

# Digital & Data Committee

Mon 13 March 2023, 14:00 - 16:00

Virtual Via Teams



## Agenda

---

### 14:00 - 14:00 1. PRELIMINARY MATTERS 0 min

#### 1.1. Welcome and Introductions

*Ian Wells, Chair*

#### 1.2. Apologies for Absence

*Ian Wells, Chair*

For Noting

#### 1.3. Declarations of Interest

*Ian Wells, Chair*

---

### 14:00 - 14:00 2. CONSENT AGENDA 0 min

#### 2.1. Items for Approval

##### 2.1.1. Unconfirmed Minutes of the Meeting held on the 19 December 2022

*Ian Wells, Chair*


For Approval

 2.1.1 DD Cmt Unconfirmed Mins 19.12.22.KDwpjv2doc.pdf (8 pages)

##### 2.1.2. Unconfirmed In Committee Minutes of the Meeting held on the 19 December 2023

*Ian Wells, Chair*


For Approval


 2.1.2 DD Cmt Unconfirmed IC Mins 19.12.22.KDwpjv2doc.pdf (2 pages)

##### 2.1.3. Committee Annual Cycle of Business 2023-24

*Assistant Director of Governance & Risk*

For Approval

 2.1.3 DD Committee 20230313 Annual Cycle of Business 2023-24.pdf (3 pages)


 2.1.3a DD Committee 20230313 Annual Cycle of Business 2023-24.pdf (3 pages)

#### 2.2. Items for Noting

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

*Cally Hamblyn, Assistant Director of Governance & Risk*

For Noting

 2.2.1 DD Committee 20230313 - All Wales Im Digital network Highlight Report.pdf (4 pages)

## 2.2.2. Action Log

*Ian Wells, Chair*

For Noting

 2.2.2 DDC 20230313 Action Log.pdf (2 pages)

---

## 14:00 - 14:00 3. MAIN AGENDA

0 min

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

*Ian Wells, Chair*

### 3.2. Digital Whiteboards Demonstration

*Digital Team*

For Discussion/Noting

---

## 14:00 - 14:00 4. INTEGRATED GOVERNANCE

0 min

### 4.1. Organisational Risk Register - Organisational & Strategic Digital Assigned Risks

*Cally Hamblyn, Assistant Director of Governance & Risk*

For Discussion/Noting


 4.1a DD Committee 20230313 - Digital Risk Register.pdf (3 pages)

 4.1b DD Committee 20230313 Appendix 1 Organisational Risk Register.pdf (2 pages)

### 4.2. Digital Risk Register

*Stuart Morris, Director of Digital*


 4.2 DDC Committee 2023\_03\_13 Digital Risk Register.pdf (3 pages)

 4.2a DD Committee 20230313 Appendix 1 Digital Risk Register.pdf (2 pages)

### 4.3. ICO Audit Action Plan Progress Report

*Andrew Nelson, Chief Information Officer*

For Discussion/Noting

 4.3 DD Committee 20230313 ICO Audit Action Plan - Cover Paper.pdf (4 pages)

 4.3a DD Committee 20230313 ICO Appendix 1 Audit Action Plan.pdf (4 pages)

 4.3b DD Committee 20230313 Appendix 2 ICO Audit Governance & Accountability.pdf (5 pages)

### 4.4. Information Governance Group Highlight Report

*Andrew Nelson, Chief Information Officer*

For Discussion/Noting

 4.4 DD Committee 20230313 Information Governance Highlight Report.pdf (8 pages)

---


## 14:00 - 14:00 5. IMPROVING CARE

0 min

### 5.1. Digital and Data Assurance Report

*Karen Winder, Assistant Director of Infomatics*

For Discussion/Noting

 5.1 DD Committee 20230313 Digital and Data Assurance Report.pdf (9 pages)

## 5.2. Bridgend Disaggregation Progress Report

*Karen Winder, Assistant Director of Infomatics*

For Discussion/Noting

 5.2 DD Committee 20230313 Bridgend Alignment.pdf (9 pages)

## 5.3. Infrastructure Review - Management Response Update

*Stuart Morris, Director of Digital*

For Discussion/Noting

 5.3 DD Committee 20230313 Infrastructure Review Update.pdf (4 pages)

 5.3a DD Committee 20230313 Appendix 1 nrastructure Review Update.pdf (3 pages)

## 5.4. Medical Records Assurance Report

*Matthew Swarfield Head of Clinical Admin Transformation*

For Discussion/Noting

 5.4 DDC Committee 2023\_03\_13 Medical Records Assurance Highlight Report.pdf (7 pages)

---

## 14:00 - 14:00 6. SUSTAINING OUR FUTURE

0 min

### 6.1. Integrated Medium Term Plan 2023-26

*Stuart Morris, Director of Digital*

For Discussion/Noting

 6.1 DD Committee 20230313 IMTP Overview.pdf (5 pages)

---

## 14:00 - 14:00 7. OTHER MATTERS

0 min

### 7.1. Committee Forward Work Plan 2023-24

*Ian Wells, Chair*

For Noting

 7.1 DD Committee 20230313 Forward Work Plan.pdf (2 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*

---

## 14:00 - 14:00 8. DATE AND TIME OF NEXT MEETING

0 min



CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

UNCONFIRMED MINUTES OF THE MEETING OF THE  
DIGITAL & DATA COMMITTEE  
HELD ON 19 DECEMBER 2022  
VIRTUALLY VIA TEAMS

**PRESENT:**

Ian Wells	Independent Member (Committee Chair)
Jayne Sadgrove	Vice Chair/Independent Member
Lynda Thomas	Independent Member
James Hehir	Independent Member

**IN ATTENDANCE:**

Stuart Morris	Director of Digital/Senior Information Risk Owner (SIRO)
Andrew Nelson	Chief Information Officer/Data Protection Officer
Cally Hamblyn	Assistant Director of Corporate Governance & Risk
Sallie Davies	Deputy Medical Director
Robert Bleasdale	Chief Clinical Information Officer
Chris Giles	Grant Thornton (in part)
Howard Davis	Grant Thornton (in part)
Kathrine Davies	Corporate Governance Manager (Secretariat)

**12/22/01 1.1 WELCOME & INTRODUCTIONS**

I Wells welcomed everyone to the meeting including Chris Giles and Howard Davies from Grant Thornton in attendance for agenda item 3.2 Grant Thornton – Clinical Information Review.

**12/22/02 1.2 APOLOGIES FOR ABSENCE**

Apologies were **RECEIVED** from Dom Hurford, Medical Director, Karen Winder, Assistant Director of ICT and Christian Smith, Lead Informatics Nursing Specialist.

**12/22/03 1.3 DECLARATIONS OF INTERESTS**

No declarations of interest were received.

**12/22/04 2.0 CONSENT AGENDA**

No questions were received prior to the meeting in relation to the consent agenda.

**12/22/05 2.1 ITEMS FOR APPROVAL**

**12/22/06 2.1.1 Minutes of the meeting held on 28 September 2022**

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

**12/22/07 2.1.2 Minutes of the In-Committee meeting held on 28 September 2022**

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

It was noted that 'In Committee' Minutes were published in an 'open' meeting as part of the Health Board's commitment to openness and transparency in the conduct of business.

**12/22/08 2.1.3 Committee Self Effectiveness Survey Outcome**

The report was **APPROVED**.

**2.2 ITEMS FOR NOTING**

**12/22/12 2.2.1 All Wales Independent Member Digital Network Highlight Report**

The report was **NOTED**.

**12/22/13 Action Log**

S. Morris advised that the outstanding actions would be addressed under the Digital Programme Assurance Report later in the agenda.

**12/22/14 3. MAIN AGENDA**

**12/22/15 3.1 Matters Arising Otherwise Not Contained within the Action Log**

There were none to report.

**12/22/16 3.2 Grant Thornton – Clinical Information Review**

S. Morris introduced C. Giles and H. Davis from Grant Thornton who provided a presentation to the Committee.

I Wells referred to the short-term plan that was outlined on slide 2, recognising that this activity would be critical to the success of the medium and long-term plans in the road map.

I Wells queried where the activity would commence and would the outcome from that first area then be shared as an exemplar to demonstrate to the rest of the organisation. H. Davis advised that the suggestion was that the road map be progressed through a pathway approach to help mitigate any challenges that may be identified in terms of data.

L. Thomas commented that this was an exciting piece of work that also highlighted to members the level of complexity and the use of resources in this area. L Thomas was also interested in

### **Agenda Item 2.1.1**

understanding how the Committee would receive assurance on the success of the road map.

S. Morris thanked H. Davis and C. Giles for the presentation and in addressing the point raised by L Thomas, advised that whilst the Digital and Data function had an excellent data and information team, they were small and therefore limited in terms of capacity and this was an area of further discussion in terms of investment. S Morris noted that there were key clinical leaders within the service who were committed to improving clinical data. The importance of including digital and data as a core competency in recruitment opportunities was also recognised by the Committee.

J. Hehir advised that the challenges and interdependencies that the Health Board would face should not be underestimated and that effective clinical and operational leadership was a significant factor in driving forward the pace of this agenda. J Hehir drew attention to the work Grant Thornton had undertaken within general surgery and gynaecology and queried whether they had 'buy-in' from those clinical teams. H. Davis advised that the document they had produced had been based on their learning from working with those clinical areas who were engaged with the plans. H Davis stressed that the improvement road map was aspirational in outlining what could be achieved.

S. Morris, in response to J. Hehir's comments, advised that the team would seek clarification on the areas of priority so that these could be captured in the Integrated Medium Term Plan (IMTP) in terms of what was required to deliver against the priorities.

A. Nelson advised that he welcomed the approach outlined within the road map although recognised further consideration was needed as it differed from the national approach currently being undertaken. Assurance was provided to the Committee that this approach was being shared nationally with peer groups and that there was support for improving the use and availability of clinical data and clinical information.

J. Sadgrove referred to the need for Board support and queried how Members could help deliver an improved understanding of the Information Improvement Roadmap recognising the constraints in terms of challenges with capacity and resources. S. Morris suggested that this should be escalated to the Board within the Committee Highlight Report highlighting the areas of that have been discussed.

## Agenda Item 2.1.1

R. Bleasdale thanked the team for their efforts in articulating what was being done and advised that the challenges referred to were running as a theme throughout most of the reports on the agenda today.

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

Action: To escalate the challenges referred to in terms of capacity and resources to deliver the Information Improvement Roadmap, within the Committee Highlight Report to Board.

### 12/22/16 4. INTEGRATED GOVERNANCE

#### 12/22/17 4.1 Organisational Risk Register

C. Hamblyn presented the Organisational Risk Register that provided the Committee with the risks escalated to the register assigned to the Committee.

The Committee were advised that two risks had been removed from the public report due to the risk of exposing potential vulnerabilities in the Health Board's systems. These risks were included on the agenda for the "In Committee" meeting.

I Wells referred to section 3.4.1 of the cover report where reference was made to the following emerging risks:

- Microsoft Sustainability
- Unsupported server operating systems

In response, S. Morris advised that in terms of Microsoft sustainability the Health Board had made a significant investment into the Microsoft 365 product but did not have the resources to support it. He added that currently there was a small team and they need to maximise the significant investment for the Health Board so that they could support the clinical and non-clinical services to ensure the capabilities of the Microsoft platform. It was also noted that there was a significant technical debt, and a significant gap in the capital and revenue required to manage this in the future.

A. Nelson advised that they had received funding for three people for the current year to support the Microsoft platform, however, there was no further funding for the next financial year.

I. Wells requested clarity that the in-house team predominantly provided support in terms of training on use and functionality of the Microsoft 365 platform.

## Agenda Item 2.1.1

R. Bleasdale advised that the challenge was in realising the full benefits of the Microsoft Platform and the available applications and functionality to clinical teams when the investment in the support team was limited affecting the ability to spread learning and education.

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

### 12/22/18 **4.2 Digital Risk Register**

A Nelson presented the report that outlined the Digital Risks.

Attention was drawn to the two risks, which had been scored at 15, or above, these were:

- The re-procurement of the LINC system
- Workforce capacity and capability, both the digital and data competency of all staff and the capacity within the professional informatics team

Members of the Committee were advised that further work was required to develop a plan for mitigating these risks.

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

### 12/22/19 **4.3 Committee Referral from Audit & Risk Committee – Internal Audit Reports – Digital Operating Model and Medical Records Management**

S. Morris presented the report and the referral from the Audit & Risk Committee following their meeting held in October 2022. The Committee were being asked to review the two Internal Audit Reports to ensure that they provided assurance that the actions agreed would address the issues identified.

With regard to the Digital Operating Model report, S. Morris advised that it had received a 'limited assurance' rating which was not unexpected given the challenges in terms of capacity and capability, and the ability to develop those skills and also how they prioritised and organised the workforce moving forward.

J. Sadgrove commented that the IMTP was where they now need to be making the case for additional resources given the challenging environment the team were working within.

With regard to the Medical Records Assurance report, S. Morris advised that the report had received a 'reasonable assurance' rating and the partial agreement with regard to destruction of records and storage which were not easy to be resolved would be further discussed in the next agenda item 4.4 Medical Records Assurance.

## Agenda Item 2.1.1

I Wells sought agreement from the Committee that they were happy that the outcomes of the recommendation stated within the two reports. This was confirmed.

Resolution: The Committee **NOTED** the Internal Audit Reports and **AGREED** To provide assurance back to the Audit Committee that the management responses were considered to be appropriate and had been refined to ensure they would address the improvements set out by the Internal Audit review.

12/22/20

### 4.4 Medical Records Assurance Report

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

S. Morris drew attention to the challenges in meeting the day forward scanning target of 48 hours with significant delays being experienced in this area resulting in that clinical records might not be available for clinical appointments. To mitigate this risk, S Morris confirmed that the Executive Leadership Group had agreed to pause the digitisation activity to allow for improvement in the position.

J. Hehir queried whether there were any implications of the digitisation activity being paused. S. Morris advised that there were two elements to this, the day forward scanning activity that the Health Board were responsible for, and the archive and scanning activity that the Health Board were working with external partners on. He assured the Committee that appropriate procurement, legal and financial advice was being sought.

I Wells sought assurance that the Committee would have updates at future meetings. S. Morris confirmed that regular updates would be received via this report.

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

12/22/21

### 4.5 Data Protection Improvement Plan

A Nelson presented an update to the Committee on progress in enacting the recommendations made by the Officers of the Information Commissioner, following their assurance visit in January 2022.

A. Nelson advised that workforce shortages were documented within the organisational risk register and recognised as a UK wide challenge.

Resolution: The Committee **NOTED** the report and the present risk-based approach to Data Protection.

## 5. IMPROVING CARE

12/22/22

### 5.1 Digital Programme Assurance Report

A Nelson presented the report which provided the Committee with an update on the progress of the prioritised digital deliverables within the corporate IMTP across the eight strategic solutions and the challenges faced in the last quarter.

J. Sadgrove referred to page 4 of the report and extended her thanks to the team in achieving the improvement recognised in the recent Digital Health Care Wales coding audit. A Nelson advised that he would pass the comments on to the team.

S. Morris further recognised this and expressed thanks to all of the Digital and Data Team for continuing to deliver and respond to the activity within existing resources whilst facing significant challenges. He noted that the Health Board was committed to developing a Business Case to implement the Welsh Community Care System (WCCIS) for mental health and that work was being taken forward following agreement by the Executive Team.

J. Hehir commented that it was very encouraging to see that the Parc Prison agreement had been finalised. In reviewing the report, he drew attention to the statement that referenced that although a recent diagnostic of the infrastructure and devices used on that estate indicated that further investment was required. He queried whether the Committee should be made aware of any identified areas of concern. A. Nelson advised that there were about 15 to 20 devices which were amounting to about £20k and this would not require escalation to the Board, however, it was amounting to 7% of their overall budget.

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

Action: Thanks extended to be relayed back to the Clinical Coding Team.

## 6. SUSTAINING OUR FUTURE

12/22/23

### 6.1 Patient Centred Contact Highlight Report

S. Morris presented the report that advised the Committee of the launch of a new programme of work to review all Patient Contact Processes across the Health Board.

I Wells thanked S Morris for the report and queried how much of this work would be related to Digital Services for Patients and the Public (DSPP). S. Morris that the DSPP would be factored into this work.

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

**7. OTHER MATTERS**

**12/22/24**

**7.1 Committee Highlight Report to Board**

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

**12/22/25**

**7.2 Forward Work Plan**

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

**12/22/26**

**7.3 ANY OTHER BUSINESS**

No further areas of business were identified.

**12/22/27**

**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.

**12/22/28**

**DATE AND TIME OF NEXT MEETING**

The next meeting is scheduled for 13<sup>th</sup> March 2023 at 2:00 pm.

UNCONFIRMED

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

UNCONFIRMED MINUTES OF THE "IN COMMITTEE" MEETING OF THE  
DIGITAL & DATA COMMITTEE  
HELD ON 19 DECEMBER 2022  
VIRTUALLY VIA TEAMS

**PRESENT:**

Ian Wells	Independent Member (Committee Chair)
Jayne Sadgrove	Vice Chair/Independent Member
James Hehir	Independent Member
Lynda Thomas	Independent Member (In part)

**IN ATTENDANCE:**

Stuart Morris	Director of Digital / Senior Information Risk Owner
Andrew Nelson	Chief Information Officer
Wendy Penrhyn-Jones	Head of Corporate Governance & Board Business
Robert Bleasdale	Head of Cyber
Emma Walters	Corporate Governance Manager (Secretariat)

**12/22/01 1.1 WELCOME & INTRODUCTIONS**  
Ian Wells welcomed everyone to the meeting.

**12/22/02 1.2 APOLOGIES FOR ABSENCE**  
Apologies were **RECEIVED** from Dilys Jouvenat, Independent Member, Dom Hurford, Medical Director and Karen Winder, Assistant Director of ICT

**12/22/03 1.3 DECLARATIONS OF INTERESTS**  
No declarations of interest were received.

**12/22/04 2.0 MAIN AGENDA**

**12/22/05 2.1 Cyber Improvement Programme**

P Chilcott presented an update on the Cyber Improvement Programme. The Committee were advised that the organisation-wide staff awareness session had been well received and provided a platform for raising awareness and gathering feedback. Actions be reflected in the Improvement Plan.

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

*There was a change to the agenda order at this point and item 2.5 was taken next*

**12/22/06**

**2.5 Digital Critical Incidents**

P Chilcott presented the report that provided detail of the incidents for the period 1 September – 5 December 2022.

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

**12/22/07**

**2.2 Audit Wales Follow Up Report – Cyber Resilience in the Public Sector**

A Nelson presented the report which outlined to the Committee the recommendations from the report that had been consolidated into the Health Board’s Cyber Improvement Programme.

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

**12/22/08**

**2.3 Audit Wales Report – Learning from Cyber Attacks**

A. Nelson presented the report which outlined to the Committee that the recommendations from the Audit Wales report actions had since been consolidated into the Health Board’s Cyber Improvement Programme.

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

**12/22/09**

**2.4 Internal Audit Report – Cyber Security**

A. Nelson presented the report which outlined to the Committee that the recommendations from the Audit Wales Report had been consolidated into the Health Board’s Cyber Improvement Programme. The report had received a ‘reasonable assurance’ with only one recommendation.

J. Sadgrove and I. Wells praised the team for the report outcome.

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

*There was a change to the agenda order at this point and item 2.6 Organisational Risk Register was taken next*

**12/22/10**

**2.6 Organisational Risk Register – Risks 4664 and 4671**

S Morris presented two risks assigned to the Committee that were ‘business sensitive’ in nature.

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

**12/22/11**

**3.0 ANY OTHER BUSINESS**

No further business was identified.

**12/22/12**

**DATE AND TIME OF NEXT MEETING**

The next meeting was scheduled for 13<sup>th</sup> March at 2:00 pm.



<b>AGENDA ITEM</b>
2.1.3

<b>DIGITAL &amp; DATA COMMITTEE</b>
-------------------------------------

<b>DIGIAL &amp; DATA COMMITTEE ANNUAL CYCLE OF BUSINESS</b>
---

<b>Date of meeting</b>	13/03/2023
------------------------	------------

<b>FOI Status</b>	Open/Public
-------------------	-------------

<b>If closed please indicate reason</b>	Not Applicable - Public Report
---	--------------------------------

<b>Prepared by</b>	Kathrine Davies Corporate Governance Manager
--------------------	---

<b>Presented by</b>	Cally Hamblyn Assistant Director Director of Governance & Risk
---------------------	---

<b>Approving Executive Sponsor</b>	Cally Hamblyn Assistant Director of Governance & Risk
------------------------------------	--

<b>Report purpose</b>	FOR APPROVAL
-----------------------	--------------

<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>

<b>ACRONYMS</b>	

**1. SITUATION/BACKGROUND**

1.1 The Digital & Data Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of

the key components in ensuring that the Committee is effectively carrying out its role.

- 1.2 The Cycle of Business covers the period 1 March 2023 to 1 April 2024.

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

- 2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

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

- 3.1 Please refer to **Appendix 1** – Digital & Data Committee Cycle of Business for further detail.

## 4. IMPACT ASSESSMENT

	Yes (Please see detail below)
<b>Quality/Safety/Patient Experience implications</b>	Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore ensuring good governance within the Trust can support quality care.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)  Not required.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Care



## 5. RECOMMENDATION

- 5.1 The Committee is asked to **APPROVE** the Committee Cycle of Business.

# Digital & Data Committee

(DRAFT FOR APPROVAL)

## Cycle of Business

(1<sup>st</sup> March 2023 – 1 April 2024)

The Digital & Data Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

The Cycle of Business covers the period 1<sup>st</sup> March 2023 to 1<sup>st</sup> April 2024.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the Committee is set out in the Standing Orders 1.0.1.

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference.

The purpose of the Committee is to provide scrutiny on behalf of the Board on all matters relating to digital & data. The Committee provides a level of assurance to the Board that all appropriate actions are being taken to reduce risks in these areas.

**Digital & Data Committee Cycle of Business (1<sup>st</sup> March 2023 – 1<sup>st</sup> April 2024)**

Item of Business	Executive Lead	Reporting period	Mar 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
<b>Preliminary Matters</b>															
Minutes of the previous Board Meeting	Director of Corporate Governance	Every Meeting	✓		✓			✓			✓			✓	
Action Log	Director of Corporate Governance	Every Meeting	✓		✓			✓			✓			✓	
<b>Internal Control &amp; Risk Management</b>															
Digital & Data Committee Annual Report	Director of Corporate Governance	Annually			✓										
Digital & Data Committee Annual Self-Assessment	Director of Corporate Governance	Annually			✓										
Digital & Data Committee Terms of Reference	Director of Corporate Governance	Annually	✓												
Digital & Data Committee Annual Cycle of Business	Director of Corporate Governance	Annually	✓											✓	
<b>ICT</b>															
DHSSG – Highlight Report to Committee	Director of Digital	Quarterly	✓		✓			✓			✓			✓	
ICT Business Continuity	Director of Digital	Annually	✓					✓							
<b>Information Governance</b>															
IGG – Highlight Report to Committee	Director of Corporate Governance	Quarterly	✓		✓			✓			✓			✓	
<b>Governance &amp; Assurance</b>															
Organisational Risk Register	Director of Corporate Governance	Quarterly	✓		✓			✓			✓			✓	
Internal & External Audit Reports	Director of Digital/ Director of Corporate Governance	Following finalisation of the report findings (as appropriate)	✓		✓			✓			✓			✓	

Item of Business	Executive Lead	Reporting period	Mar 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
All Wales Independent Member Network Highlight Report	Director of Corporate Governance	Quarterly	✓		✓			✓			✓			✓	
SIRO Annual Report 2021/22	Director of Digital	Annually						✓							
<b>Improving Care</b>															
Digital programme Assurance Report	Director of Digital	Every Meeting	✓		✓			✓			✓			✓	
Critical Incidents Report	Director of digital	Every Meeting	✓		✓			✓			✓			✓	

# DIGITAL HEALTH AND CARE WALES

## ALL WALES INDEPENDENT MEMBER DIGITAL NETWORK HIGHLIGHT REPORT

<b>Agenda Item</b>	
--------------------	--

<b>Name of Meeting</b>	All Wales Independent Member Digital Network Highlight Report
<b>Date of Meeting</b>	18 January 2023

<b>Public or Private</b>	Private
<b>IF PRIVATE: please indicate reason</b>	The IM Digital Network is a Private meeting

<b>Executive Sponsor</b>	Chris Darling, Board Secretary
<b>Prepared By</b>	Julie Robinson, Corporate Governance Coordinator
<b>Presented By</b>	David Selway, Independent Member, DHCW

<b>Purpose of the Report</b>	For Noting
<b>Recommendation</b>	
The Board is being asked to: <b>NOTE</b> the content of the report.	

