

## Agenda

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### 09:30 - 09:35 **1. PRELIMINARY MATTERS**

5 min

#### **1.1. Welcome and Introductions**

*Ian Wells, Chair*

#### **1.2. Apologies for Absence**

*Information Ian Wells, Chair*

For Noting

#### **1.3. Declarations of Interest**

*Information Ian Wells, Chair*

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### 09:35 - 09:40 **2. CONSENT AGENDA**

5 min

#### **2.1. Items for Approval**

##### **2.1.1. Unconfirmed Minutes of the Meeting held on 12th September 2023**

*Ian Wells, Chair*

 2.1.1 Unconfirmed Minutes DDC 12.09.23.pdf (11 pages)

##### **2.1.2. Unconfirmed Minutes of the In Committee Meeting held on 12th September 2023**

*Decision Ian Wells, Chair*

 2.1.2 Unconfirmed Minutes DD IC 12.9.23.pdf (3 pages)

#### **2.2. Items for Noting**

##### **2.2.1. All Wales Independent Member Digital Network Highlight Report**

*Information Gareth Watts, Director of Governance/Board Secretary*

No report on this occasion as IM Digital Network meeting in October 2023 was stood down

##### **2.2.2. Action Log**

*Information Ian Wells, Chair*

 2.2.2 Action Log DDC 14th November 2023.pdf (2 pages)

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### 09:40 - 10:00 **3. MAIN AGENDA**

20 min

### 3.1. Matters Arising Not Otherwise Contained on the Action Log

*Ian Wells, Chair*

### 3.2. Spotlight: e-Prescribing

*Discussion*                      *Stuart Morris, Director of Digital & Suzanne Rodgers, Assistant Director of Digital Transformation*

 3.2 Spotlight e-Prescribing DDC 14 November 2023.pdf (5 pages)

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10:00 - 10:30

30 min

## 4. GOVERNANCE

### 4.1. Organisational Risk Register - to follow


*Discussion*                      *Cally Hamblyn, Assistant Director of Governance & Risk*

### 4.2. Internal Audit Report - Infrastructure Management

*Discussion*                      *Stuart Morris, Director of Digital*

For Discussion/Noting


 4.2 Internal Audit Report - Infrastructure Management.pdf (3 pages)

 4.2a IA CTM-2324-19 IT Infrastructure final ia report DDC 14 November 2023.pdf (15 pages)

### 4.3. Information Governance Group Highlight Report

*Information*                      *Andrew Nelson, Assistant Director for Data & Compliance*

For Noting

 4.3 Information Governance Group Highlight Report DDC 14 November 2023.pdf (9 pages)

### 4.4. ICO Audit Action Plan Progress Report

*Discussion*                      *Stuart Morris, Director of Digital*

For Discussion/Noting

 4.4 ICO Audit Action Plan Progress Report DDC 14 November 2023.pdf (3 pages)

 4.4.a APPENDIX A ICO Audit Action Plan Progress Report DDC 14 November 2023.xlsx (4 pages)

 4.4.b APPENDIX B ICO Audit Action Plan Progress Report 14 November 2023.pdf (9 pages)

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10:30 - 10:50

20 min

## 5. IMPROVING CARE

### 5.1. Digital & Data Assurance Report

*Discussion*                      *Stuart Morris, Director of Digital*

For Discussion/Noting


 5.1 Digital & Data Assurance Report DDC 14 November 2023.pdf (13 pages)

### 5.2. Medical Records Assurance Report

*Discussion*                      *Matthew Swarfield, Head of Clinical Admin Transformation*

For Discussion/Noting

 5.2 Medical Records Assurance Report DDC 14 November 2023.pdf (11 pages)

 5.2.a. APPENDIX A Medical Records Assurance Report DDC 14 November 2023.pdf (7 pages)

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**10:50 - 11:00 6. SUSTAINING OUR FUTURE**


10 min

**6.1. Integrated Medium Term Plan 2024-25**

*Stuart Morris, Director of Digital*

For Discussion/Noting

 6.1 Integrated Medium Term Plan 2024-25 DDC 14 November 2023.pdf (6 pages)

 6.1.a. APPENDIX A Intergrated Term Plan 2024-25 DDC 14 November 2023.pdf (2 pages)

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**11:00 - 11:00 7. OTHER MATTERS**

0 min

**7.1. Forward Work Plan**

*Ian Wells, Chair*

 7.1 Forward Work Plan - DDC 14 November 2023.pdf (4 pages)

**7.2. Committee Highlight Report to Board**

*Ian Wells, Chair*

**7.3. Any Other Urgent Business**

*Ian Wells, Chair*

**7.4. How did we do today?**

*Ian Wells, Chair*

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**11:00 - 11:00 8. DATE AND TIME OF NEXT MEETING**

0 min

12th March 2024 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 SEPTEMBER 2023 VIRTUALLY VIA TEAMS

#### PRESENT:

Ian Wells Independent Member (Committee Chair)  
Carolyn Donoghue Independent Member

#### IN ATTENDANCE:

Stuart Morris Director of Digital / Senior Information Risk Owner  
Andrew Nelson Assistant Director of Data Intelligence & Compliance  
Karen Winder Assistant Director of Digital Systems  
Dom Hurford Executive Medical Director  
Matthew Swarfield Head of Clinical Administration Transformation  
Robert Bleasdale Associate Medical Director for Digital  
Gemma Northey Consultant Cardiologist  
Chris Ball Consultant Public Health  
Christian Smith Head of IT Infrastructure  
Suzanne Rodgers Lead Informatics Nursing Specialist  
Gemma Northey Assistant Director of Digital Transformation  
Sara Utley Consultant Public Health  
Gareth Watts Audit Wales (Observing)  
Director of Corporate Governance/Board Secretary  
Cally Hamblyn Assistant Director of Governance & Risk  
Tyler Lewis Corporate Governance Officer (Observing)  
Kathrine Davies Corporate Governance Manager (Secretariat)

#### 09/23/01 1.1 WELCOME & INTRODUCTIONS

I Wells welcomed everyone to the meeting including Carolyn Donoghue, Independent Member, who was attending her first meeting of the Committee.

#### 09/23/02 1.2 APOLOGIES FOR ABSENCE

Apologies were received from:

- Julie Denley – Deputy Chief Operating Officer/Mental Health, Primary Care and Community Services.



## Agenda Item 2.1.1

- Sallie Davies - Deputy Medical Director
- Lynda Thomas – Independent Member

**09/23/03 1.3 DECLARATIONS OF INTERESTS**  
No declarations of interest were received.

**09/23/04 2.0 CONSENT AGENDA**  
No questions were received prior to the meeting in relation to the consent agenda.

**09/23/05 2.1 ITEMS FOR APPROVAL**

**09/23/06 2.1.1 Minutes of the meeting held on 12 June 2023**  
The minutes were **APPROVED** as an accurate record.

**09/23/07 2.1.2 Minutes of the In-Committee meeting held on 12 June 2023**  
The minutes were **APPROVED** as an accurate record.

**2.2 ITEMS FOR NOTING**

**09/23/08 2.2.1 All Wales Independent Member Digital Network Highlight Report**  
The report was **NOTED**.

**09/23/09 Action Log**  
The Action Log was **NOTED**.

### **3. MAIN AGENDA**

**09/23/10 3.1 Matters Arising Otherwise Not Contained within the Action Log.**  
There were none to report.

**09/23/11 3.2 Spotlight: Bridgend Disaggregation**  
K. Winder presented the report and provided a presentation on the progress with the Bridgend Disaggregation work.

The Committee were advised of the ongoing discussions to define the Service Level Agreement (SLA) for 2023-24 and **NOTED** the following key matters:



### Agenda Item 2.1.1

- Reductions in the SLA would be used to fund digital staff to be able to take over the support of systems and infrastructure at the Princess of Wales Hospital (POW) when Swansea Bay University Health Board (SBUHB) no longer provide the support due to the cessation of the SLA.
- Both People Services and Finance would be involved in the SLA discussions as the disaggregation would now start to impact staff and due process would need to be followed.
- Resources were required for CTM and SBUHB to support the transfer of systems/infrastructure. Currently the infrastructure elements were unfunded and covered from discretionary capital on a prioritised basis.
- Resources were on a rate limiting factor and there was a National shortage of Informatics staff.

I Wells congratulated the team for the huge amount of work undertaken on this with the existing staff that they currently had and raised concern regarding the challenges on capacity and resource.

S. Morris thanked K. Winder and the infrastructure and systems team for carrying out an incredibly complex piece of work which clearly aligned to the long-term plans. He advised that during a recent Board Development Session this activity had been identified as a priority as it is fundamental to the delivery of future services. The importance of investing in the digital and data infrastructure was noted as it is fundamental to developing future ambitions as an organisation.

In terms of the question raised by I Wells with regard to the SLA, S. Morris advised that initially they had received £1m of funding from the Integrated Medium-Term Plan (IMTP) process to invest in digital services. The recent freeze on administrative and clerical posts had presented challenges, however, following discussion with finance colleagues some of the posts are now being released as funding had been ring fenced.

C. Donoghue sought assurance that people services and finance colleagues were involved in the SLA discussions and in response K Winder confirmed that they were.

C. Donoghue queried how lessons learned from this work would be shared in terms of future plans within the health Board but also pan Wales. S. Morris advised that in terms of lessons learned there was a significant amount of funding required to



### Agenda Item 2.1.1

undertake the work which had not been supported from the outset, which had presented challenges until the Welsh Patient Administration System (PAS) funding had been received. He also advised that a sharing lessons multi health board technical advisory group had been established, including Cardiff and Vale University Health Board and Velindre University NHS Trust. This had also been flagged through the all-Wales Directors of Digital meetings and the Digital Prioritisation Informatics Fund. He advised that they now have an opportunity to feed lessons learned into the planning stage and decisions in relation to what they choose to fund in the future.

I Wells queried whether the messages had been fed back to Welsh Government. S. Morris confirmed that the Chief Digital Officer was sighted.

R. Bleasdale recognised the significant efforts of the digital team to maintain the Princess of Wales system at cost neutral.

S. Morris commented that R. Bleasdale had made a valid point and that it was almost a 10-year programme of work to train, rationalise and bring together the two WPAS systems which had not gone without considerable cost and challenges to the service and the organisation. S. Morris reflected on the strength in working together across the region, exploring how to raise some of those issues experienced and support future dialogue and decision making.

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

## 4. INTEGRATED GOVERNANCE

### 09/23/12 4.1 Organisational Risk Register

C. Hamblyn presented the organisational Risk Register.

The Committee were advised that two of the business sensitive risks had been removed and would be discussed at the In Committee session.

C. Hamblyn advised that the September 2023 iteration was being finalised for approval by the Executive Leadership Group, which included further updates received from A. Nelson and K. Winder against the digital risks and agreed to share with the Committee once available.



### Agenda Item 2.1.1

I Wells referred to risk 4672, integrated and coded medical record and queried whether the project funding for this had ended. S. Morris confirmed that they had been allocated an additional £1m on top of what they already had and the staffing and licensing arrangements for the digital patient notes was part of the substantive budget. He added that there was currently a 30,000 backlog for scanning and the health board would need to explore outsourcing for the future.

Resolution: The Committee **REVIEWED** the risks escalated to the Organisational Risk Register at Appendix 1 and **CONSIDERED** whether the Committee could seek assurance from the report that all was being done to mitigate the risks.

09/23/13

#### 4.2 Internal Audit Report – Performance Monitoring

S. Morris presented the report that provided an update on the outcome of the Internal Audit of the Integrated Performance Report.

C. Donoghue commented that this had been helpful update to raise awareness at a Board level on the number of measures which were prescribed by Welsh Government and the challenges they present. She reflected on the amount of work this generated and queried whether there was any joint working. S. Morris acknowledged that as the responsible officer there were a number of actions assigned to him, however a review will be undertaken to consider the direction of travel in terms of platform and reporting. He added that they were very fortunate in that the organisation had some of the most experienced experts within their field in terms of data and analytics and were highly regarded across Wales.

With regard to the Executive Leads, S. Morris advised that the Executive Lead for performance was the Director of Strategy & Transformation alongside the Chief Operating Officer. The clinical executive was responsible for reporting on quality and safety and the Executive Director for People on workforce. It was not a fully integrated approach at the moment as the finance section was separate, however, they had been having discussions as an Executive Team in preparation for the next Board Meeting, however, the status quo would prevail at the moment given the other challenges being faced.

I Wells referred to the agreed management actions to be completed by quarter 3 2023 and queried whether that they



### Agenda Item 2.1.1

would achieve that target. S. Morris advised that in terms of meeting those dates the team were of the opinion that they were achievable, however, some of them would fall into the following years as this was an iterative process and the requirements to report nationally to Welsh Government would change over time.

I Wells queried the governance process for this report. S. Morris and C. Hamblyn confirmed that it would be the Audit & Risk Committee who would oversee the recommendation through to completion via the audit tracker report.

Resolution: The Committee **NOTED** the report

#### 09/23/14 4.3 Information Governance Group Highlight Report

A. Nelson presented the report that provided 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.

The Committee were made aware of the challenges faced following the introduction of the 'Wellsky' Pharmacy System in terms of the need to use an NHS number for patient identification which was considered to be ultra vires to the NHS Venereal Diseases (VD) Regulations 1974 (Wales) and were advised of the actions in place to mitigate the issue.

S. Morris advised that with regard to capacity challenges within the team that had previously been reported, a new Head of Information Governance would be commencing in post on the 18<sup>th</sup> September 2023 and they were currently developing additional job descriptions for additional resources for the team. He expressed thanks to the team for what they had achieved with such limited resources.

I Wells sought clarification on the percentage compliance with FOI requests. A Nelson advised that unless you respond within the required 28 days, 100% would not be achieved and the organisation would be non-compliant.

Resolution: The Committee **NOTED** the report and the level of compliance with data protection legislation, the marginal improvement in training, the absence of notifiable incidents alongside the escalation of the Information Commissioners Office (ICO) concerns.



## Agenda Item 2.1.1

09/23/15

### 4.4 Information Commissioners Office Audit Action Plan Progress Report

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

I Wells queried the deadline for completion which he originally thought was April 2024 and was now stating January 2024, and sought assurance that the team were confident that they would make significant progress.

S. Morris, in response provided assurance that they would be able to make positive progress. He advised that the health board has been open and transparent with the ICO with regard the pace of progress and challenges being faced, however there is a reputational risk that needs to be recognised in terms of the delays in concluding the recommendations. A further update would be brought back to the November meeting of the Committee and the Board would be sighted via the Committee Highlight Report

Resolution:

The Committee **NOTED** the report and lack of demonstrable progress and the correspondence from the ICO. Members also **NOTED** the Head of Information Governance to commence in post on the 18<sup>th</sup> September 2023.

## 5. IMPROVING CARE

09/23/16

### 5.1 Digital & Data Assurance Report

K. Winder presented the report which provided an update on the projects and work plan delivered by Informatics for 2022/2023.

I Wells referred to the integration of the new national systems that would require a robust infrastructure and queried how confident they were that they would achieve the agreed local deployment dates. K. Winder advised the requirements to achieve this activity had been submitted as part of the funding request to Welsh Government.

