GIG CYMRU NHS WALES

Iechyd a Gofal Digidol Cymru

Digital Health and Care Wales

# Incident Review & Learning Group

## Annual Report 2023-24

IGDC • DHCW

# Summary from the Chair

- With the Incident Review and Learning Group now entering its fourth year, this annual report has been an opportunity for us to reflect on the effectiveness of the group, and to highlight some of the key improvements that have been made over the last 12 months.

- When setting up the group we envisioned a three-stage approach for development,

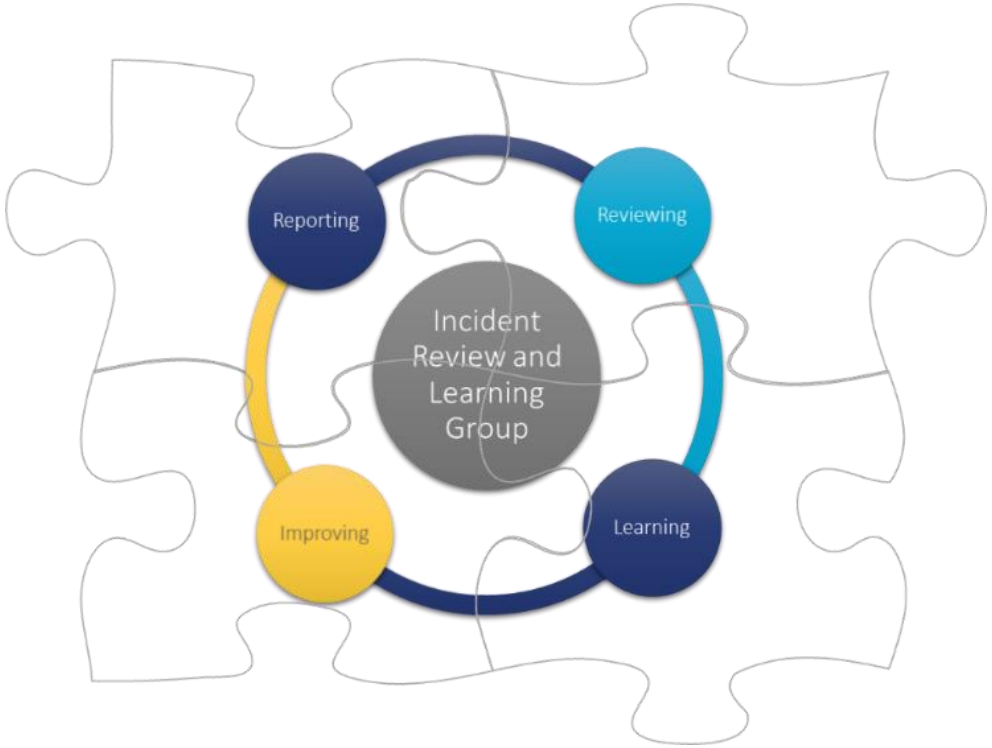
    - Stage one for FY 21/22 was identifying the requirements of the group and setting it up, agreeing the terms of reference and setting the initial approach whilst working on developing an effective structure that could support learning in the organisation.
    - Stage two for 22/23 was identifying, developing, and improving the review and learning frameworks and making improvements in some key areas of the organisation based on lessons learned from incident reviews.
    - Stage three for 23/24 was to work on embedding a culture of learning and improvement within the organisation which will help to underpin the five strategic missions within the IMTP.

- The improvements that have been implemented this year has meant that the group has been able to look at wider opportunities to identify learning, which has included thematic reviews (using multiple incidents to identify common themes), reviews into workforce behaviours (using staff surveys), identifying opportunities to support the risk-based audit approach, and to start to share lessons learned throughout the programme and project management lifecycle.

- With this and the continued development of the contributory factors' framework and other approaches to review, means that as we head into the new year, it will allow the group to identify further opportunities for improvement across the organisation.

- Moving forward, the ongoing development of the forward work plan will identify the priorities for the group for 2024/25, and this will continue to embed a culture of learning and improvement. This will include activities such as the further promotion of the group both internally within DHCW and externally through other forums, groups, and events, as well as wider communications of the lessons that have been learned and how as an organisation we can improve.

# Purpose




The purpose of the Incident Review and Learning Group (IRLG) is to have an organisational wide reporting group which covers all aspects of incident review and associated learning across the organisation, and to make and take forward recommendations for improvement.

This report provides a quarterly review of activities to provide assurance to the Digital Governance and Safety Committee around the four areas of the group covering:

- Reporting
- Reviewing
- Learning
- Improving

The report includes information on all Early Warning Notifications & National Reportable Incidents by Digital Health and Care Wales (DHCW), any additional reviews undertaken, identification of lessons learned, and recommendations made, feeding into improvements for the organisation to take forward.

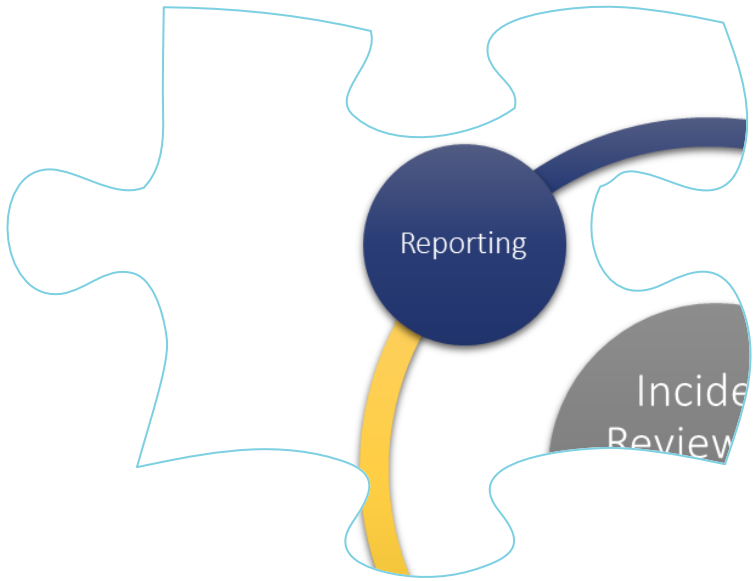
The outcome of reviews will support the work of the Board in the Shared Learning approach.

For governance purposes the IRLG reports to the Digital Governance and Safety Committee.

This report covers both the period 1st January 2024 to 31st March 2024 inclusive, as well as providing an annual report for 2023 / 24.

# Reporting

## Early Warning Notifications and National Reportable Incidents




This section summarizes early warning notifications and national reportable incidents, issued by DHCW to statutory bodies.

Early warning notifications are used in circumstances where the Welsh Government needs to be alerted to an immediate issue of concern or prior warning of something due to happen which might relate to the following:

- has the potential to affect a number of patients/ staff / communities etc.
- has a significant impact on service provision.
- may have an adverse impact in the media.
- might cause national or political embarrassment.
- following an inquest which has resulted in a Regulation 28 or public interest in a Public Services Ombudsman for Wales (PSOW) report OR
- a positive good news story.

# Reporting

## Early Warning Notifications and National Reportable Incidents

The increase in enquiries from previous reporting periods is due to two main factors; firstly, more general enquiries are being received as the promotion of DHCW has improved. Secondly, is the promotion of the NHS Wales App, with the general public contacting DHCW across a number of areas, including signposting for where to get support to access. This has led to further investigation work around supportability of the app, with improvements identified around in app user experience, bug fixes, and changes to internal support arrangements.

