

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**UNCONFIRMED MINUTES OF THE MEETING OF THE  
DIGITAL & DATA COMMITTEE  
HELD ON 22 JUNE 2022  
VIRTUALLY VIA TEAMS**

**PRESENT:**

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

**IN ATTENDANCE:**

Kelechi Nnoaham	Executive Director of Public Health (Caldicott Guardian)
Georgina Galletly	Director Corporate Governance
Andrew Nelson	Chief Information Officer / Senior Information Risk Owner
Cally Hamblyn	Assistant Director of Corporate Governance & Risk
Claire Northwell	Data Protection Officer
Robert Bleasdale	Chief Clinical Information Officer
Paul Chilcott	Head of Cyber
Bethan Marsh	Clinical Records Modernisation Manager
Emily Howell	Audit Wales
Jon Ashford-Clark	4C Consultancy (Agenda Item 4.3)

**06/22/01 1.1 WELCOME & INTRODUCTIONS**

Ian Wells welcomed everyone to the meeting and in particular to Emily Howell from Audit Wales who was observing the meeting and Bethan Marsh, Clinical Records Modernisation Project Manager who was in attendance to present Agenda Item 4.4 Medical Records Assurance Report and Jon Ashford-Clark from 4Cs Consultants who joined the meeting for the presentation on the IT Infrastructure Review.

**06/22/02 1.2 APOLOGIES FOR ABSENCE**

Apologies were **RECEIVED** from Stuart Morris, Director of Digital, Dom Hurford, Executive Medical Director, Lynda Thomas, Independent Member and Karen Winder, Assistant Director of Informatics.

**06/22/03 1.3 DECLARATIONS OF INTERESTS**

No declarations of interest were received.

**06/22/04 2.0 CONSENT AGENDA**

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

**06/22/05 2.1 ITEMS FOR APPROVAL**

- 06/22/06 2.1.1 Minutes of the meeting held on 23 March 2022**  
The above minutes were **CONFIRMED** as an accurate record.
- 06/22/07 2.1.2 Minutes of the In-Committee meeting held on 23 March 2022**  
The above minutes were **CONFIRMED** as an accurate record.
- 06/22/08 2.1.3 Live Streaming Policy**  
The Policy was **APPROVED**.
- 06/22/09 2.2 ITEMS FOR NOTING**
- 06/22/10 2.2.1 Action Log**  
The Action Log was **NOTED**.
- 06/22/11 2.2.2 All Wales Independent Member Digital Network Highlight Report**  
The Highlight Report was **NOTED**.
- 06/22/12 3. MAIN AGENDA**
- 06/22/13 3.1 Matters Arising Otherwise Not Contained within the Action Log**  
No further matters were identified.
- 3.2 GOVERNANCE**
- 06/22/14 3.2.1 Organisational Risk Register**
- G. Galletly presented the report that provided the Committee with the risks assigned to the Committee graded as a risk score of 15 and over and noted that risk updates are highlighted in red.
- D Jouvenat queried whether the introduction of Integrated Locality Group (ILG) Champions referenced in risk 4339 would be impacted by the review of the Operating Model. In response, G Galletly confirmed that these would just be identified through the Care Groups going forward.
- J Sadgrove and I Wells drew attention to the extremely fragile position in relation the Information Governance Risk (Risk ID 4699). G Galletly advised that this remained a high risk for the Health Board in terms of capacity and demand. G Galletly assured the Committee that following C Northwell's resignation the Head of Information Governance role would be imminently advertised and that she was working closely with S Morris to secure interim support in relation to the Data Protection Officer role and exploring opportunities that might be realised through the operating model changes.
- J Sadgrove drew attention to risk 4664 relating to Ransomware Attack and noted that many of the actions had passed their review date. In response, A Nelson advised that a number of the planned actions were on target with significant progress having been made. The risks would

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be updated outside the meeting to ensure they accurately represent the current position.

A general action was noted by the Committee to ask risk owners to ensure risks were updated in accordance with their review dates.

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

Actions: A Nelson to update Digital Risks to ensure they represent the current position and review dates are up to date.

### **06/22/15 3.2.2 Internal Audit Report – IT Service Management Follow Up**

A Nelson presented the Follow up Internal Audit Report on IT Service Management which was completed in March 2022 and has been categorised as a 'Reasonable Assurance' rating.

A Nelson confirmed that all actions articulated in the management response had progressed in terms of timescales and were being prioritised in terms of their rating, focussing on critical assets.

A Nelson provided assurance that a key post was now in place so many of the actions were being addressed at a considerable pace.

I Wells noted the positive progress to date.

Resolution: The Committee **NOTED** the report

### **06/22/16 3.2.3 Internal Audit Report –Digital Strategy**

A Nelson presented the Internal Audit 'Follow Up' Report on the Digital Strategy which was completed in April 2022 and had been categorised as a 'Reasonable Assurance' rating.

