

Agenda

09:30 - 09:30 **1. PRELIMINARY MATTERS**

0 min

1.1. Welcome and Introductions

Ian Wells, Chair

1.2. Apologies for Absence

Ian Wells, Chair

For Noting

1.3. Declarations of Interest

Ian Wells, Chair

For Noting

09:30 - 09:30 **2. CONSENT AGENDA**

0 min

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on the 12 June 2023

Ian Wells, Chair

For Approval

 2.1.1 DDC 20230912 - Unconfirmed Minutes 12.06.23.pdf (9 pages)

2.1.2. Unconfirmed In Committee Minutes of the Meeting held on the 12 June 2023

Ian Wells, Chair

For Approval


 2.1 DDC IC 20230912 - Unconfirmed IC Minutes 12.6.23.pdf (2 pages)

2.1.3. Outcome of the Committee Self Effectiveness Survey and Improvement Plan

Gareth Watts, Director of Corporate Governance

For Approval

 2.1.3 DDC 20230912 - Outcome of Cmt Self Effectiveness Survey.pdf (5 pages)

 2.1.3a DDC 20230912 - CTM IM Scrutiny Toolkitv7(inc all-Wales additions) APPROVED 23.2.22.pdf (21 pages)

2.2. Items for Noting

2.2.1. All Wales Independent Member Digital Network Highlight Report

Gareth Watts, Director of Corporate Governance


For Noting

 2.2.1 DDC 20230912 - IM Digital Network Highlight reportv1.pdf (4 pages)

2.2.2. Action Log

Ian Wells, Chair

For Noting

 2.2.2 DDC 20230912 - Action Log.pdf (2 pages)

09:30 - 09:30 3. MAIN AGENDA

0 min

3.1. Matters Arising Not Otherwise Contained within the Action Log

Ian Wells, Chair

3.2. Spotlight: Bridgend Disaggregation

Karen Winder, Assistant Director for Digital Systems

 3.2a - DDC 20230912 - Bridgend Disaggregation Report.pdf (8 pages)

09:30 - 09:30 4. GOVERNANCE

0 min

4.1. Organisational Risk Register

Gareth Watts, Director of Corporate Governance

For Discussion/Noting

 4.1a DDC 20230912 - Organisational Risk Register - September 2023.pdf (5 pages)

 4.1b DDC 20230912 Appendix 1 - Master Organisational Risk Register.pdf (2 pages)

4.2. Internal/External Audit Reports - Performance Management

Stuart Morris, Director of Digital

 4.2a DDC 20230912 - Internal Audit - Performance Reporting - Cover Paper.pdf (3 pages)

 4.2b DDC 20230912 - Internal Audit Report - Performance.pdf (17 pages)

4.3. Information Governance Group Highlight Report

Andrew Nelson, Assistant Director for Data & Compliance

For Discussion/Noting

 4.3 DDC - Information Governance Group Highlight Report.pdf (9 pages)

4.4. ICO Audit Action Plan Progress Report

Stuart Morris, Director of Digital

For Discussion/Noting

 4.4a DDC 20230912- ICO Audit Action Plan Progress Report - Cover Paper.pdf (3 pages)

 4.4b - Appendix 1 ICO Audit Action Plan Progress Report - Letter.pdf (9 pages)


09:30 - 09:30 5. IMPROVING CARE

0 min

5.1. Digital and Data Assurance Report

Karen Winder, Assistant Director for Digital Systems

For Discussion/Noting

 5.1 DDC 20230912 - Digital Assurance Report.pdf (12 pages)

5.2. Medical Records Assurance Report

Matthew Swarfield, Head of Clinical Admin Transformation

For Discussion/Noting

 5.2 DDC 20230912 - Medical Records Assurance Report.pdf (11 pages)

5.3. Breach Analysis for Subject Access Requests on Mental Health

Andrew Nelson, Assistant Director for Data & Compliance

Action arising from March 2023 meeting

For Discussion/Noting


 5.3 DDC 20230912 - Breach Analysis for Subject Access Requests on Mental Health.pdf (7 pages)

5.4. ICT Business Continuity

Stuart Morris, Director of Digital

Taken from Annual Cycle of Business (Annual Report)

For Discussion/Noting

 5.4 DDC 20230912 - Digital and Data Business Continuity Update.pdf (4 pages)

09:30 - 09:30 6. SUSTAINING OUR FUTURE

0 min

6.1. Digital & Data Overview

Stuart Morris, Director of Digital

For Discussion/Noting

 6.1 DDC 20230912 - Digital and Data Overview.pdf (8 pages)

09:30 - 09:30 7. OTHER MATTERS

0 min

7.1. Forward Work Plan

Ian Wells, Chair

 7.1 DDC 20230912 - Forward Work Plan.pdf (3 pages)

7.2. Committee Highlight Report to Board

Ian Wells, Chair

7.3. Any Urgent Other Business

Ian Wells, Chair

7.4. How did we do today?

Ian Wells, Chair

09:30 - 09:30

8. DATE AND TIME OF NEXT MEETING

0 min

14 November 2023 at 9:30 am



Agenda Item 2.1.1

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**UNCONFIRMED MINUTES OF THE MEETING OF THE
DIGITAL & DATA COMMITTEE
HELD ON 12 JUNE 2023
VIRTUALLY VIA TEAMS**

PRESENT:

Ian Wells Independent Member (Committee Chair)
Dilys Jouvenat Independent Member

IN ATTENDANCE:

Stuart Morris Director of Digital / Senior Information Risk Owner
Andrew Nelson Chief Information Officer
Karen Winder Assistant Director of Informatics
Dom Hurford Executive Medical Director (in-part)
Matthew Swarfield Head of Clinical Administration Transformation
Robert Bleasdale Consultant Cardiologist
Gemma Northey Consultant Public Health
Chris Ball Head of IT Infrastructure
Matt Cornish Programme Director for Digital Services for Patients & Public
Wendy Penrhyn-Jones Head of Corporate Governance & Board Business
Kathrine Davies Corporate Governance Manager (Secretariat)

06/23/01 1.1 WELCOME & INTRODUCTIONS

I Wells welcomed everyone to the meeting including, Matt Cornish, Programme Director for Digital Services for Patients and the Public who was in attendance Agenda Item 3.2.

06/23/02 1.2 APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from Jayne Sadgrove, Vice Chair and Lynda Thomas, Independent Member and Christian Smith, Lead informatics nursing specialist.

06/23/03 1.3 DECLARATIONS OF INTERESTS

No declarations of interest were received.



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- 06/23/04 2.0 CONSENT AGENDA**
No questions were received prior to the meeting in relation to the consent agenda.
- 06/23/05 2.1 ITEMS FOR APPROVAL**
- 06/23/06 2.1.1 Minutes of the meeting held on 13 March 2023**
The above minutes were **CONFIRMED** as an accurate record.
- 06/23/07 2.1.2 Minutes of the In-Committee meeting held on 13 March 2023**
The above minutes were **CONFIRMED** as an accurate record.
- It was noted that 'In Committee' Minutes were published in an 'open' meeting as part of the Health Board's commitment to openness and transparency in the conduct of business.
- 06/23/08 2.1.3 Committee Draft Annual Report 2022-23**
The Committee Annual Report for 2022-23 was **APPROVED**.
- 2.2 ITEMS FOR NOTING**
- 06/23/09 2.2.1 All Wales Independent Member Digital Network Highlight Report**
The report was **NOTED**.
- 06/23/10 Action Log**
The Action Log was **NOTED**.
- 06/23/11 3. MAIN AGENDA**
- 06/23/12 3.1 Matters Arising Otherwise Not Contained within the Action Log**
There were none to report.
- 06/23/13 3.2 Spotlight: Digital Services for Patients and the Public Programme - NHS Wales APP -**
M. Cornish provided a presentation and demonstration to the Committee on the NHS Wales APP - Digital Services for Patients and the Public.
- I Wells thanked M. Cornish for the demonstration and commented that it would be exciting to see when it goes fully live. He added that concerns had been expressed at its onset



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that not a lot of GPs would use this and that patients would not be able to use the APP. M. Cornish advised that GPs were key stakeholders in using the APP which provided them with a better platform to manage repeat prescriptions and the facility of being able to see the 'what's next' in terms of the patient pathway.

G. Northey advised that she had just signed up to the APP whilst the demonstration was being held. She referred to care navigation and advised that there were potential links to some of the work they were doing on 'care closer to home' and 'care in the community' and queried who had overall responsibility for providing the information. M. Cornish confirmed that it was the primary care team.

G. Northey, in response, added that one of the things they were trying to do was look at the approach of services that sit within primary care and re-organise to see how they could improve community services such as for example, social prescribing. M. Cornish advised that he would be interested in looking at the pathways and would appreciate a discussion outside of the Committee.

K. Winder referred to pathology results and diabetics being able to see their results which had been discussed in the initial first meetings and queried where they were in terms of this. M. Cornish advised that they were hoping to get this set up, however, they were currently going through a test-by-test approach focussing on what they can do and in priority of order first.

S. Morris advised that in terms of priority, the engagement work with communities and the public was key in getting access to the patient groups. He added that the second part of this would be with regard to the technical scrutiny and input across Wales, how it would fit within each Health Board region and also tied in with getting the technical capabilities with Digital Health Care Wales (DHCW).

D. Jouvenat queried whether they would be looking to use the APP in hospital settings. M. Cornish confirmed that the next step would be looking to roll-out for hospital management.

Resolution: The Committee **NOTED** the presentation and demonstration.



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06/23/14 4. INTEGRATED GOVERNANCE

06/23/15 4.1 Organisational Risk Register

W. Penrhyn-Jones presented the Organisational Risk Register.

Members were advised that a new risk had been added as 5437 - Dual Deployment at CTM of both Radiology Informatics System Procurement Programme (RISP) and the Laboratory Information Network Cymru (LINC) Programme System with a Risk Score of 16.

Members noted that Risk 4671 - Lack of a resilient and performant Digital Network Infrastructure and Assets had increased from a 15 to a 16 and Risk 4887 - Retrieval and filing of case notes in the Princess of Wales Hospital Medical Records Library had been reduced from a 20 to a 15.

D. Jouvenat referred to risk 4672 where it referred to the opportunity for bi-directional real time integration between primary and secondary care and required a decision on capital funding by the health board and sought clarity on this. S. Morris advised that it related specifically to discussions around the interfaces between primary and secondary care to work with one of their GP partners and this was ongoing at the moment with no decision made as yet.

A Nelson advised that there was a time context to this nationally which was quite challenging in relation to the work being undertaken with regards to GP records, secondary care records and the privacy arrangements.

R. Bleasdale advised that with regard to Risk 4672 the backlog was now down to 38 hours and would need to be updated.

I Wells sought an update on Risk 5276. K. Winder advised that the programme was now underway and due to 'go live' by 2025 and it was hoped that formal communication would be received this week.

I Wells referred to Risk 4699 and queried whether they had been able to recruit into this post. S. Morris advised that they were interviewing on Thursday and it was hoped that they would be able to appoint.

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



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06/23/16 4.2 Digital Risk Register

A Nelson presented the report that outlined the Digital Risks.

A Nelson advised the Committee that during the course of the last month the majority of the risks had remained unchanged in terms of likelihood and consequence. He highlighted that there had been some movement in relation to Cyber Security risks and these would be discussed in the 'private' session of the Committee.

A Nelson advised that staffing capacity remained a risk. The Health Board had increased the allocation of funding for Digital which would help and generate value from digital tools.

A. Nelson also advised that Welsh Government was now incorporating cyber security into the mandatory training programme which would help to increase awareness with regard to some of those issues.

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

06/23/17 4.3 Internal Audit Report - Follow Up Bridgend Transfer of Informatics Service

K. Winder presented the Internal Audit report that provide the Health Board with assurance regarding the implementation of the agreed management actions from the Bridgend Transfer of Informatics Services review.

K. Winder referred to the red risks with regard to service re-organisation and assured the Committee that every single aspect was being worked through to mitigate them.

I Wells queried how the two new actions were being monitored. S. Morris advised that in terms of mitigation it was co-ordinated by the Corporate Governance Team and that the Audit & Risk Committee would oversee this in terms of assurance.

Resolution: The Committee **NOTED** the report

06/23/18 4.4 Information Governance Group Highlight Report

A Nelson presented the report that provided the Committee with an update on matters relating to the Freedom of Information Act (FOIA), Data Protection Act 2018 and compliance with mandatory training requirements and data breaches.



Agenda Item 2.1.1

A Nelson extended his thanks to Mrs J. Butler for preparing the report and for her huge contribution to the team's workload during very challenging circumstances. He advised the Committee that this should be noted in the minute.

The Committee were advised that a key risk to be escalated was in relation to limited staff currently in post and the amount of expertise available to manage the workload. It was hoped that if an appointment was successful for a new Head of Information Governance this should help to bridge the gap.

I Wells referred to paragraph 3.1 where it stated that a 'cautious' approach to risk taking in the data area was not achievable given the lack of skills, knowledge and capacity available and paragraph 3.4 with regard to material risk and queried whether that related to the limited staff capacity. A Nelson advised that it was and further information would be provided within the 'In Committee' session with regard to mitigating the risks. He added that the health board had agreed to provide more funding for information governance, however, it was crucial that population health management was also considered and the utmost important, however, he advised that there could be a material risk that the agreement on the methodology would be cautious and would limit the value and benefits that could potentially be realised.

I Wells queried whether they were making their views known to DHCW. S. Morris advised that they were and that the national Information Governance Group were discussing this also.

S. Morris advised that it was appropriate that the Committee recognised and acknowledged the huge contribution that A. Nelson was making in this space in terms of his day to day involvement in trying to help with regard to the capacity gap and he extended his thanks.

I Wells suggested that the key matters raised should be contained within the Committee Highlight Report to Board.

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

06/23/19

4.4 Information Commissioners Office Audit Action Plan Progress Report

S. Morris presented the report that updated the Committee on progress in enacting the recommendations made by Officers of the Information Commissioner (ICO) following their assurance visit in January 2022.



Agenda Item 2.1.1

S. Morris advised that that there been limited opportunities to progress the work given what has been articulated to the Committee within the previous reports.

I Wells advised that this would also be escalated to the Board within the Committee Highlight Report.

Resolution: The Committee **NOTED** the report and considered whether the progress made in delivering the data protection improvement programme and the continuing focus of the IG resource on cyber security and new data sharing arrangements was appropriate and in line with the Board's Assurance Framework. The Committee **NOTED** the potential outcome of the ICO review in July 2023.

5. IMPROVING CARE

06/23/19 5.1 Digital & Data Assurance Report

K. Winder presented the report providing an update on the 121 projects and work plan delivered by Informatics for 2022-23.

I Wells commented that the report was very positive in terms of the incredible amount of work being undertaken by the teams. He referred to the posts being released on Trac and queried what was causing the delay. K. Winder advised that due to the current financial challenges every post had to be justified which was taking longer than normal to process.

S. Morris, in response, advised that he would pick this matter up within the annual plan report and in terms of clarification with regard to funding he was currently working with finance colleagues to provide some clarity.

D. Jouvenat congratulated the team on the work that had been undertaken with such limited resources.

Resolution: The Committee **NOTED** the system and infrastructure projects completed this year. **NOTED** the position as regards capital and revenue funding in relation to the digital and data programme, and **NOTED** the increase of national systems without local business cases and associated funding.

06/23/20 5.2 Medical Records Assurance Report

M. Swarfield presented the report that outlined the current progress and issues regarding the Digitisation of Patient Notes Project.

I Wells referred to the storage of paper files and queried whether they would now need less storage due to the digitisation process. M. Swarfield advised that the Princess of Wales Hospital project notes were out of scope and were not part of the digitisation process and it



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was just the previous Cwm Taf area at the moment. However, he advised that it was hoped that this would be expanded to Bridgend in the near future.

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

6. SUSTAINING OUR FUTURE

03/23/23

6.1 Digital Annual Plan – Presentation

S. Morris provided a presentation to the Committee.

S. Morris advised that this was work in progress at the moment with a score rating on priorities which had been discussed at the Executive Leadership Group.

I Wells queried the financial situation and the uncertainty for the health board and queried whether they had contingency plans if this was not supported. S. Morris advised that there was a real risk but they were assured that these resources would be maintained and had been advised to proceed.

S. Morris advised that the important thing to note was that the funding would be focussed on those areas they had previously discussed such as information governance and infrastructure. He advised that they would also like to do some transformation work with regard to patient contact but this would be separate and non-recurrent.

R. Bleasdale advised that the work plan had been stripped back as far as they could possibly go and that they should be realistic in terms of the innovation space and what they were being asked to do.

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

7. OTHER MATTERS

03/23/23

7.1 Committee Highlight Report to Board

I Wells suggested that this be completed by Corporate Governance Function outside of this meeting and shared with the Executive Lead and himself for agreement prior to its presentation at the next Health Board meeting.

03/23/24

7.2 Forward Work Plan

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

03/23/25

7.3 ANY OTHER BUSINESS

No further areas of business were identified.

03/23/26

7.4 HOW DID WE DO TODAY?



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I Wells asked Committee Members and Attendees to provide feedback on the evaluation of the meeting to the Corporate Governance Team or directly to him as Chair of the Committee.

03/23/27

DATE AND TIME OF NEXT MEETING

The next meeting is scheduled for 12 September 2023 at 1:00 pm.

UNCONFIRMED

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**UNCONFIRMED MINUTES OF THE "IN COMMITTEE" MEETING OF THE
DIGITAL & DATA COMMITTEE
HELD ON 12 JUNE 2023
VIRTUALLY VIA TEAMS**

PRESENT:

Ian Wells	Independent Member (Committee Chair)
Dilys Jouvenat	Independent Member

IN ATTENDANCE:

Stuart Morris	Director of Digital/Senior Information Risk Owner
Andrew Nelson	Chief Information Officer
Karen Winder	Assistant Director of Informatics
Dom Hurford	Executive Medical Director (in-part)
Paul Chilcott	Chief Clinical Information Officer
Rob Bleasdale	Chief Clinical Information Officer
Matthew Swarfield	Head of Clinical Administration Transformation
Cally Hamblyn	Assistant Director of Governance & Risk
Kathrine Davies	Corporate Governance Manager (Secretariat)

06/12/01 1.1 WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

06/12/02 1.2 APOLOGIES FOR ABSENCE

Apologies were received from Jayne Sadgrove, Vice Chair and Lynda Thomas, Independent Member

06/12/03 1.3 DECLARATIONS OF INTERESTS

No declarations of interest were received.

06/13/04 2.0 MAIN AGENDA

06/13/05 2.1 Unconfirmed In-Committee Minutes of the 13 March 2023

Resolution: The Minutes were **NOTED** and had been approved by the Committee in the 'open' session of the meeting.

06/12/06 2.2 Cyber Improvement Programme

P. Chilcott presented an update on the Cyber Improvement Programme.

The Committee were advised on the progress made during this quarter and were pleased to note that new mandatory training for information governance, medical records and cyber had been released on the electronic staff record (esr). Plans were also underway to complement the basic syllabus with the National Cyber Security training programme with regard to 'phishing'.

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

06/12/07 2.3 Digital Critical Incidents

A Nelson and P. Chilcott presented the report that provided detail of the incidents for the period February – May 2023.

Resolution: The Committee **NOTED** the report the Informatics incidents that occurred over the period, the lessons learnt and the matters escalated to the Committee in section 3 of the report.

06/12/08 2.5 Organisational Risk Register – Risks 4664 and 4671

S Morris presented an update on two cyber risks assigned to the Committee that were 'business sensitive' in nature and therefore could not be considered in detail in the public meeting.

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

06/12/09 3.0 ANY OTHER BUSINESS

No further business was identified.

