

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**UNCONFIRMED MINUTES OF THE MEETING OF THE
DIGITAL & DATA COMMITTEE
HELD ON 14 OCTOBER 2021
VIRTUALLY VIA TEAMS**

PRESENT:

Ian Wells	Independent Member (Committee Chair)
Jayne Sadgrove	Independent Member
James Hehir	Independent Member
Dilys Jouvenat	Independent Member

IN ATTENDANCE:

Kelechi Nnoaham	Director of Public Health/Caldicott Guardian
Georgina Galletly	Director of Corporate Governance/ Board Secretary
Andrew Nelson	Chief Information Officer / Senior Information Risk Owner
Rob Bleasdale	Chief Clinical Information Officer/ Consultant Cardiologist
Sallie Davies	Deputy Medical Director
Christian Smith	Lead Informatics Nursing Specialist
Paul Chilcott	Head of Server Management
Karen Winder	Interim Deputy Director of ICT
David Sheard	Assistant Director of Service Transformation
Claire Northwell	Head of Information Governance
Kathrine Davies	Corporate Governance Manager

10/21/01 WELCOME & INTRODUCTIONS

Ian Wells welcomed everyone to the meeting.

10/21/02 APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from Wendy Penrhyn-Jones, Head of Corporate Governance & Board Business.

10/21/03 DECLARATIONS OF INTERESTS

There were none.

10/21/04 CONSENT AGENDA

No questions were received prior to the meeting.

10/21/05 ITEMS FOR APPROVAL

- 10/21/06 Minutes of the meeting held on 12 July 2021**
The above minutes were **CONFIRMED** as an accurate record.
- 10/21/07 Minutes of the In-Committee meeting held on 12 July 2021**
The above minutes were **CONFIRMED** as an accurate record.
- 10/21/08 Action Log**
The action log was **RECEIVED**.
- 10/21/14 MAIN AGENDA**
- 10/21/15 Organisational Risk Register**

G. Galletly presented the report that provided the Committee with the risks assigned to the Committee rated as 15 and over.

Members were advised that there was an error in the cover report on page two, section 2.2 that referred to a presentation that was meant for the Audit & Risk Committee.

G. Galletly advised that there had been no movement in the risks assigned to the Committee since the last meeting and minor amendments had been made in red.

J. Sadgrove queried that some of the risks were requiring an update and referred to risk 4337 where it stated "a funding announcement in June 2021" but there was no indication of the outcome. With regard to risk 4282 where it stated that "the tab system will no longer be supported for support services, laundry services" it was queried how was the business continuing with no system in place. G. Galletly confirmed that these would be reviewed and reported back outside of the meeting.

J. Sadgrove referred to risk 4693 and commented that she was particularly concerned about the wireless connections for Echo Cardio Graph (ECG) counts which was a quality and safety issue and sought assurance that the health record of patients were being updated with the correct information in a timely way. R. Bleasdale advised that the inpatient records in Bridgend, as with all the Integrated Locality Groups (ILGs) was a paper process so the machines still printed out on paper that was then joined to the paper record. The risk was that they were not digitally storing and updating the digital record.

K. Winder advised that even though the machines could not upload data in real time, the data was still stored on the machine to upload at a later time. Issues had arisen when the machine was moved around which, with different ranges of Internet

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Protocol (IP), was now being resolved. I. Wells advised that the narrative on the risk should be corrected to reflect this.

A Nelson advised that with regard to risk 4437, there was an item on the agenda today for discussion and the risk was constantly being reviewed. There was a difference between the two clinical systems on the two sites and the organisation had not yet heard from Welsh Government with regard to whether they would fully fund Bridgend. A draft internal audit report had been received on the handling of the disaggregation risk and had been given a 'limited' assurance. He confirmed that it had been received formally it would be shared with the Committee. The report identified the root cause to be the lack of funding by Welsh Government and that the health board had handled this as best as they could within the resources they had. The Business Case was still awaiting a response from Welsh Government.

