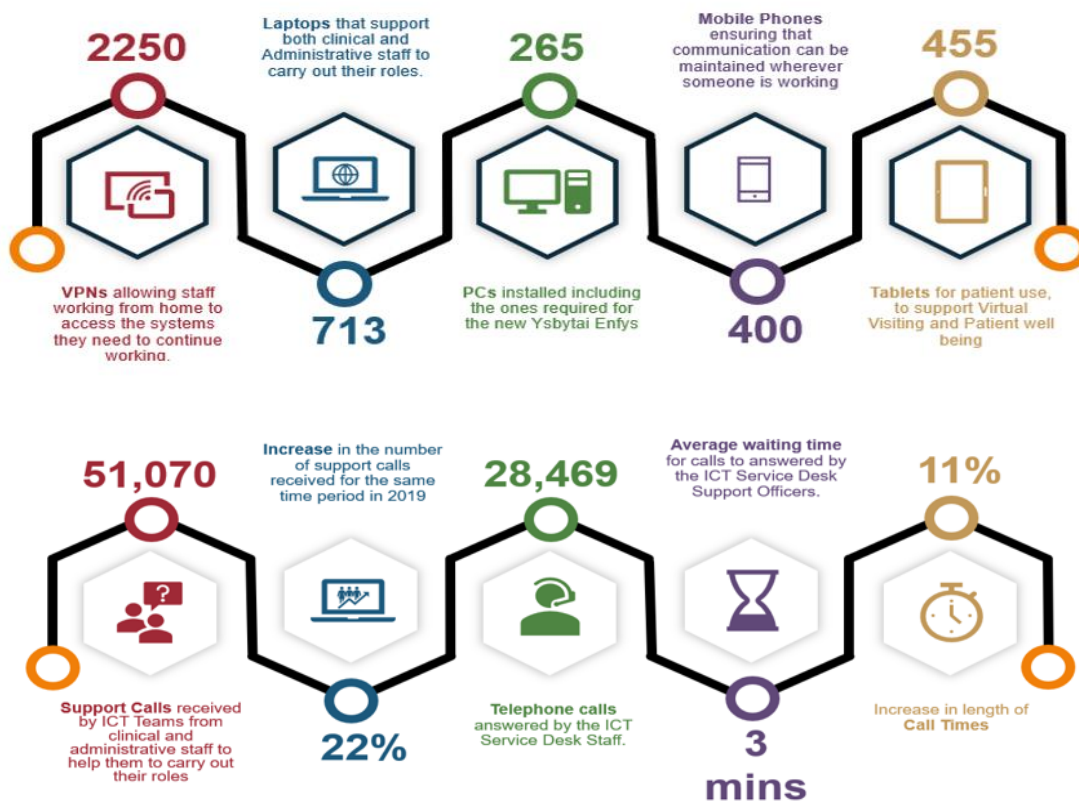


Virtual visiting introduced to enable video calls between Patients and families during suspended visiting arrangements



Enabling Staff to Work Differently

The ICT team enabled staff to work from home or work flexibly from different locations by delivering the following technologies and support services.



Appendix 7

Good Practice - Audiology Case Study

Objective

To learn from best practice by testing the concept that implementing a technical solution that meets the requirements of, patients, staff, Betsi Cadwaladr University Health Board (BCUHB) and Welsh Government (WG) is a sustainable solution.

Context

The audiology patient management system, Auditbase (AB), has a wide yet integrated set of functionalities that enable the processes that serve patients and service delivery. This includes clinical appointments, diagnostic assessment, identification and development of individual needs, hearing instrument provision, fitting and verification, patient reported outcome measures (PROMs) medical device stock management, audiology appliance ordering and fitting, onward referral and individual patient record including communication with others. Underpinning this patient service is a robust scheduling and racking system and an extensive and accessible set of data that supports comprehensive demand and performance management.

The solution is an example of best practice within North Wales demonstrating effective use of digital technology, superior business performance and harmony between activity and the technology that support the department.

System Users

The audiology patient management system has been in use in North Wales for more than 20 years and therefore many of the audiology staff will have never known anything other than a fully integrated and paperless audiology system.

Administrative staff use the system for all their activities from timetabling and booking clinical and non-clinical diaries to accessing individual patient records as part of the triage of patient phone enquiries.

Similarly many clinicians will have always used AB, those who remember a time before AB will report a huge change in the way we record and use information across the service and along the patient pathway, from accepting and recording referrals in, to measuring and recording patient reported outcomes (PROMs).

Currently, service users have minimal interaction with the system apart from use of the appointment checking in screens within our main out-patient clinics and appointment text

reminders generated by AB. However, recent innovative Auditbase and technological developments will lead to a more patient facing element to the system this year.

Influences

Auditbase has continued to evolve locally and nationally and changes have been influenced by a number of factors.

The merge of the three NHS Trusts in North Wales provided a significant opportunity to merge the three Audiology databases previously used within the old organisations. This provided an opportunity to align the use of the systems and redesign much of the functionality to better meet the needs of the service and patients. This includes national requirements around referral to treatment times and the improved use of the referral module within AB to enable more meaningful tracking and monitoring of patients through their various clinical pathways and providing the audiology leadership team with more detailed and accurate performance data.

Similarly a strategic focus on value based healthcare and the need for patient reported outcomes (PROMs), as well as local clinical research and development activity and the development of a new audiology PROM at BCU, has led to ABs most recent development and the inclusion of the BCUHB Individual Management Plan Outcome Score (IMP-OS) within the latest AB IMP module. The need for this development was identified locally and supported by IM&T capital investment.

These changes continue and the development of a patient facing App to enable people to record their progress and outcomes against their individualised needs, that then feeds back into AB, is an example of what is on the horizon.

Staff have been, and continue to be, able to influence the direction of development both through input as members of a UK wide AB user group and AB user forum but also through direct communications and commissioning of AB to develop modules to meet the needs of the service in North Wales. More recently a Wales AB user group has been set up that will be able to consider and suggest changes and developments that will be relevant and useful to services and Health Boards throughout Wales.

Changes

Audiology is unrecognisable in many ways from the time before Auditbase. The department is essentially paperless with most information integrated and reportable within AB. We have changed to a complete paperless system and patient record that is fully integrated with diagnostic test equipment and intervention technologies where diagnostic results are automatically pulled through to the system rather than having to be input manually.

The system also interfaces with other patient management systems so that core demographics can be transferred and with reporting software so that the database and the majority of its variables can be queried and reported on.

More recent changes have seen access extended so that ENT colleagues can access diagnostic assessment results with AB viewer licences and without the need to print paper copies of test results or reports. This has been piloted within certain clinical areas and provides ENT surgical colleagues access patient's latest results whether in clinic or in theatre.

Additionally, changes to hearing instrument technologies and their integration with AB is leading to a number of patient facing changes providing opportunities for a more direct interface between patients and their audiology record.

Benefits

There are numerous and varied benefits provided by Auditbase these include:

To the clinician:

- easy and efficient access to patient records; integrated systems, all accessed through the patient record for diagnostic assessment, fitting and verification of hearing instruments, stock management, onward referral, outcome measures (clinical and pathway).
- Ability to have clear timetable view to see their own and other colleagues work load, and be able to filter this easily across whole of BCU to enable available/appropriate appointment slots for patients and meetings with colleagues.
- Ability to log not only clinical but non clinical work and to be able to search for that.

To the Service:

- Reliable and robust performance data easily accessible for demand, waiting times and activity across all pathways, locations, appointment types and other variables.
- Use of a bespoke PAS link allows quick, efficient and accurate patient demographics to be transferred to Auditbase.
- Ability to limit functionality of users dependent on their role and also restrict access to particular patient data if required.
- Fully auditable regards users operations conducted.
- Most recent developments will enable reporting of PROMs and evaluation comparing outcomes for different variables such as patient demographics (e.g. age, location), condition (e.g. level of hearing loss), intervention (e.g. uni v bil, hearing instruments; access volunteer support). This information will help the service to focus service development activities where needs are greatest, to address health inequalities and to inform value based healthcare for audiology.
- Reliable stock management system recording serial numbered devices against individual service users, their device history and stock levels held within the service. With the possibility of automatic re-ordering or notifications when stock reaches minimal levels that the service can set.
- Robust integrated patient record system where no records are misfiled or lost and all are accessible from any location including home visits where an off line data base can be created and systems can be synchronised following the visit.

To the service user:

- integrated record meaning the clinician has all of their audiological information to hand when required.
- Service user appointment self-check in module when attending appointments.
- Direct service user benefits are increasing imminently as we implement significant service development changes from March 2021. The latest hearing instruments being fitted have the facility for hearing aid users to request remote support (asynchronous) via a smart phone App and an audiologist will be able to reprogramme their devices and send new programmes back to them for upload, consideration and use. This will also include live (synchronous) remote programming of hearing instruments during remote consultations.
- Further patient facing facilities are under consideration for development including a smart phone App that would enable service users to record and upload PROMs to the AB module.

Critical Success Factors

The success of AB is due to a number of factors. Direct input into the initial design and vision of the system to ensure it was fit for purpose and useable. It has also been essential that this input and development is ongoing to ensure that AB continues to meet the needs of services and adapts to the changes both within and external to audiology.

It was critical that audiology service had some 'ownership' as to the use and local set up of AB and this has required the development of an Audiology IT team who have AB system administration rights and who understand the system well enough to exploit its functionality and influence local and national developments.

Support from and good relationships with HB IM&T and a commitment to support the system was and will continue to be essential to AB success both day to day and as part of its evolution and development.

Lessons Learnt

There have been many lessons learnt, some of which we were fortunately able to respond to when we merged database across North Wales some years back.

Having a clear vision as to how the system looks and is operated by the user is important if you want to see the system fully used and valued. Involvement of as many people as possible in design and set up is key to that. Equally, fully understanding what information you want to extract from the system is essential to its set up. The information we are able to pull out is only as good as the information going in.

Whilst local development and set up is needed to maximise local use and value, there is a potential additional value in aligning systems across regions and nationally. If key elements of the systems had been more aligned across Wales, for example, we may have been able to access bigger data sets to better inform service evaluation and development. However, it is noted that opportunities to innovate and develop the system locally is essential and it would be important to strike the right balance between core set up regionally/nationally and local flexibility to support innovation and change.

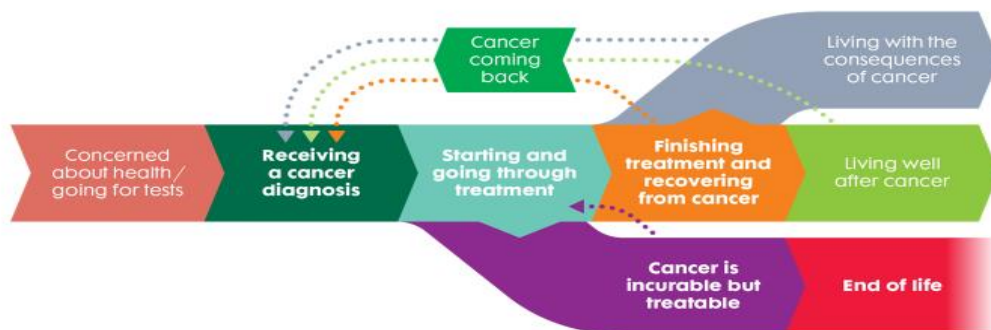
In the early days it was important that we committed to the change and made the leap, as the temptation to run duplicate systems whilst you get things right is very strong. Taking time to prepare well and set things up is important so everyone feels comfortable and confident in the change.

Again and finally, strong relationships with local IM&T teams and the system provider has proved vital throughout our journey with Auditbase, so that issues can be resolved in a timely manner and so as not to disrupt service delivery, so that changes and development can be supported when they are required and so that the system remains sustainable and viable 20 years on.

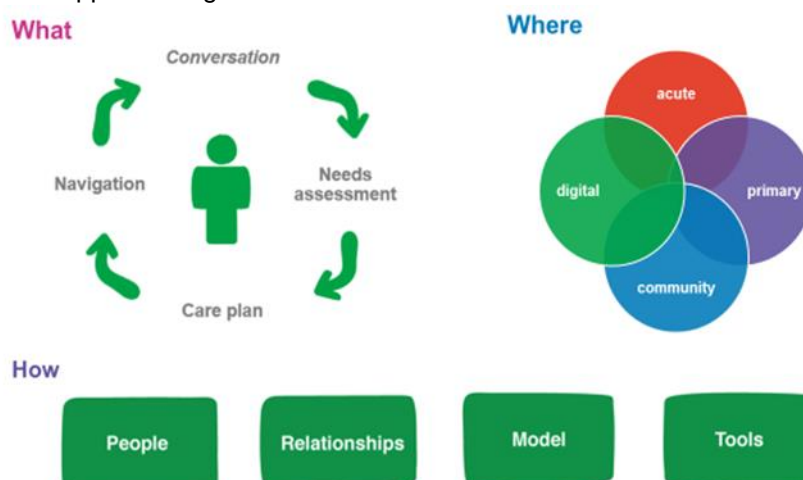
The strategic partnership between Macmillan Cancer Support and Betsi Cadwaladr University Health Board (BCUHB) is long standing and continues to develop in line with national strategy alongside local context and validated need as set out in both the Cancer Delivery and End of Life Delivery Plans. Our cancer partnership continues to grow, as does the understanding from both Macmillan Cancer Support and BCUHB regarding the strategic requirement in Wales to ensure a sustainable approach to improved quality and outcomes and best value in health and social care.

People are at the heart of all that Macmillan do and we will continue to focus our work on the times when people living with cancer need support most. From the time a person receives their cancer diagnosis, as they go through treatment and then for some onto recovery and for others onto living with cancer that is treatable but not curable, and when they transition to palliative care and enter the end of their life. These are the times when needs are severe, and where Macmillan have the capability and the potential to make the biggest difference working in partnership, putting people living with cancer at the heart of delivery.

Times of need



There is a history of high quality projects being delivered with BCUHB to achieve long term sustainable improvements to pathways and systems that improve efficiency, quality, safety and experience for patients diagnosed with cancer and staff. **Person centred care** is the focus and there are key paragraphs within the **‘Meeting the needs of people with cancer’** section in the Welsh Government Cancer Delivery Plan which highlight key policy priorities for Macmillan. These are access to a key worker; the importance of an electronic holistic needs assessment and offer of a care plan; provision of timely and appropriate high quality information and support via digital solutions such as treatment summaries/cancercare reviews



Case Study 1: Co production	<p>Achieving personalised care and support for people affected by cancer: <i>People's knowledge, views and experiences were actively sought. Personal experience was central to the <u>co production</u> principles underpinning the Transforming Cancer Services Together programme with patients, carers and staff contributing generously throughout</i></p>
Background	<p>The strategic partnership between Macmillan Cancer Support and BCUHB is long standing. Between 2012 and 2015 Macmillan and BCUHB worked together on a Person Centred Care Programme, focusing on supporting patients physical, practical, emotional, family, spiritual/religious and information needs.</p> <p>Further to this work, a strategic partnership visioning event was held in May 2016 where a joint vision was developed with engagement from patients and carers, aiming to ensure:</p> <p><i>“Individualised high quality clinical and holistic care is systematically delivered to every person diagnosed with cancer throughout their pathway, whatever their cancer type and wherever they live in North Wales”.</i></p> <p>This workshop led to the Transforming Cancer Services Together Programme being successfully implemented between 2108 and 2020, fully funded by Macmillan. One of the Programme's biggest achievements was to engage with service users and the broader cancer community including primary care. The Programme brought together a large group of dedicated, committed and enthusiastic service users who were willing to share their time, thoughts and experiences in order to improve services going forward. Their insight into existing systems and pathways was invaluable and ensured understanding of the current baseline and coproduction of new improved service models. The Programme also facilitated input from clinical teams in the redesign of pathways, gathering clinical expertise and encouraging clinicians to think radically about service design. In a complex multi sited healthcare environment the Programme brought together clinicians from different areas to share good practice and express ideas re pathway transformation. Engagement with primary care was also key in delivering new referral models and the close working with primary care, in particular in conjunction with the Macmillan cancer lead GPs in North Wales, ensured widespread engagement with new processes.</p>
Scope	<p>The Programme successfully delivered agreement on a range of new pathways: • Breast self-directed aftercare (model agreed) • Prostate self-managed follow-up (model agreed) • Colorectal straight to test facilitated by FIT (model implemented) • Lung reflex CT pathway (model implemented). All these pathways ensure a more streamlined efficient clinical pathway with the patient at the heart, receiving the right test or support at the right time, first time. In this respect the Programme built on the work undertaken previously in relation to person centred care which was a key theme throughout the Programme and respected as the golden thread through Macmillan's priorities for future strategic investments within the Health Board.</p>
Partnership opportunities	<p>With increased awareness of the needs and wishes of people diagnosed with cancer in North Wales by engaging regularly with patient and carer groups to hear about their experiences and by seeking their involvement on new ideas such as supported self-management tools and new ways of delivering co-ordinated care and support.</p> <p>Early findings suggest that new roles such as pathway co-ordinators can help enhance the delivery of person centred co-ordinated and integrated care for people who are newly diagnosed, receiving treatment, needing support with self-management or dealing with longer term consequences of their treatment or cancer.</p>

Case study 2: Electronic Holistic Needs Assessment	Achieving personalised care and support for people affected by cancer <i>Delivering change on the ground: collaboration, new models of personalised assessment and care planning in conjunction with developing a skilled workforce to improve the cancer patient's experience and outcomes</i>
Background	<p>It is recognised and accepted that patient experience is as important an indicator of quality healthcare as clinical outcomes and patient safety. Combined with peer review assessment, this enables triangulation of results keeping the patient at the heart at all times of quality improvement. More people are living longer after a cancer diagnosis. But, unfortunately, that does not mean that those people are living well. Providing coordinated, person-centred care means not only delivering the best treatment at the right time, but also ensuring the workforce has the skills, time and capacity to meet someone's holistic needs. The important role of the specialist cancer and support workforce in meeting the needs of people with cancer is recognised in the Cancer Delivery Plan for Wales 2016–2020 which highlights that 'the cancer pathway is complex and a named key worker is fundamental to help the patient navigate the pathway and ensure a smooth patient journey'.</p> <p>The Welsh Government's Cancer Delivery Plan also recognises the importance of seeking people's views about their treatment and care. NHS Wales through the Cancer Implementation Group and Macmillan Cancer Support co-commissioned the Picker Institute to develop, implement and analyse the second Wales Cancer Patient Experience Survey (WCPES) published 2017 which provided a robust and comprehensive analysis of people's experiences of cancer care in Wales. These survey results provide evidence that patient experience is significantly enhanced when a patient has a named key worker, usually a clinical nurse specialist, allocated to them to provide care and support through the clinical pathway via electronic holistic needs assessment (eHNA) and care planning discussions.</p>
Scope	<p>The third WCPES is scheduled for launch in Spring 2021 with results available Autumn onwards with an important focus on personalised care and support recognising in summary that the eHNA as a web app:</p> <ul style="list-style-type: none"> • Enables the individual to complete the assessment and identify the most significant concerns, for themselves. • Allows the care planning conversation to focus on what matters most to the individual and produce a personalised care and support plan. • Allows BCUHB to gain insight into the most common and most significant concerns, to monitor existing services and identify new service development opportunities - to shape and improve care which is integral within the BCU Cancer Patient Experience Plan and also transferable to include other long term conditions. • Patient portal - Once the patient has finished the assessment, the patient opt-in or opt-out of signing up patient portal. • The patient portal gives the patient the ability to login and view the finished care plan promoting self management as appropriate to the individual • Docman - can work as a document management system surfacing patient documents as part of the patient records within the GP IT systems (EMIS, SystemOne, or Vision)
Partnership opportunities	Macmillan's strategic priority continues to support partners to develop better skill-mix within specialist teams, including adopting new types of roles where appropriate to enable CNS' and AHP's to work at the top of their license. These results from the survey will identify opportunities for further strategic partnership working between Betsi Cadwaladr University Health Board and Macmillan Cancer Support where gaps in service provision or variations in personalised care and support are identified.

