

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**UNCONFIRMED MINUTES OF THE MEETING OF THE  
DIGITAL & DATA COMMITTEE  
HELD ON 23 MARCH 2022  
VIRTUALLY VIA TEAMS**

**PRESENT:**

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

**IN ATTENDANCE:**

Stuart Morris	Director of Digital
Cally Hamblyn	Assistant Director of Corporate Governance & Risk
Andrew Nelson	Chief Information Officer / Senior Information Risk Owner
Sallie Davies	Deputy Medical Director
Christian Smith	Lead Informatics Nursing Specialist
Paul Chilcott	Head of Server Management
David Sheard	Assistant Director of Service Transformation
Claire Northwell	Head of Information Governance
Kathrine Davies	Corporate Governance Manager

**03/22/01 WELCOME & INTRODUCTIONS**

Ian Wells welcomed everyone to the meeting and in particular to Stuart Morris, Director of Digital who was attending his first meeting since coming into post.

Tributes were paid to Liam Morrissey, Integration and Development Lead for Betsi Cadwaladr University Health Board and a former CTM colleague who had sadly and suddenly passed away. Liam had worked for CTM for over 26 years, most recently as the Head of Software Development. Members extended their deepest condolences.

**03/22/02 APOLOGIES FOR ABSENCE**

Apologies were **RECEIVED** from Georgina Galletly, Director of Governance, Kelechi Nnoaham, Director of Public Health, Lynda Thomas, Independent Member, Robert Bleasdale, Chief Clinical Information Officer/ Consultant Cardiologist and Karen Winder, Assistant Director of Information, Communication and Technology (ICT). The Chair requested that when Executive

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Directors were unable to attend that they ensure a Deputy was in attendance in their absence.

### 03/22/03 **DECLARATIONS OF INTERESTS**

There were none.

### 03/22/04 **CONSENT AGENDA**

No questions were received prior to the meeting.

### 03/22/05 **ITEMS FOR APPROVAL**

#### 03/22/06 **Minutes of the meeting held on 14 October 2021**

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

#### 03/22/07 **Minutes of the In-Committee meeting held on 14 October 2021**

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

#### 03/22/08 **Committee Annual Cycle of Business 2022-2**

The Annual Cycle of Business for 2022-23 was **APPROVED** subject to one minor amendment.

#### 03/22/09 **Committee Terms of Reference**

The revised Terms of Reference were **ENDORSED FOR BOARD APPROVAL** subject to one minor amendment.

### 03/22/10 **ITEMS FOR NOTING**

#### 03/22/11 **Action Log**

The Action Log was **NOTED**.

#### 03/22/12 **All Wales Independent Member Digital Network Highlight Report**

The Highlight Report was **NOTED**.

### 03/22/13 **MAIN AGENDA**

#### 03/22/14 **Matters Arising Otherwise Not Contained within the Action Log**

#### 03/22/15 **Organisational Risk Register**

C. Hamblyn presented the report that provided the Committee with the risks assigned to the Committee graded as a risk score of 15 and over.

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The Committee noted that there were two new risks that had been assigned to the Committee.

I Wells requested an update on Risk 4699 and was advised that further information on the status of this risk was captured in the Information Governance Group Highlight Report later in the agenda

J. Sadgrove queried whether there were any new emerging risks given the current circumstances within the Ukraine. A. Nelson advised that a briefing on this would be provided in the In Committee Session, however, he confirmed that the National Cyber Security Centre had not increased the threat level but have asked that organisations take a digital action.

I Wells queried the limited movement on the risks and the reasoning that many had remained static for some time. C. Hamblyn advised that they were still awaiting the outcome of the Information Governance resource application and the Integrated Medium-Term Plan. The other risks are in relation to digital. A Nelson advised that work was underway on mitigating the risks and it was hoped that they would move to a position where a risk score would be presented which would ensure a better way of presenting risks around a general more thematic risk theme rather than granular.