06/12/10 DATE AND TIME OF NEXT MEETING

The next meeting was scheduled for 12 September 2023 at 1:00 pm.



Agenda Item

2.1.3

Digital & Data Committee

**Committee Annual Self Effectiveness Survey Outcome
2022-23 & Improvement Plan**

Dyddiad y Cyfarfod / Date of Meeting	12/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Ian Wells, Independent Member/Chair Digital & Data Committee
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive / Accountable Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Committee members / attendees	16/06/2023	Responses returned as outlined in section 1 of the report

Acronyms / Glossary of Terms	
Nil	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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1. PURPOSE

- 1.1 The Chair of the Digital & Data Committee is required to present an annual report to the Board outlining the Committee's business through the financial year to provide an assurance. As part of this process, The Committee are required to undertake an annual self-assessment questionnaire.
- 1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relate to its activities and performance during 2022-23.
- 1.3 Members should note that 5 responses were received out of a total of 11 which equated to 45%.

2. SUMMARY REPORT

1. Committee Effectiveness:

There was a clear consensus that Members/Attendees were aware that:

- There were approved Terms of Reference in place defining the role of the Committee and were reviewed annually.
- A Committee Annual Report was produced and reported to the Board to provide assurance that the Committee considers activity consistent with its remit.
- A Committee Annual Cycle of Business had been established to be dealt with across the year.

2. Committee Business

- Members of the Committee felt that they met with sufficient frequency to deal with planned matters in an effective manner.
- Committee meetings were scheduled prior to making important decisions.
- The Committee felt that the meetings were effectively chaired with clarity of purpose and outcome.
- The Committee were of the opinion that each agenda item was 'closed off' appropriately so it was clear what the conclusion was.
- 80% of respondents felt that there were clear boundaries between this Committee and other Committees were clearly defined with appropriate cross referral.
- Members of the Committee felt that they were adequately supported by Executive Directors in terms of attendance, quality and length of papers and responses to challenges and questions.
- There was clear consensus that the Committee provided clear and concise updates on the activity of the Committee and escalated any concerns as appropriate via the Highlight Reports to Board.

**Positive
Assurance**



	<p>3. Behaviour, Culture and Values</p> <ul style="list-style-type: none"> The meeting behaviours of Members/Attendees were considered to be courteous and professional. It was felt that the atmosphere at the meetings were conducive to open and productive debate. 80% of respondents preferred holding their meetings virtually rather than 'face-to-face'. Feedback reflected that this was a really engaged Committee with supportive and constructive challenge. <p>4. Welsh Language</p> <ul style="list-style-type: none"> Currently there has not been a requirement to conduct the Committees in the medium of Welsh and this was reflected within the responses received. If this was a preference of a Member or Attendee the Committee would meet this requirement as appropriate.
<p>Areas of Note</p>	<p>1. Committee Effectiveness</p> <ul style="list-style-type: none"> The Terms of Reference were reviewed and approved at its March 2023 meeting as part of the annual review basis prior to subsequent approval by the Health Board in March 2023. The Committee received and approved its Annual Report for 2022-23 at its June 2023 meeting and was submitted to the Board in July 2023. The Committee Cycle of Business has been implemented to further complement the Forward Work Programme and was approved by the Committee at their March 2023 meeting. <p>2. Committee Business</p> <ul style="list-style-type: none"> The Digital & Data Committee utilises a Consent Agenda system for routine business consideration. Members are aware that should they consider that any item on consent requires further assurance and scrutiny then it will be moved to the main agenda for discussion. As with all Board Committees, the Committee, where sufficiently urgent can consider any item 'Out of Committee' via 'Chairs Urgent Action'. Highlight reports are produced following each meeting so that the Board is kept informed of the nature of the issues considered and any decisions reached. These reports are available as part of the 'public' Board papers to demonstrate the Health Board's commitment to openness and transparency.
<p>Areas Requiring Further Consideration</p>	<p>Committee Effectiveness - Areas for action/improvement were identified as follows:</p>



	<ul style="list-style-type: none">• Feedback reflected that Members have found virtual meetings a positive experience overall and that it had enabled scrutiny. 80% of respondents preferred a virtual format for meetings rather than face-to-face.• 17% of respondents felt that the additional training for the Committee or individually would be beneficial.
Action Plan	<p>In response to the areas of improvement identified the following actions are proposed:</p> <ul style="list-style-type: none">• The majority of responders indicated a preference to retain a virtual meeting format, however, the Committee could consider meeting face to face during the year to allow for networking and relationship building which is sometimes lost when utilising a virtual format. Committee could propose to meet in person at least twice a year.• The Independent Member (IM) Scrutiny Toolkit is a helpful reference point for IM's and Executive Leads in clarifying their roles in terms of Board Committee meetings and this is attached as an appendix to this report should it be helpful to revisit.• Committee Members / Attendees are encouraged to contact the Corporate Governance Team to identify any additional training they would find beneficial to support their role on the Committee.
Appendices	Independent Member Scrutiny Toolkit.

3. RECOMMENDATION

3.1 The Committee is asked to **NOTE** the report.

INDEPENDENT MEMBER (IM) SCRUTINY & ASSURANCE TOOLKIT



**OUR VALUES
HELP US BE AT
OUR BEST**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
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University Health Board

BACKGROUND

- Health Boards are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties.
- Health Boards principle role is to ensure the effective planning and delivery of the local NHS system.
- Board membership comprises of Executive Directors & IMs, who form part of the corporate decision-making body and have equal voting rights.
- IMs are involved at a strategic level - responsibility for operational decisions sits below Board.
- Each organisation has a range of committees which are responsible for providing advice and assurance to the Board on areas within their remit. This is the primary area where scrutiny is focused.

OVERVIEW OF IM SCRUTINY ROLE

- To participate as members of identified Committees and Board with regular attendance, with the expectation that papers will be made available one calendar week before each meeting to allow them to be read ahead of the meeting
- Responsible for supporting the Chair in being clear about the information needed in order to discharge their role, including assurance and scrutiny
- Satisfying themselves of the integrity of financial and quality intelligence, including getting out and about, observing and talking to patients and staff (walkarounds/ambassadorial role).
- Sharing collective responsibility for decisions.

DIVERSE NATURE OF IM ROLE



Strategy



Support



Stretch



Stakeholder



Scrutiny



Safety

The role can change from meeting to meeting as well as during a meeting as the agenda progresses

INDEPENDENT MEMBER FOCUS

Oversight	Insight	Foresight
<p>Assurance and Compliance</p> <p>Systems and processes.</p> <p>Monitor performance and track how things are going. Understanding the risks inherent to the Health Board’s activities– risk appetite and tolerance of failures.</p>	<p>What is going on and Why?</p> <p>Pause, step back and look at the big picture.</p> <p>Bring people together – look at the interactions between various parts of the organisation and its partners.</p> <p>Discover the Important things</p> <p>Determine What Indicators Matter.</p> <p>Real-time data driven decision-making.</p>	<p>What could happen in the future? Constant horizon scanning for opportunities and threats.</p> <p>Embrace multiple viewpoints and listen to diverse voices.</p> <p>Clear thinking about “what” must be anticipated or undertaken.</p> <p>Forecasting policy implications</p> <p>Leading for the Future – aligned to the strategic direction</p> <p>Scenario based decision making.</p>

AGENDA PLANNING

- Maximise the use of the Consent Agenda to ensure that adequate time is made on the Main Agenda for **business critical, strategic** matters.
- Agenda planning meetings are key and include both Chairs and Vice-Chairs.
- Consider the length of the meeting – is **adequate time** aligned to each item to allow for appropriate focus on the issue – enabling appropriate challenge to gain assurance?
- Are there a mix of topics on the agenda (strategic / assurance) which balance the remit of the meeting?
- Ensure that each agenda item has a **clear purpose** and **desired outcome**.
- Use the Risk Register, Integrated Performance Dashboard, information gained from walkabouts and staff sessions plus stakeholder feedback, benchmarking and audit reports to steer and plan the agenda to focus on **business critical activity**.

FOCUS OF PAPERS

- Exception based reporting. Report templates are key as they guide to the **purpose** and the **desired outcome**.
- Is it clear why items are being presented? If not, **make this point in the meeting**. Focussed papers help manage the effectiveness of meetings avoiding them running over time.
- Ask yourself **“so what?”**. If this isn't clear, let the presenter know.
- Appropriate challenge leads to assurance – acknowledging that some further actions may be necessary to manage risks
- Minimise duplication – ‘Less is More’ – avoid information overload i.e. **discourage the use of appendices**.
- Encourage visualisation tools by **praising** them when they are used – interactive, presentations, videos.
- Look for consistency across papers – aligned to strategic objectives, consistency of messaging and **praise** when you see this.

REPORT PRESENTERS

- Teeing-up discussion – be clear that you will be taking the paper as read and **seek only new or changed information** from the presenter over that which is covered in the report.
- Ensure a **consistent** approach. Some presenters are more engaging or have a topic that may interest you more – don't get swayed by this, manage the item for the purpose it is there.
- Is there contradictory evidence, are there clear logical explanations showing an improving trend?.
- **Feedback** / request changes if you consider that you are not receiving the right information at the right time in the right way – also use triangulation to help bolster the position – are all the necessary steps being taken to address the position?.

EXECUTIVE COLLABORATION

- Executive portfolio representation in meetings and **integrated executive working** - are the right people in the room? If not, why not? Bring other officers into the discussion to add their perspective on an issue out of their portfolio to add richness to the discussion.
- Encourage Executives to **call upon one another** to share presentations of items as appropriate.
- Consider if it would be helpful to have a meeting with the Executive lead prior to a Board Committee taking place to set out the points which may need further clarification at the Committee?

ROLE OF THE COMMITTEE CHAIR

- Setting the **tone**, tee-up the desired focus of discussion. Keep everyone **focussed** - Adhoc presenters may need support if not familiar with the setting.
- Consider if it would be helpful for the Committee Chair to have a pre-meet with other IMs ahead of the meeting to look at the issues and decide how these are best managed during the meeting?
- Ensure you have read the **Chairs Brief** and that it has been shared with the Vice Chair.
- Managing the Time – **set clear expectations** for presenters on timings. This can be planned at agenda planning stage by including timings on the agenda, and reiterated when introducing the agenda item at the meeting. Do not allow discussions to stray into operational territory.
- Lead by example and consider how other IM's can complement the Chair – **tag team** each other.
- Give the **Vice-Chair** an opportunity to Chair Committees under the guidance of the Committee Chair (at least once per annum)
- Clearly **sum-up the conclusions** of the discussion, suggest SMART objectives be used to measure delivery of **actions**, noting the resolution agreed to ensure everyone is clear on the outcome and next steps

MEETING CULTURE

- Commitment
- Enthusiasm
- Preparedness
- Style of contributions – scrutiny which **constructive**/supportive **challenge**, not criticism/deconstructive feedback.
- Use the right questions for the right circumstances – use powerful questions (e.g. what do we need to do to ensure....)
- Consider whether there are strong personalities influencing items.
- Create the right atmosphere in the room, encouraging **openness** and **transparency** with professionalism
- Adherence to Virtual Meeting Etiquette principles.

IM LISTENING

Passive listening (focusing on encouraging speaker to open up)

- Avoid being judgemental or defensive
- Avoid expressions like ‘that’s good’, ‘excellent’, ‘that’s right’,
- Instead use responses such as:
 - Tell me more about...
 - Is there something else we could be doing to improve...
 - I’m interested to hear what you think of ...
 - I’d like to hear what you feel about ...

Active listening (to check understanding)

- It seems that you...
- Let me see if I understand you

IM QUESTIONING

- Asking concise, strategic and **purposeful** probing questions to clarify issues. Your role is to **scrutinise** the information presented and **seek assurance** that the Health Board is achieving its strategic objectives.
- Recognise the difference between being reassured and receiving assurance
- Often the most **'obvious' or simple** questions lead to the most insightful answers – remember to ask about the obstacles and risks to delivery and what can be done to support delivery.
- Avoid venturing into the operational detail, remain focussed on the **what, why and when** rather than the 'how'.
- Avoid commentary.
- Use **secondary 'follow-up' questions** to ensure you gain the assurance you need.
- Triangulation of intelligence – seek opportunities to **cross-reference** reports, comments made and different perspectives/contributions.
- Ensure questions are not just confined to the consent agenda.
- **Questions asked on consent agenda** may be worthy of **exploring further** in the main meeting.
- Equitable questioning / contributions are essential, mentor new Members as necessary.

EXAMPLES OF ISSUES TO CONSIDER AND QUESTIONS TO ASK;

Does the management response accurately reflect the audit recommendations?

How do we know that the assurances provided draw appropriate attention to risks, weaknesses and/or areas for improvement which should be addressed?

How is learning shared across the Health Board to avoid duplication and learn lessons?

What assurance is being provided that the recommendations are being implemented, monitored and followed up?

How was this issue escalated to ensure due process was followed?

What sources of secondary or independent evidence could support the perspective set out in the report?

What are the obstacles including risks to delivery and how can actions be supported?

ASSURANCE 'V' REASSURANCE



Assurance: being assured because the Committee/Board has *reviewed* reliable sources of information (evidence) and *is satisfied* with the course of action



Reassurance: being *told* by the Executive and staff that performance actions are satisfactory

ORGANISATIONAL INSIGHT

- What assurance can you provide that the plans are meaningful and underpinned by robust evidence?
- How do we know that we have an appropriate level of understanding of the purpose and work of the organisation when setting strategy?
- How do we know that the Board has clearly articulated and communicated its risk appetite?
- How do we know we are monitoring performance and quality against the most appropriate standards?
- How does the issue under discussion support the achievements of the Health Board's strategic goals?
- What assurance can you provide that demonstrates that there is effective and accurate budgeting and in-year forecasting?

ORGANISATIONAL INSIGHT

- Triangulate – what has been seen / heard during walkabouts and what appears in reports.
- Ensure **regular contact** and discussion with senior leaders at the organisational level
- Obtain **softer intelligence** outside of the meeting – e.g. site visits
- Where appropriate, consider a **deep-dive** – aligned to key indicators – risk register, integrated dashboard and audit reports (Internal & External), explore stakeholder feedback and benchmarking data.

CROSS-COMMITTEE WORKING

- **Minimise** cross-committee **referrals** to remove unnecessary duplication
- Referring where appropriate:
 - What are you referring?
 - Why are you referring it?
 - What is the outcome that you are anticipating from this referral?
- **Regular catch-ups** with other Committee Chairs

GOVERNANCE FRAMEWORK

- Standing Orders
- Standards of Behaviour Policy (Nolan Principles)
- IM Role Descriptions
- Board Secretary – is a source of advice and support to the Health Board Chair and other Board Members. Has the role of being the guardian of good governance.
- Business Intelligence – scrutiny of service delivery performance reports including the organisational annual report.
- Risk Register & Board Assurance Framework – aid understanding of issues requiring scrutiny.

ESCALATION TO THE BOARD

- The Committee Chair will approve the Highlight Report to the Board following each meeting
- **Focussed updates** – using the Highlight Report Template
- ‘Assurance’ versus ‘Reassurance’
- ‘Cascade’ versus ‘Escalate’
- Where **‘escalate’** it will ensure **discussion** on the main agenda **at Board**

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DIGITAL HEALTH AND CARE WALES COMMITTEE CHAIR'S REPORT FOR BOARD

Date of Board Meeting	27 July 2023
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	All Wales Independent Member Digital Network
Chair of Committee	Maynard Davies, Independent Member, Hywel Dda UHB
Lead Executive Director	Chris Darling, Board Secretary, DHCW
Date of Last Meeting	10 July 2023
Prepared By	Julie Robinson, Corporate Governance Coordinator, DHCW
Presented By	Chris Darling, Board Secretary, DHCW

Purpose of the Report	For Assurance
Recommendation	The Board is being asked to: NOTE the content of the report.

STRATEGIC MISSION	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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CORPORATE RISK (ref if appropriate)	
--	--

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Committee Chair		

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WCCIS	Welsh Community Care Information Systems	NDR	National Data Resource
IM	Independent Member		

Definitions	
ALERT	Alert the Board to areas of non-compliance or matters that need addressing urgently
ASSURE	Detail any areas of assurance that the Network has received
ADVISE	Detail any areas of ongoing monitoring where an update has been provided to the Network

PRIVATE SESSION

ALERT	No items to alert the Board.
ASSURE	<ul style="list-style-type: none"> All Wales Chairs Peer Group Feedback. The Chair's Peer Group considered the formal evaluation report of the All-Wales IM Digital Network, its impact and operation over its first year. The Network were assured to note the

	<p>positive feedback from the Chairs' Peer Group who confirmed they were supportive of the Network continuing.</p> <ul style="list-style-type: none"> • Welsh Government Context – Briefing from the Chief Digital and Innovation Officer (Health and Care), Welsh Government. The Network received a presentation from the Chief Digital and Innovation Officer which outlined that digital and data developments are core to ministerial priorities to transform health and social care delivery. A discussion was had on the system challenges faced and best practice seen. The Chief Digital and Innovation Officer was invited back for further updates and reflections at future meetings. • DHCW Integrated Medium Term Plan (IMTP) including Diagnostics Portfolio. The Network received for assurance an update on the DHCW Integrated Medium Term Plan, which specifically focused on the Diagnostics Portfolio. The update included discussion on local and national digital initiatives and the opportunities and threats facing the NHS Wales system.
ADVISE	<ul style="list-style-type: none"> • Cyber Resilience in the Public Sector Audit Wales Update. The Network received a presentation on Cyber Resilience in the Public Sector from Audit Wales, which had raised a number of recommendations for public sector bodies. The network discussed ways to raise the profile of the cyber threat and Audit Wales welcomed feedback from Board members.

Delegated action taken by the committee:
N/A

Date of next committee meeting:
17 October 2023

Agenda Item 2.2.2

Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at 5.9.2023)
03.23.18	March 2023	Information Governance Group Highlight Report To bring a deep dive on breach analysis for subject access requests on mental health back to the Committee in 3 months time.	Chief Information Officer	September 2023	In progress On Agenda for September 2023 meeting

COMPLETED ACTIONS					
03.23.18	March 2023	Information Governance Group Highlight Report Include the staffing issues within the escalation section of the Committee Highlight Report to Board.	Governance Team/Chair	March 2023	Completed Added to Highlight Report and reported to March 2023 Board Meeting.
03.23.13	March 2023	Digital Whiteboards To escalate the positive initiative to the Board via the Committee Highlight Report.	Governance Team/Chair	March 2023	Completed Added to Highlight Report and reported to March 2023 Board Meeting.
03.23.17	March 2023	ICO Audit Action Plan Progress Report To highlight and escalate to the Board the potential risks and consequences of the potential outcome of the March ICO review.	Governance Team/Chair	March 2023	Completed Added to Highlight Report and reported to March 2023 Board Meeting.
12.22.16	December 2022	Grant Thornton – Clinical Information Review To escalate the challenges referred to in terms of capacity and resources to deliver the Information Improvement	Stuart Morris	January 2023	Completed Reported to Health Board via Committee Highlight Report - January 2023.