Macmillan values the long standing productive partnership it has with BCUHB and would like to enhance this strategic relationship further and explore other innovative programmes especially with a focus on delivering change on the ground improving skill mix and introducing new types of cost-efficient roles to support new models of care within a skilled digital workforce. This acknowledges the demand for access to virtual consultations and care will continue as the effects and wider impact of the COVID pandemic are yet to be fully realised.

Appendix 9 – Glossary

Term	Description
Artificial Intelligence	Enables computers and machines to mimic the perception, learning, problem-solving, and decision-making capabilities of the human mind.
Benefit	An outcome or deliverable considered important that should deliver an improvement
Business Continuity Plan	This plan includes how we deal with problems that impact on our services so we can have as little disruption as possible to the services that we deliver.
Capability	Having the ability to deliver i.e. skills
Capacity	The amount that we are able to deliver
Collaboratively	Two or more parties working together
Contract Management	This is our approach to how we manage contracts from when we give contracts through to when a contract ends. The contract lifecycle.
Co-production	An asset-based approach to public services that enables people providing and receiving services to share the power and responsibility, and to work together in an equal, reciprocal and caring relationship. (Do with people not to)
Culture	The ideas, customs and social behaviours of an organisation and the people within
Cyber Security	The technology, processes and practices that protect our systems, programmes, networks and devices from unauthorised access. It protects our information.
Digital Health	Digital health connects and empowers people and populations to manage health and wellness, augmented by accessible and supportive provider teams working within flexible, integrated, interoperable, and digitally-enabled care environments that strategically leverage digital tools, technologies and services to transform care delivery. (HIMMS)
Digital Inclusion	Having the motivation, skills and access to use digital technology and the internet
Digital Literacy	Being able to find, sort, evaluate, manage and create information in digital forms.
Digital Maturity	How well we use technology to achieve a health and care system paper free at the point of care.
Digitally Excluded	The inability to access or use online products or services.
Genomics Literacy	Explaining scientific findings in understandable terms
Governance	Our systems and processes that we use to lead, control and direct our digital work
Hybrid Cloud Solution	Sometimes called a cloud hybrid—is a computing environment that combines an on-premises data centre (also called a private cloud) with a public cloud, allowing data and applications to be shared between them.
Informatics	For the purpose of this Strategy this is the services that make up Informatics, ICT Services, Patient Records, Digital Integration, Information, Clinical Coding and Programmes, Assurance and Improvement.

Information Sharing Agreement	This is an agreement that sets out, under the law, the use of personal information that is shared between different organisations to deliver better services.
Innovation	The implementation by a public-sector organisation of new or significantly improved products, services or ways of doing things, either within the structure of the public sector itself or in the way in which public services are provided.
Legislative	The laws we have to abide to
Networks	A way of connecting computers and other devices so that they can share information.
Outcome	The result of any actions or changes
Partnerships	Working together with other organisations
Proactive	Creating or controlling a situation rather than just responding to it after it has happened.
Strategic	long-term or overall aims and interests
Strategy	A plan of action designed to achieve a long-term or overall aim
Sustainable	Can be maintained now and in the future
Transformation	Process of changing completely to improve.
User Centred Design	Is a design process by which we understand the needs of all users of a system or a process, and creates services to meet those needs. An understanding of users needs, the tasks and the environment. Users are involved in the design and development.
Value Based Procurement	Is how we buy services or systems so that we take into account the financial benefits and the outcomes that they will deliver. So, we won't take just the price into consideration.
Workforce Planning	Planning what we need from our workforce in the future i.e. numbers, skills etc



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

IT FORMS

PARTS A (Screening – Forms 1-4) and
B (Key Findings and Actions – Form 5)

<u>For:</u>	BCUHB Digital Strategy
<u>Date form completed:</u>	1 March 2021



KEY FINDINGS AND ACTIONS

Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

Remember, the term 'policy' is used in a very broad sense to include "...all the ways in which an organisation carries out its business" so can include any or all of the above.

Assessing Impact

As part of the preparation for your assessment of impact, consideration should be given to the questions below.

You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue.

It is increasingly recognised that discrimination can occur on the basis of more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and / or an impairment as well. The experience of black women, and the barriers they face, will be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about: -

- ✓ How does your policy or proposal promote equality for people with protected characteristics (Please see the General Equality Duties)?
- ✓ What are the possible negative impacts on people in protected groups and those living in low-income households and how will you put things in place to reduce or remove these?
- ✓ What barriers, if any, do people who share protected characteristics face as a result of your policy or proposal? Can these barriers be reduced or removed?
- ✓ Consider sharing your EqIA wider within BCUHB (and beyond), e.g. ask colleagues to consider unintended impacts.
- ✓ How have you/will you use the information you have obtained from any research or other sources to identify potential (positive or negative) impacts?

Part A

Form 1: Preparation

Please answer all questions

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	BCUHB Digital Strategy
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>The Digital strategy is a high-level strategy intended to set out our digital vision and define the high-level priorities for digital transformation for the way we work with our population, service users and carers, partner organisations, the third sector and community groups, and our staff. The strategy aims to provide Patients and their carers the ability to actively participate in their care, with the confidence that their information is safe; Staff are able to provide patient centred care by having access to the right information in the right place at the right time</p> <p>The strategy has been developed in conjunction with organisations, service users and carers, and community groups by means of an extensive engagement programme. This included engagement with individuals and groups representing people with protected characteristics.</p>
3.	Who is responsible for whatever you are assessing – i.e. who has the authority to agree or approve any changes you identify are necessary?	Dylan Williams, Chief Information Officer
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	<p>The Digital Strategy has been developed in the context of the following wider Health Board requirements, national policy, guidance and frameworks.</p> <ul style="list-style-type: none"> • Wellbeing and Future Generations • Informed Health and Care – A Digital Health and Social Care Strategy for Wales • A Healthy Wales • Living Healthier, Living Well <ul style="list-style-type: none"> ◦ Workforce Strategy

Part A

Form 1: Preparation

Please answer all questions

		<ul style="list-style-type: none"> ○ Estates Strategy ○ Quality Improvement Strategy • BCUHB Clinical Strategy & National Clinical Plan (Draft) • Transforming the way we deliver outpatients in Wales
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	A stakeholder plan was developed as part of a wider engagement plan which has been delivered to ensure as many of the identified stakeholders had a chance to engage with us to provide their views on the draft strategy.
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	<p>The Digital strategy is a far reaching and multifaceted approach to transform the way digital transformation supports the health and well-being of the population of North Wales.</p> <ul style="list-style-type: none"> • Strong leadership, organisational, cultural and behavioural change will be required to deliver the digital transformation required. • The engagement of staff responding to the vision and changes required to achieve the objectives • Ongoing Communication engagement with stakeholders will be essential to ensure delivery of priorities. • Appropriate resources will be needed to deliver the changes envisaged under the strategy. <p>Potential Barriers to delivery may include:</p> <ul style="list-style-type: none"> • Funding resource constraints both revenue and capital. • Lack of capacity of Informatics staff. • Current pressures on services leading to inability to engage with the strategy. • Lack of engagement.

Part A

Form 1: Preparation

Please answer all questions

7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	<p>Strengthened digital foundations will provide ICT infrastructure, systems, devices and the service fit for the future. Will improve the usage and benefits of our existing systems, strengthen information security and governance and ensure we get the best out of our suppliers.</p> <p>The draft strategy includes the following ambitions and enablers.</p> <p>Patients and their carers can use digital technologies to actively manage their own care/care of others, to communicate and to have their say on services.</p> <p>We want our patients and Carers to have the following experiences</p> <ul style="list-style-type: none">○ I am kept informed about my care○ I have the choice of face to face or video consultations○ I can book some appointments online and receive reminders in a way that suits me○ I can receive my letters digitally and can have access to them more easily for future reference○ I am communicated with in my language/method/format of choice○ I can tell you about my care, experience and my health so I receive the best care for me, and it improves services○ I don't have to keep repeating my details to different individuals or organisations who provide my care○ My rights are taken into account○ There is a single accurate source of information held about me and important information is available to all who treat/support me○ When I am referred, I will get care quicker and easier○ Services I receive are designed around patient needs○ It is easier for me to move between services○ I can receive some of my care closer to home○ I am safe
----	---	---

Part A

Form 1: Preparation

Please answer all questions

- I will be able to access my information more easily so I can be more informed about my care and options.
- I will be able to update parts of my own health record in the future so the person providing my care knows more about me
- I am signposted to suitable self-help resources and apps

Staff will have access to the right information, in the right place, at the right time with the right devices and be supported to be confident to use technology and information to improve the services they provide.

We want our Staff to have the following experiences:

- I know how to access all the information I need
- I know my patients better as I have listened to the information they have given during and after the care I have provided
- I can use virtual consultations where they better suit my patients
- I can run group sessions and work collaboratively with other health care partners where it will benefit my patients
- I am supported to develop my digital skills and I know where to go to get support
- I have the right equipment to do my job
- I have easy access to the data and information I need to review performance and standards
- I am engaged and can influence improvements in my service and organisation
- I am able to identify when digital solutions can support me to deliver a better service to my patients
- I can share and receive information and media securely with key partners
- I can use digital solutions that help me to collaborate
- I can digitally dictate my letters

Part A

Form 1: Preparation

Please answer all questions

	<ul style="list-style-type: none">○ I can make electronic test requests and sign them off electronically○ I can make and receive e-referrals○ I can log on once and have access to all the key systems that I need○ If my role allows, I can work from any location and meet my colleagues virtually which means I spend less time travelling○ I have confidence in the systems that I use, and the information held in them is up to date○ I can manage medicines and prescribe electronically○ I contribute to better communication between Primary and Secondary Care○ I know where my patients are, so that I can ensure their needs are promptly met to minimise time away from home
--	--

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Please complete the next section to show how this policy / proposal could have an impact (positive or negative) on the protected groups listed in the Equality Act 2010. It is important to note any opportunities you have identified that could advance or promote equality of opportunity. This includes identifying what we can do to remove barriers and improve participation for people who are under-represented or suffer disproportionate disadvantage.

Lack of evidence is not a reason for *not assessing equality impacts*. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

Remember to ask yourself this: If we do what we are proposing to do, in the way we are proposing to do it, will people who belong to one or more of each of the following groups be affected differently, compared to people who don't belong to those groups? For example, will they experience different outcomes, simply by reason of belonging to that/those group(s). And if so, will any different outcome put them at a disadvantage?

The sort of information/evidence that may help you decide whether particular groups are affected, and if so whether it is likely to be a positive or negative impact, could include (but is not limited to) the following: -

- population data
- information from EqIAs completed in other organisations
- staff and service users data, as applicable
- needs assessments
- engagement and involvement findings and how stakeholders have engaged in the development stages
- research and other reports e.g. Equality & Human Rights Commission, Office for National Statistics
- concerns and incidents
- patient experience feedback
- good practice guidelines
- participant (you and your colleagues) knowledge

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so, is it positive or negative? (tick appropriate below)	Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: "Is Wales Fairer (2018)?" You can also visit their website here	How will you reduce or remove any negative Impacts that you have identified?
<p><i>for further direction on how to complete this section please click here training vid p13-18</i></p> <p>Guidance for Completion</p> <p><i>In the columns to the left – and for each characteristic and each section here and below – make an assessment of how you believe people in this protected group may be affected by your policy or proposal, using information available to you and the views and expertise of those taking part in the assessment. This is your judgement based upon information available to you, including relevance and proportionality. If you answered ‘Yes’, you need to indicate if the potential impact will be positive or negative. Please note it can be both e.g. a service moving to virtual clinics: disability (in the section below) re mobility issues could be positive, but for sensory issues a potential negative impact. Both would need to be considered and recorded.</i></p> <p><i>The information that helps to inform the assessment should be listed in this column. Please provide evidence for all answers.</i></p> <p>Hint/tip: do not say: “not applicable”, “no impact” or “regardless of...”. If you have identified ‘no impact’ please explain clearly how you came to this decision.</p>			

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

	<p>NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect.</p> <p>For the definitions of each characteristic please click here</p>					
	Yes	No	(+ve)	(-ve)		
Age	✓			✓	Research has shown that older people are more likely to be digitally excluded in terms of both access to the internet and digital skills.	The Stakeholder engagement plan has taken into consideration the requirement to understand the needs of our stakeholders. The analysis allowed for understanding of the impacts to all ranges of age groups.
Disability	✓		✓	✓	<p>Negative- Some disabilities may have an impact on service users accessing our services digitally.</p> <p>Positive- Greater access to our services from a wider range of locations may have a positive impact on those with mobility issues.</p>	The stakeholder engagement plan allowed us to understand the needs of all our stakeholders, the analysis allowed us to understand what affects are felt from those with a disability
Gender Reassignment		✓			The aims of the Digital Strategy will not have any impact on Gender Reassignment.	

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Pregnancy and maternity		✓			The aims of the Digital Strategy will not have any impact on Pregnancy and Maternity.	
Race		✓			The aims of the Digital Strategy will not have any impact on Race.	
Religion, belief and non-belief		✓			The aims of the Digital Strategy will not have any impact on Religion, belief and non-belief.	
Sex		✓			The aims of the Digital Strategy will not have any impact on Sex.	
Sexual orientation		✓			The aims of the Digital Strategy will not have any impact on Sexual orientation.	
Marriage and civil Partnership (Marital status)		✓			The aims of the Digital Strategy will not have any impact on Marital status.	
Socio Economic Disadvantage	✓				Research has shown that poverty and low income can have an impact on digital exclusion. Those who live in more rural areas may also have less access to high speed broadband connections.	The engagement exercise allowed us to understand the needs and priorities of our stakeholders

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: <http://howis.wales.nhs.uk/sitesplus/861/page/42166> and for additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker <https://humanrightstracker.com>.

The Articles (Rights) that may be particularly relevant to consider are: -

- *Article 2* *Right to life*
- *Article 3* *Prohibition of inhuman or degrading treatment*
- *Article 5* *Right to liberty and security*
- *Article 8* *Right to respect for family & private life*
- *Article 9* *Freedom of thought, conscience & religion*

Please also consider these United Nations Conventions:

[UN Convention on the Rights of the Child](#)

[UN Convention on the rights of people with disabilities.](#)

[UN Convention on the Elimination of All Forms of Discrimination against Women](#)

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Will people's Human Rights be impacted by what is being proposed? If so, is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
	✓				This strategy does not breach any Article under the European Convention of Human Rights.	

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Welsh Language:

There are 2 key considerations to be made during the development of a policy, project, programme or service to ensure there are no adverse effects and / or a positive or increased positive effect on:

Welsh Language	Will people be impacted by what is being proposed? If so, is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language		✓			BCUHB and the Informatics department are committed to promoting the use of Welsh language as well as supporting Welsh language requirements of individual staff. The Informatics department ensures that staff are offered communications via their chosen language and endeavour to provide documentation in the medium of welsh if required. All digital solutions will have to comply with the Welsh Language Act.	
Treating the Welsh language no less favourably than the English language		✓			BCUHB and the Informatics department is committed to promoting the use of Welsh language as well as supporting Welsh language requirements of individual staff. The Informatics department ensures that staff are offered communications via their chosen language and endeavour to provide documentation in the medium of welsh if required. All digital solutions will have to comply with the Welsh Language Act.	

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

Please record here details of any engagement and consultation you have undertaken. This may be with workplace colleagues or trade union representatives, or it may be with stakeholders and other members of the community including groups representing people with protected characteristics. They may have helped to develop your policy / proposal or helped to identify ways of reducing or removing any negative impacts identified.

We have a legal duty to engage with people with protected characteristics under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could impact upon vulnerable and/or disadvantaged people.

<p>What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods.</p> <p><i>for further direction on how to complete this section please click here training vid p13-18</i></p>	<p>The Health Board provided opportunities for stakeholders to engage to help develop the Digital strategy. The engagement aimed to capture stakeholder feedback on the contents of the draft Digital strategy as well as understanding stakeholder's views and experiences in relation to digital.</p> <p>The engagement was underpinned by a communications campaign containing key messages and specifically targeted our key stakeholders. The engagement also provided opportunities for stakeholders and the public to comment or feedback on what they felt the Digital strategy should focus on.</p> <p>We worked closely with the BCUHB Engagement Team to link in with stakeholders that represent people from protected characteristics groups to ensure opportunities to engage were shared with them. These were identified through the Equal Opportunities screening which forms part of this Equalities impact assessment.</p> <p>A two phased approach to engagement is being undertaken</p> <p>Phase 1- Engage with all stakeholders on the priorities within the draft strategy, including feedback on their current experiences in relation to digital and what the priorities are for each stakeholder group.</p> <p>Phase 2- The draft Strategy has been amended to reflect the output of phase 1, we are now carrying out further engagement on the final draft to ensure the views obtained from phase 1 are reflected within the final Strategy and it meets stakeholder needs.</p>
---	---

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

Due to Covid-19, a number of different, and innovative engagement methods were used. Focus groups, surveys and one to one sessions were all still utilised using online platforms.

a. Online survey

To capture the views and experiences of the stakeholders, three online surveys were developed via the Smart Surveys platform. These surveys will be:

- Staff Survey
- Patient/General Public Survey
- Partner Survey

The surveys were live for a period of 7 weeks from October – December 2020. The surveys aimed to target different stakeholder groups with the aim of collecting feedback from external and internal stakeholders.

The links to the surveys was shared via the many communication channels identified. A paper-based version was also available on request for those stakeholders who did not have access to the internet.

b. Focus Groups

A series of engagement 'events' were held to compliment the survey, to gather more in-depth views on the strategy, as well as feedback from specific groups who were less likely to take part in an online survey.

Due to social distancing requirements, the focus groups were held virtually, via video conferencing facilities such as Teams. The events were facilitated by Informatics staff to aid discussions and gather feedback from participants.