# 1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
----------------------------	----------------------

CORPORATE RISK (ref if appropriate)	
-------------------------------------	--

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

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
Choose an item.	Outcome:
Statement:	

[Workforce EQIA page](#)

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

<b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyms			
DHCW	Digital Health and Care Wales	IM	Independent Member
SHA	Special Health Authority	RAG	Red, Amber, Green
CDPS	Centre for Digital Public Services	ICT	Information Communication Technology
SRO	Senior Responsible Officer	DMP	Digital Medicine Portfolio
DSPP	Digital Services for Patients and the Public	HEIW	Health Education and Improvement Wales

## 2 SITUATION/BACKGROUND

- 2.1 The Independent Member Digital Network was created to strengthen links with Independent Members from all Health Boards, Special Health Authorities and Trusts across NHS Wales to provide an opportunity for Wales-wide discussions of the approach to digital transformation and the sharing of best practice. This report provides highlights from the meeting held on 18 January 2023.
- 2.2 The expectation continues to be that all members of the network contribute agenda items and that the forward plan will take a system wide approach in terms of subjects for discussion.

## 3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### Cyber Security

- 3.1 The Network received an informative presentation from the Assistant Director of Cyber Security, DHCW. The presentation outlined the recent Cyber Security attack on a 3<sup>rd</sup> Party supplier, the impact this had on NHS Wales, details of the response and lessons learnt. The Network were informed of the work undertaken to mitigate future cyber-attacks.

### Directors of Digital Peer Group Chair Update

- 3.2 The Network were joined by Iain Bell, Director of Digital at Public Health Wales NHS Trust, and the Chair of the Directors of Digital Peer Group, who provided an update on the work undertaken

over the last six months by the Directors of Digital Peer Group. The Network discussed key risks faced and prioritisation of the digital agenda.

## Digital Inclusion

- 3.3 The Network welcomed Hamish Laing, Chair of the Digital Inclusion Alliance for Wales, Cadi Cliff and Dewi Smith, Programme Managers, Digital Communities Wales. The presentation included an overview of those members of society that are digitally excluded and suggestions and methods that could be deployed to ensure these individuals were included. The Network agreed to encourage their organisations to sign the Digital Inclusion Charter.

## IM Digital Network Terms of Reference, Evaluation of the Network

- 3.4 Chris Darling, Board Secretary, DHCW talked through plans to evaluate the value of the Network, as it had been established for 12 months. The Network considered the topics that had been covered to date and were asked to consider a number of questions relating to the performance and evaluation of the Network and how it can become more effective. It was agreed more time would be allocated to this topic at the April Network meeting.

## 4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 Not all NHS Wales Bodies have an Independent Member with a lead for Digital, however, any nominated Independent Member can attend the IM Digital Network to ensure each body is represented.

## 5 RECOMMENDATION

- 5.1 The Board is being asked to **NOTE** the content of the report.

## 6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
David Selway, Chair of the Network	18.01.23	Approved

**ACTION LOG – DIGITAL & DATA COMMITTEE**

Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at 03.03.23)
12.22.16	December 2022	<p><b>Grant Thornton – Clinical Information Review</b>                      To escalate the challenges referred to in terms of capacity and resources to deliver the Information Improvement Roadmap, within the Committee Highlight Report to Board.</p>	Stuart Morris	January 2023	<p><b>Completed</b>                      Reported to Health Board via Committee Highlight Report - January 2023.</p>
28.9.22	September 2022	<p><b>Digital Assurance Report</b>                      To bring an Assurance Report on WCCIS back to the next meeting</p>	Andrew Nelson	December 2022	<p><b>Completed</b>                      Options discussed by Executive Board and a verbal update to be provided as part of the Digital Programme Assurance Report item at December 2022 meeting.</p>

COMPLETED ACTIONS					
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**

4.1a

**DIGITAL & DATA COMMITTEE**

**ORGANISATIONAL RISK REGISTER – DIGITAL & DATA RISKS**

<b>Date of meeting</b>	13 <sup>th</sup> March 2023
<b>FOI Status</b>	Open
<b>If closed please indicate reason</b>	Not a applicable public meeting
<b>Prepared by</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Presented by</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Approving Executive Sponsor</b>	Paul Mears, Chief Executive
<b>Report purpose</b>	FOR REVIEW

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Service, Function and Executive Formal Review	December 2022 / January 2023	RISKS REVIEWED
Executive Leadership Group	16.1.2023	RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	13.2.2023	RISKS REVIEWED

**ACRONYMS**

--

**1. SITUATION/BACKGROUND**

1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the risks assigned to the Committee, which have been escalated to the Organisational Risk Register, have been appropriately assessed.



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

- 2.1 The Executive Leadership Group supported "Guiding Principles: Quality Governance & Accountability during the Operating Model Transition" where the following transitional arrangements have been agreed:
- **Organisational Risk Register:** Workshop approach to realign risks on the Organisational Risk Register led by Nurse Directors. Timeframe: Realignment to complete by 31.1.2023. Assistant Director of Governance and Risk and COO Team met with each Care Group Leadership Group to review and agree assigned risks on the Organisational Risk Register.
- 2.2 Care Group Directors have undertaken the initial alignment of risks on the Organisational Risk Register to the new Care Group model and are in the process of undertaking detailed reviews on risks assigned to their areas.
- 2.3 Service / Winter pressures along with planning to respond to the impact of Industrial Action has posed significant challenges which should be recognised in light of the ability to keep pace with the timeframes to undertake this review and update risks this period.
- 2.4 The Assistant Director of Governance & Risk and Chief Operating Officer are holding a workshop with Executive Leads in January 2023 to review the Organisational Risk Register in terms of consistency of risk scoring, robustness of narrative and review of actions being taken to mitigate risks.
- 2.5 Monthly Risk Management Awareness Sessions (Virtually via Teams). The monthly sessions are set in the calendar until the end of 2023. 369 members of staff trained to date.
- 2.6 Risks on the organisational risk register have been updated as indicated in **red**.

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

### 3.1 NEW RISKS

Nil as assigned to this Committee.

### 3.2 CHANGES TO RISKS

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

Nil as assigned to this Committee.

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

Nil as assigned to this Committee.



### 3.3 **CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER**

Nil as assigned to this Committee

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

Consequence	5				5276 4887 4664	
	4				4337	
	3					4671 4672 5040 4699
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

## 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	Not applicable for the Risk Register item.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Link to Strategic Goals</b>	There is no direct impact on resources as a result of the activity outlined in this report.
	Improving Care

## 5. RECOMMENDATION

5.1 The Committee are asked to:

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

Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence x Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
5276	Director of Digital	Central Function - Digital and Data	Assistant director of therapies and health science	Sustaining Our Future	Business Objectives Operational Patient safety Digital Healthcare Wales interdependencies	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025.	<b>IF:</b> the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires in June 2025. <b>THEN:</b> operational delivery of pathology services may be severely impacted. <b>RESULTING IN:</b> potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	Currently LINC Programme reports progress against timeline to LINC Programme Board and Chief Executive Group.  Business continuity options are being explored including extending the contract for the current LIMS to cover any short term gap in provisions. An expert stock take review of the LINC programme has been completed with findings presented to Collaborative Executive Group (CEG) to inform next steps.	A provision will be added to the current legacy contract for a short-term extension until September 2025; this has been agreed in principle but not yet been formally implemented. A set of additional contract milestones to the new system supplier will be included in the contract change notice (CCN) for hosting; the hosting CCN has been agreed subject to Ministerial approval. The LINC programme is working with Health Boards and Trusts to review the new system suppliers revised delivery plan.  There has been several meetings between Health Boards, LINC Programme and Commercial Providers. At a meeting held on the 13th December it was agreed by NHS that deployment would be sequential and in the original running order. Health Board configuration meeting scheduled with Commercial supplier for 10th January 2023.	Digital & Data Committee  Quality & Safety Committee	20	C5xL4	5 (C5xL1)	↔	26.10.2022	03.01.2023	31.01.2023
4887	Director for Digital	Central Support - Digital & Data Function	Medical Records Manager	Improving Care	Service / Business Interruption	Retrieval and filing of case notes in the POW Medical Records Library	<b>IF:</b> The Medical Records Filing Library at Princess of Wales is full to capacity making it very difficult for staff to retrieve and or file case notes.  <b>THEN:</b> Risk of unable to manoeuvre mobile racking, therefore unable to access case notes Risk of fire as case notes close to source of ignition Risk of Fire Service or HSE closing access department Very High risk of upper limb injury Risk of notes falling from height causing injury (some case notes are in excess 8.3kg) Risk of Fire Service or HSE closing access department  <b>RESULTING IN:</b> If we could not retrieve any case notes, Consultants would be unable to make clinical decisions impacting on patient care. If the whole library was affected, this would impact 100 of thousands of patients care. Admissions/Outpatients would have to be cancelled staff refusing to continue to work in unsafe environment. Multiple and serious injuries to staff, possibly death.	(The case notes are very tightly packed on shelves. Mobile racking is failing due to age, lack of maintenance, and weight Case notes are being stored inappropriately on floors under desks, and insecurely at height. The working environment is congested, with no dedicated storage space for large ladders. Significant force is required to retrieve each file (123.N - this is 3 times higher than what is considered to be high force).)  Broken Racking at Bridgend Offsite Stores - Repairs have been carried out with damaged racking in Bridgend North Rd Offsite stores. Temporary use of container deployed on site.  Broken Racking at POW - On each occasion the racking has failed, the engineer has been able to repair it (£500 + VAT) but it continues to fail. Please see progress notes for more information. Access to this specific racking is permitted to Supervisors only, who only access it once a day.  The Filing Library is closed to non-Medical Records staff, aside from the Porters who require access for emergency OOH admissions.  Task and Finish group establish to address the above risks. Capacity has been identified at Glanrhyd and noticed served to SBUHB to vacate. It is hoped that we will be able to relocate notes to this area in mid-July, which will address the immediate H&S issues. Currently waiting for procurement process to be completed.	Relocation of Case Notes from POW/Bridgend Off-site Store to Glanrhyd Site. Timeframe 19.8.2022  Replace racking and review office environment of POW filing Library. Timeframe 30.01.2023  Creating additional long term storage space. Timeframe 31.07.2023  Update 31.10.2022 - Approx. 30,000 records have already been redistributed across POW, North Road Offsite Store and Glanrhyd Library, to improve conditions at POW. Work is still ongoing at POW to redistribute records safely. Original broken rack mostly vacated but other racks holding notes have similar issues. Glanrhyd partly vacated by SBUHB but not fully available for use yet. The Medical Records Department plan to relocate 10 Registration Medical Records staff to the Library Offices in this space. Proposal put forward by an Operational Services Manager to relocate additional 17 Appointment Booking Centre staff into these same offices and also the Library area. This Library space is already identified for boxed records, compromising room for future growth and safer storage; this will affect the ongoing position at POW and North Road. Risk to be reviewed in 6/22, when SBUHB should have fully vacated and a decision made as to who/what will occupy remaining space at Glanrhyd Library.  Update January 2023 - Relocation of Case Notes Action: 30,000 case notes relocated to Glanrhyd. This action was closed 16.12.2022.	Digital & Data Committee  Quality & Safety Committee	20	C5xL4	10 C5xL2	↔	27.10.2021	16.12.2022	30.01.2023
4337	Executive Lead: Director for Digital.	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Objectives Environmental / Estates Impact Projects  Including systems and processes, Service /business interruption	Integrated IT Systems	<b>IF:</b> The Health board does not have a unified electronic health and care record and systems which are integrated across the organisation and with our primary and social care providers  <b>Then:</b> The Health board will be unable to deliver safe, high quality, clinically and cost effective care to patients  <b>Resulting In:</b> Compromised safety of patients needing treatment that are reliant on clinical test results and information being available to clinicians to plan and deliver the treatment plan and the requirement for sub-optimal manual processes	<b>Key Controls</b> 1. SBUHB Service Level Agreement 2. Bridgend disaggregation and the one-CTM aggregation plan 3. NHS Wales Control Agreement and data sharing agreements 4. Numerous national service management boards and Technical oversight groups providing strategic, tactical and operation governance. 5. National ePR programme and systems  <b>Gaps in Control</b> The full business case for the Bridgend / old-CT integration remains unfunded. There are currently a number of CTM systems that are not compatible with Bridgend systems. SBUHB have no process in place to incorporate the needs of Bridgend users in their developments. There is insufficient discretionary capital funding available to support delivery of the aggregation plan There is no data item integration with GP systems Numerous delays in NHS Wales progressing open architectural approach Strategic approach to becoming an anchor organisation to encourage SMEs not developed, resulting in challenges in proceeding with small agile developments Discipline of organisation in keeping to the supported application platforms is being challenged - in particular staff are keen to exploit the opportunities presented by the MS365 platform however there are no resources available to support, train or integrate this platform within the ePR architecture	Update August 2022 - Regarding the Bridgend/CT aggregation: Programme as set out in IMTP progressing to plan. Discretionary capital programme has made provision to support priority areas of the plan. Business case for all Wales PAS development which incorporates Bridgend / CT aggregation has been funded for the next 3 years (rect 24/8/22). All Wales programme for opening up the architecture starting to develop via National Data Resource however there are numerous challenges and delays faced in getting system and service changes and improvements being put in place.  UPDATE 28/10 ICT Risk meeting: Regarding the Bridgend/CT aggregation: Programme as set out in IMTP progressing to plan with posts funded by WG being recruited to. Tactical approach to data sharing with primary care yet to be agreed, and funded, noting NDR programme has recently offered a non recurrent financial contribution. All Wales API for 5 data systems expected January 2023 as first step in truly opening up the architecture. UHB has approached DHCW to make a joint appointment to develop and maintain APIs to the Myrdin PAS, which will support the clinical services in managing patient flows within the UHB.  Although funding for staff has been allocated, the market for skills of this nature is sparse and this provides challenges in recruiting and retaining staff.	Digital & Data Committee	16	C4 x L4	8 (C4xL2)	↔	14.10.2020	22.10.2022	01.12.2022
4672	Executive Lead: Director for Digital.	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Objectives Environmental / Estates Impact Projects  Including systems and processes, Service /business interruption	Access to a complete, integrated, and coded medical record.	<b>IF:</b> The Health Board is not able to record information accurately and reliably, with complete and up to date information  <b>Then:</b> the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete  <b>Resulting in:</b> Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&D and Value etc.	<b>Operational controls:</b> Coding key performance indicators covering productivity, demand and backlog robustly monitored Digitised Patient Notes programme board monitors scanning times, adherence of contractor to terms and quality of staff in maintaining a record DHCW annual coding quality audit. Coding Improvement and transformation plan established incorporating additional trained coding capacity, coding at source, use of data captured in other systems and e-forms implemented. Natural language programming resource deployed and outputs of programme being validated. Tactical - EPR programme with deployment of snomed-CT ontology server, WCP & E-forms etc.  <b>Tactical controls:</b> Digital element of the strategic programme - Culture to digitise the EPR, our communications how we do business National Architecture Review - encompassing (NDR /CDR & Sharing arrangements) Coding transformation programme .  <b>Gaps in controls</b> Scanning time of outpatient activity to digitise the record is at 51 days of maximum clinically safe time of 24-48 hours Quality of paper record and its filing is very poor with audits identifying over 70% of paper records are not maintained to acceptable standards Digital solutions not yet using snomed-CT/ structurally coded data Information and Technical Standards not being followed with national body favouring document rather than data exchange Vast amounts of clinical information stored in disparate spreadsheets not visible to central medical record or available to patients or system leaders (including value based healthcare) Digital transcription programme unsupported & unsupported from march 23	Update August 2022 - Consideration being given to Cessation of creating scanned records for any more new patients enabling scanning capacity to be put towards address backlog of active patients who already have a record in the scanning system - Development of a Health Board coding strategy for the development of the profession developed and being taken forward - Natural Language Programming (NLP) and data linkage being used to autocode targeted spells, improving levels of coding completion, based on Snomed-CT - Adoption of data level standards based architecture, - Coding transformation plan, - Opportunity for bi-directional real time integration between primary and secondary care available - National Data Resource (NDR), Clinical Data Repository (CDR) and integration programme  Update October 2022 - Consideration being given to Cessation of creating scanned records for any more new patients enabling scanning capacity to be put towards address backlog of active patients who already have a record in the scanning system - Development of a Health Board coding strategy for the development of the profession developed and being taken forward, which underpins the coding transformation plan - Natural Language Programming (NLP) and data linkage being used to autocode targeted spells, improving levels of coding completion, based on Snomed-CT identified as increasingly successful and cost effective - Adoption of data level standards based architecture, - Opportunity for bi-directional real time integration between primary and secondary care available but requires tactical decision by UHB Board - National Data Resource (NDR), Clinical Data Repository (CDR) and integration programme  UPDATE 28/10 ICT Risk meeting - no further update	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	↔	05.06.2021	22.10.2022	01.12.2022
5040	Executive Lead: Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Objectives Environmental / Estates Impact Projects  Including systems and processes, Service /business interruption	Digital Healthcare Wales (DHCW interdependencies)	<b>IF:</b> The Health Board can not integrate new applications into its digital architecture in a timely fashion <b>Then:</b> there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated and major strategic priorities for the organisation (e.g. Bridgend aggregation and the deployment of the new Emergency Department system) not being delivered  <b>Resulting in:</b> delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: 1. Loss of information integrity and accessibility as multiple copies of clinical records. 2. Failure and delay of digital system deployments (e.g. WEDS) 3. Possible breaches to the GDPR, safeguarding and information governance risks. 4. Mistrust by staff of the ICT systems and services they are using 5. Money being wasted	A Myrdin strategic programme group has been established, chaired by the CEO of DHCW to map out how the constraints can be overcome  SLAs are in place between DHCW and NHS Wales organisations, however their fulfilment has been exposed by demand pushing the waiting times for developments to start (not complete) to over 12 months  Gaps in controls: WG have agreed some funding for the PAS element, however the DHCW IMTP continues to be a top down decision process rather than one being based on HB (user / customer) needs - driven in part by demand overwhelming their capacity (much of which is either Covid born or results from the significant overrun in establishing a minimum viable product to replace CamISIC) and numerous critical constraints not continuing to be observed in the system whilst the architecture remains closed. HB carrying vacancies in critical areas with no capacity to cover the work from within. As a consequence programme to digitise the Emergency Department processes and records has been suspended. Data acquisition from DHCW products is a curate egg, some new APIs are being made available to standards, however latest PAS offering is via csv download, presenting challenges to adoption of standards within certain areas. UHB still awaiting availability of access to key HB data such as radiology and tests results.	National Data Resource Programme has accelerated plan to open up the architecture, with API management procured for all of Wales. National Funding received from WG for PAS integration work to create a second team supporting data migration. CTMUHB appointment process has commenced. WG funding for £7m awarded to support PAS integration 24/8/22  UPDATE 28/10 ICT Risk meeting - no further update  October 22 - National Data Resource Programme has accelerated plan to open up the architecture, with API management procured for all of Wales & implementation date set for Jan 23 - will be limited in nature.  National Funding received from WG for PAS integration work to create a second team supporting data migration. CTMUHB & DHCW appointment process has commenced. Included within this is a post for PAS integration developer.	Digital & Data Committee	15	C3xL5	9 C3xL3	↔	07.02.2022	22.10.2022	02.12.2022

Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence x Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
4699	Executive Lead: Director of Digital	Central Support Function - Digital & Data (Information Governance)	Chief Information Officer	Creating Health	Patient / Staff /Public Safety	Failure to deliver a robust and sustainable Information Governance Function	<p><b>IF:</b> The Health Board is not able to legally share the business and patient sensitive information for which it is a data controller and which it is required to share for the delivery of care</p> <p><b>Then:</b> There will be a loss of trust and confidence in the Health Board from its patients, population, staff and care providing partners and thus will not have the information required to provide safe, high quality and effective care and to make informed evidenced based decisions.</p> <p><b>Resulting in:</b> Poor outcomes for our population, a loss of reputation for our organisation, substantial delays in improving services, inability to collaborate regionally or deliver integrated care services.</p>	<p><b>Key Controls:</b></p> <ul style="list-style-type: none"> <li>- Adoption and implementation of All Wales IG and Data protection policies,</li> <li>- Continual improvement and progress made in mitigating non delivery of legislation (CLDC, DPA etc)</li> <li>- Mandatory training in Information Governance with auditing functionality (such as NIAS) built in to monitor compliance,</li> <li>- Accessible but robust data protection process for new and existing data sharing arrangements (DPA procedures)</li> <li>- Joint data controllership arrangements with DHCW + WASPI</li> <li>- Professional (clinical) training and approach to maintain an accurate and timely medical record</li> </ul> <p><b>Gaps in Controls:</b></p> <ol style="list-style-type: none"> <li>1. Shortfall in trained IG professionals</li> <li>2. Inability to legally stipulated timescales for Freedom of Information and Subject Access Requests</li> </ol>	<p>Cyber and Data Protection Improvement Plans being taken forward. - Timeframe: Quarterly updates</p> <p>Response to ICO audit recommendations being managed on a prioritised and smart basis (aligned to other improvement areas)</p> <p>Benchmarking with other organisations in Wales undertaken. (SB have 9wte, CTM 2.5wte funded, 1.5 wte now --&gt; 0.5wte by end of Sept.)</p> <p>Procedures and requirement to initiate all programmes being enhanced to meet legal requirement of privacy by design</p> <p>Update August 2022 - Further attempt to recruit to two vacated positions in progress</p> <p>Re-allocation of coding staff to IG function on very short term basis to provide some continuity and cover.</p> <p>UPDATE 28/10 ICT Risk meeting - No further update</p> <p>October 22 - Actioning of Cyber and Data Protection Improvement Plans decelerated due to staffing. - Timeframe: Quarterly updates</p> <p>Response to ICO audit recommendations being managed on a prioritised and smart basis (aligned to other improvement areas)</p> <p>Benchmarking with other organisations in Wales undertaken.</p> <p>Procedures and requirement to initiate all programmes being enhanced to meet legal requirement of privacy by design</p> <p>Re-allocation of 1 coding staff to IG function and appointment of agency head of IG for 3 month period made, to sure up IG function. Recruitment process underway for Head of IG. IG Officer post currently delayed via the recruitment process.</p>	Digital & Data Committee	15	C3xL5	12 C3xL4	↔	18.06.2021	22.10.2022	02.12.2022



**AGENDA ITEM**

4.2

**DIGITAL & DATA COMMITTEE**

**Digital Risk Register**

<b>Date of meeting</b>	13 March 2023
------------------------	---------------

<b>FOI Status</b>	Open/Public
-------------------	-------------

<b>If closed please indicate reason</b>	Not Applicable - Public Report
---	--------------------------------

<b>Prepared by</b>	Andrew Nelson, Chief Information Officer
--------------------	--

<b>Presented by</b>	Stuart Morris, Director of Digital
---------------------	------------------------------------

<b>Approving Executive Sponsor</b>	Stuart Morris, Director of Digital
------------------------------------	------------------------------------

<b>Report purpose</b>	FOR NOTING
-----------------------	------------

**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		

**ACRONYMS**

UHB – University Health Board
-------------------------------

## **1. SITUATION/BACKGROUND**

- 1.1 Managing risk and opportunity is a key strategic activity for the organisation's success. As we continue to develop our enterprise risk management approach it is essential that we connect the management of digital related risks with our wider clinical and organisational objectives.

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

- 2.1 The risk register for Digital and Data is provided in appendix A along with updates to the descriptions of the risks and the progress made in mitigating them.
- 2.2 All risks presented to the last committee remain valid, and except for the LINC procurement, continue to present issues and challenges to the Health Board.
- 2.3 While the full impact of these risks is still to be realised, we are actively monitoring the morale of our existing staff and our long-term ability to develop and retain the people we have.
- 2.4 As such, concern remains regarding our ability to bolster our provision of digital and data services with the relevant people, processes and the resources required to adopt digitally led, data driven ways of working. In turn, this will impact on our ability to achieve and deliver the ambition, and strategic and operational Health Board objectives.
- 2.5 Many of the risks will be covered as separate agenda items.

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

- 3.1 The Committee is requested to note the risks attached in Appendix 1.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	Equality Impact Assessment to be completed as part of each project
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Resources to deliver
<b>Link to Strategic Goals</b>	Improving Care

#### 5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the contents of the report and consider whether the risks related are comprehensive and the actions taken to mitigate them are sufficient relative to the operating environment and the competing demands on resources to mitigate other corporate risks and achieve organisational objectives.

