

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**MINUTES OF THE MEETING OF THE  
DIGITAL & DATA COMMITTEE  
ON 15 DECEMBER 2020  
HELD VIRTUALLY VIA TEAMS**

**PRESENT:**

Dilys Jouvenat	Independent Member/ Committee Vice Chair (in the Chair)
Jayne Sadgrove	Independent Member
James Hehir	Independent Member

**IN ATTENDANCE:**

Clare Williams	Director of Planning & Performance (interim)
Rob Bleasdale	Chief Clinical Information Officer/ Consultant Cardiologist
Andrew Nelson	Chief Information Officer
Georgina Galletly	Director of Corporate Governance / Board Secretary
Alan Roderick	Assistant Director, Performance & Information
Liam Morrissey	Head of Software Development / CTM Lead for National Data Resource
Tom Powell	Innovations Manager
Michelle Sell	Chief Operating Officer, NHS Wales Informatics Service (NWIS)
Wendy Penrhyn-Jones	Head of Corporate Governance & Board Business (Secretariat)

**12/20/12 WELCOME & INTRODUCTIONS**

Dilys Jouvenat welcomed everyone to the meeting advising that Ian Wells was unable to attend the meeting due to illness. Committee Members offered best wishes for a speedy recovery. In particular, various colleagues who were attending for the first time were welcomed to the meeting.

**12/20/13 APOLOGIES FOR ABSENCE**

Apologies were **RECEIVED** from Ian Wells, Independent Member /Committee Chair; Nick Lyons, Medical Director/ Deputy Chief Executive; Karen Winder, Assistant Director of Information (interim), Claire Northwell-Todd, Information Governance Manager; Paul Howells, Programme Lead, National Data Resource, NWIS and Helen Thomas, Interim Director of Information, (NWIS).

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In the absence of Paul Howells who had been due to attend the meeting, it was noted that Andrew Nelson and Liam Morrissey would give the presentation regarding National Data Resource.

### 12/20/14 **DECLARATIONS OF INTERESTS**

There were none.

### 12/20/15 **CONSENT AGENDA**

Dilys Jouvenat advised that no pre-meeting questions had been received from Independent Members on this occasion. Dilys Jouvenat asked if there were any items listed under the consent agenda which members may wish to be moved to the main agenda for discussion. There were none.

### 12/20/15i **Minutes of the meeting held on 24 September 2020**

The above minutes were **CONFIRMED** as an accurate record.

### 12/20/15ii **Action Log**

The action log was **RECEIVED** and **NOTED**.

### 12/20/15iii The following reports were **RECEIVED** and **NOTED**:

- **Information Commissioner Planned Audit Protection Practices**
- **Cyber Security – NHS Wales Data Systems**
- **Once for Wales – Concerns Management System.**  
Alan Roderick **NOTED** there were some aspects of the risks and issues log which were in the 'red' category which was of concern. It was suggested that Alan Roderick contact the report author outside the meeting to discuss this further.

### 12/20/16 **MATTERS ARISING**

There were none.

### 12/20/16i. **PRESENTATION: National Data Resource (NDR)**

Andrew Nelson and Liam Morrissey were invited to give the presentation. This began by providing the background to the project journey for which staged funding had been agreed by Welsh Government in 2020/21. Whilst full-life costs were estimated at £57m, Members **NOTED** this cost was far outweighed by the perceived long-term benefits.

CTMUHB was **NOTED** to have two staff dedicated to NDR locally which ran in parallel with all existing work. Local priorities included building a Local Data Repository, access to primary care data for use in population health management, demand and capacity modelling and enhancing health and wellbeing.

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NDR was **NOTED** to be a key strategic objective for NWIS and Welsh Health and Care which would deliver key aspects of the Digital Architecture Review (DAR) and would enable whole system transformation. Andrew Nelson undertook to circulate further detail as to DAR and the NDR business case outside the meeting.

Members **NOTED** NDR was designed to support clinicians to make decisions in almost 'live' circumstances as well as informing decision making at strategic level.