By way of comparison on previous year reportable incidents there has been an increase in Clinical and Patient Safety related incidents, as well as Cyber Security, but a decrease in other areas.

| Type | Timescale | Total Notifications | Q1 | Q2 | Q3 | Q4 | 22/23 |
|---|---|---|---|---|---|---|---|
| Business Continuity | As Required. | - | - | - | - | - | - |
| Clinical / Patient Safety | 7 days | 7 | 1 | - | 5 | 1 | 2 |
| Cyber Security | 3 days | 2 | - | 1 | 1 | - | - |
| Health & Safety | 10 days | - | - | - | - | - | - |
| Information Governance | 72 hours | - | - | - | - | - | 1 |
| Information Services | As Required. | - | - | - | - | - | 2 |
| MHRA Reportable Event | 2 days | - | - | - | - | - | - |
| | 10 days | - | - | - | - | - | - |
| | 30 days | - | - | - | - | - | - |
| Redress | As Required. | - | - | - | - | - | - |
| Technical | As Required. | - | - | - | - | - | 1 |
| Welsh Language Standards | As Required. | - | - | - | - | - | - |
| Other | As Required. | - | - | - | - | - | 1 |
| Total | | 9 | 1 | 1 | 6 | 1 | 9 |

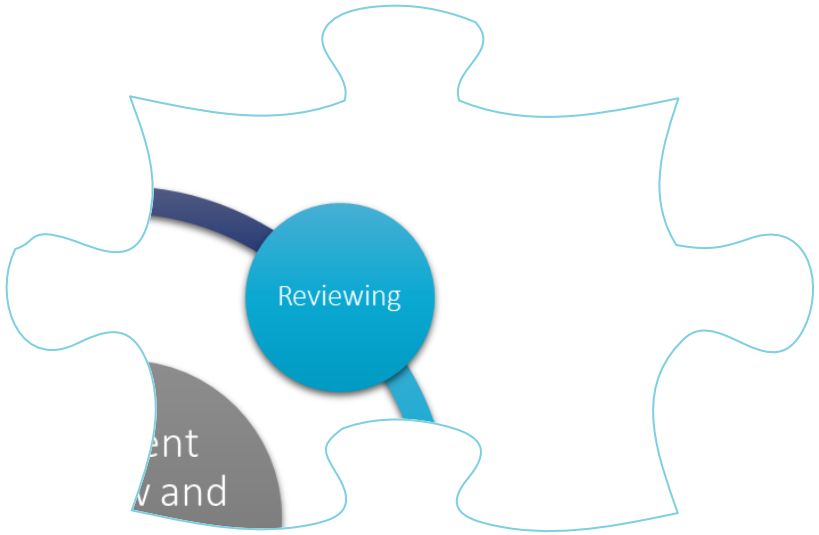
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Complaints. Concerns, & Feedback (no timescales) | Formal | **15** | 1 | 2 | 4 | 8 | 2 |
| | Enquiries | 189 | 5 | 7 | 87 | 90 | - |
| | Suggestions | 2 | 1 | 1 | - | - | - |

| Status | Definition | Next Steps |
|---|---|---|
| Red | Notification was issued outside of timescale | Escalate through IRLG report |
| Amber | Notification was issued at end of timescale | Consider improvements in reporting |
| Green | Notification was issued within timescale | No action |

# Reviewing

Reviews Undertaken

Summary of Reports Received




This section summarizes the review activity within the reporting period for any reports that have come to IRLG.

This includes reviews which were undertaken but were not required to be notified to an appropriate body (typically internal DHCW technical reviews), as well as any commissioned thematic reviews which investigate patterns of incidents, to identify commonality with root causes and contributory factors.

# Reviewing

## Reviews undertaken this year

The roll out of the risk-based audit approach, and the IRLG's ability to identify potential candidates as a result of review has seen an increase in this area.

Future plans for the IRLG will also see an increase in wider opportunities for learning, including customer engagement, feedback surveys, externally commissioned reviews, and programme and project reports.

| Review Type | Financial Year 2023/24 | | | |
|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 |
| Business Continuity | - | - | - | - |
| Clinical / Patient Safety | 2 | - | 1 | 1 |
| Complaints | - | - | - | 1 |
| Cyber Security | 1 | 1 | - | - |
| Health & Safety | - | - | - | - |
| Information Governance | - | - | - | - |
| Information Services | - | - | - | - |
| MHRA Reportable Event | - | - | - | - |
| Technical | 5 | 4 | 3 | 1 |
| Thematic Reviews | 1 | - | 1 | - |
| Welsh Language Standards | - | - | - | - |
| Other Reviews (i.e., Audits) | - | 2 | 2 | 1 |
| Total | 9 | 7 | 7 | 4 |