Ref	Risk Title	Risk Description	Target Controls in place	Policies/Procedures/Protocols (inc expiry date)	Gaps in controls	Strategy/Action Plan	Assuring Committees	Impact	Likelihood	Rating (current)	Significant Operational Risks - 1
IntDig1	<b>Holding information securely and confidentially</b>	<b>IF:</b> The Health Board is not able to securely hold the business and patient sensitive information for which it is a data controller  <b>Then:</b> The Health Board will not be trusted by our patients, population, staff and 'care providing partners' and thus will not have the information required to provide safe, high quality and effective care and to make informed evidenced based decisions.  <b>Resulting in:</b> Poor outcomes for our population, a loss of reputation for our organisation, financial loss through penalties (potentially ransom and extortion) and a disabling infrastructure on which to deliver our strategic ambitions. In addition as a result of ICO +/- CRU enforcements our freedom to act will be diminished and external scrutiny will increase.	<b>Medical Records</b> <b>Cyber security</b> - UHB policies (cyber security, backup, Disaster Recovery etc) - UHB posture as measured the Cyber Assessment Framework (reduced risk of non compliance with NIS-D) - Continued rollout of the patches supplied by third party companies, such as Microsoft, Citrix, etc. - Creation of NHS Wales Cyber Unit to support NIS_D compliance - Investment programme in national software to improve robustness of DHCW provided tools - Capital funding has been made available by WG which will improve UHB's progress in complying with ISO27001 and Cyber essentials plus <b>Data Protection</b> - Adoption and implementation of All Wales IG and Data protection policies, - Mandatory training in Information Governance with auditing functionality (such as NIIAS) built in to monitor compliance, - Accessible but robust data protection process for new and existing data sharing arrangements (DPIA procedures) - Joint data controllership arrangements with DHCW + WASPI - Professional (clinical) training and approach to maintain an accurate and timely medical record <b>Physical Estate</b> - CCTV and access controls on important buildings / rooms <b>Medical Devices &amp; "Internet Of Things"</b> - Adoption of National policies and legislation re Medical Devices - Application of Network security measures and partitioning	Email use policy (6/20), IG policy (3/23), Info security policy (3/23), Internet Use policy (3/23), Being open policy and procedures (1/19), Business continuity policy (6/19), CCTV policy (6/20), DPIA procedure (3/20), Disposal of obsolete ICT equipment (12/19), Electronic data backup policy (9/20), Photography and Video recordings of patients policy (3/18), Major Incident Plan (12/17), Cyber Incident Response plan (Outstanding) and Major Incident Plan (12/17), Freedom of Information Policy (9/22), Mobile phone & media communication devices policy (4/15), Personal Data Breach Mgt Procedure (3/20), Security policy (12/21), Standards of Behaviour policies (4/22), Subject Access Procedure (9/22), Transmission of Manual Faxes Protocol (12/19), Records Management Policy (3/16), Fire policy (2/21),	<b>Cyber security</b> - Non compliance with policies (internal and external) - Technology to resist attacks not always available or purchased &/or we do not always have the resources to use the software we have effectively - Medical Devices, Software and Servers out of support - with no mitigation - Weaknesses in firewalls and their configuration - Lack of skills and resources & inefficient investment into cyber improvement plan - Lack of awareness of cyber threats at all levels of the organisation - Internal NHS Wales approach built on trust, (e.g. limited governance arrangements over SB, WHESP, DHCW SLAs with no alternatives) <b>Data Protection</b> - Significant competing priorities and insufficient resource within the IG and digital teams to enable the organisation to mitigate its data protection risks - Information Asset Register, incorporating data sharing arrangements not complete, with no underlying network of information asset owners and administrators - Compliance auditing not deployed on all systems and almost impossible on paper record - No paper record tracking - Significant barriers to data sharing - many political and economic as opposed to technical or legislative - GDPR/Brexit UK adequacy of personal data protection considered not robust Physical security measures not fully implemented - Curator (ordering and management) of the individual patient record is substandard in some areas - Physical environment for storing medical records is considered to be high risk both in terms of safety and in regards to ensuring timely availability of the case note	<b>Cyber security:</b> - Integrated improvement plan drawing together: National Cyber Assurance (NIS-D) framework - Cyber essentials improvement plan (then Cyber Essentials Plus) - ISO27001 compliance plan for voice and comms - Internal Audit Improvement Plans - Mandatory training module introduced for cyber & implement regular phishing exercise for staff to maintain awareness - Cyber resilience exercises & Incident Management Plan (Major incident etc) - Improved threat assessment and organisation at a national level (including improved transparency of DHCW's posture as a key provider) - Improvements in the documentation of the service catalogue to cover disaster recovery, backup, data sharing for all systems - Improvements in the management of networked medical devices <b>Data Protection</b> - IG toolkit & response - ICO improvement plan - IG training - All Wales collaboration on data sharing / privacy engineering (Associated with NDC/CDR) and the Data Promise <b>Information Hub security and estate improvement plan</b> <b>Medical records estate improvement plan (incorporating electronic patient record and scanned record programme)</b>	Digital and Data Cttee	5	4	20	<b>Ransomware Attack resulting in loss of critical services and possible extortion RR = 20 -&gt; IF:</b> The Health Board suffers a major ransomware attack.  <b>Then:</b> there could be potential data loss and subsequent loss of critical services.  <b>Resulting in:</b> Catastrophic service loss to all clinical and business services adversely impacting on population health management, patient care, business continuity, health and wellbeing of staff, organisational relationships, substantial financial risk and the UHB's other routine and improvement work - culminating in a culture of mistrust of the Health Board and all things digital leading to the likelihood of the opportunities that present from digital transformation being less likely to be achieved.
IntDig2	<b>Effective governance, leadership and accountability</b>	<b>IF:</b> The Health Board does not have vision for digital services & clear strategic and operational programmes in place, with effective governance structures, which allow for effective and efficient decision making, underpinned by robust accountability processes and structures and facilitated by a cadre of professional, clinical and technical leaders who have the requisite skills and resources and are enabled to act  <b>Then:</b> Improving the quality and effectiveness of our care and improvements in the health and wellbeing of our population through the use of digital tools and ways of working will be unachievable  <b>Resulting in:</b> A vicious cycle of underperformance, outdated ways of working, challenges in recruitment and retention and anticipated benefits failing to be realised	<b>Internal</b> Organisational CTM UHB strategy and IMTP approved Resourced Strategic Outline Programmes of which digital, intelligence and privacy are key facets (Requires refresh) Collective ownership and awareness of cyber security, IG, Intelligence and Digital at board level Clear governance structure: Digital and Data Committee (board sub committee - assurance), Digital Delivery Board (Management) , Project portfolio board (programme initiation) Appropriate programme management (constituted and resourced - with SRDs etc) Appropriate comms, engagement, implementation and support teams across system groups and ILGs (requires development) Policy Control Schedule ICO and Data reporting Service KPIs, Financial and Procurement reporting, Benefits Monitoring Professional / competency register (Not in place) Robust SLAs with Swansea Bay, WHESP & DHCW Robust contracts with 3rd parties WAO / Internal Audit Programme WASPI / Information sharing agreements frameworks for NHS Wales data sharing	Standing Financial Instruments (6/21), Scheme of Delegation (4/22), IG policy (3/23), Info security policy (3/23), Major Incident Plan (12/17), Standards of Behaviour policies (4/22), Records Management Policy (3/16),	- NHS Wales governance, data controllership and single tenancy arrangements increase risk of UHB complying with data controllership responsibilities and reduce UHB's ability to meet service needs requirements - Significant gaps in capacity and skills availability to fulfil data protection responsibilities - Discord between professional and executive leadership teams on resource allocation and stewardship of IG function - Weak governance structures for some local programmes - Weak and disconnected processes for the control of digital projects - Lack of skills and resources to deliver programme and attain benefits - Cyber training not mandated - Lack of awareness of cyber threats at all levels - Internal NHS Wales approach built on trust, (e.g. limited governance arrangements over SB, WHESP, DHCW SLAs with no alternatives) - Delays in establishing NHS Wales CDO office to advice on technical and information standards, with many services failing to meet standards - Limited progress in taking forward architecture review and NDR /CDR (exacerbated by Covid) - Limited engagement in Digital Delivery Board (DDB) from outside of finance and digital (exacerbated by operating model devoid of clinical leads for digital) - Limited knowledge of present exposure to certain types of risks - Immature governance arrangements & digital capabilities in regards to IOT and small cloud based initiatives. - Resources allocated to digital programme insufficient to deliver infrastructure and services which underpin the organisation's annual plan (numerous functions: benefits realisation, engagement, cyber, asset management)	- Organisational operating model - IMTP digital programme with associated Target Operating Model - Project governance standards - Estates compliance groups (e.g. asbestos, electrical safety, portable appliance testing group, fire) - Training and education to fully optimise the technology that has been deployed - Adoption of Technical and Information Data standards (through architectural review board) - Data Protection and cyber improvement plans incorporating board level development and knowledge of data protection requirements and good practice - National (HEIW and DHCW) training programmes in digital competency and data literacy for digital and non-digital workers	Digital and Data Cttee	5	3	15	<b>Lack of Effective IG &amp; Cyber security resource RR=15 - IF:</b> The Health Board is not able to legally share the business and patient sensitive information for which it is a data controller and which it is required to share for the delivery of care  <b>Then:</b> There will be a loss of trust and confidence in the Health Board from its patients, population, staff and 'care providing partners' and thus will not have the information required to provide safe, high quality and effective care and to make informed evidenced based decisions.  <b>Resulting in:</b> Poor outcomes for our population, a loss of reputation for our organisation, substantial delays in improving services, inability to collaborate regionally or deliver integrated care services.
IntDig3	<b>Obtaining information fairly and efficiently</b>	<b>IF:</b> The Health Board is not able to obtain information fairly and efficiently/effectively  <b>Then:</b> the joined up digital record which enables our strategic ambition and digital strategic programmes (citizen portal, integrated care record, evidence based decision making) will not be achievable and we will either remain on a paper record, a disintegrated record, or will not be trusted to hold a record  <b>Resulting in:</b> Poor outcomes for our population, a loss of reputation for our organisation, financial loss through penalties and a disabling infrastructure on which to deliver our strategic ambitions	<b>Obtaining Information Fairly</b> CLDC reliance on indirect consent IG policy and toolkit (GDPR /PERC) use of privacy notices WASPI / Data sharing arrangements / Data Promise, Research and Development regulations (Including ethics committee)  <b>Obtaining Information Efficiently/Effectively</b> Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business Corporate IMTP One CTM - Bridgend / CT aggregation (Digital systems, business logic & data repositories) MS Business Platform Transformation Programme (inc Website & Intranet Development) Corporate capital and revenue programmes Workforce mobilisation programme Staff and Patient training UHB Infrastructure and Telecommunication strategies Estates transformation Financial statutory instruments	IG policy (3/23), Info security policy (3/23), Internet Use policy (3/23), Business continuity policy (6/19), CCTV policy (6/20), DPIA procedure (3/20), Electronic data backup policy (9/20), Photography and Video recordings of patients policy (3/18), Major Incident Plan (12/17), Mobile phone & media communication devices policy (4/15), Personal Data Breach Mgt Procedure (3/20), Security policy (12/21), Standards of Behaviour policies (4/22), Subject Access Procedure (9/22), Transmission of Manual Faxes Protocol (12/19), Medical Device Mgt Policy (2/23), Patient Information Guidelines (3/23), Patient Positive ID policy (1/23), Patient wristbands (3/09), Records Management Policy (3/16), Accessing interpreter and translation services policy (7/21), PECR procedure (xx)	Absence of a policy and procedures on a 'unified communications position for the UHB' (multi modal channels of care are unmanaged and unmanageable, overwhelming our staff and resulting in vital information being lost or missed).  Obtaining Information Efficiently/Effectively Much of medical record still paper based or using process which do not optimise effective use of working time by digital tools Immaturity of the national and local Information for the patient (e.g. citizen portal) & digital inclusion programme Digital support tools such as e-observation, e-prescribing not available UHB's own information not readily available - challenges getting full data out of DHCW & people storing their own data or signing up to have the data stored by a third party in the cloud without the UHB having full and timely access Cyber controls enforced prior to alternative enablers being implemented resulting in professionals not being enabled to deliver value to the population & the organisation Significant cost pressures anticipated - from both providing the hardware and replacing it and from license cost inflation / specification changes One CTM - Bridgend / CT aggregation business case not funded Workforce mobilisation programme not fully funded or rolled out Staff and Patient training sub optimal Population not digitally enabled (e.g. not all have access to tools and connectivity to use UHB's digital offerings) UHB Infrastructure and Telecommunication strategies not implemented Estates transformation not yet determined  NHS Wales governance, data controllership and single tenancy arrangements increase risk of UHB complying with data controllership responsibilities and reduce UHB's ability to meet service need and service change requirements	- Electronic patient record programme (incorporating DPN & WCP) - Citizen portal programme - Patient and staff digital inclusion programme, - Infrastructure programme (inc consideration of BYOD) - Digital promise & data sharing programmes - Coding improvement and transformation plan - Programme to provide single sign on functionality	Digital and Data Cttee	4	2	8	
IntDig4	<b>Recording information accurately and reliably</b>	<b>IF:</b> The Health Board is not able to Record record information accurately and reliably  <b>Then:</b> the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete  <b>Resulting in:</b> Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners.	<b>Recording Information Accurately:</b> Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business National Architecture Review - encompassing (NDR /CDR & Sharing arrangements) Workforce skills & development programme (TBD) Coding transformation programme Information and Technical Standards Clinical audit  <b>Recording Information Reliably</b> NIS-D improvement programme (All-Wales) Information and Technical Standards Cyber resilience UHB Infrastructure and Telecommunication strategies Workforce mobilisation programme Staff and Patient training Robust SLAs with Swansea Bay, WHESP, DHCW Robust contracts with 3rd parties (e.g. BT for PSBA, Microsoft, CITO and other service & systems providers)	IG policy (3/23), Info security policy (3/23), Being open policy and procedures (1/19), Business continuity policy (6/20), Photography and Video recordings of patients policy (3/18), Medical Device Mgt Policy (2/23), Patient Positive ID policy (1/23), Patient wristbands (3/09), Records Management Policy (3/16), Accessing interpreter and translation services policy (7/21),	<b>Recording Information Accurately:</b> Significant data quality issues persist & little cultural ownership of the problem Backlog of unwritten Discharge Advice Letters extends to 5 months in some specialties Vast majority of clinical events not coded or conforming to technical and information standards Workforce skills & development programme dependent on individuals Ongoing use of unstructured paper records and poor record keeping  <b>Recording Information Reliably</b> Network & software not configured to support digital / virtual ways of working Digital support services and response times insufficient to enabling reliance on digital ways of working Financial and workforce resource and competence issues Covid response has left much to be re-architected and optimised Continuing and pervasive use of Whats App	- Electronic patient record programme (incorporating DPN, WCP & e-forms) - IG plan, - Improving Data Quality Initiative, - Adoption of data level standards based architecture, - Coding transformation plan, - Data democratisation and use - NDR, CDR, and integration programme - Update to all Wales email policy to extend to - NDR, CDR and integration programme	Digital and Data Cttee	3	4	12	<b>Failure to deliver replacement Laboratory Information Management System, LINC RR=20 -&gt; IF:</b> LINC Programme fails to deliver replacement Laboratory Information Management System (LIMS) by summer 2025/26; CTM would be without a supported Pathology LIMS system RESULTING IN: Without the implementation of the new LIMS system the pathology service may fail to produce accurate, timely patient results for diagnosis, monitoring and screening of patients which would impact treatment, patient flow and waiting times.
IntDig5	<b>Using information effectively and ethically</b>	<b>IF:</b> The Health Board does not, or can not, use information effectively and ethically  <b>Then:</b> we will not drive optimal decision making, we will not speed up the time to diagnoses, we will not be able to innovate or contribute to research and development initiatives which drive wider value realisation for the UHB or our community and if we do not act ethically we will tarnish our brand and that of the NHS  <b>Resulting in:</b> Less support from our population and thus from policy makers and other partners if we act unethically, threatening the sustainability of our efforts and the clinical and cost effectiveness of our practices.	<b>Using Information Effectively:</b> Data Democratisation Programme Digital population strategy (not yet developed) Clinical Data Repository / National Data resource programme & agreed standards Workforce skills and development programme (quality and quantity of workforce with appropriate digital skills) Infrastructure improvement programme (Capacity, resilience and functionality) Clinical Informatics Programme Service KPIs, Financial and Procurement reporting, Benefits Monitoring Medical Devices Legislation National Digital & Intelligence Resource Libraries DPIA process  <b>Using Information Ethically:</b> Data Protection legislation (GDPR, CLDC, PERC etc) - with compliance monitoring Ethical Standards (SEWREC) Adoption and implementation of All Wales IG and Data security policies NHS Wales Data Promise (tbd) Medical Devices & AI Legislation	Email use policy (June-20), IG policy (3/23), Info security policy (3/23), Internet Use policy (3/23), Being open policy and procedures (1/19), Business continuity policy (6/20), DPIA procedure (3/20), Photography and Video recordings of patients policy (3/18), Mobile phone & media communication devices policy (4/15), Personal Data Breach Mgt Procedure (3/20), Standards of Behaviour policies (4/22), Subject Access Procedure (9/22), Medical Device Mgt Policy (2/23), Patient Information Guidelines (3/23), Records Management Policy (3/16), In service testing of electrical equipment procedure (7/18), Fire policy (2/21),	<b>Using Information Effectively:</b> Data Democratisation Programme not yet defined - no progress on data promise Digital population strategy not yet developed Delays in Clinical Data Repository / National Data resource programme & compliance with agreed standards Workforce skills and development programme still being developed Infrastructure improvement programme failing to keep pace with demand Gaps in our knowledge around Medical & other IOT devices National Digital & Intelligence Resource Libraries  <b>Using Information Ethically:</b> Ethical Standards not clear regarding use of private companies who limit access to those who consent to share data NHS Wales Data Promise initiative slow in being progressed and now made more complicated by NHS England initiative Limited availability and thus clinical access and ownership of clinical and business information	- NDR / CDR Programme - Electronic patient record programme (incorporating DPN & WCP) - Data democratisation (including Business Intelligence development) - Workforce skills and development (with HEIW) - Infrastructure improvement programme - Digital population strategy	Digital and Data Cttee	3	4	12	<b>DHCW Interdependencies RR = 15 -&gt; IF:</b> The Health Board can not integrate new applications into its digital architecture in a timely fashion  <b>Then:</b> there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated and major strategic priorities for the organisation (e.g. Bridgend aggregation and the deployment of the new Emergency Department system) not being delivered  <b>Resulting in:</b> delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: 1. Loss of information integrity and accessibility as multiple copies of clinical records. 2. Failure and delay of digital system deployments (e.g. WEDS)
IntDig6	<b>Sharing information appropriately and lawfully</b>	<b>IF:</b> The Health Board does not share information appropriately and lawfully, thereby failing in our duty to appropriately balance risk and benefits  <b>Then:</b> we will not have the information and knowledge to support care delivery and population health management  <b>Resulting in:</b> Poor outcomes for our population, a loss of reputation for our organisation, financial loss through penalties and a disabling infrastructure on which to deliver our strategic ambitions	<b>Data Protection</b> - Adoption and implementation of All Wales IG and Data protection policies supplemented by appropriate CTM policies and procedures - Mandatory training in Information Governance with auditing functionality (such as NIIAS) built in to monitor compliance, - Accessible but robust data protection process for new and existing data sharing arrangements (DPIA procedures) - Joint data controllership arrangements with DHCW + WASPI - Data sharing arrangements with Local Authorities, GPs and other direct care providers - DPIA process	Email use policy (June-20), IG policy (3/23), Info security policy (3/23), Internet Use policy (3/23), Asbestos Mgt plan (1/22), Being open policy and procedures (1/19), Business continuity policy (6/19), CCTV policy (6/20), DPIA procedure (3/20), Disposal of obsolete ICT equipment (12/19), Electronic data backup policy (9/20), Policy for handling persistent and serial complaints (3/24), Photography and Video recordings of patients policy (3/18), Major Incident Plan (12/17), Mobile phone & media communication devices policy (4/15), Personal Data Breach Mgt Procedure (3/20), Security policy (12/21), Standards of Behaviour policies (4/22), Subject Access Procedure (9/22), Transmission of Manual Faxes Protocol (12/19), Medical Device Mgt Policy (2/23), Patient Information Guidelines (3/23), Patient Positive ID policy (1/23), Patient wristbands (3/09), Records Management Policy (3/16),	<b>Data Protection</b> - Data sharing agreements are not in place for a number of historical data flows, with asset registers not always up to date or incomplete - No national data sharing framework in place to support NDR - WASPI arrangement does not cover all CTM LAs - No data sharing agreement with GPs in place to enable operational public health and managing the population on an integrated care basis - No national data sharing framework in place to support NDR - No access to national risk pool type arrangement for independent NHS contractor services (e.g. GPs, dentists, optom) - Challenges with the SBU / CTM data sharing regarding population data	- National data promise - POW/CT PAS aggregation - Local and National NDR CDR programme (incorporating data sharing arrangements) - Population Health Management Programme - WCCIS programme development	Digital and Data Cttee	3	3	9	<b>Integrated IT Systems RR=16 -&gt; IF:</b> The Health board does not have a unified electronic health and care record and systems which are integrated across the organisation and with our primary and social care providers  <b>Then:</b> The Health board will be unable to deliver safe, high quality, clinically and cost effective care to patients  <b>Resulting in:</b> Compromised safety of patients needing treatment that are reliant on clinical test results and information being available to clinicians to plan and deliver the treatment plan and the requirement for sub-optimal manual processes

Action Plan -1	Significant Operational Risks - 2	Action Plan -2
<p>Cyber and Data Protection Improvement Plans being taken forward. Timeframe: Quarterly updates</p> <p>NIST Framework adopted by the Health Board to have continuous improvement approach to applying the NIS-D Cyber Assessment Framework, understand and mitigating the identified risks. Staff awareness and training initiatives increased &amp; incident management plan maturing</p> <p>Infrastructural architectural changes being put in place. Timeframe - Quarterly updates</p> <p>Network Monitoring pilot being initiated as initial stage of improving management of end points (devices on the network)</p>	<p><b>Lack of a resilient and performant Digital Network Infrastructure and Assets RR= 15 IP:</b> The Health Board suffers regular local and/or national network issues and/or outages to critical clinical and business systems or performance issues in accessing and using systems.</p> <p><b>Then:</b> there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated.</p> <p><b>Resulting in:</b> delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: Loss of information integrity and accessibility as multiple copies of clinical records. Threat of malware being introduced on to the network from unmanaged data, systems and software. Possible breaches to the GDPR, safeguarding and information governance risks. Mistrust by staff of the ICT systems and services they are using</p>	<p><b>Update February 2023</b> - The new data centre at PCH is now fully commissioned and operational. The BT switch room has been decommissioned and all services have been removed. Phase 3 planning for PCH has now started and it has been identified that there is a substantial risk to network resilience around the plan to remove the IT portakabin before supplying a replacement data centre, options for mitigation are being considered. All switches and cabinets at the YCR site have been upgraded, which on replacement of the cores, will enable up to 10 GB connectivity for the site to the LAN. As a consequence of the YCR improvement work the RGH work has been delayed and is yet to commence. At POW a 10 GB link has been established, and commissioning of the 2nd router will provide the 2nd diverse link for resilience. Agreement with Swansea Bay around the lower level design of the 10GB firewalls is underway (which will replace a 1 GB link). The firewalls have been purchased, but staffing will be a constraining factor to implement these as configuration to required standards will be a lengthy process. The tender for replacement of the telephone lines in the old-CT area is being released on the 4th March, in time for planned replacement which is due before the end of June.</p>
<p>Actioning of Cyber and Data Protection Improvement Plans decelerated due to staffing levels. Response to ICO audit recommendations being managed on a prioritised basis (aligned to other improvement areas)</p> <p>In regards to workforce: Recruitment of a permanent IG officer has been successful, with a contractor Head of IG in post until 31st March. Process for appointing a permanent post delayed by Vacancy structing process further increasing likelihood of risk materialising. Band 3 IG administrator leaves 3rd March with no funding to replace. Cyber security down to 2 site staff. Mitigation is by means of enhanced triaged by first line support and senior management team constantly acting down, increasing challenges for recruitment and retention, exacerbated by organisational change process. Timeframe: Quarterly updates</p>	<p><b>Workforce Capacity and Capability RR=15 - IF:</b> The Health Board has an insufficient volume and proportion of staff who are skilled in informatics and who are digitally competent to enable our patients and population to benefit from the opportunities AI and digital</p> <p><b>Then:</b> The Health Board's ability to deliver its strategy and the quadruple aim in the medium and longer terms will be reduced.</p> <p><b>Resulting in:</b> A decline in our population's relative health and wellbeing status and increasing inequity</p>	<p>Virtual training libraries. Cyber awareness and IG mandatory training. Establishment of a small number of clinical informatic posts.</p>
<p>As the NHS Wales Health Collaborative becomes part of the NHS Executive it has been agreed that the LINC Programme will move to Digital Health Care Wales</p>	<p><b>Access to a complete, integrated, and coded medical record. RR = 15 IP:</b> The Health Board is not able to record information accurately and reliably, with complete and up to date information</p> <p><b>Then:</b> the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete</p> <p><b>Resulting in:</b> Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&amp;D and Value etc.</p>	<p><b>Update February 2023</b> - First stage Digitisation of eye care due to go live March-23. WNCR, e-TOC, MS 365 Navigation hub and e-whiteboards programmes continue to improve digitisation of unscheduled care pathways and inpatient care. Business cases for digitising mental health, community care and prescribing being developed.</p>
<p>National Funding received from WG for PAS integration work to create a second team supporting data migration which is progressing. CTRHUB &amp; DHCW appointment process completed and milestones being met. Delays in APIs for core data and logic flows being experienced, with timescale slipping by further 3 months to April 2023.</p>		
<p><b>Update February 2023-</b> Bridgend/CT aggregation Programme has delivered on all milestones in the IMTP. Data sharing with primary care not being taken forward in 2022/23 - resource prioritisation decision. Unable to get DHCW support for WPAS API which would help delivery of Planned care recovery programme</p>		

**AGENDA ITEM**

4.3

**DIGITAL & DATA COMMITTEE**

**ICO Audit Action Plan**

<b>Date of meeting</b>	13 March 2023
------------------------	---------------

<b>FOI Status</b>	Open/Public
-------------------	-------------

<b>If closed please indicate reason</b>	Not Applicable - Public Report
---	--------------------------------

<b>Prepared by</b>	Andrew Nelson, Chief Information Officer
--------------------	--

<b>Presented by</b>	Andrew Nelson, Chief Information Officer
---------------------	--

<b>Approving Executive Sponsor</b>	Stuart Morris, Director of Digital
------------------------------------	------------------------------------

<b>Report purpose</b>	FOR NOTING
-----------------------	------------

**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		

**ACRONYMS**

ICO – Information Commissioners Office

UHB – University Health Board

NCSC – National Cyber Security Centre

DPIA – Data Protection Impact Assessment

## **1. SITUATION/BACKGROUND**

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

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

- 2.1 Further to their assessment in January 2022, Officers of the Information Commissioner made 35 recommendations regarding actions the UHB should be taking to reduce the UHB's risk of non-compliance with data protection legislation. A visit to review progress was made by the officers of the ICO in December 2022 at which they identified that they required a higher threshold of evidence to be available than the UHB had offered.
- 2.2 Throughout 2022 the UHB has continued to take a risk-based approach to all areas of its operations. The focus around data protection has largely been on cyber security, acting on advice of the NCSC and the Cyber Resilience Unit and in ensuring that DPIAs, data sharing agreements and cyber security impact assessments have been undertaken for all new activities or changes in activities. A more detailed description of the cyber actions is provided in the confidential paper the UHB's cyber improvement plan, whilst an update on the progress made in delivering the ICO's recommendations is provided in the Excel document attached.
- 2.3 As a consequence, a subjective assessment by the Information Governance (IG) team, would suggest that the UHB has made minimal progress against 15 of the recommendations, and partial progress against a further 12.
- 2.4 The most significant constraint to improvement remains the staffing position in both IG and cyber security. Based on current resource allocation decisions taken by the Board, these will deteriorate in the next few weeks as resources do not permit the extension of the contractor arrangements for a Head of Information Governance at premium rates to continue beyond 31<sup>st</sup> March 2023, nor for the IG administrator post to be replaced, following the postholders acceptance onto a national training programme.
- 2.5 A further follow up meeting with the officers of the ICO is planned for the last week of March 2023.