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

	<p>c. Q&A Sessions</p> <p>Another engagement method used was a series of Q&A sessions across the range of stakeholders. Sessions were held for both staff and public with the Chief Information Officer and the Chief Clinical Informatics Officer.</p> <p>Even though a wide level of engagement was undertaken, due to Covid there was a limit to the face-to-face engagement that could be undertaken especially with those that are at risks of being digitally excluded.</p>
<p>Have any themes emerged? Describe them here.</p>	<p>Throughout the patients/public survey, the theme of digital exclusion was evident with respondents concerned that the move to digital would exclude some patients across North Wales.</p>
<p>If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?</p>	<p>The theme of digital exclusion is now referenced throughout the revised Strategy and actions have been included to help address any negative impact.</p>

For further information and help, please contact the Corporate Engagement Team – see their intranet page at:- <http://howis.wales.nhs.uk/sitesplus/861/page/44085>

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

1. What has been assessed? (Copy from Form 1) <i>for further direction on how to complete this section please click here training vid p13-18</i>	BCUHB Digital Strategy
---	------------------------

2. Brief Aims and Objectives: (Copy from Form 1)	<p>The Digital strategy is a high-level strategy intended to set out our digital vision and define the high-level priorities for digital transformation for the way we work with our population, service users and carers, partner organisations, the third sector and community groups, and our staff. The strategy aims to provide Patients and their carers the ability to actively participate in their care, with the confidence that their information is safe; Staff are able to provide patient centred care by having access to the right information in the right place at the right time</p> <p>The strategy has been developed in conjunction with organisations, service users and carers, and community groups by means of an extensive engagement programme. This included engagement with individuals and groups representing people with protected characteristics.</p>
---	--

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal? Guidance: This is as indicated on form 2 and 3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3b. Could the impact of your policy or proposal be discriminatory under equality legislation? Guidance: If you have completed this form correctly and	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

<p>reduced or mitigated any obstacles, you should be able to answer 'No' to this question.</p>		
<p>3c. Is your policy or proposal of high significance? For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?</p> <p>High significance may mean:</p> <ul style="list-style-type: none"> - The policy requires approval by the Health Board or subcommittee of - The policy involves using additional resources or removing resources. - Is it about a new service or closing of a service? - Are jobs potentially affected? - Does the decision cover the whole of North Wales - Decisions of a strategic nature: In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions. <p>GUIDANCE: If you have identified that your policy is of high significance and you have not fully removed all identified negative impacts, you may wish to consider sending your EqIA to the Equality Impact Assessment Scrutiny Group via the Equalities Team/</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

<p>4. Did your assessment findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?</p>	<p>Yes <input type="checkbox"/></p>	<p><input checked="" type="checkbox"/></p>
<p>6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
	<p>How is it being monitored?</p>	<p>The actions within the action plans which will support the strategy will be monitored on an annual basis through the DIGC</p>
	<p>Who is responsible?</p>	<p>Dylan Williams, Chief Information Officer</p>
	<p>What information is being used?</p>	<p>Key Measures of success, delivery plans and the EQIA and the Digital Impact Assessments will be used to monitor.</p>

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	When will the EqIA be reviewed?	2024
--	---------------------------------	------

7. Where will your policy or proposal be forwarded for approval?	Digital and Information Governance Committee (DIGC) Strategy, Partnerships and Population Health Committee (SPPH) Health Board
--	--

8. Names of all parties involved in undertaking this Equality Impact Assessment – please note EqIA should be undertaken as a group activity Senior sign off prior to committee approval:	Name	Title/Role
	Andrea Williams	Head of Informatics Programmes, Assurance and Improvement
	David Powell	Senior Business Analyst / Project Manager
	Sharon Smith	Informatics Improvement Facilitator
	Dylan Williams	Chief Information Officer

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

Please Note: The Action Plan below forms an integral part of this Outcome Report

Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action? i	When will this be done by?
	Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.		
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/A		
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	<p>Digital Inclusion has been added as a key enabler within the Strategy with a delivery plan.</p> <p>A key action within this delivery plan is the development and implementation of a Digital Impact Assessment for all projects.</p>	Andrea Williams	2021

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.	Who is responsible for this action? i	When will this be done by?
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	<p>The potential negative impact identified is Digital Exclusion.</p> <p>Please see point 2 for the actions</p>	Andrea Williams	Completed
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	N/A		

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions	Who is responsible for this action? i	When will this be done by?
	Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	As above	Andrea Williams	Completed



Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Group 26 th March 2021			
Cyhoeddus neu Breifat: Public or Private:	Public			
Teitl yr Adroddiad Report Title:	Information Governance Quarter 3 2020/21 Key Performance Indicators (KPI) Report			
Cyfarwyddwr Cyfrifol: Responsible Director:	Simon Evans-Evans, Interim Director of Governance			
Awdur yr Adroddiad Report Author:	Carol Johnson, Head of Information Governance			
Craffu blaenorol: Prior Scrutiny:	Reviewed and approved by <ul style="list-style-type: none"> Interim Director of Governance Data Protection Officer Information Governance Group 			
Atodiadau Appendices:	Appendix 1 - Key Performance Indicators: Quarter 3 - October 2020 to December 2020			
Argymhelliad / Recommendation:				
<p>The Digital and Information Governance Committee is asked to:</p> <ul style="list-style-type: none"> Receive and note the assurance provided in compliance with the Data Protection and Freedom of Information Legislation. 				
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)				
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	√	Ar gyfer sicrwydd For Assurance
			√	Er gwybodaeth For Information
Sefyllfa / Situation:				
<p>It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation. Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.</p> <p>The continuous negative impact on the Health Board's resources, strategy, tactics and operations triggered by the current prevailing Covid-19 situation underlines the need for maintaining and improving its information governance practice. This does not only put effective information governance compliance at the heart of the Health Board's approach to managing Covid-19 in continuously ensuring the safe delivery of its operations, business sustainability and financial viability but underlines the need to move to more dynamic and different ways to working.</p>				
Cefndir / Background:				
<p>The term 'Information Governance' is used to describe how organisations manage the way information is handled. It covers the requirements and standards that Betsi Cadwaladr University Health Board (BCUHB) needs to achieve to fulfil its obligations that information is handled legally, securely, efficiently, effectively and in a manner which maintains public trust.</p>				

Information Governance applies the balance between privacy and sharing of personal confidential data and is therefore fundamental to the health care system, both providing the necessary safeguards to protect personal information and an effective framework to guide those working in health to decide when to share, or not to share.

Asesiad / Assessment & Analysis

Strategy Implications

There is a comprehensive and complex range of national guidance and legislation within which BCUHB must operate, and this KPI report includes compliance with:

- Freedom of Information Request Profile
- Data Protection Act – Subject Access Request Profile
- Information Governance Incidents and Complaints
- Requests for access to information systems (IG10)
- Information Governance Training
- Information Governance Service Desk (IG Portal)
- National Intelligent Integrated Auditing Solution (NIIAS) notifications
- Information Governance Compliance Audits
- Sharing of information
- Data Protection Impact Assessments (DPIAs)

This report provides a high-level analysis, highlighting any trends or issues of significance. Action taken to address the issues of significance and drive continuous improvement is also summarised.

Options Considered

No other options have been considered as compliance is a legal requirement.

Financial Implications

Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.

Risk Analysis

Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.

Legal and Compliance

It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation.

Impact Assessment

Due regard of any potential equality/quality and data governance issues have been addressed during the production of this report.

Appendix 1 - Key Performance Indicators: Quarter 3 - October to December 2020

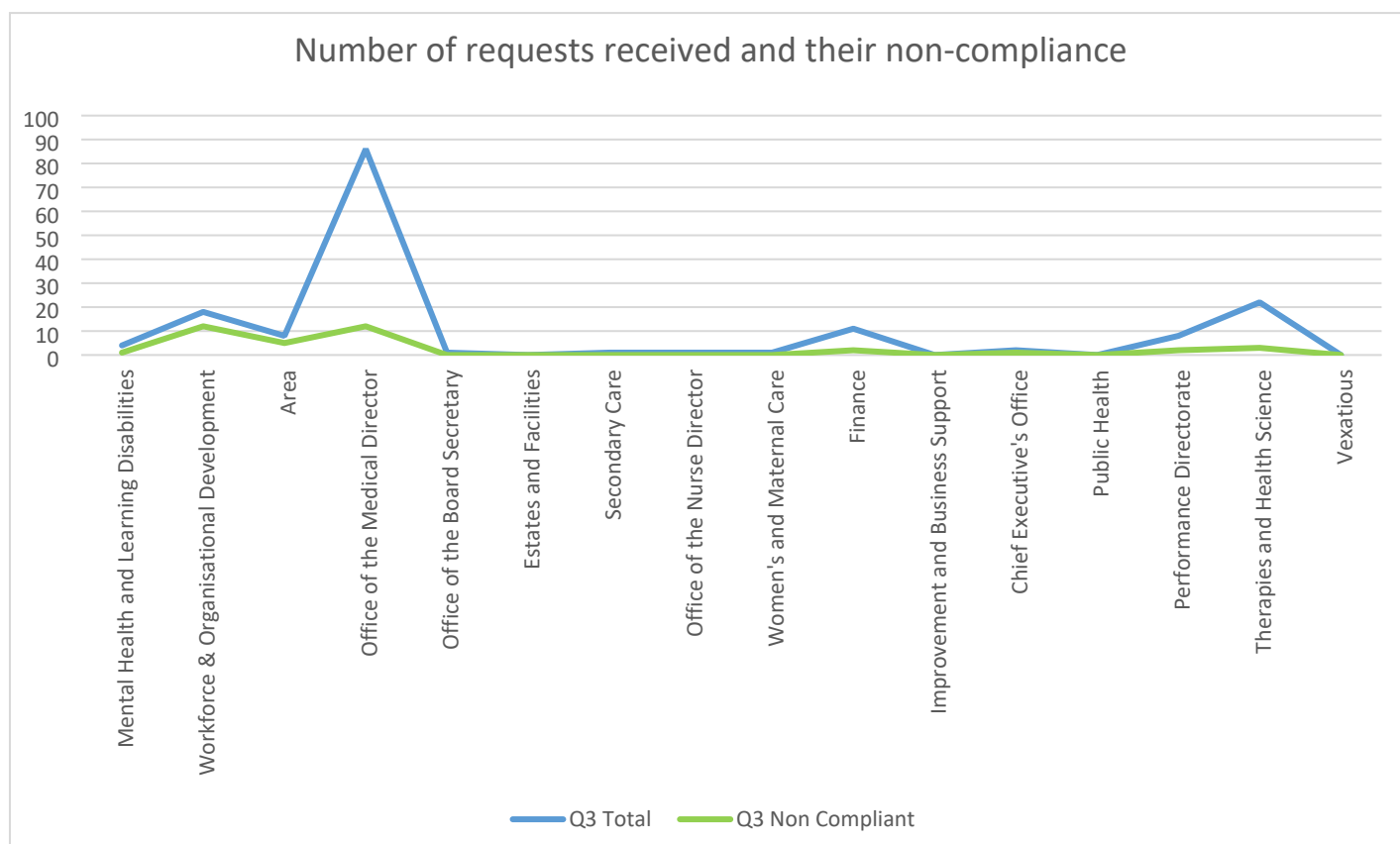
In line with the feedback received from the Digital and Information Governance Committee (D&IG) all future KPI reports will be for the full quarter data.

1) Freedom of Information Requests (FOIs)

The compliance level for responding to a request within the standard of 20 days has increased this quarter from 57% to **77%**.

We are continuing to see an increase in the amount of requests received into the Health Board in particular around the subject of COVID-19 and Vaccinations, to help with this we have created a COVID-19 specific disclosure log on BCUHB's internet page available to the public so we can direct some of our requestors to this site if we have previously published the requested information. We are also hopeful that this will assist in decreasing the amount of FOIs received by the Health Board. The IG Team are also looking at ways to streamline the FOI process to improve compliance and look at ways to work better with our FOI leads to improve the number of non-compliant requests in their areas.

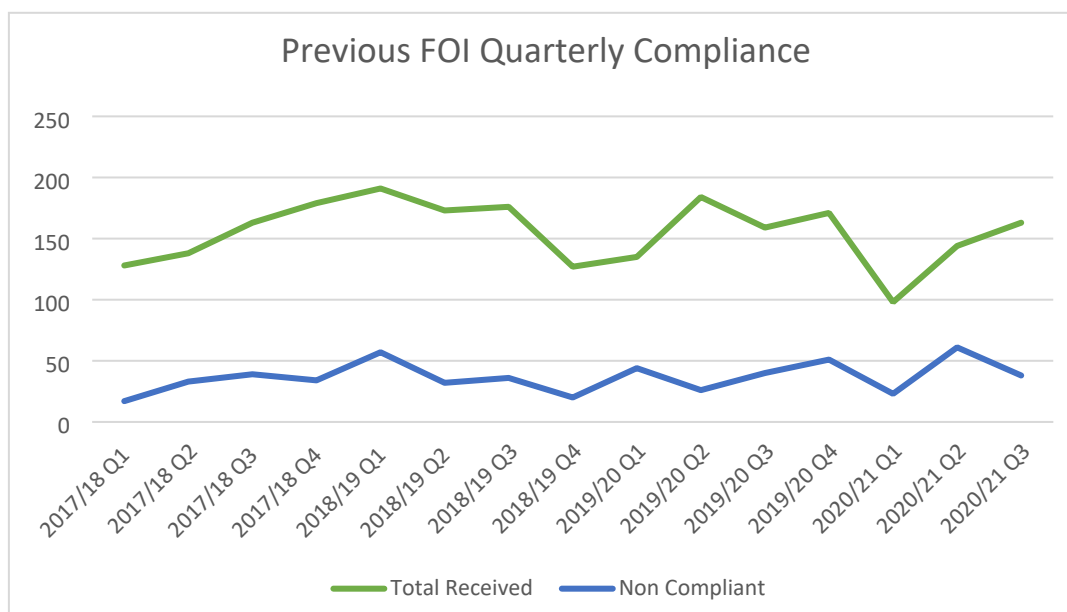
Total number of requests received in Q3: **163** Total number of requests delayed in Q3: **38**



Below is the list of reasons for the delays:

- 29 Delays in obtaining/receiving information from FOI Leads
- 3 Delays due to the non-approval of response by Executive Lead
- 6 Delays due to the late approval by Executive Lead

The below chart shows requests received by the Health Board on a quarterly basis, mapped against non-compliance:



FOI Exemption and internal reviews

Please note due to the timeframe permitted under the Act for applicants to request an internal review, some reviews may not be captured in time for this report, however they will be captured within the Information Governance Annual Report.

For quarter 3, please see table below for this detailed breakdown:

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	27*	0	N/A
Section 36 - The conduct of public affairs	Public Interest Test applied	1	1	Upheld
Section 40 - Personal Information	Absolute – No Public Interest Test Required	7	0	N/A
Section 41 – Information provided in confidence	Absolute – No Public Interest Test Required	0	0	N/A
Section 40 & 41	Absolute – No Public Interest Test Required	22	0	N/A
Section 43 – Commercially Sensitive	Public Interest Test applied	2	0	N/A
Total		59	1	

* The IG team has seen an increase in COVID-19 FOIs received in this quarter and due to the way the information is recorded differently across BCUHB we have had to carry out a specific exercise to

retrieve the information in the level of detail required, therefore we have had to apply a cost exemption.

Information Commissioners Office – FOI Complaints

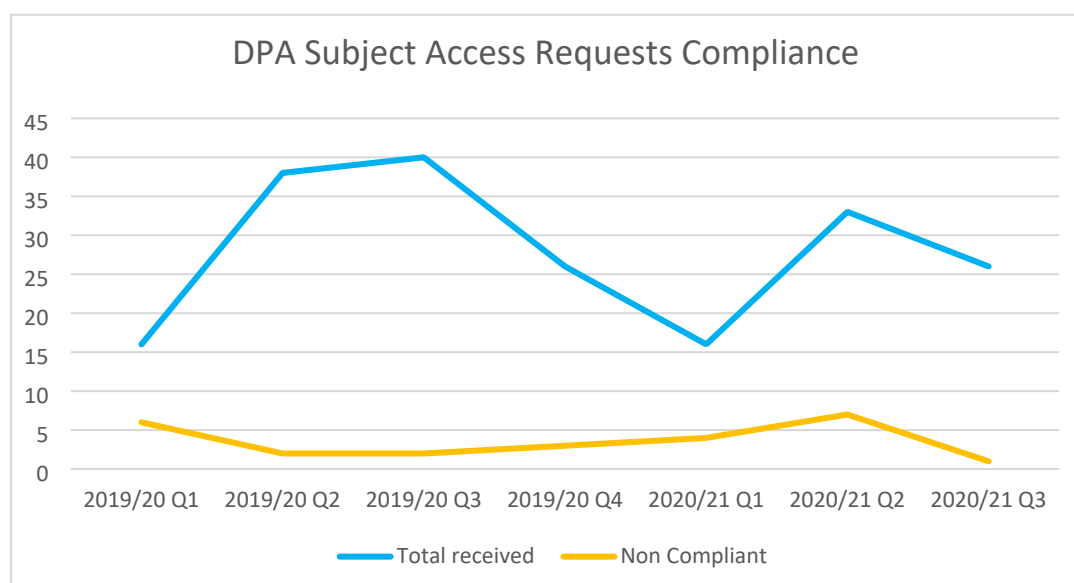
During Quarter 3, the Health Board received 1 complaint from the ICO. The complainant was dissatisfied with the outcome of their Internal review. The outcome of this complaint is still ongoing with the ICO.

2) Data Protection

Subject Access Requests for non-clinical information

The compliance level for responding to a request within the standard of 28 days has increased this quarter to **93%** from 79% in quarter 2.

Requests	Total
SAR	14
Verbal SARs	0
Total	14
Requests from 3rd Parties	
Solicitors / Local Authority	0
Police	12
Total	12
Total Requests Received	26
Total number of breaches (dealt with outside 28 day timeframe)	1



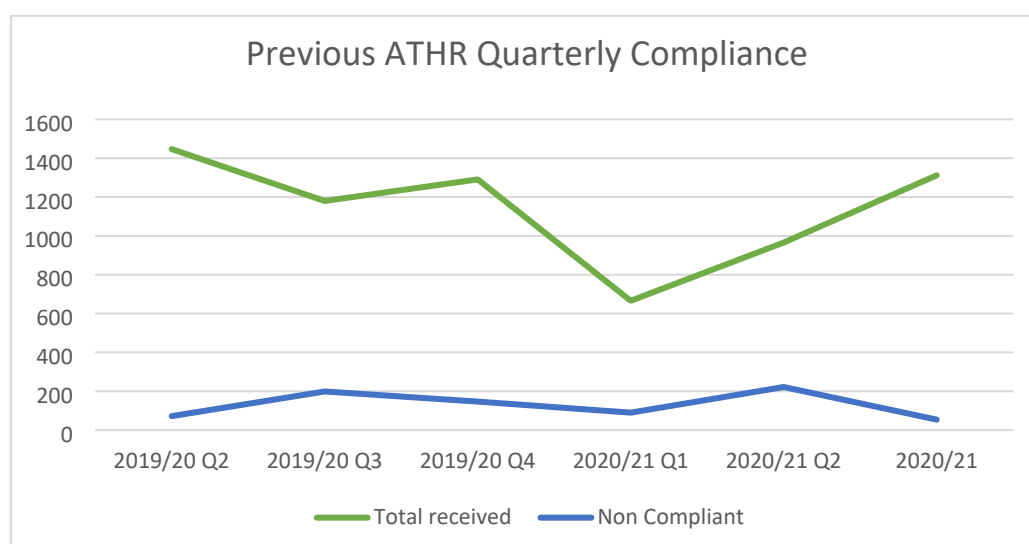
Subject Access Requests (SAR's) for clinical information and requests from third parties

During Quarter 3 we have seen a significant improvement in the number of SAR's completed within the DPA timescales (96% compliance) and Access to Health Records Act requests for deceased patients (100% compliance), this is reported separately below as they are dealt with separately as the timescale to respond is 40 days rather than 28 days stipulated by Data Protection Legislation. This is attributable to the additional measures put in place such as introducing daily staff targets for the logging and quality assurance of requests prior to release. In addition the management of the on-site scanning clerks has been taken over by the Service which has allowed us to better manage

and utilise their time to assist the Service when they are up to date with their daily scanning workload etc. During this quarter a request for additional funding for additional was also approved. This will enable the centralised service to take on the requests within the West which will then provide full compliance with the ICO recommendation that all requests for copies are patient records are managed within a centralised service. It is expected that this will be put in place during quarter 4.

