

# Digital & Data Committee

Mon 12 June 2023, 13:00 - 15:30

Virtual Via Teams



## Agenda

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### 13:00 - 13:05 **1. PRELIMINARY MATTERS**

5 min

*Ian Wells, Chair*

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

*Ian Wells, Chair*

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

*Ian Wells, Chair*

For Noting

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### 13:05 - 13:15 **2. CONSENT AGENDA**

10 min

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

##### **2.1.1. Unconfirmed Minutes of the Meeting held on 13 March 2023**

*Ian Wells, Chair*

For Approval

 2.1.1 DDC 20230612 - Unconfirmed Minutes 13.03.23 DDC 12 June 2023.pdf (9 pages)

##### **2.1.2. Unconfirmed In Committee Minutes of the Meeting held on 13 March 2023**

*Ian Wells, Chair*


For Approval

 2.1.2 DDC 20230612 - Unconfirmed ICmt Mins 13.03.23 HSFSC 12 June 2023.pdf (2 pages)

##### **2.1.3. Committee Annual Report 2022-23**

*Assistant Director of Governance & Risk*

For Approval

 2.1.3 DDC 20230612 - Draft Committee Annual Report 2022-23 Cover Report.pdf (2 pages)

 2.1.3a - Appendix 1 Committee Annual Report 2022-2023.pdf (7 pages)

 2.1.3b - Appendix 2 Committee Terms of Reference.pdf (10 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 DDC 20230612 - IM Digital Network Highlight report.pdf (4 pages)

## 2.2.2. Action Log

*Ian Wells, Chair*

For Noting

 2.2.2 DDC 20230612 - Action Log.pdf (3 pages)

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13:15 - 13:45  
30 min

## 3. MAIN AGENDA

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

*Ian Wells, Chair*

### 3.2. Spotlight: Digital Services for Patients and the Public Programme - NHS Wales APP - Presentation

*Matt Cornish DSPP Programme Director*

For Discussion/Noting

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13:45 - 14:30  
45 min

## 4. INTEGRATED GOVERNANCE

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

*Cally Hamblyn, Assistant Director of Governance & Risk*

For Discussion/Noting

 4.1a DDc 20230612 - Organisational Risk Register Post ELG May.pdf (3 pages)

 4.1b DDC 20230612 Appendix 1 - Master Org RR May 23.pdf (2 pages)

### 4.2. Digital Risk Register

*Stuart Morris, Director of Digital*

For Discussion/Noting

 4.2a DDC Committee 2023\_06\_12 - Digital Risk Register - Cover Paper.pdf (3 pages)

 4.2b DDC Committee 2023\_06\_12 - Digital Risk Register - Appendix 1.pdf (44 pages)

### 4.3. Internal Audit Report - Follow Up Bridgend Transfer of Informatics Service

*Karen Winder, Assistant Director of Informatics*


For Discussion/Noting

 4.3 DDC 20230612- IA Bridgend informatics - follow up - Final report.pdf (12 pages)

### 4.4. Information Governance Group Highlight Report

*Andrew Nelson, Chief Information Officer*

For Discussion/Noting

 4.4 DDC Committee 2023\_06\_12 - Information Governance Highlight Report.pdf (8 pages)

### 4.5. ICO Audit Action Plan Progress Report

*Stuart Morris, Director of Digital*

For Discussion/Noting

 4.5a DDC Committee 2023\_06\_12 ICO Audit Action Plan - Cover Paper.pdf (3 pages)

 4.5b DDC Committee 2023\_06\_12 ICO Audit Action Plan.pdf (14 pages)

14:30 - 15:00  
30 min

## 5. IMPROVING CARE

### 5.1. Digital and Data Assurance Report

*Karen Winder, Assistant Director of Informatics*

For Discussion/Noting

 5.1 DDC Committee 2023\_06\_12 - Digital Assurance Highlight Report.pdf (11 pages)

### 5.2. Medical Records Assurance Report

*Matthew Swarfield, Head of Clinical Admin Transformation*

For Discussion/Noting

 5.2 DDC Committee 2023\_06\_12 - Medical Records Assurance Report.pdf (8 pages)

15:00 - 15:25  
25 min

## 6. SUSTAINING OUR FUTURE

### 6.1. Digital Annual Plan - Presentation

*Stuart Morris, Director of Digital*

for Discussion/Noting

15:25 - 15:30  
5 min

## 7. OTHER MATTERS

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

*Ian Wells, Chair*

For Noting

 7.1 DDC 20230612 - 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*

15:30 - 15:30  
0 min

## 8. DATE AND TIME OF NEXT MEETING

12 September 2023 at 9:30 am



## Agenda Item 2.1.1

### CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

#### UNCONFIRMED MINUTES OF THE MEETING OF THE DIGITAL & DATA COMMITTEE HELD ON 13 MARCH 2023 VIRTUALLY VIA TEAMS

#### PRESENT:

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

#### IN ATTENDANCE:

Stuart Morris	Director of Digital / Senior Information Risk Owner
Andrew Nelson	Chief Information Officer
Karen Winder	Assistant Director of Informatics
Dom Hurford	Executive Medical Director (in-part)
Paul Chilcott	Chief Clinical Information Officer
Rob Bleasdale	Chief Clinical Information Officer
Matthew Swarfield	Head of Clinical Administration Transformation
	Assistant Director of Governance & Risk
Cally Hamblyn	ICT Business Change Manager (in-part)
Nerys Lloyd	Head of Operational Flow (in-part)
Robert Foley	Advanced Information Analyst (in-part)
Keiron O'Shea	Software Development Officer (in-part)
Chris Evans	Chief Software Development (in-part)
Jeremy Bullock	Corporate Governance Manager (Secretariat)
Kathrine Davies	

#### 03/23/01 1.1 WELCOME & INTRODUCTIONS

I Wells welcomed everyone to the meeting including, the following colleagues in attendance for the Digital Whiteboards presentation at agenda item 3.2.

- Nerys Lloyd – ICT Business Change Manager
- Robert Foley – Head of Operational Flow
- Keiron O'Shea – Advanced Information Analyst
- Chris Evans – Software Development Officer
- Jeremy Bullock – Chief Software Development

#### 03/23/02 1.2 APOLOGIES FOR ABSENCE

Apologies were **RECEIVED** from Dom Hurford, Medical Director.

#### 03/23/03 1.3 DECLARATIONS OF INTERESTS

No declarations of interest were received.



## Agenda Item 2.1.1

### 03/23/04 2.0 CONSENT AGENDA

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

### 03/23/05 2.1 ITEMS FOR APPROVAL

#### 03/23/06 2.1.1 Minutes of the meeting held on 19 December 2022

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

#### 03/23/07 2.1.2 Minutes of the In-Committee meeting held on 19 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.

#### 03/23/08 2.1.3 Committee Annual Cycle of Business 2023-24

The Cycle of Business was **APPROVED**.

### 2.2 ITEMS FOR NOTING

#### 03/23/09 2.2.1 All Wales Independent Member Digital Network Highlight Report

The report was **NOTED**.

#### 03/23/10 Action Log

The Action Log was **NOTED**.

### 03/23/11 3. MAIN AGENDA

#### 03/23/12 3.1 Matters Arising Otherwise Not Contained within the Action Log

There were none to report.

#### 03/23/13 3.2 Digital Whiteboards

K. Winder introduced N. Lloyd, R. Foley, K. O'Shea, C. Evans and J. Bullock from the Informatics Team who provided a demonstration of the Digital Whiteboards to the Committee.

I Wells thanked the team for the presentation and commented that he was astounded on how much improvement had been made from earlier versions and recognising the time which would be saved once fully implemented. He suggested a further update later in the year in on how this was being developed and rolled out across the hospitals sites.

D. Jouvenat congratulated the team and queried accessibility. In response, K. Winder confirmed that the system was accessible to certified account users.



### Agenda Item 2.1.1

D. Jouvenat queried whether the system linked to patient records. K. Winder advised that although this was not available currently, the Health Board was working with Digital Health Care Wales so the form could be incorporated into the Welsh Clinical Portal (WCP).

I Wells queried whether clinicians are able to see the comments on the form when accessing via the WCP. K. Winder advised that this was the next development activity being undertaken.

L. Thomas commended this exciting development and sought clarity on the training being provided to ensure effective use of the system and data available. K. Winder advised that R. Foley's team undertake the training at the moment and N. Lloyd was currently rolling it out to ward areas. It was noted that there was no dedicated training resource.

L. Thomas expressed concerns that training provision was not currently being funded. In response, S. Morris advised that as outlined in multiple papers on the agenda there were significant challenges facing the team in terms of funding prioritisation and highlighted that training has been identified as an area of high priority. It was noted that this will be further considered in the Digital Risk Register and the Integrated Medium Term Plan (IMTP) reports later on the agenda.

S. Morris thanked K. Winder and the team for the work on this and commented that it was testament to what could be achieved in such a short space of time in an evolving climate. He added that they had a very small software development function within the Health Board which would benefit from further investment so that it could deliver more programmes of work such as the Digital Whiteboards.

I Wells commented that this was a very good news story and should be escalated to the Board within the Committee Highlight Report as well as presentation at a future Board Development Session. S. Morris agree to address this action.

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

Action: To escalate the initiative to the Board via the Highlight Report/Development Session.

## 03/23/14 4.INTEGRATED GOVERNANCE

### 03/23/15 4.1 Organisational Risk Register

C. Hamblyn presented the Organisational Risk Register that had been agreed by the Executive Leadership Group in January. She advised that the March iteration is currently being finalised.



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I Wells received confirmation in relation to his query on Risk 4887 that the completed action related to a partial aspect of the risk mitigation.

I Wells queried whether there was an update on Risk 5276 – Laboratory Information Management System (LIMS) and in response; S. Morris advised that this would be captured in the Digital Risk Register item.

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

**03/23/16**

#### **4.2 Digital Risk Register**

A Nelson presented the report that outlined the Digital Risks.

A Nelson advised the Committee that during the course of the last month the majority of the risks had remained unchanged in terms of likelihood and consequence. He highlighted that there had been some movement in relation to Cyber Security risks and these would be discussed in the private session of the Committee.

S. Morris drew attention to the risk on the LINC Programme and the Board Development Session held in February 2023 where this risk was discussed at length. He advised that the latest iteration of the plan had been received, and that the LINC Board were meeting on 14<sup>th</sup> March to discuss further. It was noted that there has been engagement in the creation of various different plans with the critical milestone required for April 2023. He advised that all Chief Executives across Wales were briefed regularly on developments.

S. Morris referred to L. Thomas' earlier comments about the capacity and resource challenges facing the Digital and Data Function. He advised that significant pressures were being realised in Information Governance compliance rates and expressed concern that to support digital transformation there would be a need for investment in this area. He further expressed concern that short-term contracts were ceasing in 2023 and if they were not able to recruit on a permanent basis then this would further exacerbate the risks in these areas.

Members recognised the risk described and L Thomas referenced the importance of having the right team in place to consider privacy sharing agreements and asked what support Independent Members could offer.

A Nelson stated that a significant objective would be to achieve data sharing between primary and secondary care, providing greater confidence to GPs, resulting in assurance then feeding into Welsh Government enabling further delivery in this area. He added that the natural tendency would be to ask Digital Health & Care Wales (DHCW) how this could be achieved but they did not have the same statutory



### Agenda Item 2.1.1

responsibility as Health Boards. He added that they were not successful in their IMTP bid for funding for this activity.

R. Bleasdale clarified that this has historically been the way that primary care digital systems were sub-contracted, and the service level agreement was with DHCW for managing the primary care systems.

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

**03/23/17**

#### **4.3 ICO Audit Action Plan Progress Report**

A Nelson presented the report providing an update on the Health Board's progress in enacting the recommendations made by the Information Commissioner Office (ICO) following the assurance visit in January 2022.

A Nelson advised the Committee that the most significant constraint to improvement remained the staffing capacity in both Information Governance and Cyber Security because of current resource allocation decisions. He expressed concerns on how these would deteriorate within the next few weeks, as the current resources did not permit the extension of the contractor arrangements for a Head of Information Governance to continue beyond 31<sup>st</sup> March 2023, nor for the Information Governance Administrator post to be replaced, following the postholder's acceptance onto a national training programme.

A Nelson advised that a further ICO review was planned for March 2023, and it was possible that due to the ongoing risks and capacity challenges that the outcome of this review could lead to action from the ICO against the Health Board in light of the pace in which it is able to address improvement action.

L. Thomas in acknowledging the seriousness of the position and risk of non-compliance sought assurance that the Health Board is considering this as a priority. In response, A Nelson commented that Information Governance is a fundamental enabler to the entire Digital Strategy and that the recent change in ICO Guidance has resulted in fines against public sector organisations. He acknowledged that the level of assurance offered was below what they would wish to provide to the Committee, however, confirmed that a risk based approach was being taken to manage and prioritise workload.

S. Morris assured the Committee that this was being viewed as a key priority not only in continuing recruitment but also in ensuring the risk was recognised in the IMTP.

D. Jouvenat recognised the concerning theme around resources and capacity within the function and requested this risk be escalated to the Board.





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J. Sadgrove expressed her agreement with the comments made by D. Jouvenat recognising that this is a very precarious situation and she hoped that the next round of recruitment would yield positive results.

As a final point D. Jouvenat requested that colleagues refrain on using the term 'manpower' in any narrative.

Resolution: The Committee **NOTED** the report and considered whether the progress made in delivering the data protection improvement programme and the continuing focus of the Information Governance on cyber security and new data sharing arrangements was appropriate and in line with the Board's Assurance Framework and the potential outcome of the ICO review in March 2023.

Action: To highlight and escalate to the Board the potential risks and consequences of the potential outcome of the March ICO review.

Action: To remove the term 'manpower' from any narrative entries.

### 03/23/18 4.4 Information Governance Group Highlight Report

A Nelson presented the report that provided the Committee with an update on matters relating to the Freedom of Information Act (FOIA), Data Protection Act 2018 and compliance with mandatory training requirements and data breaches.

D. Jouvenat referred to instances of staff inappropriately accessing records and queried what actions are taken in response. A. Nelson provided assurance that there was a protocol was followed to address incidents with staff, which involved their Line Manager.

J. Sadgrove drew attention to the table on page 5 and the delays in to Subject Access Requests in the Mental Health Function, and queried whether this was because of limited digital systems in this area or related to the nature of the requests. A. Nelson agreed to explore this further outside the meeting in relation to a breach analysis and revert to the Committee.

I Wells referred to section 3 and the staffing issues and requested that this item be escalated to Board within the Committee Highlight Report.

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

Action: To submit a deep-dive on breach analysis for subject access requests on mental health to the Committee in three months' time.

Action: Include staffing issues within the escalation section of the Committee Highlight Report to Board.



## Agenda Item 2.1.1

### 5. IMPROVING CARE

03/23/19

#### 5.1 Digital & Data Assurance Report

K. Winder presented the report providing an update on the 121 projects and work plan delivered by Informatics for 2022-23.

K. Winder advised that if Members of the Committee would like to visit the new server rooms, P. Chilcott and the team would be happy to arrange this.

I Wells advised that it was pleasing to see the amount of work being undertaken and suggested increasing awareness of these fantastic initiatives.

I Wells referred to the staffing issues and queried whether the concerns related to the vacancy scrutiny approval process. He added that in terms of recruitment, offering employees the opportunity to undertake qualifications alongside their day job may help staff retention.

K. Winder advised that they had only been provided with a small amount of funding for this year and S. Morris was working with the scrutiny panel and finance colleagues as appropriate. She stressed the commitment to developing existing employees and that they are exploring incentives to encourage staff, as well as the graduate scheme.

D. Jouvenat suggested exploring the Apprenticeship Programme.

S. Morris confirmed that they were exploring these possibilities through the degree apprenticeship and the Network 75 Scheme that the University of South Wales provided which would be a successful way of bringing people in at entry level grades, providing them with qualifications and a five-year contract. He advised that in terms of recruitment, it was right to challenge the process through the TRAC system and recognised that there were delays with the time it takes to proceed to approval stage.