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

- 3.1 The Committee is requested to note the progress attached in Appendix 1.

3.2 14 of the recommendations which remain outstanding have been prioritised as High by the ICO. Whilst there is a degree of understanding by the ICO's officers of the challenges that the UHB is facing, it is possible that the result of the March review will not only extend the length of the ICO's engagement with the UHB but may lead to a more directive report and the ICO wishing to increase the awareness of members of our population and those we share data with, of the shortcomings in our controls and procedures.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Ransomware attack has demonstrated significant impact on patient care and staff welfare.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	Equality Impact Assessment to be completed as part of each project
<b>Legal implications / impact</b>	Yes (Include further detail below)
	UHB non compliance with GDPR & NIS-D.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Potential fine for non compliance with GDPR & NIS-D.
<b>Link to Strategic Goals</b>	Improving Care

#### 5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the report and to consider whether the progress made in delivering the data protection improvement programme and the continuing focus of the IG resource on cyber security and new

data sharing arrangements is appropriate and in line with the Board's Assurance Framework.

5.2 To **NOTE** the potential outcome of the ICO review in March 2023

Controller	Cwm Taf Morgannwg University Health Board
Report Date	Feb-22

Audit Action Plan										Audit Action Plan Update		
Ref	Control measure	Non-conformity	Recommendation	Priority	Accept / Partially Accept / Reject	Agreed Action	Implementation Date	Owner	Update at 6 months (August)	ICO Officer's feedback - August 2022	November 2022 update	February 2023 update
B01	Information sharing decisions are documented and procedures are in place to ensure they are approved at the appropriate senior level.	<p>B01 a. The Health Board has adopted the All Wales Information Governance Policy which identifies the Caldicott Guardian as the key individual for enabling appropriate information sharing. However, the policy does not cover the process to follow in the absence of the Caldicott Guardian if, for example, they were on annual leave.</p> <p>B01 b. The Health Board does not have a documented policy or procedure to follow should there be any need to share personal information in the event of an emergency or critical situation.</p> <p>If sharing decisions cannot be made and documented in a timely manner, there is a risk that the Health Board will be unable to share personal information or may share information inappropriately leading to non-compliance with Article 5(1) and 5(2) of the UK GDPR.</p>	<p>B01 a. The Health Board should document and implement the process and responsibility for making and approving data sharing decisions in the absence of the Caldicott Guardian should they be unavailable. The Health Board may wish to consider the appointment of a Deputy Caldicott Guardian for this purpose.</p> <p>This will help to ensure the Health Board can provide resilience in the absence of the Caldicott Guardian for approving the sharing of information.</p> <p>B01 b. The Health Board should implement an appropriate policy that covers the sharing of personal information in the event of an emergency or critical situation. The policy should include identifying who is responsible for approving and documenting any decisions around sharing information in these specific scenarios.</p>	Medium	Accept	<p>The Health Board agrees with this recommendation and will look to appoint a Deputy Caldicott Guardian.</p> <p>In the absence of the Caldicott Guardian, the IG Team would approach the SIRO / DPO / CCIO / Safeguarding lead or Medical Director depending on the nature of the request. We look to include the approved procedure into HB guidance for staff and on the IG section of the website with contact points.</p>	May-22	Director of Public Health	<p>B01a) The Executive Medical Director has been nominated as Deputy Caldicott Guardian.</p> <p>B01.b) The Health Board is developing a policy to support the sharing of personal information in the event of an emergency or critical situation that will complement existing data sharing policies within the Health Board.</p>		<p>Arrangements to replace the Caldicott Guardian being resolved at meeting of MDs &amp; AMDs on 6th December. Both MD and CCIO have stepped in to date.</p>	Medical Director confirmed as CG, CCIO as the Deputy CG.
B02	All staff likely to make decisions about sharing are adequately trained and made aware of their responsibilities.	<p>B02. The Health Board has not identified all staff who may be involved in making decisions about data sharing.</p> <p>Additionally, the Health Board does not provide such staff with further training specifically around information sharing decision making beyond that which is included in the bi-annual mandatory IG training.</p> <p>Insufficiently trained staff are more likely to inappropriately share personal information or make unlawful decisions about the sharing of data, which may breach Articles 5(1) and 32 of the UK GDPR.</p>	<p>B02. The Health Board should ensure that all staff likely to make decisions about data sharing are identified, adequately trained and made aware of their responsibilities.</p> <p>Additional specialist data sharing training content including, where relevant, the heightened controls and the need for compelling reasons to share children's data, should be delivered at departmental induction and refreshed at an appropriate frequency, and should incorporate the requirements of the ICO's Data Sharing Code:</p> <p><a href="https://ico.org.uk/for-organisations/guide-to-data-protection/ico-codes-of-practice/data-sharing-a-code-of-practice/">https://ico.org.uk/for-organisations/guide-to-data-protection/ico-codes-of-practice/data-sharing-a-code-of-practice/</a></p> <p>This will ensure that staff who may make a decision to share personal data are aware of the lawful requirements in doing so.</p>	High	Accept	<p>A Training Needs Analysis is being considered to include key roles where specific training is required. Due to constraints with capacity, we are taking a risk based approach to offering training routinely.</p>	Oct-22	Director of Digital	<p>Induction of clinical staff continues to include data protection and cyber security. However Specific matters relevant to clinicians such as safeguarding and sharing information with the police &amp; other agencies are being incorporated as part of a revised curriculum in readiness for the new round of induction starting on 8th September 2022.</p> <p>On commencement with the Health Board all employees will undergo and induction and will receive key policy documents.</p>	<p><b>B02 (high):</b> Whilst good progress has been made on the provision of data sharing training to relevant staff at induction when they join the Health Board, we require evidence to show that the Health Board has identified and delivered specialist training to existing staff that are likely to make decisions about data sharing.</p>	<p>No progress - proposing to tie this in with launch of new cyber module and linking it with access controls (NADEX IDs) - with WG &amp; expected 23/24</p>	No progress
B03	Individuals are informed about the sharing of their personal data.	<p>B03. The privacy information that the Health Board provides to individuals about the sharing of their personal data does not meet the requirements of the UK GDPR.</p> <p>Specifically, the current patient privacy information available on the Health Board's website does not inform individuals about what personal data may be shared with other organisations or the lawful basis being relied on to share data.</p> <p>If individuals are not informed about the sharing of their personal information by the Health Board, this may lead to non-compliance with UK GDPR Articles 5(1)(a), 5(2), 12, 13 and 14.</p>	<p>B03. The Health Board should ensure that the privacy information it provides to individuals about the sharing of personal data meets the requirements of the UK GDPR.</p>	High	Accept	<p>The DPO is currently reviewing the privacy notices as HBs adopted the All Wales notice that was approved. We will ensure that the legal basis we can rely upon are listed.</p>	Mar-22	Data Protection Officer	<p>B03.a) Complete - This has been amended on the Health Board's website as this was an oversight in the way the website was laid out.</p>	<p><b>B03 (high):</b> Whilst some broad information about data sharing has been added to the Health Board's website privacy notice, more work is needed to ensure that data subjects are sufficiently informed about what data may be shared with other organisations and the lawful basis being relied on to share data. Current privacy information tells individuals that their data may be processed with their consent, which in practice is unlikely to be the lawful basis being relied on to process personal information for direct care purposes.</p>	<p>Privacy notice is in the process of being updated and translated into Welsh</p>	Privacy notice further updated
B04	There is a process to assess the legality of sharing and document any outcomes.	<p>B04. The Health Board's process for assessing the legality of information sharing and the documenting of outcomes does not meet the requirements of the data protection legislation.</p> <p>The Health Board's Data Protection Impact Assessment (DPIA) procedure and template do not consider the Data Protection Act 2018 (DPA 2018) Schedule 1 conditions for processing of special categories of personal data and criminal convictions where necessary, nor the wider legal power to share information beyond the UK GDPR / DPA 2018.</p> <p>Without an adequate process to assess the legality of each sharing activity, the Health Board may not be able to sufficiently demonstrate why it believes the sharing to be legal which may breach UK GDPR Articles 5(1)(a) and (b), 5(2), 9 and 10.</p>	<p>B04. The Health Board should ensure that its process for assessing the legality of each information sharing activity and the documenting of any outcomes meets the requirements of the UK GDPR and DPA 2018.</p>	Medium	Accept	<p>We have reviewed the DPIA template and consider that the assessment does include criminal data in Section C, Part 1. There is the opportunity for this box to be selected along with other special category data and that of a higher sensitivity. In addition to this, the template requires the legal basis for processing to be confirmed under Section C part 1 (question 2). We have reviewed the ICO DPIA sample template and consider we have covered all the requirements. We would be grateful for further advice on this element. In addition to this, any information sharing agreement would require all data shared to be listed in detail, along with the justification as this is included routinely in them templates.</p>	N/A	Data Protection Officer	<p>We have determined that on the very rare occasion where we do process criminal data and the box that is available is ticked we will trigger additional processes to ensure compliance with the legislation. An extended version of the DPIA template incorporating the requirements for criminal data processing is being prepared.</p>	<p><b>B04 (medium):</b> Where the Health Board relies on UK GDPR Article 6(1)(e) (public task) to process personal data, it should be able to specify its relevant task, function or power, and identify its basis in common law or statute. Where special category data is shared the Health Board should ensure that in addition to identifying a UK GDPR Article 9 condition for processing that it also, when required, meets any additional conditions or safeguards set out in UK law in Schedule 1 of the DPA 2018. Where criminal offence data is shared the Health Board should ensure that it can identify a specific condition for processing in Schedule 1 of the DPA 2018. For accountability and transparency purposes, the assessment of the legality of each data sharing activity should also be sufficiently documented. The DPIA template seen by the ICO during the audit does not allow for the inclusion of Schedule 1 DPA 2018 conditions for the processing of criminal offence data, or for special category data when this is required.</p>	no change	Policy was agreed at IGroup. The DPIA will include the ICOs recommendations for processing schedule 1 data

B05	Data sharing agreements have been agreed with all parties with whom personal data is routinely shared	<p>B05. Not all staff that were interviewed during the audit have full confidence that every routine data sharing activity is covered by an appropriate sharing agreement. Additionally, a number of the Health Board's existing sharing agreements have not been signed by all parties to the specific agreement.</p> <p>This means that for some routine data sharing activities, certain sharing partners may not be committed to complying with any specific terms or requirements, which will increase the risk of inappropriate and unlawful information sharing between the Health Board and other parties.</p> <p>This may result in a personal data breach and non-compliance with the ICO's Data Sharing Code and the UK GDPR Articles 5(1), 5(2) and 32.</p>	<p>B05. The Health Board should ensure that all of its routine data sharing activities are covered by an appropriate agreement that has been signed by the senior management of all relevant parties, and that each agreement is made available to the staff involved in the actual sharing.</p>	High	Accept	<p>A central register is in place and we have taken a risk based approach due to capacity constraints where possible to ensure there are appropriate agreements in place. The IG team have built a review date into the central register to ensure they are monitored and signed off by all parties.</p>	Apr-22	Director of Digital	<p>Overarching control document has been updated and signed by all users for provision of direct care. This sets the standards and requirements for sharing the electronic patient record across appropriate Welsh organisations and mitigates the risk and makes clear on the required specifications of partners we are sharing data with</p>	<p><b>Not started - B05 (high):</b> Whilst we agree that this recommendation is 'not started', commentary focuses on data sharing arrangements that come under the Welsh Control Standard for direct care purposes. The Health Board should also consider what action it will take to ensure that other routine data sharing activities outside the Welsh Control Standard are covered by appropriate agreements (e.g. data sharing for purposes other than direct care such as research, or data sharing with organisations that do not participate in the Welsh Control Standard).</p>	Legacy data sharing	No progress
B06	Data sharing agreements are sufficiently detailed, and provide sufficient direction to both parties to ensure that the requirements of the legislation are met	<p>B06. The sharing agreements to which the Health Board is a party are not sufficiently detailed in all cases to meet the requirements of the data protection legislation and the ICO's Data Sharing Code.</p> <p>Not all sharing agreements state the DPA 2018 Schedule 1 conditions for processing of special categories of personal data and criminal convictions where necessary, nor the wider legal power to share information beyond the UK GDPR / DPA 2018.</p> <p>It was also identified that sharing agreements do not cover partners' responsibilities and procedures for responding to Freedom of Information (FOI) requests and the need to include certain types of information in FOI publication schemes.</p> <p>Where routine, and therefore high volume, data sharing takes place without a sufficiently detailed sharing agreement, there is an increased risk of inappropriate and unlawful sharing.</p>	<p>B06. The Health Board should ensure its sharing agreements are sufficiently detailed and meet the requirements of the data protection legislation and the ICO's Data Sharing Code:</p> <p><a href="https://ico.org.uk/for-organisations/guide-to-data-protection/ico-codes-of-practice/data-sharing-a-code-of-practice/data-sharing-agreements/#include">https://ico.org.uk/for-organisations/guide-to-data-protection/ico-codes-of-practice/data-sharing-a-code-of-practice/data-sharing-agreements/#include</a></p>	Medium	Partially accept	<p>The IG team have reviewed the data sharing templates and consider that they do allow for the consideration of special category / sensitive data and partner responsibilities. The ISP, DDA and ISA agreements have been adopted on an All Wales basis. However, as FOIA is not included this will be raised with the central WASPI team for them to consider if this can be included.</p>	Apr-22	Director of Digital	<p>The ISP, DDA and ISA agreements have been adopted on an All Wales basis. However, as FOIA is not included this will be raised with the central WASPI team for them to consider if this can be included. A request to WASPI has been made and awaiting outcome.</p>	<p><b>B06 (medium):</b> We would assess this recommendation as 'in progress' as the Health Board has contacted the central WASPI team to see if FOIA requirements can be included in WASPI data sharing templates. However, the Health Board also needs to ensure that it implements the recommendation for data sharing agreements to meet legislative requirements for any sharing activities that are covered using non-WASPI templates.</p>	No update from the WASPI team	<p>Wales Accord on the Sharing of Personal Information (WASPI) framework being updated in order for signatories to apply for it to become an approved Information Commissioners' Office (ICO) Code of Conduct. Schedule 1 conditions will be incorporated within DPIA</p>
B07	Data sharing agreements are reviewed on a regular basis	<p>B07 a. The Health Board does not schedule regular reviews of its sharing agreements (both ISPs and DDAs), nor where there has been a change in circumstances in the rationale for the data sharing or following a significant complaint or security breach.</p> <p>There is a risk that older sharing agreements which may not have been subject to regular reviews become unfit for purpose over time, which increases the likelihood of unlawful sharing.</p> <p>B07 b. The discussion of sharing agreements is not a standing agenda item at the Information Governance Group (IGG) or Digital and Data Committee (DDC) meetings, which means that the Health Board may not have sufficient senior oversight of any relevant changes or newly identified risks within the organisation's portfolio of sharing agreements.</p> <p>This means that there may be an increased risk of unlawful sharing which could result in a personal data breach and non-compliance with the UK GDPR and the ICO's Data Sharing Code.</p>	<p>B07 a. The Health Board should ensure that it implements a process to review its sharing agreements on a regular and ongoing basis to provide assurance that each agreement is working as expected with relevant partners, and the specific sharing activity continues to be lawful.</p> <p>B07 b. The Health Board should ensure that it has regular and sufficient senior oversight of its data sharing arrangements including higher risk agreements that could be subject to a change in circumstances in the rationale for data sharing, or those that have received a significant complaint or security breach.</p>	High	Accept	<p>Due to the limited resource within the IG Team, we accept that we are not in a position to retrospectively review agreements in place where we are not the Lead party. Whilst the WASPI central team issue quarterly reports we accept that this is a risk. This is on the risk register. The information sharing register is presented at every IGG for information which includes all CG approvals.</p>	Sept - risk based approach	Data Protection Officer	<p>Position is as noted in March 2022. Progress has been made on documenting and reviewing data sharing arrangements actioned via the Information Governance Team.</p>	<p><b>Not started- Noting: B07.a (high):</b> The recommendation to review sharing agreements has not been started due to the current resourcing issues within the IG team and commentary states that the risk is included on the risk register. We would expect that as soon as resourcing levels permit, the Health Board should implement a process to ensure all data sharing agreements are regularly reviewed on an ongoing basis.</p>	No progress	<p>The IG team are conducting an audit of all existing sharing agreements. Some have now been completed, Others are still sharing so review date have been checked and updated. There are a number from 2021 whereby the lead name on the spreadsheet no longer works for the organisation etc which are being diverted to other members of their department. No progress has been made in providing oversight of higher risk agreements at this time</p>
B08	There is a log or record of all data sharing agreements	<p>B08. The Health Board does not have a single centralised log for all its information sharing agreements.</p> <p>This may make it more difficult for those staff involved in sharing personal data to determine whether a specific sharing activity is covered by an existing valid agreement.</p> <p>As a result, there is an increased likelihood of routine data sharing taking place outside of a valid agreement, or the potential for a duplicate agreement to be created for the same sharing activity.</p>	<p>B08. The Health Board should ensure that it has a single centralised log to record details of its information sharing agreements, including the nature of each sharing activity and the partners to the specific agreement, and that this log is accurate, up to date and complete.</p> <p>Additionally, the Health Board should implement measures for the log to be reviewed at appropriate intervals so that any changes, including updates to reflect any new, lapsed or expired agreements, can be actioned in a timely manner.</p>	Medium	Partially accept	<p>The IG Team has a central log for information sharing agreements. This includes DDA, ISPs, ISAs etc. However additional columns have been added into ensure copies of approvals are retained alongside review dates. This is presented routinely as a standard agenda item at IGG.</p>	Mar-22	Data Protection Officer	<p>Completed and centralised register previously provided to Auditors.</p>	<p><b>B08 (medium):</b> At the time of the ICO audit in February 2022, we observed that there were several separate repositories for data sharing agreements within the IG file directory. Whilst commentary says that the IG team has a central log for information sharing agreements with additional fields, we require further detail around any measures that have been taken to review and 'weed out' older lapsed or expired agreements that may be held outside of the central log.</p>	We have commenced a review of the existing data sharing agreements where no review date was initially documented	<p>As above, the audit of all sharing agreements is intended to weed out those that have expired and ensure those that are ongoing contain accurate up to date information</p>
B09	There are controls in place to ensure that the data shared is not retained for longer than necessary by all parties, including any data processors.	<p>B09. Specific retention periods and disposal arrangements for shared personal data are not included in all information sharing agreements and data processor contracts.</p> <p>Additionally, the Health Board does not have adequate processes or controls in place to check that any stated retention periods and disposal arrangements are being adhered to by its sharing partners and processors.</p> <p>There is an increased likelihood of a personal data breach where shared personal data is being retained by sharing partners and processors for longer than has been agreed, or is not being disposed of in line with specified arrangements.</p>	<p>B09. The Health Board should ensure that all existing and new information sharing agreements and data processor contracts contain specific retention periods and disposal arrangements for any personal data shared between parties.</p> <p>The organisation should also ensure that there is an appropriate mechanism in place to provide assurance that shared data has been deleted, destroyed or returned once the purpose for sharing data is completed or relevant retention periods have been reached.</p>	High	Accept	<p>Retention periods are included within standard templates and the DPIA template however we accept we do not undertake routine checks. We have had to adopt a risk based approach to this and the issue of resource is being addressed at an Executive level. Retention would be the responsibility of all parties based on the types of data that this involved.</p> <p>All parties are responsible for considering their own data retention and handling of any data entrusted to them, i.e. Data Controller, Processor or Third Party (normally under the Data Processors own arrangements) that they would be responsible for any issue or process relating to the data with their own internal controls and if the data was of a common theme (i.e. recruitment, commercial or other data category, that they would apply their own retention and destruction policy to remove data no longer required or of no further legitimate business need from their systems.</p>	Jun-22	Director of Digital	<p>Mitigation of this risk is as indicated in March 2022.</p>	<p><b>Not started - B09 (high):</b> The Health Board says that retention periods are included within standard templates but that it does not undertake routine checks around the retention of shared data by its sharing partners and data processors due to resourcing issues. Data processors in particular should not be expected to apply their own retention periods where they are processing data under instruction from the Health Board. Our guidance on end-of-contract provisions provides further information about this. Specific retention periods/disposal arrangements should be stated within each data processor contract and we have recommended that the Health Board should implement measures to ensure they are being adhered to in practice. These could include obtaining a certificate of destruction/return of shared data at the end of the contracted period. As above we would expect that as soon as resourcing levels permit, the Health Board should implement a process to ensure that shared data is not retained by sharing partners and data processors for longer than is necessary.</p>	IG administrator will commence this work, in December 2022	No progress

