

Digital & Data Committee Meeting

Wed 21 February 2024, 13:00 - 15:30

Virtual Via Microsoft Teams

Agenda

13:00 - 13:05 **1. PRELIMINARY MATTERS** 5 min

1.1. Welcome and Introduction

Ian Wells, Chair

1.2. Apologies for Absence

Ian Wells, Chair

1.3. Declarations of Interest

Ian Wells, Chair

13:05 - 13:15 **2. CONSENT AGENDA** 10 min

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 14th November 2023

Approval Ian Wells, Chair

 2.1.1 Unconfirmed Minutes DDC 14 November 2023 V5.pdf (9 pages)

2.1.2. Unconfirmed Minutes of the IN Committee Meeting held on 14th November 2023


Approval Ian Wells, Chair

 2.1.2 Unconfirmed Minutes DD IC 14.11.23 v1.pdf (3 pages)

2.2. Items for Noting

2.2.1. All Wales Independent Member Network Highlight Report

For Noting Cally Hamblyn, Assistant Director of Governance and Risk

 2.2.1 IM Digital Network Highlight Report.pdf (4 pages)

2.2.2. Action Log

Information Ian Wells, Chair

 2.2.2 Action Log DDC 21 February 2024.pdf (1 pages)

13:15 - 13:45 **3. MAIN AGENDA** 30 min

3.1. Matters Arising Not Otherwise Contained on the Action Log

3.2. Spotlight - Patient Centered Contact Presentation

Suzanne Rodgers, Assistant Director of Digital Transformation

- 3.2 Patient Contact Transformation Outline Programme Plan and Resource Requirements DDC.pdf (17 pages)
-

13:45 - 14:20

35 min

4. GOVERNANCE

4.1. Organisational Risk Register

Discussion Cally Hamblyn, Assistant Director of Governance & Risk

- 4.1a - Org Risk Register Jan 24 - Cover Paper - DDC.pdf (6 pages)
- 4.1b - App 1 - Org RR Jan 24 - DDC.xlsx (4 pages)

4.2. Digital Risk Register

For Noting Steve Macdonald, Assistant Director for Digital Delivery

- 4.2a Digital and Data Risk Register 21 February 2024.pdf (4 pages)
- 4.2b APPENDIX 1 Digital and Data Risk Register 21 February 2024.xlsx (4 pages)

4.3. Information Governance Group Highlight Report

For Noting Andrew Nelson, Assistant Director for Data & Compliance

- 4.3 Information Governance Group Highlight Report 21 Feb 2024.pdf (8 pages)

4.4. ICO Audit Action Plan Progress Report

For Noting Stuart Morris, Director of Digital

- 4.4a ICO Audit Action Plan Progress Report 21 February 2024.pdf (4 pages)
- 4.4b - ICO Audit Action Plan Progress Report - Appendix 1.pdf (11 pages)
- 4.4c ICO Audit Action Plan Progress Report - Appendix 2.xlsx (3 pages)

4.5. Committee Annual Cycle of Business 2024-25

Approval Cally Hamblyn, Assistant Director of Governance & Risk

- 4.5 Digital and Data Annual Cycle of Business 2024-25.pdf (3 pages)
 - 4.5.a Appendix 1 Draft Annual Cycle of Business 2024-25.pdf (2 pages)
-

14:20 - 15:00

40 min

5. IMPROVING CARE

5.1. Digital and Data Assurance Report

For Noting Karen Winder, Assistant Director of Digital Systems

- 5.1.a. Digital and Data Assurance Report - 21 February 2024.pdf (15 pages)
- 5.1.b. Digital and Data Assurance Report - Appendix 1.pdf (10 pages)
- 5.1.c. Welsh PAS CTMU- Bridgend DM Strategy (v2).pdf (21 pages)
- 5.1.d. Digital Disaggregation BND.xlsx (1 pages)

5.2. Medical Records Assurance Report

For Noting Bethan Marsh, Clinical Records Modernisation Manager & Matthew Swarfield, Head of Clinical Administration Transformation

- 5.2 Medical Records Assurance Report January 24 v2.pdf (13 pages)

15:00 - 15:20 **6. SUSTAINING OUR FUTURE**
20 min

6.1. Digital and Data IMTP Update

For Noting *Stuart Morris, Director of Digital*

 6.1a DDC IMTP Update.pdf (6 pages)

15:20 - 15:30 **7. OTHER MATTERS**
10 min

7.1. Forward Work Plan

Approval *Ian Wells, Chair*

 7.1 Forward Work Plan - DDC 21 February 2024.pdf (4 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 **8. DATE AND TIME OF NEXT MEETING**
0 min

21 May 2024

Agenda Item Number: 2.1.1

**Unconfirmed Minutes of the Meeting of Cwm Taf Morgannwg
University (CTMUHB) Digital & Data Committee held on Tuesday
14th November 2023 via Microsoft Teams**

Members Present:

Ian Wells	Independent Member (Chair)
Lynda Thomas	Independent Member (Vice Chair)
Carolyn Donoghue	Independent Member

In Attendance:

Stuart Morris	Director of Digital / Senior Information Risk Owner
Andrew Nelson	Assistant Director of Data Intelligence & Compliance
Sallie Davies	Deputy Medical Director
Claire Northwell-Todd	Head of Information Governance, Digital and Data
Matthew Swarfield	Head of Clinical Administration Transformation
Robert Bleasdale	Associate Medical Director for Digital Consultant Cardiologist
Chris Ball	Head of IT Infrastructure
Christian Smith	Lead Informatics Nursing Specialist
Suzanne Rodgers	Assistant Director of Digital Transformation
Paul Chilcott	Lead Infrastructure Architect / Interim Head of Cyber, ICT Department
Gemma Northey	Consultant Public Health
Sara Utlej	Audit Wales
Emma Walters	Head of Corporate Governance & Board Business
Kathrine Davies	Corporate Governance Manager
Tyler Lewis	Corporate Governance Officer (Committee Secretariat)

1. PRELIMINARY MATTERS

1.1 Welcome & Introduction

In opening the meeting, the Chair **welcomed** all those present. The Chair also noted the format of the proceedings in its virtual form.

1.2 Apologies for Absence

Apologies have been received from:

- Gareth Watts, Director of Corporate Governance/Board Secretary
- Dom Hurford, Medical Director
- Cally Hamblyn, Assistant Director of Governance and Risk
- Karen Winder, Assistant Director for Digital Systems
- Kath Palmer, Vice Chair/Independent Member

1.3 Declarations of Interest

No declarations of interest were received.

2. CONSENT AGENDA

2.1 FOR APPROVAL

2.1.1 Unconfirmed Minutes of the Meeting held on 12 September 2023

The Minutes were **APPROVED** as an accurate Record

2.1.2 Unconfirmed Minutes of the In Committee Meeting held on 12 September 2023

The Minutes were **APPROVED** as an accurate Record

2.2 FOR NOTING

2.2.1 All Wales Independent Member Digital Network Highlight Report

Resolution The Report was **NOTED**.

2.2.2 Action Log

The Action Log was **NOTED**.

3. MAIN AGENDA

3.1 Matter Arising Not Otherwise Contained on the Action Log

There were none to report.

3.2 Spotlight: e-Prescribing

S Morris & S Rodgers updated the Committee on the development of the Digital Medicines procurement and subsequent Business Case for e-Prescribing in Secondary Care.

I Wells queried whether e-Prescribing was created solely for the Health Board or for the whole of Wales. S Morris advised that this procurement was undertaken solely for Cwm Taf Morgannwg (CTM) and explained there had been an initial procurement exercise in NHS Wales to shortlist three preferred suppliers from which each Health Board (HB) could appoint.

C Donoghue requested clarification on the rationale of a local procurement against a national system procurement. S Morris advised that it was less about the system chosen and more about ensuring that there is the availability and sharing of data across organisational boundaries.

S Morris also acknowledged the benefits of selecting the same system where staff move across organisational boundaries

Resolution The Committee were advised further discussion and information would be provided within the 'In Committee' Session.

The Committee **NOTED** the brief report and considered matters that were to be raised at the 'In Committee'.

4. GOVERNANCE

4.1 Organisational Risk Register

E Walters presented the organisational risk register and asked the Digital & Data Committee to review and discuss the organisational risk register.

S Morris advised that a recent discussion with Welsh Government had posed consideration around long-term digital risks and added that further work was planned to review these risks.

I Wells referred to risk 4377, Bridgend Service Level Agreement and queried if these had now transferred completely over to Cwm Taf Morgannwg. S Morris advised that a large proportion of the SLA had now transferred across and there is a clear confirmation of what services would be repatriated. A small element of the SLA will remain active in 2024/2025.

I Wells queried risk 4672, and the timescales for the development of e-Forms. S Morris clarified there had been good progress over the past 6 months and added that there was a requirement for additional resourcing for capacity and capability to ensure a resilient service if we are to continue with this work.

A Nelson, in response, added that the team were slightly cautious around the timescale as they were putting in the building blocks ensuring that the components for upfront core data were made available, and provided an example of the Auto Coder and the diagnostics and discharge letters.

A Nelson added that Digital Health and Care Wales (DHCW) applied the vision for clinicians to receive pre-populated forms which in effect would defer them having to complete a number of fields. A Nelson advised that 40% of clinicians supported the e-forms and that there was a discussion to be had with regard to the clear distancing between Clinical records and workflow information.

R Bleasdale asked Members to recognise the pace of improvement whilst this work was being undertaken

Resolution The Committee **NOTED** the Risk Register.

4.2 Internal Audit Report – Infrastructure Management

P Chilcott presented the report that provided an update on the outcome of the Internal Audit of Infrastructure Management that had received a 'reasonable' assurance rating.

C Donoghue commented that it was good to see the assurance levels and referred to an action on the asset register which referred to a member of the team contracted in post until 2024 and queried what plans were in place to address the position once the fixed term post came to an end and whether there were any potential impacts.

P Chilcott advised that the work would be operationalised within existing teams and agreed that the role needed to be considered to ensure that a sustainable system continued past the end of the fixed term contract. In addition, S Morris welcomed the new colleagues that were now in post and outlined the structure below the senior level.

S Morris added that he recognised the need for the function and that the senior team needed to review the investment aligned to the Integrated Medium-Term Plan (IMTP) for digital and data services.

C Donoghue referred to 5.1 Environmental Controls and queried whether the deadline of completing the actions by the 30 November 2023 would be achieved. P Chilcott advised that the delivery plan would span over the next 12 months and he assured the Committee that the key items would be addressed in the first instance.

I Wells referred to the action that old equipment was being updated and queried whether this included replacement of switches. S Morris advised that rolling replacement of equipment was being undertaken which included replacement of switches. However, he advised that resource and capacity to complete certain replacements would need to be reviewed. In addition, C Ball assured Members there were asset lists and an active replacement programme in place.

Resolution The Report was **NOTED**.

4.3 Information Governance Group Highlight Report

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

I Wells referred to the training compliance and raised concern that CTM were 85% below target on mandatory training which also related to the ICO audit target deadline of January 2024. A Nelson advised that concerted efforts to send out reminders had been ongoing. He

added that support was being received from the Workforce Team in relation to the challenges being faced.

In addition, S Morris advised that this would be discussed further at the next meeting with the ICO and added that he intended on pragmatically reviewing the workforce element which would in effect improve the training position.

C Northwell-Todd provided assurance that there was a plan in place and added that she was confident that the ICO would be content with the progress made. C Donoghue queried item 2.4.1 on page 6, complaints from the ICO in relation to late responses. C Northwell-Todd advised that a response had been provided prior to the report being written on this matter.

In response to the discussion on PDR/Mandatory compliance, S Davies advised that it had been discussed in a number of Committees and at the Operational Management Board meetings. S Davies added that granularity of monitoring was in place within the care groups who were continuing to look to improve the position.

S Morris acknowledged C Northwell-Todd's return to Information Governance and he thanked Independent Members for their support at Board and Committee level. S Morris added that he hoped the capacity within the Information Governance Team would be strengthened further in the new year and extended his thanks to A Nelson & the Information Governance team on their contribution and leadership.

Resolution The Committee **NOTED** the report.

Action To review workforce element around CTM mandatory training being 85% below target. Members wished to raise the concern of mandatory training to November Board Meeting via the highlight report.

4.4 **ICO Audit Action Plan Progress Report**

S Morris & C Northwell-Todd presented the report that updated Members on the Health Board's progress in enacting the recommendations made by Officers of the Information Commissioner following the assurance visit in January 2022.

G Northey queried the role of the Information Governance (IG) Champion and questioned the progress and impact the role would

make within the organisation. C Northwell-Todd advised the member of staff would not be employed as an Information Governance Officer and added that the role of the Information Governance Champion was to act as an advocate to assist staff in maintaining compliance and would coincide with the champion's current role.

A Nelson advised he had met with the safeguarding group to advise that the role would be to raise awareness. In addition, the role profile had been discussed at the former IG meeting and included the following tasks;

- Encouraging training
- Incident reporting
- Policy and Procedure
- Identify Members who need training on Information Governance
- Advise on how to protect and share data
- The value and use of data appropriately.

Resolution The Committee **NOTED** the report and **NOTED** the progress for the IG Champion role.

5. IMPROVING CARE

5.1 Digital and Data Assurance Report

S Morris presented the report that provided an update on the projects and work plan delivered by Informatics 2022/2023.

It was noted that a development session will be held for the Board Members to support their knowledge around the digital transformation agenda (National System & Local System) and its terminology in the new year.

C Smith advised that the Integrated Medium Term Plan investment had enabled the Team to make good progress with regards to recruitment and drew member's attention to the ongoing significant repatriation of services from Swansea Bay University Health Board. C Smith added that there would be a need to recruit into a number of posts which could continue to pose as a risk.

L Thomas queried the infrastructure and the complications around short term funding. S Morris advised it was a broader question on how Health Board were funded for some elements, i.e. Capital funding.

C Donoghue referred to the accuracy around data ownership/recording following the Bridgend merger. S Morris advised that originally a Business Case had been produced with a request of circa £7/£8m in 2019 to support the Health Board alignment. He added that at that time the funding request was unsupported; however, funding for WPAS was now secured.

Resolution The Committee **NOTED** the report

Action Board Development Session planned for February 2024 on the digital transformation agenda with opportunities and challenges.

5.2 Medical Records Assurance Report

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

C Donoghue sought clarification that for any new patients, paper records would not be generated if they did not already have a paper record. M Swarfield confirmed that was correct. C Donoghue brought to the Committee's attention that it would be a poor use of the Llantrisant Health Park (LHP) if it was used to store 'paper' medical records. S Morris provided assurance that this was only being considered as a temporary measure and there is no plan to use LHP as a document store

S Rodgers commented that CTM were still generating a large amount of paper records across all areas and advised that part of the digital strategy would be to look at e-Forms and remove the printing of electronic referrals. S Rodgers added that moving forward it would be managed differently, as it would be across a multitude of programmes and optimising CTM National systems.

Resolution The Committee **NOTED;**

- measures to manage/report missing medical records
- the audit results of case note availability
- the report on case note movement and growth of digital patients
- the Medical Records incidents, including misfiling of patient documentation and the risk this presents to patient care and Information Governance and options to escalate.
- the record storage position at POW Library and across the wider organisation

- risk related to the Digital Record strategy, related financial position and planned Clinical Safety Review
- risk related to irradiated blood and associated actions undertaken

6. SUSTAINING OUR FUTURE

6.1 Digital & Data Integrated Medium Term Plan Update

S Morris presented the report that provided an update on the development of the IMTP for 2024-2027. While the Integrated Medium Term Plan period is three years, the Health Board had focused on an annual plan for 2024/2025.

Resolution The Committee **NOTED** the report and **CONSIDERED** the evolution of the Digital and Data function.

7. OTHER MATTERS

7.1 Forward Work Plan

I Wells asked Members if they would like to suggest topics that should be added to the forward work plan.

7.2 Committee Highlight Report to Board

I Wells advised the Governance Team would draft the highlight report for approval by himself and the Executive Lead.

7.3 Any Other Urgent Business

No further areas of business were identified.

7.4 How did we do in this meeting?

I Wells asked Members for any feedback at the time or within two weeks of the meeting.