Additional measures have been added in this quarter to provide detail on the reasons for delay which will enable to Service to provide more targeted support to areas of concern. We have also started collecting data on commingling that is found during the scanning and QA process which will start to be reported during Quarter 4.

Access to Health Records (ATHR) Requests	Total
Type of SAR	
Data Protection Act (Live Patients)	946
Verbal Request	1
* Access to Health Records Act (Deceased Patients)	15
Total	962
Requests from 3rd Parties	
Court	122
Police	224
GMC	0
Chargeable Requests (insurance Companies)	4
Total	350
Total Requests Received	1312
Total number of breaches (dealt with outside 28 day timeframe)	54
Compliance %	96%



Complaints and lessons learnt ATHR

During quarter 3 there has been 7 complaints received into the ATHR department:

These included concerns against the processing of their SAR, most commonly the applicants felt there was missing information from their request (this may be due to information not locatable within their records or request did not specify information required in detail in initial request) and concerns with the delay in our response to their request.

There was also one concern received with regards to commingled information being within the released SAR.

Lessons Learnt:

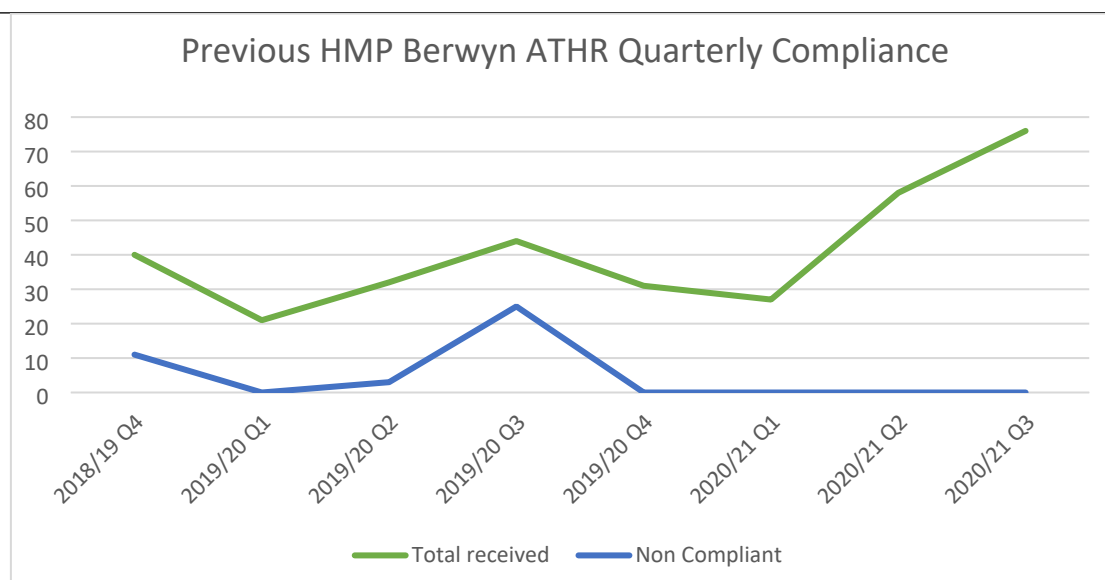
In all cases apologies were sent to the applicant for any distress caused and the need for raising a concern with the Health Board.

With regards to concerns to delays in responses, a generic acknowledgement is provided to all applicants to advise of the strain on resources due to the pandemic and to pre-empt some minor delays and also additional funding has been agreed within the Informatics Service to provide to the ATHR Service to increase the number of personnel to provide additional support in the management of SARs.

In all cases where it was believed there was missing information from the SAR, thorough investigations were completed to identify if there was any missing information whether that be searching records, including ICT systems etc. And in cases where case notes were missing the service areas leads were notified of an incident logged in Datix and asked to complete a thorough missing case note search in line with procedures.

Figures provided in the table below are for requests received by HMP Berwyn. These figures are recorded separately as HMP Berwyn manage their own ATHR requests.

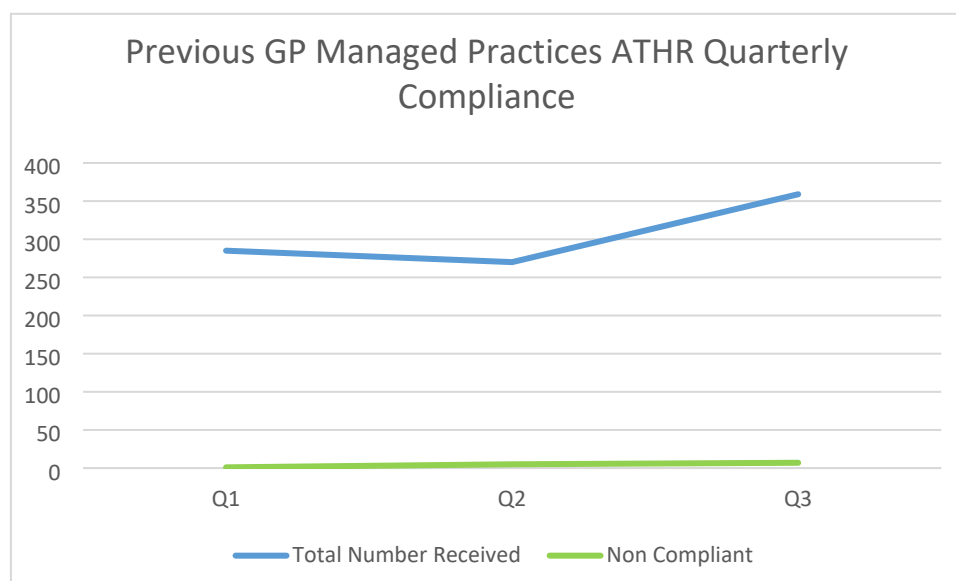
HMP Berwyn	Total
Solicitors Requests	28
Patient Requests	48
Total Requests received	76
Total number of breaches (dealt with outside 28 day timeframe)	0
Compliance	100%
Requests from third parties	
Police	5
Court (<i>Date Req. Set by Court</i>)	0
Incidents	
Confidentiality Breach (External)	0



GP Managed Practices

All 15 GP Managed Practices returned data to be included for this quarter.

GP Managed Practices Requests	Total
Type of SAR	
Data Protection Act	184
Requests from 3rd Parties	
Solicitors	100
Police	18
GMC	0
Other (Armed forces, DVLA, medical reports, insurance, DWP/Capita)	93
Total Requests Received	395
Total number of breaches (dealt with outside 28 day timeframe)	7
Compliance %	98%



3) Incidents and Complaints

All incidents are reported using the Health Board's Datix system. There have been **84** incidents reported this quarter which is a continued increase compared to 70 last quarter and a decrease in

the number of complaints slightly from 6 to **4**. All serious incidents risk assessed as a category Level 2 or above in line with the Health Board's Notification of Information Security Breach Procedure are reported to the ICO and WG. For this quarter, there has not been any incidents categorised at level 2 or above and therefore we have not self-reported any incidents to the ICO.

Category	Sub Category	Number of incidents	Self-Reported to ICO / WG	Number of complaints
Non-compliance with policy/ procedure (6)	IG15 Safe storage & transport of PPI	5	0	0
	IG14 IM&T Security Procedure	1	0	0
Confidentiality Breach (External) (49)	External Mail	15	0	1
	Data Loss	5	0	0
	Email	16	0	0
	Other	8	0	2
	Records	5	0	0
	PPI in Public Place	7	0	0
	Social Media	1	0	0
IM&T Security	Email/External mail	3	0	0
	Data Loss	7	0	0
	Confidentiality Breach (Internal)	6	0	0
	IG15 safe storage and transport	1	0	0
	Records	1	0	0
	Other	3	0	0
	Inappropriate Access	0	0	1
Total	84		0	4

Near Misses

There have been **3** near misses reported this quarter, all relating to incorrect address/patients details being in the system but they were identified by staff before a breach of confidentiality could have taken place.

Previous self-reported incidents to the ICO

The incident reported in quarter 3 of 2019/20 involving continued inappropriate access from a member of our staff has been closed by the ICO.

Complaints

4 data protection complaints were received during quarter 3 as detailed below, 2 of the complaints have been investigated and closed and 2 are still being investigated and are ongoing:

- Patient's relative overheard member of staff discussing relatives illness & hospital stay with another member of staff. (Closed)
- Patient believes their own and family's information has been inappropriately accessed. (Open)
- Details of sensitive clinic appointment visible in the window of the enveloped letter, so all family now aware of situation. (Closed)
- Unhappy there was no protocol regarding requesting personal information over the telephone and no verification was required. (Open)

Lessons Learnt/Actions Taken

- All staff reminded as part of their Mandatory Information Governance training the need to maintain confidentiality at all times, including staff privacy as well as a patients privacy.
- Staff have been instructed to ensure that when folding patient letters, only the address details are visible in the window of the envelope.
- The WPAS Team were contacted and requested to relocate the Service details ie. 'Confidential Appointment - Clinic Name' away from the address field on the template letter. This has now been actioned and will prevent any human errors (whilst folding the letters) occurring again.
- Also, to ensure wider lessons are learnt across the Health Board, the Information Governance (IG) Team will re-iterate to all staff in their bi-monthly IG bulletin about the importance of maintaining confidentiality at all times and how to use window envelopes safe and securely.
- Staff have been reminded of the importance of patient confidentiality. They have been reminded of the importance of checking with the patient that we have consent to discuss information with a third party and this will be included on our next Information Governance Bulletin in Quarter 4.

Complaints received from the ICO

During quarter 3 we have received 7 complaints direct from the ICO all of which have been investigated and closed.

- 4 dissatisfied with their Access to Health Record request.
- 1 dissatisfied with their Data Protection Subject Access request.
- 1 Patient had concern about the accuracy of their personal data that we hold which led to a request of erasure in July 2020 and was dissatisfied that they had not received a response to this request.
- 1 Inappropriate disclosure of personal data to GP.

Personal Injury Claims

We have not received any personal injury claims in quarter 3, however we have been informed by BCUHBs claims team that 2 previous complainants from 2018 have been awarded financial settlements from the Health Board:

- Unlawful sharing of personal information between Health Boards - Awarded £750
- Breach in confidentiality and delay in receiving pertinent personal information - Awarded £2000.

There is another personal injury claim ongoing from 2019/20 financial year and once we receive the outcome will be recorded in a future quarter's report. We will also strengthen our relationship and process with the concerns team to ensure that we are notified once a claim is received into the Health Board and support accordingly.

We have started to see an increase in Personal Injury Claims coming into the Health Board and we will be sending correspondence to our IG Leads to disseminate across their Services, as well as sending a message to all staff in the corporate bulletin so that we can try and learn lessons from these claims and stress the importance of following good Information Governance practice.

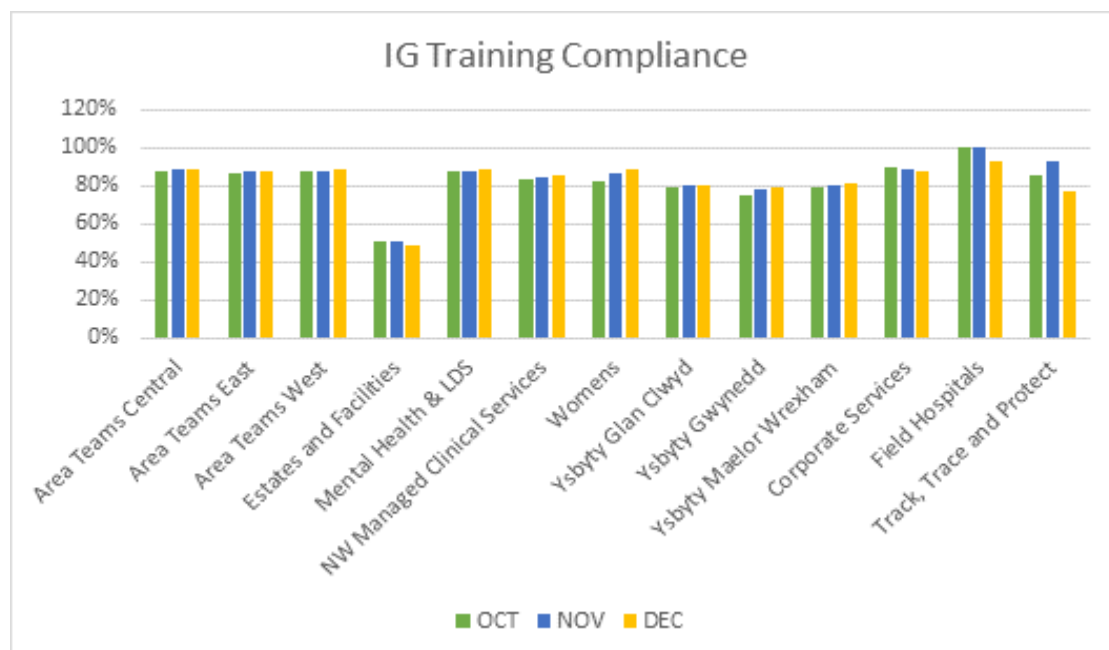
4) IG10 – Process for requesting, approval and review of information systems accessed by an employee

The IG10 procedure is to ensure that the correct and appropriate request and approval process is in place for access to information systems that are used by staff members as part of a serious untoward incident, investigation or a disciplinary matter. During the last quarter, the IG team have received 9 approved 8 IG10 requests, these consisted of the following audits / access:

- 5 access to email and internet access
- 3 access to CCTV

5) Training

Information Governance training is firmly embedded in all mandatory training days as well as mandatory clinician and nurse training days that are organised by the Post Graduate centres. It is a requirement within the National Skills for Health Framework that this is refreshed every two years. The training includes Data Protection, Confidentiality, Information & IT Security, Information Sharing and Records Management.



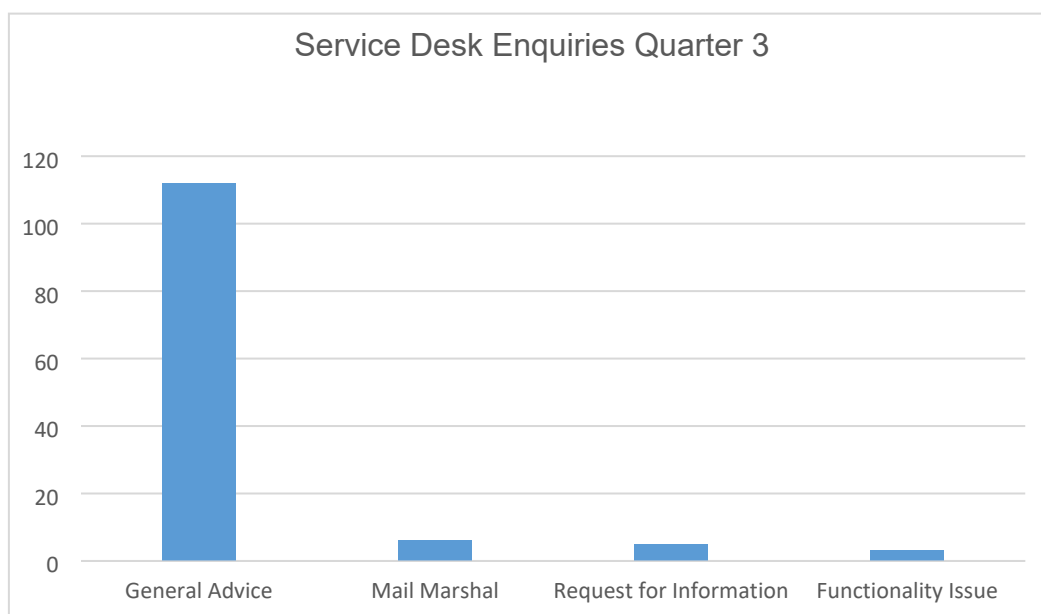
There have been no face to face training sessions this quarter due to Covid-19. However, **2,379** staff have completed their training via E-Learning. A training session has been recorded on video by a member of the IG Team as an alternative to e-learning whilst we are unable to hold face to face training sessions.

The compliance of mandatory IG training in all divisions is monitored by the Information Governance Group and if needed targeted reminders will be issued to encourage completion of the mandatory training via E-Learning or use of the recorded video mentioned above.

The current compliance of mandatory IG training across BCUHB has remained at **82%** for this quarter. We are monitoring compliance regularly and continually looking at ways to improve our compliance rates amongst some staff categories, including targeting our Information Governance Leads in these areas to assist with improving the compliance rate but appreciate clinical priorities take priority at this time.

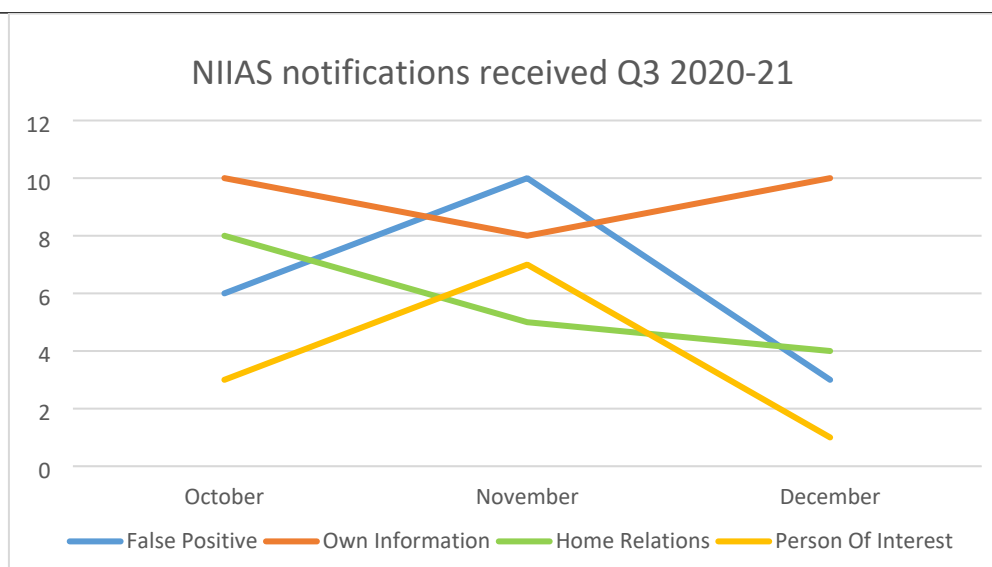
6) Service Desk – IG Portal

During Quarter 3 2020/21 the number of calls received into the Information Governance Service Desk increased from 112 to **126**. During the next quarter the Information Governance Team will carry out a review of the service desk queries received in the last 6 months and any themes that are identified, guidance will be issued on our Intranet page available to staff.



7) NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 3 of 2020/21 the number of NIIAS notifications received decreased slightly to 75 down from 80 in quarter 2. There were 28 incidents of accessing own health information, 17 accessing relatives information, 11 accessing a person of interest and 19 false positives.