B10	There are appropriate levels of access control in place on all systems which process shared data	<p>B10. The Health Board does not routinely obtain documented access control policies and evidence of formal implementation of those policies by its sharing partners.</p> <p>Additionally, the Health Board does not regularly review access control measures over the organisation's systems that are accessed by its sharing partners.</p> <p>If effective and up to date access controls with sharing partners are not in place, there is a risk that personal data may be accessed inappropriately which may breach UK GDPR Articles 5(1)(f), 5(2) and 32.</p>	<p>B10. The Health Board should ensure that it has robust and effective access control review and monitoring measures in place to provide assurance that only nominated points of contact within its sharing partners can access shared data. This includes personal data that is shared by giving partners' staff access to the Health Board's systems.</p>	High	Accept	<p>Retention periods are included within standard templates and the DPIA template however we accept we do not undertake routine checks. We have had to adopt a risk based approach to this and the issue of resource is being addressed at an Executive level.</p> <p>All parties are responsible for their own data handling/confidentiality/access/use arrangements and that as a procuring organisation, we wouldn't be vicariously liable for another company, contracted under an NWSPP contract if they have a data breach but they would in fact, have their own IG arrangements in place and should routinely report any breaches.</p> <p>In relation to system access, detailed information access and audit responsibilities should be written into a DPIA. One of the recommendations dependant on the service is to ensure that a specific list of personnel are responsible for any</p>	Risk based approach Nov 2022	Director of Digital	<p>The Health Board has adopted the NIST framework, we have agreed a cyber and protection improvement plan which places a priority on secure use of administration privileges, secure configuration (include access configuration), monitoring of audit logs and vulnerability management - this is focussed on our top 20 critical systems and will be a rolling programme. In regards system access the Health Board has recently made funding available for 2 additional asset management posts to strengthen access control. This has involved a significant review of authorised users. A process is in place that enables active and ongoing management led by the Head of End User Computing.</p>	<p><b>B10</b> (high): Commentary and evidence presented outlines the measures that the Health Board has taken to strengthen detective access controls on its own systems that can be accessed by sharing partners. However, we require evidence to show that the Health Board has measures in place to provide assurance that its sharing partners have implemented robust access controls where access to shared data cannot be directly monitored by the Health Board e.g. where personal data is shared outside of a shared system or platform.</p>	No progress	NHS code of connection exists.
B11	There are effective incident management procedures in place with all sharing partners	<p>B11. The Health Board does not routinely seek documented incident management procedures from its sharing partners or assurances that formal incident management procedures have been implemented by them.</p> <p>Additionally, the sharing agreements to which the Health Board is a party do not contain defined incident reporting deadlines in every case.</p> <p>If effective incident management procedures are not in place and documented in sharing agreements, there is an increased risk that the outcome of an incident may be worse for individuals affected and breaches may not be reported to the ICO within the required 72 hours.</p> <p>This may result in a breach of UK GDPR Articles 5(1)(f), 5(2), 32, 33 and 34.</p>	<p>B11. The Health Board should satisfy itself 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 Health Board.</p> <p>This will enable the organisation to assess the likely risks to individuals' rights and freedoms that result from the breach, and allow the statutory reporting of certain breaches to the ICO within the required 72 hours.</p>	High	Accept	<p>Whilst the data sharing agreements include a standard clause that all parties are expected to have an assurance framework and appropriate policies in place, the HB does not routinely seek assurance that this has been implemented.</p>	Nov-22	Director of Digital	<p>The Welsh Control Standard for Electronic Health and Care Records which articulates the overarching requirements for assuring data controllers that their partners in care provision across NHS Wales are compliant with data protection legislation has been recently updated.</p>	<p><b>Not started - B11</b> (high): We require evidence to show that in addition to clauses or terms contained in sharing agreements, the Health Board is seeking separate assurances that its sharing partners (both within and outside the Welsh Control standard) have implemented effective incident management procedures including defined incident reporting deadlines.</p>	No progress	NO progress - the UHB is carrying a known risk in regards to supply chain management - Addressing this will require additional manpower.
B12	Procedures are in place for responding to ad hoc 3rd party requests for personal data	<p>B12. The Health Board does not have a single documented procedure for responding to ad hoc third party requests for personal data that covers all teams that handle such requests.</p> <p>Currently, different departments have their own localised procedures, which are not sufficiently detailed or regularly reviewed in all cases, meaning that ad hoc third party requests are not being handled in a consistent manner.</p> <p>As a result, the Health Board may not have sufficient oversight of how the organisation handles these requests and the lack of consistency may increase the risk that personal information may be disclosed inappropriately.</p>	<p>B12. The Health Board should ensure that all teams that handle ad hoc third party requests for information are doing so in a consistent manner, and that any documented procedures are sufficiently detailed, reviewed at appropriate intervals and communicated to all relevant staff.</p>	High	Accept	<p>The subject access procedure is under review and we are looking to add a process for ad hoc personal data requests and third party data requests. This will include working with Health Records and other departments to ensure a consistent approach</p>	Jun-22	Director of Digital	<p>Completed - Personal Data Request Procedure approved in July 2022.</p>	<p><b>B12</b> (high): We are satisfied that there is now a single documented procedure in place for responding to ad hoc third-party requests for personal information but require additional information to show how the Health Board is ensuring that all relevant staff are aware of the new procedure and that this is being followed in practice.</p>	We can not provide this evidence	We can not provide this evidence
B13	Records are kept of responses, approval, and quality assurance against legislative requirements for 3rd party requests for personal data	<p>B13. The Medical Records department stores documentation relating to each ad hoc third party request, including a copy of any response, as a hard copy in lever arch files stored on shelves.</p> <p>The team at the Royal Glamorgan Hospital also records ad hoc police requests for personal data in a handwritten book held in the office.</p> <p>There is a lack of consistency in how relevant departments within the Health Board maintain records of responses, approval and quality assurance against legislative requirements for ad hoc third party disclosures, and a risk that the organisation does not have sufficient oversight of how individual disclosure requests are being handled.</p> <p>This may make it more difficult for the Health Board to meet its obligations under UK GPDR Article 5(2).</p>	<p>B13. The Health Board should ensure there are consistent and appropriate mechanisms in place for tracking and monitoring ad hoc third party disclosure requests, including keeping records of responses, approval and quality assurance against legislative requirements.</p> <p>Such mechanisms should also provide sufficient oversight to enable the Health Board to regularly assess the quality of how disclosure requests are being handled across all relevant departments for audit, monitoring and investigative purposes.</p>	High	Accept	<p>As above (B12)</p>	Jun-22	Director of Digital	<p>Complete - Personal Data Procedure Approved in July 2022.</p>	<p><b>B13</b> (high): We require evidence to show what mechanisms are now in place to track and monitor ad hoc third-party requests for personal data, including keeping records of responses, approvals and quality assurance against legislative requirements, and how these mechanisms are being used to provide sufficient senior oversight about the quality of how such requests are being collectively handled across the Health Board.</p>		Significant step backwards following loss of the team and organisational change
B14	There are active operational controls and processes in place to ensure that data shared in bulk is in accordance with data protection legislation.	<p>B14. There is no documented process or procedure in place that covers bulk transfers of personal data.</p> <p>Without a documented process or procedure, bulk transfers of personal data may be done without sufficient scrutiny or approval, leading to an increased risk of a personal data breach or incomplete/inaccurate personal data being shared.</p>	<p>B14. The Health Board should ensure that there is a sufficiently detailed policy or procedure in place to cover bulk transfers of personal data so that all staff involved in such transfers are aware of the authorisation processes required prior to releasing any data or making adjustments to existing data sets.</p>	Medium	Accept	<p>The HB will look to implement a policy / procedure to include bulk transfers of personal data. The All Wales File Sharing Protocol is stipulated as standard on all new data flows where secure APIs are not in place.</p>	Sep-22	Director of Digital	<p>The use of Welsh file sharing protocol remains a stipulation and is used by the corporate team where secure APIs do not exist. Mail Marshall has put in place automated controls to filter out any transfer of PII via email. DHCW on behalf of NHS Wales are looking at something similar for data leakage prevention via MS 365. The Health Board is looking at options for automating the identification and management of PII flows through our firewalls. DPIAs are being put in place and adhered to for the bulk transfer of medical records (e.g. to our scanning partner).</p>	<p><b>Not started - B14</b> (medium): We require commentary to specifically address the recommendation that there should be a sufficiently detailed policy or procedure in place to cover bulk transfers of personal data.</p>	No progress	To be addressed via national review of policies led by IGMAG.



ICO Data Protection Audit - Action Plan

#REF1

Controller	Cwm Taf Morgannwg University Health Board
Report Date	Feb-22

Audit Action Plan						Audit Action Plan Update				
Ref	Control measure	Non-conformity	Recommendation	Priority	Accept / Partially Accept / Reject	Agreed Action	Update at 6 months (August)	ICO Officer's feedback - August 2022	December Update	February 2023 update
A01	There is a management framework, including a delegated process of accountability and responsibility from the Board down, to support the information governance management agendas.	A01. The role of the Senior Information Risk Officer (SIRO) does not currently sit with a post which is at Board level within the Health Board. There may be a risk of inadequate accountability regarding risks if the ultimate risk owner is not at Board level.	A01. The Health Board should consider returning the role of SIRO to a post which sits on the Board to ensure information risk oversight at the highest level.	Medium	Accept	The points raised by the auditors was considered. The SIRO assurance is discharged via the Digital and Data Committee, a sub committee of the main Board.  We will review best practice for SIRO provision across NHS Wales	As a result of key personnel leaving the organisation the Director of Digital (Executive Level Position who attends Board Meetings) will take on the role of SIRO with effect from the 1st September 2022.		Complete	
A02	There is a Data Protection Officer in place with designated responsibility for data protection compliance.	A02 a. The Data Protection Officer (DPO) is also Head of Information Governance for the Health Board. Information governance is a small team within the Health Board, and there is a risk that the time which the Head of Information Governance is obliged to give to that role means that they do not have sufficient time resource to fulfil the role of DPO.  A02 b. Although the Job Description for the Head of Information Governance states that the post holder will act as DPO for the Health Board, there is no description of the responsibilities of the DPO.	A02 a. The Board should consider whether the information governance function within the Health Board is adequately resourced in order to ensure that the DPO has the time to carry out their function.  A02 b. To ensure that role of the DPO is understood and documented within the Health Board, there should be a clear description of the requirements and responsibilities of the role as outlined in the UK GDPR.	High	Accept	a)- Failure to deliver a robust and sustainable Information Governance Function is a risk on the Organisational Risk Register. The control measures and risk prioritisation exercise undertaken by the IG Team is captured and detailed in this risk assessment. Alternative ways of working have been explored with no sustainable solution identified. The fundamental risk treatment option to manage this risk, given the significant increase in activity in this area is an increase in resource. In this regard, an increase in resource has been included in the IMTP for 2022/2023 The issue of resource has been raised at an Executive Board level and continues to be considered.  The training needs analysis (ref A10) will enable opportunities to identify IG Champions to support broader knowledge and resources for the function.  A02 b) The Head of IG's JD has been amended to reflect the points raised and now clearly define the responsibilities and requirements.	A02.a) The Health Board has increased the risk on its Organisational Risk Register from a 16 to a 20 (Datix Risk ID 4699 - Failure to deliver a robust and sustainable Information Governance Function) to recognise that the fragility of the function has been further exacerbated by the departure of the Head of Information Governance at the end of July 2022 and the imminent Departure of the Information Governance Officer. This was reported to the Digital & Data Committee and Board. Recruitment to the Head of IG was unsuccessful and the Director of Digital having tested the market is reviewing the position further to commencing a further recruitment exercise. In alignment with the SIRO changes articulated in A01, the Chief Information Officer will hold the position of Data Protection Officer and will receive training within the next 2 months.  A02.b) COMPLETE - The updated Job Description was used in the recent recruitment to the Head of Information Governance.	A02.a (high): Following recent and anticipated resignations by key IG team members, the Health Board should ensure that the issue over IG team resourcing is addressed as soon as possible and that any interim arrangements allow the Health Board to deliver a robust IG function in the near term.	Acting Head of IG in place, band 6 IG officer appointed and will commence in post around 1st Jan 23. JD not updated	Resource not improved. JD for CIO to include Data Protection Officer role not updated as Executive wish to proceed with further organisational change. Intention is for new post to take on Information, IG and Cyber and that they will fulfil DPO role.
A03	The DPO role has operational independence and appropriate reporting mechanisms are in place to senior management	A03. There is no written explanation as to how the DPO will have operational independence and an appropriate reporting pathway to senior management. This could lead to non conformance with UKGDPR Articles 37, 38, and 39.	A03. To ensure that role of the DPO is understood and documented within the Health Board, there should be a clear description of how the DPO will have operational independence and appropriate reporting mechanisms to senior management.	Medium	Accept	The Head of IG JD has been amended to reflect the clear operational independence and reporting pathway to Senior Management.	COMPLETE - The updated Job Description was used in the recent recruitment to the Head of Information Governance. Following the unsuccessful attempt to recruit to a Head of IG- the JD of the CIO will be amended to incorporate DPO and the wording adopted to reflect the clear operation independence and reporting pathway.	A03 (medium): Before we can assess this recommendation as 'completed', we require confirmation that the JD for the CIO has been updated and approved to include a clear description of how their role as DPO will have operational independence and appropriate reporting mechanisms to senior management.	No progress	JD for CIO to include Data Protection Officer role not updated as Executive wish to proceed with further organisational change. Intention is for new post to take on Information, IG and Cyber and that they will fulfil DPO role.
A04	Operational roles and responsibilities have been assigned to support the day to day management of all aspects of information governance	A04. Information provided to auditors shows some discrepancies and errors in relation to operational roles and responsibilities for data protection, as follows:  The Records Management Policy states that the Medical Records Manager is responsible for Health Records, while the Records Management Procedure states the Head of Digital Records is responsible for the overall management of the Health Records service within the Health Board.  The 'General Requirements' section of various job descriptions is out of date as it refers to the Data Protection Act 1998.  The Subject Access Request (SAR) procedure states that various directorates process requests centrally in teams, but staff in the integrated Locality Groups indicated that they also provide responses to subject access requests, in addition to providing complainants with medical records in relation to their complaints.	A04. The Health Board should ensure that responsibilities for the day to day management of information governance are clearly and accurately stated in documentation and reflected in practice to ensure that these responsibilities are carried out effectively and without breach of legislation.	Medium	Accept	Board level responsibilities are clearly set out in Executive Portfolios.  Job descriptions updated to clearly articulate leadership roles and responsibilities for; Director of Digital, SIRO, Caldicott Guardian and DPO.  The Terms of Reference for the Health Board's Information Group is to develop and implement a framework for Information Governance across the organisation and to reinforce a strong ethos of Information Governance. The reports received at the meeting reflect the practice within the organisation.  Job Descriptions for the Information Governance Team clearly state their IG responsibilities and the departmental reporting structure has recently been reviewed and captured in an organogram. Training provided on IG outlines individual responsibilities of all staff in relation to IG and also covers the roles of the IG team, and sources of advice and support. The DPO will raise the issue of references to the previous legislation with the recruitment team to ensure the clauses are updated.  The Health Board has a suite of IG Policy Documents reflecting current procedures and practice.  There is a dedicated SharePoint Page for Staff on IG Activity and sources for seeking advice.	A04.a) COMPLETE  In addition to the update in column 'h' the following actions are also noted:  Records Management Policy and Procedure have been amended to ensure consistency in relation to responsibilities.  Reminders in relation to update the DPA Legislation has been shared with key roles within the Digital Directors portfolio. The latest recruitment to the Head of IG and IG Officer are up to date.  The Job Matching Panel leads have also been asked to reflect the latest legislation in terms of any JD's that are received through them that sit outside the Director of Digital's remit.  In terms of the SAR Procedure - the reference to directorates is another term for ILG's. There is no central SARS team these are managed and co-ordinated by service leads with advice from the central IG Team as required. The exception to this is corporate or workforce related SARs which are managed by the IG Team centrally. The managers of digital systems and the corporate warehouse have agreed and actioned a request to prioritise more of their time to their role as information asset owners. This has resulted in progress being made in refreshing the asset register and data flows and in ensuring that IG and cyber escalations are discussed in service meetings.	A04 (medium): Whilst we are satisfied that the commentary provided is sufficient to meet the recommendation, the evidence presented will need to be updated to show that the IG function now comes under the Digital Directorate (evidence A04.1) and reflects any staff changes in the IG team (evidence A04.2).	No progress	
A05	There are local level operational meetings where data protection, records management and information security matters are discussed.	A05. Data protection issues are not covered in depth in meetings at Integrated Locality Group level This may lead to the risk of direction from senior management not being implemented or embedded on a local level, and operational level issues not being communicated or reported to senior management in a timely fashion.	A05. The Health Board should ensure that local level operational meetings include data protection, information security and records management as standard discussion points, to improve communication in both directions between operational and senior management levels.	High	Accept	The IG Team will link in with the meetings held with Workforce Business Partners and Learning & Development to raise IG awareness around compliance and risks.  Links will be made with Operational Groups within ILGs and Central functions to discuss how they can embed as a standing agenda topic capturing IG risks and issues.	A05.a) The Health Board is currently implementing a new Operating Model and the governance arrangements in terms of the operational meeting structures that sit underneath the model are currently being mapped. This action has therefore been delayed until the new model is implemented and appropriate links within the new structure can be made.		Relationships within the wider informatics team have strengthened as has awareness of legal requirements. Increasingly this is ensuring that both IG and cyber matters are being discussed prior to implementation. Operational procedures have thus far prevented data sharing and applications being added to the network without the integrated DPIA, CSIA process being followed.	Relationships within the wider informatics team have strengthened as has awareness of legal requirements. Increasingly this is ensuring that both IG and cyber matters are being discussed prior to implementation. Operational procedures have thus far prevented data sharing and applications being added to the network without the integrated DPIA, CSIA process being followed.

A06	Where the organisation is required by Schedule 1 or Part 3 section 42 of the DPA18 to have an Appropriate Policy Document (APD) in place, the document in place is sufficient to fulfil the requirement.	A06. The Health Board does not have an Appropriate Policy Document (APD) in place in order to ensure that it has properly considered and documented its justification for processing personal data as required by Schedule 1, and / or section 42 of the DPA18.  See also Data Sharing non-conformity B04	A06. The Health Board should consider whether it is required to have an APD in place, and if so, should ensure that one is drawn up to meet the requirements of the legislation to appropriately document its justification for processing personal data.  See also Data Sharing non-conformity B04	Urgent	Accept	A Policy Document has been drafted and is on the agenda for the March 2022 meeting of the Information Governance Group. If endorsed, this will then be submitted to the Digital & Data Committee for approval.	A06.a) <b>COMPLETE</b> - the Information Governance Group approved the Appropriate Policy Document - (It was not required to be endorsed by the Digital & Data Committee). This has been published on the Information Governance SharePoint site.	<b>Completed</b>		
A07	Policies and procedures are approved by senior management and subject to routine review to ensure they remain fit-for-purpose.	A07. Some policies and procedures shown to auditors were past the date due for review, namely:  The Incident Reporting Policy was due for review in June 2016 and the Personal Data Breach management procedure was due for review March.  The document 'Contract Requirements and Planning' refers to the Data Protection Act 1998.  Documents containing outdated information or giving incorrect directions could lead to staff breaching data protection regulations.	A07. The Health Board should ensure that all policies and procedures are reviewed in line with their review date so that staff have access to correct information in order to avoid data protection breaches.	Medium	Accept	The Health Board is currently undertaking a project to review approve its process for the management of Policies and Procedures which will support more timely review and monitoring of compliance through the Strategic Leadership Group.  A policy schedule for IG related policy documents is received as a standing agenda item at the IG Group meetings.	A07.a) The Health Board is currently looking to secure additional resource through the review of the Operating Model to support the management of Policies within the Health Board.  A short project was completed so that the overall position/ status of Health Board policies was clear. The Assistant Director of Governance and Risk has provided each Executive Lead with a Policy Status Schedule and is working with colleagues to support policy review prioritisation within the Health Board.  This is a significant task and will be an ongoing action - work is underway but implementation will exceed July 2022.  The IG Group receive the IG policy schedule as a standing agenda item for monitoring and assurance.  All Wales Policies for NHS Wales Information Governance Policy, NHS Wales Information Security Policy, NHS Wales Internet Use Policy have currently been reviewed and out are out for comment with NHS Wales organisations with a deadline of the 26th August.	All Wales policies presently being reviewed, CTM are contributing to these.	All Wales policies presently being reviewed, CTM are contributing to these.	
A08	Refresher training is in place and delivered in a timely manner to all staff including temporary and agency staff etc.	A08. KPI figures show that the compliance rate for staff completing their mandatory Information Governance training is below 75%. This leads to a risk of staff breaching data protection legislation by forgetting their training, or being unaware of changes to procedure. There are additional difficulties in relation to Bank staff, and those who do not have daily access to computers for e-learning.	A08. The Health Board has a new team in Learning and Organisational Development who are putting in place new procedures to improve compliance with all mandatory training. The Health Board should ensure that these measures are implemented in a timely manner and monitor Information Governance training to ensure that the rate of compliance is raised, including among Bank staff and those who don't have regular access to e-learning.	High	Accept	An action plan for compliance improvement was endorsed by the People & Culture Committee in October 2021, since then L&D continue to support the organisation in improving compliance.  Staff Induction. Compliance will feature more prominently in a new staff induction which will begin to be phased in from June 2022. Information Governance will be central to staff successfully completing their induction. New Starter E-Learning Training. Effective Jan 2022, all new starters are invited to attend training to equip them with the skills to complete their IG compliance training. All staff are required to complete IG compliance training within 30 days of commencing employment.  Compliance Clinics. Effective December 2021, L&D now provide a range of clinics to all staff, these provide opportunity for staff to have 1:1 support in improving their IG compliance training. Reporting. Monthly reports are provided to HR staff and Line Managers on staff current compliance in IG. LM have an opportunity, via L&D, to attend additional training to run bespoke team reports to focus compliance activity in their own areas. HR Recover Plans. Heads of Workforce have dedicated recovery plans to address underperforming areas of compliance, allowing a more targeted approach to lower areas of compliance training. Communications. A dedicated area SharePoint area (effective Feb 2022) has been set up to provide staff with the key information required to complete compliance training. In addition L&D have published a Compliance Brochure to inform staff of compliance requirements, how to	A08.a) As at July 2022, Compliance for the information governance training continues to remain stable with no significant increase or decrease.  The Health Board's current compliance with the Core Skills Training Framework is 72.19% which remains under the compliance rate of 85%. Virtual monthly training sessions continue to be offered. In addition to this, an email has been sent from the Head of IG targeting all staff that are currently showing as non-compliant on the ESR dashboard (in excess of 3000 staff). It is hoped that this will improve compliance.  It should be noted that the delivery of training outside what is available through ESR will be significantly impacted by the departure of the Head of IG and IG Officer until these roles are successfully filled.  An amendment to UHB procedures is under consideration which would require staff to have their IG training up to date in order for their active directory account (which provides access to the vast majority of the digital estate) to remain open. Some service continuity issues which will affect patient outcomes have been identified and options are being explored. Induction training in data protection for new clinicians has been arranged for the 8th September. Cyber awareness material has been produced in partnership with the police, with quarterly sessions due to run from September.	<b>In Progress - Not completed: A08 (high):</b> Commentary indicates that additional measures have been introduced to improve refresher training compliance. However, the evidence provided suggests that these measures have not yet led to a noticeable improvement in compliance rates which continue to sit below the Health Board's target of 85%. Before agreeing that this has been completed, we would require evidence to show the impact of the new measures is leading to a noticeable and ongoing improvement in training compliance rates. This evidence can be provided at the December interim follow up, or if compliance rates are still low then at the final follow up in March 2023.	No progress	Compliance at 74%
A09	There is provision of more specific DP training for specialised roles (such as the DPO, SIRO, IAOs) or particular functions e.g. records management teams, SAR teams, information security teams etc.	A09. Not all staff with specialised roles in data protection have received recent appropriate training. This gives a risk of breaches caused by lack of specialist knowledge. The Health Board may also not have a full picture of which staff are dealing with data protection concerns such as SARs (see non-conformity A04 above).  See also Data Sharing non-conformity B02	A09. The Health Board should ensure that staff who require specialist information governance training are identified by means of a training needs analysis and given appropriate training to enable them to carry out their roles. They should receive such training in a timely manner when restrictions due to the pandemic permit.  See also Data Sharing recommendation B02	High	Accept	The HB will benchmark with other organisations to look to develop a training needs analysis that will support a greater understanding at a level of training within the organisation. This action will require close liaison with the L&D Dept. as to how this could be implemented  In the meantime the HB will continue to offer monthly IG training and respond to individual requests for more specialist training as required	A09.a) Chief Information Officer and CSIO have attended the full week of NIST Cyber Security Professional (NCSIP) training in June 2022 and there is an intention to complete further specialised training in the Autumn period for relevant people in cyber incident management, DPO, SIRO, IAO. All staff in the digital team have completed their mandatory IG training and are in the process of completing their cyber awareness training.  Bespoke training for Subject Access training has now been rolled out to Claims / Concerns and mental health teams. Future sessions available as required.  It should be noted that the delivery of training outside what is available through ESR will be significantly impacted by the departure of the Head of IG and IG Officer until these roles are successfully filled.	<b>A09 (high):</b> We require evidence to show that a training needs analysis has been carried out to identify those staff that require specialist IG training, and that this training is being delivered to relevant individuals.	SIRO has attended refresher training in November 2022. No training needs analysis undertaken	No progress
A10	The organisation actively monitors or audits its own compliance with the requirements set out in its data protection policies and procedures.	A10. Restrictions due to the pandemic and resources in the information governance department have impacted on the ability of the Health Board to undertake visits to monitor compliance with data protection policies and procedures. This gives rise to a risk of non-compliance with data protection legislation not being corrected.	A10. The Health Board should look at means to monitor data protection requirements in its various localities and departments. This could be by information governance champions (see Observation A02 above), or through self-assessment checklists.	Medium	Partially accept	The HB will explore the introduction of IG champions, learning from others across NHS Wales where this model has been established. Recommendations will then be considered by the IGG Group.  The HB undertakes the IG Toolkit assessment on an annual basis and this includes Health Records / Security / Data Sharing / Training etc and has this year undertaken the Assessments against the NIS-D Cyber Assessment Framework, the Cyber Essentials plus requirements, the NCSB Board toolkit and ISO27001.	A10.a) Information Governance Champions were discussed at the July Information Governance Group and Digital & Data Committee and will be considered as part of the review of the new Operating Model to ensure roles are identified as appropriate within new structures.  In line with the 2021/22 Internal Audit Plan for Cwm Taf Morgannwg University Health Board Internal Audit undertook a review of the arrangements in place for the completion of the Information Governance (IG) Toolkit resulting in Substantial Assurance being received. This will be reported to the Audit & Risk Committee in August 2022.  In May 2022 after reviewing and streamlining the NIAS process from an IG perspective, the team were able to restart the monitoring of own record and commence monitoring of family record accesses on the 1 May 2022. This allows the team to identify themes and learning and target training as appropriate.  An updated cyber improvement plan which incorporates data protection has been agreed with the WG Cyber Resilience Unit. This adopts the NIST framework and on an asset by asset and system by system level prioritised by criticality seeks to get the UHB to a far better degree of cyber and protection resilience, using the CIS controls as the basis. In addition we have strengthened our automated controls using Lansweeper to monitor servers, switches and firewalls and solarwinds and Avast & TrackIT for endpoints and are enforcing the automated patching of assets using Solarwinds, Avanti & SCCM. Further use of automated controls to protect data leakage over and above MailMarshal for email are being taken forward for the MS 365 suite on a national level and within UHB we are looking to determine what we can do	<b>A10 (medium):</b> We require further information about how the Health Board is monitoring compliance with DP policies and procedures across each locality and department rather than just at an organisational level through the completion of the annual IG Toolkit assessment.	No progress - organisation working through the high priority actions, which predominantly affect the whole organisation due largely to the design of the NHS Wales data and infrastructure architecture	No progress

