CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MINUTES OF THE MEETING OF THE
DIGITAL & DATA COMMITTEE
ON 24 SEPTEMBER 2020
HELD VIRTUALLY VIA TEAMS

PRESENT:

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

IN ATTENDANCE:

Clare Williams	–	Director of Planning & Performance (interim)
Rob Bleasdale	–	Chief Clinical Information Officer/ Consultant Cardiologist
Georgina Galletly	–	Director of Corporate Governance / Board Secretary
Karen Winder	–	Deputy Assistant Director of Information
Rebecca Walsh	–	Information Governance Officer (on behalf of Claire Northwell-Todd)
Wendy Penrhyn-Jones	-	Head of Corporate Governance & Board Business (Secretariat)

09/20/1 WELCOME & INTRODUCTIONS

Ian Wells welcomed everyone to the meeting and introductions were made. A particular welcome was made to Clare Williams whose portfolio now included Information, Computing & Technology (ICT).

09/20/2 APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from Nick Lyons, Medical Director/ Deputy Chief Executive; Alan Roderick, Assistant Director Performance & Information, Claire Northwell-Todd, Information Governance Manager, Rita James, Head of Benchmarking and Helen Thomas, Interim Director of Information, NHS Wales Informatics Service (NWIS).

09/20/3 DECLARATIONS OF INTERESTS

There were none.

09/20/4 CONSENT AGENDA

09/20/4i   **FOR APPROVAL**
        Minutes of the meeting held on 6 February 2020
        The above minutes were **CONFIRMED** as an accurate record.

09/20/4ii **Action Log**
        The action log was **RECEIVED** and **NOTED.**

09/20/4iii **Information Governance Related Policies**
    - Clinical Coding Policy

    - Freedom of Information Policy
       Ahead of the meeting IMs sought clarity around the following
       points captured in the minutes which are set out below together
       with the responses received:

       *IM Question: Does our "legal team" check the compliance with
       the legal issues involved the FOIA Policy?* **Response:** *The FOIA
       policy put forward to the committee is an amended version of a
       current policy, which has been updated to reflect changes in
       current legislation. Legal advice is not required for this.*

       RESOLVED: The above policies be **APPROVED**

09/20/4iv **ITEMS FOR NOTING**

    - **Terms Of Reference (TOR)**

       RESOLVED – the above TOR be **NOTED** having been approved
       by the Board in July 2020.

    - **Internal Audit Report – Records Digitisation**

       Ahead of the meeting IMs sought clarity around the following
       points captured in the minutes which are set out below together
       with the responses received:

       *IM Question: Objective 3 page 7- Elaborate on the lack of
       attendance by the Clinical Assurance Group and is this being
       addressed? This appears to be still ongoing as alluded on page
       13. Response: As the 'go-lives' of DPN and WEDS project were
       halted at the start of COVID the need for reporting back to the
       CAG was minimal. As we are now looking at a DPN 'go-live the
       CAG will be re-engaged but current COVID workload may hinder
       meetings so the option for electronic updates will be explored.
       There has continued to be a high level of support by the CCIO
       and CNIO who disseminate information back to their clinical
       colleagues*

IM Question: Objective 4 page 8 - explain why there is an additional revenue and capital requirement and has a solution been found to this? this also links to page 1. **Response:** *The capital requirement has increased since the last report to ECMG in January 2020. In the intervening period, the issues with the application and integration has resulted in several postponements of the proposed 'go-live' date. This slippage necessitated the retention of contract ICT staff longer than planned, to support the ongoing testing, training and completion of business change work. The ECMG in July 2020 approved the increase in funds.*

IM Question: Objective 5: Please provide clarity on the statement: "the event of a loss of a server site the disaster recovery (DR) process for CITO is a manual one. At present this process is not formally set out, and has not been tested." **RESPONSE:** *Failover/ High Availability testing was partially carried out back in December 2019 / January 2020 and this work is due to be completed by 2nd October 2020. There are some manual processes involved in the failover however the server team has documented the process. The Server team is also carrying out DR work involving the restore of VMs and physical servers from backup tapes. This work is due for completion by the end of October 2020 Covid-19 workload permitting. We are also in dialogue with NWIS in regard to the arrangements for support going forward for the WCP link and WPAS interface.*

RESOLVED: the report be **NOTED.**

9/20/5 **MATTERS ARISING**
There were none.