C. Hamblyn reminded members that the Board Assurance Framework was currently in its development and would be addressing strategic risks and this would be presented to the March 2022 Health Board Meeting.

S. Morris assured the Committee, the strategic risks were key priorities that the Committee needed to focus on, acknowledge that the BAF and risk management is an iterative process, a good development to date but remains a work in progress.

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

**03/22/16 Internal Audit Report – IT Service Management Follow Up**  
A Nelson presented the Follow Up Internal Audit Report on IT Service Management. The Committee **NOTED** that the report had received a 'Reasonable Assurance'.

Members were advised that there were four actions outstanding from the initial report and a Head of Service Management had now been appointed who will lead on the work programme to complete the outstanding actions by the end of Quarter 1 2022-23.

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The Chair congratulated everyone on good progress made.

S Morris reiterated the congratulations and commented that excellent progress had been made in this domain and he was delighted with the new appointment made which will support the focus on service management and enhancing the service provision over the next 12 months.

Resolution: The Committee **NOTED** the report

### 03/22/17 Internal Audit Report – Bridgend/CT Aggregation

A Nelson presented the Internal Audit Report on the transfer of Information Services within Bridgend to Cwm Taf Morgannwg University Health Board from Swansea Bay University Health Board. Members **NOTED** that the report had received a 'Limited' Assurance.

I Wells referred to the £2m from Welsh Government capital funding for the network and queried whether it remained outstanding and would likely to be resolved. A. Nelson advised that they would be able to install a 4GB pipe between Bridgend and the previous Cwm Taf Health Board, a full network design of the Princess of Wales Hospital including a new firewall which was estimated to be in the region of £2m so there was a capital requirement. Hopefully the 4GB link would be installed this year as it remained a critical dependency and without further capital support would not be able to undertake a full migration.

S. Morris advised that this work was critical and colleagues would be aware that this had been raised at the Board in terms of the capital allocation and what can be managed as part of the digital capital funding recognising that this would not meet £2m required. Further capital funding would not be received until 2022-23 and this has been outlined in the Digital section within the Integrated Medium Term Plan (IMTP) report further on in the agenda.

I Wells stated that this had been ongoing for many years and paid tribute to the team for managing this and the effort they had put in to support this area of activity in very challenging circumstances, however, he expressed his concern that this lack of funding still remained and presented a critical situation.

J. Sadgrove commented that this was a really helpful report and really valued the management responses which showed the development and progress had been made on the Patient Administration System (PS) Cancer Network Information System Cymru.

Resolution: The Committee **NOTED** the report and the ongoing management actions.

**03/22/18 Bridgend and CT Aggregation Plan Highlight Report**

S. Morris presented the report which provided an update on progress of the disaggregation of ICT services from Swansea Bay UHB.

S. Morris thanked the team for achieving what they had so far in driving this work forward. The report indicated an ambitious plan for 2022-23 to deliver the change and it had been worked through in a level of detail by CTMUHB colleagues and still to be overall agreed with Swansea Bay colleagues. The Joint Executive Group (JEG) had requested that the plan was received by them at their next meeting in June. To deliver the full disaggregation Swansea Bay would require additional monies and a bid was being submitted to Welsh Government for this along with additional funding for CTMUHB. It was also noted that there are some significant strategic projects on-going in relation to the Cancer Network Information System Cymru (Canisc) and Cancer. These changes will remove the reliance on the current legacy Canisc system and integrate Cancer functionality and information into the Welsh Clinical Portal.

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

**03/22/19 Information Governance Group Highlight Report**

The report was **RECEIVED** and presented by C. Hamblyn that provided the Committee with an update on the key issues considered by the Information Governance Group at its meetings held on the 11 January 2022 and 8 March 2022.

C. Hamblyn referred the Committee to the alert and escalation within the highlight reports with regard to positive escalation and thanked the Information Governance Team and the SIRO for the work they were undertaking in relation to Freedom of Information (FOI) requests, recognising that as a small IG Team they continue to deliver high performance. This was also recognised in the Information Commissioners Office (ICO) Audit Report further on in the agenda.