A11	There are data protection Key Performance Indicators (KPI) in place	A11. Key Performance Indicators (KPIs) relating to records management are not reported to the Information Governance Group (IGG). The IGG may therefore not have the oversight to assess where possible data protection breaches may occur.	A11. KPIs relating to records management should be reported to the IGG regularly to ensure that the group has full oversight of compliance with data protection requirements.	Medium	Accept	KPIs are a standard agenda item Health Records has now been added as a standard agenda item from March 2022. This routine report will include incidents, risks and case note availability. Ongoing, these indicators will be reviewed routinely to ensure they remain fit for purpose.	A11.a) <b>Complete</b> - a Medical Records Report is now received as standard at the Information Governance Group.	Completed		
A12	Performance to IG KPIs is reported and reviewed regularly.	A12. See above	A12. See above	Medium		See above	A12a - <b>Complete</b> . KPIs is a standing agenda item on the IG Group.	Completed		
A13	There are written contracts in place with every processor acting on behalf of the organisation which set out the details of the processing	A13. Without undertaking a full data mapping exercise, the Health Board cannot be sure that all data processors acting on behalf of the Board have an adequate written contract in place. See also non-conformity A15 below.	A13. In order to ensure that all data processors are bound by an adequate contract, the Health Board should ensure that measure are taken to track and record all data flows.	High	Accept - partially	Due to the limited resource within the IG Team, we accept that we are not in a position to retrospectively review agreements in place where we are the Lead party. Whilst the WASPI central team issue quarterly reports we accept that this is a risk. This is on the risk register. The information sharing register is presented at every IGG for information which includes all CG approvals.  We will continue to ensure that all new processor agreements accurately record the intended data flows & that these are established before any systems are implemented. In conjunction with the requirement to update and improve the asset register, which incorporates medical device discovery, undertake a process for identifying existing processor arrangements & where these lack adequate contractual arrangements and records of flows take actions for these to be established.  We will explore the ability to use Cyber and firewall monitoring software to identify the outbound flow of data – which will inform discovery.  We will continue to contribute to the all Wales (NHS) approach to documenting the flow of data from within national systems We will undertake an audit , leading to an update of the integrated asset register, business continuity and disaster recovery entries.	The majority of the sharing of the patient record for direct care purposes is covered by the NHS Wales control document. A copy of which is provided. The Health Board is reviewing the DPIAs that were undertaken nationally and has completed the mapping of data from the warehouse (our central returns which account for a sizeable proportion of our flows).	<a href="#">Not started - A13 (high): Evidence provided focuses on the Welsh Control Standard which covers controller to controller data sharing. We require evidence to show what measures have been introduced to track and record all data flows, and as a result how the Health Board has assurance that all data processors are bound by an appropriate contract. We have How do we document our processing activities? guidance on our website that the Health Board may find helpful.</a>	Focus has remained on areas where new or upgraded data sharing and clinical applications are being put in place. Band 3 is working through the legacy issues.	DHCW have provided updated documentation on data sharing for systems they manage on behalf of NHS Wales. No progress on working through the legacy processor agreements
A14	The organisation takes accountability for ensuring all processors comply with the terms of the written contract(s)	A14. As not all contracts are subject to regular reviews, the Health Board may not have sufficient assurances as to whether processors continue to comply with terms and conditions, which could result in breaches of the legislation.	A14. The Health Board should ensure measure are in place to ensure that all data processors continue to abide by the terms of contracts.	Medium	Accept	The procurement process is being reviewed at an all Wales basis, given the increasing use of cloud. The UHB will ensure that the requirements of the DPA legislation are incorporated within the new process.	Third party and supply chain management is recognised as an area for improvement for the Health Board and the wider NHS in Wales. A schedule of improvements applying the NIST framework has been adopted which incorporates in stage 3 supply chain management.	Not started	No progress	No progress
A15	The organisation has a process to ensure all processing activities are documented accurately and effectively	A15. The Health Board does not have a clear process for ensuring all processing activities are documented accurately and effectively. This means that further activities such as development of a Record of Processing Activities, Information Asset Registers, and risk assessments may be based on inaccurate or incomplete information.	A15. While it is understood that the pandemic will have an impact on the gathering of information regarding processing activities, the Health Board should ensure that measures are put in place to find out what personal data it holds. These should include information audits or data mapping exercises, as well as staff surveys and questionnaires.	High	Accept	In addition to the actions identified in A13, a questionnaire will be issued to all staff asking them to identify what personal data they use and store, where it is stored and whether it is shared.	A large number of our clinical systems and assets managed by the central digital team have now been added to the asset register and the organisation is starting to draw together the information asset register, service catalogue, disaster recovery, business continuity and other useful information into one location on a SharePoint site. This is an agreed and prioritised objective for the digital team and all technical heads are actively contributing. In respect of assets out with the corporate teams' direct management we are presently well into our migration of data of personal folders into the cloud. As part of this exercise all members have been asked to cleanse the data they hold. A second outcome has been that additional assets have been identified, which has led to consideration as to how best to manage this data - for protection and clinical use. The Health Board is combining the asset register with the digital programme catalogue and DC/BB arrangements to create a comprehensive		Focus predominantly driven through enhancement of the product catalogue for the cyber improvement plan and the critical assets	IG officer leading review of the ROPA, but only commenced end of February 2023
A16	There is an internal record of all processing activities undertaken by the organisation	A16. The Health Board does not have an internal Record of Processing Activities (ROPA), so there is a risk that it does not have full knowledge of all processing activities and may be in breach of UKGDPR Article 30	A16. The Health Board should ensure that that there is in place a formal, documented, and comprehensive record of processing activities, which brings together the various documents where processing is already recorded, and which is based on a data mapping exercise.	High	Reject	The HB does hold a register for sharing activities by way of a database, and a Information Asset register on SharePoint. In addition to this. The 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.	Completed and previously shared.	<a href="#">Not started - A16 (high) and A17 (high): We require evidence to show that the Health Board has a formal, documented and comprehensive record of processing activities (ROPA) in place that meets UK GDPR Article 30 requirements. The Health Board may find it helpful to review the ICO's ROPA guidance, when implementing these two recommendations.</a>	No change	IG officer leading review of the ROPA, but only commenced end of February 2023
A17	The information documented within the internal record of all processing activities is in line with the requirements set out in Article 30 of the UKGDPR	A17. As there is no ROPA, the information documented by the Health Board in relation to its processing activities may not be in line with the requirements set out in UK GDPR Article 30	A17. The Health Board should ensure that its ROPA contains all information required by the legislation in relation to its data processing activities.	High	Partially accept	The IAR contains the legal basis for which a system processes data. The supplementary agreements required will also contain the legal basis / method / duration etc however these are two separate registers as opposed to one central one.	Completed and previously shared.	<a href="#">Not started - A16 (high) and A17 (high): We require evidence to show that the Health Board has a formal, documented and comprehensive record of processing activities (ROPA) in place that meets UK GDPR Article 30 requirements. The Health Board may find it helpful to review the ICO's ROPA guidance, when implementing these two recommendations.</a>	No change	IG officer leading review of the ROPA, but only commenced end of February 2023
A18	The organisations privacy information or notice includes all the information as required under Articles 13 & 14 of the UKGDPR.	A18. Some of the fair processing information provided does not contain much detail as follows:  The Privacy Notice on the Health Board's website does not give any information as to the type of data which is collected by the Health Board.  The Privacy Notice on the Health Board's website does not provide any information about the retention periods used by the Health Board, and although the Your Information and your Rights leaflet is linked to, that in turn provides very little detail about retention periods.  The Privacy Notice on the Health Board's website does not provide any detail about the rights of the data subject. While this is contained in the attached leaflets, site users may not see the links to the leaflets at the bottom of the page.  See also Data Sharing non-conformity B03	A18. In order to ensure that the privacy information is in line with the requirements of the legislation, the Health Board should provide all the elements required by data protection legislation. This includes the purposes of the data, the rights of the data subject and retention periods. To prevent privacy information from becoming too long, the initial page could provide brief headings with links to other and more detailed sections.  See also Data Sharing recommendation B03	High	Accept	The HB has a privacy notice in place and it is available via the website and intranet. We will undertake a review of the notices to ensure they are clear. We have added the retention schedule on to the section where the privacy notice is.	Completed. Notices have been reviewed and published on the Health Boards Website.	<b>A18 (high):</b> The Health Board's website privacy notice has been updated to include more detail on the rights of the data subject. However, from the evidence provided, the Health Board has not implemented all aspects of the recommendation and we note the privacy notice still has insufficient information about the types of personal data collected and the purposes for processing, and there is very limited information about retention periods.	Updated privacy notice drafted and being prepared for release (formatting/translating etc)	Complete

A19	Privacy information is concise, transparent, intelligible and uses clear and plain language	A19 a. The Privacy information provided by the Health Board does not state whether it is available in other languages for those whose first language is not English or Welsh.  A19 b. Privacy information provided by the Health Board is a combination of a privacy notice on the external website, and leaflets to which the website links for additional information. This means that data subjects have to look at several documents to find the all information provided and may miss relevant information. As well as this, some of the information provided on the website privacy notice relates to information collected by the website itself rather than the collection of information for the day to day work of the Health Board.	A19 a. To ensure that all data subjects can understand the information presented to them, the Health Board should consider providing an option for privacy information to be provided in languages other than English and Welsh.  A19 b. The Health Board should revise the way privacy information is presented on its website to ensure that it is clear for users to follow and find the required information.	Medium	Partially accept	The issue regarding other languages will be raised with the Equality Team. Where there is a specific request, we currently translate as required but will consider what we can routinely make available.  As explained, the website has recently been amended and the changes were not discussed with IG. This is being picked up with the comms team to ensure our privacy data is reverted back to its own section, clear to find and is in one notice as opposed to the tabs they are currently under.	A19.a) Where there is a specific request, we currently translate as required but will consider what we can routinely make available.  A19a) Complete. Notices have been reviewed and uploaded to the website including children's privacy notice.	<b>Not started - A19 (medium):</b> a. We require written assurance to confirm what additional action the Health Board has taken to make privacy information routinely available in languages other than Welsh and English; b. We require commentary to explain what changes the Health Board has made to its website privacy information to ensure that it is presented in a way that is clear for users to follow and find the required information. Additionally, the action plan says that the children's privacy notice has been reviewed and uploaded to the website but upon review by the ICO the children's privacy notice states that it was last reviewed in January 2020.	No progress	Not intending to progress
A20	Existing policies, processes and procedures include references to DPIA requirements	A20. Relevant policies such the 'Contracts Requirements and Planning' and 'Reviewing Project Requests Information & Computer Technology (ICT) Process' do not contain references for the requirement for a DPIA.	A20. The Health Board should review policies relating to processes which may require a DPIA in order to ensure that the need for DPIAs have been built into the basic governance framework of the organisation.	Low	Partially accept	There is Policy on Policies within the HB and the IG policy schedule is a standard item of the IGG. All policies / procedures in place are available on SharePoint. The DPIA process has been built into the Project Board and a recent message has been sent out to all staff regarding DPIAs. We are considering adding the DPIA form into the overarching Policy on policies.	A20a) the Assistant Director of Governance and Risk will link in with the incoming Head of IG to update the 'Policy on Policies' to reflect the need for policy authors to consider the requirement for a DPIA where applicable.	<b>Not started - A20 (low):</b> We assess this recommendation as 'not started' as the commentary indicates that the incoming Head of IG will be jointly tasked to review relevant policies, and the role has not yet been recruited to.	Operational requirement which is being baked in to custom and practice	Policy on policies not yet updated
A21	The organisation acts on the outputs of a DPIA to effectively mitigate or manage any risks identified.	A21. The DPIA procedure does not refer to a requirement to review the DPIA regularly or when the nature, scope, context or purposes of the processing changes, which means that any new risks may not be mitigated.	A21. The DPIA procedure should include reference to the requirement to review a DPIA regularly or when the nature, scope, context or purposes of the processing changes.	Medium	Accept	Our DPIA policy includes a review date however we have strengthened the wording within the template regarding the requirements.	A21a) The DPIA document included a review date however it has since been strengthened to ensure that the narrative accurately reflects the requirements to review.	<b>Not started - A21 (medium):</b> Whilst the DPIA template has been updated to include a reference to the requirement to review a DPIA regularly, commentary does not indicate that the DPIA procedure has been amended to address this recommendation.	No progress	No progress

Accept	Not started
Partially accept	In progress
Reject	Completed



**AGENDA ITEM**

4.4

**DIGITAL & DATA COMMITTEE**

**Information Governance Highlight Report**

<b>Date of meeting</b>	13 March 2023	
<b>FOI Status</b>	Open/Public	
<b>If closed please indicate reason</b>	Not Applicable - Public Report	
<b>Prepared by</b>	Andrew Nelson, Chief Information Officer	
<b>Presented by</b>	Andrew Nelson, Chief Information Officer	
<b>Approving Executive Sponsor</b>	Stuart Morris, Director of Digital	
<b>Report purpose</b>	FOR NOTING	
<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</b>	
FOI	Freedom of Information
SAR	Subject Access Request
ICO	Information Commissioner's Office
WHSSC	Welsh Health Specialised Services Committee
WASPI	Wales Accord on the Sharing of Personal Information

## **1. SITUATION/BACKGROUND**

- 1.1 The purpose of this report is to provide an update on compliance against the key performance indicators (KPI's) set for dealing with requests for information under the Freedom of Information Act (FOIA) and Data Protection Act 2018.
- 1.2 These include timeliness in responding to FOIA and Data Subject Access information requests, compliance with mandatory training requirements and members of staff found to have breached the DPA by accessing clinical systems against NHS Wales policy.

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

- 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.
- 2.2 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.
- 2.3 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.

2.4 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.

## 2.5 Data Protection Legislation

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

2.5.2 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.

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

## 2.6 Freedom of Information Requests

The table below represents a summary of the activity relating to FOIAs for the health board in 2022. Compliance for the year was 92.5% and for Quarter 4 was 94%.

Freedom of Information CTMUHB	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of Requests	54	45	42	36	28	37	41	45	50	50	49	37
Number of Requests withdrawn	0	0	0	0	0	0	0	0	0	0	0	0
No responded within timescales	47	40	40	33	27	30	38	39	47	45	49	34
% responded within timescales	87%	88%	95%	91%	96%	81%	92%	86%	94%	90%	100%	91%
Number of exemptions applied	17	10	10	7	11	12	13	14	9	14	13	18
Actual number of questions	284	351	245	184	167	213	240	225	369	210	269	227
ICO appeals	0	0	0	0	0	0	0	0	0	0	0	0
Number of requests still outstanding (Unanswered)	5	2	0	3	0	0	0	2	0	1	0	0

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

Freedom of Information WHSSC	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of Requests	0	0	0	1	0	1	0	1	0	0	0	0
No responded within timescales				1		1		1				
% responded within timescales				100%		100%		100%				
Number of exemptions applied				0								
Actual number of questions				2		3		6				
ICO appeals				0								
Number of requests still outstanding (Unanswered)				0		0		0				

## 2.7 Subject Access Requests

The table below shows the number of Personal Data Requests for CTMUHB for the period January 20223 to February 2023. It is split into Service Groups who manage their own request process. Unfortunately owing to staffing shortages and organisational change, data is incomplete at the time of writing. It is anticipated that a more complete version will be tabled at the meeting, as the data for the area facing the greatest challenges historically is outstanding and is required to provide assurance.

Data Protection - Subject Access requests for 2022/23														
Medical Records (These inc. all 3rd party requests, i.e. police, etc.)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of requests	192	233	250	214	273	260	217	239						
Number of exemptions applied	0	0	0	0	0	0	0	0						
Number of late responses	0	0	0	0	0	0	0	0						
Mental Health	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of requests	26	37	1	29	34	33	32	35						
Number of exemptions applied	0	0	0	0	0	0	0	0						
Number of late responses	0	14	16	3		13	11	12						
Mental Health - SARs for POW Acute and Mental Health (completed under SLA with SBUHB)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of requests	63	84	72	81	77	95	94	109	104	84	100	121	114	101
Number of exemptions applied	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of late responses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CAMHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of requests	15	12	14	12	22	17	16	21						
Number of exemptions applied	1	2	0	0	0	0	1	3						
Number of late responses	1	0	0	0	0	0	1	1						
Corporate	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of requests	0	1	0	0	0	0	1	1	3	1	2	4	1	1
Number of exemptions applied	0	0	0	0	0	0	0	2	3	0	0	0	0	0
Number of late responses	0	0	0	0	0	0	0	1	1	1	0	2		
Workforce and OD	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of requests	0	2	1	1	0	1	2	2						
Number of exemptions applied	0	1	1	0	0	0	1	2						
Number of late responses	0	1	0	0	0	0	0	1						
Occupational Health	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of requests	2	0	2	2	1	1	0	0						
Number of exemptions applied	0	0	1	0	0	0	0	0						
Number of late responses	0	0	0	0	0	0	0	0						
WHSSC - SARs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of requests	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Number of exemptions applied	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of late responses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GP practices	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of requests	30	20	31	19	32	38	44	32						
Number of exemptions applied	0	0	0	0	0	0	0	0						
Number of late responses	27	17	19	4	14	9	3	32						

## 2.8 Staff Training

A key requirement of the ICO's office has been to increase our mandatory training compliance to 85%. As at the end of February 2023 compliance stood at 74.29%, with 9388 staff out of 12637 having completed their IG training in the past 24 months.

## 2.9 NIIAS Incidents

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

As identified in the table below, in 2022 we had 515 breaches identified by the NIIAS tool, whereby staff had inappropriately accessed their own record or that of a direct family member. Trend analysis would suggest that there has been little change over the course of the year, although there has been positive correlation noted between covid prevalence and NIIAS breaches.

NIIAS - Year 2022		
	Own Record	Family Record
January	42	18
February	25	18
March	31	15
April	33	18
May	27	15
June	19	12
July	19	10
August	17	13
September	39	17
October	25	21
November	28	24
December	24	15
<b>Total</b>	<b>329</b>	<b>196</b>

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

- 3.1 A risk assessment was undertaken in Spring 2022 identifying that there was insufficient resource to comply with data protection legislation and this was duly recorded on the corporate risk register. The Board's resource allocation decision to not invest in the team resulted in the departure of two of the three members of the IG team.
- 3.2 Since then circumstances have been challenging and the outlook is that they will continue to be. There is a significant reliance on contractor staff and both the SIRO and DPO are frequently having to divert hours of their time onto IG matters, without sufficient training and expertise.
- 3.3 The discipline of the Information Governance Group has been lost as resources have prevented the meeting being scheduled and papers being prepared.
- 3.4 The absence of comprehensive figures for Subject Access Requests is a matter of concern, however it is testimony to all staff involved that Freedom of Information compliance and SAR compliance in Mental Health has continued to remain high.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	Not required

<b>Legal implications / impact</b>	Yes (Include further detail below)
------------------------------------	------------------------------------



	GDPR, Data Protection, Freedom of Information Act
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Care

## 5. RECOMMENDATION

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



<b>AGENDA ITEM</b>
5.1

<b>DIGITAL &amp; DATA COMMITTEE</b>
-------------------------------------

<b>DIGITAL AND DATA ASSURANCE REPORT</b>
--

<b>Date of meeting</b>	13 March 2023
------------------------	---------------

<b>FOI Status</b>	Open/Public
-------------------	-------------

<b>If closed please indicate reason</b>	Not Applicable - Public Report
---	--------------------------------

<b>Prepared by</b>	Karen Winder Assistant Director of Informatics
--------------------	---

<b>Presented by</b>	Karen Winder Assistant Director of Informatics
---------------------	---

<b>Approving Executive Sponsor</b>	Stuart Morris Director of Digital
------------------------------------	--------------------------------------

<b>Report purpose</b>	FOR NOTING
-----------------------	------------

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
---	--	--

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.



<b>ACRONYMS</b>			
CTMUHB	Cwm Taf Morgannwg University Health Board	PCH	Prince Charles Hospital
POW	Princess of Wales	RGH	Royal Glamorgan Hospital
YCR	Ysbyty Cwm Rhondda	GFDC	Ground Floor Data Centre
UEM	Blackberry Unified EndPoint Management	MECM	Microsoft EndPoint Configuration Manager
WCP	Welsh Clinical Portal	WNCR	Welsh Nursing Care Record
WPAS	Welsh Patient Administration System	ETOC	Electronic Transfer of Care
MTED	Medicine Transcription Electronic Discharge	ADT	Admission Transfer and Discharge
LINC	Laboratory Information Network Cymru	D2RA	Discharge to Recover and Assess
WICIS	Welsh Intensive Care Information System	RISP/PACS	Radiology Information System and PACS

## 1. SITUATION/BACKGROUND

- 1.1 There is an extensive work plan within Digital and Data, well above that agreed as part of the IMTP. Presently there are 121 projects on the project portfolio catalogue and 10 National systems in the pipeline.
- 1.2 The Digital and Data team's assessment is that services and resilience are being improved, however not at a pace that users require.
- 1.3 To deliver these solutions there must be a robust digital infrastructure in place across CTMUHB. Currently the department is carrying 24 vacancies including fixed terms and temporary staff.
- 1.4 A number of these vacancies are awaiting authorisation and the Director of Digital is now actively following these up with the Scrutiny Panel.
- 1.5 To help alleviate the staffing shortage in Digital and Data, and in recognition of the high turnover rates, consideration is being given to

an over recruitment of staff and an increasing usage of contractors at premium rates is being required.

## 1.6 Financial Situation for 2022/2023

1.6.1 Capital rolling replacement allocation was £1.5m. During the financial year an additional allocation of £300k was granted, followed by a further allocation of £200k. This equates to approximately 1/3 of our requested capital allocation.

1.6.2 As vacancies and request for new positions need to go through a scrutiny approval process, there are delays in the delivery of core functions and development programmes of work. These delays have resulted in additional pressures for some the existing workforce, which can ultimately affect morale of those teams.