Agenda Item 2.2.2

		Roadmap, within the Committee Highlight Report to Board.			
06.22.18	June 2022	<p>Digital Assurance Report S Morris and the Digital Team to consider the following actions:</p> <ul style="list-style-type: none"> • Ophthalmology (Open Eyes) – was there any planned care funding which could be used to support this programme as it aligns to the Audit Wales Report on Planned Care where Ophthalmology was recognised as a significant area of concern. • Community Services (WCCIS) – in considering the assessment for prioritisation, the regulation 28 from the coroner in relation to prevent further loss of life should be a significant consideration factor. • Explore the use of laptop leasing schemes. 	Stuart Morris/Digital Team	September 2022	<p>Completed Progress Update 12.12.22:</p> <ul style="list-style-type: none"> - Areas of risk remain prior to implementation. Project Coordination, Service Readiness and Service Management Support need to be address prior to Go-Live - In November 2022, Executive Team have approved to implement WCCIS in a phased manner for Mental Health Services, Community Services and District Nursing - Unable to proceed with leasing scheme at this time



Agenda Item

3.2a

Digital & Data Committee

Bridgend Disaggregation Update

Dyddiad y Cyfarfod / Date of Meeting	12/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Karen Winder, Assistant Director of Digital Systems
Cyflwynydd yr Adroddiad / Report Presenter	Karen Winder, Assistant Director of Digital Systems
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		

Acronyms / Glossary of Terms			
CTMUHB	Cwm Taf Morgannwg University Health Board	PCH	Prince Charles Hospital
POW	Princess of Wales	RGH	Royal Glamorgan Hospital
YCR	Ysbyty Cwm Rhondda	SB	Swansea Bay
WCP	Welsh Clinical Portal	WNCR	Welsh Nursing Care Record
WPAS	Welsh Patient Administration System	ETOC	Electronic Transfer of Care
MTED	Medicine Transcription Electronic Discharge	ADT	Admission Transfer and Discharge
LINC	Laboratory Information Network Cymru	D2RA	Discharge to Recover and Assess
WICIS	Welsh Intensive Care Information System	RISP/PACS	Radiology Information System and PACS
SLA	Service Level Agreement	ED	Emergency Department



1. Situation /Background

1.1 Responsibility for the provision of Digital Services in Bridgend moved to Cwm Taf Morgannwg University Health Board (CTMUHB) in April 2019. However, there was neither time nor funding for switching these services from legacy SBUHB systems to CTMUHB systems before April 2019. CTMUHB therefore entered into a Service Level Agreement (SLA) with SBUHB to continue providing Digital Services, an arrangement which presently extends up until the 31 March 2023.

2. Specific Matters for Consideration

2.1 Highlights of the projects and work plan being delivered by Informatics for the Bridgend disaggregation:

SERVICE	UPDATE
<p>The work completed 2022/23 as part of the preparation work for the WPAS mergers and the disaggregation of Bridgend systems</p>	<ul style="list-style-type: none"> • Radiology upgraded to latest version to allow Electronic Test Requesting • POW hosting available to enable services to be moved to CTM servers • Resilient network in place • Migration of therapies off SB Clinical Portal onto CTM WPAS • ADT moved off SB Clinical portal (PIMS+) onto in WCP • ETOC moved off SB Clinical portal onto in MTED in WCP • WNCR adult rolled out in POW • Roll out of e Whiteboards and Electronic Transfer of Care at POW and community sites • POW Endoscopy service moved onto CTM version of the Medilogic system • Endoscopy SMOT consolidated to single CTM version • Dental service SOE moved the Bridgend system onto CTM hardware • POW Orthotics system moved onto CTM OPAS system • Mobile phones move completed



SERVICE	UPDATE
<p>The work planned for 2023/24 as part of the preparation work for the WPAS mergers and the disaggregation of Bridgend</p>	<ul style="list-style-type: none"> • As phase 1 of the Audiology project upgrading the application and moving to CTM servers • Merging of POW and CTM audiology systems across CTM • Merging of POW and CTM CELLMA systems across CTM • Moving POW cardiology to using CTM MUSE • Moving POW cardiology to using CTM McKesson • Moving POW cardiology to using CTM GE cath lab • Move Maternity from WB WPAS to CTM MITS • POW Radiology system moving onto the CTM SQL cluster • Moving sexual health onto CTM Lillie system (Current POW system end of life) • Consolidating CDAT onto new system as old system is end of life • Moving ED scanning off ZYLAB onto SB WPAS to bring in line document scanning across CTM • Phase two of the Dental service work is currently under way current supplier has now served notice and new supplier required • Moving the POW infrastructure to being under CTM support <ul style="list-style-type: none"> • Smoothwall Web filtering completed • Secure printing progressing well, and on schedule • General printing being migrated over along with the PoW print server – during September • T:\ drive move scheduled for switchover to CTM during August • SCCM/Defender coverage, CTM pilot stage2 underway prior to planned migration • User and computer device moves nearing commencement. • HP Citrix migration – some key objectives met and likely to be able to migrate devices to CTM Config and CTM Citrix Web servers in September • Work continuing PoW server and comms rooms to ensure fit for purpose cooling, UPS, and related provision. • Date to be scheduled to formally handover management of server room including security and monitoring equipment (which will need to be accessed and configured by CTM in future). This handover will also make provision for SBU to be



SERVICE	UPDATE												
	<p>granted access to the room for planned or emergency visits as they occur.</p> <ul style="list-style-type: none"> • Servers and services continue to be migrated to CTM Hardware in PoW and/or PCH. CTM will provide a list of ongoing server requirements beyond October which will need to be maintained. SLA should reflect this. 												
<p>National Systems rollout</p>	<p>There are National projects underway where there is a dependency to wait until their roll out. The dates shown are indicative and are dependent on National decisions</p> <ul style="list-style-type: none"> • RISP (RadIS and PACS) – New solution go live April 2026 <ul style="list-style-type: none"> ○ Current situation POW uses SB PACS and RadIS is in the process of being moved to CTM servers • LINC (Pathology) – New solution go live June 2025 <ul style="list-style-type: none"> ○ The CTM pathology service at POW is being delivered by SB pathology no ICT involvement as National solution and POW requests booked into SB system • Open Eyes (Ophthalmology)– Currently being rolled out <ul style="list-style-type: none"> ○ National solution supported by CTM ICT • WICIS (ITU) – POW ITU currently has no digital system <ul style="list-style-type: none"> ○ CTM ICT will rollout National solution when its ready 												
<p>WPAS linked systems</p>	<p>There are systems/applications that are intrinsically linked to WPAS and will be moved at the point of WPAS disaggregation</p> <table border="1" data-bbox="507 1541 1433 1816"> <thead> <tr> <th data-bbox="507 1541 970 1617">Locally Supported</th> <th data-bbox="970 1541 1433 1617">Nationally supported systems</th> </tr> </thead> <tbody> <tr> <td data-bbox="507 1617 970 1659">EPOA</td> <td data-bbox="970 1617 1433 1659">WCP</td> </tr> <tr> <td data-bbox="507 1659 970 1702">TOMS</td> <td data-bbox="970 1659 1433 1702">WPAS</td> </tr> <tr> <td data-bbox="507 1702 970 1744"></td> <td data-bbox="970 1702 1433 1744">WAP</td> </tr> <tr> <td data-bbox="507 1744 970 1787"></td> <td data-bbox="970 1744 1433 1787">WPRS</td> </tr> <tr> <td data-bbox="507 1787 970 1816"></td> <td data-bbox="970 1787 1433 1816">WCCG</td> </tr> </tbody> </table>	Locally Supported	Nationally supported systems	EPOA	WCP	TOMS	WPAS		WAP		WPRS		WCCG
Locally Supported	Nationally supported systems												
EPOA	WCP												
TOMS	WPAS												
	WAP												
	WPRS												
	WCCG												



SERVICE	UPDATE
Overview	<p>The systems list of 68 systems that requires moving to CTM</p> <ul style="list-style-type: none"> • 10 are linked to the WPAS merger and will move at that point in time • 25 are completed • 12 are linked to the National projects and will move as they go live • 21 are in planning or firm dates for completion

3. Key Risks / Matters for Escalation

- It needs to be agreed that reductions in the SLA will be used to fund digital staff to be able to take over the support of systems and infrastructure at POW when SB no longer provides the support due to SLA cessation.
- Pressure on the project to complete earlier than the planned project date. There is significant complexity for the disaggregation that may not allow this.
- Pooling of the waiting lists is unachievable digitally until the WPAS disaggregation work is completed by DHCW.
- Both HR and Finance need to be involved in the SLA discussions as the disaggregation will now start to impact staff and due process will need to be followed.
- Resources are required for CTM and SBU to support the transfer of systems/infrastructure. Currently the infrastructure elements are unfunded and covered from discretionary capital on a prioritised basis. It must be noted that resources are a rate limiting factor and there is a National shortage of Informatics staff.
- The disaggregation work is taking place as well as Business as usual. This will limit pace.
- Digital services need to be involved in the early stages of proposed service changes within the wider SLA agreements so that the impact on infrastructure, systems, data, and reporting can be properly assessed, planned and resourced.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	<p>Creating Health</p> <p>If more than one applies please list below:</p>
Dolen i Feysydd Strategol	Not Applicable



BIP CTM / Link to CTMUHB Strategic Areas	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Refine
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	



Impact Assessment	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) Capital and Revenue resources required to complete the disaggregation

5. Recommendation

The Committee are asked to:

- **NOTE** the disaggregation work 2022/23 have been completed
- **NOTE** the targets set for the disaggregation work 2023/24 have been completed
- **NOTE** the on going discussions to define the SLA for 2023/24
- **NOTE** the issue with service redesign when there is no early digital involvement

6. Next Steps

The next steps in clinical systems and WPAS is detailed in the attached spreadsheet (Appendix 1)



Agenda Item

4.1

Digital & Data Committee

ORGANISATIONAL RISK REGISTER

Dyddiad y Cyfarfod / Date of Meeting	12/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive / Accountable Officer

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	June/July	RISKS REVIEWED
Operational Management Board	07/07/2023	ENDORSED FOR ELG
Executive Leadership Group	17/09/2023	REVIEW AND EXECUTIVE SIGN OFF RECEIVED
Audit & Risk Committee	16/08/2023	RISKS REVIEWED



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Acronyms / Glossary of Terms	



1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is for the Digital & Data Committee to review and discuss the organisational risk register and consider whether the risks escalated to the Organisational Risk Register are in accordance with the Risk Management Strategy.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks taking into account feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve over the next 12 months.
- 2.2 The Operational Management Board now signs off the Organisational Risk Register in terms of Care Group risks prior to submission to the ELG.
- 2.3 Monthly Risk Management Awareness Sessions (Virtually via Teams) continue. **457** members of staff trained to date. Focussed sessions to discuss risk has also been undertaken with Care Group Leads during June and July and continues into August.
- 2.4 Risks on the organisational risk register have been updated as indicated in **red**.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

Nil

3.2 CHANGES TO RISKS

a) Risks where the risk rating **INCREASED** during the period

Nil

b) Risks where the risk rating **DECREASED** during the period

Nil

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

Nil



3.4 Organisational Risk Register - Visual Heat Map by Datix Risk ID (Risks rated 15 and above):

Consequence	5				4664	
	4				4671	
	3					
	2					
	1					
CxL	1	2	3	4	Likelihood	5

4 ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable
	If more than one applies please list below:



Environmental /Sustainability Impact (5Rs)	
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Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Outcome:	If no, please include rationale below: Not applicable
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Outcome:	If no, please include rationale below: Not applicable
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

4. RECOMMENDATION

5.1 The Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.

Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence x Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
5276	Director of Digital	Central Function - Digital and Data	Assistant director of therapies and health science	Sustaining Our Future	Business Objectives Operational Patient safety Digital Healthcare Wales interdependencies	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025,	IF: the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires in June 2025. THEN: operational delivery of pathology services may be severely impacted. Resulting in: potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	Currently LINC Programme reports progress against timeline to LINC Programme Board and Chief Executive Group. Business continuity options are being explored including extending the contract for the current LIMS to cover any short term gap in provisions. An expert stock take review of the LINC programme has been completed with findings presented to Collaborative Executive Group (CEG) to inform next steps.	A provision will be added to the current legacy contract for a short-term extension until September 2025; this has been agreed in principle but not yet been formally implemented. A set of additional contract milestones to the new system supplier will be included in the contract change notice (CCN) for hosting; the hosting CCN has been agreed subject to Ministerial approval. The LINC programme is working with Health Boards and Trusts to review the new system suppliers revised delivery plan. On the 13th June 2023, NHS Wales and the software company jointly agreed to end the contract for the implementation of a Laboratory Information Management system. This decision was made on the basis of the current and future requirements of the pathology service in Wales. Both parties remain committed to managing the transition out of this project in the best interests of patient outcomes in Wales. CTM Local Deployment Group met on the 29th June 2023 to ensure that there is adequate CTM representation on any newly formed work groups established to discuss forward plans for future ALL Wales LIMS. Review 31.08.2023.	Digital & Data Committee Quality & Safety Committee	20	C5xL4	5 (C5xL1)	↔	26.10.2022	05.07.2023	31.08.2023
4664	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Legal / Regulatory Statutory duty, regulatory compliance, accreditation, mandatory requirements	Ransomware Attack resulting in loss of critical services and possible extortion	IF: The Health Board suffers a major ransomware attack. Then: there could be potential data loss and subsequent loss of critical services. Resulting in: Catastrophic service loss to all clinical and business services adversely impacting on population health management, patient care, business continuity, health and wellbeing of staff, organisational relationships, substantial financial risk and the LHB's other routine and improvement work - culminating in a culture of mistrust of the Health Board and all things digital leading to the likelihood of the opportunities that present from digital transformation being less likely to be achieved.	Detail received in private session due to business sensitive information									
5437	Director of Digital	Central Support Function - Digital & Data Function	Assistant director of therapies and health science	Improving Care	Core Business, Business Objectives, Environmental & Estates Impact and Projects Including systems and processes, service and business interruption	Dual deployment at CTM of both RISP and LINC Programme Systems	IF: There is no change to the current implementation plans of both the RISP and LINC Programmes solutions then there will be a deployment overlap at CTM. Then: Necessary workforce deployment resource, including IT expertise, will need to be shared between deployments. Resulting In: Sharing of limited resource needed to deploy products within specified timeframe, which could result in errors or delayed implementation. Any delays to implementation threatens the ability to provide pathology and radiology services both locally and nationally.	Escalated to Executive Leadership Group. Raised at National Imaging Programme Board.	Update July 2023 - At this time, draft implementation plans for both the LINC and RISP Programme indicate that there will be some element of a deployment overlap at CTM. This has been articulated to both programmes on several occasions. Review: 30.09.2023	Digital & Data Committee	16	C4xL4	4 (C4xL1)	↔	14.04.2023	06.07.2023	30.09.2023
4337	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Objectives Environmental / Estates Impact Projects Including systems and processes, Service /business interruption	Integrating Patient Records across the Health Board	IF: The Health board does not have a unified electronic health and care record and systems which are integrated across the organisation and with our primary and social care providers Then: The Health board will be unable to deliver safe, high quality, clinically and cost effective care to patients Resulting In: Compromised safety of patients needing treatment that are reliant on clinical test results and information being available to clinicians to plan and deliver the treatment plan and the requirement for sub-optimal manual processes	Key Controls 1. SBUHB Service Level Agreement 2. Bridgend disaggregation and the one-CTM aggregation plan 3. NHS Wales Control Agreement and data sharing agreements 4. Numerous national service management boards and Technical oversight groups providing strategic, tactical and operation governance. 5. National ePR programme and systems Gaps in Control The full business case for the Bridgend / old-CT integration remains unfunded. There are currently a number of CTM systems that are not compatible with Bridgend systems. SBUHB have no process in place to incorporate the needs of Bridgend users in their developments. There is insufficient discretionary capital funding available to support delivery of the aggregation plan. There is no data item integration with GP systems. Numerous delays in NHS Wales progressing open architectural approach. Strategic approach to becoming an anchor organisation to encourage SMEs not developed, resulting in challenges in proceeding with small agile developments. Discipline of organisation in keeping to the supported application platforms is being challenged - in particular staff are keen to exploit the opportunities presented by the MS365 platform however there are no resources available to support, train or integrate this platform within the EPR architecture	Integrate Bridgend ICT Systems within CTM - Work ongoing, estimated 2 years from April 2023 Additional Funding for ICT Integration of Bridgend - WPAS funding for resource, workstream started Nationally led. estimated timescales arrive at 2025. No change to mitigation or risk score. Next review due 28.7.2023.	Digital & Data Committee	16	C4 x L4	8 (C4xL2)	--	14.10.2020	24.3.2023	28.07.2023
4671	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Objectives Environmental / Estates Impact Projects Including systems and processes, Service /business interruption	Lack of a resilient and performant Digital Network Infrastructure and Assets	IF: The Health Board suffers regular local and/or national network issues and/or outages to critical clinical and business systems or performance issues in accessing and using systems. Then: there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated. Resulting in: delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: Loss of information integrity and accessibility as multiple copies of clinical records. Threat of malware being introduced on to the network from unmanaged data, systems and software. Possible breaches to the GDPR, safeguarding and information governance risks. Mistrust by staff of the ICT systems and services they are using	Detail received in private session due to business sensitive information									
4672	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Objectives Environmental / Estates Impact Projects Including systems and processes, Service /business interruption	Access to a complete, integrated, and coded medical record.	IF: The Health Board is not able to record information accurately and reliably, with complete and up to date information Then: the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete Resulting in: Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&D and Value etc.	Operational controls: Coding key performance indicators covering productivity, demand and backlog robustly monitored Digitised Patient Notes programme board monitors scanning times, adherence of contractor to terms and quality of staff in maintaining a record DHCV annual coding quality audit. Coding Improvement and transformation plan established incorporating additional trained coding capacity, coding at source, use of data captured in other systems and e-forms implemented. Natural language programming resource deployed and outputs of programme being validated. Tactical - EPR programme with deployment of snomed-CT ontology server, WCP & E-forms etc. Tactical controls: Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business National Architecture Review - encompassing (NDR /CDR & Sharing arrangements) Coding transformation programme Gaps in controls: Scanning time of outpatient activity to digitise the record is at 51 days of maximum clinically safe time of 24-48 hours Quality of paper record and its filing is very poor with audits identifying over 70% of paper records are not maintained to acceptable standards Digital solutions not yet using snomed-CT/ structurally coded data Information and Technical Standards not being followed with national body favouring document rather than data exchange Vast amounts of clinical information stored in disparate spreadsheets not visible to central medical record or available to patients or system leaders (including value based healthcare) Digital transcription programme unsupported & unsupported from march 23	Update June 2023 - Day forward scanning has reduced from previous reported 51 days to within the agreed 48 hour turn around due to a focus by our external provider (GRS) moving from legacy note scanning to day forward. Current contract only funded until Sep 2023 and business case currently being developed for the continuation of the project past this point. Risk if no further funding is awarded/ business case approved from Sep 23 further delays may become realised due to the capacity of the in-house CTM scanning department.	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	--	05.06.2021	16.6.2023	30.09.2023

Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence x Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
5040	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Objectives Projects	Digital Healthcare Wales (DHCW interdependencies)	<p>IF: The Health Board can not integrate new applications into its digital architecture in a timely fashion</p> <p>Then: there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated and major strategic priorities for the organisation (e.g. Bridgend aggregation and the deployment of the new Emergency Department system) not being delivered</p> <p>Resulting in: delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include:</p> <ol style="list-style-type: none"> 1. Loss of information integrity and accessibility as multiple copies of clinical records. 2. Failure and delay of digital system deployments (e.g. WEDS) 3. Possible breaches to the GDPR, safeguarding and information governance risks. 4. Mistrust by staff of the ICT systems and services they are using 5. Money being wasted 	<p>A Myrddin strategic programme group has been established, chaired by the CEO of DHCW to map out how the constraints can be overcome</p> <p>SLAs are in place between DHCW and NHS Wales organisations, however their futility has been exposed by demand pushing the waiting times for developments to start (not complete) to over 12 months</p> <p>Gaps in controls:</p> <p>WG have agreed some funding for the PAS element, however the DHCW IMTP continues to be a top down decision process rather than one being based on HB (user / customer) needs - driven in part by demand overwhelming their capacity (much of which is either Covid born or results from the significant overrun in establishing a minimum viable product to replace CanISC) and numerous critical constraints not continuing to be observed in the system whilst the architecture remains closed. HB carrying vacancies in critical areas with no capacity to cover the work from within. As a consequence programme to digitise the Emergency Department processes and records has been suspended. Data acquisition from DHCW products is a curates egg, some new APIs are being made available to standards, however latest PAS offering is via csv download, presenting challenges to adoption of standards within certain areas. UHB still awaiting availability of access to key HB data such as radiology and tests results.</p>	<p>National Data Resource Programme has accelerated plan to open up the architecture, with API management procured for all of Wales. National Funding received from WG for PAS integration work to create a second team supporting data migration. CTMUHB appointment process has commenced. WG funding for £7m awarded to support PAS integration 24/8/22</p> <p>UPDATE 28/10 ICT Risk meeting - no further update</p> <p>October 22 - National Data Resource Programme has accelerated plan to open up the architecture, with API management procured for all of Wales & implementation date set for Jan 23 - will be limited in nature.</p> <p>National Funding received from WG for PAS integration work to create a second team supporting data migration. CTMUHB & DHCW appointment process has commenced. Included within this is a post for PAS integration developer.</p>	Digital & Data Committee	15	C3xL5	9 C3xL3	--	07.02.2022	22.10.2022	02.12.2022
4699	Director of Digital	Central Support Function - Digital & Data (Information Governance)	Chief Information Officer	Creating Health	Patient / Staff /Public Safety	Failure to deliver a robust and sustainable Information Governance Function	<p>IF: The Health Board is not able to legally share the business and patient sensitive information for which it is a data controller and which it is required to share for the delivery of care</p> <p>Then: There will be a loss of trust and confidence in the Health Board from its patients, population, staff and 'care providing partners' and thus will not have the information required to provide safe, high quality and effective care and to make informed evidenced based decisions.</p> <p>Resulting in: Poor outcomes for our population, a loss of reputation for our organisation, substantial delays in improving services, inability to collaborate regionally or deliver integrated care services.</p>	<p>Key Controls:</p> <ul style="list-style-type: none"> - Adoption and implementation of All Wales IG and Data protection policies, - Continual improvement and progress made in mitigating non delivery of legislation (CLDC, DPA etc) - Mandatory training in Information Governance with auditing functionality (such as NIAS) built in to monitor compliance, - Accessible but robust data protection process for new and existing data sharing arrangements (DPIA procedures) - Joint data controllership arrangements with DHCW + WASPI - Professional (clinical) training and approach to maintain an accurate and timely medical record <p>Gaps in Controls:</p> <ol style="list-style-type: none"> 1. Shortfall in trained IG professionals 2. Inability to legally stipulated timescales for Freedom of Information and Subject Access Requests 	<p>Cyber and Data Protection Improvement Plans being taken forward. - Timeframe: Quarterly updates Response to ICO audit recommendations being managed on a prioritised and smart basis (aligned to other improvement areas)</p> <p>Benchmarking with other organisations in Wales undertaken.</p> <p>Procedures and requirement to initiate all programmes being enhanced to meet legal requirement of privacy by design</p> <p>Update June 2023 - successful recruitment exercise in June 2023 and a Head of Information Governance has been appointed with a start date circa September 2023. Risk score currently remains unchanged and will be reviewed at the end of September.</p>	Digital & Data Committee	15	C3xL5	12 C3xL4	↔	18.06.2021	04.07.2023	30.09.2023



Agenda Item

4.2

Digital & Data Committee

Internal Audit – Performance Monitoring

Dyddiad y Cyfarfod / Date of Meeting	12/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Stuart Morris, Director of Digital
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Audit & Risk Committee	16/08/2023	NOTED

Acronyms / Glossary of Terms	
IA	Internal Audit
PPFC	Planning, Performance & Finance Committee



1. Situation / Background

1.1 The purpose of the report is to inform the Committee on the outcome of the Internal Audit of the Integrated Performance Report

2. Specific Matters for Consideration

2.1 The outcome of the audit was Reasonable Assurance

3. Key Risks / Matters for Escalation

3.1 None

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required



Impact Assessment		
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Public confidence reporting of Health Board performance	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Resources required within the Digital & Data team to support the ongoing delivery of Integrated Performance information	

5. Recommendation

5.1 The Committee are requested to **NOTE** the contents of this report.

6. Next Steps

6.1 Completion of the management actions.

Performance Reporting – Integrated Performance Report Internal Audit Report

July 2023

Cwm Taf Morgannwg University Health Board

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Review reference:	CTMUHB-2223-15
Report status:	Final
Fieldwork commencement:	19.01.2023
Fieldwork completion:	21.03.2023
Debrief meeting:	27.06.2023
Draft report issued:	21.04.2023 & 27.06.23 (revised draft)
Management response received:	11.06.2023 and 19.07.2023
Final report issued:	28.07.23
Auditors:	Morgan Bartley-Edmunds, Principal Auditor Emma Samways, Deputy Head of Internal Audit
Executive sign-off:	Linda Prosser, Executive Director of Strategy and Transformation
Distribution:	Stuart Morris, Director of Digital
Committee:	Audit & Risk Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Risk Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Cwm Taf Morgannwg University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Executive Summary

Purpose

The overall objective of the audit was to provide assurance on the effectiveness of the Health Board’s performance reporting arrangements with particular reference to the Integrated Performance Report.

Overview

The matters requiring management attention include:

- The draft Performance Framework needs to be reviewed and updated to reflect current WG guidance, the Health Board’s structure and provide a clearer understanding of how performance will be monitored across the Health Board.
- The report compilation process should be strengthened.
- The content of the Integrated Performance Report should be reviewed.

Other recommendations are within the detail of the report.

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend



2017/18

Assurance summary¹

Objectives	Assurance
1 Appropriate governance arrangements in relation to monitoring performance are in place.	Reasonable
2 Robust systems and processes exist to capture and validate performance information.	Limited
3 Performance reporting is effective to allow appropriate decisions to be made and actions taken.	Reasonable

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Draft Performance Management Framework to be reviewed.	1	Design	Medium
2	Performance report compilation process to be strengthened.	2	Operation	High
3	Content of Integrated Performance Framework to be reviewed.	3	Operation	Medium

1. Introduction

- 1.1 Our review of Performance Management and Reporting was completed in line with the 2022/23 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').
- 1.2 Effective performance monitoring and reporting is integral to the Health Board's overall management and assurance arrangements. Performance reports should provide accurate, reliable, complete and timely management information, and assurances to senior management and Independent Members on the attainment of targets and overall performance, in order to provide a sound basis for decision making and maintaining accountability. Performance reporting should focus on continuous improvement and delivering improved outcomes, highlighting when action is required to meet expected outcomes aligned to health board strategies and ministerial priorities.
- 1.3 In recent months the Health Board has reviewed its Integrated Performance Report (the 'dashboard') and performance information reporting, resulting in a revised report format that is now presented to the Board and its committees.
- 1.4 The Health Board is in the process of implementing its new Care Group model. As such, our review has focused on the dashboard reporting that gives an organisation wide view of performance to the Board.
- 1.5 The potential risks considered in this review were as follows:
 - Inappropriate assurances provided and reputational damage caused if inaccurate or incomplete performance information is presented.
 - Services fail to meet performance measures due to ineffective monitoring and governance arrangements.
 - Poor decisions made, or corrective action not taken where information is lacking.

2. Detailed Audit Findings

Objective 1: Appropriate governance arrangements in relation to monitoring performance are in place, which includes a framework, and links to both Welsh Government and Health Board objectives.

- 2.1 Each month the integrated performance report is reviewed by the Strategic Leadership Group. For months where there is a Planning, Performance and Finance (PP&F) committee or Board meeting, the performance report is included on the agenda. A Standard Operating Procedure (SOP) is in place in relation to preparing the report.
- 2.2 In January 2022 the Health Board developed a draft Performance Management Framework. While many of the principles set out in the framework are in place, it appears that it has not been formally approved. It is our understanding that the

framework will be redrafted in 2023, incorporating findings from our review as appropriate. **(Matter Arising 1)**

- 2.3 The draft framework appropriately outlines the Health Board’s intentions in relation to performance management, including the objectives of its performance framework, how a culture of performance improvement will be developed, and the roles and responsibilities of officers and committees across the Health Board. However, some processes, such as ‘earned autonomy’, where the degree of scrutiny is linked to performance, have not been taken forward. While the draft framework sets out the existing assurance structure and escalation route, recent changes to the Health Board structure will need to be considered when it is updated. **(Matter Arising 1)**
- 2.4 The draft framework also needs to be updated to capture the requirements of the new Welsh Government (WG) performance framework as currently an older delivery framework is referenced. The updated WG framework has introduced new performance measures, while other measures are no longer used. Since the completion of our fieldwork, we have been made aware that an update WG framework is due for publication by the end of June 2023. **(Matter Arising 1)**
- 2.5 The draft framework captures both the Health Board’s four strategic objectives, as set out in its IMTP, and the Ministerial priority measures. There are over 250 key performance metrics in the draft framework, each listed as being linked to either a Health Board objective or a Ministerial measure.
- 2.6 We compared the draft framework to the performance measures in the 2022/23 WG delivery framework, but the link between the 76 performance measures, set out as part of the WG quadruple aims, and the performance metrics listed in the draft framework was not clear, nor was the link to IMTP trajectories as required by Welsh Government **(Matter Arising 1)**
- 2.7 The draft performance framework references meetings where performance against key metrics is monitored, including the dashboard report that is taken to Board. However, not all of the 250 metrics listed in the framework are reported in the dashboard, and it is not clear where the other metrics are reported. **(Matter Arising 1)**
- 2.8 Some parts of the draft framework need to be clearer. For example, the escalation and assurance structure diagram reference the Audit and Risk Committee and the Quality and Patient Safety Committee, yet the ‘roles and responsibilities’ section of the framework does not identify their role in monitoring performance. **(Matter Arising 1)**

Conclusion:

- 2.9 The Health Board has a draft Performance Framework which sets out its performance monitoring intentions. The Health Board’s key strategic aims and WG priorities are incorporated in the framework. However, the framework needs to be updated to align it to the forthcoming WG framework and the Health Board’s new care group model. Furthermore, the Health Board needs to be clear how it decides

which metrics will be reported in the dashboard. We have provided Reasonable Assurance against this objective.

Objective 2: Robust systems and processes exist to capture and validate performance information, including checks for completeness and accuracy, and supporting narrative information.

- 2.10 A Standard Operating Procedure (SOP) is in place in relation to preparing the integrated performance report. However, the draft framework is not clear which performance metrics should be included in the report, or how the 'RAG' rating should be applied in the scorecard contained within the report. **(Matter Arising 2)**
- 2.11 Each month the integrated performance report is prepared, predominantly by one individual. Other staff are not routinely involved in the compilation of the report so if the preparer is absent, there is a risk that timely performance information may not be available to help decision making. **(Matter Arising 2)**
- 2.12 The SOP outlines the key sources of information for each section of the integrated performance report. Data is obtained from a number of sources internally, by relevant departments and for the scorecard element of the report, extraction from the WG Planning Delivery & Performance website, having previously been uploaded by departments within the Health Board. We understand that data validation should be undertaken by departments before it is uploaded to the WG Planning Delivery & Performance website. Other data and narrative is sourced from key individuals within the Health Board. The SOP requires that 'all available data published should be checked and balanced to the working data held internally, and any discrepancies investigated.' We note that data that is provided internally from the information team is supplied by various members of the team who we understand apply data standards and methodology. We note that the Performance Monitoring Manager and the lead for Data Intelligence and Compliance within the Digital & Data Directorate provide scrutiny to the performance report, some elements of which are reliant on their existing understanding and knowledge of the data sets. **(Matter Arising 2)**
- 2.13 This current process for bringing together the data from the various sources and preparing the report is manual. **(Matter Arising 2)**
- 2.14 As part of the validation process prior to publishing, the draft report should be reviewed by the lead for data intelligence and compliance ahead of sign off by the Executive Director of Strategy & Transformation. This allows for the narrative data provided by data owners, and other data and information contained in the report, to be triangulated to ensure consistency. A corporate reporting timetable exists and therefore the dates that the draft report is to be provided to the lead for data intelligence and compliance for review are documented. However, beyond this, we were informed that there is no formal timetable scheduling the stages of report compilation, such as deadlines for gathering performance data and obtaining narratives from data owners. As such reliance is placed on the Performance Monitoring Manager's knowledge of when to request information from individuals.

Without a formal detailed timetable, the meeting reporting deadlines could be missed if key staff are absent and dates are not known in advance.

- 2.15 We understand that there have been occasions where the timing of the reporting has meant that a full review has not been possible by the accountable Executive for Performance. **(Matter Arising 2)**

Conclusion:

- 2.16 The Health Board has a process to capture and report performance data in its Integrated Performance report. However, the current approach relies on the specialised knowledge of a small team of individuals to create the report and sense check the data. We found that whilst procedural guidance is in place, it is not sufficiently detailed and would benefit from a more detailed timetabled approach. We have provided Limited Assurance against this objective.

Objective 3: Performance reporting is effective to allow appropriate decisions to be made and actions taken, including timeliness and consistency.

- 2.17 The monthly performance reports are reviewed at the Strategic Leadership Group, and for months where there is a PP&F Committee or Board, reports are submitted to these meetings. However, as noted above, while the reports are prepared in time for the meetings, we understand that sometimes there is insufficient time for the reports to be fully scrutinised by the lead Executive ahead of publishing. **(Matter Arising 3)**
- 2.18 While the performance report includes narrative information which provides context to the metrics, and in most cases includes the plan to help improve performance, the report appears to be long and lacking a consistent structure. **(Matter Arising 3)**
- 2.19 We compared the November 2022 performance report to the WG NHS Performance Framework and identified that a number of the quadruple aim measures were not reported. While we acknowledge that some measures may not be relevant to the Health Board, or may have annual data points, most should be relevant. We also note that the eight operational measures outlined in the NHS Performance Framework 2022/23 document are not reported in the integrated performance report. We acknowledge that there are often in-year changes to what WG requires the Health Board to report on and the performance report therefore ends up being a dynamic report to reflect this. **(Matter Arising 3)**
- 2.20 We reviewed the performance report taken to the February 2023 PP&F Committee and note a more streamlined approach. Previous reports included metrics on the four themes of Quality, People, Access (Performance) and Finance. The revised report focused on the Performance and Finance themes. As such, no Quality or People metrics were reported, nor was there information for a number of metrics relating to WG quadruple aims one, three and four. Whilst we have seen 'Quality' performance metrics reported to the Quality and Patient Safety Committee, due to committee timings we have not been able to confirm if all the 'People' metrics will be reported to the People and Culture Committee. **(Matter Arising 3)**
-

2.21 The Board meeting continues to receive information on all four themes and all of the WG quadruple aims giving an integrated overview of performance of the Health Board. Whilst a streamlined approach to reporting within committees may create a more user-friendly report, management must ensure that key metrics have appropriate scrutiny through a committee, ahead of reporting to the Board.
(Matter Arising 3)

Conclusion:

2.22 The Integrated Performance Report provides a platform for performance to be reported, interrogated and actions to be taken. However, not all WG metrics appear to be reported and the current format may mean that key messages are not clearly identified. We understand that work to revise the report has already started. We have provided Reasonable Assurance against this objective.

Appendix A: Management Action Plan

Matter Arising 1: Draft Performance Management Framework to be updated (Design)		Impact
<p>In January 2022 the Health Board developed a draft Performance Management Framework. The framework has remained in draft and has not been widely circulated. The performance management structure within the draft framework is not clear. We note:</p> <ul style="list-style-type: none"> At points, the framework document refers to it being a strategy which will not include a list of KPI to allow future flexibility. However, the framework also sets out over 250 key performance metrics that have either been aligned to Ministerial performance measures or the Health Board’s four strategic aims. It is not clear how these align to the WG delivery framework, how it is determined which of the 250 metrics are to be captured in the monthly performance dashboard, or the link to IMTP trajectories. The draft framework needs to be updated to reflect the most recent NHS Wales Performance Framework & Guidance, which includes updated performance metrics under the quadruple aims. The updated WG framework also includes eight specific ‘operational measures’, but these are not referenced in the performance framework. The framework needs to be updated to reflect the Health Board’s new care group model as it currently references the previous Integrated Locality Group model. Reference is made to the roles and responsibilities of some of the Board committees, but not all, and the escalation and assurance structure between committees. However, the governance arrangements and links to the listed performance metrics are not clear. For example, the responsibility for gathering, reviewing and monitoring performance data to determine if it is ‘off trajectory’, and needs escalation. <p>We acknowledge that the Health Board has delayed updating the draft framework until after our audit work has been completed.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> Inappropriate assurances provided and reputational damage caused if inaccurate or incomplete performance information is presented; Services fail to meet performance measures due to ineffective monitoring and governance arrangements; Poor decisions made, or corrective action not taken where information is lacking. 	
<p>Recommendations</p>		<p>Priority</p>
<p>1.1 The draft performance management framework should be reviewed to ensure:</p>	<p>Medium</p>	

	<ul style="list-style-type: none"> • There is alignment to the most up to date Welsh Government Performance Framework, ensuring all metrics and measures outlined are accurate and there is link the IMTP trajectories required by WG • Greater clarity is provided on how the framework will be applied in practice, including how reporting against metrics will take place. • Listed metrics can be clearly linked to source requirements e.g. WG quadruple aims, other national indicators, internal indicators. • The roles and responsibilities of all Health Board Committees is set out including how those roles relate to one another. • Reference is made to the revised operating model and therefore reporting structure within the Health Board. <p>Following the completion of the review, the framework should be appropriately approved and made available to relevant staff.</p>		
	<p>Agreed Management Action</p>	<p>Target Date</p>	<p>Responsible Officer</p>
<p>1.1</p>	<p>The Health Board needs to formalise a Performance Framework. This review will consider the points listed above.</p>	<p>QTR 4 2023 / 2024</p>	<p>Executive Director of Strategy & Transformation / Director of Digital</p>

Matter Arising 2: Integrated Performance report compilation (Operation)	
Impact	Priority
<p>We reviewed the process for generating the monthly integrated performance report and identified:</p> <ul style="list-style-type: none"> The Standard Operating Procedure (SOP) is not detailed in relation to certain stages in the process. For example, the SOP states that the performance report is a 'dynamic' document, suggesting different metrics may be reported each month, dependant on performance. Whilst a list of core measures and indicators is embedded within the SOP, there is no information on the discretion to be exercised, or for determining what should be reported each month. The process for compiling the monthly report is manual, with data and narrative information collated from several sources. Currently, work to prepare the report is predominantly undertaken by one member of staff. There is no formal detailed timetable setting out the stages for producing the report. Although we understand the staff member compiling the report has their own timetable of when to contact data owners. We note that at times there has been insufficient time for the Executive Director of Strategy & Transformation to perform a thorough review and triangulation of data ahead of the report being published to meet reporting deadlines. While the validation of data prior to inclusion in the report should be undertaken at source prior to it being submitted by data owners, the SOP requires data to be 'checked and balanced' and 'discrepancies investigated'. However, the SOP is not clear how this process should be undertaken. 	<p>Potential risk of:</p> <ul style="list-style-type: none"> Inappropriate assurances provided and reputational damage caused if inaccurate or incomplete performance information is presented; Services fail to meet performance measures due to ineffective monitoring and governance arrangements
Recommendations	
<p>2.1 The Standard Operating Procedure for preparing the performance report should be enhanced to fully set out the process for preparing the report. It should include more comprehensive information on how it is determined, which performance measures are to be reported on, how data should be checked for accuracy and completeness and a detailed monthly timetable for production that allows sufficient time for Executive review.</p>	<p>High</p>

2.2	A review of the process for compiling the performance report should be undertaken in an attempt to move away from a manual, resource intensive approach to a more automated one, that will allow more time for interrogation and validation of the data.		
2.3	It should be ensured that a number of staff are proficient in preparing the performance report to avoid over reliance on one individual.		
Agreed Management Action		Target Date	Responsible Officer
2.1	A review of the Standard Operating Procedure will be undertaken to ensure it comprehensively covers the activities required.	QTR 3 2023/2024	Director of Digital
2.2	A review of the process for compiling the report will be undertaken to ensure all opportunities have been taken to minimise manual burden.	QTR 3 2023/2024	Director of Digital
2.3	A number of the team are already included in the preparation of the performance report. A review of the existing capacity to support the performance report will be undertaken.	QTR 3 2023/2024	Director of Digital

Matter Arising 3: Structure and content of the Integrated Performance Report (Operation)

The November 2022 Integrated Performance report was 51 pages in length and not in a standard format across the document. Our review identified the following points:

- The concept of a scorecard with the Quality, People, Access (Performance) and Finance quadrants at the start of the report, allows for an integrated picture the Health Board performance against key metrics to be presented. However, it is not clear to the reader why the series of metrics under each of the quadrants has been selected and if they are linked to one of the WG quadruple aim metrics or an internal Health Board metric. Furthermore, the opening paragraph of the report references 29 performance measures in the scorecard, yet there are 32 RAG rated metrics listed in the scorecard, plus another 18 metrics reported without a RAG rating.
- We compared the information contained in the report against the WG NHS Performance Framework. The framework outlines 84 performance measures set out under the quadruple aims that all health boards should report where applicable. We identified 20 measures that did not feature in the report, while some were not relevant to the Health Board, or may have annual data points, it was not clear why they had been excluded. We also note that the Health Board does not appear to report against all of the eight operational measures outlined in the NHS Performance Framework.
- The report includes sections that provide more detailed information on key metrics from each of the four quadrants, but the reason why these metrics are reported in more detail is not clear.
- The final section of the report is a summary of key risks and matters. Whilst there is a detailed summary of the 'Quality' quadrant, the reader of the 'Performance' quadrant is referred back to the detail within the report, and for the 'People' quadrant there is no information. Information relating to the 'Finance' quadrant is contained in finance performance updates reported separately at Board meetings. As such, this lack of consistency means that it is difficult to see where they may be interconnected issues.