8) Information Governance Compliance Audit Findings

As part of the Health Board's requirement to ensure compliance with legislation, national and local standards, compliance checks are essential to provide assurance that the information is being safeguarded; areas of good practice are identified and areas of weaknesses are addressed via the production of an action plan. During quarter 3 there have been no compliance checks undertaken due to the COVID-19 situation. It is envisioned that the compliance checks will resume when it is safe to do so and as instructed by the Health Board. The Information Governance Department are exploring alternative ways of auditing in the interim including asking departments to self-audit with a reporting tool and the support from Information Governance.

9) Caldicott Guardian Decisions/Authorisations on behalf of the Board

As part of the role of the Caldicott Guardian there is a requirement for operational decisions or, as the delegated officer, to authorise information sharing on behalf of the Health Board where services or systems involve patient information. During this quarter there have been **1** authorisation signed by the Caldicott Guardian which was a Data Disclosure Agreement for the HMP Berwyn COVID Testing Pilot.

10) Data Protection Impact Assessments (DPIAs)

Patients have an expectation that their privacy and confidentiality will be respected at all times, during their care and beyond. It is essential therefore, when considering or implementing any new initiatives, that the impact of the collection, use and disclosure of any patient information is considered in regards to the individual's privacy. Carrying out a data protection impact assessment (DPIA) is a systematic way of doing this.

During Quarter 3 – **7** DPIAs have been approved this quarter which is a decrease from 14 in quarter 2, please see the following table:

Name	Description	Outcome
Cloud PBI	Changes to the hosting environment for the Data Warehouse	Approved
BCU weight management	A new website will be set up for the BCU weight management service. This will provide information on the services available across the health board as well as a referral form for patients to be able to self-refer. There will also be a section of the website that current patients are able to access – this will provide access to resources and	Approved

	may also involve a section where patients are able to submit their current weight, food diary and questionnaires. These will be emailed to the shared mailbox once submitted on to the website.	
Pulmonary Rehab - Virtual	Purchase of a new Zoom licences to use for Pulmonary Rehab to provide virtual consultations.	Approved
Online clinical skills	New training platform for Continuous Professional Development clinical skills	Approved
Immunoquery - Elsevier Limited	Improve standardisation of process and provide the latest information on recommended Immuno testing to classify and stage various cancers. The objective is to provide the best peer reviewed available information to Pathologists to help guide appropriate testing to maximise the benefits of recommended treatment for patients in BCU	Approved
Healio's	To assist BCHUB to undertake further Neurodevelopment (ND) assessments of Children and Young People to help reduce our waiting list for ND across the Health Board.	Approved
Attend Anywhere (AA) Pain Management Service	AA pain management service - access VPN	Approved

There has also been been **14** PIDs and **3** Pathway Reviews approved during quarter 3 which is a significant decrease in comparison to 37 PIDs and 3 Pathway Reviews approved in quarter 2.



Chair's Report

Name of Group:	Information Governance Group
Meeting date:	26 th November 2020
Name of Chair:	Dr Melanie Maxwell, Senior Associate Medical Director (Chair)
Responsible Director:	Simon Evans-Evans, Interim Director of Governance
Summary of business discussed:	<ul style="list-style-type: none">Information Governance Group (IGG) was quorate. However, we noted there is not a representative from primary care (managed practices) at IGG – this is being explored.A number of actions were closed on the action log. <p>Items for noting relate to:</p> <ul style="list-style-type: none">Discussion across Wales about completion of the Caldicott assessment – there is no evidence this is mandated by Welsh Government. From 2021 it was agreed we would focus on evidence to support IG Toolkit compliance.Concerns about the IG oversight for managed practices. Whilst practices are managed, they are overseen by BCU. Once they return to independent practice, NWIS revert to providing IG services; it would seem more appropriate for this to be a continuous process. The IG team are not informed about changes in practice status and do not have the additional resources required to manage this. This will be explored further with Primary Care to gain resolution.Use of keynotes/alerts is being discussed nationally; there is no local progress at present.IG training compliance – work is in progress to support targeted intervention for those with significant lapses in training.Review of Mental Health and Children's services audit of IG compliance have been delayed due to Covid but are now progressing.

	<ul style="list-style-type: none"> • Welsh Government guidance has been received for logging incidents- processes are in place to implement this. • The change from annual to biannual Access to Health Records (A2HR) Clinician Waivers for non-sensitive information is difficult to implement as clinicians are not responding to electronic requests. A risk assessment is being completed by the Patient Records Group. • A draft Data Protection Impact Assessment (DPIA) and protocol for all video software is being finalised. • IGG Terms of reference were reviewed and approved subject to minor amendments. • The IG strategy has been updated and is to be presented to DIG December 2020. • IG workplan - Three actions are fully completed – standardisation of redacting, verbal SAR processes and Caldicott annual submission. Two actions relate to site audits and CCTV usage. The latter requires a joint approach with security. • IG Q2 2020/21 KPI Report – This showed a significant reduction in FOI compliance due to reduced IG resource, redeployment of key staff to the Covid response delaying responses from leads. This is resolving. Subject Access Requests have increased to 79%. A2HR requests - 996 received and compliance is 77%. Data incidents have not been categorised as serious but a number of lessons have been extracted and disseminated. The Test Trace Protection programme nationally has seen a number of breaches and learning has been used locally to ensure these are not replicated in BCUHB. • Information Asset Register update – This has been largely unchanged for the past 12 months. Work will recommence in the New Year to re –energise this. The group has asked for high level risks to be reported for oversight. (15+ scores) with summary information on others. The key issue in non-responders who are not system owners. A plan to address this is in development. This will be added to the risk register. • A number of policies were reviewed and agreed subject to minor changes: <ul style="list-style-type: none"> ○ IG24 Notification of Information Security Breaches
--	---

	<ul style="list-style-type: none"> ○ IG10 Procedure for requesting approval and review of an information system ○ IG11 Handling of Confidential Waste Procedure ○ IG14 IM&T Security Procedure <p>It was noted in the latter policy that implementation required additional work with workforce to ensure compliance with notification of leavers.</p> <ul style="list-style-type: none"> • IG Risk Register – was reviewed a number of risks required to be updated and/or closed. The updated risk register will be reviewed at the next meeting. • IG Business Continuity plan is being drafted to include home working. • Chairs reports were received from : <ul style="list-style-type: none"> ○ Patient Record Group (PRG) - 2 risks added to the risk register. Inability to provide Medical Examiner with digital note transfer due to lack of equipment and resources; business case has been agreed with the Exec group. Risk of integrity of acute casenotes following discharge from Deeside. ○ ICT Governance & Security Group. ○ Information Governance Management Advisory Group (IGMAG) Issues of significance from ○ Primary Care Computing Group (PCCG).
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • A national Data Protection Impact Assessment has been completed for the roll out of Office 365. There is a completed BCUHB DPIA for Power BI. • Contact with main providers of agency workers – staff cannot work in BCUHB without evidence of mandatory training; assurance is being gained from other providers. • ICO registration was reported lapsed in Sept/October; whilst this was due to a cheque processing backlog by the ICO – we did have continued registration and going forward changes in payment will reduce the risk of this happening again.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • Compliance with legislation. This is being monitored via the work programme and reported as part of the key performance indicator reports.
Special Measures Improvement Framework Theme/Expectation addressed	N/A

Issues to be referred to another Committee	There is delay in developing the information governance arrangements associated with CCTV usage being finalised. However, IG are working with the security team to address this. A risk has been added to the risk register around privacy notices and sharing arrangements.
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • Information Asset Register – lack of development. • WPAS alerts – variation across BCU. • Child Health Records (ICO reprimand) - to note work in progress.
Well-being of Future Generations Act Sustainable Development Principle	<p>The work of the Information Governance Group will help to underpin the delivery of the sustainable development principles by:</p> <ul style="list-style-type: none"> • Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics. • Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services.
Planned business for the next meeting:	<p>Range of regular reports</p> <ul style="list-style-type: none"> • Progress on resolving Clinical Waivers for A2HR. • Update on progress with Key notes/Alerts. • Information Asset Register – update and plan. • IG Risk register – update. • IG Toolkit.
Date of next meeting:	4 th March 2021

Chair's Report

Name of Group:	Information Governance Group
Meeting date:	4 th March 2021
Name of Chair:	Dr Melanie Maxwell, Senior Associate Medical Director (Chair)
Responsible Director:	Simon Evans-Evans, Interim Director of Governance
Summary of business discussed:	<ul style="list-style-type: none">• Information Governance Group (IGG) was quorate. Following a request for representation from primary care, the Heads of Service from the Managed Practices are attending on a rotational basis.• A number of agenda items were verbal reports – the Chair has requested briefing notes to be provided going forward unless this is a short update on actions.• A number of actions were closed on the action log. <p>Items for noting relate to:</p> <ul style="list-style-type: none">• The information asset register carries significant risks for the organisation. There are currently no business continuity plans in place, password configuration is not meeting standards and generic accounts are being used. Asset owners may not be aware of their role and responsibilities. Work is ongoing with the IT department as this is a joint responsibility between departments. A separate paper is being presented to the committee on this agenda.• The ownership and management of CCTV is unclear. There is no policy in place for the management of CCTV. Staff receive conflicting advice when CCTV requests are made. There does not seem to be a complete list of all sites where CCTV is positioned and whether it is in working order. The IM&T Security Procedure will be updated to include CCTV disposal.• There is no accountable person within the organisation for corporate records. This is the only standard within the IG toolkit that is scoring level 0. This is being escalated to the Executive Team.• Use of keynotes/alerts is being discussed nationally; there is no local progress at present. This remains an area of concern.

- Training compliance is 82% - targeted training is being planned and potentially virtual training sessions. We continue to pursue information about individuals who are significantly out of compliance, so they can be targeted.
- Office 365 incident – sharing of personal data within Teams files stored on Sharepoint. This has been an issue for all Health Boards; Teams groups with inappropriate settings enabled anyone within the Welsh Network to access stored files, some held personal information (one in BCUHB). Within the HB there is limited ability to set up these groups as this work is undertaken within IT. The owner will need to sign an acceptable use statement. Guidance is being made available to staff to ensure they understand their responsibilities. The ICO is taking no action at this time.
- National policies to be adopted locally:
 - All Wales Information Governance Policy V2
 - All Wales Information Security Policy V2
 - All Wales Internet Use Policy V3
- IG Workplan Q3 was reviewed. We are developing a procedure to inform third parties when shared information has been deleted or updated in line with ICO requirements. There needs to be a named lead officer for all corporate and staff records; this is being progressed.
- IG Q3 Key Performance Indicator report was reviewed – data request response times have improved. The themes from incidents are incorrectly addressed external mail and email. The latter has been exacerbated with the change to Office 365, where the default e mail is a global address book; this has now been reverted back to the BCUHB address book.
There have been concerns/complaints raised about how staff respond to requests for patient information over the telephone. There is a protocol in place and staff in the relevant areas have been retrained; in addition more general awareness raising will take place through the IG bulletin.
- Network Information Security Directive was established to ensure a common level of security. Welsh Government are putting in place the legislation teams to enforce this to be implemented from April 2021 with a year grace period to implement the directive. An assurance report is expected at the next meeting; it is being added to the ICT risk register. The need for Executive oversight was highlighted.

	<ul style="list-style-type: none"> • Caldicott Principles in Practice (CPiP) Internal Audit report - there was 1 minor recommendation. This action will be part of the work undertaken in preparation for the IG toolkit. • The group received an update on the IG toolkit submission that will replace the Caldicott Outturn report. Progress is good, with a number of standards scoring level 3 (highest). • The risk register has been reviewed and updated. The new risk added relates to the Asset Register. • We have agreed that access to deceased records, will be added to the Standard Operating Procedure for subject access requests. This does not fall within freedom of information or subject access legislation. <p>Chairs reports were received and discussed from:</p> <ul style="list-style-type: none"> • Patient Record Group (PRG). • Information Governance Management Advisory Group (IGMAG). • Primary Care Computing Group (PCCG).
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Progress on the IG Toolkit in readiness to submit 31/03/21. • A new contract has been awarded for the removal of confidential waste – there is a communication plan for the organisation as this is implemented. • Internal Audit report - Caldicott Principles in Practice (CPiP). • Processes in place to ensure Teams Groups are set up safely. • Improved compliance with Fol and SAR requests.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • Compliance with legislation. This is being monitored via the work programme and reported as part of the key performance indicator reports.
Special Measures Improvement Framework Theme/Expectation addressed	N/A
Issues to be referred to another Committee	N/A
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • Information Asset Register – continued lack of development. • CCTV – ownership and policy. • Accountability for corporate records.

Well-being of Future Generations Act Sustainable Development Principle	<p>The work of the Information Governance Group will help to underpin the delivery of the sustainable development principles by:</p> <ul style="list-style-type: none"> • Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics. • Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services.
Planned business for the next meeting:	<p>Range of regular reports</p> <ul style="list-style-type: none"> • Progress on resolving Clinical Waivers for A2HR. • Update on progress with Key notes/Alerts. • Assurance level for Network Information Security Directive. • Information Asset Register – update. • IG Risk register – update. • IG Toolkit – final scores.
Date of next meeting:	<p>27th May 2021</p>

Digital and Information Governance Committee Report



Cyfarfod a dyddiad: Meeting and date:	26 th March 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	DIGC Board Assurance Framework Principal and Corporate Risk Report
Cyfarwyddwr Cyfrifol: Responsible Director:	Simon Evans-Evans, Interim Director of Governance Louise Brereton, Board Secretary
Awdur yr Adroddiad Report Author:	Dawn Sharp, Assistant Director: Deputy Board Secretary Justine Parry - Assistant Director of Information Governance & Risk
Craffu blaenorol: Prior Scrutiny:	Risk Management Group on the 15 th March 2021 Executive Team meeting on the 17 th March 2021
Atodiadau Appendices:	Appendix 1 – BAF Report Appendix 2 – Overview of all BAF risks Appendix 3 – Corporate Tier 1 Operational Risk Report

Argymhelliad / Recommendation:

Recommendation:

The Committee is asked to review and note the progress on the Principal Risk as set out in the Board Assurance Framework (BAF) and Corporate Tier 1 Operational risks presented.

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	
---	--	---	---	---------------------------------------	---	--	--

Sefyllfa / Situation:

The revised Risk Management Strategy and Policy was implemented on the 1st October 2020, and on the 21st January 2021, the Board approved the implementation of the revised Board Assurance Framework (BAF) template reporting arrangements.

This new design captures the work undertaken by the Board on the identification of its Priority Areas to support the effective management of the agreed Principal Risks that could affect the achievement of its agreed Priorities. This has led to streamlining and re-design of the Corporate Risk Register (CRR), which more effectively demonstrates how the Health Board is robustly mitigating and managing extreme risks to the achievement of its operational objectives.

Each BAF risk has since been reviewed and updated.

Appendix 1 highlights the Board Assurance Framework Risk assigned to this Committee.

Appendix 2 provides an overview of all BAF risks and also includes details of the definitions of the assurance levels.

Appendix 3 highlights the Corporate Tier 1 Risks associated with this Committee which have been reviewed and agreed at the Risk Management Group (RMG) on the 15th March 2021 and scrutinised by the Executive Team on the 17th March 2021.

Cefndir / Background:

The implementation of the Board Assurance Framework and the revised Risk Management Strategy underlines the Health Board's commitment to placing effective risk management at the heart of everything it does while embedding a risk-based approach into its core business processes, objective setting, strategy design and better decision making. The design of both the new BAF and CRR emphasises their distinctive roles in underpinning the effective management of both strategic and operational risks respectively, as well as underlining their symbiotic relationship as both mechanisms have been designed to inform and feed-off each other. This includes the evaluation, monitoring and review of progress, accountability and oversight of the Principal Risks and also the high level operational risks which could affect the achievement of the Health Board's agreed Priorities. These are being monitored as part of an annual improvement plan with oversight by the Risk Management Group, with scrutiny and approval by the Executive Team. It had been suggested that future reporting of the BAF and CRR risks be separated, however for the reasons outlined about it is felt that the benefits of retaining the current approach outweigh the alternative proposal, acknowledging that the reports will be further refined going forward.

Board Assurance Framework

The management of the BAF has transferred to the Office of the Board Secretary from the Corporate Risk Management Team, with the risk management system and process continuing to be managed by the Corporate Risk Team.

As reported to other Committee's during this first cycle, there has been good engagement with risk leads. The work will be finessed as part of its evolution, noting that the number of risks might reduce once the strategic BAF risks are clearly defined and the development of the Health Board's overarching strategy will aid this. Attached as Appendix 2 is an overview of all the current BAF risks which is attached for information purposes. Appendix 2 also includes details of the definitions of the assurance levels. It is intended for future iterations, to include within the BAF template narrative from the Lead confirming which actions will have the most material impact on the risk.

It is recognised that in a number of risks the target risk score is above the current risk appetite. Taking account of the current environment given the pandemic, risk Leads have been very clear on what they believe can realistically be achieved in relation to the target risk. Whilst the leads recognised the need to bring the target risk score in line with the appetite, there view was that this would not be achievable under the current conditions. Taking this into account it has been agreed that a review of the risk appetite will be undertaken by the Board at the workshop arranged for 27th April and it is envisaged that the whole Board can review the totality of the BAF risk at that point, and ensure that they reflect and are aligned to the latest Annual Plan.

Key progress on the specific BAF risks assigned to this Committee is detailed below:-

- **BAF20-18 - Digital Estates and Assets** - Extensions to action timeframes have been updated and actions strengthened to support the achievement of further controls since the risk was submitted to the January Board.

Corporate Risk Register:

It is important to note that the Health Board's new CRR has been updated following feedback received on the previous version. Changes have been made to the terminology used for example the "Initial Risk Score" has now changed to Inherent and the continued use of the "Action Plan Module" as a key driver to capture and monitor the completion of actions is proving beneficial for all leads as regular reminders are issued once the completion date has expired. The use of this module is planned to be rolled out across the remaining Tiers, due to the impact from the management of the Pandemic, the delivery date to fully complete this piece of work has been delayed until September 2021.

The Corporate Risk Management Team Staff continue to explore engagement, training, capacity building and understanding as drivers for embedding the new CRR and a positive risk-aware culture across the Health Board. For example, an external risk management company has delivered six bespoke risk management training sessions in September 2020 to senior staff across the Health Board during which 100 staff were trained. Trainees were issued certificates of completion of course and they provided very positive feedback, which has in turn enabled improvements and tailoring of the training resources to meet the needs of the organisation and its staff. Building on from these initial sessions, in house training sessions are now being delivered commensurate with the roles and responsibilities of staff across the Health Board as part of the campaign to achieve 1000 staff trained in risk management in 2021/22. Another strand of this drive will be to deliver risk management training to medical Doctors and Consultants through existing meetings and networks e.g. Junior Doctor's meetings or Consultant's meetings, and this will commence from April 2021.

The delivery of this training has been incorporated in the RM03 – Risk Management Training Plan which supports the delivery of the updated Risk Management Strategy and Policy.