C. Donoghue reflected upon the overwhelming nature of the amount of activity being undertaken. She also advised that she had seen the the e-whiteboards in use at the Royal Glamorgan Hospital, which she found to be impressive and queried if this would be rolled out further.



## Agenda Item 2.1.1

K. Winder advised that with regard to e-whiteboards, every ward was different so when they roll this out to other wards they could design the whiteboard just for that ward. She added that although the data was the same, the individual requirements of each ward would be mapped out and accommodated.

D. Hurford, in response to the whiteboards discussion advised that there is a basic use of it across the health board and some areas had not really quite seen the opportunities of it and they need to focus on those areas.

S. Morris referred to the infrastructure and advised that capital was a challenge in terms of this and they still have some difficult decisions on priorities in terms of funding. He advised that they had made good strides around support during the last 12 months, however, they need to be balanced in terms of supporting the infrastructure and legacy areas that require addressing.

I Wells queried if they could publicise some of the good work being undertaken via a Board Development Session. C. Hamblyn advised that the Executive Leadership Group will shortly be receiving the topics planned for the next few months and that this was featured.

G. Northey sought further clarity on the National Data Repository (NDR) and the reconfiguration of the data warehouse. A. Nelson advised that the intention was that the NDR project encompasses the clinical data resource to support the information that the clinicians use and then mirrors it to analyse the data so one was for transactional and one analytical.

Resolution: The Committee **NOTED** the projects both system and infrastructure completed. **NOTED** the challenges with the current level of capital and revenue funding to sustain a digital programme. In addition, **NOTED** the increase of National systems without local business cases and therefore funding.

## 09/23/17 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.



## Agenda Item 2.1.1

I Wells advised that he undertook a site visit last week at the Princess of Wales Hospital and was struck by how many medical record trolleys there were in the corridors and on the wards that were full of paper records. He referred to the last digital project which did not include Bridgend and queried what they were going to do to take this forward.

S. Morris, in response, advised that Glanrhyd Hospital was still occupied by Swansea Bay and they had been supporting Swansea Bay colleagues to move and also working with estates with regard to office spaces being used for other storage. He added that the medical records library within Bridgend had not been upgraded for 25 years and required a complete re-design and they do need to review this. In terms of racking, he advised that this was expensive to maintain and unmanageable due to the weight of the paper. There were far more modern techniques that they could use but would come with a capital cost.

S. Morris added that they would be undertaking a piece of work on how they capture clinical information and activity in the future, looking at their preferred options which would be brought back to the Committee for a future meeting.

C. Donoghue advised that she was pleased to see that there were no medical records being stored at the Llantrisant Health Park and queried at what point would they stop generating new paper records. S. Morris advised that this would be aligned to the clinical services plan and CTM 2030, however, part of the challenge was historic ways of working so it was also about cultural change and working and supporting colleagues to shift to digital ways of working.

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

### 09/23/18 5.3 Breach Analysis for Subject Access Requests

A. Nelson presented the report which provide committee with the finding of the recent review of managing Subject Access Requests.

I Wells thanked A. Nelson for the report and advised that the Committee remain a watching brief.



### Agenda Item 2.1.1

Resolution: The Committee **NOTED** 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.

#### 09/23/19 **Digital Business Continuity Update**

S Morris presented the report that provided an update to the Committee on the progress of Digital Business Continuity Activities over the past 12 months.

I Wells thanked S. Morris for the report and sought assurance that future updates would be received.

C. Donoghue commented that it would be helpful at Board level to see how business continuity was across other areas and how they could share across the organisation. She added that the on-call arrangement was hugely significant and helpful and important to the senior managers on call who do not have that expertise.

S. Morris advised that the team would welcome this if there were any areas where managers were feeling exposed in terms of knowledge and capability. He added that they would try and get into a formal rota around that now which would make the model more resilient moving forward.

Resolution: The Committee is asked to **NOTE** the report.

## 6. SUSTAINING OUR FUTURE

### 09/23/19 **6.1 Digital and Data Overview**

S. Morris presented the report that provides an update to the Committee on the current operating model for the Digital & Data function.

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

## 7. OTHER MATTERS

### 09/23/20 **7.1 Committee Highlight Report to Board**

I Wells suggested that if everyone was content, the Governance Team would draft the Highlight Report for approval.



## Agenda Item 2.1.1

09/23/21

### 7.2 Forward Work Plan

I Wells referred to the Committee Self Effectiveness Survey, in which feedback had reflected that Members would like to hold some face-to-face meetings and suggested that the Committee should hold at least two face to face meeting per year. It was agreed that the Governance Team would source some venues and would build this into the meeting schedule for 2024, with an option for hybrid as well.

I Wells invited Members to relay any suggested future topics to the either himself or the Governance Team.

09/23/22

### 7.3 ANY OTHER BUSINESS

No further areas of business were identified.

09/23/23

### 7.4 HOW DID WE DO TODAY?

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.

09/23/24

### DATE AND TIME OF NEXT MEETING

The next meeting was scheduled for 14<sup>th</sup> November 2023 at 9:30 AM.

UNCONFIRMED

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

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

**PRESENT:**

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

**IN ATTENDANCE:**

Stuart Morris	Director of Digital
Andrew Nelson	Assistant Director of Data Intelligence & Compliance
Karen Winder	Assistant Director of Digital Systems
Dom Hurford	Executive Medical Director
Paul Chilcott	Head of Clinical Administration Transformation
Rob Bleasdale	Associate Medical Director for Digital Consultant Cardiologist
Matthew Swarfield	Head of IT Infrastructure
Christian Smith	Lead Informatics Nursing Specialist
Suzanne Rodgers	Assistant Director of Digital Transformation
Gemma Northey	Consultant Public Health
Cally Hamblyn	Assistant Director of Governance & Risk
Tyler Lewis	Corporate Governance Officer (Observing)
Kathrine Davies	Corporate Governance Manager (Secretariat)

**09/12/01 1.1 WELCOME & INTRODUCTIONS**  
The Chair welcomed everyone to the meeting.

**09/12/02 1.2 APOLOGIES FOR ABSENCE**  
Apologies were received from:

- Lynda Thomas, Independent Member
- Julie Denley, Deputy Chief Operating Officer/Director of Primary, Community & Mental Health
- Sallie Davies, Deputy Medical Director

**09/12/03 1.3 DECLARATIONS OF INTERESTS**  
No declarations of interest were received.

**09/13/04 2.0 MAIN AGENDA**

**09/13/05 2.1 Unconfirmed In-Committee Minutes of the 12 June 2023**

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

**09/12/06 2.2 Cyber Improvement Programme**  
P. Chilcott presented an update on the Cyber Improvement Programme.

The Committee **noted** the two key risks that were identified and considered whether the plan was sufficient to improve the mitigation of the risks, taking into consideration the wider operating environment.

Resolution: The Committee **NOTED** the report and the progress made in delivering the cyber improvement programme.

**09/12/07 2.3 Digital Critical Incidents**  
A Nelson and P. Chilcott presented the report that provided detail of the incidents for this period.

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.

**09/12/08 2.4 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

**09/12/09 Service Critical National Intervention**  
S. Morris provided a presentation on the national programmes of work, health board alignment, service development and future business case.

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

**09/12/10 3.0 ANY OTHER BUSINESS**  
No further business was identified.

**09/12/11**

**DATE AND TIME OF NEXT MEETING**

The next meeting was scheduled for 14<sup>th</sup> November 2023 at 1:00 pm.

UNCONFIRMED

## 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 8.11.2023)
03.23.18	March 2023	<b>Information Governance Group Highlight Report</b> 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	<b>Completed</b> Received at September 2023 meeting

COMPLETED ACTIONS					
03.23.18	March 2023	<b>Information Governance Group Highlight Report</b> Include the staffing issues within the escalation section of the Committee Highlight Report to Board.	Governance Team/Chair	March 2023	<b>Completed</b> Added to Highlight Report and reported to March 2023 Board Meeting.
03.23.13	March 2023	<b>Digital Whiteboards</b> To escalate the positive initiative to the Board via the Committee Highlight Report.	Governance Team/Chair	March 2023	<b>Completed</b> Added to Highlight Report and reported to March 2023 Board Meeting.
03.23.17	March 2023	<b>ICO Audit Action Plan Progress Report</b> 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	<b>Completed</b> Added to Highlight Report and reported to March 2023 Board Meeting.
12.22.16	December 2022	<b>Grant Thornton – Clinical Information Review</b> To escalate the challenges referred to in terms of capacity and resources to deliver the Information Improvement	Stuart Morris	January 2023	<b>Completed</b> 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><b>Digital Assurance Report</b> S Morris and the Digital Team to consider the following actions:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Explore the use of laptop leasing schemes.</li> </ul>	Stuart Morris/Digital Team	September 2022	<p><b>Completed</b> Progress Update 12.12.22:</p> <ul style="list-style-type: none"> <li>- Areas of risk remain prior to implementation. Project Coordination, Service Readiness and Service Management Support need to be address prior to Go-Live</li> <li>- In November 2022, Executive Team have approved to implement WCCIS in a phased manner for Mental Health Services, Community Services and District Nursing</li> <li>- Unable to proceed with leasing scheme at this time</li> </ul>



**Agenda Item**

3.2

**Digital & Data Committee**

**Digital Medicines - ePrescribing**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2023
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Karen Winder Assistant Director of Digital Systems
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stuart Morris, Director of Digital Suzanne Rodgers, Assistant Director of Digital Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital

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

<b>Acronyms / Glossary of Terms</b>	
HeMPA	Hospital electronic Prescribing and Medicines Administration
FBC	Full Business Case

DHCW	Digital Health and Care Wales
BAU	Business as Usual

## 1. Situation/Background

1.1 The purpose of this report is to update the Committee on the development of the procurement and business case for digital medicines – ePrescribing in Secondary Care.

## 2. Specific Matters for Consideration

2.1 The Full Business Case (FBC) details the requirement to invest in a Hospital electronic Prescribing and Medicines Administration (HePMA) solution to be available across the whole of Cwm Taf Morgannwg University Health Board (CTMUHB). The implementation of a HePMA solution will be accessible to all concerned across Cwm Taf Morgannwg. This includes provision of shared medical records e.g. GP, homecare, mental health services, over the counter or other source with read/write access enabling electronic referral and shared data and care between the Acute and Primary Care sector. This work will exclude:

Non-HePMA solutions, including:

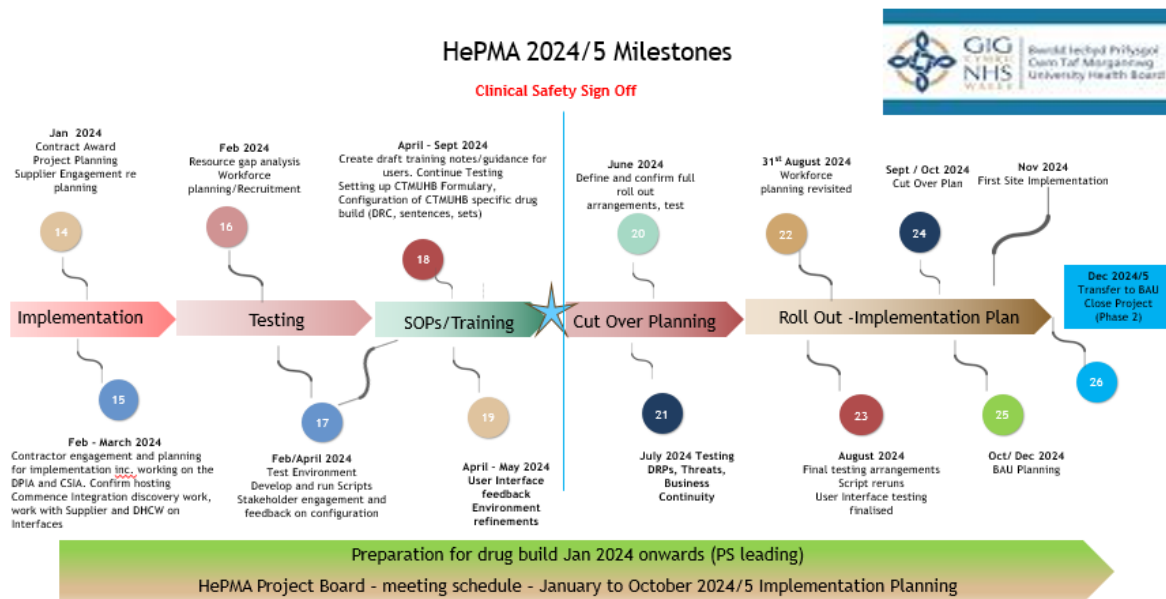
- **Primary care e-prescribing:** This is being managed as part of the Primary Care Electronic Prescription Service (EPS) Programme where 5 community pharmacies are currently being funded to develop this system
- **Critical Care settings:** There is an existing national project which is seeking to implement an all-Wales Critical Care system which includes e-prescribing capabilities
- **Chemotherapy:** Chemotherapy prescribing is out of scope for this project.
- **Radiotherapy:** Radiotherapy prescribing is out of scope for this project.
- Delivery of any local or non-national specific outputs for example procurement documentation.

2.2 Digital Health and Care Wales (DHCW) recently completed a procurement exercise to select a handful of preferred suppliers that meet the requirements to provide a new HePMA solution to health boards across Wales, in line with the e-Prescribing Programme set out by the Minister for Health and Social Care in April 2021. The aim of the new solution is to



deliver prescribing that is safer, more effective and efficient for patients and healthcare professionals across Wales.

- 2.3 The development of the FBC for CTMUHB has been undertaken in parallel with the procurement process, including clarification of accounting treatment issues relating to the contract for the HePMA.
- 2.4 CTMUHB wishes to fully digitalise the electronic prescribing environment across all of its care settings in Merthyr Tydfil, Rhondda Cynon Taf, and Bridgend in the South of Wales, and associated processes to increase efficiency and safety, as described in the recommendations from the Welsh Government’s Strategic Review on The Future of Electronic Prescribing in Wales, 2021.
- 2.5 Funding arrangements for the HePMA solution required that each Health Board fund the Business as Usual (BAU) costs in support of the wider Welsh Government funds for implementation of the overall HePMA solution.
- 2.6 The chosen HePMA solution (NerveCentre) will integrate with NHS Wales infrastructure and the new National Medicines Repository and has strong and ongoing clinical support as being a priority area for investment. Based on the outcomes achieved by other NHS organisations, we anticipate that this solution will improve patient safety; improve operational efficiency and effectiveness; streamline information sharing; ensure that information is



readily available at the point of clinical decision making and will facilitate the uptake of technology that will provide more 'time to care.'

- 2.7 The HePMA solution will be delivered in accordance with the dates highlighted in the Management case and summarised in the milestones plan below.



### 3. Key Risks / Matters for Escalation

- 3.1 A Full Business Case is to be submitted to the full Board meeting in November 2023

### 4. Assessment

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

Impact Assessment		
<b>Ansawdd</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



<b>Impact Assessment</b>		
<b>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</b> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Outcome:	If no, please include rationale below: N/A
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <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: N/A
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
	N/A	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Continuing the delivery of Digital & Data as a Profession	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <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 and refer to the further detail in the In-Committee session due to commercial sensitivities.