J. Sadgrove suggested that it would be helpful if the risk register received at Board Committees was fully up to date and as accurate as possible.

I Wells referred to risk 4699 with regard to the Information Governance (IG) resources and associated Business Case. G. Galletly advised that this was a wellbeing issue, the IG team were experiencing tremendous pressure with only 1.5 full-time members of staff and the number of subject access requests, freedom of information requests that were being received. G Galletly also reported that the complexity of the requests was increasing exponentially and the team were struggling with the volume of work, working over and above what was expected of them in order to keep the performance and quality of responses high and was not sustainable. The risk assessment highlights the risk that the on-going pressures may have on performance if no further resources are afforded to the function.

Resolution: The Committee **NOTED** the report.

Action: Risks 4337, 4282 and 4693 would be reviewed outside of the meeting and reported back.

Action: Narrative on Risk 4963 to be amended to reflect the explanation from K. Winder on uploading the data.

Action: Internal Audit report on Bridgend Disaggregation would be shared with Members of the Committee once received.

ASSURANCE REPORTS

10/21/16 Internal Audit Report – Cancer Data Quality

A Nelson presented the Internal Audit Report on Cancer Data Quality. The Committee **NOTED** that the report had received a 'Limited Assurance'.

I Wells thanked A. Nelson for a very comprehensive report and queried whether the data was stored by Cwm Taf Morgannwg (CTM) or Digital Health and Care Wales (DHCW). A Nelson confirmed that it was stored by DHCW and advised that huge progress had been made within NHS Wales over the last four weeks which had commenced with the open architecture piece and the National Data Response Programme. R. Bleasdale was Chairing a national meeting to map this out. DHCW were reciprocating and had provided Application Programming Interface (APIs) to enable interfaces to the Welsh care record system and the Welsh resource reporting system.

Resolution: The Committee **NOTED** the report

10/21/17 Internal Audit Report – Covid Management

A. Nelson presented the report and provided a presentation on the review of the impact of the UHB's digital response to covid-19 in regards to access and inequality

I Wells thanked A. Nelson for the presentation and expressed his surprise with the deprivation seen in certain areas with accessing digital services. D. Jouvenat advised that it could be that the increase in deprived areas was because of those areas needing the services more due to ill health and co-morbidities.

J. Sadgrove queried whether this was for outpatients rather than primary care. A. Nelson confirmed that it was for outpatients and was purely hospital data.

J. Sadgrove advised that digital had appeared not to have widened the inequalities and the top of page four should be corrected as it stated that "the health board's approach to the management of outpatient attendance had widened the inequalities'

K. Nnoaham advised that he welcomed the report and that the initial hypothesis around digital exclusion and the widening of health inequalities and the feedback was that it had not appeared to have widened health inequalities. There was a need to recognise a potential caveat in that it was looking at patients at a certain point in their care pathway and consideration should be

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given to the possibility of looking at primary care and access to community services to provide a more comprehensive picture.

K. Nnoaham advised that when talking about digital exclusion and deprivation, area deprivation was associated with digital exclusion, however that was fundamentally different from individual deprivation and one area might not have sufficient broadband access but more deprived individuals were quite likely to have mobile phones where they would have excellent access to digital materials so there was an ecological fallacy in terms of making a distinction between area deprivation.

R. Bleasdale advised that this had been completely contradictory to his perception and predictions of what the data was going to show. He advised that if you were to widen the scope it was important to also look at who accessed private practice during this period.

Resolution: The Committee **NOTED** the report

10/21/18 **All Wales Information Governance Toolkit – Update on Actions**

C. Northwell presented the report that outlined areas for improvement that had assisted in the implementation of a CTM Information Governance Improvement Plan.

J. Sadgrove advised that the Committee should recognise the volume of excellent work that had been undertaken to get over the line in terms of the three levels and noted the plan for Privacy and Electronic Communication Regulations (PECR) and spot checks. She referred to the last sentence in that paragraph that states work would also be considered within the mental and community health setting which had the lowest scores in terms of the report that was presented to the last Committee meeting and queried how this would be progressed.