7.5 Date of Next Meeting

20 February 2024 at 9:30 am

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**UNCONFIRMED MINUTES OF THE "IN COMMITTEE" MEETING OF THE
DIGITAL & DATA COMMITTEE
HELD ON 14 NOVEMBER 2023
VIRTUALLY VIA TEAMS**

PRESENT:

Ian Wells	Independent Member (Committee Chair)
Dilys Jouvenat	Independent Member
Carolyn Donoghue	Independent Member
Lynda Thomas	Independent Member (in-part)

IN ATTENDANCE:

Stuart Morris	Director of Digital
Andrew Nelson	Assistant Director of Data Intelligence & Compliance
Paul Chilcott	Head of Clinical Administration Transformation
Rob Bleasdale	Associate Medical Director for Digital Consultant Cardiologist
Matthew Swarfield	Head of IT Infrastructure Lead
Christian Smith	Informatics Nursing Specialist
Suzanne Rodgers	Assistant Director of Digital Transformation
Gemma Northey	Consultant Public Health
Claire Northwell-Todd	Head of Information Governance
Steve MacDonald	Assistant Director for Digital Delivery
Chris Ball	Head of IT Infrastructure
Anthony Gibson	Deputy Medical Director Acute Services
Emma Walter	Head of Corporate Governance & Board Business
Kathrine Davies	Corporate Governance Manager
Tyler Lewis	Corporate Governance Officer (Secretariat)

11/14/01 1.1 WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting including Anthony Gibson, Deputy Medical Director for Acute Services.

11/14/02 1.2 APOLOGIES FOR ABSENCE

Apologies were received from:

- Gareth Watts, Director of Corporate Governance/Board Secretary
- Dom Hurford, Medical Director
- Karen Winder, Assistant Director for Digital Systems
- Kath Palmer, Vice Chair/Independent Member

11/14/03 1.3 DECLARATIONS OF INTERESTS

No declarations of interest were received.

11/14/04 2.0 MAIN AGENDA

11/14/05 2.1 Unconfirmed In-Committee Minutes of the 12 September 2023

Resolution: The Minutes were **NOTED** and had been approved by the Committee in the 'open' session of the meeting.

11/14/06 2.2 Spotlight: Digital Medicines e-Prescribing

S. Morris and S. Rodgers presented the report that provided the Committee with an update the Committee on the development of the procurement and business case for digital medicines – e-Prescribing in Secondary Care.

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

11/14/07 2.3 Spotlight: Cyber Assessment Framework

A Nelson provided a presentation on the work that was being undertaken in relation to the Cyber Assessment Framework.

Resolution: The Committee **NOTED** the report and presentation

11/14/08 2.4 Cyber Improvement Programme

A Nelson presented the report that provided the latest update on progress in the delivering of the Cyber Objectives. The Committee also noted Cyber Improvement Plan and the Digital Integrated Medium Term Plan (IMTP) which were also attached to the report.

Resolution: The Committee **NOTED** the report and the progress made in delivering the Cyber Improvement Programme.

11/14/09 2.5 Digital Critical Incidents

P. Chilcott presented the report that provided the Committee with the detail on the critical incidents that had occurred.

Agenda Item 2.1.2

Resolution: The Committee **NOTED** the incidents that had occurred over the period, and the dependence of the Health Board on National Systems which were undergoing changes due to National hosting arrangements being realigned.

11/14/10 **2.6 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

11/14/11 **3.0 ANY OTHER BUSINESS**
No further business was identified.

09/12/12 **DATE AND TIME OF NEXT MEETING**
The next meeting was scheduled for 20 February 2023 at 9:30 am.

UNCONFIRMED



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

Agenda Item	
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Date of Board Meeting	21 st February 2024 (Digital and Data Committee)
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Independent Member Digital Network
Chair of Committee	Maynard Davies, Independent Member, Hywel Dda UHB
Lead Executive Director	Chris Darling, Board Secretary, DHCW
Date of Last Meeting	17 January 2024
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Chris Darling, Board Secretary, DHCW

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



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

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

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

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

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance	February 2024	Reviewed
Committee Chair	February 2024	Approved



IMPACT ASSESSMENT	
QUALITY AND SAFETY 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
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC 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

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

PRIVATE SESSION



ALERT	<ul style="list-style-type: none"> There were no items for the Board to be alerted to.
ASSURE	<ul style="list-style-type: none"> Evolution of a clinician led electronic patient record for kidney patients - The Independent Members Digital Network received a presentation from Dr James Chess, Renal Consultant, Swansea Bay University Health Board, which outlined the steps taken to develop an electronic patient record for kidney patients and highlighted the benefits of this electronic record for both patients and clinicians across NHS Wales. The Network were particularly pleased and encouraged to hear how the clinical collaboration across NHS Wales has driven and supported the success of the Kidney network and how role modelling this approach would be beneficial across the system. NDR Programme – Velindre University NHS Trust. The Network were joined by the Chief Digital Officer of Velindre University NHS Trust to receive an update on the NDR Programme from Velindre’s perspective and noted the progress made in uploading data onto the National Data Resource from across the wider Wales NHS and the benefits this has brought. Value Based Health Care A presentation on Value Based Health Care was shared. The Network were pleased to note that the cost benefits attributed to Value Based Health Care had been validated and were a catalyst for improvements in the way health care was delivered.
ADVISE	<ul style="list-style-type: none"> There were no items for the Board to be advised upon.

Delegated action taken by the committee:
N/A

Date of next committee meeting:
24 April 2024

Agenda Item 2.2.2

Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at February 2024)
14 November 2023	Digital and Data Assurance Report Board Development Session planned for February 2024 on the digital transformation agenda with opportunities and challenges.	Stuart Morris	March 2024	Ongoing The Board Development session on Digital Transformation will now be held on 13 March 2024

COMPLETED ACTIONS

14 November 2023	Information Governance Group Highlight Report. To review workforce element around CTM mandatory training being 85% below target. Members wished to raise the concern of mandatory training to November Board Meeting via the highlight report.	Chief Information Officer		COMPLETED The issues around mandatory training are regularly raised at Board Meetings.
March 2023	Information Governance Group Highlight Report 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		Completed Received at September 2023 meeting



Cwm Taf Morgannwg University Health Board Transforming Patient Contact and Medical Records Services

**MAE EIN
GWERTHOEDD
YN EIN HELPU
NI I FOD AR
EIN GORAU**
**OUR VALUES
HELP US BE AT
OUR BEST**

**RYDYN NI'N
GWRANDO,
YN DYSGU
AC YN GWELLA**



**WE LISTEN,
LEARN AND
IMPROVE**

**RYDYN NI'N
TRIN PAWB
A PHARCH**



**WE TREAT
EVERYONE
WITH RESPECT**

**RYDYN NI I GYD
YN CYDWEITHIO
FEL UN TÎM**



**WE ALL WORK
TOGETHER
AS ONE TEAM**

February 2024



**STARTING
 WELL**



**GROWING
 WELL**



**LIVING
 WELL**



**AGEING
 WELL**



**DYING
 WELL**

Reducing health inequalities
 Equal focus on mental and
 physical health
 Supporting our communities
 Being a healthy organisation



**CREATING
 HEALTH**



**Our Strategic
 Goals**



**IMPROVING
 CARE**

Delivering safe and compassionate care
 Developing new models of care
 Digital transformation for patients and
 staff
 Ensuring timely access to care

Becoming a green organisation
 Ensuring our services financial
 sustainability
 Embedding value based healthcare
 Ensuring our estate is fit for the future



**SUSTAINING
 OUR FUTURE**



**INSPIRING
 PEOPLE**

Visible and inspiring leadership
 Promoting diversity and inclusion
 Embedding our values and
 behaviours
 Encouraging local employment





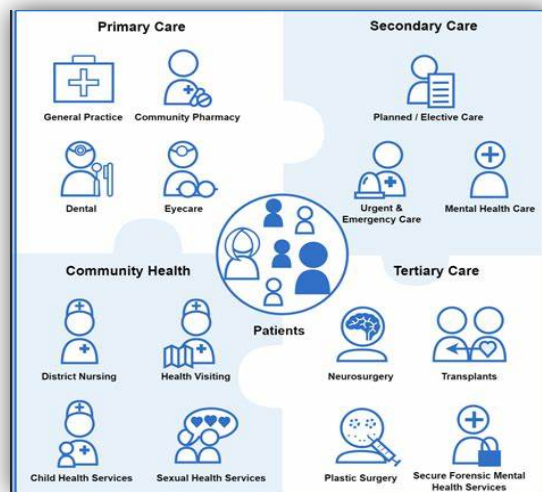
Delivering excellence through digitally enabled, patient centred contact services

Informed & digitally enabled patients

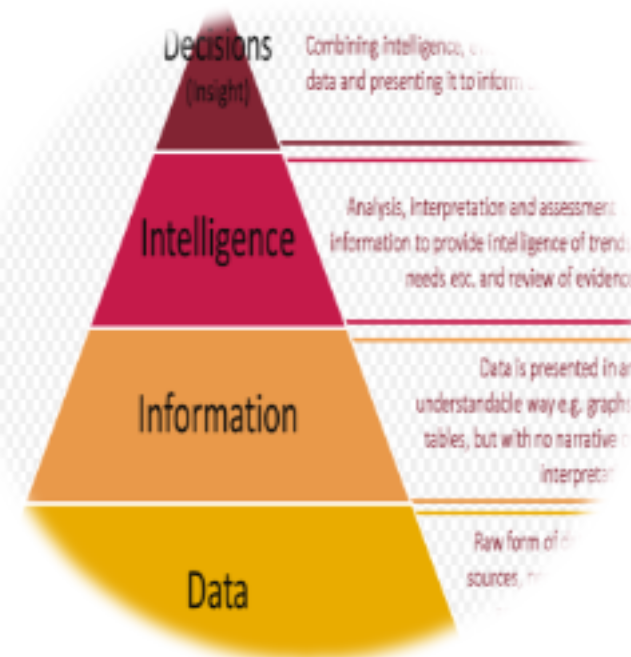


Accurate & accessible standards based multi-disciplinary records and clinical workflow.

Lean, effective & safe communication exchange between health & social care professionals



Evidence Based Service Redesign utilising Data, Information & Insight

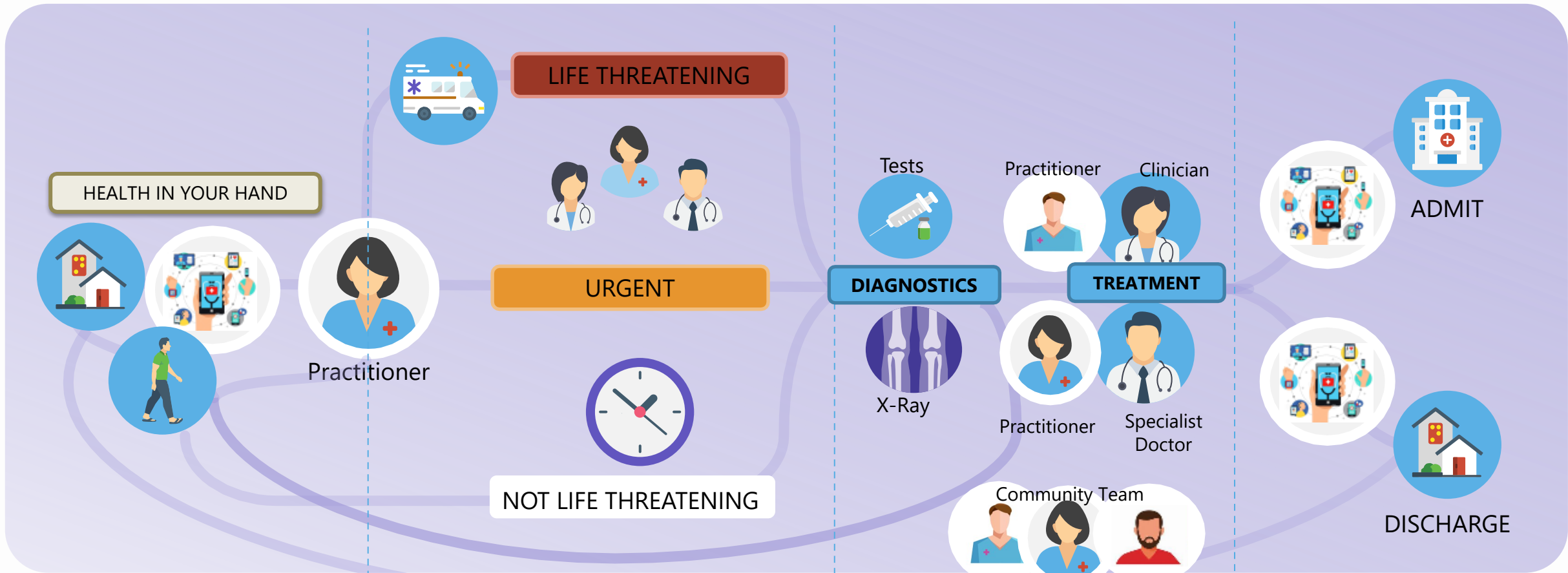


Systems thinking is a way of exploring and developing effective action by looking at connected wholes rather than separate parts. Systems thinking is a powerful approach to support evidence-based decision making and is essential to successful delivery of complex projects where there are many stakeholders and many possible solutions

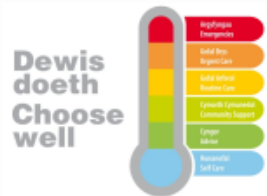
Government Office for Science (2012)

Digitally Transforming the Patient Pathway

'Digital transformation takes a customer-driven, digital-first approach to all aspects of a business, from its business models to customer experiences to processes and operations'.
<https://www.ibm.com/topics/digital-transformation>



Informed & digitally enabled citizens



Access to information & support to make the right choice

Accurate & accessible standards based multi-disciplinary digital records and clinical workflow.
 Lean, effective & safe communication exchange between health & social care professionals

Informed & digitally enabled patients, supporting care and recovery at home





VISION

Delivering excellence through digitally enabled, patient centred- contact services

FOCUS

- *Optimising Digital Technology*
- *Eliminating Waste*
- *Getting it right first time*
- *User – Centred Design*

Project 1
 Optimising current capability

Project 2 (current)
 Digitisation of Paper Records (**DIGITISATION** converts analogue information into digital form)

Project 3
 Understanding our Service, Baselining, Data, Information & Insight

Project 4
 Digitalisation of patient record
 (**DIGITALISATION** transforms processes, improves workflow and creates new opportunities)

Project 5
 Standardised Booking Function, single point of contact, central location, including Patient Initiated Contact & Communication

BENEFITS

- Reduction in paper generation
- Reduction in scanning
- Reduction in storage facilities
- Reduction in Transportation costs
- Reduction in Health & Safety issues
- Improved patient experience
- Reduction in unplanned activity
- Reduction in Overtime costs
- Reduction in Travel Expenses/Transportation
- Improved data quality
- Improved accessibility
- Improved patient safety
- Realignment of administrative resources
- Increased efficiency of administrative staff
- Reduction TAT for clinical correspondence



Project 1 Optimising Current Capability

- Baseline Assessment current capability, maximise use of national systems already implemented – e.g. why we are printing forms created electronically, identify route cause of problem/ increase compliance
- Rollout access to CITO to PoWH
- Proof of Concept 'Speech to Text' workflow using digital dictation software. Requires Business Case/Re-Procurement
- Hybrid Mail, Procurement, Implementation

Example: WPRS (GP e-referrals and digital prioritisation)

- POW - all specialties 'live' but all referrals still printed for consultants
- Old CT (side) – 17 specialties 'live' still printing referrals. Rollout continuing. Clinical workforce reluctant to turn off printing, therefore was never in scope



Project 2 (Ongoing)

Digitisation of Paper Records (**Digitisation** converts analogue information into digital form)

- Retention & destruction
- Back Scanning
- Forward Scanning
- CITO/Meta Data Management/Data Standards/Future Plan
- Storage/Real-estate/Safety/Risk/Long-term Plan

Stats:

Images created in CITO to date **13,173,797** =
6, 586,899 pieces of paper 'front and back'



Project 3

Understanding our Service, Baseline, Data, Information & Insight

- Baseline assessment on productivity/current operating model
- Quantifying reactive /unplanned workload i.e. *Between 10 Nov 2023 to 12 Dec 2023 RGH/ YCR Clinics 70 clinics cancelled under 6 weeks notice (60% due to annual leave)*
- Review Data Quality Patient Contact details:- Baseline
 - 55% of active CTM patients have a mobile telephone number in WPAS, these would need to be validated.
 - 27% of active patients have 'characters' in the email field on WPAS but this is a free text box so further validation is required
- Develop operational KPIs/Current Costs and enhance WPAS functionality to automate data collection
- ***DQ Issues – Incorrectly filed patient information picked up at the point of scanning:-**

***DQ Issues - Stats**

- **3309 patients found with wrong documents = 3.12% of digital patients have had someone else's documents found in their record.**
- Therefore, the number of patients affected is at least doubled (**6618**) when you think that the equivalent number of patients (or even more) do not have the correct documentation in their record because it's in someone else's folder.
- ***Extreme example – one patient's folder from one ward stay had documents of 15 other patients filed within it.*** The minimum number of patients affected (6618/105878) is therefore **6.25% of digital patients.**