**Agenda Item**

4.2

**Digital & Data Committee**

**Internal Audit – Infrastructure Management**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2023
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Stuart Morris, Director of Digital
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stuart Morris, Director of Digital
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital

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

<b>Acronyms / Glossary of Terms</b>	
IA	Internal Audit



**1. Situation / Background**

1.1 The purpose of the report is to inform the Committee on the outcome of the Internal Audit of the Infrastructure Management

**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**

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



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <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: N/A
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <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: N/A
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Public confidence reporting of Health Board performance	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Resources required within the Digital & Data team to support the ongoing delivery of Infrastructure programme	

## 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.

# IT Infrastructure

# Final Internal Audit Report

October 2023

Cwm Taf Morgannwg University Health Board

## Contents

Executive Summary .....	3
1. Introduction.....	4
2. Detailed Audit Findings.....	4
Appendix A: Management Action Plan.....	8
Appendix B: Assurance opinion and action plan risk rating .....	14

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Auditors:	Martyn Lewis IT Audit Manager. Kevin Bridgman IT Audit Manager
Executive sign-off:	Stuart Morris, Director of Digital
Distribution:	Paul Chilcott, Lead Infrastructure Architect
Committee:	Audit and Risk Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023

### 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 & Risk Assurance Committee.

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Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with the Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Executive Summary

### Purpose

The purpose of the review was to provide assurance to the Audit and Risk Committee that a process is in place for ensuring that the IT infrastructure hardware is tracked, maintained, supported, and that the network is managed sufficiently to provide services for the Health Board#.

### Overview

We have issued Reasonable assurance on this area.

There are records of the infrastructure assets, together with a process for monitoring both the state of the assets and of the network. There is patching in place for devices, although switches are not fully patched.

The infrastructure equipment is generally within its life, although we note the presence of older equipment.

The key issues requiring management action are:

- removing old equipment from the estate;
- formalising the alerts process.
- formalising the patch process; and
- ensuring environmental controls are adequate across all sites.

### Report Opinion



**Reasonable assurance**

Some matters require management attention in control design or compliance.

**Low to moderate impact** on residual risk exposure until resolved.

Trend

None

### Assurance summary<sup>1</sup>

Objectives	Assurance
1 The IT infrastructure is maintained with appropriate monitoring, support, and risk management in place.	Reasonable
2 The use of the network is managed to ensure stability, and capacity is appropriate for the organisation.	Substantial

### Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
2	Old equipment	Operational	Medium
3	Alerts process	Design	Medium
4	Patch process	Operational	High
5	Environmental controls	Operational	Medium

---

## 1. Introduction

- 1.1 In line with the 2023/24 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board' or 'organisation') we reviewed the management of IT Infrastructure.
- 1.2 The purpose of the review was to provide assurance that a process is in place for ensuring that the infrastructure hardware is tracked, maintained, and supported and that the network is managed sufficiently to provide services for the Health Board.
- 1.3 The review considered the infrastructure equipment which is managed / controlled by the Health Board and not the management of national infrastructure.
- 1.4 The potential risk considered in the review was as follows:
  - i. Loss of key processing or networking services.

## 2. Detailed Audit Findings

### **Objective 1: The IT infrastructure is maintained with appropriate monitoring, support, and risk management in place.**

- 2.1 A complete and accurate asset register is a necessary control in the effective maintenance and operation of any IT infrastructure. However, there is currently no definitive, single asset register. Assets are recorded across several spreadsheets.
- 2.2 The Health Board has assigned a fixed term asset manager role with a specific aim to identify and collate the assets for the three main sites into a single register / configuration management database (CMDB).
- 2.3 The Health Board use a software tool, Track IT, to record end user devices (EUD) including printers. This records desktop devices, laptops and tablets and currently contains information on over nine thousand devices used across the organisation.
- 2.4 There are spreadsheet records of infrastructure equipment relating to Royal Glamorgan Hospital (RGH) and Prince Charles Hospital (PCH) which include servers, network devices such as switches, and firewalls. However, at present there is limited asset information for the Princess Of Wales (PoW) site due to the lack of access into the network by Health Board staff. We understand that the intent for the register is to develop a fully functional CMDB which will contain all relevant information about the hardware and software components used at the three sites, and show the relationships between these components. **Matter Arising 1.**
- 2.5 Management of infrastructure items within the Bridgend area, which includes the PoW, is currently undertaken by Swansea Bay University Health Board (SBUHB) through a service level agreement (SLA), and as such Health Board staff have limited access to information relating to the current operational state of individual devices. We note that work is ongoing to bring this function in house.
- 2.6 The infrastructure is built predominantly using Cisco network equipment and Dell servers, with the server estate being largely virtualised. We note that there is

ongoing work to further increase virtualisation, which will reduce the risk associated with individual servers.

- 2.7 The majority of the infrastructure equipment is protected under warranty, although we note that there are some older devices in use that are out of support. At the time of our fieldwork, there were 2,248 Cisco network devices of which 144 were classed as 'Out of Support Date' at the start of 2023. There were also 92 Cisco switches showing an 'end of life' date between March 2014 and October 2021. These network devices are no longer supported, and no updates are provided.
- 2.8 Furthermore, the server estate contains 57 older servers, including windows 2003 and 2008. These older items present an increased risk of failure and contain security vulnerabilities. **Matter Arising 2**
- 2.9 The risks associated with the end of life equipment are recorded on the departmental risk register, with actions defined to mitigate the risks. We note that there is a rolling replacement programme that is ongoing.
- 2.10 There is a process in place for the Health Board to monitor the 'health' of its IT infrastructure equipment. The Health Board uses the Solarwinds software application, which monitors servers, switches and firewalls and tracks key performance metrics such as CPU utilisation and memory use. Solarwinds is used by ICT staff to monitor Royal Glamorgan Hospital (RGH) and Prince Charles Hospital (PCH). Princess Of Wales Hospital (PoW) is not represented on the Health Board's Solarwinds map as it is monitored by SBUHB IT as part of the SLA agreement, currently, the Health Board manually monitor PoW systems on site at PoW.
- 2.11 Solarwinds provides a dashboard functionality, which shows the current position of the infrastructure and highlights items with issues, it provides the ability to drill down into individual devices to identify problems. Solarwinds is configured and managed by a single lead individual. There is no documentation for this which leads to a risk of loss of core competency should the individual leave the organisation. **Matter Arising 3**
- 2.12 The monitoring system produces e-mail and text alerts to report unexpected events or process failures. At present, alerts are issued to the relevant staff involved in server management operations and maintenance. We note that there is no defined SOP for responding to the alerts in terms of prioritising, clearing and reporting them. **Matter Arising 3.**
- 2.13 Our testing of the functionality of Solarwinds confirmed that it was able to drill into each device. The server team demonstrated how they are able to monitor the server environment. These 'live' remote demonstrations are applicable to RGH and PCH as access to PoW is limited to being on site and is controlled by SBUHB.
- 2.14 There is a patch process in place, which management review each month. The patch process includes servers and all Window devices. Patching of servers is undertaken in a structured manner using Ivanti Security Controls. While the laptops and desktops are patched using Microsoft System Centre Configuration Manager

(SCCM), the process is not set out within a formal policy or procedure document.

**Matter Arising 4**

- 2.15 Patching of switches is undertaken where possible due to the location and disruption some switches may cause as a result of a re-boot after patching. However, we note that switches are 'monitored' for vulnerabilities and are patched at a 'convenient' time for the individual departments. As such, there are some switches not running the most up to date software, meaning that the versions in place contain security vulnerabilities. We acknowledge that there is a balance between disruption and security, however this decision and rationale is not set out within any formal documentation. **Matter Arising 4.**
- 2.16 Solarwinds backs up all switch configurations each night, therefore no configuration is more than twenty-four hours old. Solarwinds uses Network Configuration Manager to 'push' out any configuration changes to switches, routers and fire walls when required. Going forward, we note that management plan to develop SCCM to link into Track IT and use SCCM Patch Management to distribute security updates to end user devices.
- 2.17 Infrastructure equipment is held in dedicated, secure rooms within each site. We visited the RGH and PCH data centres and note that they were in good condition with sufficient air conditioning and had a dedicated power supply. There is an uninterruptible power supply (UPS) system in place which is maintained by the Estates department. Estates conduct a regular test on the external generator and the UPS systems. The last generator test was June 2023, while the UPS 1 and UPS 2 were serviced in November 2022. PCH are due to have a generator and UPS test in July 2024.
- 2.18 We note some issues regarding security at PCH where the room used to house the UPS system was unlocked (the IT portacabin), one of the comms rooms was marked on the door with 'Hub', and the second comms room had windows but no covering which enables people outside to see where key infrastructure items are held. **Matter Arising 5.**
- 2.19 The Health Board 'inherited' the working environment at PoW when the Bridgend area transferred from the old Abertawe Bro Morgannwg Health Board. While management are in the process of addressing issues, our site visit identified a number of issues relating to the management and security of equipment.
- 2.20 Cable management at PoW was poor with no labelling, access to the PABX room at PoW was unlocked and the condition of the room was poor. We also noted that the comms room within the young patients' mental health building at PoW has no air conditioning. The room temperature was in excess of 25c degrees, which leads to a risk of equipment overheating and failing. **Matter Arising 5.**

**Conclusion:**

- 2.21 Generally, the Health Board is aware of the infrastructure items it holds, although the information is documented across a number of registers. The infrastructure is mainly within its normal life, however there are a number of older items in place which introduce security vulnerabilities. There is a process for monitoring and

managing the infrastructure estate, and a process for patching end user devices and servers, however, switches are not subject to such rigorous patching. The infrastructure items are generally held in secure, environmentally protected areas, although there are weaknesses, in particular within the PoW site. Accordingly, we have provided **Reasonable** assurance over this objective.

**Objective 2: The use of the network is managed to ensure stability, and capacity is appropriate for the organisation.**

- 2.22 There is a team in place with responsibility for managing the network, with dedicated (sub) teams for specific areas.
- 2.23 We note that although there are visual representations of the network within the monitoring tools, there is limited documentation relating to the network. Currently there are no Visio (or similar) diagrams depicting the network topology. **Matter Arising 6**
- 2.24 As we note above, Solarwinds is used to monitor the performance of the network and enables management to identify issues with network routing.
- 2.25 Monitoring is also undertaken using the Castle Rock tool and Cisco Prime, which tracks the use and stability of the network. The monitoring processes for the network team provide dashboards and highlights the nodes with the most alerts triggered. There are also alerts provided by text and email to key staff within the department.
- 2.26 There is good Wi-Fi coverage within the Health Board, although there are some anomalies in PCH due to asbestos in areas, and some black spots with lower quality or absent Wi-Fi are present in RGH due to the fabric of the building. There are heat maps showing the availability and coverage in the areas.
- 2.27 The network capacity is sufficient. There have been recent improvements, with 10GB links between the main sites, although this is currently limited to 3GB by BT. RGH and PCH are running close to this limit, but increased capacity can be released if needed.
- 2.28 Smaller sites have an average of 1GB link and some remote sites have been upgraded to fibre. We understand that management consider the current capacity to be appropriate.

**Conclusion:**

- 2.29 The network provision is appropriate to the needs of the organisation, and there have been recent improvements. The use and stability of the network is monitored with an alert process in place. Accordingly, we have provided Substantial assurance over this objective.

## Appendix A: Management Action Plan

Matter Arising 1: IT asset register (Operation)		Impact	
<p>There is no definitive, single IT asset register, currently assets are captured in several spreadsheets. In addition, asset information for PoW is limited.</p> <p>We note that the Health Board has assigned a fixed term asset manager role with a specific aim to identify and collate the assets for all three sites into a single register / configuration management database (CMDB).</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Loss or misconfiguration of assets</li> </ul>	
Recommendations		Priority	
1.	Work to complete the register / CMDB should be progressed. Asset information for the Bridgend area should be included and kept up to date.	<b>Low</b>	
Agreed Management Action		Target Date	Responsible Officer
1.1a	<p>The Asset manager has been extended to March 2024. They will continue to gather and maintain records of these assets.</p> <p>Service Management tooling and the related CMDB are not in place and a system for this requires investment.</p> <p>A case will be developed to support with the specification, costs and resources required for this.</p>	29/03/2024	Assistant Director of Digital Delivery

Matter Arising 2: Old equipment (Operational)		Impact	
<p>There are some older devices in use that are no longer supported. At the time of our fieldwork, there were 2,248 Cisco network devices, such as switches, of which, 144 were classed as 'Out of Support Date' by the start of 2023. There were also 92 Cisco switches showing an 'end of life' date between 31 March 2014 and 31 October 2021.</p> <p>Furthermore, the server estate contains 57 older servers, including windows 2003 and 2008. These older items present an increased risk of failure and contain security vulnerabilities which increase the risk of inappropriate access to data and systems.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>• Essential kit failing in sensitive areas.</li> <li>• Vulnerability exposure.</li> </ul>	
Recommendations		Priority	
2.1	Older, out of support devices should be removed from use.	<b>Medium</b>	
Agreed Management Action		Target Date	Responsible Officer
2.1	Continue to prioritise and review aged assets with a view to replacement, balanced with limited funding sources. Manage and maintain the related risk within the Departmental risk register.	Ongoing	Assistant Director of Digital Delivery

Matter Arising 3: Alert process (Design)		Impact	
<p>We note that Solarwinds, which monitors servers, switches and firewalls and tracks key performance metrics such as CPU utilisation and memory use, is configured and managed by a single lead individual, however there is no documentation for this which leads to a risk of loss of core competency should the individual leave.</p> <p>In addition, there is no defined Standard Operating Procedure (SOP) for how to action, prioritise and clear alerts. The lack of SOPs leaves the handling and interpretation of alerts to the individual to make a judgment call. This may lead to an inconsistent approach and ambiguity when presented with an alert.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Unactioned alerts lead to failure.</li> </ul>	
Recommendations		Priority	
3.1	<p>Documentation should be produced that sets out the processes for:</p> <ul style="list-style-type: none"> <li>Managing and configuring Solarwinds; and</li> <li>Handling of alerts.</li> </ul>	<b>Medium</b>	
Agreed Management Action		Target Date	Responsible Officer
3.1	<p>The individual has now left.</p> <p>Management of the SolarWinds platform is now shared across the infrastructure team, although there is no lead and documentation produced is of limited value.</p> <p>Develop the skills and documentation within the team to maximise the use and value of the system for monitoring purposes.</p> <p>Recruit Additional staff in line with the Infrastructure Review resource plan.</p>	28/06/2024	Assistant Director of Digital Delivery