PRESENTATION – Overview of ICT Service Delivery Pre/Post Covid.

Karen Winder was invited to give the presentation. This reflected on ICT services pre/post Covid-19 and the vision for the future which embraced new ways of working both in patient and non-patient working environments.

In discussing the presentation Karen Winder offered reassurances as to processes in place for cyber security and the process for 'building' and issuing ICT equipment to staff. IMs paid tribute to the ICT team for the achievements made over the past six months which was echoed by Clare Williams who said that the team had achieved significant progress given their comparatively small budget.

Karen Winder stated that whilst CTM digitisation plans had had to be postponed due to the pandemic, project confidence remained good and a revised timeline had been put into place to deliver this by the summer of 2021. Members **NOTED** with training for those staff due to use the DPN system was now available virtually.

Rob Bleasdale stated that the Patient Administration System (PAS) was the spine to all digital plug-ins and there was a need to unify the different systems currently in operation. Members **NOTED** this would require a business case with the necessary work likely to take some 18 – 24months to complete once agreement had been reached to proceed. Karen Winder stated that NWIS (NHS Wales Informatics Service) had been asked to prioritise CTM for a national PAS which was the key to unlocking CTM's digital ambition.

Members **NOTED** that CTM was about to recruit a Chief Information Officer and this role would play a key role in addressing cultural challenges around moving further into digitisation.

With reference to a point raised around 'failover' systems, Karen Winder stated that CTM had virtual servers in two locations and that there was also a back-up tape based system which would enable system rebuilds. Members **NOTED** there were regular audits around cyber security to provide the assurances that this important issue required.

Ian Wells offered his personal congratulations to the ICT team for their achievements and thanked Karen Winder for her presentation.

9/20/6   ASSURANCE REPORTS

9/20/6i   Digital Health Strategy Steering Group Highlight Report

The above report was **RECEIVED.**

Ahead of the meeting IMs had sought clarity around the following points; the corresponding answers are also set out below:

IM Question: How we coping on the IT working from home situation and do we have solutions for the challenges this presents? Response: The pressures on ICT to support the new streams of work that are being required due to COVID-19 is increasing exponentially. The skills and time to build individual devices and also support staff working remotely is considerably greater than supporting staff on site on devices that are multiple

users. Desktop calls have increased by 52% since the same period last year. A report has been prepared for Management Board setting out the case for recruitment of additional ICT staff on fixed-term contracts to attend to the additional workload. Initially, there were some supplier issues with laptops, headsets and cameras due to the UK-wide unprecedented demand for equipment but this has begun to resolve.

RESOLVED: The report be **NOTED.**

9/20/6ii   Information Governance Group (IGG) Highlight Report

The above report was **RECEIVED.**

Georgina Galletly presented the report advising that the IGG had not met during the spring and summer months due to Covid-19 but had now recommenced its meetings and therefore it would be possible to provide a more detailed report going forward.

Members **NOTED** the compliance of 72.93% in respect of staff information governance training despite the impact of Covid-19.

RESOLVED: the report be **NOTED**.

9/20/7   AUDIT/ OTHER REPORTS

9/20/7i.   NHS Wales Informatics Service – Clinical Coding

The above report was **RECEIVED.**

Ahead of the meeting IMs sought clarity around the following points captured in the minutes which are set out below together with the responses received:

IM Question:
Excellent report our staff need to be commended on a great improvement. **Response:** *All staff have been given copies of the audit reports as well as individual feedback, congratulating them on their continued improvement, motivating them for the future.*

IM Question: *1.3.4 what is the reason for "rushing the clinical coding process" which is causing errors?* **Response:** *The target of coding a minimum of 40 finished consultant episodes was occasionally causing some staff to rush the coding process. We have reviewed the daily target and revised it to a minimum of 35 per day, although this may well increase again once the team is more confident, particularly those individuals who are less experienced.*

IM Question: 1.3.8 Have the "out of date" local policies now been updated? Response: We have updated the Clinical Coding Policy and all associated documentation. This was presented at the September Information Governance Committee and is on today's Digital & Data Committee agenda for approval.