S. Morris advised that the Welsh Community Care System (WCCIS) was a challenge and although they had made a decision to implement this for mental health, there was a significant resourcing element that needs to be addressed as it could not be absorbed within existing roles. He also referred to the critical care system and the national programme of work and advised that they had a solution in place but there were gaps in the functionality of the newly procured system. He added that the national programme of work was significant.

J. Sadgrove endorsed S. Morris comments and reminded Members that the Chief Executive had just sent in an Accountable Officer letter to Welsh Government which contained important requests for digital and data.



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Resolution: The Committee **NOTED** the system and infrastructure projects completed this year. **NOTED** the position as regards capital and revenue funding in relation to the digital and data programme, and **NOTED** the increase of national systems without local business cases and associated funding.

### 03/23/20 5.2 Bridgend Alignment Progress Update

K. Winder presented the report that provided the Committee with an update on progress.

I Wells thanked K. Winder and the team for the amount of work that had been undertaken through existing teams.

Resolution: The Committee **NOTED** the report and the progress and ongoing discussions with clinical services regarding service redesign.

### 03/23/21 5.2 Infrastructure Review – Management Response

S. Morris and C. Ball presented the report that provided the Committee with an update on progress against the Infrastructure Review and the Cyber Improvement Plan.

I Wells thanked S. Morris and C. Ball for the report and commented that the phased approach was sensible given the current economic climate and with the constraints they currently. Ian Wells supported this approach.

Resolution: The Committee **NOTED** the report and level of progress made in terms of the Infrastructure Review and Cyber Improvement Plan recommendations and **SUPPORTED** the approach being proposed to prioritise a unified infrastructure improvement plan for 2023/24. The resource requirements for delivering the infrastructure plan in 2023-24 were **NOTED** and the Committee acknowledged the need for investment which may need to be prioritised against other programmes of work.

### 03/23/22 5.4 Medical Records Assurance Report

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

I Wells thanked M. Swarfield for the report. He referred to the incorrectly filed patient data in the folder and queried whether digital systems would alleviate this happening. M. Swarfield confirmed that it would help to mitigate the risk and that they were currently undertaking a deep-dive to identify those errors and issues so they would be correct when they were digitised.



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J Sadgrove suggested that the discussions had identified quality and safety concerns and suggested that the digitisation risk be revisited to ensure these aspects are reflected in terms of consequences of the risk being realised.

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

## 6. SUSTAINING OUR FUTURE

03/23/23

### 6.1 Integrated Medium Term Plan (IMTP) 2023-23

S. Morris presented the report that provided the Committee with an update on the development of the Digital and Data elements of the IMTP, noting that the Health Board was focused upon producing an annual plan for 2023-26.

S Morris reflected on the themes discussed in the Committee around resources and reiterated that this has been captured and reflected in the IMTP submission.

*15.20 pm D. Hurford joined the meeting.*

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

## 7. OTHER MATTERS

03/23/23

### 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 Lead and himself for agreement prior to its presentation at the next Health Board meeting.

03/23/24

### 7.2 Forward Work Plan

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

03/23/25

### 7.3 ANY OTHER BUSINESS

No further areas of business were identified.

03/23/26

### 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.

03/23/27

### DATE AND TIME OF NEXT MEETING

The next meeting is scheduled for 12 June 2023 at 2:00 pm.

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**UNCONFIRMED MINUTES OF THE "IN COMMITTEE" MEETING OF THE  
DIGITAL & DATA COMMITTEE  
HELD ON 13 MARCH 2023  
VIRTUALLY VIA TEAMS**

**PRESENT:**

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

**IN ATTENDANCE:**

Stuart Morris	Director of Digital / Senior Information Risk Owner
Andrew Nelson	Chief Information Officer
Karen Winder	Assistant Director of Informatics
Dom Hurford	Executive Medical Director (in-part)
Paul Chilcott	Chief Clinical Information Officer
Rob Bleasdale	Chief Clinical Information Officer
Matthew Swarfield	Head of Clinical Administration Transformation
Cally Hamblyn	Assistant Director of Governance & Risk
Kathrine Davies	Corporate Governance Manager (Secretariat)

**03/13/01 1.1 WELCOME & INTRODUCTIONS**  
The Chair welcomed everyone to the meeting.

**03/13/02 1.2 APOLOGIES FOR ABSENCE**  
There were no apologies received.

**03/13/03 1.3 DECLARATIONS OF INTERESTS**  
No declarations of interest were received.

**03/13/04 2.0 MAIN AGENDA**

**03/13/05 2.1 Unconfirmed In Committee Minutes of the 19 December 2022**

Resolution: The Minutes were **NOTED** with one amendment to re-align the titles in the attendance list.

**03/13/06 2.2 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.

**03/13/07 2.3 Digital Critical Incidents**

A Nelson and P. Chilcott presented the report that provided detail of the incidents for the period January – March 2023.

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

**03/13/08 2.4 Medical Records Peer Review**

S. Morris and M. Swarfield presented the report that provided an update on an informal Peer Review undertaken in November 2022 on improvement activity relating to storage and processing of papers records and the implementation of the Digital Patient Notes Programmes.

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

**03/13/09 2.5 Organisational Risk Register – Risks 4664 and 4671**

S Morris presented an update on two cyber risks assigned to the Committee that were 'business sensitive' in nature and therefore could not be considered in detail in the public meeting.

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

**03/13/10 3.0 ANY OTHER BUSINESS**

No further business was identified.

**03/13/11 DATE AND TIME OF NEXT MEETING**

The next meeting was scheduled for 12 June 2023 at 2:00 pm.



<b>AGENDA ITEM</b>
2.1.3

<b>DIGITAL &amp; DATA COMMITTEE</b>
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<b>DIGITAL &amp; DATA COMMITTEE ANNUAL REPORT 2022-23</b>
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<b>Date of meeting</b>	12 June 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 of Governance & Risk
<b>Approving Executive Sponsor</b>	Director of Corporate Governance Director of Digital
<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>
(Insert Name)	(DD/MM/YYYY)	Choose an item.

<b>ACRONYMS</b>	

**1. SITUATION/BACKGROUND**

- 1.1 Under Standing Order 10.2.3, each Committee of the Board is required to submit an annual report "*setting out its activities during the year and detailing the results of a review of its performance*".
- 1.2 This third annual report from the Digital & Data Committee details the activities and performance for the Committee for the reporting period 2022-2023.



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

2.1 The Committee Annual Report at **Appendix 1**, summarises the key areas of business activity undertaken by the Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

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

3.1 Please refer to **Appendix 1** for the full detail contained within the report.

## 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 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. 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 Digital & Data Committee is asked to **APPROVE** the Committee Annual Report for 2022-2023.



# **DIGITAL & DATA COMMITTEE**

## **(Draft) Annual Report 2022-2023**

## **FOREWORD**

I am pleased to present the second Annual Report of the CTMUHB Digital & Data Committee which outlines the activity between 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.

The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information & data with a view to supporting health improvement and enabling high quality healthcare. It is also in being to seek assurance on behalf of the Board around arrangements for appropriate and effective management and protection of information (both patient and personal) as well as to provide advice and assurance to the Board in relation to the direction and delivery of CTMUHB's Digital and Data Strategies.

The Committee has continued to mature since its inception having received numerous reports during this period.

I would like to take this opportunity to thank all my fellow Independent Members who sit on the Committee for their invaluable contributions and scrutiny of the various issues which is essential for the effective operation of the Committee.

I commend the 2022-2023 Digital & Data Committee Annual Report to you.

**Ian Wells,**  
**Chair of the Digital & Data Committee/ Independent Member**

# Digital & Data Committee

## Annual Report 2022 -2023

### 1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between April 2022 - March 2023 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed and approved at its March 2023 meeting and is a key component in ensuring that the Committee effectively carried out its role.
- 1.3 This report reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with regard to digital and data issues.

### 2. Role and Responsibilities

- 2.1 The primary purpose of the Committee is to:
  - oversee the development of strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales
  - oversee the direction and delivery of the Health Board's Information Communication Technology (ICT), Data and Information Governance Strategies to drive change and transformation in line with the Health Board's Integrated Medium-Term Plan (IMTP) that will support modernisation through the use of information, data and digital technology
  - consider implications arising from the development of corporate strategies and plans or those of its stakeholders and partners
  - consider the implications of internal and external reviews and reports
  - oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation)
  - seek assurance through monitoring the Cyber Security Action plan
  - review organisational risks assigned to the Committee by the Board and advise on the appropriateness of the scoring and mitigating actions in place.

- complete an annual self-assessment exercise in respect of the effectiveness of the Committee. (The output from this work is due to be considered as a separate agenda item).
- seek assurances that strategies and arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe healthcare across the whole of CTMUHB's activities.

### **3. Agenda Planning Process**

- 3.1 The Chair of the Committee, in conjunction with the Committee Vice-Chair, Executive Lead and Meeting Secretariat develop the agenda content in advance by holding an agenda planning meeting.
- 3.2 The secretariat for the meeting is provided through the Director of Corporate Governance team.
- 3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

### **4. Operating Arrangements**

4. The Terms of Reference and Operating arrangements were most recently approved by the Board in September 2022 with minor amendments to the areas of responsibility within management portfolios and are attached as **Appendix 2** for reference.
- 4.2 Whilst the Committee Cycle of Business (which was most recently approved in March 2023), the agenda for each meeting is sufficiently flexible to allow the Committee to consider any emerging issues as necessary.

### **5. Membership, Frequency and Attendance**

- 5.1 The terms of reference of the Committee state that the Committee should consist of a minimum of **four** members of the Board details of which are set out on the next page.
- 5.2 During the year the Committee met on four occasions, namely:
  - 22 June 2022
  - 28 September 2022
  - 19 December 2022
  - 13 March 2023

Name	Digital & Data Committee
Ian Wells (Committee Chair)	4 out of 4
Dilys Jouvenat (Committee Vice-Chair)	4 out of 4
Jayne Sadgrove	4 out of 4
Lynda Thomas	2 out of 4

- 5.3 The Committee have had representation from Digital Health & Care Wales (DHCW) at its 2022/23 meetings.
- 5.4 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.
- 5.5 Mirroring other Board Committees, the Digital and Data Committee now operates a 'Consent Agenda' system for routine business consideration.
- 5.6 The vast majority of meeting papers are available publicly via the CTMUHB [website](#). During 2022-23, the Committee held four 'in-Committee' meetings in respect of a very small number of items. In-Committee sessions are only held when the subject matter cannot be legitimately considered in the public domain due to business or commercial sensitivities. However, the subject matter of any one of these Digital and Data Committee 'in-committee' meetings has been routinely reported within the main agenda items of the next meeting of the Committee as well as the respective minutes of the in-committee meeting which are received in public session.

## 6. Committee Activity 2022/2023

- 6.1 The following topics were considered at its four meetings of 2022/23:
- **Highlight Reports:**
    - Digital Health Care Wales
    - Information Governance Group
    - Patient Centred Contact
  - **Internal Audit Reports:**
    - IT Service Management Follow-Up
    - Digital Strategy
    - Network and Information Systems Directive (NIS-D)
    - Update on progress made in taking forward recommendations made by NHS Wales Internal Audit and Audit Wales

- Committee Referral from Audit & Risk Committee – Internal Audit Reports – Digital Operating Model and Medical Records Management
  - Cyber Resilience in the Public Sector – Follow Up Report
  - Learning from Cyber Attacks
  - Cyber Security
- **Policy Approval:**
    - Live Streaming and Recording Policy
    - Freedom of Information Policy
  - **Digital Assurance Report**
  - **Digital Risks and Organisational Risk Register**
  - **Cyber Security Report**
  - **Cyber Improvement Report**
  - **Digital Critical Incidents**
  - **Other Reports:**
    - Presentation on Digital Whiteboards
    - Clinical Coding Strategy and Auto Coder Demonstration
    - Grant Thornton – Clinical Information Review – Presentation
    - Information Commissioners Office Audit Report Action Plan Progress Report
    - Bridgend Alignment Progress Report
    - Bridgend and Cwm Taf Aggregation Plan
    - Infrastructure Programme
    - Digital Communication
    - New Operating Model and Digital Response
    - Integrated Medium Term Plan 2023-26
    - Infrastructure Review – Management Response
    - Medical Records Assurance Report
    - ICT Major Schemes Update Report
    - Data Protection Improvement Plan
    - Medical Records Peer Review

## **7. Achievements and Plans**

- 7.1 The Committee is continuing to mature in terms of its role and responsibilities set out within its Terms of Reference.

## **8. Committee Effectiveness & Performance**

- 8.1 The Committee is committed to reviewing its effectiveness by completing this report on an annual basis, reviewing its cycle of business setting out the basis on which it will monitor its progress during the year, as well as providing clarity for all of those who contribute to the agenda as to the expectations of them. The outcome of the survey that will be undertaken during the summer of 2023 will be considered at the meeting to be held in September 2023 in order that recommendations and aligned actions can once again be developed and implemented in terms of areas identified for improvement.

## **9. Reporting the Committee's Work**

- 9.1 The Committee Chair reports the key issues discussed at each of its meetings using a 'Highlight Report' to the Board.
- 9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's [website](#).

## **10. Conclusion and way forward**

- 10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to this important activity.
- 10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.
- 10.3 This will provide assurance that the Committee has the appropriate governance arrangements and resources in place to ensure success in achieving its objectives.

## **11. Further Information**

Visit the Health Board's [website](#) to access Digital & Data Committee papers.

DRAFT

## Schedule 3.3

### BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the  
University Health Board Standing Orders

# DIGITAL & DATA COMMITTEE

## TERMS OF REFERENCE & Operating Arrangements

Approved by Health Board 28 September 2022



## INTRODUCTION

The Cwm Taf Morgannwg University Health Board (CTMUHB) Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.

In accordance with standing orders (and the CTMUHB scheme of delegation), the Board shall nominate a committee to be known as the **Digital & Data Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

## CONSTITUTION AND PURPOSE

The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information & Data, to support health improvement and the provision of high quality healthcare.

The Committee will seek assurance on behalf of the Board in relation to the Health Board’s arrangements for appropriate and effective management and protection of information (including patient and personal information) in with legislative and regulatory responsibilities.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of the Digital and Data Strategies to drive continuous improvement and support digitally enabled health care to achieve the objectives of the Health Board’s Integrated Medium Term Plan (IMTP).

## SCOPE AND DUTIES

The Committee will, in respect of its provision of advice and assurance:

- oversees the development of the Health Board’s strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board’s overall strategic direction and any requirements and standards set for NHS bodies in Wales
- oversees the direction and delivery of the Health Board’s Information Communication Technology (ICT), Data and Information Governance Strategies to drive change and transformation in line with the Health

Board's Integrated Medium Term Plan (IMTP) that will support modernisation through the use of information, data and digital technology

- within the remit of the Committee it considers implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners
- within the remit of the Committee it considers the implications for the Health Board of internal and external reviews and reports
- oversees the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation)
- seek assurance through monitoring the Cyber Security Action plan
- review risks from the Organisational Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.
- completes an annual self-assessment exercise in respect of the effectiveness of the Committee.
- The Committee will, in respect of its assurance role, seek assurances that strategies and arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe healthcare across the whole of the Health Board's activities.

To achieve this, the Committee's programme of work will be designed to ensure that:

- there is a clear, consistent strategic direction, strong leadership and transparent lines of accountability
- there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology
- the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards
- there is effective communication, engagement and the workforce is appropriately trained, supported and responsive to requirements in

relation to the effective handling and use of information (including IT systems), consistent with the interests of patients and the public

- there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information (WASPI) and Caldicott requirements)
- the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation
- the Health Board is meeting its responsibilities with regard to the General Data Protection Regulation, the Freedom of Information Act, Caldicott Information Security, Records Management, Information Sharing, national Information Governance policies and the Information Commissioner’s Office guidance
- the Health Board is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and relevant standards
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that:
  - Sources of internal assurance are reliable, and have the capacity and capability to deliver
  - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis
  - Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims, and
  - Training needs are assessed and met.
- receive assurance on the delivery of the Strategies operational plans including performance against the annual Informatics Capital Programme
- seek assurance on the effectiveness and impact of the Health Board’s Digital Transformation Plans
- seek assurance on the performance and delivery of the rollout of the core national IT systems which could have significant impact on the Health Board’s operational services and escalate to the Board as

appropriate.