1.7 Despite considerable financial and staffing constraints, the department has delivered a considerable work package 2022/2023

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

2.1 Highlights of the projects and work plan delivered by Informatics 2022/2023.

SERVICE	UPDATE
Network	<ul style="list-style-type: none"> <li>• Switch replacement programme               <ul style="list-style-type: none"> <li>➤ PCH                   <ul style="list-style-type: none"> <li>➤ All switches have been upgraded to Cisco 9300 and fitted with 10 GB modules</li> <li>➤ The connections from A&amp;E, radiology, Maternity, Pharmacy and the wards have been upgraded to 10 GB back to the cores</li> </ul> </li> <li>➤ YCR                   <ul style="list-style-type: none"> <li>➤ Network upgrade is now completed apart from the two cores which required a more detailed plan</li> </ul> </li> <li>➤ RGH                   <ul style="list-style-type: none"> <li>➤ Not started as have had to redeploy switches earmarked for RGH to YCR</li> </ul> </li> </ul> </li> <li>• Switch software updates – UHB wide               <ul style="list-style-type: none"> <li>➤ 98% of the estate on firmware updates completed, the only outstanding area is A&amp;E in PCH need to agree a time to restart the switches</li> </ul> </li> <li>• Firewall replacement programme across the UHB</li> </ul>



SERVICE	UPDATE
	<ul style="list-style-type: none"> <li>➤ Both 4112 HA pairs have been installed at PCH and RGH. Work has started on the POW 4112. 35 x 1010 ASA Firewalls purchased from end of year funding to replace all EOL/EOS Cisco 5505, 5506 &amp; 5508s deployed at all smaller sites. Planning for this replacement programme to start ASAP</li> <li>• Multitone paging commissioning at all 3 sites               <ul style="list-style-type: none"> <li>➤ New paging systems live at PCH and POW. RGH still not fully live and have only deployed to rapid response</li> </ul> </li> <li>• New mobile phone contract across the CTMUHB.</li> <li>• Cabinet enclosure / plant room environment improvements               <ul style="list-style-type: none"> <li>➤ In the process of surveying the whole estate</li> </ul> </li> <li>• Public Wi-Fi overhaul – new provider with increased bandwidth and user experience               <ul style="list-style-type: none"> <li>➤ Completed at all three DGH</li> </ul> </li> <li>• Commissioning of GFDC               <ul style="list-style-type: none"> <li>➤ Completed and BT Switch room has been decommissioned. Now starting the planning and design phase for Phase III of the Ground and First Floor which will see the removal of the ITC Portacabin and the building of a replacement facility</li> </ul> </li> </ul>
Infrastructure (servers)	<ul style="list-style-type: none"> <li>• New Server clusters &amp; SAN's installed and commissioned valued at c £1.25M</li> <li>• New server cluster installed in POW giving us full hosting capacity, enabling further work on the Bridgend disaggregation</li> <li>• Server moves into the GFDC completed giving the Health Boards a better level of resilience for critical systems in PCH</li> <li>• New Citrix Windows 10 environment</li> <li>• Migration of systems from Hyper V to new VM estate</li> </ul>
Cyber & Service Management	<ul style="list-style-type: none"> <li>• Cyber update provided in committee</li> </ul>
End User Computing	<ul style="list-style-type: none"> <li>• Realignment of Desktop Support and Service Desk functions</li> <li>• Introduction of new Support Model</li> <li>• Aternity deployment to enable active monitoring of kit</li> <li>• SCCM improvements</li> <li>• Microsoft licensing – user profiling and continuous review leading to an ongoing cost avoidance of c£1m</li> <li>• Equipment replacement programme.</li> <li>• Legacy Operating system updates</li> <li>• Standardisation on Edge, migration from IE.</li> </ul>



SERVICE	UPDATE
	<ul style="list-style-type: none"> <li>• Migration to OneDrive</li> <li>• Adoption of Microsoft 365 EndPoint Manager solution and reduction/removal of Blackberry UEM including replacement/reconfiguring of over 1000 devices</li> <li>• Introduction of hardware firmware updates to improve security and stability of devices</li> <li>• New mobile telephony contract and associated rollout of hardware</li> <li>• Implementation of new conferencing facilities at Unit 2 for Board</li> </ul>
Programme and projects team	<ul style="list-style-type: none"> <li>• Deployed e Whiteboards across CTMUHB</li> <li>• Project managed WNCR implementation across CTMUHB</li> <li>• Deploying OpenEyes in a Glaucoma clinic</li> <li>• Provide assurance on 43 projects submitted through the Project Portfolio Board (PPB)</li> <li>• Project managed the infrastructure assessment at YCR</li> <li>• Project managing the deployment of WICIS</li> <li>• Project managed the digital transition of public health staff from Public Health Wales to CTMUHB</li> <li>• Project managed Phase 1 of the Canisc Replacement project</li> </ul>
Business Change	<ul style="list-style-type: none"> <li>• Recruited a Business Change Facilitator</li> <li>• Engaged with the Adult Inpatient Wards to deploy the Electronic whiteboards in POW</li> <li>• Currently running workshops with Maternity, SCBU and Paediatrics to engage and collaborate with them to get the whiteboard system working for them</li> <li>• Planning Current ways of working process map sessions with Mortuaries to develop and enhance the whiteboard system for their needs</li> <li>• Introductory sessions with Palliative Care and understanding how the whiteboard system will work for them</li> <li>• Liaising with various departments regarding T Drive migration to SharePoint Online e.g. School Nursing, Integrated Services, Speech and Language in Bridgend</li> <li>• Providing on going support for T Drive, E Whiteboards and the D2RA pathway (List View / ETOC) and ADT/MTED</li> <li>• Provided the business change expertise for the transition of POW mobile devices to CTMUHB infrastructure</li> </ul>
Digital Systems	<ul style="list-style-type: none"> <li>• Delivered ETR into radiology at PCH and RGH working with POW on next stages</li> </ul>



SERVICE	UPDATE
	<ul style="list-style-type: none"> <li>• At the request of the UHB’s Glaucoma Consultants, the OpenEyes programme was revived in January 2023 Final User Acceptance Testing has been successful, and it is anticipated that the staggered implementation of the system will go live in the middle of March. The three risks to this being:               <ul style="list-style-type: none"> <li>➢ Completion of the clinical safety review (Medium risk due to capacity and expertise constraints)</li> <li>➢ Service assurance on the productivity and business process impact. (Medium risk as there is the potential that if admin processes are not transformed on a sustainable basis, clinic throughput may reduce by 20%, based on experience in other Health Boards)</li> <li>➢ Acceptance of the Cyber Security Impact Assessment which has been completed (Low)</li> </ul> </li> <li>• WNCR               <ul style="list-style-type: none"> <li>➢ Adult WNCR rollout completed across all sites March 31st 2023</li> <li>➢ Paediatric WNCR in development</li> </ul> </li> <li>• Cardiology               <ul style="list-style-type: none"> <li>➢ Adult Cardiology system expansion undertaken</li> <li>➢ Paediatric Cardiology upgrade from Xcelera</li> </ul> </li> <li>• Local readiness undertaken for National solutions               <ul style="list-style-type: none"> <li>➢ WICIS</li> <li>➢ LINC</li> <li>➢ RISP/PACS</li> </ul> </li> <li>• A&amp;E hardware improvements to improve patient flow within the department</li> <li>• Orizon incontinence pads trial – digital enablement completed. Trial due to start this week</li> <li>• Brainomix (AI Stroke application); discussions continue for go live in RGH and PCH. POW has been passed back to the national programme (NWSSP) for contractual resolution</li> <li>• E Whiteboards               <ul style="list-style-type: none"> <li>➢ Are now live across adult acute inpatient wards in POW with positive feedback and usage</li> <li>➢ Project team have been supporting existing e Whiteboards wards across CTMUHB with utilisation of e Whiteboards and refresher training in order to support the release of the list view and ETOC functionality delivered by the patient flow teams.</li> <li>➢ Planning for next phases is now in flight which consists of designing the e Whiteboards for use in Maternity, Paediatrics, SCBU, mortuaries and palliative care</li> </ul> </li> </ul>



SERVICE	UPDATE
Software Development	<ul style="list-style-type: none"> <li>• Developed and rolled out the Schematic e whiteboard in Bridgend</li> <li>• Developed the list view of the e whiteboards D2RA – Discharge to Recover and Assess</li> <li>• Developed the Electronic Transfer of care forms</li> </ul>
Clinical Coding	<ul style="list-style-type: none"> <li>• Autocoder upgraded to improve accuracy of procedure coding and to streamline working practice of the coding team</li> </ul>
Information	<ul style="list-style-type: none"> <li>• Referral Tracker to guide the Discharge Hub's notification of ETOC/SDN completeness and help to liaise with the Las</li> <li>• QlikSense dashboard for identifying the live discharge status of patients, their delay reasons, how many are Optimised for Discharge, which D2RA pathways are they on, what are their EDDs, where are they currently etc etc.</li> <li>• Significant development of demand capacity and forecasting models being co-developed with the service to support quantitative planning for the IMTP and trajectory</li> </ul>
Business Intelligence	<ul style="list-style-type: none"> <li>• Apps released:               <ul style="list-style-type: none"> <li>➢ Radiology Live Reporting</li> <li>➢ Integrated Performance Report</li> <li>➢ Flu Dashboard</li> <li>➢ Patient Flow – to support discharge planning using the eWhiteboard data</li> <li>➢ A&amp;E Validation</li> <li>➢ A&amp;E Sitrep</li> </ul> </li> <li>• Apps under development:               <ul style="list-style-type: none"> <li>➢ WNCR</li> <li>➢ UEC – 6 Goals</li> <li>➢ Theatres Utilisation</li> <li>➢ Waiting List – redevelopment</li> <li>➢ FUNB</li> <li>➢ Anaesthetics &amp; Recovery Room Reporting Dashboard</li> <li>➢ Quality Metrics</li> <li>➢ National Maternity &amp; Perinatal Audit</li> <li>➢ Cancer – Quality Assurance Framework</li> <li>➢ Maternity – Robson Groups</li> <li>➢ Coding Errors</li> <li>➢ Codable</li> <li>➢ IP Coding</li> <li>➢ Finance – Commissioning</li> </ul> </li> </ul> <p>In addition, a Maternity Reporting Dashboard has been developed for the service to monitor their high-level</p>

SERVICE	UPDATE
	metrics. Work has begun on pulling in Neonatal metrics as well.
National Data Repository	<ul style="list-style-type: none"> <li>• FHIR SERVER           <ul style="list-style-type: none"> <li>➤ The HAPI FHIR server software has been modified to support OAuth2 authorization, simple SMART-on-FHIR scopes, and IHE ATNA compliant audit logging.</li> <li>➤ The SMART scopes currently support allowing users per resource type (e.g. Patient, Encounter, Observation etc.) access and specifying access type via SMART 2 scope (Create, Read, Update, Delete, Execute/Search) .</li> <li>➤ All actions generate event logs tying username, IP/host, and OAuth Application ID to the actions.</li> <li>➤ Work progressing well on acquiring IP clinical activity – building local extension to identify coding status</li> <li>➤ Exploring acquisition of sentinel ECG and physiology results plus scanned documents of value presently stored within the UHB’s Digital Health Record</li> </ul> </li> <li>• Json Web Token Bearer           <ul style="list-style-type: none"> <li>➤ Rather than a JSON Web Token bearer, an OAuth2 server generating plain oauth2 tokens has been created &amp; deployed.</li> <li>➤ It has global, group, and user allow/deny scopes that can be managed by an admin and these decide what SMART scopes the users get when they generate a token.</li> </ul> </li> </ul>

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

- 3.1 The current financial climate will impact the digital programme as both the capital and revenue forecast for next year is severely reduced
- 3.2 Staffing continues to be a problem with post held up by the scrutiny approval process and the restrictions imposed to advertise fixed term posts
- 3.3 Number of National projects proposed without local business cases and agreed funding
- 3.4 Drive to digital ways of working without adequate funding to be able to plan a constructive rolling replacement programme



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Age of equipment to deliver a digital solution affects both staff and patients experience
<b>Related Health and Care standard(s)</b>	Effective Care
	If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Delivery of the Digital Programme requires both capital and revenue funding which in the current financial climate is difficult
<b>Link to Strategic Goals</b>	Improving Care

#### 5. RECOMMENDATION

- 5.1 The Committee is asked to:
- 5.2 **NOTE** the projects both system and infrastructure completed this year
- 5.3 **NOTE** the lack of capital and revenue funding to sustain a digital and data programme
- 5.4 **NOTE** the increase of National systems without local business cases and therefore funding



<b>AGENDA ITEM</b>
5.2

<b>DIGITAL &amp; DATA COMMITTEE</b>
-------------------------------------

<b>BRIDGEND ALIGNMENT UPDATE</b>
----------------------------------

<b>Date of meeting</b>	13 March 2023
------------------------	---------------

<b>FOI Status</b>	Open/Public
-------------------	-------------

<b>If closed please indicate reason</b>	Choose an item.
---	-----------------

<b>Prepared by</b>	Karen Winder Assistant Director of Informatics
--------------------	---

<b>Presented by</b>	Karen Winder Assistant Director of Informatics
---------------------	---

<b>Approving Executive Sponsor</b>	Stuart Morris Director of Digital
------------------------------------	--------------------------------------

<b>Report purpose</b>	FOR NOTING
-----------------------	------------

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
---	--	--

Committee/Group/Individuals	Date	Outcome
-----------------------------	------	---------

None		
------	--	--



<b>ACRONYMS</b>			
CTMUHB	Cwm Taf Morgannwg University Health Board	SBUHB	Swansea Bay University Health Board
POW	Princess of Wales	SBUHB	Swansea Bay University Health Board
WCP	Welsh Clinical Portal	WNCR	Welsh Nursing Care Record
WPAS	Welsh Patient Administration System	ETOC	Electronic Transfer of Care
MTED	Medicine Transcription Electronic Discharge	ADT	Admission Transfer and Discharge
CDAT	Community Drug and Alcohol Team	ETR	Electronic Test Requesting

## 1. SITUATION/BACKGROUND

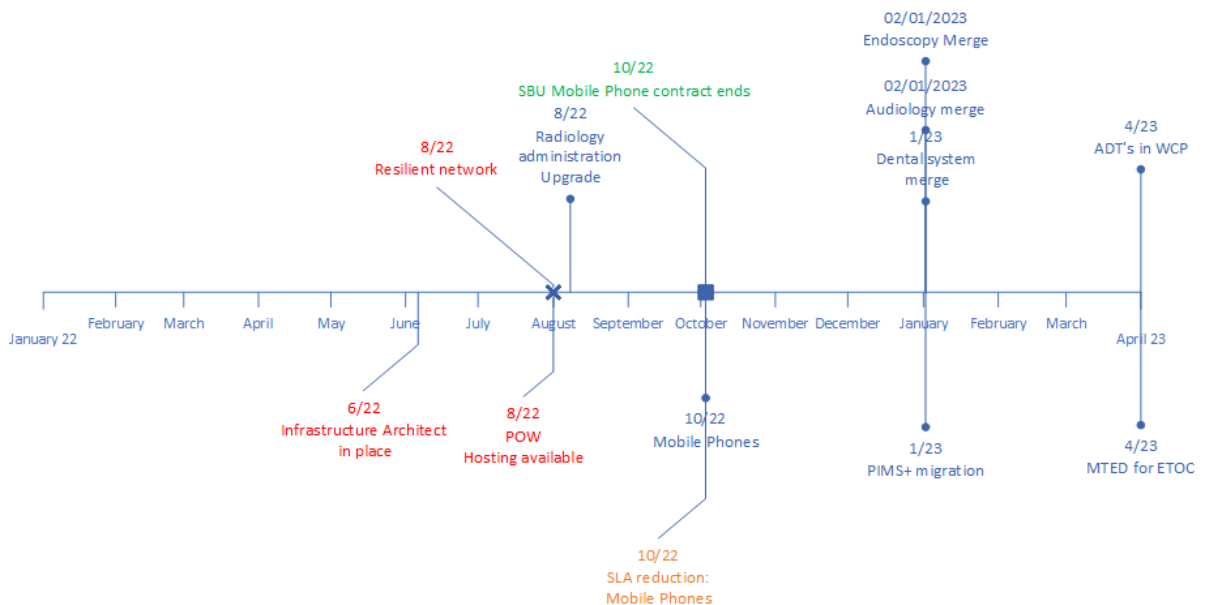
- 1.1 Responsibility for the provision of Digital Services in Bridgend moved to Cwm Taf Morgannwg University Health Board (CTMUHB) in April 2019. However, there was neither time nor funding for switching these services from legacy SBUHB systems to CTMUHB systems before April 2019. CTMUHB therefore entered into a Service Level Agreement (SLA) with SBUHB to continue providing Digital Services, an arrangement which presently extends up until the 31<sup>st</sup> March 2023.
- 1.2 The health board (HB) has prioritised aggregation as the most important informatics priority for the past 18 months. Pleasingly in September 2022 Welsh Government (WG) confirmed the funding for the disaggregation of WPAS, which is circa £2m over 3 years. This is revenue funding and is required to cover all the work that needs to be undertaken by CTMUHB, SBUHB and Digital Health & Care Wales (DHCW).
- 1.3 The Digital Programme Investment Fund is funding the upgrade of the WPAS to meet present standards and to commence the work on merging the two instances of WPAS used in CTMUHB. In essence this largely requires moving the Bridgend patients and their pathways out

of the SBUHB instance of WPAS into the CTMUHB instance of WPAS, with the fields from both systems mapped onto new schemas.

- 1.4 This is a highly complex project involving not only the instances of the WPASs, but both the National architecture that sits around it (e.g. WCP, WPRS) and the local clinical systems that use the WPAS for demographics and clinic information (e.g. Cardiology McKesson).
- 1.5 Following the confirmation of the WPAS funding both health boards and DHCW will be starting to develop the plans to cover the 3-year project

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

- 2.1 Highlights of the projects and work plan delivered by Informatics 2022/2023.



**The diagram above details the 22/23 work plan which has been completed**

- 2.2 Current Overview

- Programme mapping is now almost complete, with a list of projects and work packages being finalised
- Risk register has been updated and a programme Gantt chart is in development

- Stakeholder mapping has commenced
- The Bridgend Transition Board has been reinstated
- WPAS, which is a key enabling project, is in initialisation with a PM and WPAS delivery team in place.
- Infrastructure architect runs weekly sessions to ensure progress is maintained across key activities
- Changes to the SLA identified which should unlock additional resource for further work

### 2.3 Key risks:

- Several identified work packages/projects are currently unfunded/un-resourced
- A significant number of systems cannot be merged until WPAS work is completed. At the earliest, the WPAS upgrade is likely to be completed in Q1 2025
  - A review of the POW estate both network and servers has identified significant challenges which will require capital and revenue funding. The infrastructure design will require a technical Architect to ensure it complies with CTM design plans going forward.

<b>UPDATE</b>	
Completed	<ul style="list-style-type: none"> <li>• POW hosting available to enable services to be moved to CTMUHB servers</li> <li>• Resilient network in place</li> <li>• Infrastructure Audit and survey completed</li> <li>• New POW paging solution live</li> <li>• Radiology upgraded to latest version to allow ETR in line with CTMUHB</li> <li>• Migration of therapies off SB Clinical Portal onto CTMUHB WPAS</li> <li>• ADT moved off SB Clinical portal (PIMS+) onto WCP and WPAS</li> <li>• ETOC moved off SB Clinical portal onto in MTED in WCP</li> <li>• Roll out of e Whiteboards and ETOC at POW and community sites               <ul style="list-style-type: none"> <li>➢ e Whiteboards are now live across adult acute inpatient wards in POW with positive feedback and usage</li> <li>➢ e Whiteboards Project team have been supporting existing e Whiteboards wards across CTMUHB with utilisation of e Whiteboards and refresher training to support the release of the list view and ETOC functionality delivered by the patient flow teams.</li> </ul> </li> </ul>



### UPDATE

	<ul style="list-style-type: none"><li>➤ Planning for next phases is now in progress which consists of designing the e Whiteboards for use in Maternity, Paediatrics, SCBU, mortuaries and palliative care</li></ul>
On target for completion by end March 2023	<ul style="list-style-type: none"><li>• Adult WNCR<ul style="list-style-type: none"><li>➤ W/C 27th February 3 wards went live in POW and is progressing very well. A strong team available for support for the roll out which is planned to end 31st March with 2 weeks of post project support to follow until April 14th</li></ul></li><li>• POW Endoscopy service moving onto CTMUHB version of the system</li><li>• Phase one of the Dental service to move the Bridgend system onto CTMUHB hardware</li><li>• Mobile phones</li><li>• Mobilisation project to move iPADS off SBUHB device management</li></ul>



**UPDATE**

<p>In progress</p>	<ul style="list-style-type: none"> <li>• Phase two of the Dental service work is currently under way current supplier has now served notice and new supplier required.</li> <li>• POW Audiology system moving onto the CTMUHB SQL cluster</li> <li>• Merging of POW and CTMUHB audiology systems across CTMUHB</li> <li>• POW Radiology system moving onto the CTMUHB SQL cluster</li> <li>• POW Orthotics system is to be moved onto CTMUHB OPAS system as the service moves over to CTMUHB – the impact and requirements currently being assessed</li> <li>• Working with sexual health to consolidate all sites onto Lillie</li> <li>• Replacing the prescribing system in POW for CDAT to consolidate in CTMUHB</li> <li>• Moving the data file storage to CTM servers of <ul style="list-style-type: none"> <li>➢ TDOC the tracking washers</li> <li>➢ Health Edge tracking of scopes and instruments</li> <li>➢ Endoscopy washers</li> </ul> </li> <li>• Audit &amp; survey - Bridgend community sites</li> <li>• Konica procurement for POW printers</li> <li>• POW server room upgrade &amp; reconfiguration</li> <li>• Smoothwall</li> <li>• POW CITRIX transition</li> <li>• Cybersecurity policy gap analysis</li> <li>• Firewall adoption setup - in progress</li> <li>• Server review &amp; rationalisation</li> <li>• Discussions with the clinical services with regards to service redesign and the impact to digital. Working with the service to ensure they understand what is possible as the WPAS merger is estimated for April 2025</li> </ul>
<p>WPAS migration update</p>	<ul style="list-style-type: none"> <li>• DCHW estimate 18-24 months for stage 1 of upgrading the WPAS system and then move onto stage 2 where CTM merge with Swansea Bay.</li> <li>• ICT Projects and WPAS team are currently engaging with POW Service leads and Medical Records to discuss the information/data required and answer any queries.</li> <li>• Service leads are engaged and providing WPAS data for their area. WPAS team are completing data cleansing and started work on location/printer codes.</li> <li>• Project Team have met with DHCW team and a benefits realisation workshop will be arranged via DCHW to map out and engage with other health boards.</li> </ul>

UPDATE	
	<ul style="list-style-type: none"><li>• Currently on target with no concerns.</li></ul>



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

3.1 The key risks are:

- The discussions around the SLA costs for 23/24 has commenced between the 2 Health Boards, this will be agreed prior to the start of the next financial year.
- It must be appreciated that the simple disaggregation has occurred, and the areas now being investigated are the more complex areas with multiple dependencies. Both Health Boards are working on the approach going forward but it must be understood the pressure both organisations have in terms of delivering the transition along with business as usual as well as the digital transformation that both organisations have engaged in since the transition of services to CTM in 2019 which has seen an increase in technology, digital systems and users of digital services



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Effective Care If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)  If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.  If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below) Delivery of the Digital Programme requires both capital and revenue funding which in the current financial climate is difficult
<b>Link to Strategic Goals</b>	Improving Care

#### 5. RECOMMENDATION

- 5.1 The Committee are asked to:
- 5.2 **NOTE** progress made with WPAS disaggregation
- 5.3 **NOTE** progress made with infrastructure improvements that has been completed without additional WG or HB funding



- 5.4 **NOTE** the discussions with the clinical services with regards to service redesign and the impact to digital. Working with the service to ensure they understand what is possible as the completion of the merger is estimated for April 2025



**AGENDA ITEM**

5.3

**DIGITAL & DATA COMMITTEE**

**Infrastructure Review Update**

<b>Date of meeting</b>	13 March 2023
------------------------	---------------

<b>FOI Status</b>	Open/Public
-------------------	-------------

<b>If closed please indicate reason</b>	Not Applicable - Public Report
---	--------------------------------

<b>Prepared by</b>	Head of Infrastructure
--------------------	------------------------

<b>Presented by</b>	Head of Infrastructure
---------------------	------------------------

<b>Approving Executive Sponsor</b>	Stuart Morris, Director of Digital
------------------------------------	------------------------------------

<b>Report purpose</b>	FOR NOTING
-----------------------	------------

**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		

**ACRONYMS**

UHB – University Health Board

IMTP – Integrated Medium Term Plan

KHHP – Keir Hardie Health Park

POW – Princess of Wales Hospital

## 1. SITUATION/BACKGROUND

- 1.1 The UHB commissioned 4Cs Consulting to provide independent advice on the UHB's present and future digital infrastructure and how it is architected.
- 1.2 The report considered five areas:
  - Data Centre / Hosting Strategy
  - Network / Wi-Fi
  - Citrix / Application Deployment
  - Telephony, UC & Paging
  - Print & Digital Strategy
- 1.3 Numerous technical recommendations were made, which the report identified would require circa £3m of additional capital per annum and £700k of additional revenue per annum to take forward.
- 1.4 Given the financial environment and the additional requirements on the UHB's digital infrastructure programme which are under separate work programmes, such as the Ground and First Floor redevelopment programme and the Welsh Government NIS-D / Cyber improvement programme, the Informatics Team made an undertaking to assess and propose a prioritised infrastructure programme.