C. Northwell advised that it was a common theme and they were struggling with records and governance within community settings and mental health so had been meeting with the ILG governance leads and had put some policies, procedures, and control standards in place. Two procedures on community and mental health records had been approved by the Management Board that would underpin the overall records strategy. Three days had been put aside in early December 2021, in readiness to submit evidence to the ICO audit by the 4 January 2022.

Resolution: The Committee is asked to **NOTED** the content of the report and **AGREED** the IG Toolkit Improvement Plan for 2021/22

10/21/19

Information Governance Group Highlight Report

The report was **RECEIVED** and presented by G. Galletly that provided the Committee with an update on the key issues considered by the Information Governance Group at its meeting on the 27th September 2021.

G. Galletly alerted the Committee that there had been a thirty eight percent increase with regard to receipt of freedom of information requests over the last year to date, not just in volume, but also in terms of complexity. The Data Protection Impact Assessments (DPIA) had also increased by fifty percent which gave some indication of the volume of work that the team were dealing with.

J. Sadgrove commented on the report and the very busy set of activity and queried whether medical records within district nursing that had been escalated had quality and safety implications. G. Galletly advised that they were looking at undertaking a formal risk assessment on this so any clinical risks would be picked up as part of this assessment.

J. Sadgrove referred to the publication scheme and the fact that it was not managed by any particular department and queried the risk approach to what was published and whether this was reviewed on a risk base. G. Galletly advised that this particular issue was in regard to a patient safety alert that had been received and had been managed specifically in relation to that. The amount of information that was published in the public domain for the Board and Committees were quality assured and the publication scheme was used as a guide.

C Northwell provided assurance to the Committee with regard to the publication scheme and advised that the health board were governed by the Information Commissioners Office Publication Scheme Advice that clearly sets out what should be considered for publication.

J. Hehir queried whether there were any trends emerging with the number of increased FOI requests, such as being targeted by anti-vaccination groups. C. Northwell advised that some elements were Covid-19 related such as admission data, deaths due to Covid-19 and vaccinations. However, the majority were about different ways of working since the pandemic. There was a disclosure log so any requests could be identified if it was a repeated request submitted under a different name.

I Wells referred to the increase in DPIAs and queried whether there was a link with research. C. Northwell confirmed that there

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were some elements but the majority are again about different ways of working due to Covid-19.

Resolution: The Committee **NOTED** the report.

IMPROVING CARE

10/21/20 Digital Assurance Report

K. Winder presented the report which provided the Committee with an update on the progress of the prioritised digital deliverables within the corporate Integrated Medium Term Plan (IMTP) across the 8 strategic solutions.

The Chair thanked K. Winder for the comprehensive report and advised that he felt reassured by the amount of work taking place.

J. Sadgrove referred to the Welsh Care Records Service (WCRS) and queried whether there was an option to extend this to the Princess of Wales Hospital and the Special Care Baby Unit (SCBU). K. Winder confirmed that this was one area that they were looking at.

J. Sadgrove referred to the Ophthalmology OpenEye Project and asked for a brief description of the project. K. Winder advised that there was very little clinical engagement, no project management and no Senior Responsible Officer (SRO). However, an SRO had now been appointed and a programme plan developed, based on the national material, however, this was not suitable for CTM and required further work.

I Wells referred to the digitisation of notes project and queried whether this was true digitisation or scanning. K. Winder confirmed that it was scanning for the the first part of the project. The second part would be looking at the e-forms and working with DHCW on this and going out to recruit a Band 7 to design the forms.

I Wells referred to the critical care services on page 7 of the report and the corporate risk in regards to funding or the removal of digital support systems for clinical practice arising from the initiative and queried whether this was being managed. K Winder advised the discussions were ongoing with the lead for the project and the actions for mitigating the risks were contained within the Business Case.

Resolution: The Committee **NOTED** the report and the progress made in delivering the digital programme

10/21/20 Coding Improvement Plan

The report was presented by A. Nelson and provided the Committee with an update on the plans in place to improve and transform coding services.