Project 4

Digitalisation of Patient Record

(**Digitalisation** transforms processes, improves workflow and creates new opportunities)

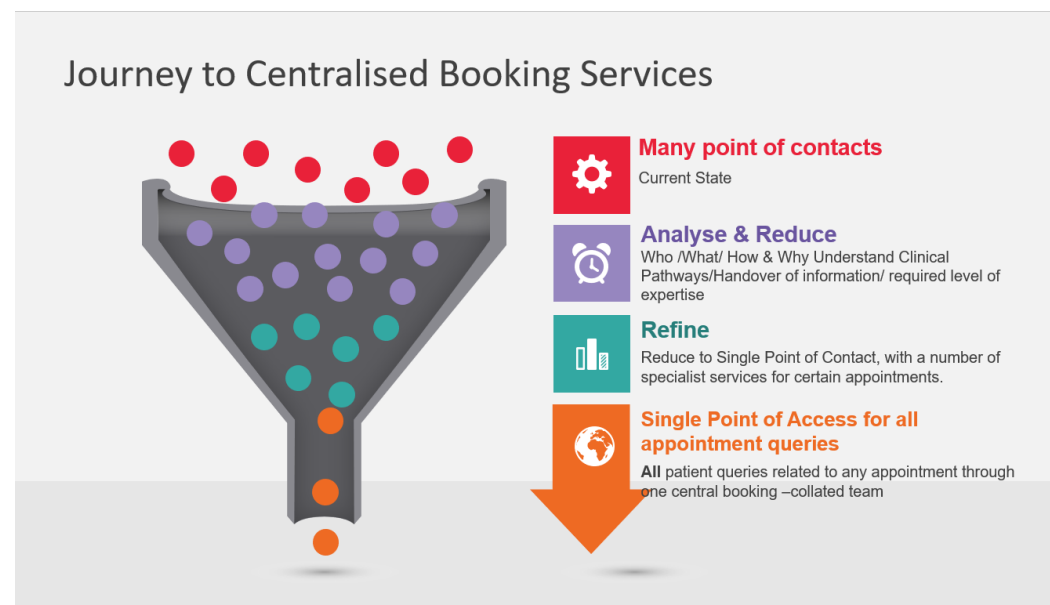
- Digital Clinical Domain Capture/EPR i.e. Digitalisation of Workflow
- Baseline Current Paper in system and prioritise
- Baseline As-Is (i.e. 'end to end clinical workflow', what?, who?, where?, when?, why? and how?)
- Remove waste where possible
- With users' design 'To-Be'
- User Centred Design - Agile methodology (In-house v Supplier)



Project 5

Standardised Booking Function & Single Point of Contact (including Patient Initiated Contact & Communication)

- Realignment of patient contact resources under one management structure – Phased Approach (New & FUP OP)
- Baseline current points of access for all patient appointments including; Identification roles & responsibilities, level of expertise, agree scope and plan
- Implement single contact point for patients
- Explore opportunities NHS Wales App/Appt. Text Reminders /PROMS application
- Centralised Booking Function, including co-location





Centralisation & Standardisation of Booking

Work to Date

- **Centralised booking call centre established** located in YCR (*old CT footprint- YCR/ DS and PCH/ YCC/ KHHP*)
- Standardised patient booking and management of waiting lists inline with RTT guidance
- Development of SOP's for the transfer of patients between the health boards two PAS systems
- Standardisation of training materials across RGH/ PCH/ POW booking teams

26 Specialties
7500 Calls per month
5.6 WTE

Ysbyty Cwm Rhondda





Recruit Capacity & Capability

Project 1
(Optimise)

Project 2 (Current)

Project 3
(Improvement)

Project 4
(Digitalisation)

Project 5
(Centralisation)

Baseline Assessment

As-is & To-be

Benefits Analysis

- Develop Business Case & Options Appraisal
- Governance & HB Approval
- Procurement Process & Contract Award
- Configuration
- Implementation Planning
- System Integration e.g. WPAS
- Rollout with workflow redesign as a key success factor
- Service Management wrap
- Transition to Business-as-Usual



Risks

- Resource
- Resistance to change i.e.– Roles & Responsibilities /Location/Processes
- Funding digital solutions – Telephony /EPR/Digital Dictation/Hybrid Mail/Text Reminders
- Medical records legacy @ POWH
- Service redesign e.g. ACSP
- Wider digital capacity
- 2 separate configurations of WPAS across CTMUHB



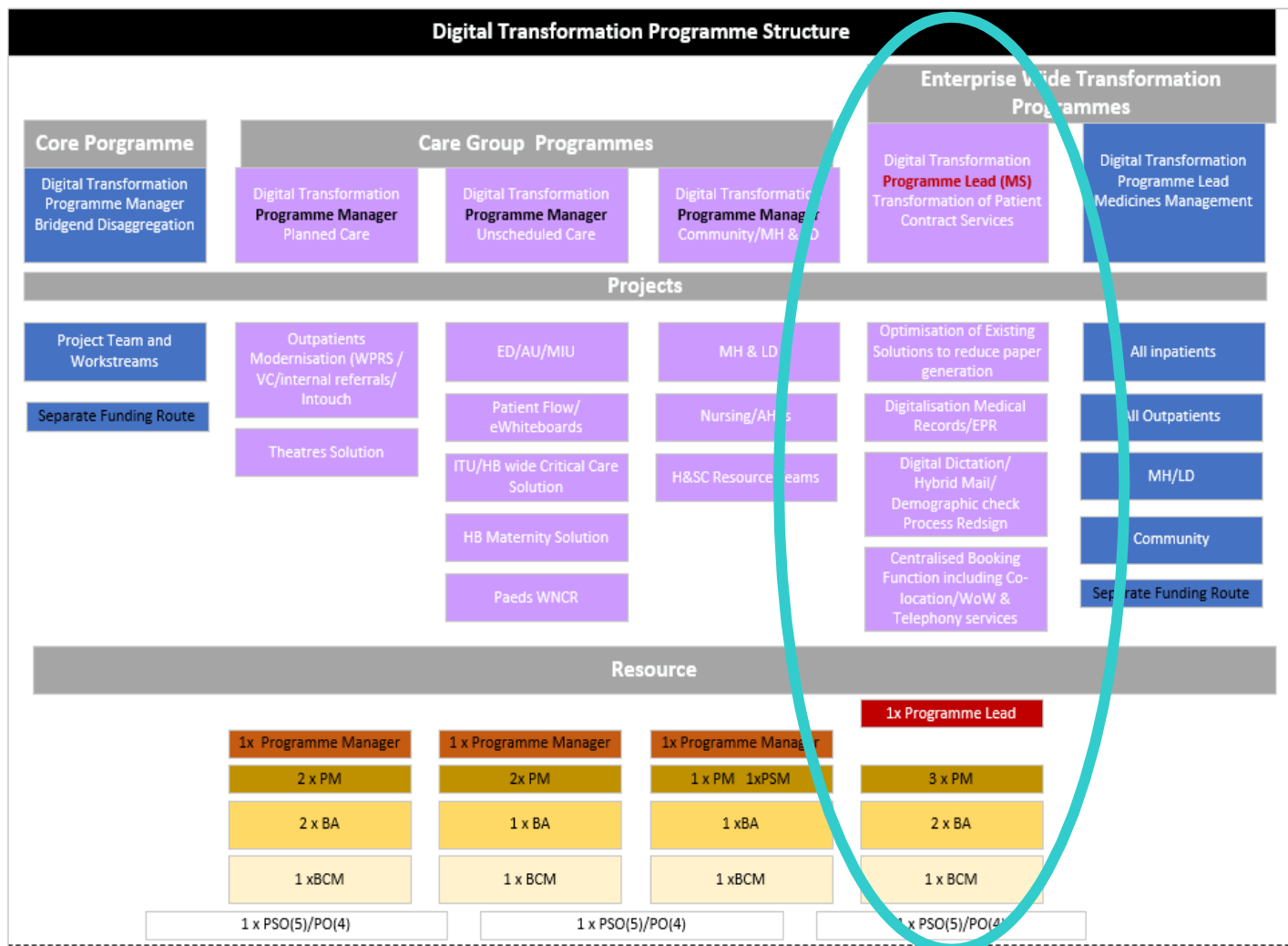
Timeline

******Dependent on level of resource and recruitment timeline******

Project	Q1 24/25	Q2	Q3	Q4	Q1 25/26	Q2	Q3	Q4	Q1 and beyond 26/27
Project 1 Optimising current capability	Active	Active	Active	Active	Active	Active	Active	Active	Active
Project 2 <i>Ongoing</i> Digitisation of Paper Records	Active	Active	Active	Active	Active	Active	Active	Active	Based on pace of EPR/digitally born documents →
Project 3 Understanding our service Baselining , Data, Information & Insight	Active	Active	Active	Active	Active	Active	Active	Active	Active
Project 4 Digitalisation of patient record (Digitalisation transforms processes using digital technology (e.g.- e-Forms), improves workflow and creates new opportunities.	Active	Active	Active	Active	Active	Active	Active	Active	→
Project 5 Standardised Booking Function , single point of contact inc. Patient Initiated Contact & Communication	Active	Active	Active	Active	Active	Active	Active	Active	→



Resources



2 x Senior Leadership Roles Digital/Ops



**STARTING
WELL**



**GROWING
WELL**



**LIVING
WELL**



**AGEING
WELL**



**DYING
WELL**

Reducing health inequalities
Equal focus on mental and
physical health
Supporting our communities
Being a healthy organisation



**CREATING
HEALTH**



**Our Strategic
Goals**



**IMPROVING
CARE**

Delivering safe and compassionate care
Developing new models of care
Digital transformation for patients and
staff
Ensuring timely access to care

Becoming a green organisation
Ensuring our services financial
sustainability
Embedding value based healthcare
Ensuring our estate is fit for the future



**SUSTAINING
OUR FUTURE**



**INSPIRING
PEOPLE**

Visible and inspiring leadership
Promoting diversity and inclusion
Embedding our values and
behaviours
Encouraging local employment



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Agenda Item

4.1

Digital & Data Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	21/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	December 2023	RISKS REVIEWED
Operational Management Board / Offline via Email	December 2023	ENDORSED NEW RISKS FOR ELG
Executive Leadership Group (ELG)	15 th January 2024	EXECUTIVE SIGN OFF RECEIVED

Acronyms / Glossary of Terms	



1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.

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

Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks taking into account feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve and improve over the next 12 months.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in **red** in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 9th January 2024. Where review dates have passed and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.
- 2.6 The Assistant Director of Governance & Risk is working with the Assistant Director for Digital Delivery to ensure all Digital risks are captured in the Datix Risk Module and escalated to the Organisational Risk Register as appropriate.

Training

- 2.4 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.



- 2.5 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
- Risk Management Approach
 - Practical Approach to Managing Risk
 - Risk Assessment and Scoring
 - Datix Risk Management Module
- 2.5 To date **589** members of staff trained to date since training commenced in 2021.
- 2.6 Focused sessions to discuss risk has also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.7 Feedback on the training continues to be positive, please see below:
- 21 attendees have provided formal feedback (using the URL Code for the Evaluation Form) from the November 2023, December 2023 and January 2024 sessions. 76% provided a score of 5/5 in terms of content of the session and the remaining 24% provided a score of 4/5.
 - 100% of the 21 attendees providing formal feedback found that:
 - The session provided the right amount of information.
 - They gained more confidence and knowledge in risk management having attended.
 - They would recommend this training to a colleague.
 - 95% of the 21 attendees said they felt more confident to escalate a risk through the organisation.
 - Some of the comments received through evaluation have been included below:

"Good delivery of training session, presenter knowledgeable of session contents and professional in delivery of contents. Helpful links and ongoing support offer. Organisational changes impact on new/revised way of working, well defined and explained in the risk management session, would highly recommend staff to attend training session".

"Engaging session, presented the subject matter in a way that was easy to understand, good use of examples and taking us through a live risk was helpful. Enjoyable session helped by a good presentation style".

"Really clear explanation of risk and Datix. Will get my team on training ASAP".

"I feel more confident that I know who to contact for support escalating a risk even if I don't necessarily feel more confident doing it independently".



"Find Datix very difficult to use. However this session helped clarify why it's important to record risk and went some way to demystifying how to do it. Still feel the legacy system will be a challenge but worth persevering with."

Once For Wales – New Datix Risk Module

- 2.8 The implementation of the new Datix Risk Module has been delayed. The Assistant Director of Governance & Risk represents the Health Board on the All Wales Task and Finish Group and is contributing to the developments and improvements sought from the opportunity to develop a new module.
- 2.9 The Once-for-Wales Programme Management Board met in December 2023, and they took the decision to extend the current Datix contract by a further three years which will take the Health Board up to the end of November 2027. A timeframe as to when the new OFW risk module will be achieved is awaited. In the meantime, there is a pilot of the new system underway in another Health Board whose feedback is eagerly awaited.

Board Assurance Framework – Assigned Risks

- 2.10 The following Strategic / Principal risks are assigned to the Digital & Data Committee:
- Risk 6 – Delivery of a digital and information infrastructure to support organisational transformation. Risk score 16.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

Nil as assigned to this Committee.

3.2 CHANGES TO RISKS

a) Risks where the risk rating INCREASED during the period

Nil as assigned to this Committee.

b) Risks where the risk rating DECREASED during the period

Nil as assigned to this Committee.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

Nil as assigned to this Committee.



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

Consequence	5				4664 5276	
	4				4337 4671	
	3					4672 5040 4699
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

4. IMPACT ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail for each risk	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	See detail for each risk.	

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

6. Next Steps

6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
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	
1	5276	Director of Digital	Central Function - Digital and Data	Assistant director of therapies and health science	Sustaining Our Future	Business Objectives - Operational Patient safety Digital Healthcare Wales interdependencies	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025. IF: the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires in June 2025. THEN: operational delivery of pathology services may be severely impacted. RESULTING IN: 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.	Update January 2024 - This risk was discussed at the LIMS Programme Board on the 9th January 2024. The outcome of the discussion was to retain the risk on the Organisational Risk Register as the risk priority remains high due to reporting issues across all Health Boards. Local build is going well although there are risks in terms of resources. Paper submitted to ELG requesting resource within the department to support the implementation for the next two years. Risk score remains unchanged at present.	Digital & Data Committee Quality & Safety Committee	20	C5xL4	5 (C5xL1)	↔	26.10.2022	09.01.2024	09.02.2024	
4	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	Captured in private session of the Committee due to business sensitivities.										
12	4337	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Integrating Patient Records across the Health Board	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	Key Controls 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. There is insufficient discretionary capital funding available to support delivery of the aggregation plan There is no data item integration with GP systems, the ABHB Clinical Workstation or Local Authority system Numerous delays in NHS Wales progressing open architectural approach which results in CTM UHB being unable to access our own data as data items (required for linking systems and data analysis) 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	Integrate Bridgend ICT Systems within CTM - 22/09/2023 - SLA Aligned to Infrastructure has been arranged to move to CTM in the majority as of October. Further work on the standalone systems has been made and a scheduled defined. Timeframe: 29.12.2023 Additional Funding for ICT Integration of Bridgend - WPAS funding for resource, workstream started Nationally led. estimated timescales arrive at 2025. Next review scheduled for 29.12.2023	Digital & Data Committee	10	C4 x L4	8 (C4xL2)	↔	14.10.2020	22.09.2023	29.12.2023
29	4671	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Captured in private session of the Committee due to business sensitivities.											
33	4672	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Access to a complete, integrated, and coded medical record.	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.	Operational controls: 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. Tactical controls: 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 Gaps in controls 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 as at November 202 from CIO - AVN External provider contract has finished and all day forward scanning continues to be undertaken in house by the Health Board scanning team in Williamstown. The Health Board is consistently maintaining the 48 hour turn around target for all scanning but legacy scanning has now been paused due to the end of the contract with the supplier. Longer term strategy now in early development stages to agree way forward for remaining paper notes across the organisation. The foundational building blocks which will enable the use of clinical e-forms interoperable with our integrated care record have developed well, with DHCW starting to enable integration to the record they hold. Clinical coding improvement programme has progressed strongly, with over 95% of episodes being coded within the month, and 25000 coding rules now built into the autocoder. The preparation for e-forms and ontologies is now under development. Data quality and completeness remains sub-optimal, with the intelligence suggesting that insufficient allocation of clinical resource and admin support to the maintenance of the record being the key contributory factors There remains a requirement for a fundamental change in the clinical information model, which is starting to be considered at the national level. The digital and data team have reviewed the risk and would ask that it remains at a 15 for now. Review date: end of December 2023.	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	↔	05.06.2021	07.11.2023	31.12.2023
38	5040	Director of Digital	Central Support Function - Digital & Data	Chief Information Officer	Creating Health	Operational: • Core Business • Business Objectives • Projects Including systems and processes, Service /business interruption	Digital Healthcare Wales (DHCW interdependencies)	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. WEDES) 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 Myrdin 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 utility 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.	New systems and processes have been in place for some time in respect of the management of LFRs. However, benefits from improvements are now coming to fruition, with LFRs being managed in a more efficient way. If non-engagement, more timely escalation is proving successful. A deadline for the end of January 2024 has been set by WRP to submit and have approved all LFRs triggered before 1st September 2023. Work continues on these. A review of the level of this risk will be undertaken after this target has passed with a view to downgrade.	Digital & Data Committee	15	C3xL5	9 (C3xL3)	↔	07.02.2022	01.09.2023	30.12.2023
39																		

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
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
1																	
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>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 share for the delivery of care</p> <p>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.</p> <p>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.</p>	<p>Key Controls:</p> <ul style="list-style-type: none"> - 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 NIAS) 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 <p>Gaps in Controls:</p> <ol style="list-style-type: none"> 1. Shortfall in trained IG professionals 2. Inability to legally stipulated timescales for Freedom of Information and Subject Access Requests 	<p>Update January 2024.</p> <p>Review of risk score underway to consider if score can be reduced as a result of successful recruitment for the IG function. Three new members of the team have joined the function as of January 2024.</p> <p>Final response with the ICD audit team is taking place on 10/01/2024 where their final decision will be received as to whether they are satisfied with progress made.</p> <p>Ongoing challenges with meeting minimal operating requirements in Information Governance, however this is expected to improve with additional resource.</p> <p>Review of risk score and mitigation will be undertaken during next period. Review date: 28.02.2024</p>	Digital & Data Committee	15	C3xL5	12 C3xL4	↔	18.06.2021	08.1.2024	28.02.2024
42																	

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
Nil as assigned to this Committee											

	A	B	C	D	E	F	G	H	I	J	K
1	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	Nil as assigned to this Committee.										