Matter Arising 4: Patch process (Operational)		Impact	
<p>There is a patch process in place, but the process is not documented within a formal policy or procedure.</p> <p>Patching of switches (devices that provide the network) is undertaken where possible due to the location and disruption some switches may cause as a result of a re-boot after patching. As such, there are switches not running the most up to date software, and the versions in place contain security vulnerabilities. We note that there is a balance between disruption and security, however this decision and rationale is not set out within formal documentation.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Security vulnerabilities</li> </ul>	
Recommendations		Priority	
4.1	The approach to patching and the mechanisms for undertaking this should be set out within formal documentation.	<b>Medium</b>	
Agreed Management Action		Target Date	Responsible Officer
2.1	Create a patching policy and procedure document to cover patching of managed devices.	29/12/2023	Interim Head of Cyber Security

Matter Arising 5: Environmental controls (Operational)		Impact	
<p>We note issues within the physical environment for infrastructure equipment:</p> <ul style="list-style-type: none"> <li>At PCH the door of the Hub room, which contains the network equipment, was labelled HUB.</li> <li>Cable management at PoW was poor, with no labelling or use of colours for specific connection types.</li> <li>Not all the comms rooms, where network equipment is held, that we visited had air conditioning or an uninterrupted power supply (UPS).</li> <li>Access to the PABX comms room on the ground floor of PoW was via the main switchboard area and was unlocked.</li> <li>The overall condition of the PABX comms room of PoW was very poor, for example, water pipes traverse the data cabinets.</li> <li>the comms room within the young patients' mental health building at PoW, was internal to the building and therefore has no windows and was on the first floor. The room was approximately 10m<sup>2</sup> and clean, but has no air conditioning. The room temperature was in excess of 25c degrees, which leads to a risk of equipment overheating and failing.</li> </ul>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Unauthorised access to the comms rooms.</li> <li>Damage and loss of equipment and service.</li> </ul>	
Recommendations		Priority	
5.1	Doors to rooms should be locked when not in use, and signage that indicates where equipment is held should be removed.	<b>High</b>	
5.2	Rooms used to house equipment within PoW, should be assessed to ensure appropriate power and heat protection is in place.		
Agreed Management Action		Target Date	Responsible Officer
5.1	This action will be reviewed in detail and prioritised plan will be developed in order to ensure the areas of highest risk are addressed.	30/11/2023	Assistant Director of Digital Delivery

<b>Matter Arising 6: Network diagram (Operational)</b>		<b>Impact</b>	
<p>While there are visual representations of the network within the monitoring tools, there is limited documentation relating to the network. Currently there is no Visio (or similar) diagrams depicting the network topology.</p> <p>As such, the Health Board is reliant on the continued operation of the monitoring tools and staff knowledge in order to be able to map and plan the network.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Loss of service</li> </ul>	
<b>Recommendations</b>		<b>Priority</b>	
6.1	The network topology and make up should be recorded outside of the monitoring tools.	<b>Low</b>	
<b>Agreed Management Action</b>		<b>Target Date</b>	<b>Responsible Officer</b>
6.1	Plans in place to review and document individual sites. Staffing levels will determine the time it will take to complete the work. Priority will be given to the critical sites, as this also supports the review work required for NIS-D assessment.	29/03/2024	Head of Voice and Data Communications

## 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:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	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**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2023
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Claire Northwell-Todd Head of Information Governance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Andrew Nelson Assistant Director of Data & Compliance Data Protection Officer
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Information Governance Group	26/10/2023	Received and noted

**Acronyms / Glossary of Terms**

DPA	Data Protection Act
DPO	Data Protection Officer
FOIA	Freedom of Information Act
GDPR	General Data Protection Regulation
ICO	Information Commissioner's Office
KPI	Key Performance Indicators
NIIAS	National Intelligent Integrated Audit Solution
SIRO	Senior Information Risk Owner



## **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 Data Protection Act (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.
- 2.1.2** 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.
- 2.1.3** 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.
- 2.1.4** 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 organisation’s, businesses and the government use personal information. 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 organisation’s 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 July – August) was 96%.

The table below also 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.

FOI requests for 2023/24

Freedom of Information CTMUHB	Apr	May	June	July	Aug	Sept
Number of Requests	40	42	41	60	56	49
Number of Requests withdrawn	0	1	0	0	0	0
No responded within timescales	38	39	40	60	52	tbc
% responded within timescales	95%	92%	97%	100%	92%	tbc



Number of exemptions applied	11	11	17	11	18	tbc
Actual number of questions	244	242	267	301	345	216
ICO appeals	0	0	0	0	0	0
Number of requests still outstanding (Unanswered)	2	1	1	1	3	3
<b>Freedom of Information WHSSC</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Number of Requests	1	3	0	3	0	2
No responded within timescales	1	3		2*		1
% responded within timescales	100%	100%		100%		100%
Number of exemptions applied	0	2		1		0
Actual number of questions	3	11		7		1
ICO appeals	0	0		0		0
Number of requests still outstanding (Unanswered)	0	0		1		1*

- All of the unanswered requests are still within timescales

## 2.4 Subject Access Requests

The table below shows the number of Personal Data Requests for Cwm Taf Morgannwg University Health Board (CTMUHB) for the period April 2023 to September 2023. They have been split into Service Groups as they manage their own request process.



Data Protection - Subject Access requests for 2023/2024						
Medical Records (These inc. all 3rd party requests, i.e. police, etc.)	Apr	May	Jun	Jul	Aug	Sep
Number of requests	239	250	302	296	273	228
Number of exemptions applied	0	0	0	0	0	0
Number of late responses	0	0	0	0	0	0
<b>Mental Health</b>	Apr	May	Jun	Jul	Aug	Sep
Number of requests	33	40	49	49	32	50
Number of exemptions applied	0	3	4	2	4	4 to date
Number of late responses	5	14	12	6	3	0 to date
Mental Health - SARs for POW Acute and Mental Health (completed under SLA with SBUHB)	Apr	May	Jun	Jul	Aug	Sep
Number of requests	82	82	59	61	89	58
Number of exemptions applied	0	0	0	1	0	0
Number of late responses	0	0	0	0	0	0
<b>CAMHS</b>	Apr	May	Jun	Jul	Aug	Sep
Number of requests	16	23	17	28	16	25
Number of exemptions applied	1	1	0	1	0	1
Number of late responses	0	0	0	0	0	0
<b>Corporate</b>	Apr	May	Jun	Jul	Aug	Sep
Number of requests	0	0	3	0	1	1
Number of exemptions applied	0	0	0	0	0	0
Number of late responses	0	0	1	0	0	0
<b>Workforce and OD</b>	Apr	May	Jun	Jul	Aug	Sep
Number of requests	0	0	0	1	1	0
Number of exemptions applied	0	0	0	0	0	0
Number of late responses	0	0	0	1	0	0
<b>Occupational Health</b>	Apr	May	Jun	Jul	Aug	Sep
Number of requests	2	0	1	1	Not provided	Not provided
Number of exemptions applied	0	0	0	0		
Number of late responses	0	0	0	1		
<b>WHSSC - SARs</b>	Apr	May	Jun	Jul	Aug	Sep
Number of requests	1	0	0	0	0	0
Number of exemptions applied	0	0	0	0	N/A	N/A
Number of late responses	1	0	0	0	N/A	N/A
<b>GP practices</b>	Apr	May	Jun	Jul	Aug	Sep
Number of requests	34	29	66	38	32	Unavailable
Number of exemptions applied	0	1	1	0	0	
Number of late responses	5	5	2	2	TBC	



- 2.4.1** The Committee is asked to note that the Information Governance Team has received three complaints from the Information Commissioners Office (ICO) in relation to late responses to subject access requests being managed within the corporate function. These requests although complex, were received several months ago and now require urgent responses. The Team are currently working through the responses as a matter of urgency and will ensure any issues are raised via the Data Protection Officer (DPO) and Senior Information Risk Owner (SIRO).
- 2.4.2** Members will recall that the subject access procedure was raised as part of the recent ICO audit so a review of this procedure will be undertaken along with appropriate staff training.
- 2.4.3** Another challenge within the Health Board is the way in which we are managing documents, linked to patient's care, clinical workflow etc. As members will be aware, the email policy states we should be deleting emails – this isn't happening so a consideration needs to be given as to whether this is just carried out. Our E-discovery tool is available but requires individuals to be trained in it to get the most out of it. What we need to do is avoid a manual process, however if people's discipline in document management does not improve, an option may be for each individual to be sent their own documents and they redact them.

## **2.5 Staff Training**

- 2.5.1** A key requirement of the ICO's office has been to increase our mandatory training compliance to 85%.
- 2.5.2** **Compliance for all levels of training is currently 76.40%, which is 0.26% below the previous month, and 8.60% below the 85% target. The Health Board are currently ranked 11th in relation to compliance across NHS Wales organisations. Members are asked to encourage their staff to undertake training. Discussions with Workforce business partners along with Learning and Development (L&D) will also be arranged in order to work towards increased compliance.** In addition to this, a training needs analysis has been drafted in line with audit recommendations.

## **2.6 NIIAS Incidents**

- 2.6.1** The National Intelligent Integrated Audit Solution (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.

**2.6.2** As identified in the table below, in 2023 so far we have had 386 breaches identified by the NIIAS tool, whereby staff had inappropriately accessed their own record or that of a direct family member.

This compares to 388 for 2022 so there has been no change in trends.

<b>NIIAS - Year 2023</b>		
	<b>Own Record</b>	<b>Family Record</b>
January	22	19
February	24	16
March	20	21
April	27	16
May	21	20
June	33	21
July	29	17
August	23	19
September	23	15
<b>Total</b>	<b>222</b>	<b>164</b>

## 2.7 ICO Reportable incidents

**2.7.1** No data breaches were assessed to be significant enough to be reportable to the ICO during this period (see separate agenda item).

## 2.8 Legal Training

**2.8.1** On a positive note, following a number of referrals to the Information Governance (IG) team for advice from the clinical service, a requirement to widen the knowledge and expertise of individuals in certain roles in the wider legal aspects of medical practice has been identified.

**2.8.2** Discussions with the Lead for Professional Learning and Development in NHS Wales Shared Services Partnership (NWSSP) Legal and Risk has resulted in an offer from her to provide a number of sessions in the areas we have identified. These areas include police requests and criminal evidence, data sharing with regards to safeguarding & mental health, genomics data management, coroners' powers.

**2.8.3** Arrangements are being put in place for these sessions to take place in due course, on a Wales wide basis.



### 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 former Head of Information Governance is now in place and is supporting the Health Board in taking take forward many of the actions required. Recruitment is also underway to further support the team which includes three additional roles.

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Sustaining Our Future
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Data to Knowledge
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Effective
	If more than one applies please list below:



<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <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:
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <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:
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	Report identified UHB's non-compliance with Data Protection Legislation	
<b>Enw da / Reputational</b>	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	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

#### 4. Recommendation

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



**Agenda Item**

4.4

**Digital & Data Committee**

**ICO Audit Action Plan Progress Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2023
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Claire Northwell-Todd, Head of Information Governance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stuart Morris, Director of Digital
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital

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

<b>Acronyms / Glossary of Terms</b>	
DPO	Data Protection Officer
ICO	Information Commissioner’s 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 the Health Boards 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, DPO and Head of Information Governance met with the ICO at the end of July 2023 and again on 2 November 2023.

2.2 It has previously been noted that 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 however, the new Head of Information Governance joined the Health Board in September and three new information governance posts have been approved and will be advertised shortly. Reference Appendix A.

2.4 The ICO 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 B)

## 4. Assessment

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



Objectives / Strategy	
<b>Link to Domains of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable

Impact Assessment		
<b>Ansawdd</b> <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 type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not required
<b>Cydraddoldeb</b> <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
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	Compliance with legislation	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Public confidence in managing their data	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) / Resource Impact</i> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Resources required within the IG team to deliver the action plan	

#### 4. Recommendation

- 4.1 The Committee are requested to **NOTE** the demonstrable progress made to date following the correspondence from the ICO.

#### 5. Next Steps

- 5.1 To provide a full comprehensive response to the ICO recommendations prior to their final follow up in January 2024.

### ICO Data Protection Audit - Action Plan

Cwm Taf Morgannwg University Health Board  
Nov-23

**Audit Action Plan**

Ref	Non-conformity	Recommendation	Accept / Partially Accept / Reject	Action taken to date (as of Nov 2023)	Implementation Date	Owner	Action Status	Evidence item(s) provided	ICO Officer's feedback - TBC
A02	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: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Accept	<p>A new Head of Information Governance is now in post. Three additional jobs within the IG Team have been approved and will be advertised shortly. The role of IG champions has been considered at the October Information Governance Group (IGG) to see how this could be taken forward. Discussions have also taken place with other colleagues across wales to see how this could be implemented where done so successfully. Role profiles have been drafted for IG champions.</p> <p>IG leads – from core areas of the HB have been identified as IG champions / leads and form membership of the IG group. This is alongside a separate multi lead practitioner group (Caldicott Guardian / dept CG / Head of Safeguarding / Head of Legal Services / Health Visitor / DECLO &amp; Core IG team who now meet as is required to standardise practice.</p>	Nov-23	Director of Digital	Completed	A02 - job descriptions attached for the IG roles along with outline of IG champion role profile.	
A05	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: <ul style="list-style-type: none"> <li>Ensure meetings include data protection, information security and records management as standard discussion points.</li> <li>Extend these standard discussion points to all local level operational meetings beyond just the Operational Management Board and Information Governance Group.</li> </ul>	Accept	<p>In terms of records management, the Health Records Group has been reinstated (as of November 2023) this will be to support the development of governance arrangements, discuss storage issues and risk and issue management to ensure the efficient and secure management of the whole healthcare record across CTM and associated data.</p> <ol style="list-style-type: none"> <li>Governance: Develop and review policies, procedures and guidelines for the collection, access, sharing and retention of health records to ensure compliance with regulations.</li> <li>Storage Issues: Work to address the challenges related to the storage of health records, including determining the best storage solutions and strategies for the future taking into account data growth.</li> <li>Risks and Issues: Identify risks and issues across the organisation relations to health records which may include data loss, compliance violations and developing the framework to mitigate these risks.</li> </ol> <p>Overall the groups purpose will be to safeguard patient data, maintain data quality and review compliance across the organisation with a focus on the development of interconnected working arrangements between departments to achieve this.</p> <p>Risks: the SIRO and Asst Director of Governance &amp; Risk continued to update Risk 4699 – Failure to Deliver a robust and sustainable information governance function (row 43). This goes to ELG every other month and formally to Digital &amp; Data Committee. Report attached as evidence. This is</p>	Jun-22	Director of Digital	Completed	A05 Agenda and sample pack attached for the operational management board. Risk documentation also attached.	
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%. <ul style="list-style-type: none"> <li>ICO. Information Commissioner's Office</li> </ul>	The HB should: <ul style="list-style-type: none"> <li>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</li> </ul>	Accept	Working with Workforce and L&D to advise on what additional steps can be taken over 6 months to improve mandated compliance. There have been changes in terms and conditions to progress through the gateway which now requires full compliance with mandatory training. Whilst this may not be an immediate step it is the best deal we can negotiate with our unions. virtual montly training sessions which be held as of Jan 2024 as this has worked well for risk training. We are also considering how we utilise a training provider that it colleagues currently use. Compliance will continue to be monitored via IGG and Digital Data Committee. See progress in A09 also.	Variable	Director of Workforce / Director of Digital	In progress	IG Group Report outlining Training .	