# Reviewing

Across the year IRLG received

27

review reports

4

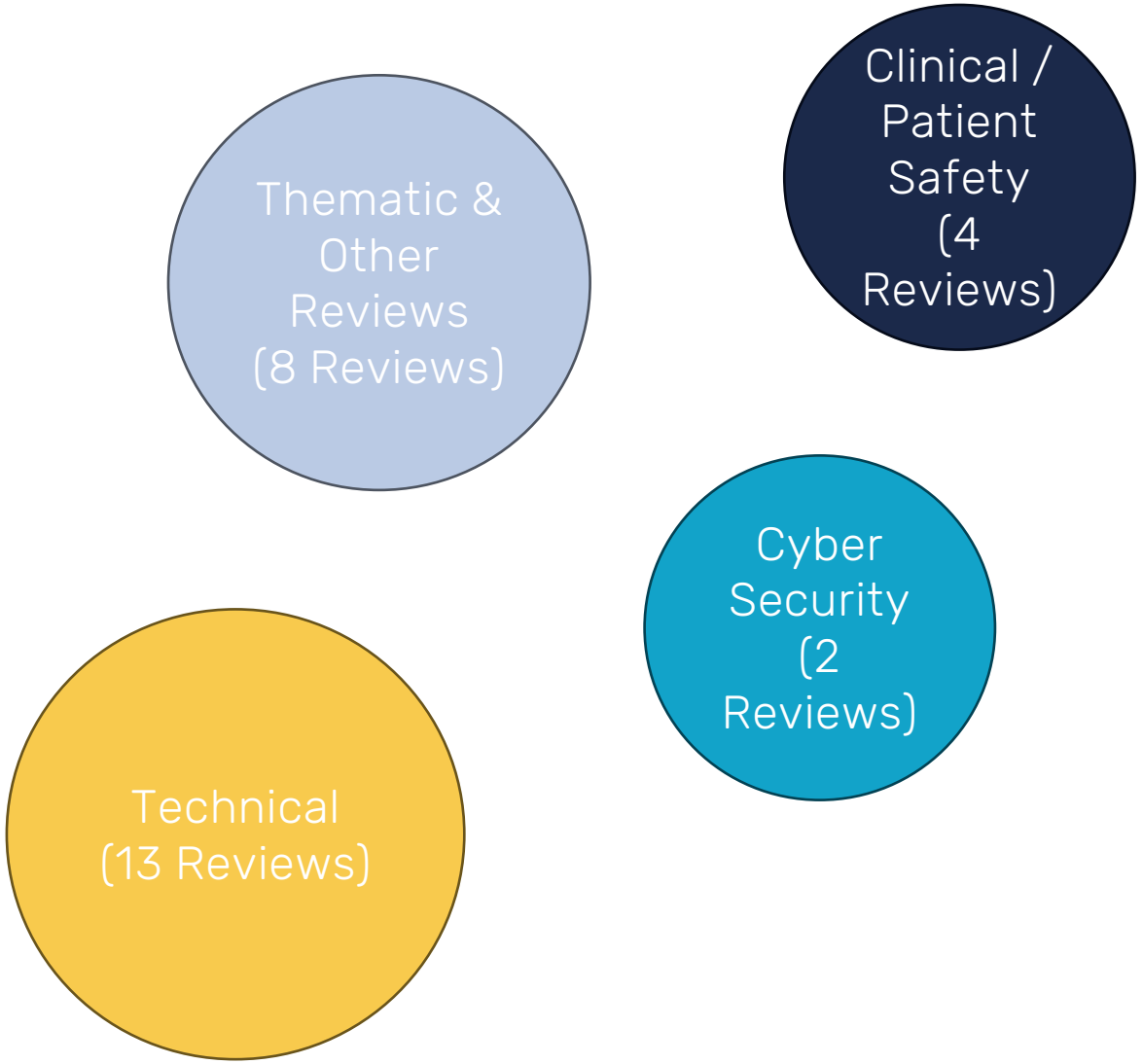
Related to infrastructure

10

Related to audits, surveys and external reports

13

Related to applications



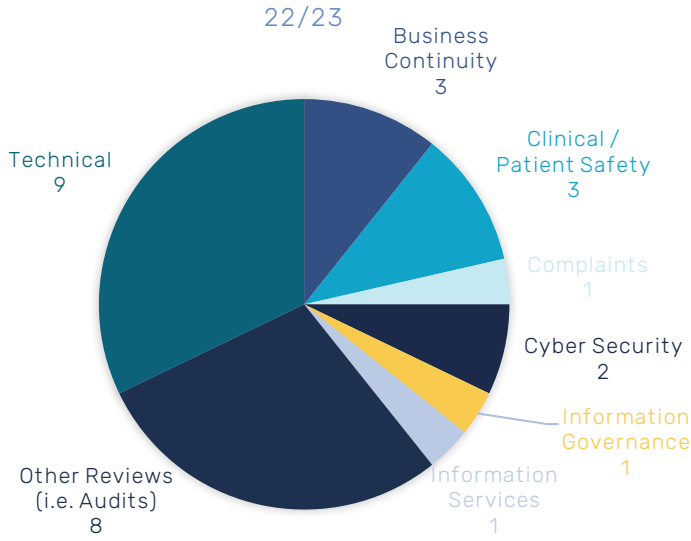
# Reviewing

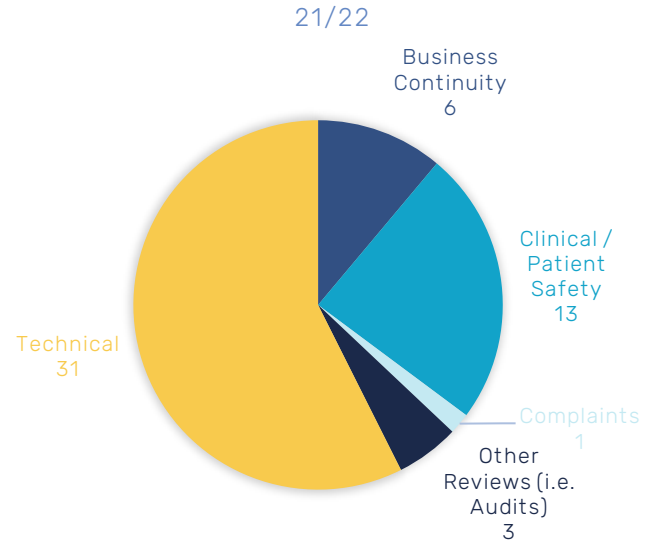
Comparison against previous years

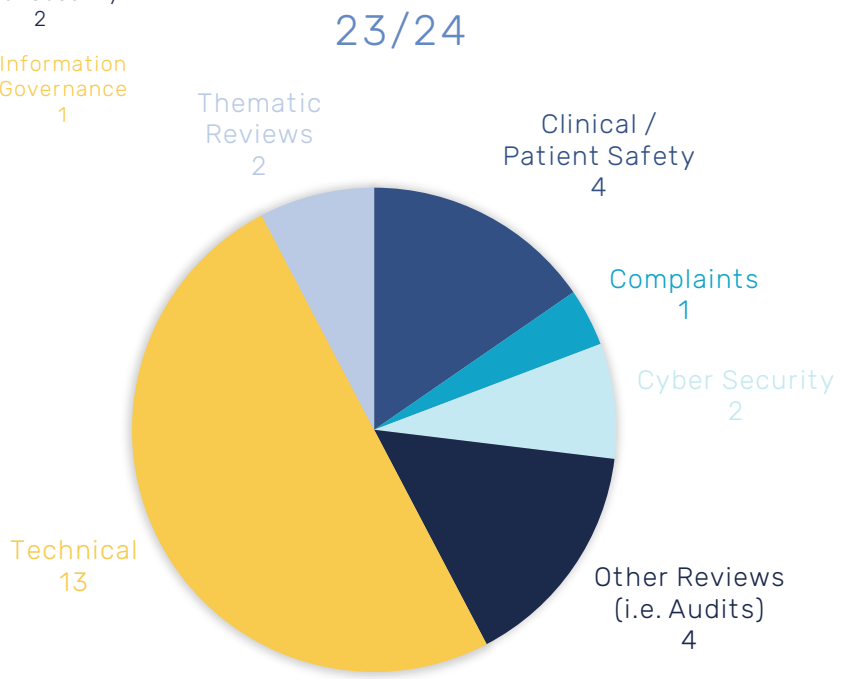
This slide provides a summary of review activity within the reporting period for any reports that have come to IRLG, compared against previous quarters.

Technical reviews form the majority of reports that are being received, however the implementation of thematic reviews (where multiple related issues are investigated) and the risk-based audit approach means that these are steadily increasing.

Both of these are supported by the contributory factors framework.



# Reviewing

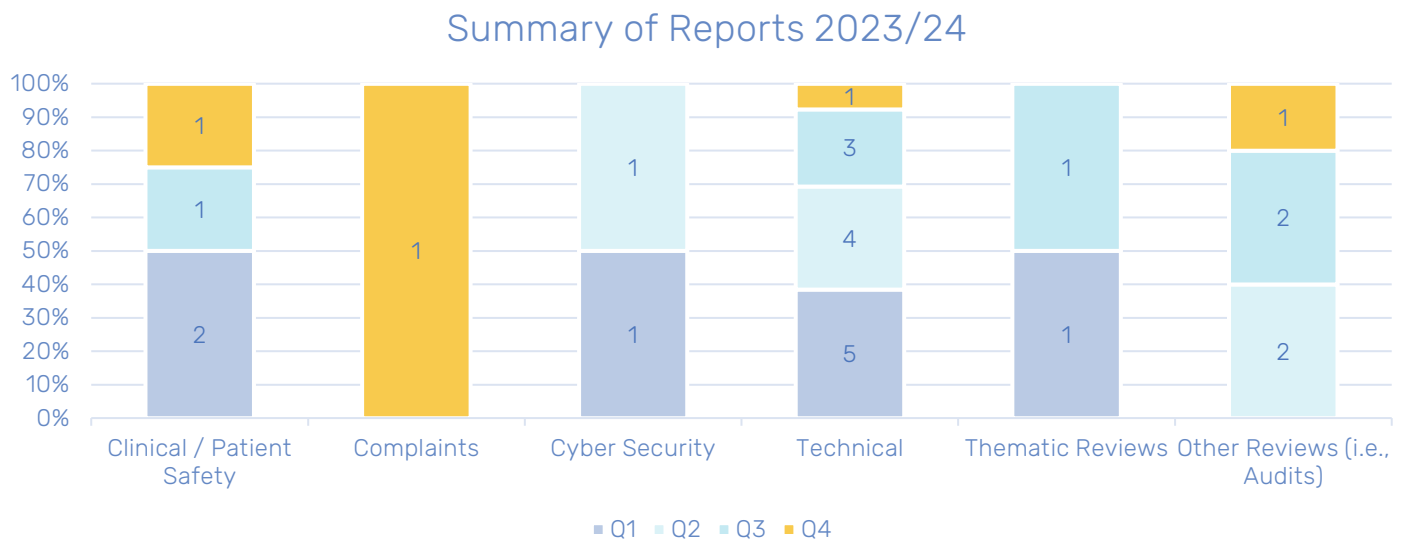
Summary of the reports that have been received in the quarter

This slide provides a summary of the reports and presentations that the IRLG has received and the learning that has arisen from them

In Quarter 4 the IRLG received and reviewed 4 reports and presentations.

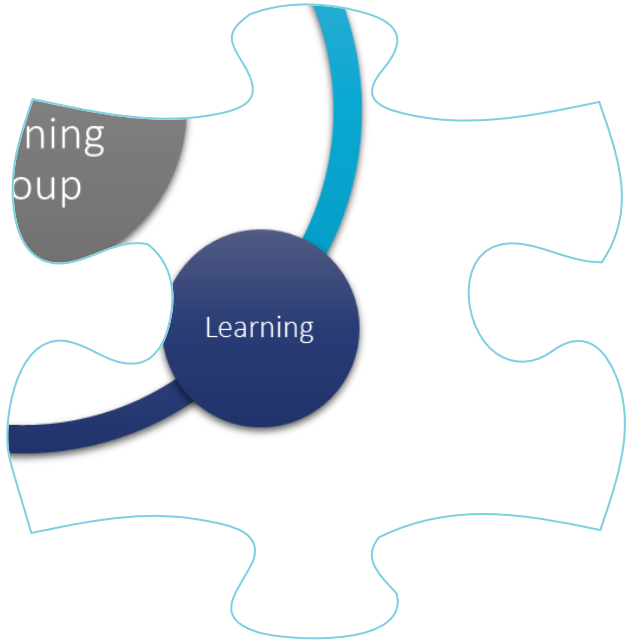
In total 27 reports and presentations have been received and reviewed across the reporting year.

| Meeting Date | Report Title | Presented By | Report Type |
|---|---|---|---|
| January 2024 | WRRS Incident Review | Service Management | Technical |
| February 2024 | DSPP Lessons Learned: Sharing the User Experience | DSPP Programme / Service Management | Feedback |
| February 2024 | WCCIS Interim Report | Information Governance / Patient Safety | Patient Safety |
| February 2024 | Change Enablement Risk Based Audit | Quality | Other (Audit) |



# Learning

Lessons Identified Through Review
Contributory Factors Framework
Recommendations from Review




This section summarises some of the reviews that have been undertaken over the last quarter, and highlights some of the lessons learned, recommendations, and actions undertaken.

As part of the implementation of the contributory factors framework, these are also covered to report on the high-level domains

# Learning

## Lessons Identified Through Review

## DSPP Lessons Learned: Sharing the User Experience

A user lost access to My Health Online (MHOL) following the merger of two GP practices. The user was also unable to register to use the NHS Wales App as registration documents were not recognised.