Agenda Item

4.2

Digital & Data Committee

Digital & Data Risk Register

Dyddiad y Cyfarfod / Date of Meeting	21/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Steven Macdonald Assistant Director of Digital Delivery
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital
Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Committee / Group / Individuals	Date	Outcome
N/A		

ACRONYMS

UHB	University Health Board
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1. Situation/Background

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 at 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 Moving forward we are looking to move the risks in this Digital and Data Risk register into Datix, the University Health Board (UHB) mandated risk management platform. They will then be included in the Organisational Risk Register and be presented in agenda item 4.1.
- 2.4 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.
- 2.5 In this regard:

The Digital & Data team have

- appointed a new Head of Information Governance, and three additional Information Governance posts
- recruited to expand the Cyber Security team, with the appointment of a new Head of Cyber Security Operations and supporting posts

3. Key Risks & Escalations

There are no new risks for escalation.



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:



Impact Assessment	
Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

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	Risk Description	Target Controls in place	Policies/Procedures/Protocols (inc expiry date)	Gaps in controls
IntDig1	Holding information securely and confidentially	<p>IF: The Health Board is not able to securely hold the business and patient sensitive information for which it is a data controller</p> <p>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.</p> <p>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.</p>	<p>Medical Records</p> <p>Cyber security</p> <ul style="list-style-type: none"> 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 <p>Data Protection</p> <ul style="list-style-type: none"> 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 NIAS) 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 <p>Physical Estate</p> <ul style="list-style-type: none"> CCTV and access controls on important buildings / rooms <p>Medical Devices & "Internet Of Things"</p> <ul style="list-style-type: none"> Adoption of National policies and legislation re Medical Devices Application of Network security measures and partitioning 	<p>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),</p>	<p>Cyber security</p> <ul style="list-style-type: none"> 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) <p>Data Protection</p> <ul style="list-style-type: none"> 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 Curator (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
IntDig2	Effective governance, leadership and accountability	<p>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 technical leaders who have the requisite skills and resources and are enabled to act</p> <p>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</p> <p>Resulting in: A vicious cycle of underperformance, outdated ways of working, challenges in recruitment and retention and anticipated benefits failing to be realised</p>	<p>Internal</p> <ul style="list-style-type: none"> 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 <p>All Wales</p> <ul style="list-style-type: none"> 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 	<p>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),</p>	<ul style="list-style-type: none"> 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)
IntDig3	Obtaining information fairly and efficiently	<p>IF: The Health Board is not able to obtain information fairly and efficiently/effectively</p> <p>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</p> <p>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</p>	<p>Obtaining Information fairly</p> <ul style="list-style-type: none"> CLDC reliance on Indirect consent IG policy and toolkit (GDPR/PERC) use of privacy notices WASPI / Data sharing arrangements / Data Promise. Research and Development regulations (including ethics committee) <p>Obtaining Information Efficiently/Effectively</p> <ul style="list-style-type: none"> Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business 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 	<p>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</p>	<p>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).</p> <p>Obtaining Information Efficiently/Effectively</p> <ul style="list-style-type: none"> 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 <p>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</p>

IntDig4	Recording information accurately and reliably	<p>IF: The Health Board is not able to Record record information accurately and reliably</p> <p>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</p> <p>Resulting in: Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners.</p>	<p>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</p> <p>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)</p>	<p>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),</p>	<p>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 specialities 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</p> <p>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</p>
IntDig5	Using information effectively and ethically	<p>IF: The Health Board does not, or can not, use information effectively and ethically</p> <p>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</p> <p>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.</p>	<p>Using Information Effectively: Data Democratisation Programmes 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</p> <p>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</p>	<p>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),</p>	<p>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</p> <p>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</p>
IntDig6	Sharing information appropriately and lawfully	<p>IF: The Health Board does not share information appropriately and lawfully, thereby failing in our duty to appropriately balance risk and benefits</p> <p>Then: we will not have the information and knowledge to support care delivery and population health management</p> <p>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</p>	<p>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</p>	<p>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</p>	<p>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</p>

Strategic/Action Plan	Assuring Committees	Impact	Likelihood	Rating (current)	Significant Operational Risks - 1	Action Plan -1	Significant Operational Risks - 2	Action Plan -2
<p>Cyber security:</p> <ul style="list-style-type: none"> - 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 <p>Data Protection</p> <ul style="list-style-type: none"> - IG toolkit & response - ICO improvement plan - IG training - All Wales collaboration on data sharing / privacy engineering (Associated with NDC/CDM) and the Data Promise <p>Information Hub security and estate improvement plan</p> <p>Medical records estate improvement plan (incorporating electronic patient record and scanned record programme)</p>	Digital and Data Cttee	5	4	20	<p>Ransomware Attack resulting in loss of critical services and possible extortion RR=20 -->IF: The Health Board suffers a major ransomware attack.</p> <p>Then: there could be potential data loss and subsequent loss of critical services.</p> <p>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.</p>	<p>Feb-24 update</p> <p>Cyber Improvement Plan continues to be taken forward (Business sensitive, please refer to in-committee paper). Increase in the UHB's allocation for cyber approved by Board.</p>	<p>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.</p> <p>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.</p> <p>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</p>	<p>Update Feb 2024 - We continue to make improvement to the Local Area Network (LAN) and to respond to the findings Infrastructure Review. Changes at the national level Data Centre 2 Transition and PSBA improvements continue to present challenges and are being regularly discussed at a national level e.g. NSMB and Directors of Digital. Propose risk score to stay the same.</p>
<ul style="list-style-type: none"> - Organisational operating model - IWP 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 (HEW and DHCW) training programmes in digital competency and data literacy for digital and non-digital workers 	Digital and Data Cttee	5	3	15	<p>Lack of Effective IG & Cyber security resource RR=5 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 share for the delivery of care</p> <p>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.</p> <p>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.</p>	<p>Update Feb 24 - Propose that the risk has been reduced to a score of 5 - based on a likelihood of 1 resulting from:</p> <p>The new Head of IG is now in place and three additional IG posts have been successfully recruited to</p> <p>The ICO have signed off the audit engagement with CTMUHB as completed, and that they are satisfied that we have sufficient resources and plans in motion and have mitigated the serious risks they identified</p> <p>UHB has successfully recruited to an expanded Cyber security team, with the appointment of a new Head of Cyber Security Operations and a number of supporting posts</p>	<p>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</p> <p>Then: The Health Board's ability to deliver its strategy and the quadruple aim in the medium and longer terms will be reduced.</p> <p>Resulting in: A decline in our population's relative health and wellbeing status and increasing inequity</p>	<p>Update Feb 2024 - The additional resource in the Cyber team will now be able to focus more on cyber awareness and training. Thought needs to be given to improve the current cyber training offer. Propose risk score to stay the same whilst new team beds in and starts improvements</p>
<ul style="list-style-type: none"> - 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 	Digital and Data Cttee	4	2	8				

<ul style="list-style-type: none"> - 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 	Digital and Data Cttee	3	4	12	<p>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.</p>	<p>Update Feb 2024 - The original supplier has been replaced by current supplier and the programme is called LIMS2. Currently hitting all milestones to deliver 2025, but still rated a 20 due to health board resource issues.</p>	<p>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</p> <p>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</p> <p>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.</p>	<p>Update Feb 2024 - Future of WEDS, WICIS, WCCIS is under debate, as current national conversations on WCCIS2, FACE is being investigated as a potential interim solution. Adastral re-procured for 4 years despite the applications limitations, which will constrain the availability and sharing of clinical information. HB and NHS Wales actively reviewing the EHR strategy given the range of national procurement challenges being faced over the past 12 months and the legacy architecture and functionality (such as workflow) offered by the DHCW W suite of products. Propose risk score to stay the same.</p>
<ul style="list-style-type: none"> - 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 	Digital and Data Cttee	3	4	12	<p>DHCW Interdependencies RR = 15 --> IF: The Health Board can not integrate new applications into its digital architecture in a timely fashion</p> <p>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</p> <p>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:</p> <ol style="list-style-type: none"> 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 	<p>Update Feb 2024 - 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 have been escalated to the board of DHCW and NHS Wales Exec - as the API programme for Demographic services, which is essential to nearly all applications has been further delayed by resource allocation decisions made by DHCW. Propose risk score to stay the same.</p>		
<ul style="list-style-type: none"> - National data promise - POW/CT PAS aggregation - Local and National NDR CDR programme (incorporating data sharing arrangements) - Population Health Management Programme - WCCIS programme development 	Digital and Data Cttee	3	3	9	<p>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</p> <p>Then: The Health board will be unable to deliver safe, high quality, clinically and cost effective care to patients</p> <p>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</p>	<p>Update Feb 2024- Bridgend/CT aggregation Programme has delivered on all milestones in the IWP. 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. IHB has initiated a procurement of a primary care API and successfully operationalised a FHIR based clinical data repository. Propose risk score to stay the same.</p>		



Agenda Item

4.3

Digital & Data Committee

Information Governance Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	21/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Claire Northwell-Todd, Head of Information Governance
Cyflwynydd yr Adroddiad / Report Presenter	Andrew Nelson, Chief Information Officer/ Data Protection Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital
Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Committee / Group / Individuals	Date	Outcome
Information Governance Group	15/02/2024	Received and noted

Acronyms / Glossary of Terms

DPA	Data Protection Act
DPO	Data Protection Officer
FOIA	Freedom of Information Act
GDPR	General Data Protection Regulation
ICO	Information Commissioner's Office
KPI	Key Performance Indicators
NIIAS	National Intelligent Integrated Audit Solution
SIRO	Senior Information Risk Owner
WHSSC	Welsh Health Specialised Services Committee

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 Data Protection Act (DPA) by accessing clinical systems against NHS Wales policy.

2. Specific Matters for Consideration

- 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.
 - 2.1.2 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.
 - 2.1.3 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.
 - 2.1.4 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.



2.2 Data Protection Legislation

- 2.2.1 The General Data Protection Regulation (GDPR) controls how organisations, businesses and the government use personal information. 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.
- 2.2.2 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.
- 2.2.3 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.

2.3 Freedom of Information Requests

- 2.3.1 Members are asked to note that during 2023, 608 requests were received which is the highest total ever received by the organisation and processed by our FOI Officer within a calendar year.
- 2.3.2 The table below represents a summary of the activity relating to FOIAs for the health board in 2023/24. A total number of 224 requests were received during this period and the compliance for (September – December) was 89%.
- 2.3.3 The table below also represents a summary of the activity relating to FOIAs for Welsh Health Specialised Services Committee (WHSSC) and shows that WHSSC achieved 90% compliance with the Act in regards to timeliness of response.

FOI requests for 2023/24				
Freedom of Information CTMUHB	Sept	Oct	Nov	Dec
Number of Requests	49	52	61	62
Number of Requests withdrawn	0	0	0	0
No responded within timescales	tbc	51	60	61
% responded within timescales	tbc	98%	98%	98%
Number of exemptions applied	tbc	22	29	18
Actual number of questions	216	313	360	386
ICO appeals	0	0	0	0



Number of requests still outstanding (Unanswered)	3	1	2	3
Freedom of Information WHSSC	Sept	Oct	Nov	Dec
Number of Requests	2	4	4	1
No responded within timescales	2	3	4	1
% responded within timescales	100%	75%	100%	100%
Number of exemptions applied	0	1	0	0
Actual number of questions	4	14	5	1
ICO appeals	0	0	0	0
Number of requests still outstanding (Unanswered)	0	0	0	0

- All of the unanswered requests are still within timescale

2.4 Subject Access Requests

The table below shows the number of Personal Data Requests for Cwm Taf Morgannwg University Health Board (CTMUHB) for the period September 2023 to December 2023. They have been split into Service Groups as they manage their own requests individually:

Data Protection - Subject Access requests for 2023/2024					
Medical Records (These inc. all 3rd party requests, i.e. police, etc.)	Aug	Sep	Oct	Nov	Dec
Number of requests	273	228	301	284	229
Number of exemptions applied	0	0	0	0	0
Number of late responses	0	0	0	0	0

Mental Health	Aug	Sep	Oct	Nov	Dec
Number of requests	31	39	39	39	22
Number of exemptions applied	4	11	10	4	4
Number of late responses	3	16	12	8	5

Mental Health - SARs for POW Acute and Mental Health (completed under SLA with SBUHB)	Aug	Sep	Oct	Nov	Dec
Number of requests	105	69	59	79	59
Number of exemptions applied	not provided by SBU				
Number of late responses					



CAMHS	Aug	Sep	Oct	Nov	Dec
Number of requests	16	25	34	22	6
Number of exemptions applied	1	0	0	1	0
Number of late responses	0	2	0	0	0

Corporate (inc workforce)	Aug	Sep	Oct	Nov	Dec
Number of requests	0	0	0	3	3
Number of exemptions applied	0	0	0	0	1
Number of late responses	0	0	0	0	0

Occupational Health	Aug	Sep	Oct	Nov	Dec
Number of requests	1	1	0	2	1
Number of exemptions applied	0	0	0	0	0
Number of late responses	1	0	0	0	0

WHSSC - SARs	Aug	Sep	Oct	Nov	Dec
Number of requests	0	0	0	0	0
Number of exemptions applied	0	0	0	0	0
Number of late responses	0	0	0	0	0

2.4.1 At the last meeting, members were informed of three complaints received from the Information Commissioner’s Office in relation to late responses to access requests. All responses have since been issued with apologies, and the Commissioner’s office has confirmed that sufficient steps were taken and that no further action is required at this time. Whilst we note the complexities, staff have been reminded of the process in place and their requirements to process requests in a timely manner. Where this is not possible, we are reminded to keep in touch with requesters and the Commissioner to limit distress caused by any delays.

2.5 Staff Training

- 2.5.1 A key requirement of the ICO's office has been to increase our mandatory training compliance to 85%.
- 2.5.2 Compliance for the information governance training is currently at 75.59%, which is -0.71% below the previous month and CTM is currently 11th from an All Wales perspective. Now that there is additional staff within the information governance team, monthly training will be rolled out in addition to the E-learning offered. Compliance communications have been drafted in conjunction with Learning and Development colleagues and being issued to the line managers of those staff currently out of compliance.

2.6 NIIAS Incidents

- 2.6.1 The National Intelligent Integrated Audit Solution (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.
- 2.6.2 Between September – December 2023, we have reviewed 116 reports where staff have potentially accessed their own record access and 77 reports of potential 'family' access.

2.7 ICO Reportable incidents

- 2.7.1 No data breaches were assessed to be significant enough to be reportable to the ICO during this period (see separate agenda item).

2.8 Recruitment

- 2.8.1 On a positive note, following a successful recruitment campaign, three posts were successfully recruited to within the Information Governance Team and they all joined the Health Board in January.