The Committee will receive assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.

- The Committee will maintain oversight of the effectiveness of the relationships and governance arrangements with partner organisations in relation to activity that falls within the remit of this Committee. This will include NHS Wales Informatics Service (NWIS).

### **DELEGATED POWERS**

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

The Digital & Data Committee, the Committee has a key role in assisting the Board to fulfil its oversight responsibilities in areas such as the Health Board's Digital and Data strategy to ensure it is operating effectively.

### **AUTHORITY**

The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:
  - employee (and all employees are directed to cooperate with any legitimate request made by the Committee), and
  - Any other committee, or group set up by the Board to assist in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements
- approve policies relevant to the business of the Committee as delegated by the Board.

### **Sub Committees**

The Committee may, subject to the approval of the Health Board, establish sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. At this stage, no sub Committees/task and finish groups have been established.

## **ACCESS**

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

## **MEMBERSHIP**

### **Members:**

A minimum of **(4)** members, comprising

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	Two Independent Members of the Board

### **Attendees**

- Executive Director of Public Health (Caldicott Guardian)
- Director of Digital/Senior Information Risk Owner (SIRO)
- Director of Governance & Board Secretary
- Chief Information Officer / Data Protection Officer (DPO)
- Assistant Director of ICT
- Clinical Leads for ICT (Chief Clinical Information Officer & Chief Nursing Information Officer)
- Head of Information Governance
- Representative from Digital Health & Care Wales.

### **By Invitation:**

- Other Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.
- The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

### **Secretariat**

The Director of Governance / Board Secretary will determine the secretarial and support arrangements for the Committee.

### **Member Appointments**

The membership of the Committee shall be determined by the Chair of the Board, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed for a maximum of 3 consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

The Board shall ensure succession planning arrangements are in place.

### **Support to Committee Members**

The Director of Governance / Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme developed by the Executive Director of Workforce & Organisational Development.

## **COMMITTEE MEETINGS**

### **Quorum**

A quorum shall be two Independent Members one of whom must be the Chair or in the absence of the Chair, the Vice Chair or an Independent Member who will be nominated to Chair the Committee.

### **Frequency of Meetings**

Meetings shall be held no less than four times a year and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the CTMUHB's annual plan of Board Business.

### **Withdrawal of individuals in attendance**

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

### **Circulation of Papers**

The Director of Governance / Board Secretary will ensure that all papers are distributed at least 7 calendar days in advance of the meeting.

## **REPORTING AND ASSURANCE ARRANGEMENTS**

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity and the submission of written highlight reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the LHB Chair, Chief Executive or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of the LHB.

The Committee shall provide a written, annual report to the Board on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangement, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committees self-assessment and evaluation.

The Board may also require the Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Governance / Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS**

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through the Committee Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

#### **APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

The requirements for the conduct of business as set out in the CTMUHB Standing Orders are equally applicable to the operation of the Committee, except in the area relating to the Quorum.

#### **CHAIR'S ACTION ON URGENT MATTERS**

There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board, after first consulting with one other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee, for consideration and ratification.

Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.



## **REVIEW**

These Terms of Reference shall be adopted by the Committee at its first meeting and subject to review at least on an annual basis thereafter, with approval ratified by the Health Board.

# DIGITAL HEALTH AND CARE WALES COMMITTEE CHAIR'S REPORT FOR BOARD

Date of Board Meeting	25 May 2023
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Public or Private	Private
IF PRIVATE: please indicate reason	The IM Digital Network is a Private meeting

Name of Committee	All Wales Independent Member Digital Network
Chair of Committee	David Selway, Independent Member, DHCW
Lead Executive Director	Chris Darling, Board Secretary
Date of Last Meeting	19 April 2023
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	David Selway, Independent Member

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

<b>STRATEGIC MISSION</b>	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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<b>CORPORATE RISK</b> (ref if appropriate)	
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<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A healthier Wales
If more than one standard applies, please list below:	

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

<b>DUTY OF QUALITY ENABLER</b>	Information
<b>DOMAIN OF QUALITY</b>	Effective
If more than one enabler / domain applies, please list below:	

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
<b>COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Committee Chair		

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WCCIS	Welsh Community Care Information Systems	NDR	National Data Resource
IM	Independent Member		

Definitions	
<b>ALERT</b>	Alert the Board to areas of non-compliance or matters that need addressing urgently
<b>ASSURE</b>	Detail any areas of assurance that the Network has received
<b>ADVISE</b>	Detail any areas of ongoing monitoring where an update has been provided to the Network

## PRIVATE SESSION

<b>ALERT</b>	<ul style="list-style-type: none"> <li><b>Welsh Community Care Information Systems (WCCIS).</b> The Network received a presentation on WCCIS and noted the importance of a functioning and effective system.</li> </ul>
<b>ASSURE</b>	<ul style="list-style-type: none"> <li><b>Deployment of NHS Wales App – Development Plans.</b> The Network received an update on the current status of the Deployment of the NHS Wales App.</li> </ul>

	<p>Members discussed the ways in which GP practices could be encouraged to utilise the App.</p> <ul style="list-style-type: none"> <li>• <b>IM Digital Network Evaluation and Feedback.</b> The Network received the Evaluation Report for the performance of the Network for 2022/23 and provided their views on the forthcoming agendas. The Chair of DHCW attended to provide the feedback to the Chairs Peer Group to seek their support for the continuation of the Network.</li> </ul>
ADVISE	<ul style="list-style-type: none"> <li>• <b>National Data Resource (NDR).</b> The IM Digital Network received an update on the status of the NDR with National Platforms soon to go live.</li> </ul>

<p><b>Delegated action taken by the committee:</b></p>
<p>N/A</p>

<p><b>Date of next committee meeting:</b></p>
<p>19 July 2023</p>

## Agenda Item 2.2.2

### 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 25.05..23)
03.23.13	March 2023	<b>Digital Whiteboards</b> To escalate the positive initiative to the Board via the Committee Highlight Report.	Governance Team/Chair	March 2023	<b>Completed</b> Added to Highlight Report and reported to March 2023 Board Meeting.
03.23.17	March 2023	<b>ICO Audit Action Plan Progress Report</b> To highlight and escalate to the Board the potential risks and consequences of the potential outcome of the March ICO review.	Governance Team/Chair	March 2023	<b>Completed</b> Added to Highlight Report and reported to March 2023 Board Meeting.
03.23.18	March 2023	<b>Information Governance Group Highlight Report</b> To bring a deep dive on breach analysis for subject access requests on mental health back to the Committee in 3 months time.	Chief Information Officer	September 2023	<b>In Progress</b> Added to Forward Plan for September 2023 meeting.
03.23.18	March 2023	<b>Information Governance Group Highlight Report</b> Include the staffing issues within the escalation section of the Committee Highlight Report to Board.	Governance Team/Chair	March 2023	<b>Completed</b> Added to Highlight Report and reported to March 2023 Board Meeting.

#### COMPLETED ACTIONS

12.22.16	December 2022	<p><b>Grant Thornton – Clinical Information Review</b></p> <p>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></p> <p>Reported to Health Board via Committee Highlight Report - January 2023.</p>
06.22.18	June 2022	<p><b>Digital Assurance Report</b></p> <p>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></p> <p>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>

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<b>AGENDA ITEM</b>
4.1

**DIGITAL & DATA COMMITTEE**

**ORGANISATIONAL RISK REGISTER**

<b>Date of meeting</b>	12 <sup>th</sup> June 2023
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<b>FOI Status</b>	Public
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<b>If closed please indicate reason</b>	Not Applicable – Public Meeting
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<b>Prepared by</b>	Cally Hamblyn, Assistant Director of Governance & Risk
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<b>Presented by</b>	Cally Hamblyn, Assistant Director of Governance & Risk
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<b>Approving Executive Sponsor</b>	Paul Mears, Chief Executive
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<b>Report purpose</b>	FOR REVIEW & APPROVAL
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Service, Function and Executive Formal Review	April / May 2023	RISKS REVIEWED
Operational Management Board – Phase 1 Risks Scoring 20 and above	19 <sup>th</sup> April 2023	RISKS REVIEWED
Executive Leadership Group	15 <sup>th</sup> May 2023	RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED

**ACRONYMS**

**1. SITUATION/BACKGROUND**

1.1 The purpose of this report is for the Digital & Data Committee to review and discuss the organisational risk register and consider whether the risks escalated to the Organisational Risk Register are in accordance with the Risk Management Strategy.



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

- 2.1 At the Operational Management Board meeting on the 19<sup>th</sup> April 2023, a targeted review of risks scoring 20 and above (escalated to the Organisational Risk Register) was undertaken and Care Group Director Teams were tasked with specific review actions. Improvement in terms of mitigation, moderated scoring and timeframes will hopefully be evident over the next few reporting periods.
- 2.2 The Care Group Highlight Reports received at the Operational Management Board will now include a specific risk update in terms of 'new, closed, de-escalated' risks for the Organisational Risk Register.
- 2.3 Monthly Risk Management Awareness Sessions (Virtually via Teams). The monthly sessions are set in the calendar until the end of 2023. **378** members of staff trained to date. There are targeted in person sessions with Primary Care Teams scheduled during May 2023.
- 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 Principal / Strategic Risks (Board Assurance Framework)

The organisational risks captured in Appendix 1 are aligned to the Principal/Strategic Risk reported to the Board via the Board Assurance Framework Report. This risk as assigned to the Digital & Data Committee is:

- Principal / Strategic Risk 6 - Delivery of a digital and information infrastructure to support organisational transformation. Risk score of 16.

### 3.2 NEW RISKS

#### Digital & Data

- Datix ID 5437 - Dual Deployment at CTM of both RISP and LINC Programmes Systems. Risk Score of 16.

### 3.3 CHANGES TO RISKS

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

##### Digital and Data

- Datix ID 4671 - Lack of a resilient and performant Digital Network Infrastructure and Assets. Risk increased from a 15 to a 16.

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

##### Digital & Data

- Risk ID 4887 - Retrieval and filing of case notes in the POW Medical Records Library. Risk score reduced from a 20 to a 15. Rationale for changes captured in Appendix 1.



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

Not applicable for risks assigned to this Committee.

### 3.5 **MATTERS TO NOTE**

There are two Digital & Data risks (Datix IDs 4664 and 4671) which have been redacted due to business sensitivities. These are being received in the private session of the Committee.

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

Consequence	5			4887	5276 4664	
	4				4337 4671 5437	
	3					4699 4672 5040
	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. Not applicable for the Risk Register item.
<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 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	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.  Update May 2023 - Concerns around viability of proposed implementation plans have been widely discussed and escalated. The next LINC Programme Board is scheduled for the 9th May 2023 where further discussions will take place.	Digital & Data Committee  Quality & Safety Committee	20	C5xL4	5 (C5xL1)	↔	26.10.2022	5.5.2023	31.5.2023
4664	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Legal / Regulatory	Ransomware Attack resulting in loss of critical services and possible extortion	<b>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.	The detail is captured in the Private meeting of the Committee due to business sensitivities.	The detail is captured in the Private meeting of the Committee due to business sensitivities.	Digital & Data Committee	20	C5 x L4	15 (C5xL3)	↔	26/05/2021	24.04.2023	26.05.2023
5437	Director of Digital	Central Support Function - Digital & Data Function	Assistant director of therapies and health science	Improving Care	Core Business, Business Objectives, Environmental & Estates Impact and Projects	Dual deployment at CTM of both RISP and LINC Programme Systems	<b>IF:</b> There is no change to the current implementation plans of both the RISP and LINC Programmes solutions then there will be a deployment overlap at CTM. <b>Then:</b> Necessary workforce deployment resource, including IT expertise, will need to be shared between deployments. <b>Resulting in:</b> Sharing of limited resource needed to deploy products within specified timeframe, which could result in errors or delayed implementation. Any delays to implementation threatens the ability to provide pathology and radiology services both locally and nationally.	Escalated to Executive Leadership Group. Raised at National Imaging Programme Board.	May 2023 - Raise at April LINC Programme Board. Continue to monitor as LINC Implementation plan remains in draft form to date.	Digital & Data Committee	16	C4xL4	4 (C4xL1)	New Risk Escalated May 2023	14.04.2023	14.04.2023	30.05.2023
4337	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Objectives Environmental / Estates Impact Projects	Integrating Patient Records across the Health Board	<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 April 2023: Integrate Bridgend ICT Systems within CTM - Work ongoing, estimated 2 years from April 2023. Additional Funding for ICT integration of Bridgend - WPAS funding for resource, workstream started Nationally led, estimated timescales arrive at 2025.	Digital & Data Committee	16	C4 x L4	8 (C4xL2)	↔	14.10.2020	24.3.2023	28.07.2023
4671	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Objectives Environmental / Estates Impact Projects	Lack of a resilient and performant Digital Network Infrastructure and Assets	<b>IF:</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. <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. <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	The detail is captured in the Private meeting of the Committee due to business sensitivities.	The detail is captured in the Private meeting of the Committee due to business sensitivities.	Digital & Data Committee	16 ↑ 15 in May 2023	C4 x L4	9 (C3xL3)	↑ to a 16 in May 2023	26/05/2021	31.3.2023	28.7.2023
4672	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Objectives Environmental / Estates Impact Projects	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	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: Core Business Objectives Environmental / Estates Impact Projects	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 Myrdind 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 futility 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 CanISC) 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 curates 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. CTM/HB 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. CTM/HB & 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	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 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 NIJAS) built in to monitor compliance,</li> <li>- Accessible but robust data protection process for new and existing data sharing arrangements (DPIA 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 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 May 2023: Capacity within the Information Governance team is still a significant issue. Due to capacity, our ability to meet business as usual activities and addressing the recommendations of the ICO Audit Action plan is leading to delays in completion of activities.</p> <p>There have been three unsuccessful attempts to recruit a new Head of Information Governance. A new re-banded Job Description has been produced and will be re-advertised in May 2023. Additional resources will be added to the Digital &amp; Data Directorate to add additional capacity to the team during 2023/2024. Next review end of July 2023.</p>	Digital & Data Committee	15	C3xL5	12 C3xL4	↔	18.06.2021	15.05.2023	31.07.2023
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	<p><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.</p> <p><b>THEN:</b> Risk of unable to manoeuvre mobile racking, therefore unable to access case notes</p> <p>Risk of fire as case notes close to source of ignition</p> <p>Risk of Fire Service or HSE closing access department</p> <p>Very High risk of upper limb injury</p> <p>Risk of notes falling from height causing injury (some case notes are in excess 9.3kg)</p> <p>Risk of Fire Service or HSE closing access to department</p> <p><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.</p>	<p>(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.</p> <p>Significant force is required to retrieve each file (123.N - this is 3 times higher than what is considered to be high force.)</p> <p>Broken Racking at Bridgend Offsite Stores - Repairs have been carried out with damaged racking in Bridgend North Rd Offsite stores.</p> <p>Temporary use of container deployed on site.</p> <p>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.</p> <p>Access to this specific racking is permitted to Supervisors only, who only access it once a day.</p> <p>The Filing Library is closed to non-Medical Records staff, aside from the Porters who require access for emergency OOH admissions.</p> <p>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&amp;S issues. Currently waiting for procurement process to be completed.</p>	<p>Update May 2023 - Relocation of case notes has taken place, these notes are now in storage at Glanrhyd hospital site. This has helped the situation in medical records Bridgend but still does not allow for sustainable growth of notes into the future. In response to this the destruction of notes embargo due to the infect blood enquiry has now come to an end and a piece of work is needed to understand the resource needed to scope and undertake destruction of suitable notes to future support the storage risk around patient notes. Based on this latest mitigation position the likelihood score has been reduced to a 3.</p>	Digital & Data Committee & Quality & Safety Committee	15 ↓ 20	C5xL3	10 C5xL2	↔	27.10.2021	3.5.2023	3.6.2023



**AGENDA ITEM**

4.2

**DIGITAL & DATA COMMITTEE**

**Digital Risk Register**

<b>Date of meeting</b>	12 June 2023
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Digital & Data Senior Management Team
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<b>Presented by</b>	Stuart Morris, Director of Digital
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<b>Approving Executive Sponsor</b>	Stuart Morris, Director of Digital
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<b>Report purpose</b>	FOR DISCUSSION / REVIEW
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

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

**ACRONYMS**

UHB – University Health Board
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## **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 of the risks presented to the last meeting remain valid and are likely to remain so for the foreseeable future given the dynamics of the Industry.