Due to this the user was unable to re-order repeat prescriptions for insulin through both MHOL (and when registered) the NHS Wales App, however, was able to order repeat prescriptions at GP practice.

This resulted in a complaint to DHCW.

The user was re-registered with My Health Online which restored their capability to order repeat prescriptions digitally.

| Finding Summary | Lesson Learned | Follow Up Action |
|---|---|---|
| Access to My Health Online could have been resolved early in the timeline | Improved knowledge sharing between support teams and Service Desk. | Improvements required in toolset in relation to more accessible knowledge base |
| Standard Responses were not tailored to the circumstances | Whilst standard responses had been developed, they do not reflect all circumstances. | This requires a collaborative approach between Engagement, Comms, and Service Desk / Operational Support Teams to review responses to ensure they are user friendly |
| The personal touch helped "we need more Tom's" | Once a resolution had been identified, a patient liaison call was undertaken to talk the user through the process | User to be invited to share their experiences in the user forum |

# Learning

## Lessons Identified Through Review

## Change Enablement Risk Based Audit

Following a number of incidents occurring as a result of inconsistencies in Change Management practice, resulting in unplanned downtime, a risk-based audit was commissioned by IRLG and undertaken.

The scope of the audit covered requirements within ISO 9001 (Quality Management Systems) and ISO 20000 (Service Management Systems) and was undertaken in two parts:

- High level look at Change Enablement overall process in DHCW
- Deeper dive into Change Enablement focusing on the DHCW Change Advisory Board (CAB)

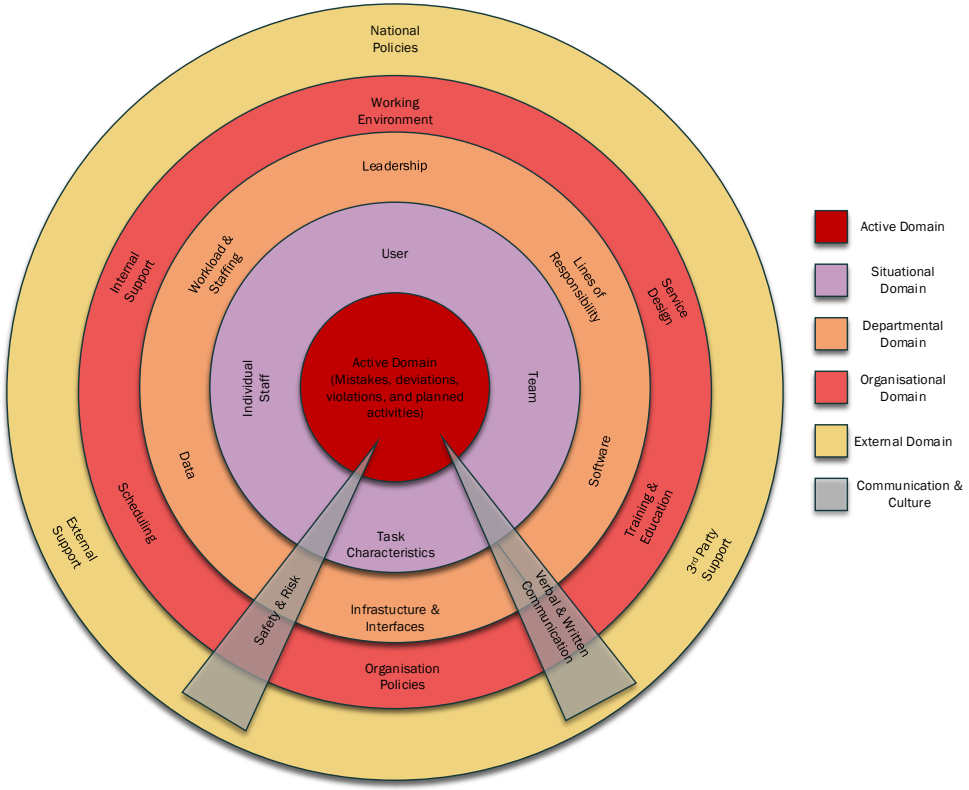
Out of scope was the Emergency CAB and Individual CABs that sit separate to the DHCW CAB.

In total the number of non-compliances / non-conformities and opportunities for improvement (OFI) were:

- Major = 6
- Minor = 1
- OFI = 0

| Finding Summary | Observation | Follow Up Action |
|---|---|---|
| No verification or risk acceptance criteria required on implementation of emergency changes. | Emergency changes do not have their risk score taken into account. On paper this means that potentially a change with any risk rating can be approved by a Change Manager | Clarity to be defined with the Change documentation set, and trained out to Change Managers |
| Management of incidents is not defined for Change Enablement process. | The Change Enablement documentation does not clearly state the procedure that should be followed in the event of an incident. | Clarity to be defined with the Change documentation set, and communicated out to Change Managers |
| Discrepancies and gaps across the Change Enablement documentation potentially making the information difficult to navigate | Between all the published change documents there were discrepancies and gaps in their content making the information difficult to navigate | Clarity to be defined with the Change documentation set |
| Security controls are not defined | Security Assessments on change requests are not defined or benchmarked | Clarity to be defined with the Change documentation set, and trained out to Change Managers |
| Analysis of change records including trend analysis is not a defined process. | No evidence was seen that this is a controlled process with no specification of the criteria required, what form the analysis takes, where any analysis findings are presented and stored | Clarity to be defined with the Change documentation set, and trained out to Change Managers |
| Competency requirements and training for Change Managers is not specified. | Requirements and training for competence of Change Managers should be specified due to the level of responsibility and potential impact of actions the roles involves. | To be picked up under IRLG Improvement 5 – training on ITSM practices |
| Lack of specified criteria for the e-voting process may hinder its effectiveness. | There is no specified criteria for the e-voting process which may hinder its effectiveness | Clarity to be defined with the Change documentation set, and trained out to Change Managers |

# Background




- The Contributory Factors Framework (CFF) is a tool which uses an evidence base for optimizing learning and addressing causes of incidents.
- The underlying aim of the tool is not to ignore individual accountability, but to try to develop a more sophisticated understanding of the factors that cause incidents.
- These factors can then be addressed through changes in systems, structures, processes and local working conditions.
- Finding the true causes of incidents offers an opportunity to address systemic flaws effectively.
- The CFF was reviewed internally, and a draft format adapted to fit DHCW requirements in 2020, and adopted by IRLG in 2022. A follow up review will be undertaken in Quarter 1 2024/25

# Contributory Factors Framework Domains

- *There are six domains*
  - ***Active Domain:*** *these relate to any factors around the immediate incident, and covers two areas; active failures, so those which were a direct cause, or planned activities which nevertheless resulted in an incident being raised*
  - ***Situational Domain:*** *these relate to any factors around the team responsible, or the task being undertaken*
  - ***Departmental Domain:*** *these relate to any factors around the management tier, available resources, and some of the direct environmental factors such as infrastructure, applications, data, or interfaces*
  - ***Organisational Domain:*** *these relate to any factors at an organisational level, including organisational policies, training and design*
  - ***External Domain:*** *these relate to any factors out of the direct control of the organisation, such as third parties, support from external stakeholders and national (All Wales) policies*
  - ***Communication and Culture:*** *these are factors that cross all domains and cover the safety and risk culture of the organisation as well as communication*

# Learning

## Contributory Factors

For **Active Domain** factors – given the increased number of recently recruited staff, there is an identified requirement to review the improvement approach and to ensure that processes are trained out appropriately, and that competencies are recorded appropriately. This is being managed under Improvement 5.

For factors within the **Departmental** Domain including infrastructure, interfaces, data, and software -further investigation in Problem Management should lead to additional improvements in the technical development of products and services.

The **External Domain** covers incidents where the contributory factor has been identified as with either a supplier (for example a software bug, or wide area network outage) or is within the local health board or stakeholder organisation (for instance local network issues or application of patching locally).