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.	Accept	A TNA has been drafted which outlines the training requirements. Bespoke sessions have been offered and held in Mental Health and managed GP practices. Shared Services recently carried out SAR training also.  IGG Oct update noted that shared services legal services are providing further training re data sharing / court orders. Work is ongoing with the intranet pages and the ICO videos will be added to SharePoint. A training schedule is being finalised with virtual IG sessions being held from Jan 2024. A records management group has also been re-established where data protection, incidents, training polices and procedures will be a standard item) see A05).	Jan-24	Director of Digital	In progress	A09 - TNA and 2024 training schedule. Procurement and information law training slides also attached.	
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 • ICO. Information Commissioner's Office operation(s). The ICO's website has guidance for organisations on what needs to be included in the contract.	Accept - partially	We have started to retrospectively review agreements in place where we are the Lead party.  All DPIAs, ISPs, DDAs etc contain exchange flows or data mapping. Whilst there is not one central map, there is a record on each individual agreement. We have recently sent comms out asking IAO to review the entries, and to remind staff to add any new systems. The guidance has also been updated.	Dec-23	Director of Digital	In progress	A13 - IAR guidance , DDA ISP and DPIA to show data flows and exchanges	
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.	Accept	The HB has an IAR in place. It also has a large number (100's) of DPIAs, ISPs etc all which outline the personal data flows. There is a central data sharing register and a DPIA register alongside the IAR / ROPA.	Jan-24	Director of Digital	In progress	A15 - example of IAR entry and ISP data flow exchange between parties	
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.	Partially accept	The HB does hold a register for sharing activities by way of a databas this includes an information sharing register, DPIA register and and IAR. Detailed data sharing activities is captured in the DPIA / agreement whilst the system details are held in the IAR. We are reviewing options as to how these can be linked & expanded to include disaster recovery and back up arrangements.	Update ongoing	Director of Digital	In progress	Evidence of this action has been shared previously with the ICO Auditor.	
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	Accept	A TNA has been developed (see A09). In addition to this, as part of induction DP and cyber is now included. Currently working with colleagues to draft a Protocol to assist with data sharing for non direct care purposes e.g. court orders / safeguarding requirements coroners orders / police requests	Jan-24	Director of Digital	In progress	See A09. e learning can be viewed on screen if required. Draft can be shared when available.	

B05	<p>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 ICO. Information Commissioner's Office 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</p>	<p>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.</p>	Accept	<p>Agree. DPIAs are routinely undertaken and the register submitted via IGG. This is in addition to the data sharing register which is also a routine agenda item.</p>	Nov-23	Director of Digital	Completed	B05 - provided previously IGG papers / registers
B07	<p>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.</p>	<p>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.</p>	Accept	<p>A review of information sharing agreements has commenced with external parties. IGG schedule of meetings is in place for 2024 and the standard agenda items have been included in all agendas.</p>	Nov-23	Director of Digital	In progress	DDA / ISPs that have been reviewed. IGG papers and schedule of meetings.
B09	<p>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</p>	<p>The HB must: • ICO. Information Commissioner's Office • 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.</p>	Accept	<p>Contracts, and data sharing agreements (including research) have retention periods built into them. Documentation states where they are processor, retention is in line with HB policy - see DPIA as an example of this.</p>	Immediately	Director of Digital	Completed	DSA template and DPIA re retention (see everlight as an example). This also highlights sub processing etc.
B10	<p>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.</p>	<p>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.</p>	Accept	<p>Currently Codes of connection are completed at the onset of new projects.</p> <p>The Code of Connection (CoCo) process is designed for third party organisations that require an inbound connection to the NHS Wales Network. There are different levels of assurance required for organisations depending on how they intend to connect. Each level of connection require different forms to be completed.</p> <p>The submission of the form is done by the internal cyber team and requires internal sponsorship.</p> <p>The Code of Connection (CoCo) process is designed to ensure the appropriate levels of assurance are provided for organisations requiring a connection to the NHS Wales Network.</p> <p>In order to provide these assurance levels the National Cyber Security Team requires the documentation and relevant proforma to be completed. They also reserve the right to conduct an onsite audit of the areas covered within the connection in order to fulfil NHS Wales' obligation to provide the required information to maintain ongoing connection. The documentation needs to be refreshed on at least a yearly rolling basis - this should be instigated by the Health Boards Cyber Security team. There is a backlog in re-assessment currently, due to insufficient resources aligned to this function. IMTP funding has been aligned to addressing this and recruitment is underway, after some delay in the authorisation stage.</p> <p>Any substantive change to network configuration access</p>	Immediately	Director of Digital	Completed	B10 - forms attached for reference

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. • ICO. Information Commissioner's Office	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.	Accept	Section 7 & 8 in WASPI templates refer to security and incident breaches as we use the nationally agreed information sharing templates. We will ask the central Team if the documents can be reviewed to ensure the reporting deadlines are added in (9.2) . It is stated that all partners that sign up to the Accord have the following so evidence has never previously been asked: 1.1 Partners to this agreement will ensure that individual access to the data is limited to those who have a legitimate purpose to view, use or otherwise access it. Appropriate measures will be taken to ensure that the confidentiality of the data is maintained at all times. 1.2 Partners to this agreement must have an appropriate and adequate security framework. 1.3 Practitioners carrying out the functions outlined in this DDA should make themselves aware of, and adhere to, their organisation's data protection, confidentiality and information security policies and procedures. We will ensure that we request a copy of their incident breach providers when entering into new agreements. A column has been added on to the data sharing register to ensure we request procedures. Merthyr CBC has provided their procedure and this is attached as evidence for you.	Immediately	Director of Digital	Completed	B11 - sharing templates, WASPI agree to review, incident procedures from external partners	
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	Accept	All policies are added on to the SharePoint . All amendments are discussed via IGG and are submitted to any subsequent committees to ensure they are communicated amongst all staff groups. Training has been provided to certain staff groups such as mental health and safe guarding staff. There is a consultation page on Sharepoint for staff to comment. The policy schedule has been added on to the IGG agenda as a standard item and the All wales policy review group has been re-established.	Immediately	Director of Digital	Completed	B12 - IGG policy schedule, consultation page on Sharepoint and staff bulletin.	
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: • ICO. Information Commissioner's Office • 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.	Accept	As per the outcome of the ICO conference it was acknowledged that we were operating in an environment covered by common law and a requirement for professional judgement e.g safeguarding purposes where the ICO confirmed required professional judgement. The HB is working through examples of data requests and processes with a view to reducing the variation in how these are managed and ensuring processes are in place to maintain a record of the decision making. Shared their ICO toolkit	Nov-23	Director of Digital	Completed		

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.

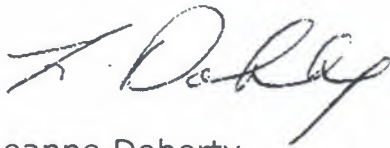
It is understood that the Health Board has had issues around staffing of their IG function, however, to have 16 high priority actions outstanding

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**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2023
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Karen Winder, Assistant Director of Digital Systems
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stuart Morris, Director of Digital
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		



<b>ACRONYMS</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
DR	Disaster Recovery
GFDC	Ground Floor Data Centre
HEPMA	Hospital Electronic Prescribing & Medicine Administration
IMTP	Integrated Medium Term Plan
LIMS	Laboratory Information Management System
MECM	Microsoft End Point Configuration Manager
MFD	Multi-Functional (Print) Device
PCH	Prince Charles Hospital
POW	Princess of Wales
RIS/PACS	Radiology Information System/Picture Archiving and Communications Systems
RGH	Royal Glamorgan Hospital
UEM	Blackberry Unified End Point Management
WG	Welsh Government
WPAS	Welsh Patient Administration System
WCCIS	Welsh Community Care Information System
WICIS	Welsh Intensive Care Information System
YCR	Ysbyty Cwm Rhondda



## 1. Situation / Background

1.1 There is an extensive work plan within Digital & Data Directorate, in addition to the work proposed within the Integrated Medium Term Plan (IMTP).

1.2 The National Systems deployments are as follows:

Critical Care	WICIS	Delayed / Re-planning
Community Care	WCCIS	Review / Planning
Digital Medicines	HEPMA	Commence April 2024
Health Board Alignment	WPAS	May 2025
Pathology	LIMS 2.0	June 2025
Radiology	RIS/PACS	April 2026

The above projects are reliant on a robust digital infrastructure. While the services and resilience are being improved, it is not at a pace that users or the projects require.

1.3 Digital and Data services are at the core of enabling the Care Groups to deliver their service redevelopment and improvement. If potential solutions are requiring digital and data services, there will need to be appropriate funding to ensure appropriate levels of capacity and capability.

1.4 The Health Board Alignment is funded for the WPAS merger. Alongside this, capital and revenue monies are required for the wider integration of systems and services and this is being prioritised from within Health Board funds.

### 1.5 Financial Situation

1.5.1 The Digital and Data directorate are having to prioritise their recruitment plans to align with the financial stability of the organisation.

1.5.2 At the start of the financial year the digital and data directorate received £1.8m discretionary capital allocation for 2023/24 (25% of the discretionary capital programme).

1.5.3 This allocation was updated and approved at the September Executive Capital Management Group, including a rolling replacement and new staff equipment. This is outlined in the following table.

1.5.4 Additionally, Digital and Data has been allocated £2m of recurrent revenue investment, which covers the Digital Health & Care Wales SLA uplift and recruitment to new posts. Recruitment to related posts is underway.



	<b>Position Post September ECMG £000</b>
<b>IT Allocation = 25%</b>	<b>1,838</b>
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	160
Bridgend Cardiology Muse	8
Enablement of community systems	142
ICU Solution for Bridgend	200
Infrastructure Review Delivery delivery	200
Brdigend Specific Schemes	258
	-
ICT contingency	0
<b>ICT Sub Total</b>	<b>1,838</b>
<b>Balance of ICT Allocation</b>	<b>-</b>

## 2. Specific Matters for Consideration

2.1 Highlights of the projects and work plan being delivered by the Digital and Data Directorate

<b>SERVICE</b>	<b>UPDATE</b>
<b>Network</b>	<ul style="list-style-type: none"> <li>• <b>Switch replacement programme</b> <ul style="list-style-type: none"> <li>• The Network upgrade at Ysbyty Cwm Rhondda (YCR) is almost complete, with the final component, upgrading the two cores having reached the detailed planning stage prior to implementation.</li> <li>• The Switch replacement programme at Royal Glamorgan Hospital (RGH) has progressed well, with 50% of cabinets now upgraded.</li> </ul> </li> <li>• <b>Switch software updates – pan Health Board</b> <ul style="list-style-type: none"> <li>• New firmware has been released for switches and rollout is progressing</li> </ul> </li> </ul>



**SERVICE**

**UPDATE**

	<ul style="list-style-type: none"> <li>• <b>Firewall replacement programme - pan Health Board</b> <ul style="list-style-type: none"> <li>• Both new firewalls are live in POW</li> <li>• All small site firewalls (circa 35) are to be replaced in the coming months.</li> </ul> </li> <li>• <b>Multitone paging commissioning at all 3 Acute Sites</b> <ul style="list-style-type: none"> <li>• Completed</li> <li>• Next stage integration of alarm panels in RGH and PCH to allow alarms to be monitored from anywhere on the network. (Switchboard Centralisation Project)</li> <li>• Planning and design phase for Phase III of the PCH Ground and First Floor which will see the removal of the Digital Team Portakabin and the building of a replacement facility ongoing.</li> </ul> </li> </ul>
<p><b>Infrastructure (Servers)</b></p>	<ul style="list-style-type: none"> <li>• Backup environment update in POW: Network switchover completed.</li> <li>• POW Server Infrastructure in a Cwm Taf Morgannwg (CTM) managed state with two final key areas of transition planned to complete migration.</li> <li>• 2 Node server cluster purchased from capital for RGH, thus introducing a VMWare footprint in RGH - Physical install completed and remote install being completed this week (06/11/23)</li> <li>• VM migrations on going from Hyper V to new VMWare Estate, approx. 60 Virtual Machines remaining.</li> <li>• On-going discussions with major projects with regards to moving out of the IT1 Data Centre into a new Data Centre (SDC) as part of ground and first floor phase 3 works in PCH.</li> <li>• Team supporting third party Fuji replacement project in PCH, RGH &amp; POW and the adoption of a CTM cardiology physical deployment in POW.</li> <li>• Project on-going to reduce the number servers running out of support operating systems.</li> </ul>
<p><b>Cyber &amp; Service Management</b></p>	<ul style="list-style-type: none"> <li>• Cyber update provided in committee</li> </ul>
<p><b>End User Computing</b></p>	<ul style="list-style-type: none"> <li>• New escalation function has been tested on the IT Service Desk.</li> <li>• Microsoft Licensing – year two renewal figures have been finalised and recharged by Digital Health and Care Wales.</li> <li>• Limited capital will impact on rolling replacement.</li> </ul>



**SERVICE**

**UPDATE**

	<p><b>Legacy Operating system updates</b></p> <ul style="list-style-type: none"> <li>• Programme has been completed for digital services to be standardised onto Edge, migrating away from Internet Explorer.</li> <li>• Adoption of Microsoft 365 EndPoint Manager solution and reduction/removal of Blackberry UEM including replacement/reconfiguring of over 1000 devices.</li> <li>• New mobile telephony contract was awarded and migration to new contract is nearing completion, including rollout of associated hardware.</li> </ul>
<p><b>Programme and Projects Team</b></p>	<ul style="list-style-type: none"> <li>• Supported the HEPMA Invite to Tender and development of the Full Business case for submission to the Board and WG</li> <li>• Project managing the WPAS merger setting up the programme board and developing Terms of reference</li> <li>• Managing Project Portfolio Board and user expectations</li> <li>• Working with the National team on WICIS</li> <li>• Advising on the ICT aspects of the Brainomix deployment</li> <li>• Advising on the ICT aspects for the Lung Health Check deployment</li> <li>• Advising on the School eConsent deployment</li> <li>• Continuing the deployment of eWhiteboards across the organisation</li> <li>• Managing the further deployment of OpenEyes</li> </ul>
<p><b>Business Change</b></p>	<ul style="list-style-type: none"> <li>• PCH Maternity and POW Paediatrics ongoing support after go live</li> <li>• Special Care Baby Unit / Neonatal Units go live planning</li> <li>• Progressing with icon requests with Child and Adult Mental Health Service</li> <li>• Process mapping Mortuary areas</li> <li>• Review of new areas to implement the Electronic Whiteboard system.</li> <li>• Providing ongoing support for T Drive, eWhiteboards and the D2RA pathway (List View / Education Training Opportunities Catalogue) and ADT/Medicines Transcribing and E-Discharge</li> <li>• Provided the business change expertise for the transition of the POW to CTMUHB infrastructure</li> <li>• 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</li> </ul>
<p><b>Digital Systems</b></p>	<ul style="list-style-type: none"> <li>• The HEPMA business case has been developed, the invitation to tender procurement process has resulted in a</li> </ul>