3 Key Risks / Matters for Escalation

- 3.1 Members were informed previously that the Officials within the Information Commissioners Office wrote to the Health Board expressing concern at the lack of progress made in moving to a compliant position with the GDPR and DPA legislation. The hard deadline of January 2024 was complied with and the ICO have confirmed that they are satisfied with our response and progress to date. Additional detail has been provided under a separate agenda item.



4 Impact Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	Report identified UHB's non-compliance with Data Protection Legislation	
Enw da / Reputational	Yes (Include further detail below)	



	Report identified UHB’s non-compliance with Data Protection Legislation which increases the probability of enforcement actions being taken by the Information Commissioner
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

5 Recommendation

5.1 The Committee are asked to **NOTE** the contents of this report.



Agenda Item

4.4

Digital & Data Committee

ICO Audit Action Plan Progress Report

Dyddiad y Cyfarfod / Date of Meeting	21/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Claire Northwell-Todd, Head of Information Governance
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		

Acronyms / Glossary of Terms	
DPO	Data Protection Officer
ICO	Information Commissioner’s Office
IG	Information Governance
SIRO	Senior Information Risk Owner
GDPR	General Data Protection Regulation
UHB	University Health Board

1. Situation /Background

- 1.1 The purpose of this report is to update the Committee on University Health Board's (UHB) progress in enacting the recommendations made by Officers of the Information Commissioner following their assurance visit in January 2022.

2. Specific Matters for Consideration

- 2.1 The Information Commissioners' Office (ICO) undertook a desk-based follow up audit during January 2024 which measured the extent to which the Health Board has implemented the agreed recommendations made following the audit in January 2022. The outcome report of their audit being attached as appendix 1 and the evidence of progress submitted to the ICO is attached as appendix 2.
- 2.2 In summary the ICO auditors acknowledged the progress the Health Board has made towards the completion of the original 35 recommendations and were sufficiently assured to reach a conclusion that the audit engagement process could be considered to have been completed.
- 2.3 The auditors did however note the continued residual risk that remains across the UHB in ensuring the UHB remains compliant with General Data Protection Regulation (GDPR) and that there is still progress to be made in a number of areas to mitigate these risks.
- 2.4 Members are asked to note that the ongoing work described should serve to improve the Health Board's compliance with the UK GDPR and other information assurance standards.
- 2.5 The Information Governance Team continuing to implement and enhance the UHB's data protection action plan. The latest version of which, will be submitted to the Information Governance Group for progress monitoring and scrutiny in relation to the recommendations made.

3. Key Risks / Matters for Escalation

- 3.1 Note the correspondence from the ICO (Appendix 1) and the completion of the ICO's audit process.
- 3.2 Note that there are a number of outstanding actions, which increases the likelihood of the non-compliance with data protection legislation and the further work being undertaken to improve and deliver on the requisite actions.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf futuregenerations.wales	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality Duty of Quality Statutory Guidance (gov.wales)	Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality Duty of Quality Statutory Guidance (gov.wales)	Effective
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	Yes (Include further detail below)	
	Compliance with legislation	
Enw da / Reputational	Yes (Include further detail below)	
	Public confidence in managing their data	



Impact Assessment

Effaith Adnoddau

(Pobl /Ariannol) /

Resource Impact

(People / Financial)

Yes (Include further detail below)

Resources required within the IG team to deliver the action plan

5. Recommendation

5.1 The Committee are requested to **NOTE** the demonstrable progress made to date following the correspondence from the ICO and the completion of the audit programme.

6. Next Steps

6.1 To produce a comprehensive information governance work programme to ensure the outstanding actions are addressed in a timely manner.

Cwm Taf Morgannwg University Health Board

Follow-up data protection audit report

January 2024

Executive summary



Background

The Information Commissioner is responsible for enforcing and promoting compliance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 (DPA18) and other data protection legislation. Section 146 of the DPA18 provides the Information Commissioner's Office (ICO) with the power to conduct compulsory audits through the issue of assessment notices. Section 129 of the DPA18 allows the ICO to carry out consensual audits.

The ICO is an independent, proportionate regulator and sees auditing as a constructive process with real benefits for controllers and so aims to establish a participative approach. High standards of personal data protection compliance help organisations innovate and deliver great services by building trust with the public. The ICO's expertise and consistent approach to regulation provides certainty enabling organisations to feel confident to use personal data responsibly, innovate and support economic growth.

Cwm Taf Morgannwg University Health Board (the Health Board) agreed to a consensual audit of its data protection practices.

Due to the Covid-19 pandemic the original audit took place remotely in January 2022 and covered the following scope areas:

Scope Area	Description
Governance & Accountability	The extent to which information governance accountability, policies and procedures, performance measurement controls, and reporting mechanisms to monitor data protection compliance to both the UK GDPR and national data protection legislation are in place and in operation throughout the organisation.
Data Sharing	The design and operation of controls to ensure the sharing of personal data complies with the principles of all data protection legislation.

The audit was conducted following the Information Commissioner’s data protection audit methodology. The key elements of this were a desk-based review of selected policies and procedures, remote interviews with selected staff, and an inspection of selected records.

Where weaknesses were identified recommendations were made, primarily around enhancing existing processes to facilitate compliance with the UK GDPR and DPA18.

35 recommendations were made in the original audit report. In order to assist the Health Board in implementing the recommendations each was assigned a priority rating based upon the risks that they were intended to address. The ratings were assigned based upon the ICO’s assessment of the risks involved.

The Health Board responded to these recommendations positively, agreeing to formally document procedures and implement further compliance measures.

Follow-up process

The objective of a follow-up audit assessment is to provide the ICO with a level of assurance that the agreed audit recommendations have been appropriately implemented to mitigate the identified risks and thereby support compliance with data protection legislation and implement good practice.

The follow-up audit assessment consisted of four interim assessments which took place in August 2022, December 2022, March 2023 and July 2023 and a final assessment in January 2024. All stages of the follow-up audit are desk-based exercises.

Following the fourth interim assessment in July 2023, it was the ICO's view that the Health Board had not made sufficient progress towards the implementation of the agreed audit recommendations and so we wrote to the Health Board in August 2023 to formally outline our concerns. We told the Health Board that it should prioritise actions relating to the completion of outstanding high priority recommendations and that we would conduct a final assessment in January 2024.

For all **urgent** and **high** priority recommendations made in the original audit report, the Health Board is required to provide an update on the actions it has taken with supporting documentation to evidence progress.

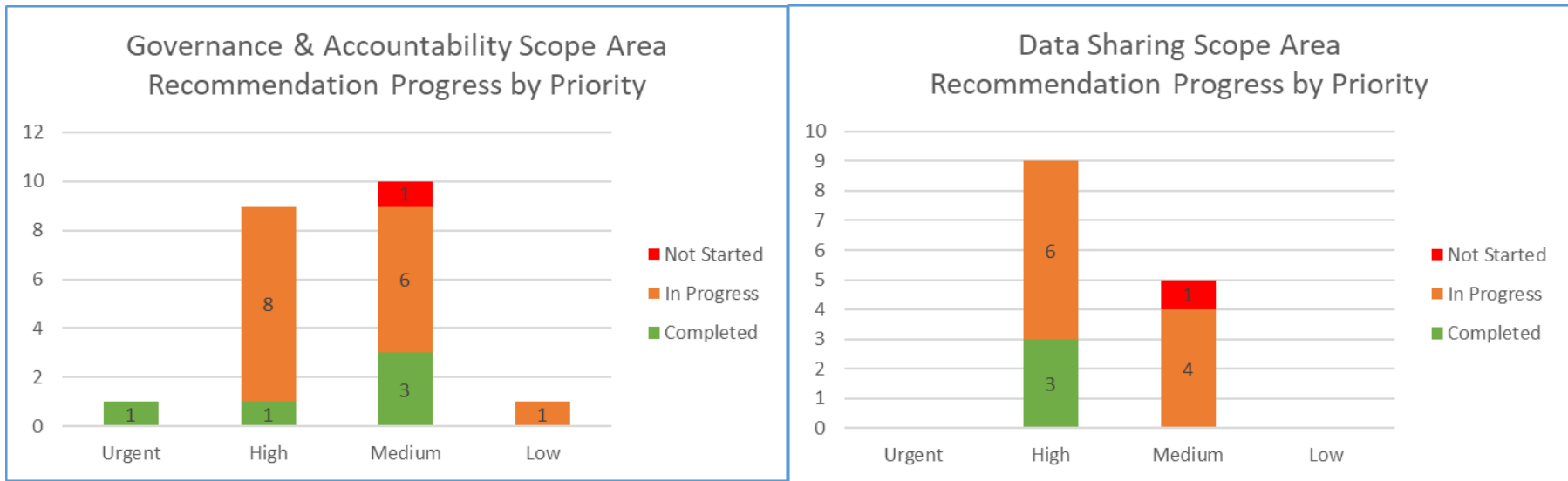
For all **medium** and **low** priority recommendations made in the original audit report, the Health Board is required to provide an update on the actions it has taken.

The updated action plan should be signed off at board level.

Follow-up audit summary

As noted above, in August 2023 the ICO asked the Health Board to focus on the outstanding high priority recommendations in both scope areas. A desk based final follow-up took place in January 2024 to provide the ICO and the Health Board with a measure of the extent to which the Health Board had implemented the agreed high priority recommendations.

In the charts on the following page, the status of high priority recommendations reflects the ICO's assessment at the final follow-up in January 2024. The ICO's latest assessment of the status of medium and low priority recommendations was made at the fourth interim follow-up in July 2023 and so does not consider any further progress the Health Board may have made towards their completion since then. The one urgent priority recommendation in the Governance and Accountability scope was previously assessed as completed at the first interim follow-up.



- In the Governance and Accountability scope area we note that one urgent and one high priority recommendation have been completed. Eight high priority recommendations remain in progress.
- In the Data Sharing scope area we note that three high priority recommendations actions have been completed and six remain in progress.

Key follow-up audit findings

Main improvements include:

- The Health Board has produced an appropriate policy document that meets legislative requirements where it processes personal data under relevant paragraphs of Schedule 1 of the DPA18.
- The role of the Senior Information Risk Owner has been elevated to board level to improve accountability and senior oversight of information risks.
- The information governance (IG) team has been expanded to ensure there are adequate resources in place to deliver a comprehensive IG function across the Health Board. Additionally, the role of the Data Protection Officer (DPO) now sits outside of the core IG team and can be fulfilled without any conflict of interests with operational IG matters.
- The Health Board's website privacy notice has been improved to better inform individuals about how their personal data is processed and shared by the Health Board, and now includes more accessible information about retention periods and individual data protection rights.
- Review dates have been built into new information sharing agreements and there is a process in place to ensure that reviews of such agreements are taking place and adequately documented.
- There is now a formally documented Ad Hoc Disclosures procedure in place to support all relevant teams with the lawful and consistent handling of ad hoc third party requests for personal information held by the Health Board.

Main risk areas still outstanding:

- Although mandatory biennial IG training compliance has seen a modest improvement since the ICO audit, overall compliance continues to be well below the Health Board's 85% target. There remains a risk that untrained staff are more likely to be involved in personal data breaches resulting from a lack of awareness.

- Whilst a draft training needs analysis (TNA) has now been produced which outlines requirements for specialist role-based data protection training (including data sharing), it has yet to be approved and implemented. In the absence of additional specialist training, relevant staff may be unable to carry out their role and responsibilities effectively due to a lack of specialist data protection knowledge.
- Since the ICO audit, the implementation of a new operating model and governance arrangements at the Health Board has delayed actions to ensure that local level operational meetings include data protection, information security and records management as standard discussion points.
- The Health Board remains unable to demonstrate that it has an internal record of processing activities (RoPA) in place that meets the requirements of UK GDPR Article 30.
- Work to identify and review the Health Board's legacy information sharing agreements is still in progress. There remains a risk that older agreements may be out of date or no longer fit for purpose, or some historic routine data sharing activities may not be adequately controlled through a formal agreement.

Follow-up audit conclusion

There are a number of outstanding actions which means there is still a risk of non-compliance with data protection legislation. The Health Board should take urgent steps to complete all the actions agreed in the original audit and continue to prioritise those that relate to high priority recommendations.

Credits



ICO Auditors

Michael Thewlis - Audit Team Manager

Ben Gnatiuk - Engagement Lead Auditor

Thanks

The ICO would like to thank Stuart Morris, Director of Digital and Senior Information Risk Owner (SIRO), and Claire Northwell-Todd, Head of Information Governance, for their help in the audit follow up engagement.

Distribution List

This report is for the attention of:

Stuart Morris - Director of Digital and SIRO

Andrew Nelson - Assistant Director of Data Intelligence & Compliance and Data Protection Officer

Claire Northwell-Todd - Head of Information Governance

Disclaimer

The matters arising in this report are only those that came to our attention during the course of the follow-up audit and are not necessarily a comprehensive statement of all the areas requiring improvement.

The responsibility for ensuring that there are adequate risk management, governance and internal control arrangements in place rest with the management of Cwm Taf Morgannwg University Health Board.

We take all reasonable care to ensure that our follow up audit report is fair and accurate but cannot accept any liability to any person or organisation, including any third party, for any loss or damage suffered or costs incurred by it arising out of, or in connection with, the use of this report, however such loss or damage is caused. We cannot accept liability for loss occasioned to any person or organisation, including any third party, acting or refraining from acting as a result of any information contained in this report.

This report is solely for the use of Cwm Taf Morgannwg University Health Board The scope areas and controls covered by the original audit were tailored to Cwm Taf Morgannwg University Health Board and, as a result, this follow-up report is not intended to be used in comparison with other ICO follow-up audit reports.

Cwm Taf Morgannwg University Health Board Nov-23									
Audit Action Plan									
Ref	Non-conformity	Recommendation	Accept / Partially Accept / Reject	Action taken to date (as of Nov 2023)	Implementation Date	Owner	Action Status	Evidence Item(s) provided	ICO Officer's feedback - TBC
A02	A02 a. We are aware that the Health Board (HB) has faced challenges in recruiting a permanent Head of IG across several recruitment campaigns. However, you have told us that the former Head of IG will be re-joining the HB from September 2023.	Action: Whilst this is a positive step, the HB should: • Continue to build out its IG function with further permanent staffing resources to ensure that it is able to fully deliver required services to internal and external stakeholders. • Continue with plans to identify and fully implement a network of IG champions who can support the work of the centralised IG team at a local level. A well-resourced IG team, supported by a network of IG champions, will help to ensure that the DPO has the time to carry out their function.	Accept	A new Head of Information Governance is now in post. Three additional jobs within the IG Team have been approved and will be advertised shortly. The role of IG champions has been considered at the October Information Governance Group (IGG) to see how this could be taken forward. Discussions have also taken place with other colleagues across wales to see how this could be implemented where done so successfully. Role profiles have been drafted for IG champions. IG leads – from core areas of the HB have been identified as IG champions / leads and form membership of the IG group. This is alongside a separate multi lead practitioner group (Caldicot Guardian / dept CG / Head of Safeguarding / Head of Legal Services / Health Visitor / DECLO & Core IG team who now meet as is required to standardise practice.	Nov-23	Director of Digital	Completed	A02 - job descriptions attached for the IG roles along with outline of IG champion role profile. Job advert was provided when live. Update as of Dec 2023 - all three roles appointed too. Start dates as confirmed in January 2024	
A05	A05.a In the period since the ICO audit, the HB has been implementing a new target operating model (TOM). You have told us that this has delayed the work being done to ensure IG risks and issues are discussed as a standing agenda item at local level operational meetings.	Once the operational meeting structures have been mapped in the new TOM, the HB should: • Ensure meetings include data protection, information security and records management as standard discussion points. • Extend these standard discussion points to all local level operational meetings beyond just the Operational Management Board and Information Governance Group.	Accept	In terms of records management, the Health Records Group has been reinstated (as of November 2023) this will be to support the development of governance arrangements, discuss storage issues and risk and issue management to ensure the efficient and secure management of the whole healthcare record across CTM and associated data. 1. Governance: Develop and review policies, procedures and guidelines for the collection, access, sharing and retention of health records to ensure compliance with regulations. 2. Storage Issues: Work to address the challenges related to the storage of health records, including determining the best storage solutions and strategies for the future taking into account data growth. 3. Risks and Issues: Identify risks and issues across the organisation relations to health records which may include data loss, compliance violations and developing the framework to mitigate these risks. Overall the groups purpose will be to safeguard patient data, maintain data quality and review compliance across the organisation with a focus on the development of interconnected working arrangements between departments to achieve this. Risks: the SIRO and Asst Director of Governance & Risk continued to update Risk 4699 – Failure to Deliver a robust and sustainable information governance function (row 43). This goes to ELG every other month and formally to Digital & Data Committee. Report attached as evidence. This is outside of the information governance group where the report will be routinely received going forward. Built relationships peads / MH / med recs key areas of concern – limited formalised group	Jun-22	Director of Digital	Completed	A05 Agenda and sample pack attached for the operational management board. Risk documentation also attached.	
A08	At the time of the ICO audit in January 2022, mandatory IG training compliance figures were reported to be around 72%. The most recent figures you have provided to the ICO for June 2023 indicate that mandatory IG training compliance now stands at around 77%, which remains below the HB's target of 85%. • ICO. Information Commissioner's Office	The HB should: • Introduce further measures to promote the completion of mandatory IG training across all staff teams, including the further targeting of individuals who have been identified as non-compliant, in order to reach the HB's 85% compliance target on an ongoing basis	Accept	Working with Workforce and L&D to advise on what additional steps can be taken over 6 months to improve mandated compliance. There have been changes in terms and conditions to progress through the gateway which now requires full compliance with mandatory training. Whilst this may not be an immediate step it is the best deal we can negotiate with our unions. virtual monthly training sessions which are held as of Jan 2024 as this has worked well for risk training. We are also considering how we utilise a training provider that it colleagues currently use. Compliance will continue to be monitored via IGG and Digital Data Committee. See progress in A09 also.	Variable	Director of Workforce / Director of Digital	In progress	IG Group Report outlining Training. Execs are discussing the approach to training at Board and various sub committees.	
A09	In March 2023, you told us that the task to develop a training needs analysis (TNA) to identify additional role-based data protection training needs has been assigned to the corporate learning and development team. In an update provided to the ICO in April 2023, the HB had revised the implementation date for this action to October 2023.	The HB should: • Ensure the TNA is completed and implemented in a timely manner to ensure that those staff who require specialist data protection training are adequately trained to perform their job function. As part of the ICO's wider guidance on the Accountability Framework, we have specific guidance about enhanced data protection training for specialised roles. We have also made available a range of training videos that we provide to ICO staff which could be reused by the HB to support the delivery of specialised training.	Accept	A TNA has been drafted which outlines the training requirements. Bespoke sessions have been offered and held in Mental Health and managed GP practices. Shared Services recently carried out SAR training also. IGG Oct update noted that shared services legal services are providing further training re data sharing / court orders. Work is ongoing with the intranet pages and the ICO videos will be added to SharePoint. A training schedule is being finalised with virtual IG sessions being held from Jan 2024. A records management group has also been re-established where data protection, incidents, training policies and procedures will be a standard item) see A05).	Jan-24	Director of Digital	In progress	A09 - TNA and 2024 training schedule confirmed. Procurement and information law training slides also attached. In progress as they need to be added to the staff newsletter for the dates to be publicised.	