2.3 The lack of trained digital & data professionals with the capacity to deliver Digital & Data services across the UHB, and the lack of the skills and experience in realising value from digital tools and services across the wider staff group of the UHB remain foundational risks.

2.4 In this regard:

2.4.1 The Board have taken decisions to allocate additional resources towards digital services and capacity, however owing to changes in the wider environment, the detail as to how this allocation will be used is yet to be finalised.

2.4.2 The Welsh Government have taken the positive step of incorporating cyber security and medical records management within the mandatory training programme. The utility of a combined, and potentially watered down, syllabus will be the subject of review after the first 12 months.

2.4.3 The UHB has agreed to increase the value of our Service Level Agreement with Digital Healthcare Wales (DHCW) on a non-recurrent basis and on the understanding that a robust performance, prioritisation and delivery framework is put in place to demonstrate and monitor value going forward.

## **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
- 5.2 The Committee is asked to consider whether the progress being made to mitigate the risks is commensurate with the Board’s decision to take a cautious approach to Digital and Data risks.
- 5.3 The Committee is asked to consider whether the proposal that the UHB continues to ‘actively manage’ these risks rather than tolerating, transferring or nullifying these risks remains appropriate.



Ref	Risk Title
IntDig1	<b>Holding information securely and confidentially</b>

IntDig2	<b>Effective governance, leadership and accountability</b>
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IntDig3	<b>Obtaining information fairly and efficiently</b>
IntDig4	<b>Recording information accurately and reliably</b>

IntDig5	<b>Using information effectively and ethically</b>
IntDig6	<b>Sharing information appropriately and lawfully</b>

## Risk Description

**IF:** The Health Board is not able to securely hold the business and patient sensitive information for which it is a data controller

**Then:** 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.

**Resulting in:** 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.

**IF:** 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 or technical leaders who have the requisite skills and resources and are enabled to act

**Then:** Improving the quality and effectiveness of care and improvements in the health and wellbeing of our population through the use of digital tools and ways of working will be unachievable

**Resulting in:** A vicious cycle of underperformance, outdated ways of working, challenges in recruitment and retention and anticipated benefits failing to be realised

**IF:** The Health Board is not able to obtain information fairly and efficiently/effectively

**Then:** 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

**Resulting in:** 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

**IF:** The Health Board is not able to Record record information accurately and reliably

**Then:** the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete

**Resulting in:** Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners.

**IF:** The Health Board does not, or can not, use information effectively and ethically

**Then:** 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

**Resulting in:** 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.

**IF:** The Health Board does not share information appropriately and lawfully, thereby failing in our duty to appropriately balance risk and benefits

**Then:** we will not have the information and knowledge to support care delivery and population health management

**Resulting in:** 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



**Medical Records**

**Cyber security**

- UHB policies (cyber security, backup, Disaster Recovery etc)
- Improving 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
- Some additional funding anticipated as part of annual plan 2023/24 for cyber and infrastructure development

**Data Protection**

- Adoption and implementation of All Wales IG and Data protection policies,
- Continual improvement and progress made in mitigating non delivery of legislation (CLDC, DPA etc)
- 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

**Physical Estate**

- CCTV and access controls on important buildings / rooms

**Medical Devices & "Internet Of Things"**

- Adoption of National policies and legislation re Medical Devices
- Application of Network security measures and partitioning

**Internal**

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 SROs etc)  
Appropriate comms, engagement, implementation and support teams across system groups and ILGs (requires development)  
Policy Control Schedule  
ICO and Datix reporting  
Service KPIs, Financial and Procurement reporting, Benefits Monitoring  
Professional / competency register {Not in place}  
Robust SLAs with Swansea Bay, WHSSP & DHCW  
Robust contracts with 3rd parties  
WAO / Internal Audit Programme  
WASPI / Information sharing agreements frameworks for NHS Wales data sharing

**All Wales**

NHS Wales architectural and governance reviews underpinning 'A Healthier Wales' and 'Informed Health and Care'  
National assurance and standards setting committees including (WTSB, WISB, WIAB, SMB, OSSMB)  
National Programme Management Committees  
Development of the NHS Wales Chief Digital Officer  
NHS Wales cyber team

**Obtaining Information fairly**

CLDC reliance on Indirect consent  
IG policy and toolkit (GDPR /PERC) use of privacy notices  
WAASPI / Data sharing arrangements / Data Promise.  
Research and Development regulations (Including ethics committee)

**Obtaining Information Efficiently/Effectively**

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

**Recording Information Accurately:**

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

**Recording Information Reliably**

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, WHSSP, DHCW  
Robust contracts with 3rd parties (e.g. BT for PSBA, Microsoft, CITO and other service & systems providers)

**Using Information Effectively:**

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

**Using Information Ethically:**

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

**Data Protection**

- 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

Policies/Procedures/Protocols (inc expiry date)

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),  
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),

Standing Financial Instruments (6/21),  
Scheme of Delegation (4/22),  
IG policy (3/23),  
Business continuity policy (6/19),  
Major Incident Plan (12/17),  
Standards of Behaviour policies (4/22),  
Records Management Policy (3/16),

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

IG policy (3/23),  
Info security policy (3/23),  
Being open policy and procedures (1/19),  
CCTV 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),

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),  
CCTV 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),  
Asbestos Mgt plan (1/22),

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),  
In service testing of electrical equipment procedure (7/18),  
Accessing interpreter and translation services policy



## Gaps in controls

### **Cyber security**

- 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 & insufficient 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, WHSSP, DHCW SLAs with no alternatives)

### **Data Protection**

- 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 economical as opposed to technical or legislative
  - GDPR/Brexit: UK adequacy of personal data protection considered not robust
- Physical security measures not fully implemented
- Curation (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

- 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
- CTM UHB's desire to have a cautious risk appetite for digital and data risk is incompatible with its resource allocation decisions and the present NHS Wales infrastructure and SOPs.
- 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
- Internal NHS Wales approach built on trust, (e.g. limited governance arrangements over SB, WHSSP, 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
- 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)

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

UHB assessed as level 0 on HIMSS assessment - a regression in comparison to assessment 4 years ago. Much of medical record still paper based or using process which do not optimise effective ways of working enabled 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

#### **Recording Information Accurately:**

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

#### **Recording Information Reliably**

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

**Using Information Effectively:**

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

**Using Information Ethically:**

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

**Data Protection**

- 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, optoms)
- Challenges with the SBU / CTM data sharing regarding population data

**Cyber security:**

- 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

**Data Protection**

- IG toolkit & response
- ICO improvement plan
- IG training
- All Wales collaboration on data sharing / privacy engineering (Associated with NDC/CDR) and the Data Promise

**Information Hub security and estate improvement plan**

**Medical records estate improvement plan (incorporating electronic patient record and scanned record programme)**

- 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
- Updated Change request and SON procedures
- 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

- 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

- 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
- Commissioning issue with ABHB has exposed value of poor data quality

-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

- National data promise

- POW/CT PAS aggregation
- Local and National NDR CDR programme (incorporating data sharing arrangements)
- Population Health Management Programme
- WCCIS programme development



Assuring Committees	Impact	Likelihood	Rating (current)
Digital and Data Cttee	5	4	20

Digital and Data Cttee	5	3	15
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Digital and Data Cttee	4	2	8
Digital and Data Cttee	3	4	12

Digital and Data Cttee	3	4	12
Digital and Data Cttee	3	3	9

## Significant Operational Risks - 1

**Ransomware Attack resulting in loss of critical services and possible extortion RR =20 -->IF:** The Health Board suffers a major ransomware attack.

**Then:** there could be potential data loss and subsequent loss of critical services.

**Resulting in:** 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.

**Lack of Effective IG & Cyber security resource RR=15 - IF:** 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 shared for the delivery of care

**Then:** 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.

**Resulting in:** 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.

**Failure to deliver replacement Laboratory Information Management System, LINC RR=20** -->IF: LINC Programme fails to deliver replacement Laboratory Information Management System (LIMS) by summer 2025 THEN: 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.

**DHCW Interdependencies RR = 15 --> IF:** The Health Board can not integrate new applications into its digital architecture in a timely fashion

**Then:** 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

**Resulting in:** 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

**Integrated IT Systems RR=16 -->If:** 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

**Then:** The Health board will be unable to deliver safe, high quality, clinically and cost effective care to patients

**Resulting In:** 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

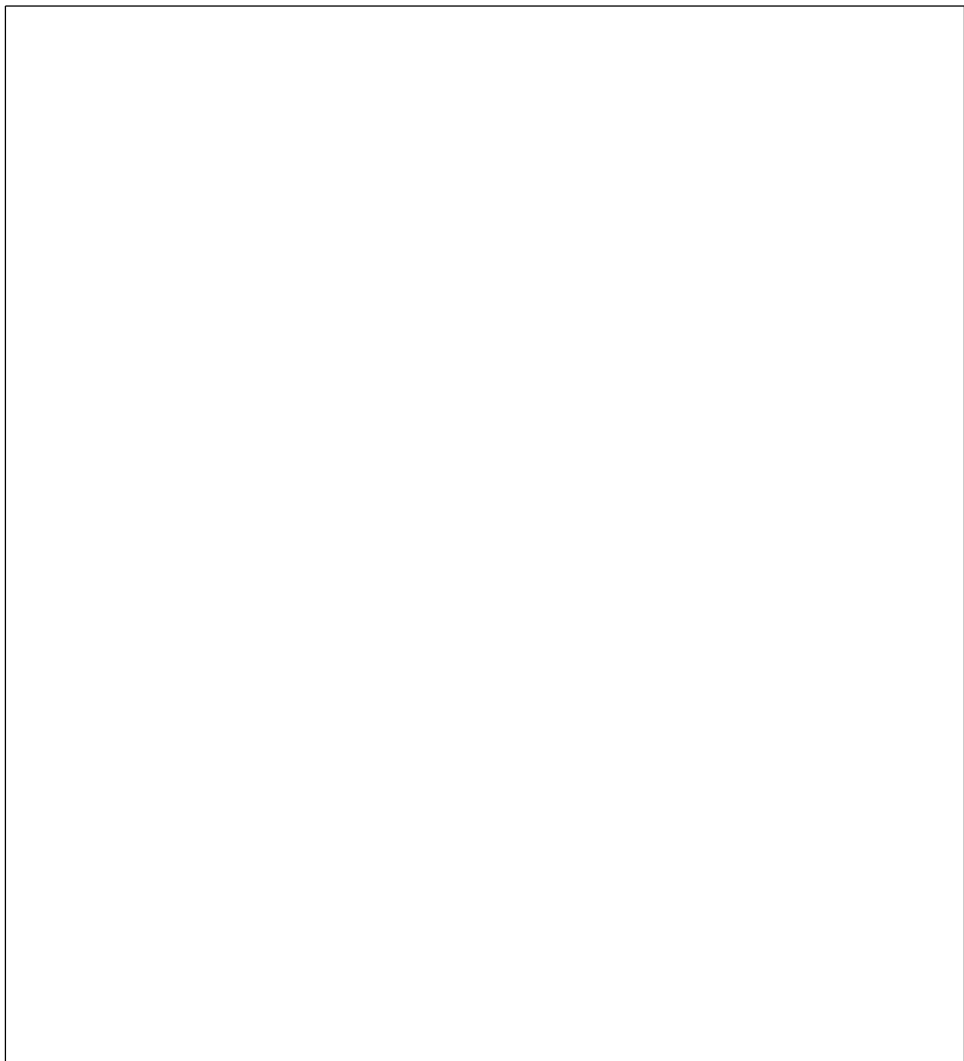
### **May-23 update**

Cyber Improvement Plan continues to be take forward (Business sensitive, please refer to in-committee paper). Increase in the UHB's allocation for cyber approved by Board.

Actioning of Data Protection Improvement Plans has been minimal  
Response to ICO audit recommendations being managed on a  
prioritised basis (aligned to other improvement areas)

In regards to workforce: No appointment made to Head of IG post.  
As the organisation has made £1m available to Informatics DoD has  
developed role to increase the level of banding in order to make post  
more attractive to appropriately qualified individuals.

- Timeframe: Quarterly updates



Business sensitive mitigation plan has been actioned.

National Funding received from WG for PAS integration work to create a second team supporting data migration which is progressing. CTMUHB & 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.

**Update May 2023-** Bridgend/CT aggregation Programme has delivered on all milestones in the IMTP. £1m available in annual plan to support digital, which has yet to be prioritised. Potential to support Data sharing with primary - resource prioritisation decision. Unable to get DHCW support for WPAS API which would help delivery of Planned care recovery programme and regional working in stroke, vascular, ophthalmology, diagnostics and orthopaedics.

## Significant Operational Risks - 2

Lack of a resilient and performant Digital Network Infrastructure and Assets  
RR= 15 IF: 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.

Then: 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.

Resulting in: 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

**Workforce Capacity and Capability RR=15** - IF: 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

Then: The Health Board's ability to deliver its strategy and the quadruple aim in the medium and longer terms will be reduced.

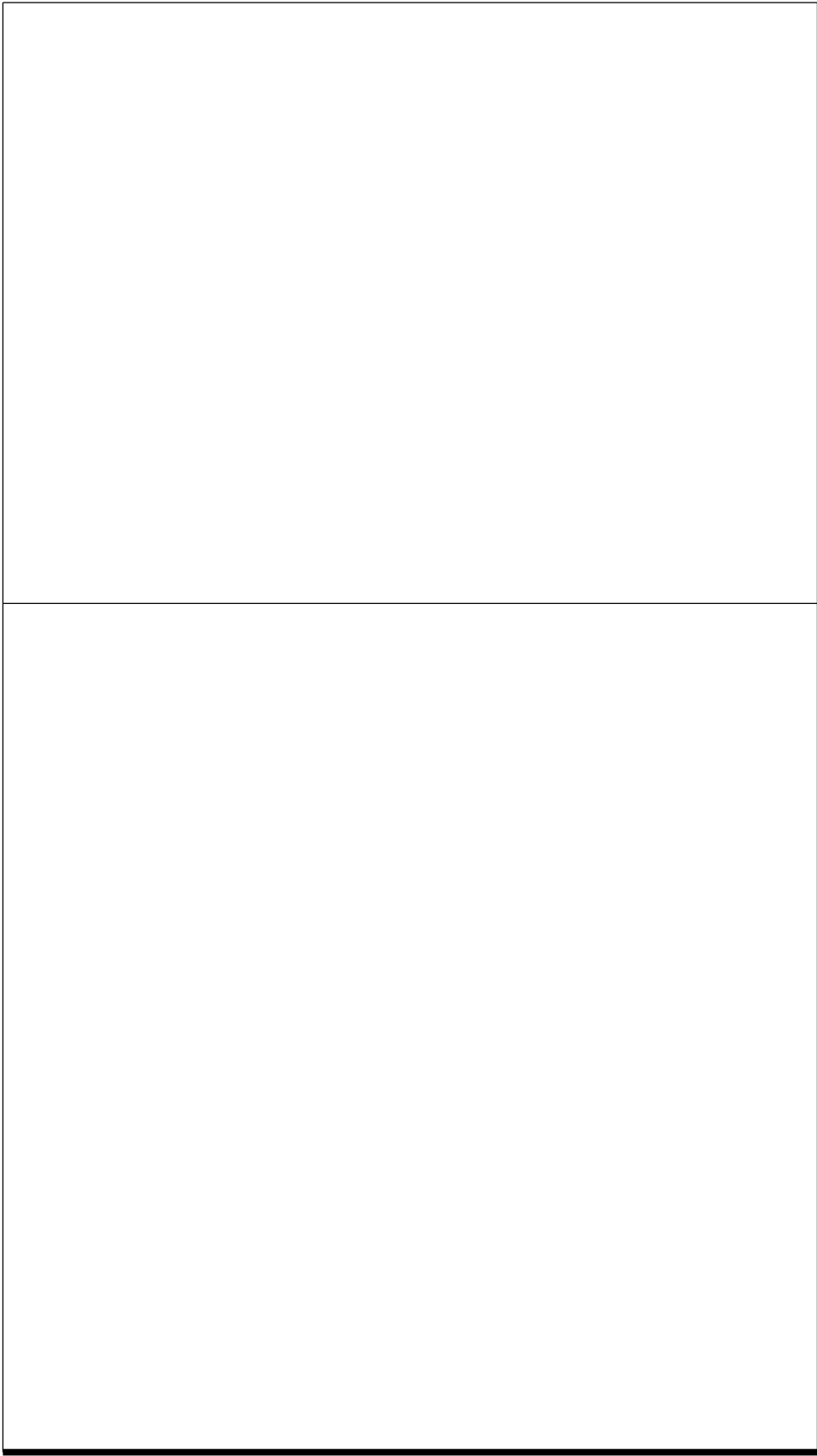
Resulting in: A decline in our population's relative health and wellbeing status and increasing inequity