**SERVICE**

**UPDATE**

	<p>supplier been chosen. The business case is now going through HB Governance for sign off before submitting to WG.</p> <ul style="list-style-type: none"> <li>Delivered ETR into radiology across CT, POW have gone live continuing to expand at POW in outpatient environment (15000 electronic requests a month). Velindre consultants requesting into CTM. Primary care requesting into secondary care pilot started. Discussions starting with C&amp;V requesting into CTM.</li> <li>Open Eyes live for all Glaucoma clinics at POW, Maesteg and YCR, PCH. RGH partially deployed. Once live at all sites enhanced functionality to be investigated.</li> <li>CANISC replacement now in use for Breast and Urology.</li> <li>Welsh Nursing Care Record (WNCR) <ul style="list-style-type: none"> <li>Adult WNCR is now in BAU with CTM continuing to collaborate on all Wales standardisation and digitisation of records for future releases</li> <li>Paediatric WNCR: Appointed a Paediatric Nurse to lead the development, scoping work has commenced.</li> </ul> </li> <li>Cardiology <ul style="list-style-type: none"> <li>Adult Cardiology system expansion undertaken to accommodate Princess of Wales as part of the disaggregation</li> <li>Paediatric Cardiology upgrade from Xcelera</li> <li>Cardiology WCP ETR pilot started, 66 requests in September.</li> </ul> </li> <li>Local readiness undertaken for National solutions <ul style="list-style-type: none"> <li>WICIS – go live 2024; at risk</li> <li>LIMS2 – go live 2025</li> <li>RISP/PACS – go live 2026</li> <li>HEPMA – go live 2026</li> <li>WCCIS – go live 2025; at risk</li> <li>Digital Maternity – go live 2026; TBC</li> </ul> </li> <li>A&amp;E hardware improvements to improve patient flow within the department</li> <li>Replaced and expanding the current digital dictation system due to end of life</li> </ul>
<b>Software Development</b>	<ul style="list-style-type: none"> <li>The list view of the eWhiteboards D2RA – Discharge to Recover and Assess has been developed to meet new requirements. Work on data items in regards to type of wards is the only task outstanding, programme is delivering to timescales agreed by Informatics team.</li> <li>The Electronic Transfer of care forms have been developed to meet new requirements. The request exposed the challenges the UHB faces in the ongoing support of software when developments are funded non-recurrently.</li> </ul>



**SERVICE**

**UPDATE**

	<ul style="list-style-type: none"> <li>• Maternity Information System (MITS) has been upgraded to a recent version of dot NET. Process to support implementation in POW has commenced, with requirements likely to focus on developing the reference data, rather than anything foundational.</li> </ul>
<b>Clinical Coding</b>	<ul style="list-style-type: none"> <li>• The UHB coded 95.3% of the episodes ending in August by the October deadline, meeting the WG target of 95%.</li> <li>• Following a concerted effort by the team, the April and May backlog has been greatly reduced, with 95.1% of all episodes ending in the period April to end of August 2023 having now been coded.</li> <li>• 25000 coding rules have now been tested and integrated within the autocoder.</li> <li>• Next stages of the improvement work will focus on developing E-Forms in line with NHS Wales FHIR standards and CTM clinical requirements and extending the acquisition and use of additional clinical information.</li> </ul>
<b>Information</b>	<ul style="list-style-type: none"> <li>• Workstreams reported on in the last quarter have progressed well or have now completed, highlights being: <ul style="list-style-type: none"> <li>○ Regional assessment of the Llantrisant Health Park’s potential impact in regards to Orthopaedics and Radiology demand and capacity</li> <li>○ Development of the Discharge to recover access (D2RA) pathway supported via the eWhiteBoards and data quality streams of the Unscheduled Care and 6 Goals programmes involvement.</li> <li>○ Expansion of support to Incorporating Endoscopy and Radiology into Text and Remind (T&amp;R)</li> <li>○ Ongoing support continuing for those projects.</li> </ul> </li> <li>• The bid for stage 2 of the population health housing improvement initiative was not successful. The Creating Health Board is considering the next steps</li> <li>• Analysis of mortality data and appropriateness of SHMI to Welsh system and counting practices has progressed.</li> <li>• Bed requirements for winter have been modelled and are being incorporated into the Winter Bed Plan. The work exposed the requirement to put in place more robust processes for managing counting and information model changes across the UHB.</li> <li>• Support given to Autumn Booster Immunisation campaign (Covid and Influenza) for planning capacity and productivity monitoring.</li> </ul>



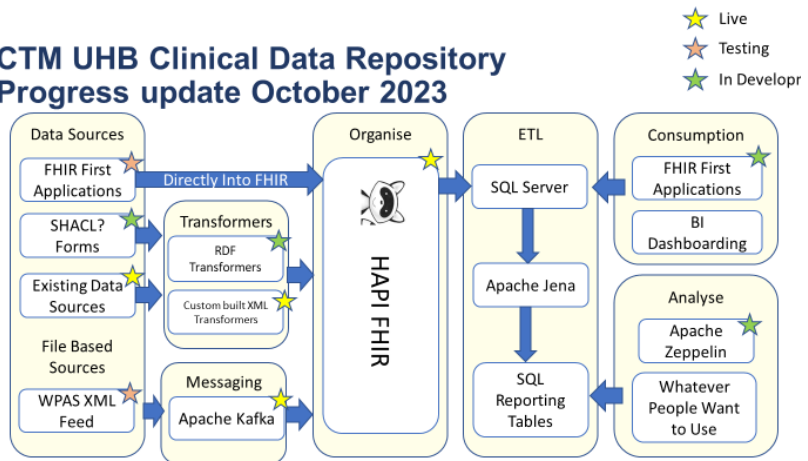
**SERVICE**

**UPDATE**

- Business Intelligence developments for Finance, New Waiting List management (upgraded QL), WNCR metrics and Theatre Utilisation released.
- Ongoing Value-Based Health Care (VBHC) support recently developing data extractions for Cardiology Diagnostics to add into Heart Failure pathway review analysis.
- Unscheduled Care Operational Flow dashboard first draft completed to assist with day to day operational management.
- GIRFT Theatre Optimisation datasets, for WG completed and fed into national programme.
- AMAT Clinical Audit data pipeline established.

**National Data Repository**

**CTM UHB Clinical Data Repository  
Progress update October 2023**



- Reference data for all Organisations, GPs, consultants now in the Clinical Data Repository (CDR).
- Linking consultants to CONS codes used in Myrddin will be finished after the IP/OP work has progressed.
- The IP/OP mapping is ongoing, no current blockers just taking time to understand how the events map to actual activity
- Basis for forms has changed to Fast Healthcare Interoperability Resources (FHIR)-first using SMART-on-FHIR with questionnaires and FHIR SDC. Software to achieve this has been identified and is being tested.
- HAPI server authentication needs upgrading from OAuth to OpenID Connect to support SMART fully, work on this has begun.
- National FHIR API for WRRS is available for testing



**SERVICE**

**UPDATE**

**Performance Reporting**

- 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**

- The 2023/2024 Service Level Agreement with Swansea Bay has been agreed and in the process of being signed off by both HB's
- Consolidation to a single Audiology system across CTM
    - Upgrading the application and moving to CTM servers
    - Merging of POW and CTM audiology systems to a single system
  - Consolidation of the POW systems in cardiology into the CTM systems to give a single instance of the systems across CTM enabling better patient care
    - CTM MUSE
    - CTM McKesson
    - GE cath lab
    - Spacelabs
    - Fysicon
  - Move POW Maternity from using the maternity module in SB WPAS to CTM MITS for a single maternity system across CTM
  - Preparing for the new PACS/RIS system in 2026 by future proofing the 2 CTM RIS's and PAC's
    - Moving POW Radiology system onto the CTM SQL cluster
    - Refreshing the PACS hardware at CTM
    - Pointing the POW RIS to CTM PACS to store the PACS images
  - 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
    - Smoothwall Web filtering completed
    - Secure printing progressing well, and on schedule
    - General printing being migrated over along with the PoW print server – during September



**SERVICE**

**UPDATE**

	<ul style="list-style-type: none"> <li>• T:\ drive move scheduled for switchover to CTM during August</li> <li>• SCCM/Defender coverage, CTM pilot stage2 underway prior to planned migration</li> <li>• User and computer device moves nearing commencement.</li> <li>• 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</li> <li>• Work continuing PoW server and comms rooms to ensure fit for purpose cooling, UPS, and related provision.</li> <li>• 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 granted access to the room for planned or emergency visits as they occur.</li> </ul> <p>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>
<b>Architecture</b>	<ul style="list-style-type: none"> <li>• Delivering Bridgend Infrastructure transition for 1 October 2024.</li> <li>• Supporting the identification of risks pertaining to key Infrastructure components and review and remediation of these – aligning and prioritising these in line with NID-S assessments of critical systems and Infrastructure.</li> <li>• Reviewing the Nationally led RIS solution and ensuring that CTM has appropriate Infrastructure architecture to support the use of this Cloud service and effective access to Local Business continuity services.</li> <li>• 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.</li> <li>• Next phase of Bridgend planning work will include a thorough review of the Telephony arrangements, with initial discover phases having been carried out with suppliers, and costed options appraisals to follow.</li> </ul>

**3. Key Risks / Matters for Escalation**

3.1 The current financial climate will impact the digital and data programme as both the capital and revenue forecasts are unlikely to meet the demand of work programmes.



- 3.2 Capacity remains a challenge and posts are being prioritised as necessary alongside a need to deliver a balanced financial position and meet savings targets.
- 3.3 Some National projects are underway or being planned without agreed funding. Additionally, existing income streams for national work continue to be reviewed, to ensure funding letters are received and the income drawn down.
- 3.4 A drive to digital ways of working without adequate funding, could present reputational risk to the Health Board in giving clinicians and patients the requisite assurance that digital enables resilient, safe ways of working.

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Sustaining Our Future
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Resilient Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i>	Equitable
	If more than one applies please list below:



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

Impact Assessment		
<b>Ansawdd</b> <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 type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
<b>Cydraddoldeb</b> <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
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) / Resource Impact</i> <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 requested to **NOTE**:

- the projects both system and infrastructure completed
- the challenges with the current level of capital and revenue funding to sustain a digital programme
- the timescales determined / being planned for National systems that may require further local business cases to be approved



**Agenda Item**

5.2

**Digital & Data Committee**

**Medical Records Assurance Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2023
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Bethan Marsh, Clinical Records Modernisation Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Matthew Swarfield, Head of Clinical Administration
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>

**Acronyms / Glossary of Terms**

DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
POW	Princess of Wales Hospital
GBS	Gateway Bureau Services
HRMAG	Health Records Managers' Assurance Group



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

## Acronyms / Glossary of Terms

IGMAG	Information Governance Management Assurance Group
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## 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
- Records Retention and Destruction

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 **49** missing records known to the Medical Records Department.

Number	Situation	Supposed location	Action
26	Apparent misfiles or tracking failures	Williamstown Hub	Periodic searches ongoing
21	Location unknown	Various hospital areas	Periodic checks ongoing
2	Sent by departments to offsite store without logging box number	Llangennech Offsite Store, Llanelli	All practical checks undertaken to date. Future checks may locate.

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.

### 2.2 Casenote Availability Audits

Audits are performed quarterly and reported to the subsequent meeting. An in-patient audit was carried out in August:

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

Outpatient Audit results are below. The target is for all notes to be available 24 hours before clinic:

<b>CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD</b>									
<b>MEDICAL RECORDS CASENOTE AVAILABILITY AUDIT -</b>						October 23		2023	
Date	Speciality	Site	No. Pts due	Digital	Paper	Notes available 24 hours before clinic	Notes not available 24 hours before clinic	% Available PER SESSION	% Unavailable PER SESSION
18/10/23	Ortho	YCR	8	5	3	8	0	100%	0.0%
19/10/23	Parkinson's	YCR	21	18	3	21	0	100%	0.0%
20/10/23	Dermatology	POW	16	0	16	16	0	100%	0.0%
20/10/23	Nephrology	POW	30	0	30	30	0	100%	0.0%
20/10/23	Ophthalmology	RGH	9	6	3	9	0	100%	0.0%
20/10/23	* Fracture	RGH	42	16	26	41	1	97.6%	2.4%
<b>Totals</b>			<b>126</b>	<b>45</b>	<b>81</b>	<b>125</b>	<b>1</b>	<b>99.2%</b>	<b>0.8%</b>

\* 1 patient has appointment in YCR on the afternoon of 19/10/2023; expected to be available in time for this appointment

### 2.3 Paper Casenote and Digital Records movement

Work related to 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 is reported correctly from September onward.

<b>DIGITAL PATIENTS REPORT</b>	<b>Position at 19/5/23</b>	<b>Position at 19/10/23</b>
<b>Total number of digital patients</b>	<b>122,433</b>	<b>139,561</b>
<i>Patients with legacy records only</i>	<i>44,382</i>	<i>44,087</i>
<i>Patients with day forward records only</i>	<i>22,97</i>	<i>26,167</i>
<i>Patients with legacy and day forward records</i>	<i>55,078</i>	<i>69,394</i>



**Casenote movement**

<b>Hub casenote interventions/movements</b>	<b>Sep 20 Benchmark</b>	<b>Feb-23</b>	<b>Mar-23</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>Jul-23</b>	<b>Aug-23</b>	<b>Sep-23</b>
Live Records	<b>56,510</b>	<b>23,054</b>	<b>25,024</b>	<b>25,374</b>	<b>29,144</b>	<b>26,460</b>	<b>26,157</b>	<b>27,249</b>	<b>22,283</b>
Archive Records	<b>2,354</b>	<b>2,078</b>	<b>1,544</b>	<b>11,394</b>	<b>1,474</b>	<b>1,680</b>	<b>1,433</b>	<b>1,584</b>	<b>1,536</b>
Deceased Records	<b>1,483</b>	<b>483</b>	<b>1,521</b>	<b>1,567</b>	<b>339</b>	<b>453</b>	<b>202</b>	<b>685</b>	<b>1,606</b>
Maternity Records	<b>1,453</b>	<b>46</b>	<b>1,269</b>	<b>4,041</b>	<b>857</b>	<b>697</b>	<b>728</b>	<b>806</b>	<b>544</b>
Quarantine (oversized records)	<b>141</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>653</b>	<b>146</b>	<b>153</b>	<b>-</b>
CTM Scanning Bureau *	<b>0</b>	<b>34,618</b>	<b>49,051</b>	<b>30,251</b>	<b>27,680</b>	<b>1,640</b>	<b>5,852</b>	<b>13,225</b>	<b>34,174</b>
Fast Track CTM Scanning	<b>0</b>							<b>3,695</b>	<b>2,732</b>
GBS Commercial Scan Bureau	<b>0</b>	<b>5,207</b>	<b>31,649</b>	<b>26,717</b>	<b>25,777</b>	<b>45,134</b>	<b>34,893</b>	<b>29,612</b>	<b>10,040</b>
<b>Total</b>	<b>61,941</b>	<b>65,486</b>	<b>110,058</b>	<b>99,344</b>	<b>85,272</b>	<b>76,717</b>	<b>69,411</b>	<b>77,009</b>	<b>72,915</b>



			*combined 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, some data included with GBS	Some data still included in GBS figures, due to tracking. All work done in CTM.	
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The 48-hour scanning target for new record documentation has been met consistently since 18 April 2023. CTM staff have completed this work since June without commercial support. Demand and performance are monitored constantly.