J. Sadgrove commented that coding had been a concern for many years and commended the report and the fact that the issues were being dealt with across a number of different areas. She referred to trainee positions and suggested that it might be worth engaging with workforce colleagues to make it easier for staff to gain promotion through the grades as an incentive for recruitment and retention within the organisation.

J. Sadgrove referred to the backlogs from previous historic coding years and advised that it would be good to have an update.

A Nelson advised that with regard to the suggestion in relation to training, students commence on a Band 3 and once accredited move to a Band 4 and after a few years a Band 5 so there is a run through. However, there was a national problem with all health boards recruiting from the same pool.

Resolution: The Committee **NOTED** the report.

10/21/21 Disaggregation of ICT Support Services from Swansea Bay UHB

The report was **RECEIVED** and presented by K. Winder.

Members of the Committee **NOTED** the progress to date despite lack of funding from Welsh Government to disaggregate and expressed their disappointment that the lack of funding was preventing the Health Board from ending Service Level Agreements, not only for ICT, but all services that required digital services.

R. Bleasdale reinforced to the Committee that there had been a clear deprivatisation of the Princess of Wales Hospital (POW) and the clinical rollouts in the plan for Swansea Bay. This was demoralising particularly when engaging with clinicians at POW who were articulating that they were working with an Abertawe Bro Morgannwg digital system. The clinicians needed to feel a part of the organisation and this was not helping. He assured Members of the Committee that the two organisations bought into the national visibility programme and two years on there was a requirements for a user map.

J. Sadgrove commented that she shared the frustrations raised by Members and suggested that this should be escalated to the

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Board and contained in the escalation section of the Committee Highlight Report. This was **AGREED**.

Resolution: The Committee **NOTED** the report.

Action: The Committee agreed to escalate their concerns to the Board on the lack of funding for the disaggregation of ICT support services.

SUSTAINING OUR FUTURE

10/21/22 Appointment of Director of Digital

The Committee **RECEIVED** and **NOTED** the verbal update from G. Galletly on the appointment of the Director of Digital.

The Committee were advised that Stuart Morris had been successfully appointed as Director of Digital and will commence post on the 13 December 2021.

10/21/23 Welsh Nursing Care Record Project

C Smith provided the Committee with a presentation on the National Nursing Care Record Project to improve on the quality of documentation by the bedside.

K. Nnoaham commented that it was an excellent initiative and the agile and iterative process being used made it really progressive. He queried how far down the line would it be to crystallise the intelligence from all the digital records and enter them back into the process of care in order to improve and optimise it. C Smith confirmed that the data was currently held by DHCW and they had now employed someone as part of the project to start engaging with the information team to access the data, for example prescribing could be cross referenced.

I Wells thanked C Smith for his presentation and advised that it would be good to receive a further update at a future meeting on how the project develops.

OTHER MATTERS

10/21/24 Future Work Programme

The Chair invited members to relay any suggested future topics to himself or to Kathrine Davies, Committee Secretariat.

Action: It was suggested that the Welsh Nursing Care Record be added to the Forward Work Programme for a further update to a future meeting of the Committee.

10/21/25 Committee Highlight Report to Board

The Chair suggested that this be completed by the Governance Team outside of this meeting and shared with Lead Directors and the Chair for approval prior to its presentation at the next Health Board meeting.

10/21/26 ANY OTHER BUSINESS

A Nelson reported to the Committee that K. Winder had been substantially appointed as Assistant Director of Information and ICT. The Chair and Committee extended their congratulations.

10/21/27 HOW DID WE DO TODAY?

A discussion was held to evaluate the meeting. The following responses were provided:

- Members felt that the meetings were much sharper and strategic with relevant information at the right level with a much clearer line of sight to support the development of the organisation with digitalisation.
- Members were impressed with the quality of the papers and the candour that had been expressed during the meeting.

10/21/28 DATE AND TIME OF NEXT MEETING

This was due to take place on 23 January at 9.30 am.

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