**Access to a complete, integrated, and coded medical record.**

**RR = 15 IF:** The Health Board is not able to record information accurately and reliably, with complete and up to date information

**Then:** the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete

**Resulting in:** 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.



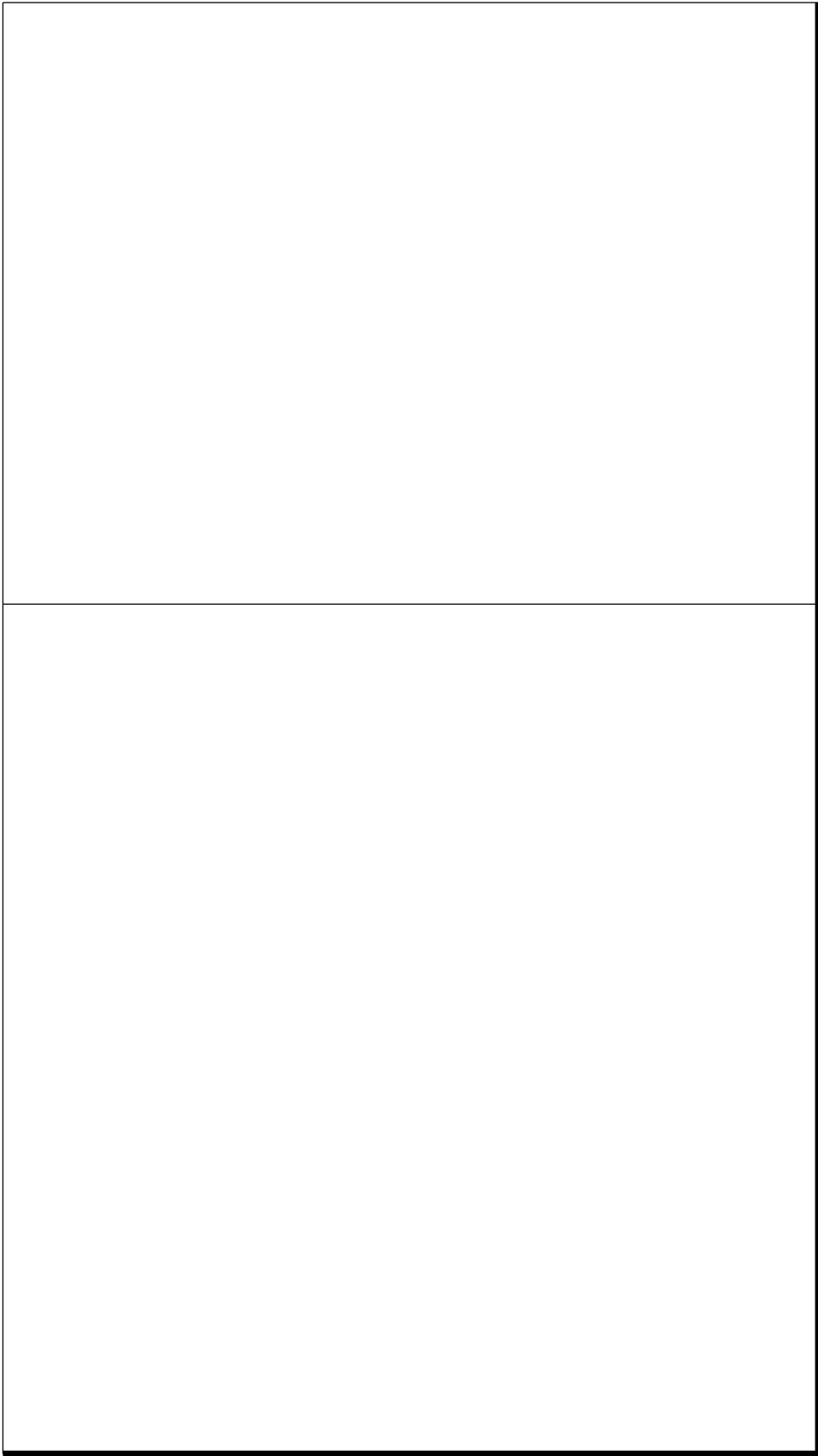


## Action Plan -2

**Update May 2023** – 10GB WAN connections at PoW are now installed and both firewalls are now working as High availability pairs (but not yet live on the network). Traffic is now via the CTMUHB 10GB PSBA WAN link via a CTMUHB layer 3 switch (running OSPF), but traffic is still then routed via the SBUHB Cisco 55x firewall. Planning with SBUHB for the implementation of the migration from their 1GB link is ongoing and switch over will hopefully complete late July to early August. Phase 3 design work at PCH is still ongoing with an emphasise to complete the second data centre as soon as possible and then agree a window to migrate all services for the Portacabin (location of new DC still under review) before main work of Phase 3 starts in 2024.

Virtual training libraries. Cyber awareness and IG mandatory training.  
Establishment of a small number of clinical informatic posts.

Update May 2023 - First stage Digitisation of eye care implemented successfully. Business cases for digitising mental health using WCCIS intended to be ready for consideration by July, with alternative being expansion of existing FACE system. Business case for e-prescribing developing strongly in line with timescales. Significant risk to patient care now becoming an issue, as the service is manually having to close and reopen pathways to pools its waiting times to improve elective access. There are already examples of where patients have been removed from one system and not added to the other.



# Follow-up: Bridgend Transfer of Informatics Services Final Internal Audit Report

April 2023

Cwm Taf Morgannwg University Health Board

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Executive sign-off:	Stuart Morris, Director of Digital
Distribution:	Karen Winder, Assistant Director of Informatics (ICT)
Committee:	Audit and Risk Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

### Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

### Disclaimer notice - please note

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## Executive Summary

### Purpose

To provide the Health Board with assurance regarding the implementation of the agreed management actions from the Bridgend Transfer of Informatics Services review.

### Overview of findings

The planned work has continued on the disaggregation of digital services for Bridgend and the transfer into the Health Board.



There was funding allocated in September 2022 for the disaggregation of WPAS, however there has been no further funding for the move of services from Welsh Government, which has delayed disaggregation progress. We understand that funding is being sought on a case by case basis with digital services operating within its current resource envelope.

The risk associated with the Information Governance function has been assessed by the Health Board, and the Head of Information Governance role is currently provided using agency staff.





The key management actions that remain outstanding are:

- To consider requesting that services quantify the impacts of the lack of disaggregation.
- To consider expanding the narrative of the risk on the risk register.

### Follow-up Report Classification

		Trend
Reasonable 	<b>Follow up:</b> All high priority recommendations implemented and progress on the medium and low priority recommendations.	

### Progress Summary

Previous Matters Arising	Previous Priority Rating	Direction of Travel	Current Priority Rating
1 Identification of impacts on Services	High		High
2 Risk Reporting	Medium		Medium
3 Information Governance resource	Medium		Closed
4 Plans and progress	High		Closed

## 1. Introduction

- 1.1 The overall objective of this audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from our Bridgend Transfer of Informatics Services (2122-21) review that was reported as part of our 2021/22 work programme.
- 1.2 The scope of this follow-up review does not aim to provide assurance against the full review scope and objective of the original review. The 'follow-up review opinion' provides an assurance level against the implementation of the agreed action plan only.
- 1.3 The areas that this review seeks to provide assurance on are:
- appropriate progress has been made with the implementation of the agreed management responses within the agreed timescales;
  - adequate evidence is available to support the level of progress that has been made; and
  - the actions implemented have effectively addressed the issues highlighted during the original audit.
- 1.4 The potential risk considered in the original review was as follows:
- The organisational transfer results in a degradation in the Informatics service, loss of data or inappropriate access to information.

## 2. Findings

2.1 The table below provides an overview of progress in implementing the previous internal audit recommendations:

Original Priority Rating	Number of Recommendations	Implemented / Obsolete (Closed - No Further Action Required)	Action Ongoing (Further Action Required)	Not implemented (Further Action Required)
High	2	1	1	-
Medium	2	1	-	1
Low	-	-	-	-
<b>Total</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>

- 2.2 Full details of recommendations requiring further action are provided in the Management Action Plan in Appendix A.
- 2.3 Full details of recommendations that are considered to be closed with no further action required are provided in **Appendix B**.



## Appendix A: Management Action Plan

Previous Matter Arising 1: Impacts on Services		
Original Recommendation		Original Priority
<p>The real impact on services should be established and monitored with reporting at an appropriate committee. (planning and performance; Q&amp;S)</p> <p>The risk on the organisational risk register should be reviewed to ensure it captures all the relevant information and actions.</p>		<b>High</b>
Management Response	Target Date	Responsible Officer
<p>The Swansea Bay and CTM joint management group (JMG) risk register and border change plan will be reviewed and updated to include the softer and organisational impacts in addition to the clinical and financial risks</p> <p>It is the expectation of Swansea Bay that the CTM UHB will vacate Neath Hospital by April 2023. The team to support the planning of this, including the digital element will be strengthened with the recruitment process for a designated planning lead to be placed by the end of November 2021. The programme leads for Digital will be an integral part of this process.</p> <p>All risks will be managed in accordance with the UHB’s individual processes and significant risks will be escalated on to the organisational risk register.</p>	6/1/22	Asst Director of Planning
	Recruitment to begin by 30/11/21	Asst Director of Planning
	6/1/22	Director of Strategy
Current findings		Residual Risk
<p>There are structures in place to monitor and manage the transition of services from SBUHB to CTM, with a Joint Management Group and Joint Executive Group in place.</p> <p>We note that the JMG meetings do not routinely include a discussion of the risk registers, however updates on the work that is ongoing are provided and the impacts on services are discussed.</p>		Organisational transfer results in a degradation in Informatics service, loss of data or inappropriate access to information and increases risks

<p>We also note that the risk discussions at Quality &amp; Safety Committee do not include the service impacts of the digital provision and these may hinder the delivery of some aspects of the IMTP in the future. The impacts include:</p> <ul style="list-style-type: none"> <li>• costs associated with providing increased resource for additional steps within department processes; and duplication of effort;</li> <li>• lack of ability for departments to develop as a single unit and deliver single, standardised processes and pathways;</li> <li>• the operation of multiple wait lists, with different wait times; and</li> <li>• reduced patient choice.</li> </ul>		to patient safety and organisational performance.
<b>New Recommendations</b>		<b>Priority</b>
1.1	Consideration should be given to requesting that services fully quantify the impact of the lack of integration on the delivery of services and service change, with monitoring with reporting at an appropriate committee.	<b>High</b>
<b>Management Response</b>		<b>Target Date</b>
1.1	<p>Bridgend disaggregation is reported to every Digital &amp; Data Committee. This reporting will be reviewed to ensure it covers integration, service delivery and service change.</p> <p>The programme is currently developing a template which will assess the impact of any of the repatriation. The template is planned to be completed by June 2023.</p>	Qtr 2 2023/2024
		<b>Responsible Officer</b>
		Director of Digital / Assistant Director of ICT

<b>Previous Matter Arising 2: Risk Reporting</b>		
Original Recommendation		Original Priority
The Organisational risk register should be updated to fully identify the risks and issues associated with not moving digital services.		<b>Medium</b>
Management Response	Target Date	Responsible Officer
Agree – will be incorporate in the process described above		
<b>Current findings</b>		<b>Residual Risk</b>
<p>The risk is on the Health Board risk register which notes that without unified integrated systems it will be unable to deliver safe, high quality, clinically and cost effective care.</p> <p>We also note that The Board Assurance Framework references a strategic risk (6) which relates to the delivery of a digital and information infrastructure to support organisational transformation. This notes one of the gaps in controls being the integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board.</p> <p>The risk register notes key controls and actions, and the risk is subject to regular monitoring with updates provided. However, there has been no further expansion of the risk description to fully explain the risk of not moving the digital systems and processes.</p>		<b>Medium</b>
<b>New Recommendation(s)</b>		<b>Priority</b>
2.1	Consideration should be given to expanding the risk description on the organisational risk register to bring in the wider financial, organisational and reputational impacts.	<b>Medium</b>
<b>Management Response</b>		<b>Target Date</b>
2.1	The relevant risk on the risk register will be reviewed to ensure it fully incorporates all aspects of financial, organisational and reputational risk impact	Qtr 1 2023/2024
		Director of Digital

## Appendix B: Previous Matters Arising Now Closed

<b>Previous Matter Arising 3: Information Governance Resource</b>		
<b>Original Recommendation</b>		<b>Original Priority</b>
An assessment of the IG resource level in place and the increased workload should be undertaken and the IG team resourced appropriately.		<b>Medium</b>
<b>Management Response</b>	<b>Target Date</b>	<b>Responsible Officer</b>
Our understanding is that the service and associated funding did transfer from Swansea Bay to CTM for the IG function.  CTM UHB has since made decisions regarding how it uses this funding, in light of priorities experienced at the time (e.g. Targeted Intervention and RGH ED and paediatric service reviews). However we have taken an assessment of the requisite IG resource to deliver our strategic ambitions and manage our present business and fully concur with the assessment that we do not have the IG resource necessary. A business case has been completed, and this will be considered as part of the overall process for determining a clinically safe and effective, financially sustainable integrated medium term plan.  The risk is on the risk register and other opportunities to improve our capacity and capabilities are being taken.	IMTP considerations be completed by 14 <sup>th</sup> February 2022  November 2021	<b>Director of Governance</b>  <b>DPO &amp; SIRO</b>
<b>Current findings</b>		<b>Residual Risk</b>
The organisational risk register now includes a specific risk for this (4699).  The current resource is: <ul style="list-style-type: none"> <li>1wte Head of IG – Currently this person is a contractor whose contract ends 31 March 2023. We note that recruitment has been problematic and at the time of our follow up the Health Board was advertising the post for a third time.</li> </ul>		N/A

- 1wte band 6 IG officer.
- 0.8 wte band 5 freedom of information officer.
- 1 wte IG admin band 3 - The person currently in post leaves in March 2023. We understand that at this time, there is no funding to continue this post.

Work continues to ensure that the Health Board complies with GDPR, with the risk being assessed and included as part of the cyber security work, which is the focus of attention. Work on Information Governance is focussed on areas where a breach would result in more serious consequences.

We note work is ongoing. The ICO plan a follow up visit in April 2023, although not all of the high priority actions may be completed by that time. We understand that recommendations are being managed on a prioritised and smart basis (aligned to other improvement areas).

As the resourcing issues are documented within the risk register, and subject to regular monitoring, we note that this matter is **closed**.