For factors within this domain improvements will also be sought through SLA and Engagement Meetings, the Service Management Board governance structure, and through supplier management with third party suppliers. These will be managed under Improvements 7 and 8

| Domain | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Active | FY 21/22 | - | 1 | - | 2 | 1 | 1 | 2 | - | - | - | 3 | - | 10 |
| | FY 22/23 | 2 | 2 | - | 4 | - | - | - | 2 | 4 | - | 2 | 2 | 18 |
| | FY 23/24 | 2 | - | 1 | - | 1 | 1 | 4 | 2 | - | 1 | - | 3 | 15 |
| Situational | FY 21/22 | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| | FY 22/23 | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| | FY 23/24 | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Departmental | FY 21/22 | 5 | 1 | - | - | 4 | 1 | 1 | - | 1 | - | - | - | 13 |
| | FY 22/23 | 1 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 23 |
| | FY 23/24 | 4 | 4 | 3 | 3 | 2 | - | 2 | 2 | - | 4 | 5 | 3 | 32 |
| Organisational | FY 21/22 | - | - | - | - | - | - | - | - | - | 1 | - | - | 1 |
| | FY 22/23 | - | - | - | - | - | 1 | - | - | - | - | - | - | 1 |
| | FY 23/24 | - | - | - | - | - | - | - | - | 1 | - | - | - | 1 |
| External | FY 21/22 | - | 1 | 1 | - | 1 | - | - | 1 | - | - | - | - | 4 |
| | FY 22/23 | - | - | 2 | 1 | 4 | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 18 |
| | FY 23/24 | 5 | 2 | 3 | 3 | 2 | 1 | 3 | 1 | 1 | 1 | - | 2 | 24 |
| Communication and Culture | FY 21/22 | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| | FY 22/23 | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| | FY 23/24 | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Grand Total | FY 21/22 | 5 | 3 | 1 | 2 | 6 | 2 | 3 | 1 | 1 | 1 | 3 | 0 | 28 |
| | FY 22/23 | 3 | 4 | 4 | 8 | 6 | 8 | 3 | 5 | 7 | 3 | 5 | 4 | 60 |
| | FY 23/24 | 11 | 6 | 7 | 6 | 5 | 2 | 9 | 5 | 2 | 6 | 5 | 8 | 72 |

# Learning

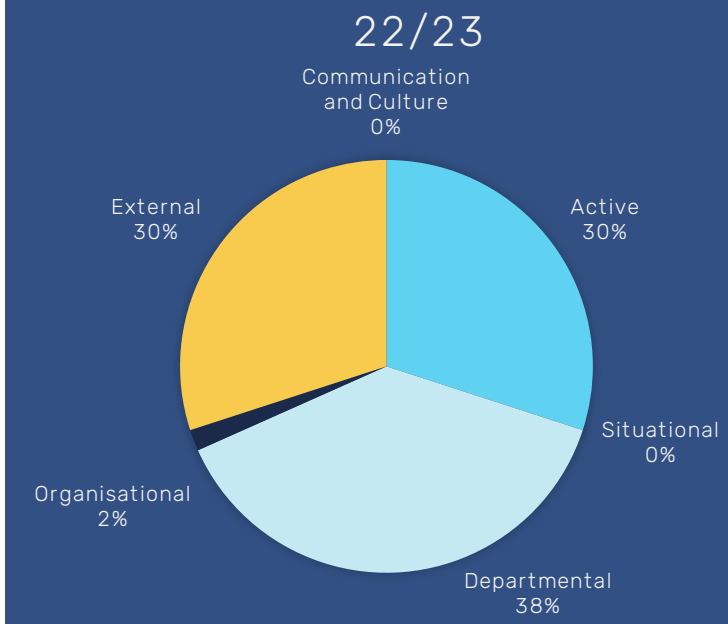
## Year on Year Comparison of Contributory Factors

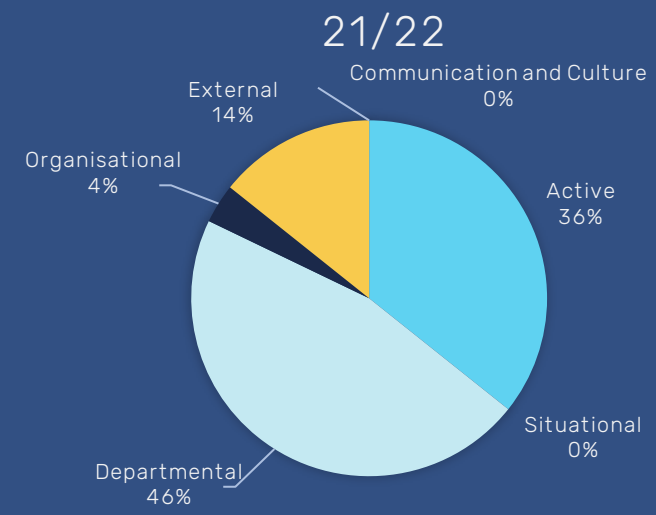
With the implementation of the contributory factors framework, we have identified an increase year on year in External and Departmental factors.

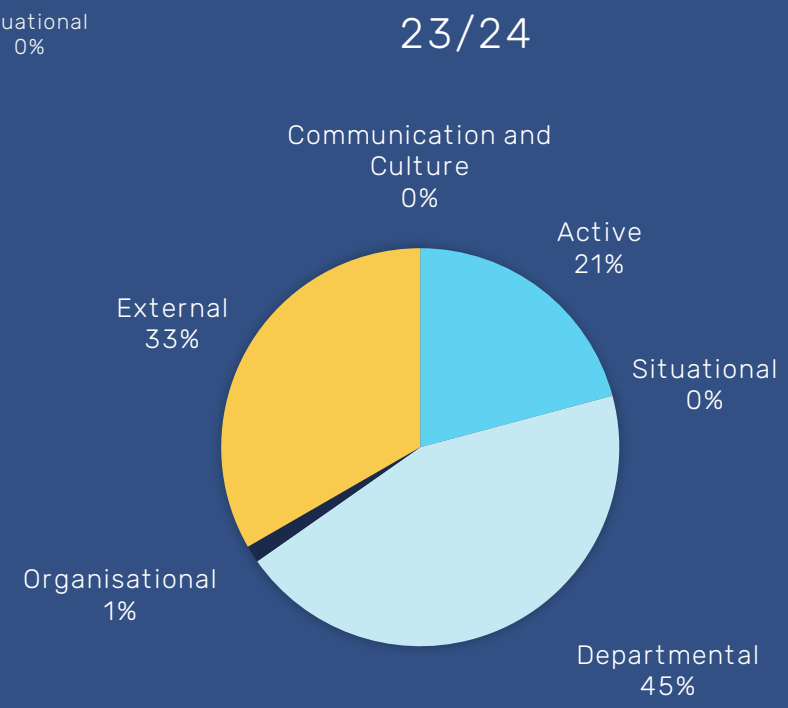
Improvements have been identified and are being implemented so there is an expectation that these will drop over the coming months / quarters.

There has also been a noticeable drop in Active factors.

Active factors are those where human error has been identified, this can include lack of adherence following process, or mistakes, and so a reduction in these indicates that improvements around training and awareness, and reducing the potential for error, are starting to lead to a positive change culture.