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

- 2.1 The 4Cs Infrastructure report and the Welsh Government (WG) NIS-D / Cyber Improvement Plan are attached for transparency. In total there are 47 recommendations within the 4Cs Infrastructure Review and 59 High priority recommendations within the NISD / Cyber Improvement Plan.
- 2.2 Taking into consideration inter-dependencies, benefits and risk mitigation, the Informatics team's current assessment of the relative priority of the recommendations within the Infrastructure review, at a programme level, is attached in Appendix 1.

- 2.3 In preparing the IMTP financial plan for 2023/24 onwards, a phased approach to provision of pay and non-pay resources for the recommendations of the Infrastructure Review and the Cyber Improvement Plan has been requested. This reflects the current priorities within the attached recommendations.
- 2.4 There has been a degree of progress in implementing some of the recommendations within existing staff resources, particularly where there is overlap with other existing priorities, for example the Ground & First Floor programme of work. Additionally, reactive, unscheduled work has also started to address some of the recommendations.
- 2.5 Progress has been made against these Infrastructure Review recommendations:
- Upgrading end of life network equipment, where funded through other programmes, such as the Ground & First Floor and discretionary capital;
  - Bridgend network detachment;
  - Implementation of a new contact centre and switch board voice system;
  - Comms rooms and data centres – a new ground floor data centre has been implemented at PCH, replacing some legacy rooms, through the Ground & First Floor programme;
  - Unified comms pilots – engagement with neighbouring organisations and technical partners;
  - Citrix – all staff have been migrated to modern Win 10 desktop, with igel devices updated for better compatibility with Microsoft O365;
  - PSBA refresh where appropriate, including Williamstown, KHHP and PoW;
  - Initial assessment of the scope of the PSTN switch-off in 2025.

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

- 3.1 The Committee is requested to note that resources attached to delivering the actions prioritised by the Infrastructure Review only amount to £3.57m of capital in year 1 followed by £2.8m recurrently; and in addition require a further £1.0m of revenue recurrently. The Cyber Improvement Plan, which incorporates a large portfolio of infrastructure work, not included within the scope of the infrastructure review, also requires additional capital and revenue commitment.
- 3.2 A prioritised and phased approach for improving infrastructure, which draw together both the infrastructure review recommendations and the cyber requirements has been requested through the IMTP submission.
- 3.3 Additionally, the current delay in processing vacancies at an organisational level needs to be noted.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	Equality Impact Assessment to be completed as part of each project
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Resources to deliver
<b>Link to Strategic Goals</b>	Improving Care

#### 5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the contents of the report
- 5.2 The Committee are asked to **NOTE** the limited progress made against the Infrastructure Review and Cyber Improvement Plan recommendations, which has been constrained by resource allocation decisions
- 5.3 The Committee are asked to **SUPPORT** the approach being proposed to prioritise a unified infrastructure improvement plan for 2023/24.
- 5.4 The Committee are asked to **NOTE** the resource requirements for delivering the infrastructure plan in 2023/2024 and acknowledging the need for investment which may need to be priorities against other programmes of work.

Reference	Section	Programme	High Level Recommendation	NR capital (year 1) /£k	Recurrent capital /£k	NR revenue (year 1) /£k	Recurrent revenue /£k	Relevant sub recommendations	Management Response (if funded)	Management Response (if not funded)	Priority	Status
8.1	Summary	Inf_Rev	The upgrading / replacement of end-of-life network switches and Wi-Fi networking. This should also include resolving any coverage and performance issues with the Wi-Fi network, and the introduction of enhanced network security using Network Access Control (NAC).	1500	1200	0	0	A significant capital project is therefore required to replace / upgrade the current equipment. It must also be noted that because of the sheer size / complexity of this, any such upgrades will take a number of years to complete. It is also recommended that additional resources are brought in from a suitable third party to assist with some / all of the upgrade works. To support the new network a programme of upgrades to the current IT comms rooms and IT cabling infrastructure are also required. The new network / infrastructure at each of the three acute hospital sites should be based on the following design principals: · Two diversely located core network locations, located in different parts / wings of the site (to be located as far apart as possible.) · A network core that is split in two between the two core network locations. · 10gb uplinks from each edge switch stack to each network core location. · Dual resilient PSBA connections terminated one each at the separate network core locations (ideally following a separate cable route onto site and provided by a different telco if possible.) · The new network should be protected where possible with Network Access Control (NAC) or other	Requires the staff identified in section 8.4, to undertake the rolling replacement of the aged, end of life network components. This will address ongoing performance issues, and also reduce the risk of non-compliance with NIS-D and the consequent potential for significant fines and loss of organisational reputation.	The organisation will need to accept the risk of operating critical services over legacy, end of life network infrastructure, and accept the fines that result from non-compliance with regulations such as NIS-D. Service disruption could include loss of access to digital resources, for varying timescales, and consequent loss of confidence and reputation.	High	On hold
8.1	Summary	Inf_Rev	Complete the detachment of the network and telephony system infrastructure at Bridgend from Swansea Bay.	222	0	0	0	The Swansea Bay detachment of the current Cisco Call manager solution also needs to be undertaken. This has a number of complexities and dependencies that will need to be carefully managed to ensure minimum disruption during the detachment.	Requires the staff identified in section 8.4, to undertake the reconfiguration of the Bridgend telephone network. This is also required to allow the SBU SLA to be ceased, for this service.	The current Bridgend architecture will persist, and there will be no improvements.	High	On hold
8.1	Summary	Inf_Rev	Complete the planned updates to paging systems at all three of the acute hospital sites.	n/a	n/a	n/a	n/a		This was funded during the course of the review from discretionary capital and WG capital (G&FF), to address end of life and other issues. Ongoing costs picked up as cost pressures.	n/a	High	Complete
8.1	Summary	Inf_Rev	Consolidate the existing voice infrastructure in a number of areas such as switchboard consoles and contact centre functionality.	60	0	0	0		Requires the staff identified in section 8.4, to undertake the reconfiguration of the CTM telephone network. This will provide a standard, consistent service across all CTM sites.	The current disjointed architecture will persist across CTM, and there will be no improvements.	High	On hold
8.4	Summary	Inf_Rev	Investment required in additional staff to deliver the recommendations of the Infrastructure Review, as detailed in section 8.4. ***** Note that this does not cover the staffing cost for Citrix realignment and print service reconfiguration *****	0	0	715	715		Allows the department to undertake the improvements required.	In order to undertake the improvements required, other existing work will need to be ceased, to provide that capacity.	High	On hold
8.1	Summary	Inf_Rev	The upgrade / enhancement of location IT comms rooms / IT cabling at all three of the acute hospital sites.	876	696	0	0		This will address the underlying risk of providing services using legacy active and passive network infrastructure.	The underlying risk to service will not be addressed, and a substandard service will persist and get worse.	Medium	On hold

8.1	Summary	Inf_Rev	Adopting a future data centre strategy of a virtual data centre that is spread between PCH and PoW.	0	0	68	68	<ul style="list-style-type: none"> <li>Confirm final pricing / commercial agreement for 10gb site-to-site layer-2 circuits to enable inter-site data replication.</li> <li>Conduct space planning at the PoW data centre, and confirm any remedial works required. It may be that the current data centre at PoW is larger than needed to support the future requirements, so it may be advantageous to reduce the overall size of this room.</li> <li>Once the inter-site links are in place, undertake a proof of concept of stretched cluster using Dell VxRail nodes.</li> <li>Over time as the existing server and storage systems become end of life, expand further the Dell VxRail Cluster.</li> <li>Review and update all IT DR and business continuity plans and processes in line with the new data centre strategy.</li> </ul>	This will allow a more resilient and robust service to be provided from the CTM data centres.	The current architecture will persist.	Medium	On hold
8.1	Summary	Inf_Rev	Conduct a number of Unified Communications Pilots to confirm the most suitable platform for the Health Board to move forward with.	0	0	0	0	Alongside this, it is recommended that the Health Board looks to undertake a number of UC pilots to confirm the most suitable UC platform for future use to enable improved communication across the whole organisation.	Requires the staff identified in section 8.4, to undertake the testing and pilots.	There will be no development and evolution of the current telephony solution.	Medium	On hold
8.1	Summary	Inf_Rev	Drive the reduction of printing where possible and consolidate / re-procure all print devices into a single managed print service contract.	0	0	106	106	<p>As detailed in the previous section, it is recommended that the Health Board looks to drive an overall reduction in printing.</p> <p>It is important that this is not just seen as an IT initiative, but as a high-level business driver that needs to be driven by the Health Board at a senior level.</p> <p>It is therefore suggested that the Health Board establishes a steering group / governance board to drive the overall reduction in printing. The board should have board-level sponsorship and have both senior clinical and non-clinical membership / representation.</p> <p>The remit of the steering group / governance board will be to develop and drive a number of suitable workstreams / initiatives to reduce the overall volume of printing.</p> <p>The use of other technologies such as the complete phasing out of fax machines should also ideally fall under the same group / board.</p> <p>The group should also consider the investment in the bi-directional integration between the Health Board and GP servers and the development of clinical e-forms as part of the unified clinical information approach to replace a number of current workflows that involve printing.</p> <p>Alongside this, it is recommended that all budgets for printing are controlled as this will help to ensure that the right roles and skill sets are in place to support the decline in Citrix.</p>	Reallocation of existing costs, to service a managed print service and other benefits. The staffing resources to enable this is based on 2 x B7 for 2 years.	Will need staffing resource to enable the project, otherwise it won't be achieved.	Low to medium	On hold
8.1	Summary	Inf_Rev	A planned reduction in the use of Citrix and IGEL client terminals over the next 2-3 years.	912	912	100	100	<ul style="list-style-type: none"> <li>Package all applications in SCCM. This will enable non-IGEL users to be able to gain access to some applications that are only currently available on Citrix. (It is noted that the development of the "fat client" estate has been limited for some years but more focus is now on this area and improvements are already being made, however there is still some work left to do to package all applications into SCCM and / or the base 'fat' image).</li> <li>Develop a suitable user education / training and communications plan to promote the move away from Citrix and ensure that all staff are appropriately trained to adopt new ways of working.</li> <li>During the review it was noted that the Health Board currently uses Citrix for accessing a number of national all-Wales applications. It was noted that this may be reliant on the current Citrix licencing. If there was a reduction in Citrix licencing because of the general reduction in Citrix, this may affect the licencing position for accessing national applications. It was not possible to gain clarity around this situation during the review, so it is recommended that this is investigated further.</li> <li>The Windows devices in the Bridgend locality are currently registered against the Swansea Bay SCCM system. These should be migrated onto the CTMUHB SCCM system so that updated and software development</li> </ul>	Staffing over and above those identified in 8.4 will be required to enable this. The capital cost is required to replace existing devices. The recurrent element will be essential to drive a lower utilisation of Citrix use in the organisation. There will also need to be a degree of handover to users, to smooth the transition from thin to rich client use.	The current of level of Citrix use will be maintained.	Low	On hold

8.1	Summary	Inf_Rev	Consider resilient PSBA connections for other smaller sites, based on the number of staff / services provided from that site, and the impact on the ability to deliver services from this site in the event of a network failure.							This has not been costed and will require further analysis. At present, the risk is accepted.	This has not been costed and will require further analysis. At present, the risk is accepted.	Low	On hold
8.1	Summary	Inf_Rev	Conduct a review to confirm current telephony extensions that are no longer required and can therefore be ceased.	0	0	0	0			Assumes staff funded from 8.4. Users can be migrated.	The telephony estate will continue in its current state.	Low	On hold



**AGENDA ITEM**

5.4

**DIGITAL AND DATA COMMITTEE**

**MEDICAL RECORDS ASSURANCE REPORT**

<b>Date of meeting</b>	13 March 2023
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Bethan Marsh Clinical Records Modernisation Programme Manager
<b>Presented by</b>	Matthew Swarfield Head of Clinical Admin Transformation
<b>Approving Executive Sponsor</b>	Stuart Morris Director of Digital
<b>Report purpose</b>	FOR NOTING

**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	9 March 2023	TBC

**ACRONYMS**

DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
POW	Princess of Wales Hospital

## 1. SITUATION/BACKGROUND

This report summarises the current position regarding the following:

- 1.1 The number of missing medical records;
- 1.2 Casenote availability audit
- 1.3 Casenote Movement
- 1.4 Medical Records incidents
- 1.5 Record storage at Princess of Wales

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

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

### 2.1 Missing medical records and management of these incidents

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

Number	Situation	Supposed location	Action
17	Apparent misfiles	Williamstown Hub	Periodic searches ongoing
16	Location unknown	Various hospital areas	Periodic checks ongoing
1 Maternity	Sent in 2013 by Ante Natal Dept. without recording box number.	Llangennech Offsite Store	Multiple boxes searched. Unable to search further as no resource.

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

#### **RGH AMU Ward 4, audited on 5/3/23**

Number of patients on ward	28	
New digital patients – immediate availability (no notes)	0	0%
Digital patients (immediate availability)	10	36%
Notes provided within 24 hours	16	57%
Notes provided within 48 hours	2	7%



RGH Medical Records Admissions Office monitors admissions and requests notes pro-actively.

### March 2023 Outpatient Audits

Randomly selected clinics were audited for the following sites. The audit took place 24 hours before the clinic.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD										
MEDICAL RECORDS CASENOTE AVAILABILITY AUDIT -							Month: Feb/March		Year: 2023	
Clinic Date	Consultant	Speciality	Hospital	Number of patients expected	Digitised Notes	paper records	Casenotes available 24 hours before clinic	Casenotes unavailable 24 hours before clinic	% available PER SESSION	% unavailable PER SESSION
14/02/2023	Woolley	Thoracic	POW	12	0	12	11	1	91.7%	8.3%
14/02/2023	Backhouse	ENT	POW	21	0	21	20	1	95.2%	4.8%
14/02/2023	McMillan	Oncology	POW	3	0	3	3	0	100.0%	0.0%
02/03/2023	Havard	Surgery	RGH	7	0	7	6	1	85.7%	14.3%
02/03/2023	Humphreys	Rheumatology	PCH	33	13	20	32	1	97.0%	3.0%
02/03/2023	Kyriakos	Orthopaedics	YCC	12	1	11	12	0	100.0%	0.0%
02/03/2023	Julie Martin	Dermatology	YCR	7	1	6	7	0	100.0%	0.0%
03/03/2023	Humphreys	Rheumatology	DSH	8	1	7	7	1	87.5%	12.5%
<b>Totals</b>				<b>103</b>	<b>16</b>	<b>87</b>	<b>98</b>	<b>5</b>	<b>95.1%</b>	<b>4.9%</b>
1 Temp set for Woolley in clinic. Temp set has been in use since 2018										
1 Temp set in clinic for Backhouse Acute set inaccessible offsite.										
1 in transit for Havard - due to arrive in time for clinic										
1 for Humphreys needed from another recent clinic - due to be available in time										
1 for Humphreys in transit from Hub - due in time										

### 2.3 Paper Casenote movement

A summary of record movements in and out of the Hub Library is shown below and we will explore options to report similar information for Princess of Wales Library areas. The number of paper records moved continues to decrease in line with the progress of digitisation. Work related to day-forward scanning continues to increase.

Hub paper notes movement	Sep 2020 Benchmark			Feb-23		
	outgoing	incoming	total	outgoing	incoming	total
Live	31,161	25,349	56,510	10,831	12,223	23,054
Archive	2,348	6	2,354	1,396	682	2,078
Deceased	560	923	1,483	183	300	483
Maternity	714	739	1,453	45	1	46
Quarantine	18	123	141	-	-	0
CTM Scanning Bureau	0	0	0	15328	19290	34,618
GBS Commercial Scan Bureau	0	0	0	2782	2425	5,207
<b>Total</b>	<b>34,801</b>	<b>27,140</b>		<b>30,565</b>	<b>34,921</b>	<b>65,486</b>
<b>No of digital patients</b>			<b>3,000</b>			<b>117,656</b>
<b>Number of digital legacy records</b>			<b>5,000</b>			<b>123,632</b>

## 2.4 Medical Records Incidents

### **1 x Manual Handling incident in the Records Hub**

Stack of boxes shifted whilst a box was being moved. External contractor had stacked boxes contrary to procedure. Minimal injury occurred and contractor made aware of the incident.

### **20 x Healthcare record not available**

Result: Patients attended clinic but their previous "day forward" attendance notes had not been scanned into the Digital Patient Note in time for the current and patients were seen and assessed without the full information. In some cases, this delayed clinic running time. These were mostly Ophthalmology / Macular Clinics. There is a significant delay in scanning day forward records; this is being monitored and reported, with commercial support now in place to reduce the delay. A mitigation measure to fast-track the patients in question was implemented but does not appear to have been adopted fully for the patients in question. A support visit to the Department has since taken place to ensure the process is followed, to avoid a recurrence.

### **1 x apparent theft of money at the Records Hub**

£10 left for several months in an unlocked drawer in a hot-desk area. On checking, the money was not present. Staff advised to keep money / valuables in lockers or locked drawers in future.

### **2 x wrong patient information found in digital records**

Reported from clinical areas. Insufficient information available to investigate; due either to incorrect documentation received, or an error in the ingestion process. Further information requested to investigate and take corrective action, if not already completed at the time of reporting.

### **1 x summary incident report to be logged for 347 incidents of misfiled/misidentified patient documents found October 22 to February 23**

A total of 855 incidents of documents found to date from February 2021 to 1st March 23.

449 incidences were found from October 22 to February 23, included in the above total. Of note, the volume of scanning has increased during February, therefore for more material is being checked.

These misfiled paper documents are removed from the wrong patient file and placed / 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, it will be returned to source for the patient identity to be clarified. The volume of these incidents prevents individual Datix reports. This matter will now be escalated to the Medical Director and Executive Director of Nursing, to address with clinical and administrative staff responsible for creating and filing clinical documents. The most serious cases are reported via individual Datix reports.

## **2.5 RECORD STORAGE**

### **2.5.1. Princess of Wales and Bridgend record storage areas**

An extensive programme of work has been undertaken by staff and contractors to redistribute notes across the 3 Bridgend Library sites (POW, Offsite store and Glanrhyd). This is still ongoing to redistribute the notes into the areas where space had been made. Although massive improvements have been made and the library is a much safer, efficient working environment, there is no room for growth and some areas are already full. There has also been a further issue with a different area of racking failing and being difficult to access: an engineer call is expected to replace parts. There is now a need to identify further storage solutions to ensure we do not encounter the same problems in the short term. As noted previously, this needs to be the next phase of work by the Task and Finish Group.

### **2.5.2. Infected Blood Inquiry – record destruction embargo**

The Infected Blood Inquiry is coming to a close and there is a likelihood the record destruction embargo can be lifted but this will be assessed on an individual organisation basis. A check on the total number of requests is under way before submitting a request to the Inquiry for CTMUHB to recommence legal record destruction in line with national record retention guidelines. It should be noted that there will be an extensive programme of work to identify and destroy the backlog of retained records. There may be a requirement to identify specific long-term clinical conditions for extended retention, which will need to be included in the identification process. The current requirements and process will be scoped and planned shortly.

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

#### 3.1 RISK - FILING OF INCORRECT PATIENT DOCUMENTATION

There continues to be a high level of incorrectly filed material received for day forward scanning, where documents relating to one patient are found in the record of another patient. As previously reported, the correct patient does not have the full information included in their record and the incorrect patient has information relating to another individual's health condition in their record. This has the potential to 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.

Two Band 4 staff were seconded as Band 4 Patient Records Quality Officers, from January 22 to March 23, visiting clinical and administrative areas to emphasise the importance of getting this right, along with support for the use of the digitised records and software. Despite visiting areas for this time, the errors continue. Given the consequence for patient safety and the delaying effect on the day-forward scanning, it is proposed that senior clinicians are now involved, to include the Medical Director and Executive Director of Nursing. This has been taken forward with support from the Director of Digital.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Timely provision of accurate information for patient care. Safe systems of identifying patient records and robust systems of record keeping.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: <ul style="list-style-type: none"> <li>• Safe Care</li> <li>• Staff and Resources</li> </ul>
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	Choose an item.  If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.



	If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required; this is not a new policy and measures apply equally to every patient
<b>Legal implications / impact</b>	Yes (Include further detail below)
	General Data Protection Regulations
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Staff revenue costs of secondments
<b>Link to Strategic Goals</b>	Improving Care

## 5. RECOMMENDATION

5.1 The committee is requested to:

- **NOTE** measures to manage/report missing medical records
- **NOTE** the audit results of casenote availability;
- **NOTE** the report on casenote movement and growth of digital patients
- **NOTE** the Medical Records incidents, including misfiling of patient documentation and the risk this presents to patient care and information governance and options to escalate.
- **NOTE** the work done to improve safety and capacity at the POW Library



**AGENDA ITEM**

6.1

**DIGITAL & DATA COMMITTEE**

**Integrated Medium-Term Plan 2023 -2026**

<b>Date of meeting</b>	13 March 2023
------------------------	---------------

<b>FOI Status</b>	Open/Public
-------------------	-------------

<b>If closed please indicate reason</b>	Not Applicable - Public Report
---	--------------------------------

<b>Prepared by</b>	Stuart Morris, Director of Digital
--------------------	------------------------------------

<b>Presented by</b>	Stuart Morris, Director of Digital
---------------------	------------------------------------

<b>Approving Executive Sponsor</b>	Stuart Morris, Director of Digital
------------------------------------	------------------------------------

<b>Report purpose</b>	FOR NOTING
-----------------------	------------

**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		

**ACRONYMS**

UHB – University Health Board
-------------------------------








## **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 (IMTP) for 2023-2026.
- 1.2 Whilst the IMTP period is three years, the Health Board is focused on an annual plan for 2023/2024.

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

- 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 understanding as to the relative value of the interventions that we could take post COVID-19 and thus which would 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 2023/2024, 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 has identified significant requirements that need investment in excess of £6m Capital in 2023/2024. A similar figure would also be required in 2024/2025 if the Health Board is to mitigate and remove its existing infrastructure risks.
- 2.7 In order to deliver the national programmes and local initiatives, and recognising the additional cost pressures as a result of digital inflation, and maximising the opportunities presented by the digital and data tools, the Health Board has identified a need for a minimum of £4m revenue in 2023/2024.
- 2.8 Given the significant financial constraints across the entire system in NHS Wales, it is recognised that allocation of such funds in 2023/2024 carries a substantial risk

2.9 Significant capacity constraints exist across all disciplines within the Digital and Data Directorate, but perhaps most notably for Compliance functions such as Information Governance and Cyber Security, and Data and Analytical delivery.

2.10 The key elements of work identified for 2023/2024 are as follows

2.11 National and Regional Programmes

- Welsh Nursing Care Record
- Welsh Community Care Information System
- Welsh Critical Care System
- All Wales Procurements – ePrescribing, Laboratory and Radiology Replacement
- Ongoing development of existing Welsh products
- Theatre Management System Development

2.12 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
- eWhiteboards Development
- Patient Centred Contact Programme – Digital Administration, Supporting Platform, Remote Monitoring, Virtual Ward
- Maximise the rollout of Office 365 and its related tools
- Improve Digital Literacy

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

- 3.1 The Committee is requested to highlight the risks regarding the gap in required funding for both Capital and Revenue in 2023/2024.
- 3.2 The Committee is requested to note the risks regarding core capacity within the Digital and Data Directorate.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)  Equality Impact Assessment to be completed as part of each project
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)  Resources to deliver
<b>Link to Strategic Goals</b>	Improving Care

### 5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the contents of the report and risks identified.

<b>DIGITAL &amp; DATA COMMITTEE – FORWARD WORK PLAN 2022</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 at Agenda Planning Meeting	Additional Item	Digital Whiteboards Presentation	Director of Digital	13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Bridgend Disaggregation	Chief Information Officer	13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Infrastructure Review – management Response Update	Director of Digital	13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Medical Records - Peer Review	Director of Digital	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	Additional Item	Grant Thornton – Clinical Information Review – presentation	Director of Digital	<b>Completed</b> - 19 December 2022

planning meeting				
Requested at agenda planning meeting	Additional Item	Patient Centred Contact Highlight Report	Director of Digital	<b>Completed</b> - 19 December 2022