In summary, a close look at the CRR in Appendix 3 demonstrates that:

i. **CRR20-06 Informatics – Patient Records pan BCU**

Key progress since last submission to the Board in January 2021: Whilst this risk has not been reviewed since submission to the Board, the action 12426 has been updated to reflect the delay in developing the business case to digitise the nursing documentation through the Welsh National Care Record (WNCR). This has been due to the realignment of the Nursing Lead to support infection prevention and control as part of the COVID-19 Pandemic.

Despite the controls in place, the current risk score remains at the same level as the inherent score, with the target risk score resting outside the Health Board's agreed risk appetite as it should have been positioned anywhere ranging from 1-6.

This risk is being actively managed by the Executive Director of Primary and Community Care with oversight by the Risk Management Group and the Executive Team, it has also been aligned to the Board Assurance Framework Principal Risks for future reporting arrangements.

ii. **CRR20-07 Informatics infrastructure capacity, resource and demand.**

Key progress since last submission to the Board in January 2021: Further actions to achieve the target risk score continued to be progressed, with the inclusion of the development of the Digital Strategy. Target dates for completion of actions have also been extended to take into account the development of the Digital Strategy.

This risk is being actively managed by the Director of Primary and Community Care with oversight by the Risk Management Group and the Executive Team, it has also been aligned to the Board Assurance Framework Principal Risks for future reporting arrangements.

During the Executive Team meeting on the 11th February, it was agreed to escalate the below operational risk onto the Corporate Tier 1 Risk Register:

iii. **Risk Reference - CRR20-10 – GPOOH Service Risk**

There is a risk that clinicians delivering GP Out of Hours Services may not have access to patient records due to possible delay in the implementation of the new IT system that is led by a national procurement programme, which is yet to be built and tested.

This may result in clinicians not being able to access patient information, the current automated booking/triage system failing, delays in the delivery of patient care and poor patient experience.

This has been agreed and supported by the Executive Team and the Executive Director of Primary and Community Care.

On the 15th March 2021 three further Informatics risks were presented for escalation consideration. These were in connection with a) National Infrastructure and Products, b) Non-delivery of WCCIS and c) Cyber Security. Whilst the RMG agreed that Cyber Security should be a Tier 1 risk, the group were unable to approve the escalation at this stage. Further work was required on the content of each of these risks to ensure robust arrangements were in place.

Below is a heat map representation of the BAF and Corporate risk register current risk scores for this Committee:

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5				BAF 20-18	
	Likely - 4				CRR20-06 CRR20-07 CRR20-10	
	Possible - 3					
	Unlikely - 2					
	Rare - 1					

Asesiad / Assessment & Analysis

Strategy Implications

The implementation of the Board Assurance Framework and the revised Risk Management Strategy and Policy aligns with the Health Board's strategy to embed effective risk management in fostering its culture of safety, learning to prevent recurrence and continuous improvements in patient, quality and enhanced experience.

Options considered

Not applicable.

Financial Implications

The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.

Due to the improved and increased reporting frequency arrangements, the management of the BAF is resource intensive and so additional resources may be required.

Risk Analysis

See the individual risks for details of the related risk implications.

Legal and Compliance

There are no legal and compliance issues associated with the delivery of the Board Assurance Framework or the Risk Management Strategy and Policy.

Impact Assessment

No specific or separate EqIA has been done for this report, as a full EqIA has been completed in relation to the new Risk Management Strategy and Policy to which the BAF and CRR reports are aligned.

Due regard of any potential equality/quality and data governance issues has been factored into crafting this report.

Risk Reference: BAF20-18		Risk Rating		Impact	Likelihood	Score	Appetite
Digital Estate and Assets							
There is a risk that Informatics cannot implement digital solutions due to available resource not keeping step with an organisational wish to become more digitally focused. This could impact on the safety of our patients, service efficiency and the reputation of the Health Board, the ability to recruit and retain staff or impact on compliance with legislation resulting in significant financial penalties.		Inherent Risk	4	5	20	Moderate to High 8 - 15	
		Current Risk	4	5	20		
		Target Risk	4	3	12		
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (<i>actions to achieve target risk score</i>)		Date	
Monthly budget reviews take place with finance. Finance attendance at Informatics Senior Management Team (SMT) on a monthly basis as part of the Cycle of Business.	1	Contribution to national informatics programmes through representation both informatics and clinical i.e. Virtual Consultations, Digital Services for Patients and the Public Programme.	3	Development of a Digital Strategy.		1 June 2021	
Quarterly review of Operational Plan at SMT with Digital and Information Governance Committee (DIGC) oversight of the delivery of the Informatics Operational Plan and budget on a quarterly basis.	2	Review of required business cases through the Business Case Review Group and to the Finance & Performance Committee (F&P) Committee for approval.	2	Implementation of the Digital Strategy Year 1 to 2.		1 March 2022	
Capital and Revenue Programmes are in place and are reported through the DIGC on a quarterly basis.	2	Resource risks are identified and go through the escalation process as documented in the Risk Management Strategy. This governance includes SMT, DIGC and Risk Management Group.	2	Development of an established resource structure and revenue and capital requirements for 21/22.		31 March 2021	
		Programmes and Projects are managed using agreed standard methodologies (Tailored Prince2) and have governance structures.	1	Development of an established resource structure and revenue and capital requirements in line with the strategy delivery from 22/23.		1 December 2021	
				Development a Management of Portfolio approach so that all digital solution change initiatives are well governed, controlled and prioritised. Implementation of the Management of Portfolio Approach.		30 September 2021	
				Meet with the National Wales Informatics Service (NWIS) to discuss the BCUHB Priorities and Risks and develop a joint plan for 21/22.		30 March 2021	
Review comments since last report: Extensions to action timeframes have been updated and actions strengthened to support the achievement of further controls since the risk was submitted to the January Board.							
Executive Lead: Chris Stockport, Executive Director of Primary and Community Services			Board / Committee: Digital and Information Governance Committee			Review Date: 23 February 2021	
Linked to Operational Corporate Risks:							
CRR20-06 - Informatics - Patient Records pan BCUHB							
CRR20-07 - Informatics infrastructure capacity, resource and demand							

COMPLETE SCHEDULE OF BAF RISKS - LIVE

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Current Score	Target Score	Risk Appetite
20-01	Surge/ Winter Plan	There is a risk that the Health Board may not be able to deliver the winter plan due to the appropriate availability of capacity and capability of its resources and external collaboration. This could negatively impact on the quality of planned patient care services and the reputation of the organisation.	F&P	Mark Wilkinson	Meinir Williams	20	12	1-6
20-02	Emergency Care Review Recommendations	There is a risk that the Health Board may not be able to deliver safe and effective care due to being unable to commit support processes. This could negatively impact on the quality of patient care provided.	QSE	Gill Harris	Meinir Williams	20	12	1-6
20-03	Sustainable Key Health Services	There is a risk that the Health Board may not be able to deliver sustainable key population health services to the wider population of North Wales due to diminishing capacity to meet an ever-growing demand.	SPPH	Teresa Owen	Gwyneth Page	12	8	1-6
20-04	Primary Care Sustainable Health Services	There is a risk that the Health Board will be unable to ensure timely access to Primary Care (GMS) Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital. As a gateway to health care, this could result in a deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.	SPPH	Chris Stockport	Clare Darlington	20	12	1-6
20-05	Timely Access to Planned Care	There is a risk that the Health Board may be unable to deliver timely access to Planned Care due a mismatch between demand and capacity and Covid-19, which could result in a significant backlog and potential clinical deterioration in some patient conditions.	F&P and QSE	Mark Wilkinson	Andrew Kent	25	15	1-6

COMPLETE SCHEDULE OF BAF RISKS - LIVE

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Curr-ent Score	Target Score	Risk App-etite
20-07	Effective Stakeholder Relationships	There is a risk that our relationships (internal and external) are ineffective. This could be caused by a lack of engagement, poorer communication, a lack of a co-productive approach, lack of direction, shared purpose and culture or insufficient service and organisational development. This could lead to a lack of trust, poor morale, high staff turnover, reduced stakeholder credibility plus reduced staff and public confidence, and an impact on services.	SPPH	Teresa Owen	Amanda Lonsdale	9	4	8-10
20-08	Safe and Effective Mental Health Delivery	There is a risk to the safe and effective delivery of MHLD services. This could be due to unwarranted variation and inefficiencies. This could lead to poorer and inconsistent outcomes, poorer use of resources, failure to learn from events or inequity of access.	QSE	Teresa Owen	Mike Smith	20	9	1-6
20-09	Mental Health Leadership Model	There is a risk that the leadership model is ineffective and unstable. This may be caused by temporary staffing, unattractive recruitment and high turnover of staff. This could lead to an unstable team structure, poor performance, a lack of assurance and governance, and ineffective service delivery.	QSE	Teresa Owen	Keeley Twigg	15	8	1-6
20-10	Mental Health Service Delivery During Pandemic Management	There is a risk to the safe and effective delivery of MHLD services. This could be due to the consequences of the COVID-19 pandemic. This could lead to changing type and level of demand across the region, a lack of appropriate staff and resources, poorer outcomes for our population.	QSE	Teresa Owen	Carole Evanson	9	6	1-6

COMPLETE SCHEDULE OF BAF RISKS - LIVE

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Curr-ent Score	Target Score	Risk App-etite
20-11	Infection Prevention and Control	There is a risk that Health Board may not be able to deliver appropriate care to patients and they may suffer harm due to healthcare associated infection. This may be caused by a failure to put in place systems, processes and practices that would prevent avoidable infection. The impact of this may increase morbidity and mortality, increase admissions and longer length of stay, increase treatment costs, reputational damage and loss of public confidence.	QSE	Gill Harris	Sally Batley	20	15	1-6
20-12	Listening and Learning	There is a risk that adverse events occur, or re-occur, in the organisation due to: 1) Lack of a clear and easy mechanism for patients or staff to raise incidents or complaints, 2) lack of a clear, effective and transparent mechanism for reviewing, addressing, sharing learning and feedback from reviews/investigations, 3) lack of trust and confidence in the systems and process. These adverse events could result in avoidable harm to patients or staff, disruption to clinical and support services, avoidable costs and loss of public and stakeholder confidence.	QSE	Gill Harris	Matt Joyes	20	10	1-6
20-13	Culture – Staff Engagement	There is a risk that the Health Board loses the engagement and empowerment of its workforce as a result of staff not feeling that it is safe and/or worthwhile highlighting concerns due to: Lack of clear mechanisms for raising concerns at any and every level, lack of a clear, effective and transparent mechanism for listening, reviewing, addressing, sharing learning and feedback, lack of trust and confidence regarding the reception of and impact of raising concerns, lack of support and guidance for all parties involved.	QSE	Sue Green	Nick Graham	16	12	1-6

COMPLETE SCHEDULE OF BAF RISKS - LIVE

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Curr-ent Score	Target Score	Risk App-etite
		This could lead to an impact on the organisation being able to learn from experience or improve services, which could result in poor staff morale, leading to poor outcomes impacting on the delivery of safe and sustainable services and the reputation of the Health Board.						
20-14	Security Services	There is a risk that the Health Board does not provide effective security services across the organisation. This is due to lack of formal arrangements in place to protect premises and people in relation to CCTV, Security Contract issues (personnel), lone working, lock down systems, access control and training that provides assurance that Security is effectively managed. This could lead to a breach in the Health Board's statutory security duties.	QSE	Sue Green	Peter Bohan	15	10	1-6
20-15	Health and Safety	There is a risk that the Health Board fails in its statutory duty to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation that could result in avoidable harm or loss.	QSE	Sue Green	Peter Bohan	20	10	1-6
20-16	Pandemic Exposure	There is risk that patients, staff or visitors are exposed to COVID-19 due to inadequate/inappropriate resources, lack of compliance with prevention/protection measures across all settings, lack of understanding, skills, ownership of responsibilities, lack of systems and/or capacity and/or capability to identify, analyse, adapt, address immediate themes arising from intelligence both internal and external in a dynamic way. This could impact or effect avoidable harm caused to our patients, staff, visitors, increase in demand/length of stay/risk to other	QSE	Gill Harris	Sally Batley	20	15	1-6

COMPLETE SCHEDULE OF BAF RISKS - LIVE

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Current Score	Target Score	Risk Appetite
		patients, reduction in availability of staff to support the delivery of safe care and services. This could led to prosecution for breach of statutory/legal duty and reputational damage to trust and confidence.						
20-17	Value Based Improvement Programme	There is a risk that the Health Board does not understand or use its resources effectively and efficiently due to a lack of implementing an appropriately resourced value based improvement programme. This could impact on the quality of outcomes for the services it delivers.	F&P	Sue Hill	Geoff Lang	12	8	8-10
20-18	Digital Estate and Assets	There is a risk that Informatics cannot implement digital solutions due available resource not keeping step with an organisational wish to become more digitally focused. This could impact on the safety of our patients, service efficiency and the reputation of the Health Board, the ability to recruit and retain staff or impact on compliance with legislation resulting in significant financial penalties.	DIG	Chris Stockport	Dylan Williams	20	12	8-15
20-20	Estates and Assets Development	There is a risk that the Health Board does not systematically review and capitalise on the opportunity to develop its estates and assets due to changes in working practices (for example agile working) which could impact on recruitment, financial balance and the reputation of the Health Board.	F&P	Mark Wilkinson	Rod Taylor	9	6	8-10
20-21	Workforce Optimisation	There is a risk that the Health Board cannot attract or retain sufficient staff (core and flexible) to resource delivery of the strategic priorities due to a lack of integrated workforce planning, safe deployment systems and insufficient support for recruitment and on boarding. This could impact on the Board's ability to deliver safe and sustainable services.	SPPH	Sue Green	Nick Graham	16	12	1-6

COMPLETE SCHEDULE OF BAF RISKS - LIVE

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Curr-ent Score	Target Score	Risk App-etite
20-25	Impact of COVID-19	There is a risk that the ongoing Covid-19 pandemic will lead to the HB being overwhelmed and unable to respond to Covid healthcare needs and/or carry out its core functions due to the spread and impact of Covid-19 in North Wales. This could lead to reduced staff numbers available for work, increased demand on services (including acute, community, mental health and primary care), and suspension of planned services. This could negatively affect patient safety and quality of care, patient outcomes; delivery of the mass vaccination programme and TTP; and the Health Board's ability to deliver its plans and corporate priorities.	QSE	Chris Stockport	Sally Baxter	15	8	1-6
20-26	Development of Annual Operational Plan 2021-22	There is a risk the Health Board fails to deliver an approvable plan to Welsh Government and remains in breach of its statutory duties whether due to inability to deliver financial balance or to present a plan that delivers key performance targets. This impacts on reputation, and reduces freedom to act.	F&P	Mark Wilkinson	John Darlington	15	3	1-6
20-27	Delivery of a Planned Annual Budget	There is a risk the Health Board spends in excess of its planned annual budget. Any financial deterioration against the financial plan may result in the Health Board breaching its statutory duties. This could affect the provision of healthcare across North Wales, potentially leading to Welsh Government intervention and reputational damage, impacting on the Health Board's ability to remain sustainable.	F&P	Sue Hill	Rob Nolan	15	10	8-10
20-28	Estates and Assets	There is a risk that the Health Board fails to provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding.	F&P	Mark Wilkinson	Neil Bradshaw	15	10	8-10

COMPLETE SCHEDULE OF BAF RISKS - LIVE

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Curr-ent Score	Target Score	Risk App-etite
		This could impact on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patient, staff, public, reputational damage and litigation.						

KEY	DIG	Digital and Information Governance Committee
	F&P	Finance and Performance Committee
	QSE	Quality, Safety and Experience Committee
	SPPH	Strategy, Partnerships and Population Health Committee

Key Field Guidance

BAF Template Item		<i>Please refer to the Risk Management Strategy and Policy for further detailed explanations</i>
Risk Reference		Board Assurance Framework reference number, allocated by the Board Secretary
Risk Description		An uncertainty that something could or may happen that will have an impact on the achievement of the Health Board's Priority. There are 3 main components to include when articulating the risk description (cause, event and effect):
		- There is a risk of / if
		- This may be caused by
		- Which could lead to an impact / effect on
Risk Ratings	Inherent	Without taking into consideration any controls which may be in place to manage this risk, what is the likelihood that this risk will be realised, and if it did, what would be the consequence
	Current	Having considered the key controls and key mitigation measures in place, indicate what the current risk grading is. Note – this should reduce as action is taken to address the risk.
	Target	This is the level of risk one would expect to reach once all controls and key mitigation measures are in place.
Risk Impact		The consequence (or how bad) if the risk were to be realised, in line with the NPSA Grading Matrix an impact of 1 is a Negligible (very low), with a 5 as Catastrophic (very high)
Risk Likelihood		The probability (frequency or how often) would this happen if the risk were to be realised. In line with the NPSA Grading Matrix a likelihood of 1 is this will probably never happen / recur, with a 5 being that it will undoubtedly happen, recur, possibly frequently
Score		Impact x Likelihood of the risk happening
Appetite	<i>Definition</i>	Is defined as the amount and type of risk the Health Board is willing to take on, pursue or retain in order to achieve its priorities.
	Low	Cautious with a preference for safe delivery options (Score 1 to 6)
	Moderate	Prepared to take on, pursue or retain some risks as a result of the Health Board taking opportunities to improve quality and safety of services (Score 8 to 10)
	High	Open or willing to take on, pursue or retain risks associated with innovation, research and development consistent with the Health Board's Priorities (Score 12-15)

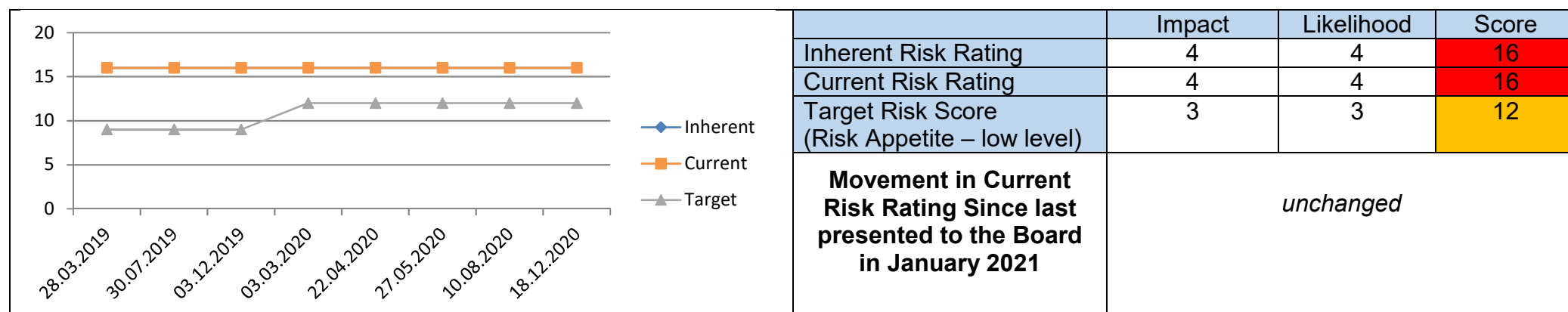
COMPLETE SCHEDULE OF BAF RISKS - LIVE

Control	<i>Definition</i>	<p>A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise and ensure that care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - http://www.wales.nhs.uk/governance-emanual/risk-management]</p> <p>A measure that maintains and/or modifies risk (ISO 31000:2018(en))</p>
	Examples include, but are not limited to:	<ul style="list-style-type: none"> - People, for example, a person who may have a specific role in delivery of an objective - Strategy, policies, procedures, SOP, checklist in place and being implemented which ensures the delivery of an objective - Training in place, monitored and assurance reported - Compliance audits - Business Continuity plans in place, up to date, tested and effectively monitored - Contract Management in place, up to date and regularly monitored
Mitigation	<i>Definition</i>	To reduce the extent of risk exposure, and the adverse effects of risk
	Examples include, but are not limited to:	<ul style="list-style-type: none"> - Service or Pathway Redesign - Business Case Development - Staff Training - Risk Assessment - Evidential data sets
Assurance Levels	1	The first level of assurance comes from the department that performs the day to day activity, for example the data is available
	2	The second level of assurance comes from other functions in the Health Board who have internally verified the data, for example quality, finance and H/R assurance
	3	The third level of assurance comes from assurance provided from outside the Health Board, for example WG, HIW, HSE etc.