A business justification case was prepared to extend commercial digitisation to March 2024 and potentially beyond; however the current financial position has resulted in commercial digitisation work ceasing from October 2023. The internal CTM scanning bureau must focus on day forward scanning, therefore legacy scanning will be minimal for the time being. A Clinical Safety Review of the Cito system has been proposed in relation to the Business Justification Case (BJC), but very little clinical engagement was forthcoming to participate in this. Executive colleagues are aware. The decision on whether to extend the contract for the Digital Patient Notes software from March 2024 is still being considered; the recommendation is to renew for 2 years, to allow time to consider future plans and potential systems for digital notes in the long term.

## **2.4 MEDICAL RECORDS INCIDENTS**

- 2.4.1** 3 new incidents involving the Medical Records Department or patient records have been reported via Datix in May-September. Two were trips/falls with no apparent cause and no injury or harm sustained. No hazards were identified in either case.
- 2.4.2** The 3<sup>rd</sup> incident was more significant, involving the incorrect addition of alerts to some digital patient records. This incident has been investigated and the finding and subsequent action have been reported to: the Quality and Safety Board; the Medical Director; Digital and Data Committee; and Welsh Government, via an Early Warning Notice and updates. The required reporting and remedial actions have been taken, no patients are believed to have come to harm and the incident is now considered closed. This incident and subsequent actions were reported to the Information Governance Group on 26 October 2023, as this group had not met since this incident was identified. Digital and Data Committee has already been informed.

### **2.4.3 Misfiled/Mis-identified patient documents**

There were **1,188** incidents of misfiled/misidentified patient documents found in May to September 23. The current total discovered from October 2022 to September 2023 is now **2703** 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. The associated risk is stated in section 3.

## **2.5 RECORD STORAGE AND 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 30,000 case notes across the 3 Bridgend Library sites (POW, Offsite Store and Glanrhyd), making these environments much safer. Unfortunately, ongoing records growth resulted in the unsafe position recurring by August 2023. 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.

Emergency action was taken to identify any deceased patient records that can now be destroyed legally, given ongoing retention restrictions. This created space to move 640 boxes of notes out of Glanrhyd Library, allowing room to transfer notes from POW and Bridgend Offsite store into Glanrhyd. This was a complex and resource-intensive exercise, involving staff from the Records Hub and POW for 2 weeks, handling and transporting a total of @1,000 boxes of records between Bridgend, Williamstown and Llangennech. This is only a temporary alleviation of the storage pressure and work is still ongoing to redistribute notes around the available space.

Storage solutions to avoid a recurrence of past problems will be explored through Q4 and conversations have taken place to inform short, medium, and long-term solutions to this issue. The short term relates to any available additional storage options in Glanrhyd; and also will explore any storage options in the new Llantrisant Health Park as part of the design of the newly acquired buildings in Llantrisant; 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 Records Retention and Destruction**

The Infected Blood Inquiry 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, the guidance has been re-issued, stating that records should be retained for 20 years for patients with “long-term conditions”. The usual retention period for adults is 8 years. No qualification of such conditions is provided. The All-Wales Health Records Managers Advisory 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, rather than the secondary care record (Appendix A). 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 was reviewed and is supported by Medical Directors throughout NHS Wales and was then discussed at the Information Governance Managers’ Assurance Group on 27 July 2023. The outcome from this group was unclear, as discussions diverted into consideration of the various Acts and legislation relating to retention, rather than a clear position on legal destruction. The issue remains unresolved and is being discussed further amongst Health Records Management Assurance Group (HRMAG) colleagues, with professional records management and legal service advice being sought for assurance of the fully compliant position with regards to legal destruction. The original HRMAG paper is attached for information.

Therefore, only deceased patients’ records for deaths over 10 years ago can currently be destroyed, but there is presently no dedicated staff resource to carry out this work on a sustained and effective basis. 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’s record is incomplete, 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. As the planned Clinical Safety Review mentioned above is unlikely, further advice is awaited.



### 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 Business Justification Case (BJC) as the only effective measure to address this effectively, whether by scanning, development of digital forms instead of paper, or both. As stated, the commercial scanning work has now halted with effect from mid-October 2023. If the position deteriorates further it will be reported at future meetings.

### 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. As the decision has been reached to halt commercial work due to financial constraints and electronic forms have not progressed as planned at the outset, work needs to be completed to clarify the position of digital records for clinical care and is therefore central to the next steps.

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-act-en.pdf</a> (<a href="#">futuregenerations.wales</a>)</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b>	Not Applicable



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

Impact Assessment		
<b>Ansawdd</b> <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:
<b>Cydraddoldeb</b> <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:
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	General Data Protection Regulations	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Risk of reputational demand to the digital agenda by reverting to paper notes/ processes.	
<b>Effaith Adnoddau (Pobl Ariannol) /Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Staff revenue costs of managing records storage and growth pressures across all areas	

## 5. Recommendation

### 5.1 The committee is requested to **NOTE**:

- measures to manage/report missing medical records
- the audit results of casenote availability
- the report on casenote movement and growth of digital patients
- the Medical Records incidents, including misfiling of patient documentation and the risk this presents to patient care and information governance and options to escalate.
- the record storage position at POW Library and across the wider organisation
- risk related to the Digital Record strategy, related financial position and planned Clinical Safety Review
- risk related to irradiated blood and associated actions undertaken



<b>Title:</b>	Future management of Health Records of Patients with long-term health conditions and the 20-year ruling
<b>Submitted by:</b>	Andrew Warburton (Chair) – Health Records Managers Advisory Group
<b>Presented by:</b>	Ian Bevan – Head of Information Governance and DPO, Velindre University NHS Trust
<b>Meeting date:</b>	TBC
<b>Detailed Background and Assessment:</b>	<p><b>Aim:</b></p> <p>The aim of this paper is to seek the All-Wales Medical Directors Peer Group support to help Health Records experts in Wales drive change to resolve the existing issue relating to current guidelines in the NHS Wales Records Management Code of Practice for Health and Social Care 2022 which states that Medical Records (for living patients) must be retained for 20 years in secondary care and 10 years (for deceased patients) where the patient is diagnosed with a Long Term Health Condition.</p> <p><b>Situation:</b></p> <p>Medical Records in NHS Wales are currently stored in warehouses and Secondary Care facilities, this need has been heightened due to the moratorium since 2017 preventing the destruction of records due to recent Public Inquiries, this has been compounded by current guidelines in relation to records retention which is contained within the NHS Wales Records Management Code of Practice for Health and Social Care 2022 (known as the “code”).</p> <p>The equivalent NHS Scottish guidance appear to have resolved the issue by making it clear that the record which pertains to a patient’s long term health condition is held in Primary Care and is the Primary Medical Record, England and Wales have been unsuccessful to</p>

date in resolving the issue and the guidance provided is unclear and not practical to implement.

NHS Wales are appraising its retention of records and have discovered that it is currently unable to destroy records due to the current long term condition guidance contained within the Code and the ambiguity this causes

The impacts of the current situation are significant to each and every NHS Wales organisation, to include the financial impact resulting from physical inability to continue to store records within NHS facilities leading to the need to contract third supplier to store records on their behalf, health and safety risks, potential breaches by lack of compliance adhering to legislation such as Data Protection and Freedom of Information Acts.

Very strict standards apply for the storage of Medical Records, these include an obligation to comply with applicable legislation, codes of practice and guidance such as; climate controlled conditions, compliant locations for the storage of records, ensuring that third party suppliers of storage facilities comply with that same legislation, codes of practice and guidance.

Failure to comply with those standards can cause financial and reputational damage should there be an incident where the integrity and confidentiality of the records is compromised.

### **Legislative Obligations**

#### **Inquiries Act 2005**

The Infected Blood Inquiry and Independent Inquiry into Child Sexual Abuse were enacted under the Inquiries Act 2005, Article 35(3)(a) and (b) (Offences) of the Act state that:

*(3) A person is guilty of an offence if during the course of an inquiry—*

- (a) he intentionally suppresses or conceals a document that is, and that he knows or believes to be, a relevant document, or*
- (b) he intentionally alters or destroys any such document.*

In practical terms this meant that an embargo on the destruction of all health records was imposed nationally in 2016.

The embargo not to destroy records under Section 35 of the Act was lifted for all Health Boards in Wales in February 2023, this was nationally because the relevant Inquiry had concluded.

## **Data Protection legislation and Codes of Practice**

### **Across the United Kingdom**

UK GDPR Article 5(1)(c):

*Personal data shall be:  
adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed ('data minimisation');*

Caldicott Principle 3:

Use the minimum necessary personal confidential data

Article 5(1)(c) UK GDPR and Principle 3 of the Caldicott Principles align in their intent, the UK GDPR principles being mandated in law.

### **Wales**

*The NHS Wales Records Management Code of Practice for Health and Social Care 2022, known as the "Code" was published on 3<sup>rd</sup> March 2022 by the Welsh Government.*

The Code is an all-Wales Records Management guidance document which in itself is based on UK wide legislation, namely; *The Code of Practice for the Management of Records issued under Section 46 of the Freedom of Information Act 2000 (re-issued August 2021).*

## **Scotland**

AWMD's are requested to note that legislatively FOIA 2000 applies to England and Wales but not to Scotland.

This is because Scotland has its own Freedom of Information legislation, *The Freedom of Information (Scotland) Act 2002*). Although the intent and purposes are virtually identical.

## **England**

NHSX (NHS England) published its own Records Management Code of Practice in 2021, this Code of practice is based on the legislative "*Code of Practice for the Management of Records issued under Section 46 of the Freedom of Information Act 2000 (issued August 2021)*".

## **Consideration of the Code in operation in Wales against those in operation in Scotland and England**

Post publication of the NHS Wales "Code" in March 2022, concerns have been raised regarding the 20-year retention ruling that applies to patients with long term conditions. This ruling states:

*'Where necessary for continuation of clinical care. The primary record of the illness and course of treatment must be kept where the illness may reoccur or it is a life-long condition such as diabetes, arthritis or Chronic Obstructive Pulmonary Disease'.*

The guidance in the NHS England Code refers to 'Care Records' i.e. the Summary Care Record which is an electronic record of important patient information, created from **GP Medical Records**.

Scotland's Code has clear guidance which states:

*'Long Term Conditions (LTC) - These records are necessary for continuity of clinical care. The primary record of the illness and course of treatment must be kept of a patient where the illness may reoccur or is a lifelong illness.*

*The primary/master health record is the GP record. This approach is consistent with the direction of NHS moving towards a more shared service model, where the GP record holds the lifetime view of the patient health.*

*Many patients with long term conditions may have an episode of care in secondary care; the corresponding discharge letters should be kept within the GP record'.*

AWMD's are requested to note that prior to the adoption of the *NHS Wales Records Management Code of Practice 2022*, NHS Wales were not adhering to the guidance that was already in operation in Scotland and England.

The guidance provided in Scotland and England also did not exist in Welsh Health Circular (WHC) 2000 (71) (this is the previous guidance that was followed in Wales prior to the adoption of the Records Management Code of Practice in March 2022). This meant that the same overall guidance was not being followed across all UK Nations, but there were no noted repercussions nor challenges.

NHS England colleagues have also highlighted that they are not following the guidance relating to the retention of records for long term illness (20 year rule)

### **Risk**

The risks of imposing the recommendation of the retention of the 20-year ruling of records in secondary care in respect of patients with long term health conditions are:

- Increased Financial Risk (additional and enduring costs relating to the storage of physical records, staffing to manage the process of archiving records, transportation costs from the Health facility to the Storage site)
- Health and safety and fire risks to staff (operating in very difficult circumstances (e.g. confined spaces due to the storage of excess records on site etc) which could lead to Physical injuries and negatively impact on staff wellbeing.
- Records would become difficult to manage for clinicians due to need to recall records from

	<p>Storage, this could impact on the provision of timely care.</p> <ul style="list-style-type: none"> <li>• Risk of non-compliance with relevant legislation (correct and timely destruction of records (Data Minimisation))</li> <li>• Identifying what is a long-term health condition (ambiguity of the definition). How would NHS Wales identify these cohort of patients?</li> <li>• Risk of lack of resource for clinicians and the availability of national systems that would have the ability to identify affected records. Impact would be non-availability of health records.</li> <li>• Risk of duplication of records, this is a specific consideration in UK GDPR Article 5 (1)(d)</li> </ul> <p><i>“Personal data shall be; accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay (‘accuracy’);”</i></p> <p>Duplicated records risk inaccuracy.</p> <ul style="list-style-type: none"> <li>• Risk of loss, damage or destruction of records due to an incident such as flooding, this has happened in the last 4 years to 4 Trust’s/HB’s in Wales</li> </ul>
<p><b>Reason for submission / Desired Outcome:</b></p>	<p>Taking into account the positions of NHS England and NHS Scotland as well as the risks highlighted by NHS Wales’ Health Records Management Advisory Group (HR MAG), it is formally requested that the All-Wales Medical Directors Peer Group (a non-statutory, non-decision making body) provide recommendations and support the change to replicate the Scottish guidance which would enable NHS Wales Trusts and Health Boards to properly consider the designation of the <b>GP record</b> as the <b>Primary/Master</b> record for patients with long-term health conditions.</p> <p>Following recommendation by the All-Wales Medical Directors Peer Group, HRMAG will seek further advice, guidance and recommendations from the All-Wales Information Governance Managers Advisory Group (IGMAG) (also a non-statutory, non-decision making body) to enable an approach for IG approval to be provided to the Welsh Government’s Wales Information Governance Board (WIGB).</p>

	<p>Finally, the recommendations from the All-Wales Medical Directors Peer Group, All-Wales Information Governance Management Group and the Wales Information Governance Board will be presented individually to each Trust/Health Board for final decision via their own Governance processes as Statutory Bodies in NHS Wales.</p>
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**Agenda Item**

6.1

**Digital & Data Committee**

**Digital & Data IMTP Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2023
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Stuart Morris, Director of Digital
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stuart Morris, Director of Digital
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital

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

<b>Acronyms / Glossary of Terms</b>	
ICO	Information Commissioners Office
IG	Information Governance











## **1. Situation /Background**

- 1.1** The purpose of this report is to update the Committee on the development of the Digital and Data elements of the Integrated Medium-Term Plan for 2024-2027.
- 1.2** While the Integrated Medium Term Plan period is three years, the Health Board is focused on an annual plan for 2024/2025.