Ref	Non-conformity	Recommendation	Accept / Partially Accept / Reject	Action taken to date (as of Nov 2023)	Implementation Date	Owner	Action Status	Evidence item(s) provided	ICO Officer's feedback - TBC
A13	At the time of the ICO audit, we were concerned that the HB had not undertaken a data flow mapping exercise to identify all data flows relating to the HB's data processors. This meant there was a risk that some data processors may be processing data on behalf of the HB without an adequate written contract in place. It is important to note that this specific control does not concern controller to controller data sharing where the HB shares personal data with, for example, another NHS Wales organisation for direct care purposes.	The HB must: • Carry out a data flow mapping exercise to provide assurance that all active data processors have been identified (see also A15. below). • Ensure there is an adequate written contract in place between the HB and each processor to control the relevant processing • ICO. Information Commissioner's Office operation(s). The ICO's website has guidance for organisations on what needs to be included in the contract.	Accept - partially	We have started to retrospectively review agreements in place where we are the Lead party. All DPIAs, ISPs, DDAs etc contain exchange flows or data mapping. Whilst there is not one central map, there is a record on each individual agreement. We have recently sent comms out asking IAO to review the entries, and to remind staff to add any new systems. The guidance has also been updated.	Dec-23	Director of Digital	In progress	A13 - IAR guidance, DDA ISP and DPIA to show data flows and exchanges	
A15	Since the original ICO audit, you have told us that some work has been undertaken within and outside the central digital team to improve the identification and recording of information assets. In February 2023, a member of the HB's IG team also began work to review the internal record of processing activities (ROPA).	We continue to recommend that the HB should: • Undertake an information audit or data flow mapping exercise to determine what personal data flows into, around and out of the HB in its capacity as both a data controller and data processor. The ICO's website has guidance for organisations about how to document processing activities.	Accept	The HB has an IAR in place. It also has a large number (100's) of DPIAs, ISPs etc all which outline the personal data flows. There is a central data sharing register and a DPIA register alongside the IAR / ROPA.	Jan-24	Director of Digital	In progress	A15 - example of IAR entry and ISP data flow exchange between parties	
A16	Along with any existing documents that record details of specific processing activities	The HB must: • Use the results of the information audit or data flow mapping exercise outlined in A15. to ensure it has a formal, documented and comprehensive ROPA in place. • Ensure the ROPA meets legislative requirements on an ongoing basis. The ICO's website has guidance for organisations about what they need to document under Article 30 of the UK GDPR.	Partially accept	The HB does hold a register for sharing activities by way of a databas this includes an information sharing register, DPIA register and an IAR. 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.	Update ongoing	Director of Digital	Completed	Evidence of this action has been shared previously with the ICO Auditor.	
B02	The TNA being developed and implemented by the corporate learning and development team (see A09. above) should:	Include enhanced induction and refresher training covering data sharing for those staff whose role requires them to share personal data. The most recent update provided to the ICO in April 2023 is for this action to be implemented by the HB by October 2023	Accept	A TNA has been developed (see A09). In addition to this, as part of induction DP and cyber is now included. Currently working with colleagues to draft a Protocol to assist with data sharing for non direct care purposes e.g. court orders / safeguarding requirements coroners orders / police requests	Jan-24	Director of Digital	In progress	See A09. e learning can be viewed on screen if required. Draft can be shared when available.	
B05	In August 2022, the HB said the overarching document to control the sharing of patient data within the electronic patient record for the provision of direct care had been updated and signed by all relevant • ICO. Information Commissioner's Office partner organisations in Wales. In April 2023, the HB reported that the data protection impact assessment (DPIA) process was being used to ensure data sharing agreements (DSAs) were in place for all new sharing activities. As part of wider work to identify digital applications and subject them to the Cyber Security review, the HB reports that work is also being done to attempt to identify legacy DSAs	The HB must: • Continue to implement all necessary measures to ensure that all routine data sharing activities, including for non-direct care purposes such as research, are covered by an appropriate agreement that is signed by the senior management of all parties, and that details are captured in the central DSA register.	Accept	Agree. DPIAs are routinely undertaken and the register submitted via IGG. This is in addition to the data sharing register which is also a routine agenda item.	Nov-23	Director of Digital	Completed	B05 - provided previously IGG papers / registers	
B07	Although work to conduct an audit of existing DSAs by the IG team was reported to be underway in the March 2023 update, it is unclear how far progressed this is. At this stage, the HB remains unable to demonstrate that there is a process in place to ensure that DSAs are reviewed regularly. Additionally, it is unclear what measures the HB has in place to ensure there is sufficient senior oversight of the HB's routine data sharing activities. Whilst the HB says that the DSA register is presented at each IGG meeting for information, we are also aware that the IGG did not meet during the winter 2022/23 period.	The HB told the ICO in its July 2023 update that a plan is to be developed with the incoming Head of IG in September 2023. We continue to recommend that the HB should: • Ensure that DSAs are subject to regular review, and that there are measures in place to ensure the HB's routine data sharing activities are subject to appropriate senior oversight.	Accept	A review of information sharing agreements has commenced with external parties. IGG schedule of meetings is in place for 2024 and the standard agenda items have been included in all agendas.	Nov-23	Director of Digital	Completed	DDA / ISPs that have been reviewed. IGG papers and schedule of meetings.	

Ref	Non-conformity	Recommendation	Accept / Partially Accept / Reject	Action taken to date (as of Nov 2023)	Implementation Date	Owner	Action Status	Evidence item(s) provided	ICO Officer's feedback - TBC
B09	You have told us that some relevant work has been undertaken by the IG Administrator, and more recently the IG Officer, to review the information asset register (IAR) in line with this recommendation. However, you also say that there have been numerous challenges identified which have been exacerbated by the organisational change process. Overall, it appears that extremely limited progress has been made in implementing this recommendation	The HB must: • ICO, Information Commissioner's Office • Ensure that data processor contracts (DPCs) and DSAs contain specific retention periods and disposal arrangements for personal data shared between parties, and that sufficient assurance is sought that these arrangements are being followed in practice. It is important to note that data processors should not be expected to apply their own retention periods where they are processing personal data under instruction from the HB. The HB's most recent update provided to the ICO in April 2023 says that a plan is to be developed with the incoming Head of IG in July 2023.	Accept	Contracts, and data sharing agreements (including research) have retention periods built into them. Documentation states where they are processor, retention is in line with HB policy - see DPIA as an example of this.	Immediately	Director of Digital	Completed	DSA template and DPIA re retention (see everlight as an example). This also highlights sub processing etc.	
B10	You have told us that the majority of data sharing is done on the NHS Wales network via the Code of Connection and that all parties, including the HB's sharing partners, are required to have robust access controls in place as a condition of being part of the Code. You also say that detailed information access and audit responsibilities should be written into the relevant DPIA, and that a specific list of personnel are responsible for access controls. Further you say that the HB's sharing partners are responsible for monitoring access to shared data under their respective IG arrangements and for reporting any breaches. However, at this stage, you have not provided any documentary evidence in support of your position.	We continue to recommend that the HB should: • Ensure it has robust and effective access control review and monitoring measures in place to ensure only nominated points of contact within its sharing partners can access shared data. This is especially important for any data sharing activities that take place outside of the Code of Connection.	Accept	Currently Codes of connection are completed at the onset of new projects. The Code of Connection (CoCo) process is designed for third party organisations that require an inbound connection to the NHS Wales Network. There are different levels of assurance required for organisations depending on how they intend to connect. Each level of connection require different forms to be completed. The submission of the form is done by the internal cyber team and requires internal sponsorship. The Code of Connection (CoCo) process is designed to ensure the appropriate levels of assurance are provided for organisations requiring a connection to the NHS Wales Network. In order to provide these assurance levels the National Cyber Security Team requires the documentation and relevant proforma to be completed. They also reserve the right to conduct an onsite audit of the areas covered within the connection in order to fulfil NHS Wales' obligation to provide the required information to maintain ongoing connection. The documentation needs to be refreshed on at least a yearly rolling basis - this should be instigated by the Health Boards Cyber Security team. There is a backlog in re-assessment currently, due to insufficient resources aligned to this function. IMTP funding has been aligned to addressing this and recruitment is underway, after some delay in the authorisation stage. Any substantive change to network configuration, access requirements or authorised signatory will require a documentation update - this is a mandatory requirement and is the responsibility of the sponsoring NHS Organisation. Upon agreement of the CoCo, the relevant firewall or other remote connection provision is made through the submission of the relevant pro-forma.	Immediately	Director of Digital	Completed	B10 - forms attached for reference	
B11	At the time of the ICO audit, the HB was not routinely seeking documented incident management procedures from its sharing partners or assurances that formal incident management procedures have been implemented by them. Additionally, documentary evidence indicated that DSAs to which the HB is a party did not contain defined incident reporting deadlines in every case. • ICO, Information Commissioner's Office	Our latest assessment is that actions towards this recommendation remain as 'not started'. In the most recent update provided to the ICO in April 2023, you said that a plan is to be developed by June 2023. We continue to recommend that the HB must: • Ensure 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 HB.	Accept	Section 7 & 8 in WASPI templates refer to security and incident breaches as we use the nationally agreed information sharing templates. We will ask the central Team if the documents can be reviewed to ensure the reporting deadlines are added in (9.2). It is stated that all patterns that sign up to the Accord have the following so evidence has never previously been asked: 1.1 Partners to this agreement will ensure that individual access to the data is limited to those who have a legitimate purpose to view, use or otherwise access it. Appropriate measures will be taken to ensure that the confidentiality of the data is maintained at all times. 1.2 Partners to this agreement must have an appropriate and adequate security framework. 1.3 Practitioners carrying out the functions outlined in this DDA should make themselves aware of, and adhere to, their organisation's data protection, confidentiality and information security policies and procedures. We will ensure that we request a copy of their incident breach providers when entering into new agreements. A column has been added on to the data sharing register to ensure we request procedures. Merthyr CBC has provided their procedure and this is attached as evidence for you.	Immediately	Director of Digital	Completed	B11 - sharing templates, WASPI agree to review, incident procedures from external partners	
B12	The HB has provided documentary evidence to show that the Personal Data Request procedure has been updated to include a process for the handling of ad hoc third-party requests for data. However, it is unclear what steps the HB has taken to ensure that relevant staff have been made aware of the new process so that it can be consistently followed in practice across the relevant teams.	We recommend that the HB should: • Take any necessary steps to communicate the new policy to relevant staff to ensure it is embedded in working practices	Accept	All policies are added on to the SharePoint . All amendments are discussed via IGG and are submitted to any subsequence committees to ensure they are communicated amongst all staff groups. Training has been provided to certain staff groups such as mental health and safe guarding staff. There is a consultation page on Sharepoint for staff to comment. The policy schedule has been added on to the IGG agenda as a standard item and the All Wales policy review group has been re-established.	Immediately	Director of Digital	Completed	B12 - IGG policy schedule, consultation page on Sharepoint and staff bulletin.	
B13	During the original audit, we observed that there were inconsistencies between different teams in how ad hoc third-party requests were tracked and monitored, including the keeping of records of responses, approval and quality assurance against legislative requirements. As noted in B12, above, documentary evidence of the new process for handling ad hoc third-party requests for data has been provided to the ICO, but it does not include sufficient detail on the requirements for keeping records of responses, approval and quality assurance against legislative requirements. In the latest update in April 2023, the HB said that it was determining with the internal audit team whether an audit of compliance could be added to their programme of work for 2023/24.	The HB should: • ICO, Information Commissioner's Office • Ensure the process for handling ad hoc third-party requests for data includes detail on the requirement for keeping records of responses, approval and quality assurance against legislative requirements. • Monitor compliance to the new process.	Accept	As per the outcome of the ICO conference it was acknowledged that we were operating in an environment covered by common law and a requirement for professional judgement e.g safeguarding purposes where the ICO confirmed required professional judgement. The HB is working through examples of data requests and processes with a view to reducing the variation in how these are managed and ensuring processes are in place to maintain a record of the decision making. Shared their ICO toolkit	Nov-23	Director of Digital	Completed		



Agenda Item

4.5

Digital & Data Committee

**Digital and Data Committee Annual Cycle of Business
2024-25**

Dyddiad y Cyfarfod / Date of Meeting	21/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance and Risk.
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	



1. Situation /Background

- 1.1 The Digital and Data Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 February 2024 to 31 March 2025.

2. Specific Matters for Consideration

- 2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

3. Key Risks / Matters for Escalation

- 3.1 Please refer to **Appendix 1** – Digital and Data Committee Cycle of Business for further detail.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
	No - Not Applicable



Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:
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Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Digital & Data Committee are asked to **APPROVE** the Annual Cycle of Business.

6. Next Steps

6.1 There are no next steps required.

Digital & Data Committee

(DRAFT FOR APPROVAL)

Cycle of Business

(1st February 2024 – 31 March 2025)

The Digital & Data Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

The Cycle of Business covers the period 1st February 2024 to 31st March 2025.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the Committee is set out in the Standing Orders 1.0.1.

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference.

The purpose of the Committee is to provide scrutiny on behalf of the Board on all matters relating to digital & data. The Committee provides a level of assurance to the Board that all appropriate actions are being taken to reduce risks in these areas.