In relation to the risk in relation to the sustainability of the IG Function, C. Hamblyn advised that if the funding was request was not successful within the IMTP they will have to further risk prioritise the activity flowing through the team due to limited capacity and increase in demand, acknowledging that this in turn could lead to increases in ICO referrals. The Committee agreed

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to ensure the Board are aware through the Committees highlight report of this important risk.

I Wells queried whether FOI requests had increased due to Covid-19. C. Hamblyn advised that the team had considered whether this was as a direct result of the pandemic, however concluded that this did not appear to be the case and there remains an upward trend. Benchmarking with other Health Boards has been undertaken and similar trends and increase in demand has been recognised by other Health Boards.

J. Sadgrove commented that there was clearly significant activity flowing through the function and was interested to note how this was continuing to expand, recognising the Health Board had little control over the increase in demand. J. Sadgrove queried whether the Data Protection Impact Assessments (DPIAs) had to be undertaken solely by the team or whether staff could be trained sufficiently to undertake these. C. Hamblyn advised that the originating function or department could populate the DPIA as much as possible with the details of the proposed data sharing agreement, however, the IG Team provide the specialist advice and Data Protection Officer sign off which could not be delegated.

S. Morris stated that he concurred with the comments made by C. Hamblyn regarding Data Protection Impact Assessments (DPIA) in that you are reliant on the professional expertise of the team to assess these. He added that he fully supported the requirement for additional resources for the team to meet their legal obligations and the implications this would have for a Health Board should this not be met in relation to the ambition to become a digitally first organisation, which would require investment in not only information governance but also for the digital transformation agenda and the digital team.

A Nelson assured the Committee that he and the IG Team would be reviewing the risk to ensure that it clearly articulates the approach taken i.e. that they would not be processing data without compliance within the GDPR law.

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

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### **Audit Report – Information Commissioners Office**

C. Hamblyn presented the report which provided the Committee with the outcome of the Information Commissioners Audit in January 2022. The Committee **NOTED** that the report has received a 'reasonable' Assurance.

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I Wells referred to the other Audit Reports and queried whether these would be received by the Audit & Risk Committee. C. Hamblyn confirm that they would, however, due to the nature of this review it was important to ensure that the Committee was sighted.

S. Morris extended his thanks to the team for the work they had undertaken during this very intense period in retaining a focus and intensity on a robust audit return to the ICO.

Resolution: The Committee **NOTED** the report and the Action Plan.

### IMPROVING CARE

#### 03/22/21 Digital 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 Integrated Medium Term Plan (IMTP) across the 8 strategic solutions.

D. Jouvenat made a couple of observations and advised that there seemed to be a common theme within the report in relation to funding which was affecting Bridgend which was concerning and related to the Business Case on page 6 of the report and the foetal monitoring. A. Nelson advised that before a national Business Case could be submitted there would be a need to understand the local need, for example the welsh nursing care record work which had been very successful.

J. Sadgrove queried what steps were being taken to manage the gap within existing data for business cases and the foetal monitoring. S. Morris advised that this was a very valid point and he had raised this with the Chief Executive in relation to improved alignment with service plans and future business plans as a piece of work to take forward and address over the next twelve months.

J. Sadgrove referred to the 'Open Eyes' project and queried whether this was for primary care. A. Nelson confirmed that it was one element of it, the other was in relation to glaucoma and having digital links between secondary care and primary care. There was limited funding within the IMTP for that and that might need to be looked at differently for next years planning process in the IMTP.

I Wells referred to the lack of recruitment within coding which had been an issue for some time and queried whether it was a national problem and could the national language processing tool be used to help with that. A. Nelson advised that T. Powell,

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Innovation Manager was now working in collaboration with Aberystwth University on this work and if there were opportunities to do this they would be explored, however the priority at the moment was to clear the coding backlog.