We note that until recently the Integrated Performance Report taken to Board was presented to the PP&F Committee. The draft Performance Framework states that the PP&F committee should be scrutinising and reviewing (performance) to a level of depth and detail that is not possible in Board meetings. However, we note that the PP&F Committee focused on the performance and finance quadrants of the scorecard and report, with wider discussion on quality and people metrics to be held in other committee meetings.

Impact

Potential risk of:

- Inappropriate provided and reputational damage caused if inaccurate or incomplete performance information is presented;
- Poor decisions made, or corrective action not taken where information is lacking.

<p>The February 2023 Integrated Performance Report taken to PP&F committee was a more streamlined report. The scorecard had been removed, only quadruple aim two was reported and there were no metrics in relation to people or quality. Whilst we acknowledge that this is in an attempt to make the report more focussed, it needs to be ensured that other Health Board Committees receive relevant metrics and the Health Board is reporting on all that it is required to report on.</p>	
<p>Recommendations</p> <p>3.1 It should be ensured that current versions and future iterations of the Integrated Performance Report include all relevant WG metrics that the Health Board is required to report on, as set out in the WG Performance Delivery framework.</p> <p>3.2a We acknowledge that work has already commenced to review the format of the Integrated Performance Report. As part of that review process, the views of stakeholders should be sought, and consideration given to alternative reporting formats such as an interactive dashboard in order to make the report more user friendly.</p> <p>3.2b Consideration should be given to:</p> <ul style="list-style-type: none"> • Cross referencing the performance being reported on to either the relevant Health Board strategic aim and/or the relevant WG quadruple aim. It should be clear to the reader why the metrics reported on are included. • Including clear information pertaining to the most high-risk areas to ensure these are discussed and acted on appropriately and in good time. <p>3.3 The reporting arrangements for the component parts of the Performance Report should be reviewed to ensure all aspects are being reported on and respective committees are aware of their responsibilities in relation to reporting. Consideration needs to be given as to how an integrated / Health Board wide view of performance will be achieved if performance monitoring is going to be undertaken in constituent parts.</p>	<p>Priority</p> <p>Medium</p>

Agreed Management Action		Target Date	Responsible Officer
3.1	Review the presentation of the Integrated Performance Report, recognising the dynamic nature of the report and the need to respond to metrics and ministerial priorities. The report will continue to provide all metrics whether as an appendices' or in the main body of the report.	QTR 3 2023 / 2024	Director of Digital
3.2a	Review presentation and layout of the report as appropriate to the requirements of the Board.	QTR 3 2023 / 2024	Director of Digital
3.2b	As 3.2a		
3.3	As part of the performance report review, consideration will be taken for all component parts.	QTR 3 2023 / 2024	Director of Digital

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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Agenda Item

4.3

Digital & Data Committee

Information Governance Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	12/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Julie Butler, Freedom of Information Officer
Cyflwynydd yr Adroddiad / Report Presenter	Andrew Nelson, Assistant Director of Data & Compliance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		

Acronyms / Glossary of Terms	
FOI	Freedom of Information
ICO	Information Commissioners Office
IG	Information Governance
KPI	Key Performance Indicator

1. Situation /Background

1.1 The purpose of this report is to provide an update on compliance against the key performance indicators (KPI's) set for dealing with requests for information under the Freedom of Information Act (FOIA) and Data Protection Act 2018.

1.2 These include timeliness in responding to FOIA and Data Subject Access information requests, compliance with mandatory training requirements and members of staff found to have breached the DPA by accessing clinical systems against NHS Wales policy.

2. Specific Matters for Consideration

2.1 The Freedom of Information Act 2000 provides public access to information held by public authorities. The Act covers any recorded information that is held by a public authority in England, Wales and Northern Ireland, and by UK-wide public authorities based in Scotland. Recorded information includes printed documents, computer files, letters, emails, photographs, and sound or video recordings.

The Act does not give people access to their own personal data (information about themselves) such as their health records or credit reference file. If a member of the public wants to see information that a public authority holds about them, they should make a subject access request under the Data Protection legislation.

The Act places a number of duties on the organisation including:

- Ensuring that a significant amount of routinely published information about the Health Board is made available to the public as a matter of course via a Publication Scheme
- Ensuring that other information not included in the Publication Scheme is readily available on request and that such requests are dealt with in a timely and appropriate manner
- Ensuring that reasonable advice and assistance is provided to applicants who approach the Health Board seeking information.

The Act stipulates that all requests for information must be responded to within 20 working days and all Directors are responsible for ensuring that the FOIA Policy and the associated Procedures are implemented and adopted within their areas of responsibility.

2.2 Data Protection Legislation

2.2.1 The General Data Protection Regulation (GDPR) controls how personal information is used by organisations, businesses and the government. Everyone responsible for using data has to follow strict rules known as the 'principles'. This legislation creates some new rights for individuals and strengthens some of the rights that currently exist under the previous Data Protection Act.

2.2.2 Article 15 of the legislation sets out an individual's right of access, commonly referred to as subject access. This gives individuals the right to obtain a copy of their personal data as well as other supplementary information. It helps individuals to understand how and why an organisation is using their data, and whether we are processing it lawfully.

2.2.3 Subject access requests allow individuals to ask organisations about what information they hold about them. If any information is held, the organisation is usually required to supply copies to the individual making the request. It is a legal requirement to comply with these requests.

2.3 Freedom of Information Requests

The table below represents a summary of the activity relating to FOIAs for the health board in 2023/24. Compliance for Quarter 2 2023 (Apr – June) was 95%, the same level of performance as observed over the past year.

FOI requests for 2023/24												
Freedom of Information CTMUHB	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of Requests	40	42	41	60								
Number of Requests withdrawn	0	1	0	0								
No responded within timescales	38	39	40	tbc								
% responded within timescales	95%	92%	97%	tbc								
Number of exemptions applied	11	11	17	tbc								
Actual number of questions	244	242	267	301								
ICO appeals	0	0	0	0								
Number of requests still outstanding (Unanswered)	2	1	1	1								

The table below represents a summary of the activity relating to FOIAs for WHSSC and shows that WHSSC achieved 100% compliance with the Act in regards to timeliness of response.



Freedom of Information WHSSC	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of Requests	1	3	0	3								
No responded within timescales	1	3		2*								
% responded within timescales	100%	100%		100%								
Number of exemptions applied	0	2		1								
Actual number of questions	3	11		7								
ICO appeals	0	0		0								
Number of requests still outstanding (Unanswered)	0	0		1								

2.4 Subject Access Requests (SAR)

The table below shows the number of Personal Data Requests for CTMUHB for the period April 2023 to July 2023. It is split into Service Groups who manage their own request process.

In Quarter 2 2023 (April 2023 – June 2023), the UHB has received 1328 requests, applied 11 exemptions and failed to meet our statutory response times on 45 occasions.

A review of the SARs process has been undertaken in mental health, an area which has persistently struggled to achieve the requisite response times, with a separate summary paper provided to the Committee.



Data Protection - Subject Access requests for 2023/24												
Medical Records (These inc. all 3rd party requests, i.e. police, etc.)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of requests	239	250	302	296								
Number of exemptions applied	0	0	0	0								
Number of late responses	0	0	0	0								
Mental Health												
Number of requests	33	40	49	49								
Number of exemptions applied	0	3	4	2								
Number of late responses	5	14	12	6								
Mental Health - SARs for POW Acute and Mental Health (completed under SLA with SBUHB)												
Number of requests	82	82	59	73								
Number of exemptions applied	0	0	0	0								
Number of late responses	0	0	0	0								
CAMHS												
Number of requests	16	23	17	28								
Number of exemptions applied	1	1	0	1								
Number of late responses	0	0	0	0								
Corporate												
Number of requests	0	0	3	0								
Number of exemptions applied	0	0	0	0								
Number of late responses	0	0	1	0								
Workforce and OD												
Number of requests	0	0	0	1								
Number of exemptions applied	0	0	0	0								
Number of late responses	0	0	0	1								
Occupational Health												
Number of requests	2	0	1	1								
Number of exemptions applied	0	0	0	0								
Number of late responses	0	0	0	1								
WHSSC - SARs												
Number of requests	1	0	0	0								
Number of exemptions applied	0	0	0	0								
Number of late responses	1	0	0	0								
GP practices												
Number of requests	34	29	66	38								
Number of exemptions applied	0	1	1	0								
Number of late responses	5	5	2	2								
CTM												
Number of requests	407	424	497	486								
Number of exemptions applied	1	5	5	3								
Number of late responses	11	19	15	10								

2.5 Staff Training

A key requirement of the ICO's office has been to increase our mandatory training compliance to 85%. Current compliance is 76.83%, with 9601 staff out of 12497 having completed their IG training in the past 24 months.

Whilst below our objective this is a small improvement on the 74% observed 12 months ago.

2.6 NIIAS Incidents

NIIAS is a software auditing tool available to all Health Boards / Trusts across NHS Wales. It is used to detect potentially inappropriate access to electronic clinical records, where employees may have viewed data they are not entitled to as part of their official duties.

As identified in the table below, in 2023 so far we have had 306 breaches identified by the NIIAS tool, whereby staff had inappropriately accessed their own record or that of a direct family member. Trend analysis would suggest that there has been little change in the second quarter of the year.

NIIAS - Year 2023		
	Own Record	Family Record
January	22	19
February	24	16
March	20	21
April	27	16
May	21	20
June	33	21
July	29	17
August		
September		
October		
November		
December		
Total	176	130

2.7 ICO Reportable incidents

No data breaches were assessed to be significant enough to be reportable to the ICO during the quarter.

2.8 The National Health Service (Venereal Diseases) Regulations 1974 (Wales)

The introduction of the 'WellSky' Pharmacy system has been implemented on an All-Wales basis. The software supports Medicines Management within CTMUHB, with enhanced functionality in areas such as financial reporting, billing and contracting and is fully integrated into the Welsh Clinical Suite of applications.

The system is however reliant upon an NHS number for patient authentication. This is considered ultra vires to the VD *Regulations* which stipulate that any information capable of identifying an individual who is examined or treated for any sexually transmitted disease shall not be disclosed, other than to a medical practitioner in connection with the treatment of the individual in relation to that disease or for the prevention of the spread of the disease.

Whilst in the short term the HB has adopted an operational procedure which guides the clinician to seek the consent of the patient to their prescribing information being incorporated within their 'core' Integrated Care record, where this consent is not forthcoming, the procedure advises that the Sexual Health pseudonymised alpha-numeric patient identifier should be used and the prescription made via the 30 year old prescribing solution Wellsky replaced.

Such a procedure is cumbersome and is considered to present clinical detriment to the patient, and risk to other clinicians involved in the care of the patient, as they do not have access to the full list of drugs being taken by the patient, some of which are highly toxic. It is also at odds with practices across other sexual health services in Wales, some of whom already have an integrated care record.

Such a position is considered to be less than ideal. However at this juncture the UHB's position is that as the VD regulations remain on the statute they must be adhered to and that our efforts should be directed towards asking WG to review the 'value' of the requirement for a separated record for the sexual health component of care, in light of the requirement in England having been removed in 2012 and the creeping inclusion of sexual health information within the patient's 'core' care record.



3. Key Risks / Matters for Escalation

Officials within the Information Commissioners Office have written to the Health Board expressing concern at the lack of progress made in moving to a compliant position with the GDPR and DPA legislation. A hard deadline of January 2024 to complete the outstanding actions has been communicated within this correspondence.

The return of the former Head of Information Governance to the same role on the 18th September is in order, and will undoubtedly support the Health Board take forward many of the actions required.

Recognising that there remains a sizeable backlog of operational and routine work in addition to the rapid delivery of the audit recommendations the UHB remains committed to increasing the overall establishment of the IG and cyber teams. Job descriptions for which are close to completion.

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/	No - Not Applicable



Objectives / Strategy

**Cynaliadwyedd (5R) /
Environmental
/Sustainability Impact (5Rs)**

If more than one applies please list below:

Impact Assessment

Ansawdd

*Ydych chi wedi ymgymryd â
Sgrinio Asesiad o'r Effaith ar
Ansawdd? /*

Quality

*Have you undertaken a Quality
Impact Assessment Screening?*

Yes:

No:

Outcome:

If no, please include
rationale below:

Not required

Cydraddoldeb

*Ydych chi wedi ymgymryd â
Sgrinio Asesiad o'r Effaith ar
Gydraddoldeb? /*

Equality

*Have you undertaken an Equality
Impact Assessment Screening?*

Yes:

No:

Outcome:

If no, please include
rationale below:

Not required

Cyfreithiol / Legal

Yes (Include further detail below)

Report identified UHB's non compliance with Data
Protection Legislation

Enw da / Reputational

Yes (Include further detail below)

Report identified UHB's non compliance with Data
Protection Legislation which increases the probability
of enforcement actions being taken by the Information
Commissioner

Effaith Adnoddau

(Pobl /Ariannol) /

Resource Impact

(People / Financial)

There is no direct impact on resources as a result of
the activity outlined in this report.

4. Recommendation

The Committee are asked to consider the contents of this report, noting the level of compliance with data protection legislation, the marginal improvement in training, the absence of notifiable incidents alongside the escalation of the ICO's concerns.



Agenda Item

4.4

Digital & Data Committee

ICO Audit Action Plan Progress Report

Dyddiad y Cyfarfod / Date of Meeting	12/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Stuart Morris, Director of Digital
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		

Acronyms / Glossary of Terms	
DPO	Data Protection Officer
ICO	Information Commissioners Office
IG	Information Governance
SIRO	Senior Information Risk Owner



1. Situation / Background

1.1 The purpose of this report is to update the Committee on UHB's progress in enacting the recommendations made by Officers of the Information Commissioner following their assurance visit in January 2022.

2. Specific Matters for Consideration

2.1 The SIRO and DPO met with the ICO at the end of July 2023.

2.2 Limited progress had been made on the action plan reported in June 2023

2.3 Progress has been hampered by a lack of resources available within the Information Governance team

2.4 During July 2023, the Health Board appointed a new Head of Information Governance

2.5 During the Autumn of 2023, further recruitment to the Information Governance team will take place.

2.6 The ICO have stated that they wish to see significant progress by January 2024.

3. Key Risks / Matters for Escalation

3.1 Note the correspondence from the ICO (Appendix 1)

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Leadership
Dolen i Feysydd Ansawdd	Effective



Objectives / Strategy	
(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	Yes (Include further detail below)	
	Compliance with legislation	
Enw da / Reputational	Yes (Include further detail below)	
	Public confidence in managing their data	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	Resources required within the IG team to deliver the action plan	

5. Recommendation

- 5.1 The Committee are requested to **NOTE** the lack of demonstrable progress and the correspondence from the ICO.
- 5.2 **NOTE** the Head of Information Governance starting in role on 18 September 2023.

6. Next Steps

- 6.1 Full action plan progress will be presented to the November 2023 Committee

Paul Mears
Chief Executive
Cwm Taf Morgannwg University Health Board
Ynysmeurig House
Navigation Park
Abercynon
CF45 4SN

22 August 2023

Dear Mr Mears,

In January 2022 the ICO Regulatory Assurance department undertook an audit of Cwm Taf Morgannwg University Health Board's data protection provisions. This audit focussed specifically on the Health Board's Governance and Accountability, and the Sharing of Personal Data. Following the audit, the ICO made 35 recommendations of which 19 were assessed as being urgent or high priority. The Health Board accepted or partially accepted 18 of the urgent/high priority recommendations, outlined the actions they intended to take to address these recommendations and provided target completion dates that ranged from February 2022 to October 2022. During the follow up process further discussions between the ICO and the Health Board led to the acceptance of all of the recommendations made in the audit report.

ICO auditors undertook an interim follow up review of the Health Board updated action plan in August 2022. At this point one urgent and two medium priority actions were assessed as being completed.

A final follow up was scheduled for December 2022, however when this took place the Health Board had only completed three further actions (two high priority and one medium). As there was still a considerable number of outstanding actions it was decided to reschedule the final follow up for April 2023.

By April 2023 the Health Board had not completed any more actions and the final follow up was pushed back to July 2023. Disappointingly, in July no further actions could be assessed as having been completed.

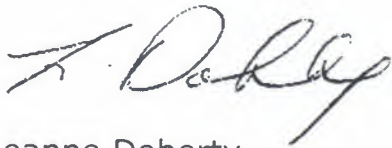
It is understood that the Health Board has had issues around staffing of their IG function, however, to have 16 high priority actions outstanding

for over 18 months is very concerning. This grossly exceeds the timescales originally set by the Health Board and has impacted on team resources given the number of times we have felt it necessary to push back the final assessment and closure of this engagement.

As of the Health Board's last update in July 2023 there are 16 High priority recommendations that have not had their agreed actions completed. Based on the updates provided by the Health Board we have outlined in appendix 1 what we consider to be still outstanding and what actions are still required to be taken.

We intend to conduct a final follow up with the Health Board in January 2024, which will be two years from our initial audit. If the Health Board cannot provide evidence of the completion of the agreed actions at this time the Health Board will be referred for further regulatory action.

Yours sincerely



Leanne Doherty
Group Manager Regulatory Assurance

Appendix 1

Governance and Accountability scope

A02.a We are aware that the Health Board (HB) has faced challenges in recruiting a permanent Head of IG across several recruitment campaigns. However, you have told us that the former Head of IG will be re-joining the HB from September 2023.