Digital & Data Committee Cycle of Business (1st February 2024 – 31st March 2025)

Item of Business	Executive Lead	Reporting period	FEB 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Preliminary Matters															
Minutes of the previous Board Meeting	Director of Corporate Governance	Every Meeting	R		R			R			R			R	
Action Log	Director of Corporate Governance	Every Meeting	R		R			R			R			R	
Internal Control & Risk Management															
Digital & Data Committee Annual Report	Director of Corporate Governance	Annually			R										
Digital & Data Committee Annual Self-Assessment	Director of Corporate Governance	Annually			R			R							
Digital & Data Committee Terms of Reference	Director of Corporate Governance	Annually			R										
Digital & Data Committee Annual Cycle of Business	Director of Corporate Governance	Annually	R		R									R	
ICT															
DHSSG – Highlight Report to Committee	Director of Digital	Quarterly	R		R			R			R			R	
ICT Business Continuity	Director of Digital	Annually						R							
Information Governance															
IGG – Highlight Report to Committee	Director of Corporate Governance	Quarterly	R		R			R			R			R	
Governance & Assurance															
Organisational Risk Register	Director of Corporate Governance	Quarterly	R		R			R			R			R	
Internal & External Audit Reports	Director of Digital/ Director of Corporate Governance	Following finalisation of the report findings (as appropriate)	R		R			R			R			R	
All Wales Independent Member Network Highlight Report	Director of Corporate Governance	Quarterly	R		R			R			R			R	
Improving Care															
Digital programme Assurance Report	Director of Digital	Every Meeting	R		R			R			R			R	
Critical Incidents Report	Director of digital	Every Meeting	R		R			R			R			R	



Agenda Item

5.1

Digital & Data Committee

Digital Assurance Report

Dyddiad y Cyfarfod / Date of Meeting	21/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Karen Winder Assistant Director of Digital Systems
Cyflwynydd yr Adroddiad / Report Presenter	Karen Winder Assistant Director of Digital Systems
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
DHCW	Digital Health and Care Wales
DR	Disaster Recovery
GFDC	Ground Floor Data Centre
HEPMA	Hospital Electronic Prescribing & Medicine Administration



IMTP	Integrated Medium Term Plan
MECM	Microsoft End Point Configuration Manager
MFD	Multi-Functional (Print) Device
PCH	Prince Charles Hospital
POW	Princess of Wales
RGH	Royal Glamorgan Hospital
UEM	Blackberry Unified End Point Management
WG	Welsh Government
WPAS	Welsh Patient Administration System
YCR	Ysbyty Cwm Rhondda
FHIR	Fast Healthcare Interoperability Resources
HAPI	An open-source framework for web applications
OIDC	An open authentication protocol



1. Situation /Background

- 1.1 There is an extensive work plan within Informatics, well above that agreed as part of the Integrated Medium Term Plan. Presently there are 185 projects on the project portfolio catalogue.

There are National Systems with agreed local deployment dates:

WPAS	May 2025
LIMS 2.0	June 2025
RISP/PACS	April 2026
HEPMA	Spring / Summer 2026

All these projects are reliant on a robust digital infrastructure and while the services and resilience is being improved it is not at a pace that users or the projects require.

- 1.2 The underlying themes within the Care groups when looking at service redevelopment and improvement are around digital and data services. This is at a time when like all other services digital is under scrutiny on staff and spending. If potential solutions are digital and data in nature there will need to be appropriate funding from directorates from cost savings or top sliced.
- 1.3 The Bridgend disaggregation is only funded for the Welsh Patient Administration System (WPAS) merger with no capital or revenue has been made available from Welsh Government (WG) to support the other tranches of work required. That said, any opportunities for slippage from the capital programme are being sort to meet this funding gap. The current financial climate is now putting a strain on the resources and potentially slowing progress.

1.4 Financial situation

- 1.4.1 Due to the current financial pressures, there is scrutiny for each position requested. This will delay the delivery of the anticipated benefits, reducing the likelihood of recruiting talent, preventing teams from adopting agile approaches and impacting morale of the existing workforce. This is also leading to continual reprioritisation of routine work.
- 1.4.2 The revised breakdown of the Digital & Data £1.8m discretionary capital allocation for 2023/24 (25% of the Discretionary Capital programme), approved at the September 2023 Executive Capital Management Group (ECMG), including rolling replacement and new



staff equipment, is provided below. There have been further All-Wales Capital Programme (AWCP) allocations for Cyber, ED, and Digital Cellular Pathology improvements, and AWCP slippage is anticipated in early February 2024.

- 1.4.3 Digital was allocated £2 million of revenue investment, of which 50% was allocated to the Digital Health Care and Wales Service Level Agreement, 25% supported increases in capacity for leadership and compliance, and a further 25% was paused due to the overall finance position across Wales.

	Position Post September ECMG £000
IT Allocation = 25%	1,838
Capitalised IT Staff	320
B/F 22/23 schemes	2
Rolling Replacement Programme	348
IT Equipment new staff	150
WNCR	50
Bridgend Cardiology McKesson/CHC	160
Bridgend Cardiology Muse	8
Enablement of community systems	142
ICU Solution for Bridgend	200
Infrastructure Review Delivery delivery	200
Brdigend Specific Schemes	258
	-
ICT contingency	0
ICT Sub Total	1,838
Balance of ICT Allocation	-

2. Specific Matters for Consideration

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

SERVICE	UPDATE
Network	<ul style="list-style-type: none"> • Switch replacement programme: <ul style="list-style-type: none"> • The Network upgrade at Ysbyty Cwm Rhondda is almost complete, with the final component, upgrading the two cores having reached the detailed planning stage prior to implementation. • The Switch replacement programme at Royal Glamorgan Hospital (RGH) has progressed well, with 50% of cabinets now upgraded. • Switch software updates – University Health Board wide <ul style="list-style-type: none"> • New firmware has been released for the '9300' and '3850' switches, with 95% and 35% of switches having been upgraded, respectively. • Firewall replacement programme across the University Health Board <ul style="list-style-type: none"> • New Cisco 4112 10Gb firewalls are now live in Princess Of Wales (POW). These each have a connection to a 10Gb PSBA circuit forming a High Availability connection. Alongside a tertiary Swansea Bay University link back to NPT. • All small site SoHo type firewalls (circa 35) are to be replaced in the coming months with newer more capable models (Cisco 1010 and 1120) meaning that all sites will have Firepower capable devices at the front door. • Multitone paging commissioning at all 3 sites <ul style="list-style-type: none"> • Completed • Next stage integration of alarm panels in RGH and Prince Charles Hospital (PVH) to allow alarms to be monitored from anywhere on the network. (Switchboard Centralisation project) • Planning and design phase for Phase III of the PCH Ground and First Floor which will see the removal of the ICT Portacabin and the building of a replacement facility ongoing.
Infrastructure (servers)	<ul style="list-style-type: none"> • Building new Parallel RAS Server architecture as a proof of concept to a potential replacement for Citrix with current risks around the new Citrix licensing model.



SERVICE	UPDATE
	<ul style="list-style-type: none"> • Mitel telephony server migrations completed in PCH. RGH to be planned in the near future. • Expanding storage capacity in PCH to accommodate new Digital Cellular Pathology system. • Fuji Server Hardware refresh completed across all 3 data centres – PCH, RGH & POW. • Most key services transitioned in Bridgend, with 3 Radis servers remaining. Work re-scheduled from w/c 29th Jan to w/c 5th Feb 2024. • VM migrations on going from Hyper V to new VMWare Estate, approx. 25 Virtual Machines remaining. • Initial discussions with major projects have begun with regards to moving out of the IT1 Data Centre into a new Data Centre (SDC) as part of ground and first floor phase 3 works in PCH. • Ready to pilot Citrix Cloud in a managed rollout following sign off of Data Protection Impact Assessment & CSIA. • Project on-going to reduce the number servers running out of support operating systems.
Cyber & Service Management	<ul style="list-style-type: none"> • Cyber update provided in committee
End User Computing	<ul style="list-style-type: none"> • Maturing of Desktop Support and Service Desk functions ongoing to continue the improved customer satisfaction and reduced wait times for staff seeking support. • New escalation function thoroughly tested; vacancies are now being prepared for advertisement to solidify this function. • Microsoft licensing – year three renewal figures are being worked on and due to be finalised by March 24. User profiling and continuous review leading to an ongoing cost avoidance of c£1m once vacancies have been filled. • Limited capital will have an adverse effect on rolling replacement, Situation Background Assessment Recommendation being written to demonstrate the situation. <p>Legacy Operating system updates</p> <ul style="list-style-type: none"> • Programme completed for digital services to be standardised onto Edge, migrating away from IE. • Migration to OneDrive has been completed for all staff



SERVICE	UPDATE
	<ul style="list-style-type: none"> • Adoption of Microsoft 365 EndPoint Manager solution and reduction/removal of Blackberry UEM including replacement/reconfiguring of over 1000 devices have been completed. • Welsh Government award for addressing Cyber concerns on legacy client operating systems has now been provided and orders placed. Delivery expected of all hardware by the end of January 2024. • New mobile telephony contract was awarded and migration to new contract is nearing completion, including rollout of associated hardware.
<p>Programme and projects team</p>	<ul style="list-style-type: none"> • Project managing the Welsh Patient Administration System (WPAS) merger engaging with Swansea Bay University Health Board to ensure all activity is planned and monitored • Managing Project Portfolio Board and user expectations • Withdrawn from Welsh Intensive Care Information System and now working with critical care to deliver the Phillips CareVue updates in RGH and PCH and also considering deployment into POW • Managing the OpenEyes project • Programme management of the ICT Bridgend Transition activity and ensuring all infrastructure work and clinical systems alignment is on track
<p>Business Change</p>	<ul style="list-style-type: none"> • eWhiteboards <ul style="list-style-type: none"> ○ Planning 'Go Live' with Tirion Birthing Centre, ○ Liaising with Children and Adolescent Mental Health Service and Palliative Care (POW) ○ Working with Maternity regarding ADTs in WPAS ○ Discussion in relation to functionality development for Maternity ○ Collating contacts for new areas planned (Mental Health and Pharmacy) • Review of outstanding areas to be undertaken Providing ongoing support for T Drive and the D2RA pathway (List View / Education and Training Opportunities Catalogue (ETOC) and ADT/Medicines Transcribing and E-Discharge • Provided the business change expertise for the transition of the POW to Cwm Taf Morgannwg University Health Board (CTMUHB) infrastructure • Process mapping cardiology in POW in preparation to moving users to the Cwm Taf Morgannwg instances of



SERVICE	UPDATE
	<p>the MUSE and McKesson system as part of the clinical system disaggregation</p>
<p>Digital Systems</p>	<ul style="list-style-type: none"> • Delivered ETR into radiology across CT, POW have gone live with 60 staff across 5 specialties (14500 electronic requests a month). Velindre consultants requesting into CTM. Primary care requesting into secondary care pilot started. • Radiology Estimated Time of Repair? cross border requesting live with various Health Boards(HB) • WCP document and test result uploader roll out. • MEDILOGIK EMS migration to third party cloud. Enhanced functionality and maintain HBs Joint Advisory Group accreditation. • OpenEyes live in all glaucoma clinics. Planning deployment in other clinics. • CANISC replacement now in use for Breast and Urology. • Welsh Nursing Care Record (WNCR) <ul style="list-style-type: none"> • Adult WNCR is now in Business As Usual with CTM continuing to collaborate on all Wales standardisation and digitisation of records for future releases. Focus is now on visualising the data to improve business intelligence and workflow. • Paediatric WNCR: Paediatric Nurse leading the development and national standardisation, the need for an MDT record has been recognised by national project board and rescoping of requirements commenced. • Cardiology <ul style="list-style-type: none"> • Adult Cardiology system expansion undertaken to accommodate Princess of Wales as part of the Health Board Alignment • Paediatric Cardiology upgrade from Xcelera • Cardiology WCP ETR pilot ready to start • Local readiness undertaken for National Solutions <ul style="list-style-type: none"> • LIMS2 go live 2025 • RISP/PACS go live 2026 • HEPMA go live 2026 • A&E hardware improvements to improve patient flow within the department • Replaced and expanding the current digital dictation system due to end of life • Hospital Electronic Prescribing and Medicines Administration (HEPMA):



SERVICE	UPDATE
	<ul style="list-style-type: none"> ○ WG funding has been agreed by WG now progressing to Implementation planning
Software Development	<ul style="list-style-type: none"> • Working with BAU team at developing the Schematic eWhiteboard across all remaining sites/specialities in CTM. • Developed the list view of the e whiteboards D2RA – Discharge to Recover and Assess to meet new requirements • Started discussions on developing an A&E module view. • Updating the Electronic Transfer of care forms to meet new requirements from Local Authority and Health Board teams • Update the Maternity Information System (MITS) in readiness for supporting POW • Update to Text and Remind system to include capability for CAMHS, CYP, Radiology and Endoscopy reminder texts – awaiting go live date from service. • Completed development of Mortality Reporting eForm. • Hub Referral Tracker Software iterated to support new changes in eTOC/SDN workflow to LAs. • Begun audit on End of Life Architecture and Technical Debt.
Clinical Coding	<ul style="list-style-type: none"> • 98% coding completeness rate for the year to November has been achieved. • Passed the DHCW’s audit of quality of coding with c. 95% accuracy • Autocoder further developed and now live for paediatric and multi-episodic spells • Outpatient procedures in old-CT being coded
Business Intelligence	<ul style="list-style-type: none"> • Begun re-platforming of Business Intelligence to PowerBI – with associated training, branding changes and developing professional Design Pattern standards. • Incorporated Predictive Measures into Cancer and Unscheduled Care apps for service testing. • New/iterated Releases for: <ul style="list-style-type: none"> ○ Theatre Planning and Performance ○ A&E Breach Validation ○ Waiting Lists (to replace Excel SharePoint Lists and increase flexibility) inc. RTT Trajectories ○ Patient Flow – Discharge Planning for D2RA ○ USC Operational Flow ○ OP Performance and Planning



SERVICE	UPDATE
	<ul style="list-style-type: none"> ○ Cellular Pathology ○ Health Child Wales Monitoring ○ Finance Commissioning ○ Health and Care Standards ● Started meetings (alongside Performance Team) with Care Groups to understand how re-platforming can assist with better alignment of BI offering to Care Group workflows. ● Ad Hoc support to service colleagues in BI matters.
Analytics	<ul style="list-style-type: none"> ● Representation on national development group for D2RA data set ● Development of Same Day Emergency Care activity view ● Guided development of Business Intelligence (BI) applications for USC/RTT ● Delivered Aneurin Bevan University Health Board / CTM cross border A&E activity analysis. ● Demand and Capacity modelling work for RTT, Pathology, Radiology and Endoscopy (inc Discrete Event Simulation.) being re-developed to enable piping straight into BI and thus permitting near real time monitoring ● Valued Based Health Care project continues receipt of support for analysis of pathways and data submissions for Heart Failure, Alcohol, Diabetes and Podiatry projects. ● Representation on Elective Theatre Optimisation Groups (national and CTM internal). ● Work commenced with Public Health Wales to look at the burden of disease of patients on our waiting lists with a view to informing Welsh preventative strategies ● Modelling work supporting the Orthopaedic, Critical Care and Breast surgery reconfiguration programmes has been completed for the current phases of those projects, with ongoing support continuing for those projects.
Corporate Reporting	<ul style="list-style-type: none"> ● Regular support to Organisation on Ad Hoc reports, FoI Requests, Data Submissions, DSCN implementations. ● Development of Data Quality reports to support service areas examining improvement of their data completeness and accuracy. ● Additional support on Data Quality for WPAS migration.