<b>Previous Matter Arising 4: Plans and progress</b>		
<b>Original Recommendation</b>		<b>Original Priority</b>
The actions required to mitigate the identified risks and impacts should be identified and plans and timescales developed with the appropriate funding level identified. These should be submitted to WG.		<b>High</b>
<b>Management Response</b>	<b>Target Date</b>	<b>Responsible Officer</b>
<p>High level road map has been developed.</p> <p>A granular roadmap at the building block level for each service and app is now being finalised, which works around the SLA and how services can be separated without significant detriment to either party. As identified, this is being done at severe detriment to the rest of the CTM programme and on a beg, steal and borrow basis. Once the roadmap has been completed, and resources attributed, it will be set against the SLA to identify what could be done from resources already available to the NHS and then have the ongoing consequences added prior to being given to WG.</p> <p>Part of this will be to identify where the diseconomies of scale observed in SB will arise, and identify these to WG.</p>	Feb 2022	Chief Information Officer & Assistant Director for ICT
<b>Current findings</b>		<b>Residual Risk</b>
<p>There is a disaggregation workplan in place, and an identified critical path, with the detail of work to be done being factored into the annual planning and IMTP process.</p> <p>Work to move services and systems is continuing and there are ongoing discussions regarding items to be removed from the SLA following transfer of responsibility. For example, management of servers.</p> <p>No additional funding for disaggregation has been provided, and as such work continues to be on a case by case / piecemeal approach. However, we note that the network links have not been upgraded to 10GB, which would enable more services to transfer.</p>		N/A

## Appendix C: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<p><b>Substantial assurance</b></p>	<p>Few matters require attention and are compliance or advisory in nature.  <b>Low impact</b> on residual risk exposure.  <b>Follow up:</b> All recommendations implemented and operating as expected</p>
	<p><b>Reasonable assurance</b></p>	<p>Some matters require management attention in control design or compliance.  <b>Low to moderate impact</b> on residual risk exposure until resolved.  <b>Follow up:</b> All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>
	<p><b>Limited assurance</b></p>	<p>More significant matters require management attention.  <b>Moderate impact</b> on residual risk exposure until resolved.  <b>Follow up:</b> No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>
	<p><b>No assurance</b></p>	<p>Action is required to address the whole control framework in this area.  <b>High impact</b> on residual risk exposure until resolved.  <b>Follow up:</b> No action taken to implement recommendations</p>

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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**Agenda Item**

4.4

**DIGITAL AND DATA COMMITTEE**

**INFORMATION GOVERNANCE HIGHLIGHT REPORT**

<b>Date of meeting</b>	12 June 2023
<b>FOI Status</b>	Open/Public
<b>If closed please indicate a reason.</b>	Not a public meeting
<b>Prepared by</b>	Julie Butler Freedom of Information Officer
<b>Presented by</b>	Andrew Nelson Assistant Director for Data & Compliance Data Protection Officer
<b>Approving Executive Sponsor</b>	Stuart Morris Director of Digital Senior Information Risk Owner
<b>Report purpose</b>	FOR DISCUSSION / REVIEW

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

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

**ACRONYMS**

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 2022/23. Compliance for the financial year was 93% and for Quarter 1 2023 (Jan – Mar) was 91%.

FOI requests for 2022/23													
Freedom of Information CTMUHB	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of Requests	36	28	37	41	45	50	50	49	37	50	50	45	40
Number of Requests withdrawn	0	0	0	0	0	0	0	0	0	0	0	0	0
No responded within timescales	33	27	30	38	39	47	45	49	34	49	44	40	TBC
% responded within timescales	91%	96%	81%	92%	86%	94%	90%	100%	91%	98%	88%	88%	TBC
Number of exemptions applied	7	11	12	13	14	9	14	13	18	17	15	12	TBC
Actual number of questions	184	167	213	240	225	369	210	269	227	263	273	276	244
ICO appeals	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of requests still outstanding (Unanswered)	3	0	0	0	2	0	1	0	0	0	2	2	2

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	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of Requests	1	0	1	0	1	3	4	1	0	4	1	1	1
No responded within timescales	1		1		1	3	4	1		4	1	1	1
% responded within timescales	100%		100%		100%	100%	100%	100%		100%	100%	100%	100%
Number of exemptions applied	0		0		0	3	1	1		0	0	0	0
Actual number of questions	2		3		6	17	6	0		11	3	1	3
ICO appeals	0		0		0	0	0	0		0	0	0	0
Number of requests still outstanding (Unanswered)	0		0		0	0	0	0		0	0	0	0

## 2.7 Subject Access Requests

The table below shows the number of Personal Data Requests for CTMUHB for the period April 2022 to April 2023. It is split into Service Groups who manage their own request process.

In the last 3 months (February 2023 – April 2023), the UHB has received 1292 requests, applied 7 exemptions and failed to meet our statutory response times on 46 occasions.



**Data Protection - Subject Access requests for 2022/23**

Medical Records (These inc. all 3rd party requests, i.e. police, etc.)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of requests	214	273	260	217	239	236	236	278	168	279	231	252	239
Number of exemptions applied	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
Mental Health	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of requests	29	34	33	32	35	35	38	30	34	25	28	48	33
Number of exemptions applied	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of late responses	3	1	13	11	12	5	10	3	12	1	7	14	5
Mental Health - SARs for POW Acute and Mental Health (completed under SLA with SBUHB)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of requests	81	77	95	94	109	104	84	100	121	114	101	120	82
Number of exemptions applied	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
CAMHS	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of requests	12	22	17	16	21	12	28	19	15	19	9	25	16
Number of exemptions applied	0	0	0	1	3	6	1	6	1	4	4	2	1
Number of late responses	0	0	0	1	1	0	1	0	0	0	0	2	0
Corporate	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of requests	0	0	0	1	1	3	1	2	4	1	1	0	0
Number of exemptions applied	0	0	0	0	2	3	0	0	0	0	0	0	0
Number of late responses	0	0	0	0	1	1	1	0	2	0	0	0	0
Workforce and OD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of requests	1	0	1	2	2	3	1	0	2	0	1	0	0
Number of exemptions applied	0	0	0	1	2	3	0	0	1	0	0	0	0
Number of late responses	0	0	0	0	1	1	1	0	2	0	0	0	0
Occupational Health	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of requests	2	1	1	0	0	2	2	0	0	0	1	3	2
Number of exemptions applied	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of late responses	0	0	0	0	0	0	1	0	0	0	0	1	0
WHSSC - SARs	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of requests	0	0	0	0	1	0	0	0	0	0	0	0	1
Number of exemptions applied	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	
GP practices	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of requests	19	32	38	44	32	43	33	38	22	67	34	31	34
Number of exemptions applied	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of late responses	4	14	9	3	32	4	2	4	4	24	8	4	5
CTM	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of requests	358	439	445	406	440	438	423	467	366	505	406	479	407
Number of exemptions applied	0	0	0	2	7	12	1	6	2	4	4	2	1
Number of late responses	7	15	22	15	47	11	16	7	20	25	15	21	10



## 2.8 Staff Training

A key requirement of the ICO’s office has been to increase our mandatory training compliance to 85%. Current Compliance is 77.23%, with 9665 staff out of 12515 having completed their IG training in the past 24 months.

The online IG package has recently been updated and is now called – Information Governance, Records Management and Cyber Security. On the one hand the inclusion of the cyber dimension of data protection within the mandatory training regime is a positive development, although the trade off is the shallow depth of the syllabus now being covered.

To strengthen the training aspect, arrangements are in place to incorporate the NCSC’s training package in the feedback to any staff who succumb to the planned phishing exercise, taking place shortly.

## 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 2023 so far we have had 165 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 in the first quarter of the year.

NIIAS - Year 2023		
	Own Record	Family Record
January	22	19
February	24	16
March	20	21
April	27	16
May		
June		
July		
August		
September		
October		
November		
December		
<b>Total</b>	<b>93</b>	<b>72</b>



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

- 3.1 The UHB’s cautious approach to risk taking in the data area is not achievable given the lack of skills, knowledge and capacity available.
- 3.2 Many of the agreed programmes agreed within the IMTP have an IG element to them. Where this is the case, many are either being delayed or ignored.
- 3.3 The ICO is becoming increasingly directive in their correspondence with the UHB when advised of breaches of the legislation or receive complaints from members of the public. Unfortunately due to capacity these directions, which are sub elements of the ICO action plan, are unable to be acted upon, further stretching our relationship with the ICO’s officers.
- 3.4 The way that primary and secondary care data is shared is of the utmost importance to the UHB, as it is the key to enabling service re-design, integration, proactive population health management and enhanced effectiveness and efficiencies in the way we improve health and deliver care. There is a real and material risk that the agreement on the methodology will be too cautious, limiting the value and benefits that can be realised, if the UHB does not act swiftly and provide alternative options to those being proposed by DHCW.

### 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 If more than one Healthcare Standard applies please list below:
<b>Equality impact assessment completed</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.
<b>Link to Strategic Goals</b>	Improving Care

## 5. RECOMMENDATION

5.1 The Committee is asked to **DISCUSS / REVIEW** this report.





**AGENDA ITEM**

4.5

**DIGITAL & DATA COMMITTEE**

**ICO AUDIT ACTION PLAN**

<b>Date of meeting</b>	12 June 2023
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Stuart Morris, Director of Digital
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<b>Presented by</b>	Stuart Morris, Director of Digital
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<b>Approving Executive Sponsor</b>	Stuart Morris, Director of Digital
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<b>Report purpose</b>	FOR NOTING
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

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

**ACRONYMS**

ICO – Information Commissioners Office

## **1. SITUATION/BACKGROUND**

- 1.1 The purpose of this report is to update the Committee on 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 Data Protection Impact Assessments (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 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 to continue beyond 31<sup>st</sup> March, nor for the IG administrator post to be replaced, following the postholder's acceptance onto a national training programme.
- 2.4 A proposed close out meeting is planned for July 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 The team have not been able to progress actions against the outstanding recommendations due to capacity within the Information Governance Team.



#### 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 noncompliance with GDPR & NIS-D.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Potential fine for noncompliance with GDPR & NIS-D.
<b>Link to Strategic Goals</b>	Improving Care

#### 5. RECOMMENDATION

- 5.1 **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 July 2023

ICO Data Protection Audit - Action Plan

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)	Action Status	Evidence Item(s) provided	ICO Officer's feedback - August 2022	December 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	sep-22	Director of Digital	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.	In progress	Peer Review of NHS Wales.  Job Descriptions in the process of being amended and will follow in due course.		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.	mar-22	Director of Digital	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.	In progress	A02a. Please see Datix ID 4699 and 4339 extracted from the Organisational Risk Register.  A02(b) - The amended JD has previously been shared as evidence.  The CIO JD is in the process of being amended and will follow in due course.	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
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.	feb-22	Director of Digital	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.	Completed	The amended JD for the Head of IG has previously been shared as evidence.  The CIO JD as above.	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
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.	apr-22	Director of Digital	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.	Completed	Please refer to evidence A04.1 and A04.2	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.	jun-22	Director of Digital	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.	In progress	Evidence of Operating Model Implementation - Board reports from July 2022 included.	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.	apr-22	Director of Digital	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.	Completed	A06a - Appropriate Policy Document included in evidence submission.	<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.	jul-22	Director of Digital	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.	In progress		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 Recovery 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	Variably as in stages (Feb 22 - June 22)	Director of Workforce / Director of Digital	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.	Completed	IG Group Report outlining Training Compliance from July provided as evidence.	<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
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	okt-22	Director of Digital	A09.a) Chief Information Officer and CSIO have attended the full week of NIST Cyber Security Professional (NCSPP) 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.	In progress	A09 - Presentational Slides included in evidence in relation to the bespoke training relating to Subject Access.	<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
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 NCSC Board toolkit and ISO27001.	sep-22	Director of Digital	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 avant & 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 MailMarshall 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	In progress	A10 - Toolkit content and recent 2021 submission Internal Audit Report for IG Toolkit - Substantial Assurance.  Cyber Improvement Plan.	<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

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.	mar-22	Director of Digital	A11.a) <b>Complete</b> - a Medical Records Report is now received as standard at the Information Governance Group.	Completed	Information Governance Group agendas available upon request.	Completed	
A12	Performance to IG KPIs is reported and reviewed regularly.	A12. See above	A12. See above	Medium		See above		Director of Digital	A12a) <b>Complete</b> . KPIs is a standing agenda item on the IG Group.	Completed		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	Start of rolling programme from march 2022	Director of Digital	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).	In progress	NHS Wales control document	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.	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.
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.	sep-22	Director of Digital	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		Not started	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.	jun-22	Director of Digital	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/BR arrangements to create a	In progress	Current Asset Register New Processing Agreements.	Focus predominantly driven through enhancement of the product catalogue for the cyber improvement plan and the critical assets	
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.	mai-22	Director of Digital	Completed and previously shared.	Completed	Evidence of this action has been shared previously with the ICO Auditor.	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.	No change
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 is 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.	mar-22	Director of Digital	Completed and previously shared.	Completed	Evidence of this action has been shared previously with the ICO Auditor.	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.	No change
A18	The organisations privacy information or notice includes all the information as required under Articles 13 & 14 of the UKGDPR.	A18. Some of the privacy 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.	mar-22	Director of Digital	Completed. Notices have been reviewed and published on the Health Boards Website.	Completed	A18 - Please follow this link to the Health Boards Privacy Statement: Privacy Policy - Cwm Taf Morgannwg University Health Board (nhs.wales) - https://ctmuhb.nhs.wales/use-of-site/privacy-policy/	A18 (high): 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)

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.	mar-22	Director of Digital	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.	Completed	See evidence captured in A18.	<b>Not started - A19 (medium): a.</b> 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>b.</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
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.	apr-22	Director of Governance	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.	In progress		<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
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.	feb-22	Director of Digital	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.	Completed	A21 - Amended document shared in evidence submission.	<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

Accept Not started  
 Partially acce In progress  
 Reject Completed

March 2023 update	Revised Implementation DateApril-23
	Complete
<p>Recruitment of permanent Head of IG has reached interview stage, with a number of strong applicants shortlisted. UHB is going through Organisational Change Process with the responsibilities for the DPO passing on to a new Assistant Director Post - JD is available.</p>	<p>The Roles and Responsibilities of the key Information Governance Roles have been added to the Health Board's public facing website w.e.f, this includes a description of the role of SIRO, DPO and Caldicott Guardian and how they can be contacted. As a helpful reference point this page also signposts the public to the pages outlining how to raise a concern, an FOI and how to access health records.</p> <p><b>Propose to Complete</b></p>
<p>UHB is going through Organisational Change Process with the responsibilities for the DPO passing on to a new Assistant Director Post - JD is available.</p>	DPO Interview April 2023
<p>Workforce related SARs have now returned to the workforce team, with the IG team providing advice. Organisational change process has clarified management structure</p>	apr-23
Nothing further to report	<p>The Information Governance Group Terms of Reference &amp; Operational Management Board ToR revised to ensure IG related matters are considered and that there is clear alignment to these groups and assurance to the Digital &amp; Data Committee.</p> <p>Revisions to be approved by the end of May 2023</p> <p><b>Propose to complete May 2023.</b></p>



	<p>N/A</p>
<p>All Wales policies presently being reviewed, CTM are contributing to these.</p>	<p>Incident Management Framework introduced in July 2022.</p> <p>Personal Data Breach Procedure requires review and is highlighted in the Policy Review tracker and will be a priority for the Head of Information Governance once commenced.</p> <p>A policy schedule for IG related policy documents continues to be received as a standing agenda item at the IG Group meetings.</p> <p>As part of Phase 1 of the Operating Model there are two new roles created "Head of Quality Assurance &amp; Compliance" and "Quality Assurance and Compliance Officer" who will lead on Health Board Policies and support the timely review through increased notifications and streamlined process. These roles will be advertised in Qtr 1 - 2023/2024.</p>
<p>Compliance at 74%. Corporate Learning and Development Team are emailing all members of staff to advise them when their training has expired.</p>	<p>Email reminder implemented as of March 2023</p> <p>Review Compliance levels in June 2023.</p>
<p>Corporate Learning &amp; Development team have been asked to undertake the training needs assessment and they have agreed to do so. The work is on their programme of activities for the IMTP</p>	<p>okt-23</p>
<p>Compliance with SARs and NIIAS is managed at service line level. To address the challenges in mental health a MDT of clinicians and the IIG team is being established with the CG, SIRO and DPO part of the membership.</p>	<p>Clinical Directorate for Digital being established in May 2023. MDT meeting occurs on an as-required basis.</p>