Action: Whilst this is a positive step, the HB should:

- Continue to build out its IG function with further permanent staffing resources to ensure that it is able to fully deliver required services to internal and external stakeholders.
- Continue with plans to identify and fully implement a network of IG champions who can support the work of the centralised IG team at a local level.

A well-resourced IG team, supported by a network of IG champions, will help to ensure that the DPO has the time to carry out their function.

A05.a In the period since the ICO audit, the HB has been implementing a new target operating model (TOM). You have told us that this has delayed the work being done to ensure IG risks and issues are discussed as a standing agenda item at local level operational meetings.

Once the operational meeting structures have been mapped in the new TOM, the HB should:

- Ensure meetings include data protection, information security and records management as standard discussion points.
- Extend these standard discussion points to all local level operational meetings beyond just the Operational Management Board and Information Governance Group.

A08. At the time of the ICO audit in January 2022, mandatory IG training compliance figures were reported to be around 72%. The most recent figures you have provided to the ICO for June 2023 indicate that mandatory IG training compliance now stands at around 77%, which remains below the HB's target of 85%.

The HB should:

- Introduce further measures to promote the completion of mandatory IG training across all staff teams, including the further targeting of individuals who have been identified as non-compliant, in order to reach the HB's 85% compliance target on an ongoing basis.

A09. In March 2023, you told us that the task to develop a training needs analysis (TNA) to identify additional role-based data protection training needs has been assigned to the corporate learning and development team. In an update provided to the ICO in April 2023, the HB had revised the implementation date for this action to October 2023.

The HB should:

- Ensure the TNA is completed and implemented in a timely manner to ensure that those staff who require specialist data protection training are adequately trained to perform their job function.

As part of the ICO's wider guidance on the Accountability Framework, we have specific guidance about enhanced data protection training for [specialised roles](#). We have also made available [a range of training videos](#) that we provide to ICO staff which could be reused by the HB to support the delivery of specialised training.

A13. At the time of the ICO audit, we were concerned that the HB had not undertaken a data flow mapping exercise to identify all data flows relating to the HB's data processors. This meant there was a risk that some data processors may be processing data on behalf of the HB without an adequate written contract in place. It is important to note that this specific control does not concern controller to controller data sharing where the HB shares personal data with, for example, another NHS Wales organisation for direct care purposes.

The HB must:

- Carry out a data flow mapping exercise to provide assurance that all active data processors have been identified (see also **A15.** below).
- Ensure there is an adequate written contract in place between the HB and each processor to control the relevant processing

operation(s). The ICO's website has guidance for organisations on [what needs to be included in the contract](#).

A15. Since the original ICO audit, you have told us that some work has been undertaken within and outside the central digital team to improve the identification and recording of information assets. In February 2023, a member of the HB's IG team also began work to review the internal record of processing activities (ROPA).

We continue to recommend that the HB should:

- Undertake an information audit or data flow mapping exercise to determine what personal data flows into, around and out of the HB in its capacity as both a data controller and data processor. The ICO's website has guidance for organisations about [how to document processing activities](#).

A16. Along with any existing documents that record details of specific processing activities, the HB must:

- Use the results of the information audit or data flow mapping exercise outlined in **A15.** to ensure it has a formal, documented and comprehensive ROPA in place.
- Ensure the ROPA meets legislative requirements on an ongoing basis. The ICO's website has guidance for organisations about [what they need to document under Article 30 of the UK GDPR](#).

Data Sharing scope

B02. The TNA being developed and implemented by the corporate learning and development team (see **A09.** above) should:

- Include enhanced induction and refresher training covering data sharing for those staff whose role requires them to share personal data. The most recent update provided to the ICO in April 2023 is for this action to be implemented by the HB by October 2023.

B05. In August 2022, the HB said the overarching document to control the sharing of patient data within the electronic patient record for the provision of direct care had been updated and signed by all relevant

partner organisations in Wales. In April 2023, the HB reported that the data protection impact assessment (DPIA) process was being used to ensure data sharing agreements (DSAs) were in place for all new sharing activities. As part of wider work to identify digital applications and subject them to the Cyber Security review, the HB reports that work is also being done to attempt to identify legacy DSAs.

The HB must:

- Continue to implement all necessary measures to ensure that all routine data sharing activities, including for non-direct care purposes such as research, are covered by an appropriate agreement that is signed by the senior management of all parties, and that details are captured in the central DSA register.

B07. Although work to conduct an audit of existing DSAs by the IG team was reported to be underway in the March 2023 update, it is unclear how far progressed this is. At this stage, the HB remains unable to demonstrate that there is a process in place to ensure that DSAs are reviewed regularly. Additionally, it is unclear what measures the HB has in place to ensure there is sufficient senior oversight of the HB's routine data sharing activities. Whilst the HB says that the DSA register is presented at each IGG meeting for information, we are also aware that the IGG did not meet during the winter 2022/23 period.

The HB told the ICO in its July 2023 update that a plan is to be developed with the incoming Head of IG in September 2023. We continue to recommend that the HB should:

- Ensure that DSAs are subject to regular review, and that there are measures in place to ensure the HB's routine data sharing activities are subject to appropriate senior oversight.

B09. You have told us that some relevant work has been undertaken by the IG Administrator, and more recently the IG Officer, to review the information asset register (IAR) in line with this recommendation. However, you also say that there have been numerous challenges identified which have been exacerbated by the organisational change process.

Overall, it appears that extremely limited progress has been made in implementing this recommendation. The HB must:

- Ensure that data processor contracts (DPCs) and DSAs contain specific retention periods and disposal arrangements for personal data shared between parties, and that sufficient assurance is sought that these arrangements are being followed in practice.

It is important to note that data processors should not be expected to apply their own retention periods where they are processing personal data under instruction from the HB.

The HB's most recent update provided to the ICO in April 2023 says that a plan is to be developed with the incoming Head of IG in July 2023.

B10. You have told us that the majority of data sharing is done on the NHS Wales network via the Code of Connection and that all parties, including the HB's sharing partners, are required to have robust access controls in place as a condition of being part of the Code.

You also say that detailed information access and audit responsibilities should be written into the relevant DPIA, and that a specific list of personnel are responsible for access controls. Further you say that the HB's sharing partners are responsible for monitoring access to shared data under their respective IG arrangements and for reporting any breaches.

However, at this stage, you have not provided any documentary evidence in support of your position. We continue to recommend that the HB should:

- Ensure it has robust and effective access control review and monitoring measures in place to ensure only nominated points of contact within its sharing partners can access shared data. This is especially important for any data sharing activities that take place outside of the Code of Connection.

B11. At the time of the ICO audit, the HB was not routinely seeking documented incident management procedures from its sharing partners or assurances that formal incident management procedures have been implemented by them.

Additionally, documentary evidence indicated that DSAs to which the HB is a party did not contain defined incident reporting deadlines in every case.

Our latest assessment is that actions towards this recommendation remain as 'not started'.

In the most recent update provided to the ICO in April 2023, you said that a plan is to be developed by June 2023.

We continue to recommend that the HB must:

- Ensure that its sharing partners have implemented effective incident management procedures so that actual or near miss security incidents involving shared data are immediately reported to the HB.

B12. The HB has provided documentary evidence to show that the Personal Data Request procedure has been updated to include a process for the handling of ad hoc third-party requests for data. However, it is unclear what steps the HB has taken to ensure that relevant staff have been made aware of the new process so that it can be consistently followed in practice across the relevant teams.

We recommend that the HB should:

- Take any necessary steps to communicate the new policy to relevant staff to ensure it is embedded in working practices.

B13. During the original audit, we observed that there were inconsistencies between different teams in how ad hoc third-party requests were tracked and monitored, including the keeping of records of responses, approval and quality assurance against legislative requirements.

As noted in **B12.** above, documentary evidence of the new process for handling ad hoc third-party requests for data has been provided to the ICO, but it does not include sufficient detail on the requirements for keeping records of responses, approval and quality assurance against legislative requirements.

In the latest update in April 2023, the HB said that it was determining with the internal audit team whether an audit of compliance could be added to their programme of work for 2023/24. The HB should:

- Ensure the process for handling ad hoc third-party requests for data includes detail on the requirement for keeping records of responses, approval and quality assurance against legislative requirements.
- Monitor compliance to the new process.



Agenda Item

5.1

Digital & Data Committee

Digital & Data Assurance Report

Dyddiad y Cyfarfod / Date of Meeting	12/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Karen Winder Assistant Director of Digital Systems
Cyflwynydd yr Adroddiad / Report Presenter	Karen Winder Assistant Director of Digital Systems
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		



ACRONYMS			
CTMUHB	Cwm Taf Morgannwg University Health Board	PCH	Prince Charles Hospital
POW	Princess of Wales Hospital	RGH	Royal Glamorgan Hospital
YCR	Ysbyty Cwm Rhondda	GFDC	Ground Floor Data Centre
UEM	Blackberry Unified EndPoint Management	MECM	Microsoft EndPoint Configuration Manager
MFD	Multi Functional (Print) Device	DR	Disaster Recovery
WG	Welsh Government	HEPMA	Hospital electronic prescribing and Medicine Administration
SBUHB	Swansea Bay University Health Board	SLA	Service Level Agreement
ECMG	Executive Capital Management Group	DHCW	Digital Health Care Wales
NPT	Neath Port Talbot	DPIA	Data Protection Impact Assessment
SCBU	Special Care Baby Unit	NNU	Neonatal Unit
RISP	Radiology Informatics System Programme	BAU	Business as Usual
WNCR	Wales Nursing Care Record	FHIR	Fast Healthcare Interoperability Resources

1. Situation / Background

- 1.1 There is an extensive work plan within Informatics, well above that agreed as part of the Integrated Medium Term Plan (IMTP). Presently there are 121 projects on the project portfolio catalogue

There are National systems with agreed local deployment dates

WICIS	-	January – March 2024
WCCIS	-	April 2024
HEPMA	-	July 2024
WPAS	-	May 2025
LIMS 2.0	-	June 2025
RISP/PACS	-	April 2026

All these projects are reliant on a robust digital infrastructure and while the services and resilience are being improved it is not at a pace that users or the projects require.

- 1.2 The underlying themes within the Care Groups when looking at service redevelopment and improvement are around digital. This is at a time when like all other services digital is under scrutiny on staff and spending. If potential solutions are digital in nature there will need to be appropriate funding from directorates from cost savings or top sliced.
- 1.3 The Bridgend disaggregation is only funded for the Welsh Patient Administrative System (WPAS) merger with no capital or revenue being made available from Welsh Government (WG) to support the other tranches of work required. The current financial climate is now putting a strain on the resources and potentially slowing progress
- 1.4 Financial Situation
- 1.4.1 Due to the current financial pressures there is scrutiny for each position that is entered onto Trac, delaying the delivery of the anticipated benefits and lowering morale of the existing workforce. There is now a backlog of existing vacancies awaiting authorisation, along with planned digital investment vacancies, jeopardising the reduction in the SBU SLA, and also progress against the Cyber Improvement Plan and Infrastructure Review.
- 1.4.2 The breakdown of the opening ICT £1.8m discretionary capital allocation for 2023/24 (25% of the DC programme), approved at



the August ECMG, including rolling replacement and new staff equipment, is provided below. Digital has been allocated £2 million of revenue investment, of which the majority will be allocated to the DHCW SLA and governance.

	Position Post August ECMG £000
IT Allocation = 25%	1,838
Capitalised IT Staff	320
B/F 22/23 schemes	2
Rolling Replacement Programme	348
IT Equipment new staff	150
WNCR	50
Bridgend Cardiology McKesson/CHC	152
Bridgend Cardiology Muse	8
Enablement of community systems	150
ICU Solution for Bridgend	200
Infrastructure Review Delivery	200
Bridgend Specific Schemes	258
	-
ICT contingency	0
ICT Sub Total	1,838
Balance of ICT Allocation	-

2. Specific Matters for Consideration

2.1 Highlights of the projects and work plan being delivered by Informatics

SERVICE	UPDATE
Network	<ul style="list-style-type: none"> • Switch replacement programme <ul style="list-style-type: none"> • The Network upgrade at YCR is almost complete, with the final component, upgrading the two cores having reached the detailed planning stage prior to implementation. • The Switch replacement programme at RGH has progressed well, with 50% of cabinets now upgraded. • Switch software updates – UHB wide <ul style="list-style-type: none"> • New firmware has been released for the '9300' and '3850' switches, with 95% and 35% of switches having been upgraded, respectively. • Firewall replacement programme across the UHB <ul style="list-style-type: none"> • Both new Cisco 4112 10Gb firewalls are now live in PoW. These each have a connection to a 10Gb PSBA circuit forming a HA connection. Alongside a tertiary SBU link back to NPT. • All small site SoHo type firewalls (circa 35) are to be replaced in the coming months with newer more capable models (Cisco



SERVICE	UPDATE
	<p>1010 and 1120) meaning that all sites will have Firepower capable devices at the front door.</p> <ul style="list-style-type: none"> • Multitone paging commissioning at all 3 sites <ul style="list-style-type: none"> • Completed • Next stage integration of alarm panels in RGH and PCH to allow alarms to be monitored from anywhere on the network. (Switchboard Centralisation project) • Planning and design phase for Phase III of the PCH Ground and First Floor which will see the removal of the ICT Portacabin and the building of a replacement facility ongoing.
Infrastructure (servers)	<ul style="list-style-type: none"> • Additional server cluster installed in POW to accommodate replications of critical virtual machines from PCH into POW. • Backup environment installed in POW which will enable us to transition backup services following network switchover. • We continue to transition key services in Bridgend with the view of full Data Center and aligned services fully managed by October 2023. • 2 Node server cluster purchased from capital for RGH, thus introducing a VMWare footprint in RGH - Installation planned for week commencing 25th September 2023. • Migrated to a new backup environment in RGH to bring us in line with the LT08 tape technology used in PCH. • VM migrations on going from Hyper V to new VMWare Estate, approx. 70 Virtual Machines remaining. • Initial discussions with major projects have begun with regards to moving out of the IT1 Data Center into a new Data Center (SDC) as part of ground and first floor phase 3 works in PCH. • Adoption of Citrix Cloud fully implemented, awaiting sign off on the CSIA and DPIA before planning migration. • Project on-going to reduce the number of servers running out of support operating systems.
Cyber & Service Management	<ul style="list-style-type: none"> • Cyber update provided in Committee
End User Computing	<ul style="list-style-type: none"> • Realignment of Desktop Support and Service Desk functions has now been completed. This alongside the



SERVICE	UPDATE
	<p>new support model has improved customer satisfaction and reduced wait times for staff seeking support.</p> <ul style="list-style-type: none"> • New escalation function being tested on the IT Service Desk, positive response so far, and plans in place to formalise this service. • Microsoft licensing – year two renewal figures have been finalised and recharged by DHCW. User profiling and continuous review leading to an ongoing cost avoidance of c£1m once vacancies have been filled. • Limited capital will have an adverse affect on rolling replacement, SBAR being written to demonstrate the situation. <p>Legacy Operating system updates</p> <ul style="list-style-type: none"> • Programme has been initiated for digital services to be standardised onto Edge, migrating away from IE. • Migration to OneDrive has been completed for all staff • Adoption of Microsoft 365 EndPoint Manager solution and reduction/removal of Blackberry UEM including replacement/reconfiguring of over 1000 devices has been moving forward, we now have less than 10 devices outstanding • New mobile telephony contract was awarded and migration to new contract is nearing completion, including rollout of associated hardware.
<p>Programme and projects team</p>	<ul style="list-style-type: none"> • Supported the HEPMA administrative system Invite to Tender and development of the Full Business case for submission to the Board and WG • Project managing the WPAS merger setting up the programme board and developing Terms of Reference • Managing Project Portfolio Board and user expectations • Working with the National team on WICIS
<p>Business Change</p>	<ul style="list-style-type: none"> • PCH Maternity and POW Paediatrics ongoing support after go live • SCBU / NNU go live planning • Progressing with icon requests with CAMHS • Process mapping Mortuary areas. • Confirmed installation of equipment the week commencing 11th September 2023 • Review of new areas to implement the Electronic Whiteboard system. • Providing ongoing support for T Drive, E Whiteboards and the D2RA pathway (List View / ETOC) and ADT/MTED



SERVICE	UPDATE
	<ul style="list-style-type: none"> • Provided the business change expertise for the transition of the POW to CTMUHB infrastructure • Process mapping cardiology in POW in preparation to moving users to the CTM instances of the MUSE and McKesson system as part of the clinical system disaggregation
Digital Systems	<ul style="list-style-type: none"> • Delivered ETR into radiology across CT, POW have gone live with 60 staff across 5 specialties (14500 electronic requests a month). Velindre consultants requesting into CTM. Primary care requesting into secondary care pilot started • Open Eyes live for all Glaucoma clinics at POW, Maesteg and YCR. PCH will be live next and preparation for RGH go live has started. Once live at all sites enhanced functionality to be investigated. • CANISC replacement now in use for Breast and Urology. • WNCR <ul style="list-style-type: none"> • Adult WNCR is now in BAU with CTM continuing to collaborate on all Wales standardisation and digitisation of records for future releases • Paediatric WNCR: Appointed a Paediatric Nurse to lead the development, scoping work has commenced. • Cardiology <ul style="list-style-type: none"> • Adult Cardiology system expansion undertaken to accommodate Princess of Wales as part of the disaggregation • Paediatric Cardiology upgrade from Xcelera • Cardiology WCP ETR pilot ready to start • Local readiness undertaken for National solutions <ul style="list-style-type: none"> • WICIS – go live 2023 • LINC – go live 2025 • RISP/PACS – go live 2026 • HEPMA – go live 2025 • WCCIS – go live 2025 • Digital Maternity – go live 2026 • A&E hardware improvements to improve patient flow within the department • Replaced and expanding the current digital dictation system due to end of life • HEPMA : <ul style="list-style-type: none"> • The project and clinical teams have worked at pace to progress the framework procurement and full business case for an electronic prescribing system. There has been extensive clinical engagement across all three sites with the clinical team presenting the project and seeking feedback, over 50 clinicians attended a demonstration from all three suppliers with the project team capturing their feedback on each of the systems.



SERVICE	UPDATE
	<ul style="list-style-type: none">• Supplier scoring has completed, and the board will be informed of the preferred supplier along with the full business case for consideration and approval.
Software Development	<ul style="list-style-type: none">• Working with BAU team at developing the Schematic e whiteboard across all remaining sites/specialities in CTM• Developed the list view of the e whiteboards D2RA – Discharge to Recover and Assess to meet new requirements• Updating the Electronic Transfer of care forms to meet new requirements• Update MITS in readiness for supporting POW
Clinical Coding	<ul style="list-style-type: none">• The coded position for April – July 2023, we have so far coded 39k of the 43k Finished consultant episodes, 10k of which has been with the help of the Data Science auto coding. Based on current trajectories and plans, we anticipate that we will achieve the revised 95% monthly target set out by the WG.• Coding managers are working with the consultants in various specialties to improve on the completeness of the Discharge Advice Letters (DAL's), allowing for more auto coding to be undertaken.• There has been interest from another Welsh Health Board exploring the options around taking the autocoder to assist with their uncoded activity.
Information	<ul style="list-style-type: none">• Five data technicians have been appointed over the quarter and have begun induction into focusing on Business Intelligence and Data acquisition and warehousing.• Numerous new dashboards have been produced to support service improvement.• Linkage of housing data with health data to identify households where housing improvements may have a significant impact on the health of our population and their care needs has been completed.• Modelling work supporting the Orthopaedic, Critical Care and Breast surgery reconfiguration programmes has been completed for the current phases of those projects, with ongoing support continuing for those projects.• Demand and Capacity work on local and regional Radiology.