In discussing the presentation the following points were raised:

An IM asked what assurances could be offered around data security. Andrew Nelson advised that NWIS were acting as the data controller and processor which created the legal basis upon which data would be held. It was **NOTED** that ethics and data sharing would also be managed according to established processes and procedures. Members **NOTED** that Welsh Government was working in conjunction with NHS Wales colleagues to produce a citizen-facing aspect with an information governance related promise which would set out what they could expect in terms of the use of their data.

An IM sought clarity around whether NDR would enable organisations to make better use of information for clinical coding purposes. Alan Roderick stated that clinical coding was undertaken retrospectively by review of entries health records and envisaged that it would be a significant time before the required level of detail could be harvested from information systems alone.

With regard to the desire to provide patients on the single cancer pathway with information as to their treatment journey, Alan Roderick stated that it would take time to develop the necessary processes to replace existing systems.

An IM asked as to the plan for measuring outputs achieved via NDR. Andrew Nelson stated that the Welsh Government had stated that it would be necessary to demonstrate benefits seen from NDR prior to applying for the second tranche of funding; reports in this respect were to be submitted though CTM's DHSSG which would then report as necessary to the Digital & Data Committee.

Dilys Jouvenat thanked colleagues for their informative presentation.

**12/20/16i. PRESENTATION: E WHITE BOARDS**

Tom Powell and Liam Morrissey were invited to give the presentation.

Members **NOTED** this project represented a transformative approach to clinical care being widely being used in the former Cwm Taf hospital sites, with plans to implement this in the Bridgend locality in due course. Members also **NOTED** that E White Boards was a 'home grown' multi-disciplinary team driven project and had the potential to support quality improvement initiatives and provided an evidence base for future development.

In discussing the presentation the following points were raised:

Members **NOTED** that the application was able to illustrate the bed state at site level as well as the use of beds for Covid and non-Covid patients for example. Liam Morrissey stated that it was also possible for the application to feed into other IT systems which brought other benefits.

Clare Williams stated that this project was an example of the benefits to be gained from bringing the ICT and Performance & Information Teams together under the 'digital' banner.

Dilys Jouvenat thanked colleagues for their informative presentation.

**12/20/17 ASSURANCE REPORTS**

**12/20/17i Digital Health Strategy Steering Group Highlight Report**

The above report was **RECEIVED**. In discussing the report, the following points were raised:

An IM sought an update on the 'Patient Knows Best' (PKB) patient portal project. Andrew Nelson stated that a decision had recently been made to serve notice on the company. Members **NOTED** that work was ongoing with a Princess of Wales Hospital based urologist and his team to ensure that the facility this provided was re-provided in another form for those patients using it. Members **NOTED** the plan was to tender for an alternative platform to provide patient portal functionality in Cardiology within the Princess of Wales Hospital and a national programme lead was overseeing the necessary business case.

An IM sought an update on the work necessary to disaggregate the ICT systems within the Bridgend locality from Swansea Bay

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University Health Board systems. Clare Williams responded that this was expected to take a significant amount of time to deliver in full, however, the necessary work had commenced.

Reference was made to a recent meeting of the Joint Executive Team (of Swansea Bay and CTM Health Boards) where there had been discussion of proposed changes to ICT arrangements due to take effect over the coming months. IMs **NOTED** this would include transferring the employer status of a number of ICT helpdesk staff over to CTMUHB.

Members were advised that the Princess of Wales Hospital had a number of good ICT systems and therefore CTM would need to ensure that the whole organisation 'levelled-up' in terms of the technological tools and assets which were crucial to operational delivery. It was also **NOTED** that work had begun to review the existing Cwm Taf Digital Strategy to enable this to include CTM's three localities.

Members **NOTED** that additional reliance upon technology due to COVID-19 which had resulted in marked shift CTM's digital ambitions.

**RESOLVED:** The report be **NOTED**.

#### **12/20/17ii Information Governance Group (IGG) Highlight Report**

The above report was **RECEIVED**.

Georgina Galletly presented the report. Members **NOTED** that compliance in terms of information governance training remained high despite the impact of Covid-19. Members also **NOTED** that there had been a spike in members of staff accessing their own health records in October 2020 which was felt to possibly be linked to individuals seeking their own Covid-19 test results. Action was being taken to monitor the position and disseminate how results could be appropriately accessed with a view to reducing such GDPR breaches.