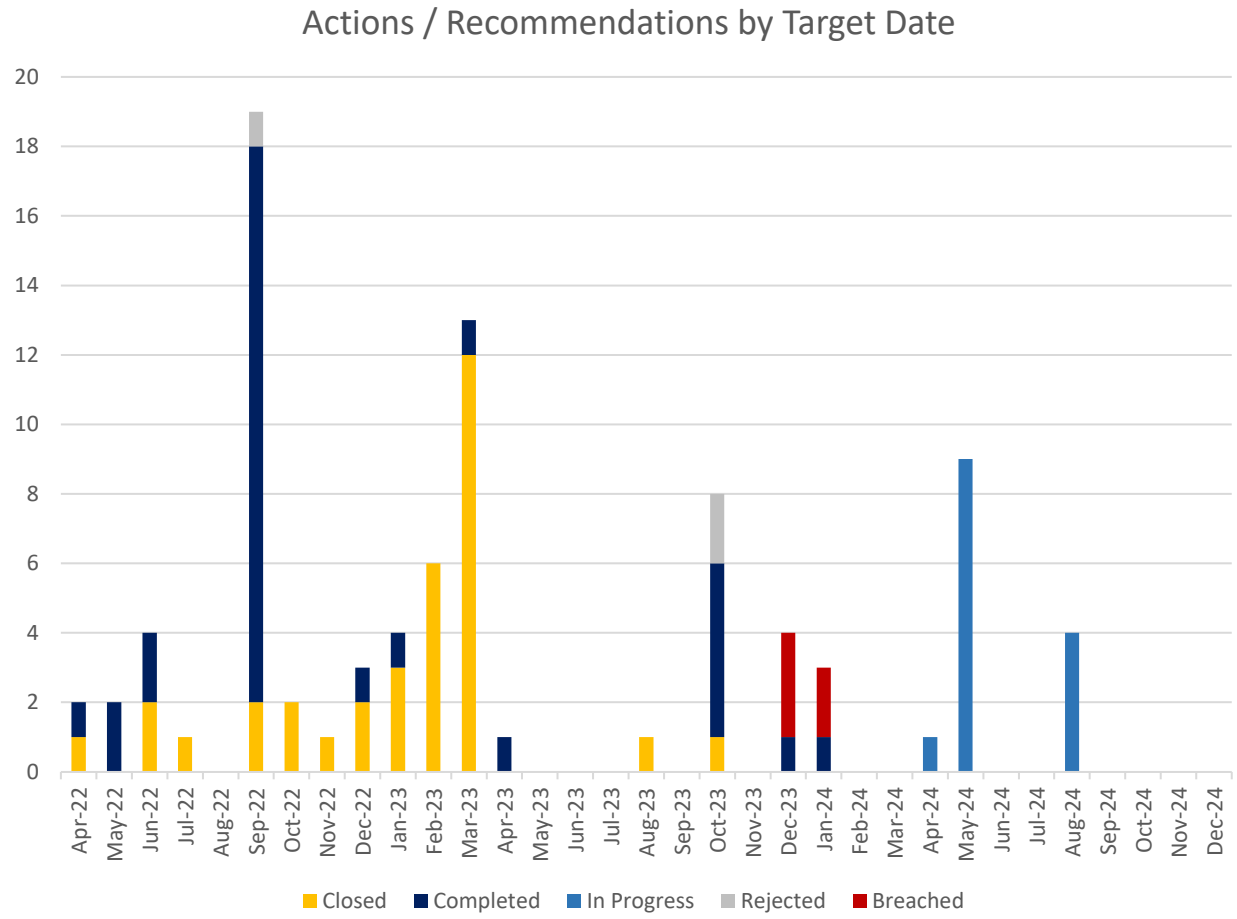



# Learning

## Recommendations from Review

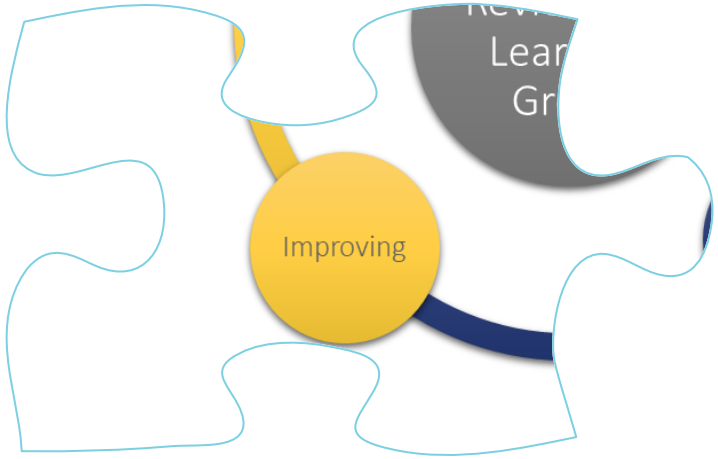
Following each review that is undertaken a report is completed which results in a number of recommendations being made. These recommendations are recorded on the Quality Improvement Actions List (QIAL).

The outcome from these recommendations' feeds into the identification of improvements.



# Improving

## Continual Improvement




Continuous or continual improvement is an ongoing process of identifying, analysing, and making incremental improvements to systems, processes, products, or services.

Its purpose is to drive efficiency, improve quality, and value delivery while minimizing waste, variation, and defects. The continual improvement process is driven by ongoing feedback, collaboration, and data.

This section provides a summary of the improvements that have been identified through review, or by IRLG members.

# Improving

## Continual Improvement

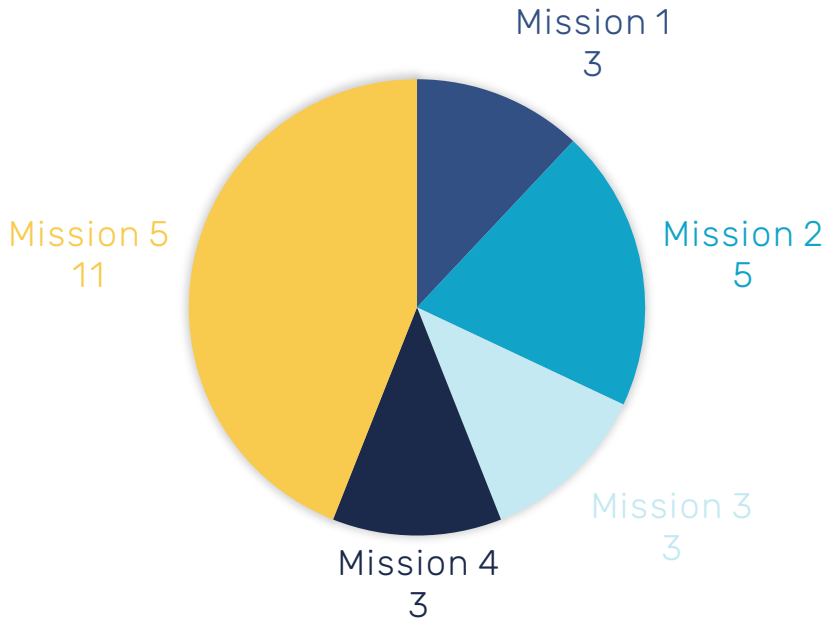
There are currently 11 improvements being monitored by the IRLG. Each improvement is aligned to supporting one or more of DHCW's 5 missions (top graph), as well as aligning with one of the four dimensions of Service Management (bottom graph).

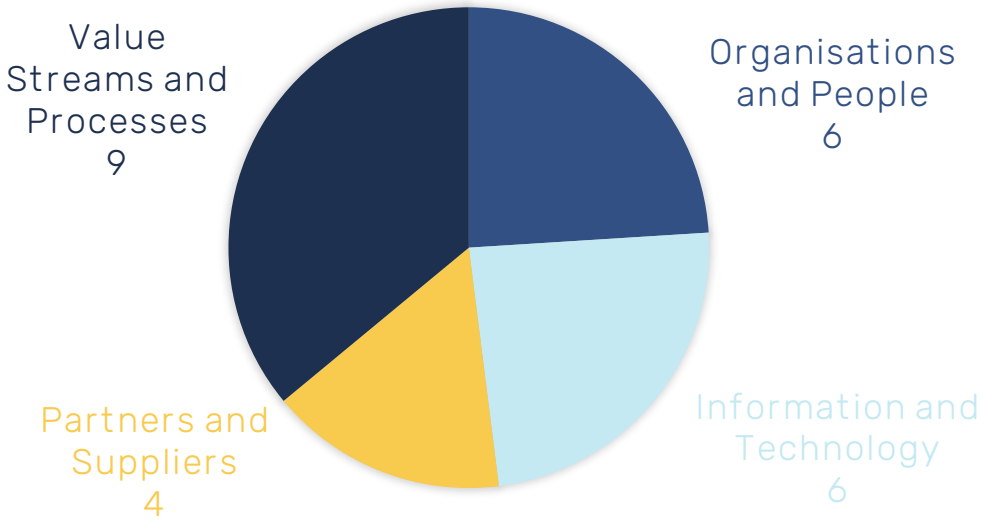
New improvements identified this quarter are:

- Improvement 9: Enhanced Learning Programme
- Improvement 10: Clinical Strategy Improvements
- Improvement 11: Review of Clinical Impact

Completed Improvements

- Contributary Factors Framework



# Improving

## Continual Improvement

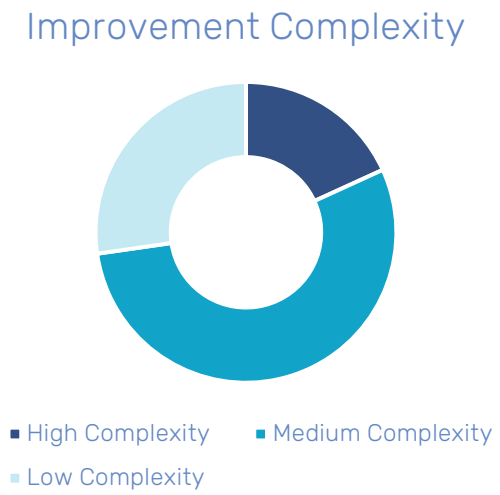
Of the 11 improvements identified through IRLG, 8 are of medium or high complexity, meaning that without associated resources being made available to support them, the associated benefits may not be fully realised.