SERVICE	UPDATE
	<ul style="list-style-type: none"> • D2RA pathway development continues to be supported via the eWhiteBoards and data quality streams of the Unscheduled Care and 6 Goals programmes involvement. Including data reports designed to improve understanding of related processes, as a prelude to formal dashboards. • The VBHC Heart Failure project continues receipt of support for analysis of pathways and data submissions for Digipharm. • Outpatient Transformation programme work driving a new decision support (job planning and productivity/utilisation efficiency) and deepdive BI dashboard. • New Referral to Treatment (RTT) dashboard gone live to replace the previous QL (QuickList) document. • Expansion of support to Text and Remind (T&R) systems to bring Endoscopy and Radiology into T&R. • Additional support on Data Quality for WPAS migration.
National Data Repository	<ul style="list-style-type: none"> • Analytics table produced from PROMS data to allow user analysis from synchronised data feed. • Consultant reference data used to further develop a CDR FHIR view of Inpatient and Day Case data. This data to be captured by a live WPAS transaction feed (As opposed to overnight batch used by the data warehouse – giving live data for reporting). Testing against the Data Warehouse view within 3-4 weeks. • API being sourced for Secondary Care data sharing. • Acquisition of newer form Cancer Data from WCP e-forms commenced. • e-Forms system, for clinical information data capture continued development. Focused on FHIR transformation. • CLIVSECO auto-coding gone live and under continual feedback improvement from Clinical Coding department. • Reconfiguration of Data Warehouse into the NDR project under formal planning. • API for National Endoscopy system being sought for supporting data Stream into NDR. • McKessons Cardiology system to provide automated data pipeline, on diagnostics for implementation by end Q3.



SERVICE	UPDATE
Performance Reporting	<ul style="list-style-type: none">• The performance report continues to be iteratively updated in line with WG and Board direction. Ownership and accountability of the content and accuracy of the performance data remain a significant concern to the Informatics teams.
Aggregation of Bridgend Services into CTM	See separate agenda item
Architecture	<ul style="list-style-type: none">• Leading the Bridgend Infrastructure programme with weekly focussed sessions and coordination.• Supporting the identification of risks pertaining to key Infrastructure components and review and remediation of these.• Reviewing the Nationally led RIS solution and ensuring that CTM has appropriate Infrastructure architecture to support the use of this Cloud service and also effective access to Local Business continuity services.• Providing assurance to the CTM Change board through the establishment of the Enhanced Change process to support the planning and technical assurance of Highly complex or potentially disruptive changes.• Next phase of Bridgend planning work will include a thorough review of the Telecoms arrangements.

3. Key Risks / Matters for Escalation

- 3.1 The current financial climate will impact the digital programme as both the capital and revenue forecast is severely reduced and the two resource programmes are not yet fully aligned.
- 3.2 Staffing continues to be a problem with post held up by the vacancy freeze and the restrictions imposed to advertise fixed term posts
- 3.3 Number of National projects proposed without local business cases and agreed funding
- 3.4 Drive to digital ways of working without adequate funding to be able to plan a constructive rolling replacement programme present reputational risk to the UHB in giving clinicians and patients the requisite assurance that digital enables resilient, safe ways of working.



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment



Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Staff & Capital required to deliver the full ambition of the digital programme	

5. Recommendation

The Committee are asked to:

- 5.1 **NOTE** the projects both system and infrastructure completed
- 5.2 **NOTE** the challenges with the current level of capital and revenue funding to sustain a digital programme
- 5.3 **NOTE** the increase of National systems without local business cases and therefore funding

6. Next Steps

- 6.1 To work with Care Groups to provide digital support to enable the service to be delivered in the current financial climate
- 6.2 To continue to work within budget to not only support the current digital infrastructure but look at improvements



Digital & Data Committee

Medical Records Assurance Report

Dyddiad y Cyfarfod / Date of Meeting	12/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Bethan Marsh, Clinical Records Modernisation Manager
Cyflwynydd yr Adroddiad / Report Presenter	Matthew Swarfield, Head of Clinical Administration Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service Group Director (Clinical Support Services)		

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
POW	Princess of Wales Hospital
HRMAG	Health Records Managers Assurance Group



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

IGMAG	Information Management Assurance Group
AMU	Acute Medical Unit
RGH	Royal Glamorgan Hospital

1. Situation /Background

1.1 This report is intended as a Medical Records Assurance Report, summarising the current position regarding the following:

- The number of missing medical records;
- Casenote availability audit
- Casenote Movement
- Medical Records incidents
- Record storage at Princess of Wales
- Digitisation of patient records

Information in this report relates purely to general hospital medical records and the maternity record, unless stated otherwise.

2. Specific Matters for Consideration

2.1 Missing medical records and management of these incidents

There are currently **34** missing records known to the Medical Records Department.

Number	Situation	Supposed location	Action
12	Apparent misfiles	Williamstown Hub	Periodic searches ongoing
16	Location unknown	Various hospital areas	Periodic checks ongoing
6	Mental Health Notes	tracked to MHS Archive – missing	No further detail available

This information is provided from reports made to the senior Medical Records Team. There may be other records missing, of which the team are currently unaware. N.B. Mental Health notes are managed by that service.

2.2 Casenote Availability Audits

Scheduled quarterly audits take place in June, September, January and March and are reported to the subsequent meeting. The last report was provided to the March 2023 meeting. However, a one-off audit has been undertaken for the purpose of this meeting:



RGH AMU Ward 4, audited on 8/8/23

Number of patients on ward	27	
Digital patients (immediate availability)	17	63%
Paper notes provided within 24 hours	10	37%
Notes provided within 48 hours	0	0%
Overall availability within 0-24 hours	27	100%

The target for acute admissions is to provide records within 24 hours. The RGH Medical Records Admissions Office monitors admissions and requests notes pro-actively.

2.3 Paper Casenote Movement and Digital Records

A summary of record movements in and out of the Hub Library is shown below. The number of records moved changes in line with the progress of digitisation. Note the GBS contract reduced in May 2023 and also that data for the GBS Scanning Bureau has inaccurately been combined with work done by the CTM Bureau, due to combined working and confusion over tracking codes. This should be reported correctly from August 2023 onward.

casenote interventions / movem	Sep 20 Bench- mark	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
	total	total	total	total	total	total	total
Live Records	56,510	23,054	25,024	25,374	29,144	26,460	26,157
Archive Records	2,354	2,078	1,544	11,394	1,474	1,680	1,433
Deceased Records	1,483	483	1,521	1,567	339	453	202
Maternity Records	1,453	46	1,269	4,041	857	697	728
Quarantine (oversized records)	141	0	-	-	1	653	146
CTM Scanning Bureau *	0	34,618	49,051	30,251	27,680	1,640	5,852
GBS Commercial Scan Bureau	0	5,207	31,649	26,717	25,777	45,134	34,893
Total	61,941	65,486	110,058	99,344	85,272	76,717	69,411
			*combin ed QA and pre- checks for GBS to scan	*combined QA and pre- checks for GBS to scan	* combined QA and pre- checks for GBS to scan	*GBS contract reduced. Legacy re- started. CTM day forward restart, data included with GBS	*GBS contract reduced. Legacy re- started. CTM day forward restart, data included with GBS



	Position at 19/5/23	Position at 08/08/23
Total number of digital patients	122,433	130,631
<i>Patients with legacy records only</i>	44,382	44,087
<i>Patients with day forward records only</i>	22,973	24,189
<i>Patients with legacy and day forward records</i>	55,078	62,355

The 48 hour scanning target for new record documentation has been met consistently since 18/4/23 and undertaken by CTM staff exclusively since June without commercial support, which is a significant achievement on the previous situation. The clinical risk is therefore mitigated, although this is being monitored constantly. The 48 hour target was achieved on the 18th April 2023 and has been sustained to date, resulting in a more stable service.

Technical issues have improved but some issues still persist, therefore quality checking is still necessary for 100% of scanned records. A business justification case has been prepared to extend commercial digitisation to the end of 2023/24 and potentially beyond; however the financial position is extremely challenging. A Clinical Safety Review of the Cito system has been proposed in relation to the Business Justification Case (BJC) and is expected to take place shortly.

2.4 Medical Records Incidents

2 new incidents involving the Medical Records Department or patient records have been reported via Datix in May-July 2023; both with trips/falls with no apparent cause and no injury or harm sustained. No hazards were identified in either case. However, there were **757** incidents of misfiled/misidentified patient documents found in May to July 2023. The current total discovered from October 2022 to July 2023 is now **2340** instances.

These misfiled paper documents are removed from the wrong patient file and filed / scanned into the correct patient record. Any scanned images in Cito are moved to the appropriate record. If it cannot be identified to which patient the document actually relates, the documentation is returned to source for the patient identity to be clarified. The volume of these incidents prevents individual Datix reports and the associated risk is stated in section

2.5 Record Storage & Retention

2.5.1. Princess of Wales and Bridgend record storage areas

During the summer of 2022 an extensive programme of work was undertaken to redistribute case notes across the 3 Bridgend Library sites (POW, Offsite store and Glanrhyd). This allowed for these environments to become much safer. Unfortunately the Libraries are now full to capacity with particular issues being faced in the offsite storage location in Bridgend. The racking in the POW Library and the offsite storage unit has repeatedly broken in more areas due to overloading, preventing access to records. Investment in a servicing contract has been necessary to repair breakdowns and provide 1 year's cover. The hire of storage containers has also been extended for the remainder of the year, due to the lack of storage space to repatriate these notes into core areas.

Storage solutions to avoid a recurrence of past problems will be explored through Q3 and Q4 and conversations have taken place to inform short, medium and long term solutions to this issue. The short term will explore any available additional storage options in Glanrhyd; medium term will explore any storage options in the new Llantrisant Health Park as part of the design of the newly acquired BA buildings; in the long term we will begin to explore the options around digitising Bridgend patient case notes and what will be required to undertake this.

2.5.2. Infected Blood Inquiry – record destruction embargo

The record destruction embargo has been lifted for Cwm Taf Morgannwg. It is theoretically possible to recommence legal record destruction in line with national record retention guidelines. However, national guidance has been issued that records should be retained for 20 years for patients with "long-term conditions"; no qualification of such conditions is provided. The All-Wales Health Records Managers Group prepared a joint paper for submission to Welsh Government, recommending that the GP/primary Care record is the primary record for 20 year retention of this information on long-term conditions. Adopting this approach would bring Wales (and England) into line with Scottish guidance; the English guidance currently available and being adapted for Wales is contradictory and appears to agree with the Scottish model in some sections but not others.

This paper has been reviewed and is supported by Medical Directors throughout NHS Wales and was then discussed at the Information Governance Advisory Group (IGMAG) on 27th July 2023. It became clear during those discussions that the impact of the decision could have wider implications and that further detailed consideration was needed by Information Governance colleagues. It was decided, therefore, to seek views from IGMAG colleagues individually; this is being taken forward on behalf of the HRMAG by Velindre NHS Trust. A copy of the paper is attached as Appendix A.

Therefore only deceased patients' records for deaths over 10 years ago could currently be destroyed, but there is presently no staff resource to carry out this work. The position will require further review once the 20-year rule is clarified.

3. Key Risks / Matters for Escalation

3.1 Risk – Filing of Incorrect Patient Documentation

There continues to be a high level of incorrectly filed material received for day forward scanning, where documents relating to one patient are found in the record of another patient. As previously reported, the correct patient does not have the full information included in their record and the incorrect patient has information relating to another individual's health condition in their record. This may affect treatment decisions and care received by either patient. It is also noted that this presents an information governance risk of this information being disclosed in error.

This matter has been escalated to the Medical Director and Executive Director of Nursing. It is now intended to include this matter in the planned Clinical Safety Review mentioned above.

3.2 Risk – Records Storage Across CTM

Record storage at Bridgend sites remains a significant and recurrent risk, with storage areas now overcrowded once more. Record storage pressures in other areas outside the Hub and the remit of the wider Medical Records Department continue to escalate, due to records growth and the inability to destroy legally as required. Clarity of retention guidance and the availability of staff resource therefore remain key, but additional storage space has now become essential in the meantime. Digitisation has been cited within the BJC as the only effective measure to address this effectively, whether by scanning, development of digital forms instead of paper, or both.

3.3 Risk – Digital Records Strategy

The current strategy is being reviewed to assess the future plan, given the current storage pressures, progress on digital records and the financial position to progress digitisation. The BJC sets this out in detail, along with the red risks of not progressing. The Clinical Safety Review will help clarify the position of digital records for clinical care and is therefore central to the next steps with the BJC.

3.4 Risk - Summary of Irradiated Blood Alerts incorrectly added to Digital Patient Records

Patients requiring irradiated blood transfusions should have a distinctive sticker attached to their case notes to advise this in the event of future transfusions. The clinically agreed and documented process when digitising notes with these stickers or other alert factors (e.g. DNACPR) is to complete an alert sheet and scan this into the Alerts category in Cito. Clinicians can then view the alert document and see what category has been ticked; a special requirement for irradiated blood. DNACPR, Allergy, etc.

This was done correctly by the commercial scanning team and the CTM in-house scanning team from April 2021 until the pause in scanning in December 2022. When scanning re-started in February 2023, the commercial scanning partner was given an incorrect instruction by one of the Medical Records team regarding processing of the All Wales Blood Transfusion form; namely that the simple presence of this form requires a special blood requirement alert. Every patient having a blood transfusion has this form completed. This change was brought to my attention on 18th July 2023.

Immediate action was taken to reverse this change in process; the commercial partner was informed not to accept any future change of instruction without my written authorisation. Reports were provided of all patients with an alert added to their Cito record since the scanning re-start in February 2023.

A Datix incident was raised with initial findings and an Early Warning Notice issued to Welsh Government. Work has subsequently been done by the Records Hub team to check alerts for 4839 patients. The risk associated with an irradiated blood transfusion is low for the vast majority of patients. However, no patients appear to have received such a transfusion or come to harm as result. Findings of the check are as follows

No error	No error made; the alert form added for the patient was for a different reason (allergy, DNACPR, etc.) and is correct.	4461
Clinically certified	The special blood requirement alert was clinically documented and is correct.	82
Wrong alert – deleted completely	An incorrect special blood requirement alert form was added due to the wrong instruction given regarding processing of the transfusion form. No alert was actually required. The incorrect alert form <u>has not been viewed</u> by any clinical users and has been deleted from the record.	172



Wrong alert – corrected and replaced	An incorrect special blood requirement was added to the alert sheet, along with other (correct) alert factors, e.g. allergy, DNACPR, etc. The original incorrect alert <u>has not been viewed</u> by any clinical users and has now been deleted and replaced with a corrected version stating only the correct alert factor.	112
Wrong alert added and has been viewed by a clinical user	An incorrect special blood requirement alert has been added to the record. It <u>has been viewed by a clinical user, but the patient does not appear to have received any treatment resulting from this information</u> . Specific patient details are being provided separately to the Medical Director for clinical verification of my conclusions regarding these patients. The incorrect alerts have been deleted or corrected, as appropriate.	5
Duplicate entries, test patient entries	Patients / casenumbers appeared on the report for checking, but were duplicate entries for patients already checked, or test patients and not genuine cases. No corrective action was required.	7

The Medical Director and Director of Digital have been kept updated throughout and the above conclusions of the checking process have been shared with them on the 4th September 2023. The Medical Director is liaising with Welsh Government. Advice is awaited on next steps. It has been requested that a review of the alert process is undertaken, with clinical advice, as there seems to be little clinical reference to this data.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd	Effective



Objectives / Strategy	
<i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</i>	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Timely provision of accurate information for patient care. Safe systems of identifying patient records and robust systems of record keeping.	If no, please include rationale below:
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality</i> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	Yes (Include further detail below) General Data Protection Regulations	
Enw da / Reputational	Yes (Include further detail below)	
	Risk of reputational demand to the digital agenda by reverting to paper notes/ processes.	
Effaith Adnoddau <i>(Pobl /Ariannol) / Resource Impact</i> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Staff revenue costs of secondments across areas.	

5. Recommendation

5.1 The Committee is requested to:

- **NOTE** measures to manage/report missing medical records
- **NOTE** the audit results of casenote availability;
- **NOTE** the report on casenote movement and growth of digital patients

- **NOTE** the Medical Records incidents, including misfiling of patient documentation and the risk this presents to patient care and information governance and options to escalate.
- **NOTE** the record storage position at POW Library and across the wider organisation
- **NOTE** the risk related to the Digital Record strategy, regarding financial position and forthcoming Clinical Safety Review.
- **NOTE** the risk related to irradiated blood and associated actions undertaken.

6. Next Steps

- Work to address records storage issues in Bridgend locations, POW Medical Records and Offsite storage.
- Continue our digital records strategy in line with direction from Executive Board following BJC.
- Prioritisation of workforce allocation to ensure business as usual functions across our medical records and booking function as a result of the financial position the health board faces.
- Progress options on notes destruction pending advice/ guidance on 20 year records retention ruling at HRMAG.



Agenda Item

5.3

Digital & Data Committee

Mental Health Subject Access Requests

Dyddiad y Cyfarfod / Date of Meeting	12/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Andrew Nelson, Assistant Director of Data & Compliance
Cyflwynydd yr Adroddiad / Report Presenter	Andrew Nelson, Assistant Director of Data & Compliance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		

Acronyms / Glossary of Terms	
MH	Mental Health
SAR	Subject Access Request



GIG
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WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

GDPR	General Data Protection Regulations
RGH	Royal Glamorgan Hospital
KHHP	Keir Hardie Health Park
YGT	Ysbyty George Thomas
YCC	Ysbyty Cwm Cynon
WCCIS	Welsh Community Care Information System

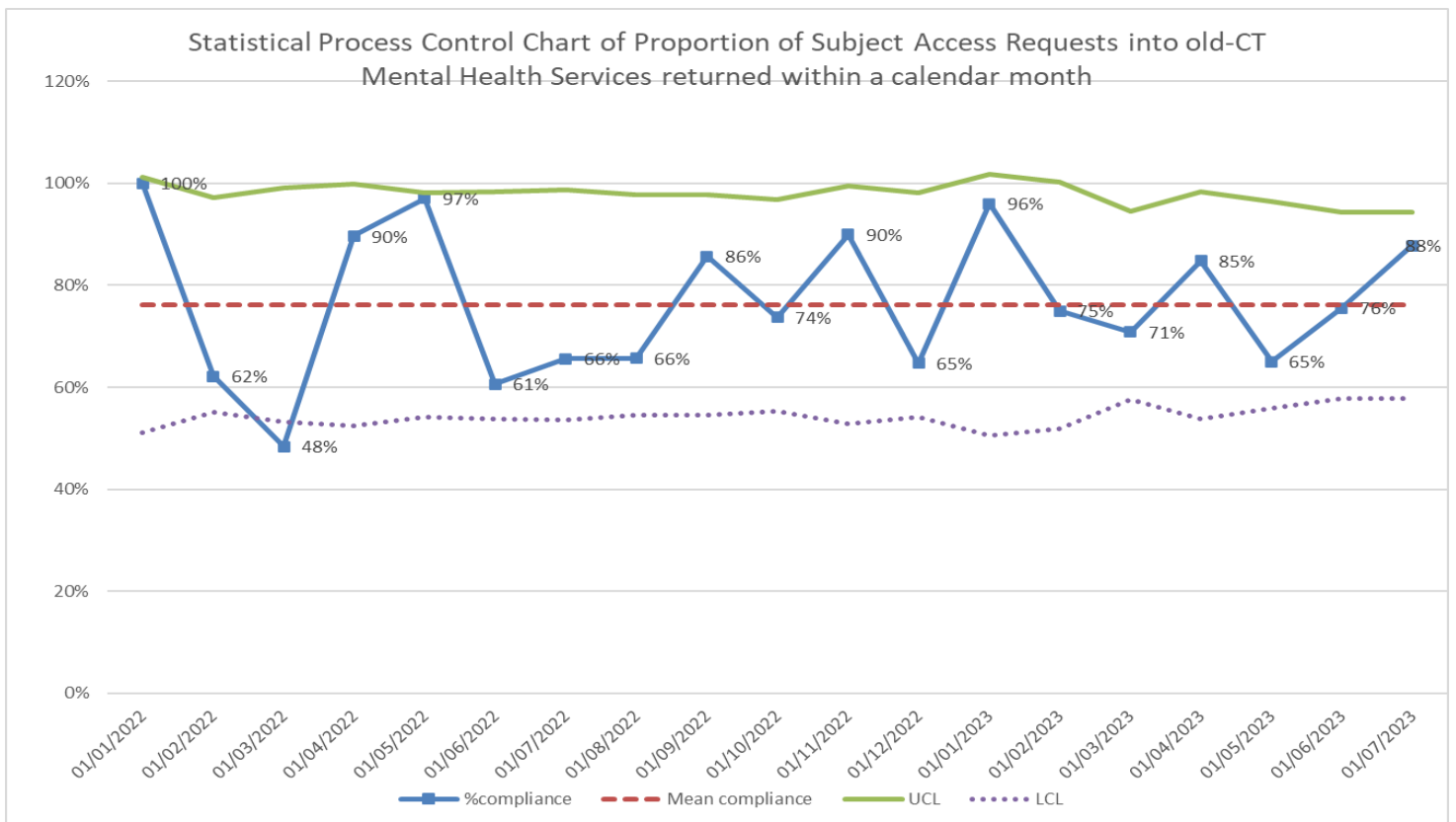


1. Situation / Background

The performance, people and processes for managing subject access requests into Mental Health has been reviewed in detail by the directorate following a lengthy period of non-compliance with the GDPR legislation in regards to providing access within a calendar month of the request being received.