Appendix 3 - DIGC Corporate Tier 1 Operational Risk Report

CRR20-06	Director Lead: Director of Primary and Community Care	Date Opened: 28 March 2019
	Assuring Committee: Digital and Information Governance Committee	Date Last Reviewed: 21 December 2020
	Risk: Informatics - Patient Records pan BCU	Date of Committee Review: 19 June 2020
		Target Risk Date: 30 September 2024

There is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.



Controls in place	Assurances
1. Corporate and Health Records Management policies and procedures are in place pan-BCUHB. 2. iFIT RFID casenote tracking software and asset register in place to govern the management and movement of patient records. 3. Escalation via appropriate committee reporting. 4. Key performance indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group).	1. Chairs reports from Patient Record Group. 2. ICO Audit. 3. HASCAS Audit.

Links to Strategic Priorities	Principal Risks
Effective use of our resources	BAF20-18 BAF20-28

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12422	Enable actions to meet the regulatory recommendations from the ICO, HASCAS/Ockenden and Internal Audit reports.	Mrs Danielle Edwards, Head of Digital Records	31/03/2021	21.12.20 (DE) - UPDATE Dec 2020 - many of the recommendations are being addressed either via the 'ATHR Project' or the 'Baseline of Standards Project'. A full gap analysis will be undertaken in Q4 to catch any recommendations not already covered.	On Track
	12423	Development of a local Digital Health Records system	Mrs Danielle Edwards, Head of Digital Records	30/09/2024	21.12.20 (DE) - UPDATE Dec 2020 - Following approval from the Health Board in July and subsequently approval to award contract from the WG following the Ministerial Brief in Septmeber, the contract has now been awarded to Civica for their Cito product. The Project Board is established with the Executive Medical Director as SRO, along with a Clinical Task & Finish Sub Group - both of which have met and are engaged in Phase 0 - Pre-Project Start (planning). Outline Project Plan anticipated for the January Project Board meeting.	On Track

	12424	Improve the assurance of Results Management	Mrs Danielle Edwards, Head of Digital Records	30/09/2021	21.12.2020 (DE) - UPDATE Dec 2020 - Main updates: (WS1) - WCP 3.11.3 is due to be available for user UAT in January which will support the ability to sign of results electronically. Email baseline audit is retruning information pan-BCU on current processes used across Departments. SBAR being prepared due to inability to secure resources corpoately to fully baseline and prepare the organsation for a full roll out. Overall WS1 remains on track for September 2021 but with resource risks. (WS4) - It has been agreed that BCU will remain on 3 instances of Radis which means the upgrade can now progress.	On Track
	12425	Digitise the clinic letters for outpatients	Mrs Danielle Edwards, Head of Digital Records	30/04/2021	21.12.20 (DE) - UPDATE Dec 2020 - This project is now commencing in line with expectations, with roll out underway in West. Engagement sessions have been held and were well received; integration to PiMs held some challenges but is due to complete by end December; roll out to Cancer Services planned for w/c 11/01, followed by a sustained and ambitious roll out across all Service aiming for	On Track

					completion by the end of February.	
	12426	Digitise nursing documentation through engaging in the WNCR	Mrs Danielle Edwards, Head of Digital Records	31/01/2021	15/02/21 - The Nursing Lead working on the Business Case is still being repurposed to support IPC Covid Response; work has commenced with progress made on case when available.	Delay
	12428	Baseline the; storage, processes, management arrangements and standards compliance	Mrs Danielle Edwards, Head of Digital Records	31/03/2021	21.12.20 (DE) - UPDATE Dec 2020 - This project is now well underway under the lead of the Deputy Head of Patient Records & Digital Integration Department. There are currently 12 tasks to be completed within the Project, with good progress made in the 1st reporting period. Progress is being reported into the Patient Records Group (via a highlight report) then up to the Information Governance Group (via the Chair's Assurance Report), and to the DIGC as part of the overall summary progress from Informatics.	On Track
	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.	Mrs Danielle Edwards, Head of Digital Records	30/04/2021	21.12.20 (DE) - UPDATE Dec 2020 - Meeting with SRO and planning lead was held this month with outcome that, due to the delay in the Mental Health scheme and the	On Track

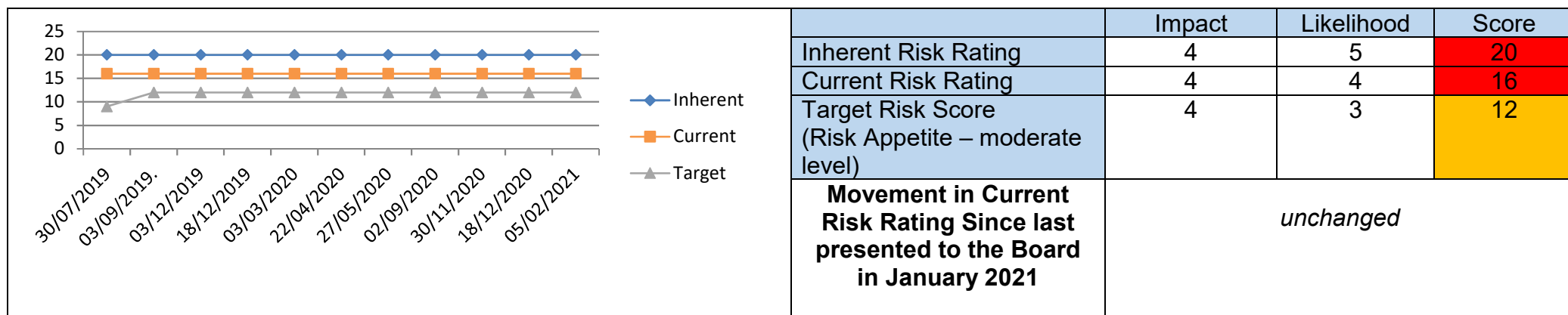
				pressures of Covid within all Departments, work to evaluate the Ablett for Health Records use will hold until April. The Health Records Site Manager reported that risks associate with the portacabin Library are being managed and the delay is within tolerance.	
--	--	--	--	---	--

CRR20-07	Director Lead: Director of Primary and Community Care	Date Opened: 28 March 2019
	Assuring Committee: Digital and Information Governance Committee	Date Last Reviewed: 05 February 2021
	Risk: Informatics infrastructure capacity, resource and demand	Date of Committee Review: 19 June 2020
		Target Risk Date: 15 December 2021

There is a risk that digital services within the Health Board are not fit for purpose. This may be due to:

- (a) A lack of capacity and resource to deliver services / guide the organisation.
- (b) Increasing demand (internally from users e.g. For devices/ training and externally from the public, government and regulators e.g. Growing need for digital services).
- (c) the moving pace of technology.

This could lead to failures in clinical and management systems, and a failure to support the delivery of the Health boards strategy / plans impacting negatively on patient safety/outcomes. It may also pose a greater risk to the Health board of infrastructure failures and cyber attack.



Controls in place	Assurances
<ol style="list-style-type: none"> 1. Governance structures in place to approve and monitor plans. Monitoring of approved plans for 2019 2020 (Capital, IMTP and Operational. Approved and established process for reviewing requests for services. 2. Integrated planning process and agreed timescales with BCU and third party suppliers. 3. Key performance metrics to monitor service delivery and increasing demand. 4. Risk based approach to decision making e.g. Local hosting v's National hosting for WPAS etc. 5. National Infrastructure Review (Independent Welsh Government Review undertaken by Channel 13). 	<ol style="list-style-type: none"> 1. Annual Internal Audit Plan. 2. WAO reviews and reports e.g. structured assessments and data quality. 3. Scrutiny of Clinical Data Quality by CHKS. 4. Auditor General Report - Informatics Systems in NHS Wales. 5. Regular reporting to DIGC (for Governance).

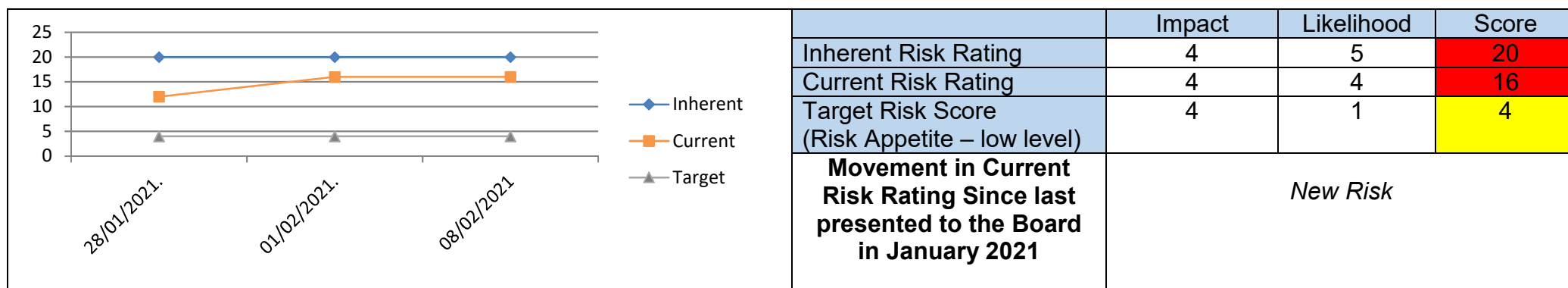
Links to Strategic Priorities		Principal Risks
Effective use of our resources		BAF20-18 BAF20-20 BAF20-28

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12378	Develop associated business cases and secure funding for resource required based upon risks and opportunities e.g. Digital Health Record.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/01/2021	5/2/21 - action closed and more detailed BC actions have and will be added	Closed
	12379	Review workforce plans and establish future proof informatics/digital capability and capacity.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/09/2021	29/10/20 (AW) - Informatics will be developing a Workforce Planning Strategy that will take into account the services capability and capacity.	On Track
	12380	Review governance arrangements e.g. DTG whose remit includes review of resource conflicts has not been replaced (April 2020).	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/06/2021	04/02/2021 - This needs to be undertaken once the Digital Strategy has been approved. April 21.	On Track
	13182	To develop a Digital Strategy	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2021	This high level digital strategy will set the strategic direction and support the prioritisation of work which will support and make the case for capacity and resources. It will also influence the governance and mapping to clinical services requirements.	On Track

CRR20-10	Director Lead: Director of Primary and Community Care	Date Opened: 28 January 2021
	Assuring Committee: Digital and Information Governance Committee	Date Last Reviewed: 8 February 2021
	Risk: GP Out of Hours IT System	Date of Committee Review: New Risk for Escalation
		Target Risk Date: 31 March 2022

There is a risk that clinicians delivering GP Out of Hours Services may not have access to patient records due to possible delay in the implementation of the new IT system that is led by a national procurement programme, which is yet to be built and tested.

This may result in clinicians not being able to access patient information, the current automated booking/triage system failing, delays in the delivery of patient care and poor patient experience.



Controls in place	Assurances
1. The procurement has been led and managed nationally on behalf of WG. 2. The contract for the current system has been renewed and extended past the planned introduction of the new IT system. WG has agreed to fund the ongoing provision of the current system. 3. The Service keeps abreast of developments of the new IT system which will be managed by through the national group.	1. 111 Implementation Board in place for North Wales which will be kept informed of progress with the new IT system. 2. BCUHB GP OOH service represented on related national groups.

Links to Strategic Priorities	Principal Risks
Effective use of our resources Safe unscheduled care	BAF20-03 BAF20-15

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	14879	Ensure updates are received from the national team in order to review the risk regularly.	Mr Sefton Brennan, Divisional Lead GPOOH	31/12/2021	This action will help mitigate the likelihood of this risk.	On Track
	14880	National system to be in place by Autumn 2021.	Mr Sefton Brennan, Divisional Lead GPOOH	30/11/2021	By implementing the new system, giving appropriate access to those who need it will effectively eliminate the risk.	On Track
	14881	Setup a Task and Finished Group linked to the implementation board of 111 to oversee the rollout of the new IT system (SALUS) which will be provided by Capital.	Mr Sefton Brennan, Divisional Lead GPOOH	30/07/2021	This action will assist in reducing the consequence of this risk were it to materialise.	On Track

Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 26 th March 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Draft Committee Annual Report 2020/21						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport, Executive Director Primary & Community Care, Corporate Office						
Awdur yr Adroddiad Report Author:	The Digital and Information Governance Committee Leads						
Craffu blaenorol: Prior Scrutiny:	<ul style="list-style-type: none"> The Draft Committee Annual Report has been scrutinised by the Committee Lead Executive and Chair of the Committee. Leads named as above. 						
Atodiadau Appendices:	The Draft Committee Annual Report 2020/21 which also incorporates the Draft Cycle of Business 2021/22 and current Terms of Reference.						
Argymhelliad / Recommendation:							
<p>The Digital and Information Governance Committee is asked to:</p> <ul style="list-style-type: none"> Consider the Draft Committee Annual Report for 2020/21 (in particular, confirming agreement for the proposed RAG scores). Agree that Chair's Action can be taken to approve the final Committee Annual Report for submission to the Audit Committee workshop on 25th May. 							
Please tick one as appropriate (
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:							
All Committees of the Board are required to produce an Annual Report.							
Cefndir / Background:							
<p>The Committee Annual Report for 2020/21 has been prepared on a BCU-wide template and will be submitted to the Audit Committee workshop on 25th May 2021, along with those of all other Committees and Advisory Groups.</p> <p>Due to the scheduled meeting dates it is necessary for the Committee to consider a draft report which may then need further amendment following the March 2021 meeting of the Committee, not least to take account of attendance and the business from the March meeting. In line with governance arrangements, Chair's Action can then be taken to agree the final version for submission to the Audit Committee.</p> <p>It should also be noted that the governance review may result in changes being made to the terms of reference and cycle of business of the Committee over the coming year. Acknowledging that the review has the potential to recommend that this Committee might be disbanded going</p>							

forward the plan of work/business cycle would be reassigned as appropriate between other Board Committees.

Asesiad / Assessment & Analysis

Strategy Implications

N/A

Options considered

N/A

Financial Implications

N/A

Risk Analysis

N/A

Legal and Compliance

All Committees are required to produce an annual report which forms part of a composite report to the full Health Board.

Impact Assessment

N/A

Digital and Information Governance Committee Annual Report 2020-21 **DRAFT**

1. Digital and Information Governance Committee

2. Name and role of person submitting this report:

Dr Chris Stockport, Executive Director Primary & Community Care

3. Dates covered by this report:

01/04/2020-31/03/2021

4. Number of times the Committee met during this period:

The Committee was routinely scheduled to meet on 4 occasions and otherwise as the Chair deemed necessary with 1 cancellation in December 2020, due to the COVID-19 pandemic and in-line with Welsh Government governance requirements. During the reporting period, it met on 3 occasions.

Members of the Committee	19/06/20	25.9.20	18.12.20	26.03.21
Independent Members				
Mr John Cunliffe	P	P	Meeting cancelled	
Mr Medwyn Hughes	P	P		
Professor Nicky Callow	P	P		
Formally In attendance (as per Terms of Reference)	19/06/20	25.9.20	18.12.20	26.03.21
Directors				
Dr David Fearnley Executive Medical Director (Lead Director)	P	P		◆

Dr Chris Stockport Executive Director Primary & Community Care (Lead Director)	◆	P		◆
Mr Dylan Williams Chief Information Officer	P	A		
Mrs Justine Parry Assistant Director Information Governance and Risk / Data Protection Officer (DPO)	A	P		
Dr Melanie Maxwell Senior Associate Caldicott Guardian Dr Kath Clarke	A	P		
Ms Sue Hill Executive Director Of Finance/ Senior Information Risk Owner (SIRO)	A	P		

Key:

P - Present

A - Apologies submitted

◆ Not a member of the Committee at this time.

P* - Present for part meeting

X - Not present

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee/Group/Forum. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Committee is designed to provide:

The Digital and Information Governance Committee is designed to provide assurance to the Board on the following key areas as set out in its Terms of Reference as follows:-

- oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- oversee the direction and delivery of the Health Board's digital and information governance strategies to drive change and transformation in line

with the Health Board's integrated medium term plan that will support modernisation through the use of information and technology;

- consider the information governance and digital implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;
- consider the information governance and digital implications for the Health Board of internal and external reviews and reports;
- oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).

The Committee will, in respect of its assurance role, seek assurances that information governance and the digital (including patient records) arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe healthcare across the whole of the Health Board's activities.

To achieve this, the Committee's programme of work will be designed to ensure that, in relation to information governance, digital and patient records:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology;
- the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards;
- there is effective communication, engagement and the workforce is appropriately trained, supported and responsive to requirements in relation to the effective handling and use of information (including IT Systems) – consistent with the interests of patients and the public;
- there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements);
- the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation;
- the Health Board is meeting its responsibilities with regard to the General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and Information Commissioner's Office Guidance;
- The Health Board is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information

Systems regulations and relevant standards;

- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that:
 - Sources of internal assurance are reliable, and have the capacity and capability to deliver;
 - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
 - Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims; and
 - Training needs are assessed and met.
- receive assurance on the delivery of the digital and information governance operational plans including performance against the annual Digital Capital Programme;
- seek assurance on the effectiveness and impact of the Health Board's Digital Transformation Plans;
- seek assurance on the performance and delivery of the rollout of the core national IT systems which could have significant impact on the Health Board's operational services and escalate to the Board as appropriate.

The Committee will receive assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.

The Committee will maintain oversight of the effectiveness of the relationships and governance arrangements with partner organisations in relation to digital and information governance. This will include NHS Wales Informatics Service (NWIS).

During the period that this Annual Report covers, the Committee operated in accordance with its terms of reference which were operative for the whole of the term this Annual Report covers. The terms of reference are appended at Appendix 1.

The work programmes, cycles of business and overall performance of each Committee are reviewed by the Committee Business Management Group (CBMG) which meets quarterly. The CBMG oversees effective communication between Committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board's Governance framework.

Furthermore a fundamental review of the Governance Structures has been undertaken by the Interim Director and Governance. This work is being finalised at the point of producing this Annual Report.

The Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were XX breaches of this nature in terms of either *individual papers / *whole agenda not being available 7 days before the meeting. (Data to be provided at year end).

6. Overall *RAG status against Committee's annual objectives / plan:
RED/AMBER/GREEN – To be agreed at the Committee Meeting on 26th March 2021.