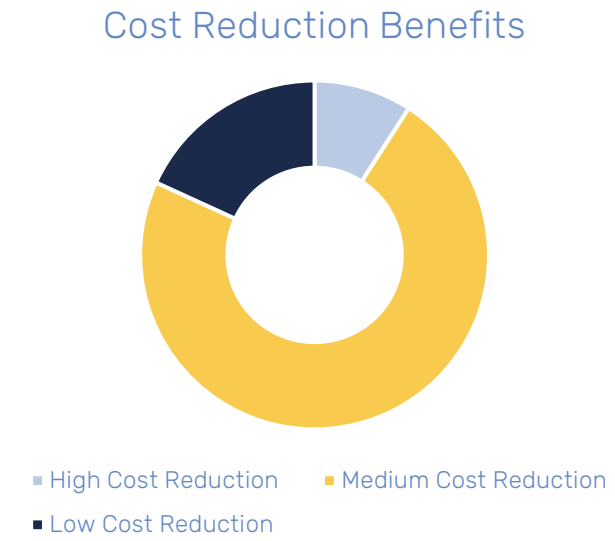
If 9 of the improvements are implemented correctly, then the potential cost reduction / cost saving benefits related to those improvements would be realised.

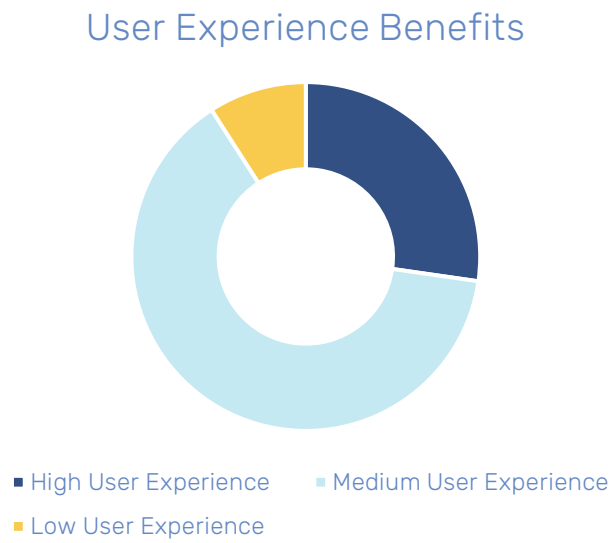
If 10 of the improvements are implemented correctly, then user experience / user satisfaction related to those improvements would be realised. This could be further measured through the implementation of experience level management (XLM).

Completed Improvements this year include

- Improvement 2: Incident Review Toolsets
- Improvement 4: Promotion of Lessons Learned
- Improvement 6: Embedding Lessons Learned



# Improvement 1: Major IT Incident Management

| | | | |
|---|---|---|---|
| Theme | Major IT Incident Management | | |
| Commencement Date | 13/12/2022 | Current Status | In Progress |
| Owner | Service Management | Stakeholders | Operational Support Teams |
| Description | A working group was established to review all aspects of DHCW's Major IT Incident Management process including the effectiveness of its incident response structure (Bronze, Silver, Gold), communications, process management, reporting and review, and stakeholder engagement. Outputs included the development of simplified workflows, clearer role profiles, improved reporting and escalation lines, communication templates as well as the development of training materials and periodic testing of aspects of the end-to-end process | | |
| Improvements Implemented | Review of Management On-Call Overview Training Offering<br>Commenced development of on call competency training approach (see Improvement 5) as the expectation is for everyone on the management on-call rota to have undertaken the overview training before going on-call.<br>Engagement commenced with Clinical Informatics in relation to identifying sooner the clinical impact of service non-availability.<br>Further collaboration with the Service Desk to define their roles in relation to communications | | |
| Planned Activities FY 24/25 | Rota resourcing to be reviewed.<br>Development and delivery of On-Call Competency training programme as part of a wider Service Management improvement around training | | |

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| DHCW Missions | Mission 1 | Mission 2 | Mission 3 | Mission 4 | Mission 5 |
| Service Management Dimensions | | Value Streams & Processes | Information & Technology | Organisations & People | Partners & Suppliers |
| Complexity | High | Cost Reduction | Medium | User Experience | High |

# Improvement 2: Incident Review Toolsets

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|---|---|---|---|
| Theme | Implementation of Contributory Factors Framework | | |
| Commencement Date | 13/12/2022 | Current Status | Completed |
| Owner | Service Management | Stakeholders | All Reviewers |
| Description | The Contributory Factors Framework was reviewed internally by DHCW Service Management, and a draft format adapted to fit a digital organisation in relation to technical and other reviews.<br>It is one of several tools and techniques that could be used as part of the incident review process.<br>Implementation looked to improve the root cause analysis and lessons learned elements of the review process, as well as acting as a trigger for identifying further improvement recommendations. | | |
| Improvements Implemented | Embedded Contributory Factors Framework into reporting systems.<br>Analysis and learning linked to improvements and recommendations.<br>Attendance of some staff at Masterclass on Post Incident Review to identify additional tools and approaches<br>Further analysis and learning linked to improvements and recommendations<br>Documentation of Incident Review Framework to take into consideration all incident types | | |
| Planned Activities FY 24/25 | Whilst this improvement has been completed, monitoring will continue to ensure this remains sustainable.<br>Activities will include:<br>Continue delivery of training, awareness, and promotion to incident reviewers.<br>Identify other toolsets and approaches that can be used to improve review and learning processes.<br>Further refinement of the CFF following ongoing feedback | | |

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| DHCW Missions | Mission 1 | Mission 2 | Mission 3 | Mission 4 | Mission 5 |
| Service Management Dimensions | | Value Streams & Processes | Information & Technology | Organisations & People | Partners & Suppliers |
| Complexity | Medium | Cost Reduction | Medium | User Experience | Low |

# Improvement 3: Change Management

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|---|---|---|---|
| Theme | Change Management – Change Success Review | | |
| Commencement Date | 13/12/2022 | Current Status | In Progress |
| Owner | Service Management | Stakeholders | Change Managers |
| Description | Following several repeat incidents linked to the implementation of Changes made, a review was undertaken to identify deviations from the Change Management Process<br>It was identified that Change Advisory Boards (CABS) were not necessarily reviewing Changes post implementation where the Change attracted related Incidents | | |
| Improvements Implemented | Reports developed for inclusion in Integrated Organisational Performance Report (IOPR) around Change Success / Failure<br>Promotion and training on revised process for DHCW CAB Members<br>Re-audit of the Change Enablement process | | |
| Planned Activities FY 24/25 | Change Enablement Training schedule (this will form part of the Service Management Training plan for 24/25) | | |

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| DHCW Missions | Mission 1 | Mission 2 | Mission 3 | Mission 4 | Mission 5 |
| Service Management Dimensions | | Value Streams & Processes | Information & Technology | Organisations & People | Partners & Suppliers |
| Complexity | Medium | Cost Reduction | Medium | User Experience | Medium |

# Improvement 4: Promotion of Lessons Learned

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|---|---|---|---|
| Theme | Promotion of Lessons Learned (internally and externally) | | |
| Commencement Date | 01/04/2023 | Current Status | Completed |
| Owner | Service Management | Stakeholders | All Reviewers |
| Description | This promotional improvement came about following a SWOT analysis exercise undertaken at the end of FY 22/23. The findings identified that whilst reviews and learning were being presented to the group, and the outputs reported to the Digital Governance and Safety Committee, wider promotion, and communication of the outputs of the group could be improved both for DHCW staff and wider externally. | | |
| Improvements Implemented | Engagement with the Communications Team on the options for promotion and communication of outputs from the group<br>Development of an action plan to deliver:<br>Promotion of the IRLG<br>Further development of the current SharePoint presence<br>Inclusion in the insider staff newsletter<br>Promotion of the lessons learned from reviews<br>For wider external promotion - 2 x IRLG members speaking at the itSMF conference on 13th and 14th November 23<br>Development of a technical solution for lessons learned | | |
| Planned Activities FY 24/25 | Whilst this improvement has been completed, monitoring will continue to ensure this remains sustainable. Activities will include:<br>Future opportunities to be identified throughout the financial year | | |

| DHCW Missions | Mission 1 | Mission 2 | Mission 3 | Mission 4 | Mission 5 |
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| Service Management Dimensions | | Value Streams & Processes | Information & Technology | Organisations & People | Partners & Suppliers |
| Complexity | Low | Cost Reduction | Low | User Experience | Medium |