	N/A
	N/A
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	This is a long term piece of work. Quarterly progress will be provided to the UHB's Board (via the sub committee on a quarterly basis)  Progress to be demonstrated by September 2023
No progress	DPIA process in place for all new contracts and programmes of work  Historically review to commence in September 2023
IG officer leading review of the ROPA, but only commenced end of February 2023	This is a long term piece of work. Quarterly progress will be provided to the UHB's Board (via the sub committee on a quarterly basis)  Progress to be updated by June 2023
IG officer leading review of the ROPA, but only commenced end of February 2023	This is a long term piece of work. Quarterly progress will be provided to the UHB's Board (via the sub committee on a quarterly basis)  Progress to be updated by June 2023
IG officer leading review of the ROPA, but only commenced end of February 2023	This is a long term piece of work. Quarterly progress will be provided to the UHB's Board (via the sub committee on a quarterly basis)  Progress to be updated by June 2023
Complete	N/A

<p>No progress</p>	<p>Activity to commence once Head of IG is in place and a planned activity to complete</p> <p>September 2023</p>
<p>Policy on policies not yet updated</p>	<p>The "Policy on Policies" has been amended as attached to include the requirement to assess whether a DPIA is needed. This revision will be seeking approval at the Health Board meeting in May 2023.</p> <p><b>Propose to complete in May 2023</b></p>
<p>IG officer has taken on responsibility for reviewing the ROPA and the register of data sharing agreements to ensure DPIAs and Data sharing agreements are reviewed. This was initially undertaken by the IG administrator who started this work in January 2023. there is however still much to do.</p>	<p>This is a long term piece of work. Quarterly progress will be provided to the UHB's Board (via the sub committee on a quarterly basis)</p>

Controller	Cwm Taf Morgannwg University Health Board
Report Date	mar-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)	Action Status	Evidence item(s) provided	ICO Officer's feedback - August 2022
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>	mai-22	Director of Public Health	<p>B01.a) 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>	In progress		
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>	okt-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>	In progress	Clinical Staff Induction presentation on Cyber Security and Data Protection.	<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>
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>	Completed	Cross reference to evidence submitted in A18.	<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>
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>	In progress		<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>
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>	Not started	Overarching Control Document	<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>

B06	Data sharing agreements are sufficiently detailed, and provide sufficient direction to both parties to ensure that the requirements of the legislation are met	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.  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.  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.  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.	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:  <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>	Medium	Partially accept	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.	apr-22	Director of Digital	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.	Not started		B06 (medium): 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.
B07	Data sharing agreements are reviewed on a regular basis	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.  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.  B07 b. The discussion of sharing agreements is not a standing agenda item at the Information Governance Group (IGG) or Digital and Data Committee (DADC) 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.  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.	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.  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.	High	Accept	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.	Sept - risk based approach	Data Protection Officer	Position is as noted in March 2022. Progress has been made on documenting and reviewing data sharing arrangements actioned via the Information Governance Team.	Not started	Evidence of review of data sharing agreements.	Not started- Noting: B07.a (high): 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.
B08	There is a log or record of all data sharing agreements	B08. The Health Board does not have a single centralised log for all its information sharing agreements.  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.  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.	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.  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.	Medium	Partially accept	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.	mar-22	Data Protection Officer	Completed and centralised register previously provided to Auditors.	Complete		B08 (medium): 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.
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.	B09. Specific retention periods and disposal arrangements for shared personal data are not included in all information sharing agreements and data processor contracts.  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.  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.	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.  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.	High	Accept	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.  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.	jun-22	Director of Digital	Mitigation of this risk is as indicated in March 2022.	Not started		Not started - B09 (high): 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.
B10	There are appropriate levels of access control in place on all systems which process shared data	B10. The Health Board does not routinely obtain documented access control policies and evidence of formal implementation of those policies by its sharing partners.  Additionally, the Health Board does not regularly review access control measures over the organisation's systems that are accessed by its sharing partners.  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.	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.  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 access controls and these are written into the DPIA and any access that may be granted.	High	Accept	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. 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 NWSSP 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.  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.	Risk based approach Nov 2022	Director of Digital	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.	In progress	Please reference cyber improvement plan	B10 (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.

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>	Complete	Welsh Control Standard for Electronic Health Care Records	<p><b>Not started - B11 (high):</b> 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>
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>	Complete	Please see evidence B12, the new Personal Data Request Procedure approved by Senior Leadership Group in July 2022.	<p><b>B12 (high):</b> 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>
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 GDPR 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	As above (B12)	jun-22	Director of Digital	<p>Complete - Personal Data Procedure Approved in July 2022.</p>	Completed	Cross reference to evidence submitted in B12.	<p><b>B13 (high):</b> 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>
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>	In progress		<p><b>Not started - B14 (medium):</b> 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>
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November 2022 update	February 2023 update	Revised Implementation Date April-23
Arrangements to replace the Caldicott Guardian being resolved at meeting of MDs & AMDs on 6th December. Both MD and CClO have stepped in to date.	Medical Director confirmed as CG, CClO as the Deputy CG.	Complete
No progress - proposing to tie this in with launch of new cyber module and linking it with access controls (NADEX IDs) - with WG & expected 23/24	Corporate Learning & Development team have been asked to undertake the training needs assessment and they have agreed to do so. The work is on their programme of activities for the IMTP	okt-23
Privacy notice is in the process of being updated and translated into Welsh	Privacy notice further updated	Complete
no change	Policy was agreed at IGGroup. The DPIA will include the ICOs recommendations for processing schedule 1 data	Complete
Legacy data sharing	the DPIA process and the requirement for data sharing agreements applies to all new data sharing acts. Attempts to identify Legacy data sharing arrangements are being pursued via the work on identifying digital applications and subjecting them to the Cyber Assessment review.	This is a long term piece of work. Quarterly progress will be provided to the UHB's Board (via the sub committee on a quarterly basis) Progress to be demonstrated by September 2023

No update from the WASPI team	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	Schedule 1 conditions complete - FOI requirements to be added by May 2023
No progress	The IG team are conducting an audit of all existant 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	This is a long term piece of work. Quarterly progress will be provided to the UHB's Board (via the sub committee on a quarterly basis) Plan to be developed with new Head of IG July 2023
We have commenced a review of the existng data sharing agreements where no review date was initially documented	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	This is a long term piece of work. Quarterly progress will be provided to the UHB's Board (via the sub committee on a quarterly basis) Plan to be developed with new Head of IG July 2023
IG administrator will commence this work, in Decemeber 2022	IG administrator has been reviewing the Information Asset Register in line with the recommendation since December 2022. Responsibility now passed to IG officer. Numerous challenges identified exacerbated by the Organisational Change Process but progress has been amde	This is a long term piece of work. Quarterly progress will be provided to the UHB's Board (via the sub committee on a quarterly basis) Plan to be developed with new Head of IG July 2023
No progress	NHS code of connection exists that all external providers to NHS have robust access controls. The CSIA requires ISO27001 and cyber essentials	Complete



No progress	Work on improving protection and security of our supply chain has not commenced.	Plan to be developed by June 2023
We can not provide this evidence	We can not provide this evidence	Health Board to seek support from DHCW - update to be provided by June 2023
	Audit of compliance has not been undertaken.	Determining with Interbal Audit whether this can be added to their programme fo work for 23/24
No progress	To be addressed via national review of policies led by IGMAG.	okt-23



<b>AGENDA ITEM</b>
5.1

<b>DIGITAL &amp; DATA COMMITTEE</b>
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<b>DIGITAL ASSURANCE REPORT</b>
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<b>Date of meeting</b>	12 June 2023
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Karen Winder Assistant Director Digital Systems
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<b>Presented by</b>	Karen Winder Assistant Director Digital Systems
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<b>Approving Executive Sponsor</b>	Stuart Morris Director of Digital
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<b>Report purpose</b>	FOR NOTING
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
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Committee/Group/Individuals	Date	Outcome
N/A		

<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
MFD	Multi-Functional (Print) Device	DR	Disaster Recovery

## 1. SITUATION/BACKGROUND

- 1.1 There is an extensive work plan within Digital & Data Directorate, 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 & 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.
- 1.4 Meetings have been undertaken between Finance and Digital & Data with regards to the staff structure within the Directorate with the objective to release the vacancies in Trac.



## 1.5 Financial Position

- 1.5.1 Revenue funding for staff is under scrutiny for each position that is entered onto Trac, delaying the delivery of the anticipated benefits and lowering morale of the existing workforce. Position has improved in the last 2 months with posts being released.
- 1.5.2 Capital allocation for rolling replacement and new staff equipment in 23/24 is detailed below. Digital has been allocated £2m of which £1m will be allocated to the Digital Healthcare Wales (DHCW) Service Level Agreement (SLA)

<b>Allocations</b>	<b>/£k</b>
<b>ICT Allocation</b>	<b>1,830</b>
Capitalised IT Staff	320
B/F 22/23 schemes (to cover prior year spends)	100
Rolling Replacement Programme	350
IT Equipment new staff	150
Strategic schemes:-	
WNCR	50
Bridgend - Cardiology (McKesson/CHC)	152
Bridgend - Cardiology (Muse)	8.5
Balance to be committed to further ICT strategic schemes (subject to business cases)	699.5
<b>ICT Allocation Total</b>	<b>1,830</b>
<b>Balance of ICT Allocation</b>	<b>-</b>

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

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

<b>SERVICE</b>	<b>UPDATE</b>
Network	<ul style="list-style-type: none"> <li>Switch replacement programme</li> <li>The Network upgrade at YCR is almost complete, with the final component, upgrading the two cores having reached the detailed planning stage prior to implementation.</li> </ul>



SERVICE	UPDATE
	<ul style="list-style-type: none"> <li>• The Switch replacement programme at Royal Glamorgan Hospital (RGH) has progressed well, with 50% of cabinets now upgraded.</li> <li>• Switch software updates – UHB wide               <ul style="list-style-type: none"> <li>• New firmware has been released for the '9300' and '3850' switches, with 95% and 20% of switches having been upgraded, respectively.</li> </ul> </li> <li>• Firewall replacement programme across the UHB               <ul style="list-style-type: none"> <li>• Both new Cisco 4112 10GB firewalls have been installed at PoW and rules have been migrated from SBUHB firewall. 1 of the 10GB WAN BT PSBA is now live and connected to SBUHB 1GB firewall. Migration to new 10GB firewall planned for late July</li> </ul> </li> <li>• Multitone paging commissioning at all 3 sites               <ul style="list-style-type: none"> <li>• Completed</li> <li>• Next stage integration of alarm panels in RGH and PCH to allow alarms to be monitored from anywhere on the network. (Switchboard Centralisation project)</li> </ul> </li> <li>• 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 ongoing.</li> </ul>
Infrastructure (servers)	<ul style="list-style-type: none"> <li>• Additional server cluster installed in POW to accommodate replications of critical virtual machines from PCH into POW</li> <li>• 2 Node server cluster purchased from capital for RGH, thus introducing a VMWare footprint in RGH</li> <li>• Additional disks installed into the POW Production cluster to further enhance our hosting capabilities in POW</li> <li>• VM migrations on going from Hyper V to new VM Estate, approx. 2/3's of VMs now migrated.</li> <li>• A small backup environment has been purchased for POW to enable backup to disk on site although this has yet to have been installed.</li> <li>• Project picking up pace to reduce out of support server operating systems from our server estate</li> </ul>
Cyber & Service Management	<ul style="list-style-type: none"> <li>• Cyber update provided in committee</li> </ul>



SERVICE	UPDATE
End User Computing	<ul style="list-style-type: none"> <li>• Realignment of Desktop Support and Service Desk functions has now been completed. This alongside the new support model has improved customer satisfaction and reduced wait times for staff seeking support.</li> <li>• New escalation function being tested on the IT Service Desk, positive response so far.</li> <li>• Microsoft licensing – year two renewal figures have been submitted. User profiling and continuous review leading to an ongoing cost avoidance of c£1m once vacancies have been filled.</li> <li>• Limited capital will have an adverse affect on rolling replacement, SBAR being written to demonstrate the situation.</li> </ul> <p>Legacy Operating system updates</p> <ul style="list-style-type: none"> <li>• Programme has been initiated for digital services to be standardised onto Edge, migrating away from IE.</li> <li>• Migration to OneDrive has been completed for all staff</li> <li>• Adoption of Microsoft 365 EndPoint Manager solution and reduction/removal of Blackberry UEM including replacement/reconfiguring of over 1000 devices has been moving forward, we now have less than 100 devices outstanding</li> <li>• New mobile telephony contract and associated rollout of hardware is close to completion.</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>• 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>• POW Adult Inpatient Wards Live with Electronic Whiteboards</li> <li>• Developing Maternity, Special Care Baby Unit (SCBU), Neonatal and Paediatrics layouts for the Electronic Whiteboards</li> <li>• Creating icons for Maternity and Paediatrics to provide at a glance information on Patients' care</li> <li>• Currently running workshops with SCBU and Neonatal to engage and collaborate with them to get the whiteboard system working for them</li> </ul>



SERVICE	UPDATE
	<ul style="list-style-type: none"> <li>• Currently process mapping current ways of working with Mortuaries to develop and enhance the whiteboard system for their needs</li> <li>• Currently engaging with POW Palliative Care to develop the electronic whiteboard layout (PCH, RGH and YCC Palliative Care currently do not want the electronic whiteboards, as would like to see how it works in POW first)</li> <li>• Planning workshops to discuss potential icons to enhance the Electronic whiteboards with POW Palliative Care</li> <li>• Liaising with PCH GPAU to understand Electronic Whiteboard requirements</li> <li>• Liaising with CAMHS to complete a demonstration of the Electronic Whiteboard system</li> <li>• Liaising with Project Team for List View / ETOC access and accounts creation</li> <li>• Providing ongoing 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 to CTMUHB infrastructure</li> </ul>
Digital Systems	<ul style="list-style-type: none"> <li>• Delivered ETR into radiology across CT, POW have gone live with 60 staff across 5 specialties.</li> <li>• Open Eyes live for all Glaucoma clinics at POW, Maesteg and YCR. PCH will be live next and preparation for RGH go live has started. Once live at all sites enhanced functionality to be investigated.</li> <li>• CANISC replacement now in use for Breast and Urology.</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>• Replacing the current digital dictation system due to end of life</li> <li>• Submitted the Invitation to tender for the Hospital Electronic Prescribing Project. DPIF funding has been</li> </ul>



SERVICE	UPDATE
	<p>made available to undertake a mini procurement award the chosen supplier and develop the Full Business case (FBC). Following submission of the FBC Welsh Government will consider funding the implementation costs but the Health Board will have to commit to the Business as Usual costs</p>
<p>Software Development</p>	<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>
<p>Clinical Coding</p>	<ul style="list-style-type: none"> <li>• The coding team supported by the Data Science Team have thus far coded 144k of the 199k Finished consultant episodes which the UHB undertook in 2022/23 (95.2%). Based on current trajectories and plans, we anticipate that we will achieve the 98% target by the WG deadline on the 21<sup>st</sup> June 2023, without using any overtime since the revised job descriptions were agreed on the 20<sup>th</sup> December 2022.</li> <li>• The New Cliveseco platform (autocoding and Data quality audit application) will be deployed in June 2023. This will then be extended to other clinical events such as ED and outpatient attendances.</li> </ul>
<p>Information</p>	<ul style="list-style-type: none"> <li>• The Information team has been overwhelmed by demand during the quarter. Four data technicians have been appointed with start dates in June following a process that saw 67 applications being received, with only 1 withdrawal. In their first year, these informaticians will focus on Business Intelligence and Data acquisition and warehousing, in order to improve their knowledge of the health business and the data definitions and structures.</li> <li>• New BI dashboards to support the monitoring of the IMTP have been developed and are now being tested with the service</li> <li>• Modelling in support of RTT and Cancer has informed the IMTP, although data quality and completion has prevented sub specialty analysis and made the process time consuming and inefficient.</li> <li>• Service modelling and analysis in support of numerous initiatives such as “Getting it right first time”, “The regional service plans”, “The Clinical Services Strategy” and “The UHB’s housing programme” are progressing to a pace constrained by capacity</li> </ul>