A Nelson assured the Committee that the recommendations were being progressed and the strategy was an iterative process which continued to evolve in order to align with the Health Boards 2030 strategy and remained a firm and sound basis for the direction of travel and ambition for the digital agenda.

It was noted that the Health Boards Strategy also needed to align with the national direction of travel and advised that the Health Board was represented on national networks as appropriate to ensure the Health Board was engaged in any developments and that its position was reflected and recognised.

I Wells noted the excellent progress in this area of activity.

J Sadgrove recognised the proactive approach to ensuring engagement locally and nationally in order to influence and to understand how the strategy would need to develop, recognising that although important it could also be challenging.

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

### 06/22/17 3.2.4 NIS-D Audit Report

A Nelson presented the report providing an update on progress against the Internal Audit into the NIS Directive. The Internal Audit was completed with a 'Reasonable Assurance' rating.

It was noted that further detail in relation to cyber security and the improvement actions were captured in the In Committee paper due to the sensitivities of articulating cyber security in the public domain.

J Sadgrove commented that she took assurance from the report in particular the confirmation received by audit that the self-assessment from the Health Board was an honest and transparent picture.

A Nelson noted that the cyber security team have a full day session with the Cyber Resilience Unit on the 23<sup>rd</sup> June 2022.

The Committee were fully supportive of the direction of travel being taken in relation to mitigating the cyber risk.

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

## 4. IMPROVING CARE

### 06/22/18 4.1 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 and the challenges faced in the last quarter.

Attention was drawn to the key areas of activity captured in detail within the report presented to the Committee in relation to:

- Digital Health Board and Single Patient View
- Insights-driven Healthcare
- Intelligently integrated healthcare
- Digital Workforce
- Adoption and Exploitation
- Digital Enablers
- Risks to the Digital Programme

In relation to service resiliency, P Chilcott reported on the notable loss of service incidences experienced in April and May 2022.

K Knoaham expressed concern around the following programmes that relied upon the release of funding through the Health Boards investment prioritisation process and what would happen if funding was not allocated:

- Emergency Medicine (WEDS)
- E Whiteboards

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- Integration of Primary Care and Health Board Data

A Nelson advised that all programmes were subject to robust governance via the Digital Delivery Board and concerns escalated and communication plans developed to ensure staff remained informed of any impact to programmes.

In response to the specific programmes highlighted, in terms of WEDS, A Nelson advised that lessons had been learned in relation to how funds were allocated at the start of the programme and how it was executed. He assured the Committee that all aspects of the programme had been documented so if further funding was received the programme could recommence quickly and that there would be minimal waste.

R Bleasdale commented that the impact of the pandemic on the WEDS programme should not be underestimated, he also noted that the single year funding model and reliance on contractors present further challenges that were particularly exacerbated by the pandemic.

In relation to the E White Boards, A Nelson advised that the Health Board was not at risk of any waste in terms of this programme.

Integration of Primary Care and Health Board Data, A Nelson recognised that this activity was an essential part of the Health Boards ambition and was an underpinning element in terms of being a population health organisation, however it was part of a prioritisation process for this year's annual plan. A Nelson stressed that in addition to funding the Health Board does not have sufficient Developers or Information Governance resource to fulfil the ambitions.

J Sadgrove asked the Digital Team to consider the following points:

- Ophthalmology (Open Eyes) – was there any planned care funding which could be used to support this programme as it aligns to the Audit Wales Report on Planned Care where Ophthalmology was recognised as a significant area of concern.
- Community Services (WCCIS) – in considering the assessment for prioritisation, the regulation 28 from the coroner in relation to prevent further loss of life should be a significant consideration factor.

J Sadgrove also noted the following comments:

- The single sign on initiative was welcomed.
- Welsh Nursing Care Record (WNCR) – following a visit to the Royal Glamorgan Hospital it appeared that this was embedding positively within the service and receiving good feedback. In talking to staff the involvement of users in future developments was paramount.
- Clinical Coding – commended the progress to date and the impact the changes had already made in terms of operation.

I Wells also commended the developments around Clinical Coding and encouraged the continued testing of the product to develop it further.

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He also recognised how positive it was to see a National Strategy on clinical coding.

I Wells queried whether in terms of laptop replacement whether the Health Board could consider laptop leasing schemes.

In concluding this matter the significant work on the infrastructure rollout was noted.

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

Actions: S Morris and the Digital Team to consider the following actions:

- Ophthalmology (Open Eyes) – was there any planned care funding which could be used to support this programme as it aligns to the Audit Wales Report on Planned Care where Ophthalmology was recognised as a significant area of concern.
- Community Services (WCCIS) – in considering the assessment for prioritisation, the regulation 28 from the coroner in relation to prevent further loss of life should be a significant consideration factor.
- Explore the use of laptop leasing schemes.