# Improvement 5: Training on ITSM Processes

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|---|---|---|---|
| Theme | Implementation of Contributory Factors Framework | | |
| Commencement Date | 13/12/2022 | Current Status | In Progress |
| Owner | Service Management | Stakeholders | Operational Support Teams |
| Description | Following review of contributory factors in the active domain, in relation to errors and deviations from working practices, feedback from staff, and the outcomes from audits relating to the Service Management standard (ISO 20000).<br>This improvement is for the development of training material around the Service Management practices, and the capture of the delivery of that training to staff within their electronic staff record (ESR)<br>This improvement will also support the professionalism agenda with the People and Organisational Development Strategy by using the SFIA 8 framework to assess course content.<br>Finally, the approaches taken in the improvement could also help to drive forward similar requirements from other Organisational Standards | | |
| Improvements Implemented | Development of the Service Management Approach to Staff Development guidance document<br>This guidance document reflects the approach that the Service Management Department will follow to deliver Service Management related training to develop DHCW staff.<br>Development of a course catalogue on ESR, and population of ESR records for staff training (where captured previously) from April 2021<br>Training undertaken on the SFIA 8 Framework to allow for assessment of course content against the framework to support the professionalism agenda with the People and Organisational Development Strategy | | |
| Planned Activities FY 24/25 | Further development and delivery of course content to DHCW Staff<br>Implementation of competency-based assessments against key roles<br>Monitoring of training progress through internal monthly reports | | |

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| DHCW Missions | Mission 1 | Mission 2 | Mission 3 | Mission 4 | Mission 5 |
| Service Management Dimensions | | Value Streams & Processes | Information & Technology | Organisations & People | Partners & Suppliers |
| Complexity | High | Cost Reduction | Medium | User Experience | High |

# Improvement 6: Embedding Lessons Learned

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| Theme | Embedding a Culture of Lessons Learned and Continual Improvement | | |
| Commencement Date | 13/12/2022 | Current Status | Completed |
| Owner | Service Management | Stakeholders | All Reviewers |
| Description | As described in the IRLG Annual Report - Stage three for 23/24 is to embed a culture of learning and improvement within the organisation which will help to underpin the five strategic missions within the IMTP.<br>Moving forward, the development of a forward work plan which identifies the priorities for the group for 2023/24 has also been developed, and this will help to support stage three which is around embedding a culture of learning and improvement. This will include activities such as the promotion of the group both internally within DHCW and externally through other forums and groups, wider communications of the lessons that have been learned and how as an organisation we can improve. | | |
| Improvements Implemented | Developed the IRLG workplan for 2023/24<br>Reviewed and extended membership to include Business Change<br>Further collaboration with Quality Manager to embed Duty of Quality reporting mechanisms and approaches to improvement into the IRLG agenda. | | |
| Planned Activities FY 24/25 | Whilst this improvement has been completed, monitoring will continue to ensure this remains sustainable. Activities will include:<br>Development of toolsets and training to support continual quality improvement techniques.<br>Promotion approach through Improvement 4 | | |

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| DHCW Missions | Mission 1 | Mission 2 | Mission 3 | Mission 4 | Mission 5 |
| Service Management Dimensions | | Value Streams & Processes | Information & Technology | Organisations & People | Partners & Suppliers |
| Complexity | Medium | Cost Reduction | Medium | User Experience | Medium |

# Improvement 7: Local Health Board Relationship Management

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|---|---|---|---|
| Theme | Local Health Board Relationship Management | | |
| Commencement Date | 01/10/2023 | Current Status | In Progress |
| Owner | Service Accounts | Stakeholders | External Stakeholders |
| Description | Through the Contributory Factors Framework, the External Domain covers incidents where the contributory factor has been identified as with either a supplier (for example a software bug, or wide area network outage) or is within the local health board or stakeholder organisation (for instance local network issues or application of patching locally).<br>For factors within this domain improvements will also be sought through SLA and Engagement Meetings, and (where applicable) Service Management Boards. | | |
| Improvements Implemented | Development of a template for National Service Management Board for LHBs to report local incidents.<br>Reminder within SLA meetings of local incidents | | |
| Planned Activities FY 24/25 | Encourage greater ownership and sharing lessons learned leading to local improvement activities.<br>Identify scope and scale through existing reporting lines.<br>Raise awareness of LHB responsibilities in line with current SLA<br>Raise awareness of local incidents impacting national services through SLA and Engagement Meetings<br>Encourage peer review through the Service Management Board (where applicable) | | |

| DHCW Missions | Mission 1 | Mission 2 | Mission 3 | Mission 4 | Mission 5 |
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| Service Management Dimensions | | Value Streams & Processes | Information & Technology | Organisations & People | Partners & Suppliers |
| Complexity | Low | Cost Reduction | Medium | User Experience | Medium |

# Improvement 8: Supplier Management

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|---|---|---|---|
| Theme | Supplier Incident Management | | |
| Commencement Date | 01/10/2023 | Current Status | In Progress |
| Owner | Commercial Services | Stakeholders | Service Management<br>Contract Managers |
| Description | Through the Contributory Factors Framework, the External Domain covers incidents where the contributory factor has been identified as with either a supplier (for example a software bug, or wide area network outage) or is within the local health board or stakeholder organisation (for instance local network issues or application of patching locally).<br><br>For factors within this domain improvements will also be sought through supplier management with third party suppliers. | | |
| Improvements Implemented | This is a new improvement identified in October 2023 | | |
| Planned Activities Next Quarter | Focussing initially on supplier related incidents, tighten contractual arrangements through:<br>• Identify scope and scale through existing reporting lines.<br>• Review contractual provisions.<br>• Review and identify improvements around delivery of training to contract owners. | | |
| Planned Activities FY 24/25 | • Raise awareness of supplier responsibilities in line with current contracts<br>• Raise awareness of supplier incidents impacting national services through Contract Review Meetings and (where applicable) Service Management Boards | | |

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| DHCW Missions | Mission 1 | Mission 2 | Mission 3 | Mission 4 | Mission 5 |
| Service Management Dimensions | | Value Streams & Processes | Information & Technology | Organisations & People | Partners & Suppliers |
| Complexity | Medium | Cost Reduction | High | User Experience | Medium |

# Improvement 9: Enhancing Learning Programme

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|---|---|---|---|
| Theme | Implementation of Contributory Factors Framework | | |
| Commencement Date | 08/01/2024 | Current Status | In Progress |
| Owner | Patient Safety | Stakeholders | All Reviewers |
| Description | This improvement relates to the Enhanced Learning Programme being driven by Public Health Wales, focusing on learning and improvement across NHS Wales. The primary focus of this is on clinical learning, however, will also include learning from DHCW. The programme is in a stage of development and this improvement will look to increase awareness and ties between DHCW and the Local Health Boards Clinical Safety Teams. | | |
| Improvements Implemented | | | |
| Planned Activities FY 24/25 | This is a new improvement, but is also linked to Improvement 4: Promotion of Lessons Learned (internally and externally) | | |

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| DHCW Missions | Mission 1 | Mission 2 | Mission 3 | Mission 4 | Mission 5 |
| Service Management Dimensions | | Value Streams & Processes | Information & Technology | Organisations & People | Partners & Suppliers |
| Complexity | Medium | Cost Reduction | Medium | User Experience | Medium |

# Improvement 10: Clinical Strategies

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|---|---|---|---|
| Theme | Implementation of Clinical Strategies | | |
| Commencement Date | 08/01/2024 | Current Status | In Progress |
| Owner | Clinical Directorate | Stakeholders | All Staff |
| Description | Within the Clinical Directorate Sub Strategies, there are programmes of improvement being identified. These will be established with updates being discussed at IRLG. | | |
| Improvements Implemented | | | |
| Planned Activities FY 24/25 | This is a new improvement, but is also linked to Improvement 4: Promotion of Lessons Learned (internally and externally) | | |

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| DHCW Missions | Mission 1 | Mission 2 | Mission 3 | Mission 4 | Mission 5 |
| Service Management Dimensions | | Value Streams & Processes | Information & Technology | Organisations & People | Partners & Suppliers |
| Complexity | Medium | Cost Reduction | Medium | User Experience | Medium |

# Improvement 11: Review of Clinical Impact

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|---|---|---|---|
| Theme | Review of Clinical Impact Statements for Incidents | | |
| Commencement Date | 08/01/2024 | Current Status | In Progress |
| Owner | Service Management / Clinical Informatics | Stakeholders | Operational Support Teams Clinicians |
| Description | This collaboration between Clinical Informatics and Service Management is, initially, to capture general clinical impact statements for Clinical systems within the Service Catalogue to enable operational support teams and those on the management on call rota to have an early indication of the potential impact following system failure. The purpose of this is to be able to then provide a more appropriate and business focussed response. Future improvements will be identified to also cover other areas of business impact | | |
| Improvements Implemented | Overview of Service Portfolio presented to Clinical Informatics Team | | |
| Planned Activities FY 24/25 | This is a new improvement, but is also linked to Improvement 1: Major IT Incident Management | | |

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| DHCW Missions | Mission 1 | Mission 2 | Mission 3 | Mission 4 | Mission 5 |
| Service Management Dimensions | | Value Streams & Processes | Information & Technology | Organisations & People | Partners & Suppliers |
| Complexity | Medium | Cost Reduction | Low | User Experience | High |