As shown in the table and chart below compliance has fluctuated around a mean of 76% over the past 19 months, with no statistically significant change in performance noted since April 2022.

Mental Health	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of requests	26	37	31	29	34	33	32	35	35	38	30	34	25	28	48	33	40	49	49
Number of exemptions applied	0	0	0													0	3	4	2
Number of late responses	0	14	16	3	1	13	11	12	5	10	3	12	1	7	14	5	14	12	6
% compliance	100%	62%	48%	90%	97%	61%	66%	66%	86%	74%	90%	65%	96%	75%	71%	85%	65%	76%	88%
avg compliance	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%
avg number of SARs	35	35.1	35.1	35.1	35.1	35.1	35.1	35.1	35.1	35.1	35.1	35.1	35.1	35.1	35.1	35.1	35.1	35.1	35.1



2. Specific Matters for Consideration

The present process requires the paper-based record to be retrieved from Mental Health Medical Records Libraries across numerous sites: RGH, KHHP, Maritime, YCC and YGT, which are then photocopied and scanned. Any electronic records on the Face or WCCIS systems or stored by primary care and psychiatry in their network folders also require printing and scanning.

This is a function provided by 1 whole time equivalent, consisting of 2 part time members of staff. Whilst this is their main role they also deal with general administration duties, cancelled clinics, library work, have supervisory duties to the Clinic co-ordinators and cover outpatients clinics during periods of absence.

As the medical records may extend to a high number of volumes of case notes per patient, it is not uncommon for photocopying alone to take 4-5 days.

The clinician(s) for the sub-specialties for which there are records available are then required to review the record, to redact any parts where the requestor is not the data subject in the record (for example where there is a description of other family members) and to return the record to the supervisor.

3. Key Risks / Matters for Escalation

The review identified a number of significant challenges in the process being undertaken within the calendar month, which can be summarised as:

- Insufficient clinical resource to provide a high-quality clinical service delivering ministerial priorities on access, which, consequently, results in clinical service delivery being prioritised ahead of the administrative time required to read through the clinical record and identify any redactions.
- The care record is not integrated, rather it is held in different formats, in different locations using different media. As a consequence, the process to retrieve, review, redact and convey the record to the requestor is manpower intensive and frequently demands resources far greater than those available to the service. This is exacerbated at periods of high demand for SARs, additional clinical or when one

of the Administration Assistants is on leave or having to cover Outpatient Clinics and capacity is halved.

- Insufficient Administrative Assistants. As part of their role, the assistants redact the relevant information. In particular, when Clinicians are not in post or covering more than one area, this has caused a number of delays in dealing with scrutiny requests.

As the challenge is common across Wales, the Administration Team Leaders for mental health SARs across Wales have been working together on an informal basis to identify the pros and cons of different working practices, share useful tools, policies and procedures and to benchmark inputs and outputs.

A more detailed appraisal of the situation has been developed as a result, however any actions need further consideration given the financial environment and the decision to freeze recruitment to “administrative” posts.

Presently the service are not carrying any vacancies, which would suggest that the establishment may not be sized to provide sufficient resilience to manage the variation in demand and capacity for administrative staff within the mental health records service.

The increasing number of outpatient clinics held on off-site locations has also had an impact on some of the work, both in regards to:

- reducing the ability of the clinic co-ordinators to assist with photocopying records, which they were able to do when the clinic was at the RGH, and;
- In regards to the Assistants having to cover an increasing number of Outpatient Clinics off the acute site, at times of annual leave and sickness.

4. Assessment

The Health Board continues to pursue the longer-term solutions to improve the response times for Subject Access Requests from patients who have been in receipt of mental health care. These are the procurement of WCCIS as a digitised medical record for Mental Health care and the implementation and realisation of sustainable clinical workforce models in mental health services.



Actions identified to provide 'greater' resilience in the short term are being taken forward where resources and the wider service environment allow. This incorporates increasing the effective use of the UHB's wider administrative resource.

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

The Committee are asked to **NOTE** the findings of the review and to monitor the effectiveness of the short-term actions via the reporting of subject access response times contained within the Information Governance highlight report.



Agenda Item

5.4

Digital & Data Committee

Digital Business Continuity Update

Dyddiad y Cyfarfod / Date of Meeting	12/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Stuart Morris, Director of Digital
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		

Acronyms / Glossary of Terms	
ICO	Information Commissioners Office
NCSC	National Cyber Security Centre

1. Situation / Background

- 1.1 The purpose of this report is to update the committee on the progress of Digital Business Continuity Activities over the past 12 months

2. Specific Matters for Consideration

- 2.1 Good progress has been made during the past 12 months in the development of Cyber Incident Response Plan, noting that there is lots more work to do.
- 2.2 The plan has been created using the National Cyber Security Centre (NCSC) Cyber Incident Handling guidelines – This represents best practice as defined by the UK Government.
- 2.3 Cyber incidents include, but are not limited to the following:
- 2.3.1 Theft / loss of information (Reported or actual)
 - 2.3.2 Malware Infection
 - 2.3.3 Ransomware Infection / Encryption
 - 2.3.4 Denial of Service
 - 2.3.5 Malicious Code
 - 2.3.6 Phishing Attack
 - 2.3.7 Unauthorised Access
 - 2.3.8 Suspicious Activity (from internal or external sources)
 - 2.3.9 Issues reported from security monitoring systems
 - 2.3.10 Issues reported by staff members
 - 2.3.11 Issues reported from other sources and reported to Digital & Data teams (potentially on call)
- 2.4 The plan has been developed as a result of significant disruption to service during the last 12 months
- 2.5 Process flows have been developed to respond to Cyber Incidents
- 2.6 Further iterations of the plan and ongoing work will be performed in collaboration with the wider activities regarding Business Continuity & Incident Management led by the planning team



- 2.7 A new on-call management rota has been introduced for the digital & data function
- 2.8 A Cyber Resilience Management Group has been formed during 2023 to review key risks, processes and action plans for each function of the digital and data team
- 2.9 A further Cyber exercise is planned for the Autumn of 2023

3. Key Risks / Matters for Escalation

- 3.1 Note the plan to undertake an exercise for Cyber disruption during the Autumn of 2023

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Leadership
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Effective
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	Yes (Include further detail below)	
	Compliance with legislation	
Enw da / Reputational	Yes (Include further detail below)	
	Public confidence in managing their data	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Resources required within the Digital & Data team	

5. Recommendation

5.1 The Committee are asked to **NOTE** the contents of the report

6. Next Steps

6.1 Test of Cyber Response Plan in Autumn of 2023



Agenda Item

6.1

Digital & Data Committee

Digital & Data Overview

Dyddiad y Cyfarfod / Date of Meeting	12/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Stuart Morris, Director of Digital
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		

Acronyms / Glossary of Terms	
ICO	Information Commissioners Office
IG	Information Governance



1. Situation / Background

1.1 The purpose of this report is to update the Committee on the current operating model for the Digital & Data function.

2. Specific Matters for Consideration

2.1 The functional map of services was performed in collaboration with the Digital & Data Senior Management Team during the summer of 2022.

2.2 A new Strategic Leadership level has been created.

2.3 Structural changes have been conducted under the Health Board's Organisational Change Process during the autumn of 2022 and the spring of 2023.

2.4 In October 2022, the proposed structure and functional map was shared with the Executive and Full Board.

2.5 The following diagrams outline:

- 2.5.1 The Functional Map of Services
- 2.5.2 The Strategic Leadership Team
- 2.5.3 Digital Governance
- 2.5.4 The Strategic Themes for Digital & Data

3. Key Risks / Matters for Escalation

3.1 None

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Leadership



Objectives / Strategy	
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd</i> (<i>Ilyw.cymru</i>)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report. N/A	
Enw da / Reputational	Yes (Include further detail below)	
	Continuing the delivery of Digital & Data as a Profession	
Effaith Adnoddau (<i>Pobl / Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	Yes (Include further detail below)	
	Resources required to strengthen Digital & Data at all levels	

5. Recommendation

5.1 The Committee are requested to **NOTE** the contents of the report

6. Next Steps

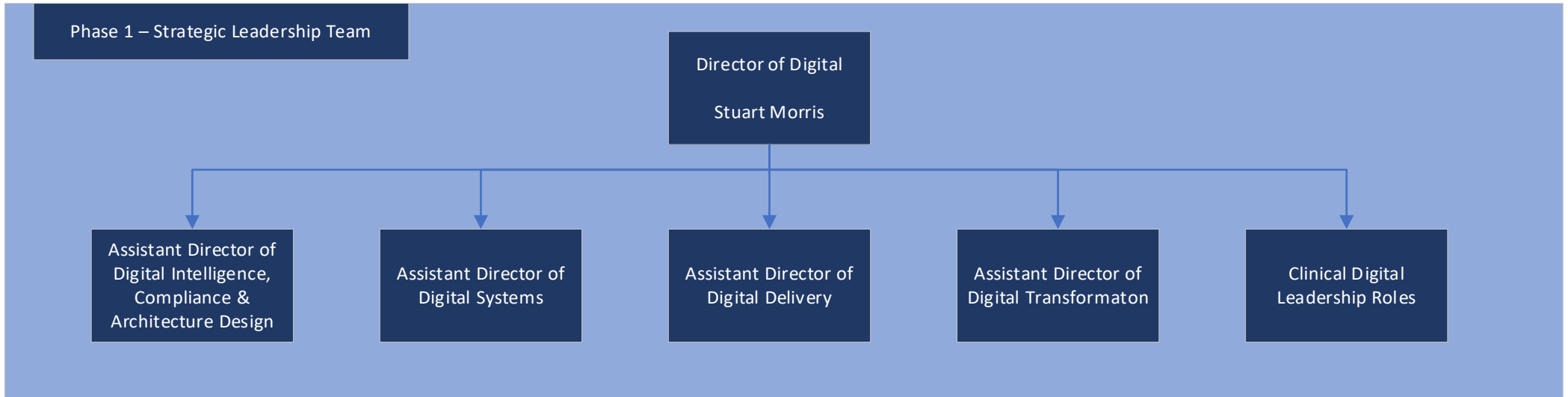
6.1 Continuing the evolution of the Digital & Data function



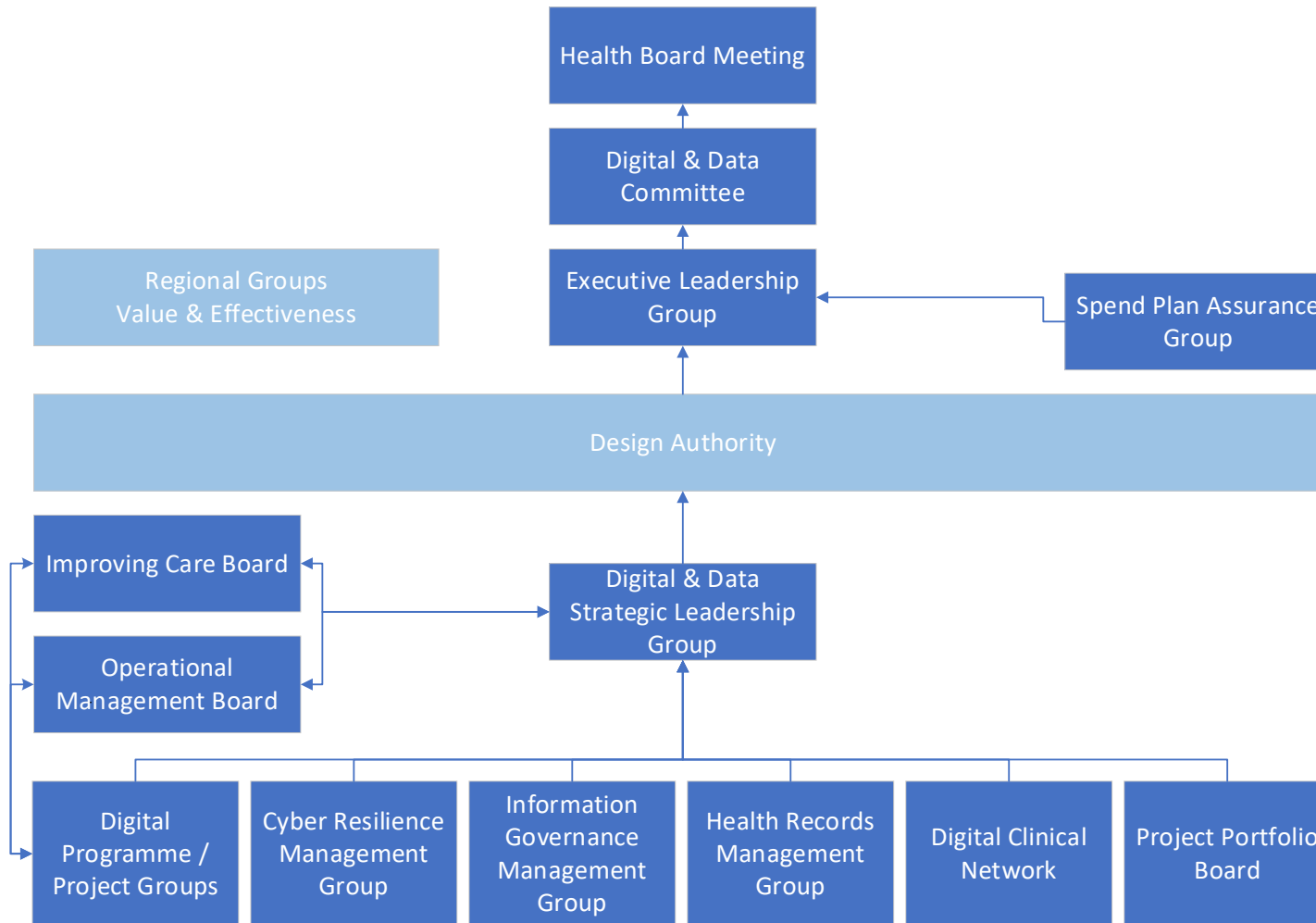
Appendix 1 - Functional Map of Services



Appendix 2 – Strategic Leadership Team



Appendix 3a – Digital Governance





Appendix 3b – Digital Governance

Digital & Data Strategic Leadership Group
Mondays
15:30 to 17:00

Weekly:
Rotation deep dive on a pillar each month
Strategy topic
Urgent business as required

Digital & Data Senior Management Team
Fridays
9:30 to 10:30

Weekly:
Key Operational Issues









Digital & Data Senior Team Development
Fridays
10:30 to 12:00

Fortnightly / Monthly (As Required):
Various Leadership / Team Development / Technical Sessions

Digital & Data Directorate Away Day
½ Day Session

Twice Yearly:
Various Topics / Team Development / Technical Sessions

Appendix 4 – Digital & Data Strategic Themes

1	 Digital health board	Digitising the processes across the health board that support patients and employees across all care settings, removing manual effort, eliminating paper and capturing valuable, reusable data as standard
2	 Insights-driven healthcare	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3	 Single patient view	Managing a single, digital view of a patient's care and history across Primary, Community and Secondary services, improving patient centric care, reducing delays in information seeking and removing re-keying errors
4	 Intelligently integrated healthcare	Intelligently integrating processes and systems, providing two-way communications across silos and implementing smart workflow to automate key process interactions across care settings, removing manual effort and baking in zero-error processing
5	 Digital workforce	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6	 Adoption and exploitation	Providing the resources, structures and toolkits to properly manage identification, implementation and adoption of new solutions; and supporting staff in exploiting the systems they have access to
7	 Managing innovation	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8	 Digital enablers	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy

DIGITAL & DATA COMMITTEE – FORWARD WORK PLAN 2023				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Requested at Agenda Planning Meeting for September 2023	Additional Item	ICT Business Continuity	Director of Digital	12 September 2023
Annual Cycle of Business	Annual Review by Committee	Committee Self Effectiveness Survey Outcome	Assistant Director of Governance & Risk	12 September 2023
Requested at Agenda Planning Meeting for September 2023	Additional Item	Breach Analysis for Subject Access Requests	Chief Information Officer	12 September 2023
Requested at Agenda Planning Meeting for September 2023	Additional Item	Internal Audit Report – Performance Management	Director of Digital	12 September 2023
Completed Activity from the Forward Work Plan:				
Requested at Agenda Planning Meeting for June 2023	Ad-Hoc Item	Spotlight: NHS Wales APP		Completed - 12 June 2023

Requested at Agenda Planning Meeting for June 2023	Additional item	Internal Audit Report: Follow Up Transfer of Bridgend Informatics Service	Assistant Director of Informatics	Completed - 12 June 2023
Requested at Agenda Planning Meeting for June 2023	Additional Item	ICO Audit Action Plan Progress Report	Chief Information Officer	Completed - 12 June 2023
Annual Cycle of Business	Annual Report received by Committee	Draft Committee Annual Report	Assistant Director of Governance & Risk	Completed - 12 June 2023
Requested at Agenda Planning Meeting	Additional Item	Digital Whiteboards Presentation	Director of Digital	Completed -13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Bridgend Disaggregation	Chief Information Officer	Completed - 13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Infrastructure Review – management Response Update	Director of Digital	Completed - 13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Medical Records - Peer Review	Director of Digital	Completed - In Committee – 13 March 2023
Follow Up from Annual Report 2021-22 received September 2022	Standard Agenda Item (annually)	Committee Self Assessment Outcome and Improvement Plan	Director of Governance	Completed - 19 December 2022

Committee Referral from Audit & Risk Committee – 24 October 2022	Additional Item	Internal Audit Reports – Digital Operation Model and Medical Records Management	Director of Governance	Completed - 19 December 2022
Requested at agenda planning meeting	Additional Item	Grant Thornton – Clinical Information Review – presentation	Director of Digital	Completed - 19 December 2022
Requested at agenda planning meeting	Additional Item	Patient Centred Contact Highlight Report	Director of Digital	Completed - 19 December 2022