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### 4.2 Bridgend and CT Aggregation Plan

C Johnson presented the report which set out the proposed approach to disaggregate the remaining informatics and ICT services from Swansea Bay University Health Board in a phased approach and the timeframes involved, noting the following key points:

- The overall timeline was an aspirational view of the project and should be considered with the caveat that the dates were indicative and funding and dates might change.
- The 2022-2023 plan was a more detailed articulation of the planned activity to be undertaken prior to April 2023. It was noted that there was no specific resource dedicated and that this would be undertaken within the business as usual resource.
- That there were both capital and resource constraints at this time which exacerbate the risk of the time it takes to deliver being prolonged and manual processes being adopted.

Following discussion it was agreed that it was not for the Committee to approve the timeframes but to support the direction of travel.

Resolution: The Committee **NOTED** the report and **SUPPORTED** the direction of travel for the Bridgend and CT Aggregation Plan

**06/22/20**

**4.3 Infrastructure Programme**

J Ashford Clark from 4C Consultancy provided a powerpoint presentation on the 'IT Infrastructure Review Phase 2'.

The presentation captured the six areas of further investigation that were identified in the discovery phase of the project as outlined below, and were subject to a deep dive.

The Committee received an overview of the following six Technology Areas

1. Application Deployment (Citrix) – Current arrangements (Key Issues/What changed?) Financial Analysis and recommendations.
2. Data Centre Strategy – how and where we host in the future
3. Network: LAN WIFI WAN / PSBA Connections Swansea Bay Detachment
4. Telephony - Current Arrangements and recommendations.
5. Printing – current position / Observations from stakeholder sessions. Future Strategy and opportunities.
6. Security – Access to services and applications, end of life network and end user devices, endpoint protection, improvement protection and access of mobile devices / cyber essentials / NIS compliance work ongoing.

The presentation concluded with consideration of the Investment Model – Financial Analysis, Timescales and future plans/next steps.

Following detailed discussion assurance was received that the review was not just focussed on the District General Hospitals and attention was also given to the smaller sites.

In concluding the item, A Nelson advised that the outcome of the report would now be considered by the Digital Delivery Board in terms of next steps and suggested a future report to the Committee on the Infrastructure Plan.

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

Action: A Nelson to provide a future report on the Infrastructure Plan.

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**4.4 Medical Records Assurance Report**

B Marsh presented an update the current progress and challenges regarding the Digitisation of Patient Notes Project and the current issues within the Medical Records Department.

The following key risks were considered in further detail by the Committee:

- Delay in the completion of the Digital Patient Notes Project.
- Delay in day forward scanning against target.
- Impact of additional record storage on medical records departments across the Health Board such as the embargo enforced in relation to the Infected Blood Inquiry.

Concerns were noted by the Committee in relation to the delays and increasing costs and resource implications. In response, B Marsh advised that there was involvement at an Executive Level to take forward discussions and robustly manage compliance with timescales. She also noted that S Morris has requested an Internal Audit review to be undertaken on the activity and that the Digitisation Programme Board was reinstated.

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

### **06/22/22 4.5 Digital Communication**

R. Bleasdale presented the report which provided the Committee with an update on the latest digital engagement across the Health Board, specifically the Consultant Away Day which was held on Tuesday 10 May 2022 and a digital session with the Speciality and Associate Specialist (SAS) Doctors on Friday 27th May 2022.

Following discussion and receipt of the slide presentation, J Sadgrove commended the excellent report and engagement to date.

R Bleasdale recognised that the outputs and feedback presented no surprises to the Digital Team as the areas of improvement highlighted in the sessions were already recognised in the digital improvement plans.

In terms of accessibility, D Jouvenat suggested that the use of red and yellow text was avoided in the presentational slides.

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

Action: S Morris / All – in terms of accessibility avoid the use of red and yellow text.

### **5. SUSTAINING OUR FUTURE**

#### **06/22/23 5.1 New Operating Model and Digital Response**

G Galletly presented the report providing assurance that there was a unified change programme underway with digital closely aligned throughout.

The following key points were also noted:

- It was anticipated that Welsh Government would consult on a refreshed Digital Strategy for Health and Care in the summer of 2022, and the Health Boards Digital Strategy would be reviewed in light of any changes in the National Strategy.
- The consultation on the revised Operating Model had now closed and there were no specific comments received in relation to digital and data proposals so these had now been included in the implementation model.

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

**6. OTHER MATTERS**

**03/22/24 6.1 Committee Highlight Report to Board**

Ian 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.

**06/22/25 6.2 Forward Work Plan**

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

**06/22/26 6.3 ANY OTHER BUSINESS**

**06/22/27 6.4 HOW DID WE DO TODAY?**

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

- In order to support the Chair in the efficient running of the Committee, when introducing items presenters should do so in the context that all members will have read the paper and will only need to be aware of any salient points and/or issues that may have changed.

**06/22/29 DATE AND TIME OF NEXT MEETING**

The next meeting is scheduled for the 28<sup>th</sup> September at 2:00 pm.

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