**RESOLVED:** the report be **NOTED**.

#### **12/20/17iii Organisational Risk Register**

The above report was **RECEIVED**.

Georgina Galletly presented the report advising that she wished to convey on behalf of Ian Wells concerns he had with references within the register to action plans being updated. Georgina Galletly stated that during December 2020 links were being

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made with relevant operational leads to update the current status of each mitigation in readiness for the next iteration of the Risk Register which would set out all risks scored at 15 or more. This was due to be submitted to the Board in January 2021.

In discussing the report, the following points were raised:

With reference to risk 588 it was noted that there was a typographical error in the risk descriptor which would be revised. Clare Williams stated that she envisaged the score for this risk would reduce by the time this report was next considered by the Committee as a result of actions taken to mitigate the level of risk.

An IM raised the issue of CTM not yet having an organisation-wide ICT Digital Strategy which it was felt was key to raising the profile of these issues at Board level to help manage risks appropriately which would in turn improve patient care and safety. Clare Williams responded that some of the risks on the register had originated from departmental risk registers and the work required to bring the entries up to date was actively underway.

Members **NOTED** that as part of the ongoing review of the Risk Register there was a need to ensure that the risks were correctly cited which could, depending on the issue, be assigned to more than one Board Committee.

**RESOLVED:** the report be **NOTED**.

### 12/20/18 **AUDIT/ OTHER REPORTS**

#### 12/20/18i **Audit Wales Report - Clinical Coding**

The above report, which had originally been presented at the previous meeting was **RECEIVED**.

Alan Roderick was invited to respond to the points raised at the previous meeting relating to reductions in coding throughput in March 2020, outstanding coding from 2019/2020 and staffing levels.

Alan Roderick advised that following Bridgend boundary change, the whole of the Bridgend locality clinical coding team had transferred to CTM which equated to 7.9 clinical coders (6 of whom were qualified) and 1 wte supervisor. With reference to page 23 of the Audit Office report, Members **NOTED** that a rate of 30 episodes of care per day in one health board was not

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necessarily comparable between organisations in particular, where there were tertiary services.

Alan Roderick stated that whilst in his view CTM had sufficient coding staff, there was a need to increase the proportion of the team that were qualified coders as well as deploying a supervisor to each hospital site together with training support. Members **NOTED** that recruitment efforts had been impacted by Covid-19 but were currently underway.

In terms of the clinical coding backlog, Members were advised that this had increased further since the onset of Covid-19, and it would likely that CTM would continue to be reliant on overtime and agency staff to resolve this. Members **NOTED** that in March 2020, all agency derived clinical coding work had ceased. Various challenges were presented by Covid-19 given this task was not possible through remote working. The challenges included the need to maintain social distancing which had been difficult due to limited office space. Workarounds required split-shifts and desk partitions although a number of the workforce had needed to isolate for extended periods which had depleted clinical coding capacity. All of these factors had impacted upon clinical coding output.

Members **NOTED** that clinical coding staff morale was better now than it has been for over five years and plans were in place to train and support trainee coding staff. Alan Roderick stated that given that Bridgend team were already delivering all existing national monthly targets, this demonstrated what could be achieved with the appropriate proportion of qualified staff in place.

**RESOLVED:** The report was **NOTED**.

#### 12/20/20 **Forward Work Plan**

The forward work plan was **RECEIVED**. Dilys Jouvenat invited colleagues to relay any suggested additions to Wendy Penrhyn-Jones by email within the next four weeks.

Jayne Sadgrove advised that there were likely to be two audit reports that would need to be received at the next meeting.

#### 12/20/20ii **Committee Highlight Report**

Dilys Jouvenat suggested this be completed by Wendy Penrhyn-Jones outside the meeting and shared with Georgina Galletly/ Clare Williams and herself for agreement prior to it being submitted to the Health Board.

**12/20/21 ANY OTHER BUSINESS**

There was none.

**12/20/22 DATE OF NEXT MEETING**

This was due to take place on 11th March 2021. The remaining dates for meetings in 2021 were 8th July and 14 October.

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