The summary below reflects the Committee's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative (Please provide narrative against all red and amber including the rationale for the assurance status)	Committee assessment of the quality of the Assurance provided (please provide in narrative format)
Oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;	Green	<ul style="list-style-type: none"> • Draft operational and finalised plans submitted to the Committee. • Approved the Information Governance Strategy • Approved the Information Governance Annual Report. • Approved the Caldicott Outturn Report. • Extracts from the overall Annual Plan for informatics assured by the Committee. • Strategic updates provided regularly including early draft of the Digital Enabled Clinical Strategy. • The Committee has received updates on key projects such as the Digital Health Record 	

		<p>business case and WCCIS.</p> <ul style="list-style-type: none"> • Regular operational plan and assurance reports provided. • Regular Information Governance key performance indicator reports provided. • Regular Chair Reports from the Digital Improvement Group and the Information Governance Group. 	
Oversee the direction and delivery of the Health Board's digital and information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation through the use of information and technology;	Amber	<p>As above and updates on national governance and architecture reviews and digital priorities funding.</p> <p>Overview of Strategy Development.</p> <p>Amber - Due to progress of national programmes and significant number of corporate digital related risks, all of which have controls and mitigating actions but still remain high.</p>	
Consider the information governance and informatics implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;	Green	<p>Corporate risks relating to National Systems, Cyber Security and Resources have been identified and reported as part of the Corporate Risk Register.</p> <p>Regular updates on Information Governance Risks provided as part of the</p>	

		Chairs Assurance Report from the Information Governance Group.	
Consider the information governance and informatics implications for the Health Board of internal and external reviews and reports;	Green	<p>Whilst there has not been a further audit commissioned by the Information Commissioners Office, outstanding areas from previous audits have continued to be progressed as part of the IG Work Plan.</p> <p>Internal audit and Wales Audit Office audits have included:</p> <ul style="list-style-type: none"> • COVID Governance Review. • Caldicott-Principles into Practice Review • IM&T Control and Risk Assessment. • Business Continuity • Cyber Security <p>Updates on national system outages have been provided. NWIS provide a quarterly update.</p> <p>Also during this year, Information Governance has formed part of the wider internal quality review process, providing divisional / service compliance findings on request.</p>	

		Quarterly Information Governance assurance reports received which include an update on the IG Work Plan.	
Oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).	Green	<p>Quarterly Information Governance Key Performance Indicator reports provided which include compliance with legislation, details of incidents, actions taken, outcomes and lessons learnt.</p> <p>Reports also include details of all Information Sharing Arrangements, Data Processing Agreements, Data Protection Impact Assessments, Caldicott Guardian decisions (authorised on behalf of the Board), Project Initiation Documentation (PIDs) and Reviews of Pathways approved for implementation to ensure privacy issues addressed.</p>	
The Committee will, in respect of its assurance role, seek assurances that information governance and the informatics (including patient records) arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe	Amber	<p>Final business case for Digital Health Record reviewed by the Committee and regular operational plan and assurance reports developed and presented. We continue to refine the reports in in line with best practice.</p> <p>Quarterly Information Governance Key</p>	

healthcare across the whole of the Health Board's activities.		Performance Indicator reports provided which include compliance with legislation, details of incidents, actions taken, outcomes and lessons learnt.	
To achieve this, the Committee's programme of work will be designed to ensure that, in relation to information governance, digital and patient records:			
<ul style="list-style-type: none"> there is clear, consistent strategic direction, strong leadership and transparent lines of accountability; 	Amber	<p>Leadership for Information Governance remained within the portfolio of the Deputy Chief Executive / Executive Director of Nursing and Midwifery.</p> <p>Within the year, responsibility for Digital transferred to the Director for Primary and Community Care.</p> <p>Whilst responsibility for all patient record types has been assigned to the Executive Director – Primary and Community Care there remains an outstanding action to clearly identify responsibility for Corporate and Staff.</p> <p>The Digital operational plan is clear and the overall strategic direction is under development through wide engagement. Alignment with clinical service strategy and</p>	

		<p>national digital governance arrangements need clarifying.</p> <p>The Information Governance Strategy and work programme supports the required Digital requirements and objectives of the Health Board.</p>	
<ul style="list-style-type: none"> there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology; 	Amber	<p>Implementation of the Data Protection Impact Assessment has identified risks to achieving this balance by ensuring appropriate mitigations are considered.</p> <p>New Digital strategy in development which will enhance this with evidence of a citizen centred approach.</p>	
<ul style="list-style-type: none"> the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards; 	Amber	<p>The continued review and embedding of the Information and Asset Register is supporting compliance with standards. Some continued gaps identified with respect to system owners, change control and future development of the register are being addressed.</p>	
<ul style="list-style-type: none"> there is effective communication, engagement and the workforce is appropriately trained, supported and responsive to 	Amber	<p>Compliance with mandatory Information Governance Training has remained steady at over 81% and is regularly reported as</p>	

requirements in relation to the effective handling and use of information (including IT Systems) – consistent with the interests of patients and the public;		<p>part of the Information Governance Key Performance Indicator reports.</p> <p>Work is underway to reach the national target of 85% including the delivery of new methods of training.</p>	
<ul style="list-style-type: none"> there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements); 	Green	<p>All appropriate information sharing arrangements remain in line with WASPI requirements and data is shared in an appropriate manner.</p> <p>Further requirements to safely share information are also considered and addressed as part of Data Protection Impact Assessment, Data Controller and Data Processing agreements.</p> <p>A streamlined Data Protection Impact Assessment process was also implemented during the year to support the organisation transferring quickly to new ways of working in support of the management of the COVID Pandemic. These processes continue to be actively reviewed by the IG Team to ensure</p>	

		compliance with legislation is maintained.	
<ul style="list-style-type: none"> the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation; 	Green	The Committee has received assurances regarding protection of information, as part of the Quarterly Information Governance Key Performance Indicators and IT update reports	
<ul style="list-style-type: none"> the Health Board is meeting its responsibilities with regard to the General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and Information Commissioner's Office (ICO) Guidance; 	Green	Regular reports received to provide assurance which includes compliance with FOI and DPA requests for information, incidents and complaints with identification of lessons learnt. This year has also included data from HMP Berwyn and all Managed GP Practices.	
<ul style="list-style-type: none"> The Health Board is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information 	Amber	<p>Regular and continually developing assurance reports received which covers IT assurance.</p> <p>Evidence of external audit.</p>	

Systems regulations and relevant standards;		To be redesigned going forward as we undertake assessment such as Cyber Essentials. 2 Cyber Security Reports have been presented at DIGC.	
<ul style="list-style-type: none"> all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that: <ul style="list-style-type: none"> Sources of internal assurance are reliable, and have the capacity and capability to deliver; Recommendations made by internal and external reviewers are considered and acted upon on a timely basis; Lessons are learned from breaches in the safe, secure and effective 	Green	<p>Assurances provided that all reasonable steps to protect information are taken. Breaches are reported and presented as part of the Information Governance KPI reports detailing actions, outcomes and lessons learnt. Reports from the National Intelligent Integrated Auditing Solution (NIAS) are also including in these reports.</p> <p>As noted previously, all outstanding recommendations from all internal and external audits or reviews are captured and progressed as part of the IG Work Plan, with assurance provided to DIGC as part of the IGG Chairs Assurance Report.</p> <p>This year there has been improved reporting of Cyber Security assurance.</p>	

<p>use of information, as identified for example through reported incidents, complaints and claims; and</p> <ul style="list-style-type: none"> • Training needs are assessed and met. 			
<ul style="list-style-type: none"> • receive assurance on the delivery of the informatics and information governance operational plans including performance against the annual Digital Capital Programme; 	Green	Part of operational plan and regular assurance reports.	
<ul style="list-style-type: none"> • seek assurance on the effectiveness and impact of the Health Board's Digital Transformation Plans; 	Amber	Plans assured by the Committee and regular monitoring reports provided.	
<ul style="list-style-type: none"> • seek assurance on the performance and delivery of the rollout of the core national IT systems which could have significant impact on the Health Board's operational services and escalate to the Board as appropriate. 	Red	<p>National rollout plans included within operational plan and NWIS provide updates. This element will be developed further as NWIS become a special health authority.</p> <p>One of the escalated high risks.</p>	
The Committee will receive assurance on compliance with key performance indicators in relation to the	Amber	Included within assurance reports e.g. compliance with the timeframes for	

quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.		responding to requests for information, patch management and clinical coding performance.	
Maintain oversight of the effectiveness of the relationships and governance arrangements with partner organisations in relation to informatics and information governance. This will include NHS Wales Informatics Service (NWIS).	Amber	NWIS in attendance and outputs of national reviews provided to the Committee. Further work needed for NWIS to demonstrate alignment with BCU objectives. Better supplier management will be undertaken as part of the Digital Strategy. BCUHB Data Protection Officer is the current Chair of the National Information Governance Group and in attendance at the Wales Information Governance Board.	

***Key:**

Red	= the Committee did not receive assurance against the objective
Amber	= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed
Green	= the Committee received adequate assurance against the objective

7. Main tasks completed / evidence considered by the Committee/ during this reporting period:

Standing Items

- Digital Operational plan
- Risks assigned to the Committee - Corporate Risk and Assurance Framework Report
- Performance against the Board approved 2019/20 annual plan
- Digitally Enabled Clinical Strategy Update
- NWIS update report
- Covid on Informatics and Health Records - Service Point Calls
- Information Governance Annual Report 2019/20

- Information Governance - quarterly assurance report (KPI, Lessons learned and compliance report)
- Caldicott Outturn Report 2020

Ad-Hoc

- Covid on Informatics and Health Records

In committee items

- Ombudsman Thematic Report - verbal update
- Consultation details received: Special Authority for Wales Consultation
- Track, Trace, Protect
- Full Business Case for Delivering an Acute Digital Health Record
- Update on the Holden Report
- Cyber Security Audit
- Welsh Community Care Information System (WCCIS) project review
- Informatics Resource Analysis

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages

<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

8. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting Date	Key risks including mitigating actions and milestones
19.06.20	<ul style="list-style-type: none"> • Major risks covered by CRR10a, 10b and 10c. Feedback on the impact of Covid-19 from the Risk Management Group awaited.
25.09.20	<ul style="list-style-type: none"> • Impact of Blaenavon Data Centre on Welsh Patient Administration System project. It was confirmed that a report would be drafted and be presented to Executives, which would be provided by the Chief Information officer. It was agreed that the report would be made available to the Committee Members to view. • The Welsh Community Care Information System - Continues to be a significant risk.
26.03.20	

9. Review of Effectiveness

To be agreed at the Committee Meeting on 26th March 2021.

Administrators are asked to agree a statement with the Chair of the Committee for inserting here which sets out in their opinion how effective the Committee/Group/Forum has been, where they have added value, what has been

learnt this year that can be development to ensure further improvements for next year.

10. Focus for the year ahead:

The primary focus of the Committee over the next twelve months will be;

- To oversee the implementation of the digital strategy with a particular focus on Patients, Carers and Staff.
- To oversee the implementation of the revised national Information Governance Toolkit whilst phasing out the Caldicott Self-Assessment, to bring Wales onto a similar assurance platform as the NHS in England.
- To oversee the further development and improvements in the Asset Register to ensure the lifecycle of all information and system assets identified.
- Reviewing the learning from the impact of the coronavirus pandemic and influencing the prioritisation of technology that will aid virtual working – including technologically enhanced care, virtual consultation and providing patient access to their own data whilst maintaining good governance and compliance with the Data Protection Legislation.
- To ensure that information governance and digital priorities will mitigate the corporate risks relating to health records, delivery of national solutions, Cyber security and the local capacity to provide digital services to support improved service delivery.

The Committee has established a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board Assurance Framework. This is attached as Appendix 2.

Acknowledging that the work on the governance review is yet to conclude, but has the potential to recommend that this Committee might be disbanded going forward this plan of work would be reassigned as appropriate between other Board Committees.

V1.0

**Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements**

**DIGITAL AND INFORMATION GOVERNANCE
COMMITTEE**

1. INTRODUCTION

The Board shall establish a committee to be known as the Digital and Information Governance Committee (DIG). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety and security and appropriate access and use of information to support health improvement and the provision of high quality healthcare.

The Committee will seek assurance on behalf of the Board in relation to the Health Board's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of the Digital and Information Governance Strategies to drive continuous improvement and support IT enabled health care to achieve the objectives of the Health Board's integrated medium term plan.

3. DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to: -

- oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- oversee the direction and delivery of the Health Board's digital and information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation through the use of information and technology;

- consider the information governance and digital implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;
- consider the information governance and digital implications for the Health Board of internal and external reviews and reports;
- oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).

3.2 The Committee will, in respect of its assurance role, seek assurances that information governance and the digital (including patient records) arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe healthcare across the whole of the Health Board's activities.

3.3 To achieve this, the Committee's programme of work will be designed to ensure that, in relation to information governance, digital and patient records:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology;
- the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards;
- there is effective communication, engagement and the workforce is appropriately trained, supported and responsive to requirements in relation to the effective handling and use of information (including IT Systems) – consistent with the interests of patients and the public;
- there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements);
- the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation;
- the Health Board is meeting its responsibilities with regard to the General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and Information Commissioner's Office

Guidance;

- The Health Board is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and relevant standards;
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that:
 - Sources of internal assurance are reliable, and have the capacity and capability to deliver;
 - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
 - Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims; and
 - Training needs are assessed and met.
- receive assurance on the delivery of the digital and information governance operational plans including performance against the annual Digital Capital Programme;
- seek assurance on the effectiveness and impact of the Health Board's Digital Transformation Plans;
- seek assurance on the performance and delivery of the rollout of the core national IT systems which could have significant impact on the Health Board's operational services and escalate to the Board as appropriate.

3.4 The Committee will receive assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.

3.5 Maintain oversight of the effectiveness of the relationships and governance arrangements with partner organisations in relation to digital and information governance. This will include NHS Wales Informatics Service (NWIS).

4. AUTHORITY

4.1 The Committee may investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:

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

- 4.2** May 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;
- 4.3** May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business;
- 4.4** Will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. SUB-COMMITTEES

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

6. MEMBERSHIP

6.1 Members

Four Independent Members of the Board

6.2 In Attendance

Executive Medical Director (lead director)
Chief Information Officer, Digital
Senior Information Risk Owner (SIRO)
Caldicott Guardian
Lead Director of Information Governance Department
Assistant Director Information Governance & Assurance/ Data Protection Officer (DPO)

6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.2.2 Trade Union Partners are welcome to attend the public session of the Committee

6.3 Member Appointments

- 6.3.1** The membership of the Committee shall be determined by the Chairman of the Board 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed to the Committee up to a maximum period of 8 years.

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, 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 development for Committee members as part of the overall Board Development programme.

7. COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, this should include either the Chair or the Vice-Chair of the Committee. In the interests of effective governance it is expected that at least one of those named officers listed above will also be in attendance.

7.2 Frequency of Meetings

7.2.1 Meetings shall be routinely be held on a quarterly basis.

7.3 Withdrawal of individuals in attendance

7.3.1 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.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 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.

- 8.2** The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 8.3** The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:
- 8.3.1 joint planning and co-ordination of Board and Committee business; and
8.3.2 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 arrangements.
- 8.4** The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1** The Committee Chair shall:
- 9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report, the presentation of an annual report; and membership of the Health Board's committee business management group.
- 9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 9.2** 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.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

11. REVIEW

- 11.1** These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Approved by Audit Committee 12.12.19

Ratified by Board 23.12.0 V3.0

**DIGITAL and INFORMATION GOVERNANCE COMMITTEE CYCLE OF
ANNUAL BUSINESS AND FORWARD PLANNER 2021/22 v0.1 draft last updated
19/03/2021 13:06**

Part 1 – Annual Recurring Business

Agenda Items	Notes	Jun	Sept	Dec	Mar
Apologies	Standard Committee item	x	x	x	x
Declarations of Interest	Standard Committee item	x	x	x	x
Draft minutes of previous meeting, matters arising and review of Summary Action Plan	Standard Committee item	x	x	x	x
Digital					
Digital Strategy – annual review	ToR 3.1.1				x
Approval of Informatics – Operational Plan	ToR 3.1.2/10	x			x
Digital Operational plan – quarterly update incl National Infected Blood Inquiry update		x	x	x	x
System Demonstrations (ad hoc as relevant)					
Partner organisation arrangements – other partners to be identified / advised	ToR 3.5				
National systems and timelines of events - Annual Plan	Agreed at the 25.9.2020 meeting to add to the COB	x	x	x	x
NWIS update report NWIS Director in attendance		x	x	x	x
Information Governance					
Information Governance Strategy – annual review	ToR 3.1.1				x

Agenda Items	Notes	Jun	Sept	Dec	Mar
Information Governance quarterly assurance report (KPI, Lessons learned and compliance report)	ToR	x	x	x	x
Information Governance Annual Report	ToR 3.1.2 /10				x
Caldicott report	ToR 3.3.5			x	
<i>To be determined:</i>					
Implications of internal and external reviews and reports (as arise)	ToR				
Strategy / plan development (as arise)	ToR				
Governance matters					
Committee Annual Report (including annual review of ToR and cycle of business)	Submission to May Audit Committee prior to Board				x
Terms of Reference review	Annual review				x
Review of Corporate Risks allocated to the Committee	ToR 4.4		x		x
Performance against the Board approved 2019/20 annual plan		x	x	x	x
Policies (compliance with national policy and development of organisational policy) – as arise	ToR	x	x	x	x
Periodic updates on Limited Assurance Audit reports	As advised by Audit Committee				
Closing Business (standing items)					
Summary of InCommittee business to be reported in public (if applicable)	Standard Committee item	x	x	x	x

Agenda Items	Notes	Jun	Sept	Dec	Mar
Issues of significance to inform Chair assurance report	Standard Committee item	x	x	x	x
Date of next meeting	Standard Committee item	x	x	x	x
Exclusion of press and public (if applicable)	Standard Committee item	x	x	x	x
InCommittee Business (if applicable)					
Draft minutes of previous InCommittee meeting, matters arising and summary action plan	Standard Committee item	x	x	x	x
Cyber Security Update	Agreed at the 25.9.2020 meeting to add to the COB	x	x	x	x

Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 26/03/2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport, Executive Director Primary & Community Care						
Awdur yr Adroddiad Report Author:	Jody Evans, Corporate Governance Officer						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to note the report.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	✓
Sefyllfa / Situation:							
To report in public session on matters previously considered in private session.							
Cefndir / Background:							
<p>Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.</p> <p>The Digital and Information Governance Committee considered the following matters in private session on 25.09.2020:</p> <ul style="list-style-type: none"> · DIG20/106 Update on the Holden Report · DIG20/107 Consultation details received: Special Authority for Wales Consultation · DIG20/108 Cyber Security Audit · DIG20/109 Welsh Community Care Information System (WCCIS) project review · DIG20/110 Informatics Resource Analysis 							
Asesiad / Assessment & Analysis							
Strategy Implications							
This report is purely administrative. There are no associated strategic implications other than those that may be included in the individual reports.							
Financial Implications							

This report is purely administrative. There are no associated financial implications other than those that may be included in the individual reports.

Risk Analysis

This report is purely administrative. There are no associated risk implications other than those that may be included in the individual reports.

Legal and Compliance

Compliance with Standing Order 6.5.3

Impact Assessment

This report is purely administrative. There are no associated impacts or specific assessments required.