IM Question: 1.3.9 do we have any updates on future internal audit plans? Response: We have completed our first internal audit predominantly on Covid-19 patients to ensure the quality of these records, in line with the new coding guidelines.

Clare Williams stated that Rita James had originally intended presenting this report (along with others on the agenda) but this had unfortunately not been possible. It was suggest that if the Committee had any further questions these could be relayed to Rita James for a response.

Ian Wells stated that this was an excellent report and praised the team. Jayne Sadgrove concurred. Members **NOTED** that the only planned audit of clinical coding was that undertaken by NWIS. It was suggested that consideration be given to including this area in CTM's internal audit work programme. Georgina Galletly stated that this issue was already part of Audit & Risk Committee discussions and Clare Williams added that this had been raised between herself and Alan Roderick and would therefore feature on future audit work programmes. Members **NOTED** a clinical audit assurance framework was also being developed.

Rob Bleasdale stated that the DPN system provided for multiple users to access the system at the same time and therefore information would be available to the clinical coding team more quickly.

In resonse to a question around clinical coding targets of 90% for primary and 80% for secondary diagnosis, Clare Williams stated that these were Welsh Government targets and that the ambition was always to achieve more wherever possible.

RESOLVED: the report be **NOTED.**

9/20/7ii   Audit Wales Report - Clinical Coding

The above report was **RECEIVED.**

Ahead of the meeting IMs had sought clarity around the following points; the corresponding answers are also set out below:

IM Questions: 3.3 page 16 performance against timeliness dropped to 25% in March 2020, what are the reasons and is this now improving? Response: Due to the high number of trainee coders, contract coders were engaged to help us meet the target for 2019/20. However we had to suspend the use of contractors due to the Covid restrictions. We continue to code the backlog along with current activity and given the need to maintain social distancing, we continue to be unable to utilise contractors within the Williamstown Hub environment.

IM Question: Page 17 - uncoded FCEs at May 31st for 2019 to 2020 period were around 26,000, do we have a plan to solve this? Response: We are relying on our internal capacity alone to address the backlog for the foreseeable future. It will therefore take longer to clear, but there are no alternatives whilst the current restrictions remain in place within the Williamstown Hub.

Whilst acknowledging the improvements since of late in terms of clinical coding an IM asked why there had been such a significant reduction in coding throughput in March 2020 and why there were so many outstanding coding items from 2019/2020 and before this as referenced in exhibit 5. Furthermore they referenced the chart on page 23 of the report which said that the clinical coding team were short-staffed. The IM asked what plans were in place to address these issues.

Clare Williams stated that plans were in place to address these issues and that Alan Roderick would be asked to attend the next meeting to respond to these issues. Rob Bleasdale asked that Alan Roderick also provide confirmation around the numbers of coders which had transferred into CTM following Bridgend Boundary Change. <mark>**ACTION AR**</mark>

RESOLVED: The report was **NOTED.**

9/20/7iii **Thematic Report – Public Service Ombudsman for Wales- Lost and Mislaid Records.**
The above report was **RECEIVED.**

Ahead of the meeting IMs had sought clarity around the following points; the corresponding answers are also set out below:

IM Question: Will we still have paper records to store after the digitisation project or will we destroy them? Response: Digitised records will be quality checked by Medical Records staff after scanning, comparing the digital images with the paper record for an accurate representation of the paper record. This checks for

completeness, legibility and whether the images are presented in the same structure and order as the paper file. In the early stages, 100% of the scanned records will be QA'd. Once we are satisfied with the QA outcomes, the percentage will gradually reduce continuing at a lower rate in the long term. Providing the file passes the QA process, the paper file will be quarantined for a 3 month period, in case of any subsequent queries. It will then be confidentially and legally destroyed. Despite the Infected Blood Inquiry (IBI) 5-year embargo on records destruction, this is acceptable as we are retaining the information in digital form. The records being digitised are those of patients attending for care. We have hundreds of thousands of other records that need to be retained for between 8 - 25 years after attendance that will not be digitised and they will therefore require long term storage. The legal retention period of 8 – 25 years will only apply once the IBI is concluded (which is likely to be late 2023). We will have to retain all non-digitised records in paper for 5 years longer than the normal legal timescales. Currently 2 years have already elapsed and there are 3 more years before we can revert to the normal destruction process. There are other record types outside the scope of digitisation that will continue to be stored, for the same length of time.

RESOLVED: the report be **NOTED.**

9/20/8i **COMMITTEE REFERRAL -   Mental Health Act Monitoring Committee**
Members **NOTED** that this referral which related to errors made in adminstrating the Mental Health Act in hard copy ('defects' can arise from errors in patient demographic details for instance) The referral asked the Committee to consider if such information could be pre-populated if the process was digitised.   Karen Winder responded that the DPN project was not currently scoped to include mental health but that a case was being developed in this regard.

9/20/8ii **COMMITTEE REFERRAL – AUDIT & RISK COMMITTEE**
Internal Audit Follow-Up Report – Cyber Security

The above report was **RECEIVED.**

Ahead of the meeting IMs had sought clarity around the following points; the corresponding answers are also set out below:

IM Questions/Comments: *Good to see significant progress in this report.   page 13-was the patching strategy and SOP published in July?* ***Response:*** *Standing Operating Procedures (SOPs) are being developed, there is a strategy and Microsoft patching in place with monthly patching of desktop and servers.*

Servers use IVANTI patching which is controlled by the Cyber Team.

IM Question: page 15 references an old software policy, has this been presented to DHSSG? Response: This has not yet been yet completed. Working groups are in place to review environment servers, network etc uses principle for Cyber essential scheme. We are also including Clinical Engineering in these groups. An option within the Kaspersky system identifies applications that are a risk.

IM Question: Page 17 - have firewall rules now been updated? Answer: In terms of the devices, security issues, recommendations and standards are now complete around firewalls and switches. With regard to firewall rules, the Cyber team now carries out the request, these procedures are fully documented. ICT purchased 800 additional solar wind licences which will allow the analysis of the firewall rules to ensure all firewalls are up to date. An upgrade of solar winds server is planned.

IM Question: Page 19 - have references to policies and procedures now been added to our intranet? Response: Yes a tab has been created which provides staff with news and updates

RESOLVED: the report be **NOTED.**

9/20/9   ITEMS TO NOTE FOR INFORMATION

9/20/9i   Digital Inclusion in Health & Care Wales
The report was **RECEIVED** and **NOTED.**

9/20/9ii   Forward Work Plan
The forward work plan was **RECEIVED.**

Georgina Galletly suggested that it may be helpful to receive a presentation on Digital Business Continuity. Karen Winder stated that whilst there would indeed be an ICT service continuity plan, each individual department was also required to hold its own plan in this respect.

Georgina Galletly also said that bearing in mind it had been necessary to stand down this Committee during the height of the pandemic, it would now be important to prioritise its work plan. Members were therefore asked to relay any suggestions to Wendy Penrhyn-Jones within the next four weeks.

9/20/9iii **Committee Highlight Report**

Ian wells suggested this be completed by Wendy Penrhyn-Jones outside the meeting and shared with Georgina Galletly/ Clare Williams and himself for agreement prior to it being submitted to the Health Board.

9/20/10 **ANY OTHER BUSINESS**

There was none.

9/20/11 **DATE OF NEXT MEETING**

This was due to take place on 15th December 2020. Dates for the 2021 meetings were currently being finalised.

SIGNED ....

I Wells, Committee Chair

DATE ....

UNCONFIRMED