## **2. Specific Matters for Consideration**

- 2.1** The Health Board's Digital Health Vision sets out that: The Health Board will aim to become a digital exemplar within NHS Wales, as an innovator and early adopter of digital technologies and approaches, to enhance care quality, better engage with patients and deliver sustainable services.
- 2.2** The development of our Digital and Data capabilities underpins our ambition to provide integrated care around the patient, improving our information and identifying what will have the most impact on improving our population's health and wellbeing.
- 2.3** Our approach is designed to enable working across the artificial boundaries of hospital and community, with services integrated and seamless, with health, social care, and other professionals being able to work supported by common, reliable, up-to-date information. It is also a critical enabler to our ambition to improving our communities' health and wellbeing through preventative and predictive population health measures.
- 2.4** The Digital and Data strategic solutions are as follows:



1	 <b>Digital health board</b>	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	 <b>Insights-driven healthcare</b>	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3	 <b>Single patient view</b>	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	 <b>Intelligently integrated healthcare</b>	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	 <b>Digital workforce</b>	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6	 <b>Adoption and exploitation</b>	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	 <b>Managing innovation</b>	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8	 <b>Digital enablers</b>	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy

**2.5** For 2024/2025, the Digital & Data Committee are committed to a series of national programmes as well as trying to maintain an aging infrastructure and develop some of the Health Boards specific initiatives.

**2.6** A comprehensive Infrastructure Review in 2022 has identified significant requirements that need investment if the Health Board is to mitigate and remove its existing infrastructure risks.

**2.7** Given the significant financial constraints across the entire system in NHS Wales, it is recognised that allocation of additional funds for Digital & Data carries a substantial risk.

**2.8** Capacity constraints continue to exist across all disciplines within the Digital and Data Directorate, but progress has been made for compliance functions such as Information Governance and Cyber Security, and Data and Analytical delivery.

**2.9** The key elements of work identified for 2024/2025 are as follows

**2.10** National and Regional Programmes

- Ongoing development of existing Welsh products

- Subject to approval – Digital Medicines – ePrescribing for Secondary Care
- Laboratory and Radiology Replacement
- Data sharing across organisational boundaries
- Regional working / Llantrisant Health Park
- Resolving ongoing uncertainty and risk regarding the Critical Care & Community Care Systems

Appendix A is designed to provide the committee with an overview of various national programmes & systems

### **2.11** Local Developments & Initiatives

- Alignment of Core Systems across the Health Board (including Bridgend alignment) & Core Infrastructure Replacement
- Maximising existing tools – electronic test requesting, patient referrals, eForm development
- Embedding eWhiteboards, Test Requesting & Patient Referrals
- Patient Centred Contact Programme – Digital Administration, Supporting Platform, Remote Monitoring, Virtual Ward
- Sharing of data across Primary and Secondary Care
- Maximise the rollout of Office 365 and its related tools
- Improve Digital Literacy

## **3. Key Risks / Matters for Escalation**

### **3.1** None

#### 4. Assessment

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

Impact Assessment		
<b>Ansawdd</b> <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 type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
<b>Cydraddoldeb</b> <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: N/A



Impact Assessment	
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.
	N/A
<b>Enw da / Reputational</b>	Yes (Include further detail below)
	Continuing the delivery of Digital & Data as a Profession
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	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





Adult Screening Services encompasses the development, support and maintenance of the following products, Abdominal Aortic Aneurysm Screening Information Management (ASIMS), Bowel Screening Information Management (BSIMS for both Wales and Northern Ireland) and Cervical Screening.



A set of e-forms accessible on WCP that have been designed to capture both clinical and non-clinical data on all diagnosed cancer patients in Wales (previously captured in CANISC). The data captured on these forms are used for cancer registration, national audits, organisational and clinician reporting, peer review and reporting against the new All Wales Data Standards.



A system that ensures that each child in Wales has an active care record. CYPriS provides information about individual children's health (useful for child immunisation programs during disease outbreak) and also a population-perspective to enable effective targeting of services and supports Clinicians in decision making by providing them with a read only view of a patient record.



An application used by Community Pharmacies to support the effective delivery of a number of advanced and enhanced services across Wales, such as advice and treatment for a range of common ailments.



Making the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient, and effective through digital. The Digital Medicines Transformation Portfolio is made up of 4 sections – Primary Care Electronic Prescription Service Programme, Shared Medicines Record Project, the Secondary Care Electronic Prescribing and Medicines Administration Programme and the Patient Access Project.



Responsible for the delivery of the NHS Wales App and other Digital services. The aim of the DSPP programme is to empower patients and the public to be responsible for their health and wellbeing and give them access to health and care services and support health and care providers to deliver joined-up health and care.



Home to NHS Wales' largest source of evidence and digital information. Provides all NHS Wales employees and contract holders access to digital resources and systems including: 7,000+ e-Journals, 1,300+ e-Books, 20+ databases, 3 Evidence Summaries, 2 Guideline collections, 1 Medicines Information system, 1 e-Learning platform.



A service for Wales that provides Consultant and Critical Care Practitioner-delivered pre-hospital critical care across Wales, a working partnership between Welsh Air Ambulance, NHS Wales and the Welsh Government.



Procuring and implementing hospital electronic prescribing and medicines administration systems across all hospitals in Wales that builds on a set of common open standards and principles that provide end-to-end e-prescribing Secondary Care capabilities with interoperability with the shared medicines record.



Electronic signing and transfer of prescriptions from GPs and non-medical prescribers to the Community Pharmacy or appliance dispenser of a person's choice.



Examples of third-party GP clinical system suppliers on the market; GP practices can choose their own from an approved list.



A repository bringing demographic data together from across Primary and Secondary Care (including WDS). Holds additional patient data such as Ethnicity, Preferred Language, Phone numbers and email address.



This system enables Pathology and Radiology tests to be requested electronically; users can create test sets, bulk order tests and view patient Pathology results in table and graph format.



Provides a message-based integration between secondary care applications and GP practices in Wales. Pathology, Radiology, ePost and Screening message types are received from different systems for delivery to Primary Care Locations.



Allows GP Practice staff to send electronic pathology requests to hospital laboratories and to view pathology and radiology test results from across Wales.



A digitised pharmacy system that improves computerised dispensing and medicines stock management, producing usage data for a comprehensive real time view of this information across Wales.



This system enables electronic hospital referrals between secondary care facilities; users can record patient medical information, history and attach images and WCP documents.



These are some of the forms and workflows within the Welsh Clinical Portal digital patient record which allow users to digitally capture Inpatient and Outpatient assessments and consultations.



Online access to GP Practice services for patients, allowing them to book appointments, request repeat prescriptions and view medical information. Individual practices can customise which MHOL services they have enabled to best suit their patients' needs.



This system enables patient medicines to be electronically reconciled on patient admission to hospital and for electronic discharge advice letters to be sent to GP practices, summarising their inpatient stay (including changes to medicines).



A Content Management System hosted centrally and supported by DHCW; enables the creation of websites that are then largely controlled by local organisations.



An application which provides clinicians with the ability to see medical images from the associated Radiology Report regardless of where the image was taken or held in Wales. By using a web-based image viewer that supports multiple modes (including 3D), users can view images across health board boundaries.



The NHS Wales app will include a variety of useful features such as appointment scheduling, test result access, and prescription ordering. In addition, the App will benefit health and care professionals by providing them with a friendly and flexible way to help patients with their care pathways.



This system helps protect patient data; it monitors access to clinical solutions containing patient information and thereby reduces privacy breaches.



The Observations eForm is a care setting-agnostic central repository to record observations (vital signs) of patients in WCP as part of the CIS programme to replace CaNISC. During outpatient clinical sessions, clinical users will record patient's observations in the WCP eForm.



A medical imaging technology used to securely store and digitally transmit electronic images and clinically relevant reports.



Using the NHS Wales App to share and collect medicines information, order repeat prescriptions and nominate a person's pharmacy of choice.



The digital recording of Adverse Reactions and Patient Warnings using SNOMED clinical terminology. These will be stored in the WCDR as a single source of truth for storing and retrieving Adverse Reactions and Patient Warnings which can be viewed in clinical applications.



This feature electronically notifies the clinician of newly available test results and sorts them into Inpatient and Outpatient lists which can be signed-off digitally, overcoming the need to use paper result notifications.



Building a single shared record of medicines for every patient in Wales so that all the information is in one place.



A collection of services in Wales to test, track and help prevent the spread of COVID-19; enhance health surveillance, undertake effective and extensive contact tracing and support people to self-isolate.



This system allows Health Record Users to electronically process GP Referrals received from WCCG and then send them electronically to WCP for Clinician prioritisation.



This service responds to emergency 999 calls, provides a 24-hour telephone and internet health advice service, and offers both inter-hospital and between-home-and-healthcare-facility transfers.



A Primary Care messaging service for referrals, clinical letters, discharge advice letters and other secure electronic messages between Primary and Secondary Care; replacing the paper equivalent of these document types.



A full case management system, providing diary/clinic, waiting list, bed and case planning management, referrals, assessments, and discharge planning functionality. Used by Social Care staff, community nurses, health visitors, school nurses and mental health practitioners.



Allows client applications such as the WCP to record, retrieve and update structured clinical data (such as allergies or blood pressure readings etc) against a patient's electronic healthcare record.



An application that shares, delivers, and displays patient information from a number of sources with a single log-on, even if that information is spread across health boards. Currently GPs, out of hours centres and WAST have read-only access to WCP.



Allows users to access the WCP application on hand-held devices, to view patient information across organisational boundaries. It notifies clinicians when a Test Result has returned for a patient in their Watch List.



The national patient care records repository for digitally created documents. These include GP e-referrals, clinic letters, A&E attendances, operation notes and discharge advice letters. These can be accessed through WCP irrespective of organisational boundaries.



The data in this repository provides the demographic characteristics of people registered with GP practices in Wales, such as Name, Address, Date of Birth and Sex.



A national emergency department (A&E) system which enables the exchange of electronic patient information between Symphony (the system) and the All Wales systems (eMPI, WCCG, WCP). WEDS will also integrate with the local PAS at each of the health boards as well as their pharmacy dispensing cabinets.



The primary source of administration data for patients in secondary care, this includes referral management, waiting lists, outpatient and ED attendances, clinics and admissions as well as supporting Maternity services and Pathway management including cancer tracking systems.



The fully managed digital solution collects real-time information automatically from the monitoring devices, pumps and respiratory equipment used for each patient's care, providing frontline staff with an overview of the status of patients and devices across the ward.



An information system that provides a full range of functionality to manage priority group cohorts, booking and call/recall for multi doses, auto-scheduling, collection of vaccine outcomes and pharmacy and consumable data records for operational and management purposes.



An ICT capability to support the clinical management of patients with diabetes which allows hospital staff to store and share patient assessment and care information such as diagnoses, medication, complex insulin regimens, blood glucose levels, clinical assessments and clinical notes, accessible by healthcare professionals across Wales.



The primary Pathology system for NHS Wales; it is responsible for the receipt of samples from Primary and Secondary Care and the delivery of Pathology results to secondary systems.



Inpatient nursing care application which allows hospital staff to store and share patient assessment and care information, accessible by health care professionals across Wales.



A software that supports testing performed by healthcare professionals at the patient location by cutting out laboratory processes. Results are captured from POCT devices throughout Wales, such as Blood Glucose meters, and transferred to the national WLIMS which in turn forwards this information to results repositories (primarily the WCP) to form part of the patient record.



The Covid Testing Dashboard allows testing sites to view citizens who have booked via the UK Booking Platform. The Vaccination Dashboard allows users to search for citizen vaccination records and request that a physical vaccination certificate be sent to the citizen's address.



A safe and secure way to manage electronic referrals from Primary to Secondary Care. WPRS is made up of four national systems – WCCG, WAP, WPAS and WCP.



This system manages the workflow for all types of radiology requests (e.g. X-Rays, CT scans, MRIs and ultrasound) for the hospitals in Wales. This includes the receipt of electronic requests, justification of requests, scheduling of appointments and reporting templates.



A national diagnostic repository providing health professionals with the ability to view diagnostic reports and requests, regardless of where in Wales they were produced.

<b>DIGITAL &amp; DATA COMMITTEE – FORWARD WORK PLAN 2023</b>				
<b>Origin of Request</b>	<b>Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)</b>	<b>Item Title</b>	<b>Lead Officer</b>	<b>Intended Meeting Date</b>
Requested via email.	Additional Item	Spotlight: e-prescribing	Assistant Director of Digital Transformation	14 <sup>th</sup> November 2023
Requested at agenda planning meeting September 23	Additional Item	Internal Audit Report - Infrastructure Management	Director of Digital	14 <sup>th</sup> November 2023
Requested at agenda planning meeting September 23	Additional Item	Spotlight: Cyber Assessment Framework	Assistant Director for Data and Compliance	14 <sup>th</sup> November 2023
Annual Cycle of Business	Annual Item	Annual Cycle of Business 2024-25	Director of Corporate Governance/Board Secretary	12 <sup>th</sup> March 2024
Annual Cycle of Business	Annual Item	Committee Annual Report 2023-24	Director of Corporate Governance/Board Secretary	21 <sup>st</sup> May 2024
Annual Cycle of Business	Annual Item	Outcome of the Committee Self Effectiveness Survey 2023-24	Director of Corporate Governance/Board Secretary	28 <sup>th</sup> August 2024
<b>Completed Activity from the Forward Work Plan:</b>				
Requested at Agenda Planning Meeting for	Additional Item	Internal Audit Report – Performance Management	Director of Digital	<b>Completed</b> - 12 September 2023

September 2023				
Annual Cycle of Business	Annual Review by Committee	Committee Self Effectiveness Survey Outcome	Assistant Director of Governance & Risk	<b>Completed</b> - 12 September 2023
Requested at Agenda Planning Meeting for September 2023	Additional Item	Breach Analysis for Subject Access Requests	Chief Information Officer	<b>Completed</b> - 12 September 2023
Requested at Agenda Planning Meeting for September 2023	Additional Item	Internal Audit Report – Performance Management	Director of Digital	<b>Completed</b> - 12 September 2023
Requested at Agenda Planning Meeting for June 2023	Ad-Hoc Item	Spotlight: NHS Wales APP		<b>Completed</b> - 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	<b>Completed</b> - 12 June 2023
Requested at Agenda Planning Meeting for June 2023	Additional Item	ICO Audit Action Plan Progress Report	Chief Information Officer	<b>Completed</b> - 12 June 2023
Annual Cycle of Business	Annual Report received by Committee	Draft Committee Annual Report	Assistant Director of Governance & Risk	<b>Completed</b> - 12 June 2023

Requested at Agenda Planning Meeting	Additional Item	Digital Whiteboards Presentation	Director of Digital	<b>Completed</b> -13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Bridgend Disaggregation	Chief Information Officer	<b>Completed</b> - 13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Infrastructure Review – management Response Update	Director of Digital	<b>Completed</b> - 13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Medical Records - Peer Review	Director of Digital	<b>Completed</b> - 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	<b>Completed</b> - 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	<b>Completed</b> - 19 December 2022
Requested at agenda planning meeting	Additional Item	Grant Thornton – Clinical Information Review – presentation	Director of Digital	<b>Completed</b> - 19 December 2022
Requested at agenda planning meeting	Additional Item	Patient Centred Contact Highlight Report	Director of Digital	<b>Completed</b> - 19 December 2022