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

### CREATING HEALTH

#### 03/22/24 **Integrated Medium-Term Plan - Digital Programme for 2022-23**

The report was **RECEIVED** and presented by A Nelson.

S. Morris commented on the level of detail contained within the IMTP and thanked the team in terms of the work undertaken on this and the way it had been conducted with the rationale and methodology. The digital team would be working closely with the Digital Delivery Board and the Planning team before the priority list is finalised next week.

I Wells commented that he was in full support of the comments made by S. Morris, noting that the process had been very logical and well thought through.

I Wells referred to the digital voice recognition for transcription and queried whether that was for GPs or for Clinicians taking notes. A. Nelson advised that there were around 200 Licenses that were rolled out as a project at the end of last year, the technical kit bought was the nuance which allowed voices to screen and will be changing the way in which medical secretaries work managing correspondence with patients rather than just typing the letter and doing digital transcriptions.

*16.58 pm A Nelson left the meeting.*

### IMPROVING CARE

#### 03/22/22 **Critical Incidents Report**

P. Chilcott presented the report which outlined the critical incidents affecting digital services which have had significant impact on users and services from November 2021 to March 2022.

I Wells queried the section in 2.1.1. on storage area networking and advised that the wording on this which stated "when they fail" was concerning as it implied that this was happening regularly. P. Chilcott advised that the wording would be



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reviewed to provide greater clarity in response to the query raised.

I Wells referred to the failover systems and the back-up and queried whether the system was like that due to it taking a long time to come back up. D. Sheard advised that the system failed over automatically and needed manual triggers to do that. There was a good level of delay when that decision-making process goes through. The Welsh Laboratory Information Management System (WLIMS) was currently going through a procurement process and he would query the level of business continuity that would be reflected in that.

S. Morris commented that from a Board and Committee perspective in terms of assurance, a number of national systems relied on a small amount of intervention. There was a significant period of downtime then they move across to down time or a business continuity arrangement which could cause a level of disruption. He referred to the Laboratory Information Network Cymru (LINC) programme of work but that would not be before October 2022 and the current system would not be in situ by then. It was agreed that S. Morris would take this away as an action and check with K. Winder that this was within the specification.

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

Action: To review the wording in section 2.1.1

Action: To query the specification of the LINC system with the Assistant Director for ICT

### **03/22/23 Digital Communication January to March 2022**

S. Morris presented the report which provided an update on the various plans to enhance communication of digital related topics.

S. Morris advised that the report was for information for the Committee on the improvements in communication that had been identified. He added that some of the messaging and critical information can sometimes get lost and the team were now working with the Communications team to take an element of control to maximise the amount of things available, using a microsoft platform to engage and improve on communications with the service and to be more active on social media.

Members were advised of the launch of the digital blog newsletter which had been shared with the Chief Executive and had received good feedback from the senior team.

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I Wells referred to ticker tape messaging and asked why it was used. S. Morris advised that it was a quick and effective way to get messages out and was proactive in picking up issues before they materialised.

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

### **OTHER MATTERS**

#### **03/22/25 Future Work Programme**

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

S. Morris advised that there were sessions digital master classes going to be held in April, June and October and user design, the results of which could be brought back to the Committee for a future meeting.

#### **03/22/26 Committee Highlight Report to Board**

C.Hamblyn highlighted some key areas for inclusion within the Highlight Report to Board which was agreed. The Chair suggested that the highlight report be completed by the Governance Team outside of this meeting and shared with Lead Directors and the Chair for approval prior to its presentation at the next Health Board meeting.

#### **03/22/27 ANY OTHER BUSINESS**

#### **03/22/28 HOW DID WE DO TODAY?**

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

Members thought that the amount of information provided was very clear and easy to understand. Members were of the opinion that the Chair had managed the meeting very well and that the meeting had evolved significantly since its inception with a good balance of strategic programmes and projects.

#### **03/22/29 DATE AND TIME OF NEXT MEETING**

This was due to take place on 22 June 2022 at 2:00 pm.