SERVICE	UPDATE
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> </ul> </li> <li>• Data Management <ul style="list-style-type: none"> <li>• PROMS data collated via the Dr Doctor platform is now being acquired using a FHIR interface into the FHIR CDR.</li> <li>• The autocoder (Clinical NLP) is capable of passing data into the FHIR server, however further work on Sequolae (Post –co-ordination) coding – how data is stored to enable cause and effect to be understood - is being undertaken prior to the data being ingested.</li> <li>• The Electronic transfer of care application has been architected to write to the FHIR CDR. It takes a structured data item approach used which will enable automated data sharing with LAs with semantic meaning/interoperability. Work on this is expected to be completed by Sept 2023</li> <li>• GP data – data item level exchange of DAL &amp; ED Information is being developed. Data is flowing into Power Apps, with a POC anticipated to be ready by May 2023</li> <li>• Sharing of Cancer data stored on e-forms – Work has commenced by DHCW – the timetable for which is subject to national roll out programme.</li> <li>• Work has commenced on a maternity pre-natal e-form which supports midwives record information for every contact - this is a foundational development using ShExs (Shape Expressions) based e-forms to code at source in a highly transferable way. This work should complete by end of Q2 23/24.</li> <li>• Work has commenced using the local NDR to link pathways across PAS instances and to find a method for safely and effectively extracting POW pathways from SB Pathways. This is a significant and time consuming development which we are anticipating will be delivering benefits by March 2024</li> </ul> </li> </ul>



SERVICE	UPDATE
	<ul style="list-style-type: none"> <li>• Creation of a document store (that enables documents to be referenced using FHIR and shared with WCRS etc) – Qtr4 23/24</li> <li>• New Cliveseco platform (autocoding and Data quality audit application) will be deployed in June 2023. This will then be extended to other clinical events such as ED and outpatient attendances.</li> </ul>
Performance Reporting	<ul style="list-style-type: none"> <li>• The performance report continues to be iteratively updated in line with WG and Board direction. Ownership and accountability of the content and accuracy of the performance data remain a significant concern to the Informatics teams.</li> </ul>
Aggregation of Bridgend Services into CTM	<ul style="list-style-type: none"> <li>• Service redesign within the Health Board is requiring considerable effort on Medical Records, WPAS team and ICT to be able to maintain a safe service as system redesign is behind service requirements due to lack of funding and the work required to undertake the system mergers</li> <li>• Discussion is underway regarding the ICT SLA 23/24 and cost reduction due to the services CTM ICT are taking over. The savings will need to be re invested in ICT staff to be able to support the increase workload and support required</li> <li>• Developing the road map for the infrastructure and services to be consolidated during 23/24</li> <li>• Working closely with DHCW, CTM and SB teams on the development of the WPAS migration</li> <li>• Test demographic migration planned</li> <li>• System aggregation completed to single solutions across CTM               <ul style="list-style-type: none"> <li>• MTED</li> <li>• ADT</li> <li>• Whiteboards</li> <li>• Endoscopy</li> <li>• Dental moved to CTM servers prior to move to new solution</li> <li>• OPAS</li> <li>• WNCR</li> </ul> </li> <li>• Systems planned for 23/24               <ul style="list-style-type: none"> <li>• Auditbase</li> <li>• Lillie</li> <li>• Advantage</li> <li>• ZYLAB</li> <li>• Tracking washers</li> </ul> </li> </ul>



SERVICE	UPDATE
	<ul style="list-style-type: none"> <li>• Tracking scopes</li> <li>• McKesson</li> <li>• Muse</li> </ul>
Architecture	<ul style="list-style-type: none"> <li>• Leading the Bridgend Infrastructure programme with weekly focussed sessions and coordination.</li> <li>• Supporting the identification of risks pertaining to key Infrastructure components and review and remediation of these.</li> <li>• Reviewing the Nationally led RIS solution and ensuring that CTM has appropriate Infrastructure architecture to support the use of this Cloud service and also effective access to Local Business continuity services.</li> <li>• Providing assurance to the CTM Change board through the establishment of the Enhanced Change process to support the planning and technical assurance of Highly complex or potentially disruptive changes.</li> </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 is severely reduced and the two resource programmes are not yet fully aligned.
- 3.2 Staffing continues to be a problem with post held up by the scrutiny panel 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 presents reputational risk to the UHB in giving clinicians the requisite assurance that digital enables resilient service delivery.



#### 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
<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)
	EIA are produced for 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)
	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 **NOTE** the projects both system and infrastructure completed this year
- 5.2 **NOTE** the lack of capital and revenue funding to sustain a digital programme
- 5.3 **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>
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<b>MEDICAL RECORDS ASSURANCE REPORT</b>
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<b>Date of meeting</b>	12 June 2023
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Bethan Marsh Clinical Records Modernisation Manager
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<b>Presented by</b>	Matthew Swarfield Head of Clinical Admin Transformation
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<b>Approving Executive Sponsor</b>	Stuart Morris Director of Digital
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<b>Report purpose</b>	FOR NOTING
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>
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Committee/Group/Individuals	Date	Outcome
Service Group Director (Clinical Support Services) Director of Digital Digital and Data Committee	2020-2021	NOTED
	Jan 2022 to date.	

<b>ACRONYMS</b>
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DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
POW	Princess of Wales Hospital
IHRIM	Institute of Health Records and Information Management

## 1. SITUATION/BACKGROUND

This report is intended as a Medical Records Assurance Report, summarising the current position regarding the following:

- The number of missing medical records;
- Casenote availability audit
- Casenote Movement
- Medical Records incidents
- Record storage at Princess of Wales
- Digitisation of patient records

Information in this report relates purely 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 **31** missing records known to the Medical Records Department.

Number	Situation	Supposed location	Action
6	Apparent misfiles	Williamstown Hub	Periodic searches ongoing
25	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

Scheduled quarterly audits take place in June, September, January and March and are reported to the subsequent meeting. The last report was provided to the March 2023 meeting. However, a one-off audit has been undertaken for the purpose of this meeting:

## **RGH AMU Ward 6, audited on 19/5/23**

Number of patients on ward	25	
Digital patients (immediate availability)	11	44%
Notes provided within 24 hours	14	56%
Notes provided within 48 hours	0	0%

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

### **2.3 Paper casenote movement and Digital Records**

A summary of record movements in and out of the Hub Library is shown below. The number of records moved changes in line with the progress of digitisation.

Hub casenote interventions	Sep 2020 Benchmark			Feb-23			Mar-23			Apr-23		
	out	in	total	out	in	total	out	in	total	out	in	total
Live Records	31,161	25,349	56,510	10,831	12,223	23,054	11,595	13,429	25,024	12,085	13,289	25,374
Archive Records	2,348	6	2,354	1,396	682	2,078	1,176	368	1,544	11,060	334	11,394
Deceased Records	560	923	1,483	183	300	483	720	801	1,521	1,230	337	1,567
Maternity Records	714	739	1,453	45	1	46	449	820	1,269	3,440	601	4,041
Quarantine (oversized records)	18	123	141	-	-	0	-	-	-	-	-	-
CTM Scanning Bureau *	0	0	0	15328	19290	34,618	33,690	15,361	49,051	25,758	4,493	30,251
GBS Commercial Scan Bureau	0	0	0	2782	2425	5,207	11,605	20,044	31,649	15,584	11,133	26,717
<b>Total</b>	<b>34,801</b>	<b>27,140</b>	<b>61,941</b>	<b>30,565</b>	<b>34,921</b>	<b>65,486</b>			<b>110,058</b>			<b>99,344</b>
							* combined QA and pre-checks for GBS to scan			* combined QA and pre-checks for GBS to scan		

<b>Number of digital patients at 19/5/23</b>	<b>122,433</b>
<i>Patients with legacy records only</i>	<i>44,382</i>
<i>Patients with day forward records only</i>	<i>22,973</i>
<i>Patients with legacy and day forward records</i>	<i>55,078</i>

Work related to day-forward scanning continues to increase. The commercial scanning provider took over day-forward scanning in late February 2023, which enabled the 48 hour scanning target for new record documentation to be met; the delay had gradually increased to 68 days over previous months, which was a significant clinical risk. A significant programme of work by the Hub team, in partnership with the commercial scanning bureau, resulted in the backlog being cleared within 7 weeks. The 48 hour target was achieved on 18/4/23 and has been sustained to date, resulting in a more stable service.



Processes and flows have been redesigned and streamlined to sustain performance and remain on target, with ongoing commercial assistance. This is a joint enterprise, as the Hub team must carry out tasks at the start and end of the process, for scanning to take place. Hub resource is therefore focused on the supply of paper records for care, the processing of records for scanning and the intensive quality checking of scanned images. Record handling has increased overall, due to interventions required by in-house staff as well as commercial staff. Ongoing technical issues with the ingestion of scanned images make quality checking necessary for 100% of scanned records; whilst this is being pursued with ICT and suppliers, the Hub resource is focused on this aspect of the work, instead of scanning. Additional revenue to extend commercial digitisation is limited this year and the future plan for scanning is currently being reviewed, to identify a safe model.

## **2.4 MEDICAL RECORDS INCIDENTS**

No new incidents involving the Medical Records Department or patient records appear to have been reported via Datix in March and April 2023. However, there were **675** incidents of misfiled/misidentified patient documents found in March 2023 and April 2023. The current total from October 2022 to April 2023 is now 1674.

These misfiled paper documents are removed from the wrong patient file and filed / scanned into the correct patient record. Any scanned images in Cito are moved to the appropriate record. If it cannot be identified to which patient the document actually relates, it is returned to source for the patient identity to be clarified. The volume of these incidents prevents individual Datix reports. The associated risk is stated in section 3.1

## **2.5 RECORD STORAGE AND RETENTION**

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

An extensive programme of work was undertaken to redistribute casenotes across the 3 Bridgend Library sites (POW, Offsite store and Glanrhyd). This is complete and the environments are much safer, but the Libraries are now full to capacity. The racking in the POW Library has repeatedly broken in more areas, preventing access to records. Investment in a servicing contract has been necessary to repair breakdowns and provide 1 year's cover. The hire of storage containers has also been extended for a further 3 months. Storage solutions to avoid a recurrence of past problems need to be considered in the next work phase by the Task and Finish Group.

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

The record destruction embargo has been lifted for Cwm Taf Morgannwg. It is theoretically possible to recommence legal record destruction in line



with national record retention guidelines. However, national guidance has been issued that records should be retained for 20 years for patients with “long-term conditions”; no qualification of such conditions is provided. Medical Records Managers across Wales will discuss this in June, to reach consensus on whether this can realistically be adopted, with a view to dialogue with Welsh Government on record retention guidelines. Therefore only deceased records could currently be destroyed, but there is presently no staff resource to carry out this work.

Depending on the outcome of the “long term conditions” question, there will be an extensive programme of work required to identify and destroy the backlog of retained records. The extent of the checking process will define the level of resource required. There are already significant resource implications resulting from the 5 year backlog of destruction work, even without the clinical conditions question. Based on previous experience of catching up on this work after centralising libraries at the Hub over an 18 month period, the required resource is likely to be in the region of 5 w.t.e. additional Band 3 staff over a 2 year period; this would cover identification and destruction of some core patient records at the Hub, Bridgend and the offsite store at Llangennech. If the requirement is to identify long-term conditions, one of these posts should be a Band 4, to identify the correct records to destroy. The full requirement will be scoped and costed once the retention requirements are clear. Of note, Welsh Government have not yet funded any support relating to the record storage or destruction implications of the embargo. Holders of other record types will also need to wait until this matter is resolved, before proceeding with destruction.

## **2.6 Recommendations by the Institute of Health Records and Information Management (IHRIM)**

In November 2022 over a period of 4 days our Medical Records function for CTM was reviewed by senior representatives from the Institute of Health Records and Information Management (IHRIM). This review has helped inform our commitments to maintaining high standards of patient care through accurate and completeness of the core medical records.

The external report highlighted a number of areas of good practice and several areas for improvement/action. As a senior team we have comprehensively reviewed the recommendations and responded, actioned or are in the process of undertaking actions to the identified issues. This will guide our ongoing efforts to improve quality and safety of our medical records management.

### **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 may affect treatment decisions and care received by either patient. It is also noted that this presents an information governance risk of this information being disclosed in error.

This matter has been escalated to the Medical Director and Executive Director of Nursing, and discussions with Clinical Service Groups will now take place, to ensure ownership and professional accountability for record keeping. The most serious cases will be reported via individual Datix reports.

#### **3.2 RISK - RECORD STORAGE ACROSS CTM**

Record storage at Bridgend sites is a potential risk that will recur, if no solution becomes available in the near future. Record storage pressures in other areas outside the Hub and the remit of the wider Medical Records Department are escalating, due to records growth and the embargo. The clarity of retention guidance and the availability of staff resource is therefore key to this issue across the organisation. The Health Records Committee will be re-established to engage with all record-holders and address records-related issues.

#### **3.3 RISK - DIGITAL RECORDS STRATEGY**

The current strategy is being reviewed to assess the future plan, given the lower than expected volume of commercial legacy scanning and the delays of in-house day forward scanning. Digital records are most successful when e-form functionality is available for day-forward records to be captured live at the point of care; this has not progressed as planned, due to recruitment challenges and ongoing discussions of clinical e-documents solutions. The available revenue for commercial assistance will not presently cover the potential scanning requirement for the whole of 2023/24. There is a risk that progress will fall behind later this year, resulting in a clinical risk.

### **4. IMPACT ASSESSMENT**

<b>Quality/Safety/Patient</b>	Yes (Please see detail below)
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<b>Experience implications</b>	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>	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>	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 record storage position at POW Library and across the wider organisation
- **NOTE** the recommendations and response to IHRIM report
- **NOTE** the potential complexity, resource and financial cost to resume record retention and destruction.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

- **NOTE** the risk related to the Digital Record strategy, regarding costs of commercial scanning and lack of e-forms progress.

<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 for June 2023	Ad-Hoc Item	Spotlight: NHS Wales APP	Tbc	12 June 2023
Requested at Agenda Planning Meeting for June 2023	Additional item	Internal Audit Report: Follow Up Transfer of Bridgend Informatics Service	Assistant Director of Informatics	12 June 2023
Requested at Agenda Planning Meeting for June 2023	Additional Item	ICO Audit Action Plan Progress Report	Chief Information Officer	12 June 2023
Annual Cycle of Business	Annual Report received by Committee	Draft Committee Annual Report	Assistant Director of Governance & Risk	12 September 2023
Annual Cycle of Business	Annual Review by Committee	Committee Self Effectiveness Survey Outcome	Assistant Director of Governance & Risk	12 September 2023
Action arising from March 2023 meeting	Additional item	Breach Analysis for Subject Access Requests on Mental Health	Chief Information Officer	12 September 2023
Requested at Agenda	Additional Item	Digital Whiteboards Presentation	Director of Digital	<b>Completed</b> -13 March 2023

Planning Meeting				
Requested at Agenda Planning Meeting	Additional Item	Bridgend Disaggregation	Chief Information Officer	<b>Completed</b> - 13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Infrastructure Review – management Response Update	Director of Digital	<b>Completed</b> - 13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Medical Records - Peer Review	Director of Digital	<b>Completed</b> - In Committee – 13 March 2023
Follow Up from Annual Report 2021-22 received September 2022	Standard Agenda Item (annually)	Committee Self Assessment Outcome and Improvement Plan	Director of Governance	<b>Completed</b> - 19 December 2022
Committee Referral from Audit & Risk Committee – 24 October 2022	Additional Item	Internal Audit Reports – Digital Operation Model and Medical Records Management	Director of Governance	<b>Completed</b> - 19 December 2022
Requested at agenda planning meeting	Additional Item	Grant Thornton – Clinical Information Review – presentation	Director of Digital	<b>Completed</b> - 19 December 2022
Requested at agenda planning meeting	Additional Item	Patient Centred Contact Highlight Report	Director of Digital	<b>Completed</b> - 19 December 2022