

**AGENDA ITEM**

4.3a

**DIGITAL & DATA COMMITTEE**
**COMMITTEE REFERRAL FROM AUDIT & RISK COMMITTEE –  
 INTERNAL AUDIT REPORTS – DIGITAL OPERATING MODEL  
 & MEDICAL RECORDS MANAGEMENT**

<b>Date of meeting</b>	19 <sup>th</sup> December 2022
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Kathrine Davies, Corporate Governance Manager
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<b>Presented by</b>	Stuart Morris, Director of Digital
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<b>Approving Executive Sponsor</b>	Stuart Morris, Director of Digital
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<b>Report purpose</b>	FOR DISCUSSION / REVIEW
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Audit & Risk Committee	24/10/22	Noted

**ACRONYMS**

CTMUHB	Cwm Taf Morgannwg University Health Board
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**1. SITUATION/BACKGROUND**

- 1.1 The purpose of this report is to receive the Committee Referral from the Audit and Risk Committee following their meeting held on 24 October 2022.
- 1.2 The Digital and Data Committee are asked to review the two Internal Audit Reports on the Digital Operating Model and Medical Records

Management to ensure that they provide the assurance that the actions agreed will address the issues identified.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

- 2.1 The Digital & Data Committee to provide scrutiny on the management responses
- 2.2 The Committee is asked to review the recommendations where there is partial agreement and reframe where appropriate, noting any changes to the management response/recommendations would need to be agreed with Internal Audit.
- 2.3 Ongoing monitoring of the recommendations will continue via the Audit Tracker scrutiny at the Audit & Risk Committee
- 2.4 The reports are attached as 4.3b and 4.3c.

## 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 There are no key risks for escalation to the Board.

## 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Effective Care
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below) EIA will be considered as part of any new or changed processes
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below) Resources have been identified as part of the submitted digital section of the IMTP



<b>Link to Strategic Goals</b>	Improving Care
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## 5. RECOMMENDATION

- 5.1 The Committee are requested to review and discuss the contents of the Internal Audit reports and provide assurance back to the Audit and Risk Committee that the management responses are considered to be appropriate and/or have been refined to ensure they will address the improvements recognised within the audit review.