

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

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

PRESENT:

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

IN ATTENDANCE:

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

- 12/22/01 1.1 WELCOME & INTRODUCTIONS**
I Wells welcomed everyone to the meeting including Chris Giles and Howard Davies from Grant Thornton in attendance for agenda item 3.2 Grant Thornton – Clinical Information Review.
- 12/22/02 1.2 APOLOGIES FOR ABSENCE**
Apologies were **RECEIVED** from Dom Hurford, Medical Director, Karen Winder, Assistant Director of ICT and Christian Smith, Lead Informatics Nursing Specialist.
- 12/22/03 1.3 DECLARATIONS OF INTERESTS**
No declarations of interest were received.
- 12/22/04 2.0 CONSENT AGENDA**
No questions were received prior to the meeting in relation to the consent agenda.
- 12/22/05 2.1 ITEMS FOR APPROVAL**
- 12/22/06 2.1.1 Minutes of the meeting held on 28 September 2022**
The above minutes were **CONFIRMED** as an accurate record.

- 12/22/07 2.1.2 Minutes of the In-Committee meeting held on 28 September 2022**
The above minutes were **CONFIRMED** as an accurate record.

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

- 12/22/08 2.1.3 Committee Self Effectiveness Survey Outcome**
The report was **APPROVED**.

2.2 ITEMS FOR NOTING

- 12/22/12 2.2.1 All Wales Independent Member Digital Network Highlight Report**
The report was **NOTED**.

- 12/22/13 Action Log**
S. Morris advised that the outstanding actions would be addressed under the Digital Programme Assurance Report later in the agenda.

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

- 12/22/15 3.1 Matters Arising Otherwise Not Contained within the Action Log**
There were none to report.

- 12/22/16 3.2 Grant Thornton – Clinical Information Review**
S. Morris introduced C. Giles and H. Davis from Grant Thornton who provided a presentation to the Committee.

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

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

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

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

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

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

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

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

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

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

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

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

12/22/16 4. INTEGRATED GOVERNANCE

12/22/17 4.1 Organisational Risk Register

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

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

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

- Microsoft Sustainability
- Unsupported server operating systems

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

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

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

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

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

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

A Nelson presented the report that outlined the Digital Risks.

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

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

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

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

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

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

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

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

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

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

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

12/22/20 **4.4 Medical Records Assurance Report**

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

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

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

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

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

12/22/21 **4.5 Data Protection Improvement Plan**

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

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

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

5. IMPROVING CARE

12/22/22

5.1 Digital Programme Assurance Report

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

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

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

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

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

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

6. SUSTAINING OUR FUTURE

12/22/23

6.1 Patient Centred Contact Highlight Report

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

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

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

7. OTHER MATTERS

12/22/24

7.1 Committee Highlight Report to Board

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

12/22/25

7.2 Forward Work Plan

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

12/22/26

7.3 ANY OTHER BUSINESS

No further areas of business were identified.

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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.

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DATE AND TIME OF NEXT MEETING

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

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