SERVICE	UPDATE
	<ul style="list-style-type: none">• Analysis of data requests begun to assist with targeting/prioritising self-service developments.• Continuing data and analytical support to the Vax and Immunisation project group on Covid-19, Flu and Child Vax programmes.• Representation on National WIS (Welsh Immunisation System), Community Cardiology and District Nursing groups
Data Warehousing and Engineering	<ul style="list-style-type: none">• Analytics table produced from PROMS data to allow user analysis from synchronised data feed.• WISDM (Diabetes) data pipeline to the Data Warehouse established.• Audit Management and Tracking (AMaT) (Clinical Audit) data pipeline to the Data Warehouse established.• Support to validation for the WPAS migration project.• New Endoscopy system (Cloud EMS) data pipeline preparations• DATIX data pipeline work.• Numerous new Data Sets/Models established to foundationally support analytical/BI projects.
National Data Repository	<ul style="list-style-type: none">• HAPI FHIR upgraded to OIDC on top of OAUTH2 authentication in order to enable any interactive FHIR application, primarily LHC FormBuilder• Extensions to Keycloak developed as another pre-requisite to support SMART on FHIR• LHC FormBuilder is being integrated and tested• Application to support electronic transfer of care has gone live and will pipe into the CDR on SMART on FHIR authentication is completed• Procurement for bi-directional APIs to primary care underway



SERVICE	UPDATE
	<p style="text-align: center;">CTM UHB Target Data Architecture Progress update January 2024</p> <p>The diagram illustrates the data architecture flow. On the left, 'Data Sources' include 'FHIR First Applications' (Testing), 'FHIR SDC Forms' (Testing), 'Existing Data Sources' (Live), 'File Based Sources', and 'WPAS XML Feed' (Live). 'FHIR First Applications' and 'FHIR SDC Forms' flow 'Directly Into FHIR'. 'Existing Data Sources' and 'File Based Sources' go through 'Transformers' (Structured Data Capture scripts, Custom built XML Transformers) to 'Messaging Apache Kafka'. 'WPAS XML Feed' also goes to 'Messaging Apache Kafka'. All paths lead to 'Organise HAPI FHIR' (Live). From 'Organise', data flows to 'ETL' (SQL Server, SQL Reporting Tables, Apache Jena). 'SQL Reporting Tables' also receives input from 'Existing Data Sources'. 'ETL' feeds into 'Consumption' (FHIR First Applications, BI Dashboarding) and 'Analyse' (Apache Zeppelin, Whatever People Want to Use). A legend indicates: Yellow star = Live, Orange star = Testing, Green star = In Development. A vertical red bar on the left is labeled 'Informatics IMTP 2024/27'. Logos for GIG CYMRU NHS WALES and the University Health Board are at the bottom right.</p>
Performance Reporting	<ul style="list-style-type: none"> • 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. • Representation on National Heads of Performance continues • Representation on Benchmarking groups (DHCW/CHKS) • CHKS benchmarking analysis and liaison with main Information Team to refine reporting. • Commenced Performance Management Engagement Sessions with Care Groups and Analytical/BI team to develop Performance Framework and the applications to support its regular reporting.
Aggregation of Bridgend Services into CTM	Reference slides in Appendix 1
Architecture	<ul style="list-style-type: none"> • Leading the Bridgend Infrastructure programme with weekly focussed sessions and coordination. • Four servers hosted on legacy SBU hardware in POW and plans are in place for their migration in line with the needs of the service. • Supporting the identification of risks pertaining to key Infrastructure components and review and remediation of these. • Reviewing the Nationally led RIS solution and ensuring that CTM has appropriate Infrastructure architecture to



SERVICE	UPDATE
	<p>support the use of this Cloud service and also effective access to Local Business continuity services.</p> <ul style="list-style-type: none"> • 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. • Telephony proposal for Bridgend will go to the next Board and will provide a way forward for CTM to take over the management of telephony from July, this aligns with SBU's contract renewal for Telephone support. • Reviewing the impact of the G&FF refurbishment in line with the ICT hosting within PCH.

3. Key Risks / Matters for Escalation

- 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 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 present reputational risk to the UHB in giving clinicians and patients the requisite assurance that digital enables resilient, safe ways of working.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable If more than one applies please list below:
	A Resilient Wales



Objectives / Strategy	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality</i> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required



Impact Assessment	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)
	Staff & Capital required to deliver the full ambition of the digital programme

5. Recommendation

- 5.1 **NOTE** the projects both system and infrastructure completed this year.
- 5.2 **NOTE** the challenges with the current level 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.

Bridgend Disaggregation WPAS and W systems update

It's Complex!

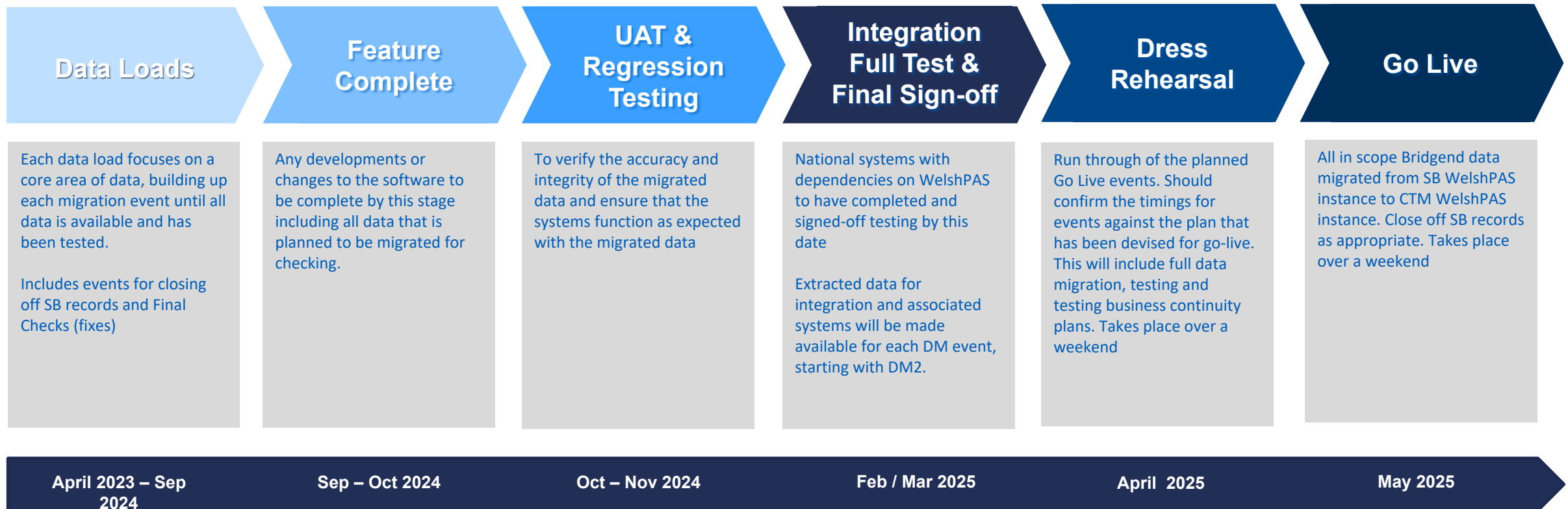
- Previous migration projects have typically involved moving data in its entirety from one WelshPAS instance into another within the same health board, or from a third-party system into WelshPAS
- In contrast, this project requires the realignment of part of one organisation into another and splitting the data so that only Bridgend patients are extracted and migrated from SB into CTM's WelshPAS instance
- This adds an extra layer of complexity and requires some additional steps in the extraction process
- The record in SB will need to be 'closed off' once the data has been migrated to CTM's WelshPAS instance, so that it is no longer in use
- ***And then we must not forget the W systems***

Collaboration work between DHCW and CTM on the Data Migration approach has led to the development of

- The Strategy
- Data Migration Scope
- Identifying Bridgend Patients/Activity
- Data Migration Approach
- Data Migration Entrance and Exit Criteria

The Draft Strategy is attached as appendix 5.1c

CTM-Bridgend WelshPAS Data Migration: High Level Data Migration Event & Milestone Plan



Event / Milestone		2023 / 2024												2024 / 2025												2025 / 2026			
		A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M		
Data Loads	DM1a	1 st April – 8 th September																											
	DM1b						18 th Sep – 13 th Oct																						
	DM2							9 th Oct – 15 th Dec																					
	DM3									8 th Jan – 1 st Mar																			
	DM4a												11 th Mar – 3 rd May																
	DM4b												11 th Mar – 3 rd May																
	DM5														13 th May – 5 th July														
	Final Checks (Fixes)															15 th July – 6 th Sep													
	Feature Complete																4 Wks												
	UAT / Regression Testing																	4 Wks											
	Integration & Full Test																												
	Additional Final Data Load (if required)																									4 Wks			
	Dress Rehearsal																										◆		
	Go Live																										◆		

DHCW Systems/Services to have access to extracted data from DM2 onwards (inc. closed off SB data in DM4a)

11th Nov – 28th Feb

The W suite

- The National Architecture has integrated Clinical systems whether DHCW inhouse or commercial with WPAS to provide a single source of truth for patient demographics
- This has now led to an additional layer of complexity around the WPAS disaggregation
- The scope of the work with DHCW are those W systems which are Nationally developed and or supported

- We are currently working with DHCW to identify the impact on the W systems of the WPAS disaggregation
- The teams at DHCW are accessing each system and planning the work required to prepare for the May 2025 deadline
- The next slide lists the W systems
 - Green have been accessed as not being impacted by the WPAS work
 - Blue are still under investigation

It must be remembered the impact on both Swansea Bay and Cwm Taf must investigated as currently Bridgend uses the Swansea Bay W suite of applications

WBNS
WCRS
WEDS
WHPSMS
WICIS
WISDM
WRRS
WDS
WNCR
WPOCT
NDR
RISP
WCCIS
WGPR
WRAPPER

GPTR
INSE
MPI
TRRR
WAP
WCP/MTED
WCCG
WLIMS/WLIMS2
WPRS
WRIS
WRTS
Cypris
PROMS
GP links

Health Board specific systems that have WPAS dependencies

- Work is continuing with the service to decouple them from the Swansea Bay systems to consolidating on the Cwm Taf versions
- Best practice wherever possible is adopted at go live or planned to move towards when the service is consolidated

The current update is attachment 5.1d

@cwmtafmorgannwg

Find us on



<ID Reference>

Data Migration Strategy

WelshPAS Bridgend Disaggregation Project

(Migration of WelshPAS Bridgend patient data from Swansea Bay to Cwm Taf Morgannwg)

Document Version	0.8
Status	Draft
Date	

Document author:	Kay Wilkes
Approved by	
Date approved:	
Review date:	

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TABLE OF CONTENTS

1	Document History	3
2	Purpose	4
3	Background / Overview	4
4	Data Migration Strategy	5
5	Data Migration Scope	6
	Scope Overview	6
	Identifying Bridgend Patients/Activity	6
6	Data Migration Approach	7
	Project Plan / Timescales	Error! Bookmark not defined.
	Events / Milestones Timetable	7
	Data Migration Scenarios.....	Error! Bookmark not defined.
	Go Live Weekend	10
	Two-way MPI Link in CTM	10
7	Data Migration Entrance and Exit Criteria	10
8	Data Migration Processes	12
9	Data Migration Testing	13
10	Issue Management	16
11	Data Migration Environment Summary	16
12	File Sharing / Communication	17
13	Roles and Responsibilities	18
14	Impacted DHCW Systems/Services	18
15	Project Governance	19
16	Post-migration Operational Support	19
17	References	19
18	Definitions	20
19	Appendices	21

1 Document History

Revision History

Date	Version	Author	Revision Summary
December 2022	D0.1	Kay Wilkes	Initial draft
06/01/2023	0.2	Kay Wilkes	Additions and amendments following Data Migration Planning workshop on 05/01/2023
06/03/2023	0.3	Kay Wilkes	Update to resource section
11/05/2023	0.4	Kay Wilkes	Additional information added to approach and activities sections
06/06/2023	0.5	Kay Wilkes	Update to Data Migration Environment Summary
03/08/2023	0.6	Kay Wilkes	Update to Testing Strategy section following meeting with WelshPAS testing team
09/08/2023	0.7	Kay Wilkes	Update to Data Migration Approach, Data Migration Activities / Process, and Impacted DHCW Systems/Services sections
27/09/2023	0.8	Kay Wilkes	Additional information added to various sections

Reviewers

This document requires the following reviews:

Date	Version	Name	Position

Authorisation

Signing of this document indicates acceptance of its contents.

Author's Name:	Kay Wilkes
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Role:	Project Manager (WelshPAS)
Signature:	<p style="text-align: center;">X</p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;">Author</p> <p>e:</p>

Approver's Name:	
Role:	
Signature:	<p style="text-align: center;">X</p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;">Approver</p> <p>t e:</p>

Document Location

Type	Location
Electronic	https://nhs.wales365.sharepoint.com/:w:/r/sites/DHC_SwanseaBayCwmTafWelshPASDataMigration-WelshPASInternal/_layouts/15/Doc.aspx?sourcedoc=%7B7564ca60-4e0f-4133-a347-f2734276736f%7D&action=edit&wdPid=278d8599

2 Purpose

The purpose of this document is to outline the approach that will be undertaken by the DHCW WelshPAS team for the migration of WelshPAS Bridgend patient data from Swansea Bay to Cwm Taf Morgannwg. **The document does not provide the strategy for activities undertaken by national systems/services impacted by the project.**

Data migration is an iterative process, and the scope and approach may need to be updated as the project progresses through the data migration events. Therefore, it is advisable to consider this a working document.

3 Background / Overview

On 1st April 2019, the responsibility for health services in the Bridgend County Borough Council transferred from Abertawe Bro Morgannwg UHB to Cwm Taf UHB. To reflect the new boundary arrangements ABM changed its name to Swansea Bay Health Board (SB) and Cwm Taf changed its name to Cwm Taf Morgannwg University Health Board (CTM).

When the responsibility for the provision of ICT services in Bridgend moved to CTM, the business case for CTM's ICT Boundary Change Integration Programme was yet to be approved and there was, therefore, neither time nor funding within the health boards for switching services from legacy ABMU/SB systems to CTM systems before 1st April 2019. Additionally, DHCW was already working on two WelshPAS data migration projects (VCC and BCU) and did not have resources available.

At a meeting on 19th March 2019 with representation from all parties, it was agreed that the VCC and BCU WelshPAS data migration activities should be prioritised ahead of the CTM data migration and that in the interim

CTM would have 'read only' access to SB's Bridgend patient data in WelshPAS. CTM entered into a Service Level Agreement (SLA) with SB to continue providing ICT services for an initial period of 1 year (to 31st March 2020) with the option to extend the agreement beyond that period if agreed by both parties.

The COVID-19 pandemic in 2020 then resulted in health board and DHCW resources being diverted to focus on COVID priorities, and this caused further delays to the start of the WelshPAS Bridgend Disaggregation project (data migration). It has now been over 3 years since the health board boundary change took effect and there are risks associated with maintaining parts of a service under an SLA for a long period.

A significant programme of work now needs to be undertaken to migrate Bridgend PAS data from SB's WelshPAS instance into CTM's, to enable them to effectively manage the patients that now belong to their health board. This is going to be a very complex piece of work for the following reasons:

- Previous migration projects have typically involved moving data in its entirety from one WelshPAS instance into another within the same health board, or from a third-party system into WelshPAS. In contrast, this project requires the realignment of part of one organisation into another and splitting the data so that only Bridgend patients are extracted and migrated from SB into CTM's WelshPAS instance. This adds an extra layer of complexity and requires some additional steps in the extraction process (detailed later).
- The record in SB will need to be 'closed off' once the data has been migrated to CTM's WelshPAS instance, so that it is no longer in use.
- DHCW will be responsible for creating scripts, extracting the data from SB's WelshPAS instance and loading it into CTM's WelshPAS instance in the required format. For the majority of previous migration projects, the health board or third-party system supplier were responsible for loading the data.
- SB and CTM have different data rules that affect how the data is presented and works.
- The two systems are not synchronised for demographic changes – CTM have agreed in principle to adopt a two-way MPI link
- CTM have over 65 downstream systems that need addressing prior to go live, as part of the wider CTM Transition Programme
- There are considerable complexities around the downstream systems/systems within DHCW that will need to be addressed by the individual teams. The WelshPAS team is collaborating with teams to assess the impact and offer support, guidance and information, but each team is responsible for developing their own plan for development and testing.

The Bridgend Transition Programme is under the leadership of CTM. Whilst the WelshPAS project is a catalyst for data changes in other systems it is not leading the programme within DHCW. A programme framework is being established within DHCW to ensure there is robust governance for the wider programme. The WelshPAS project will report into this structure.

4 Data Migration Strategy

To ensure a successful data migration, it is imperative to set out the strategy that will be employed. Data Migration is a complex process and will require sufficient resources and time to ensure this element is delivered successfully throughout the project and into go-live.

Consideration will also be given to the following:

- Determine how Bridgend patients/activity will be identified (rules/criteria for extraction)

- Determine what data is being migrated, and how CTM will access data that is not in scope for migration
- Determine what will happen to the record in SB once it has been migrated, to ensure it is no longer in use
- Define the approach/process for data migration and testing
- Ensure the quality and integrity of data transferred from SB to CTM WelshPAS is maintained
- Plan the required time and resource for:
 - the extraction of patient data from SB to enable importing into CTM
 - data mapping / manipulation of the data
 - loading the extracted data into CTM's WelshPAS and internal quality assurance before handing over to CTM
 - formal qualification of migrated data
- Understand the impact on associated systems/services in DHCW that feed into and out of CTM WelshPAS. Ensure they are part of discussions and kept informed of progress, to enable them to plan and resource the required changes for their system/service accordingly
- Define how 'Go live' will work across the two Health Boards. Data at both sites could be impacted should anything go wrong. Testing team could be testing 2 databases at the same time which has never been done before for previous migrations.
- Ensure sufficient resource for the changeover period to ensure that the migration is completed in a controlled manner
- There needs to be a 'safety net' in place for an agreed period to ensure data/pathways are not missed, to mitigate any clinical risk
- Changes to working practices in Bridgend following the migration (this will be led by CTM)

5 Project Plan / Timescales

High level and detailed plans are available here:

[High level project plan \(draft\).pptx](#)

[DM Event & milestone plan \(draft\).pptx](#)

6 Data Migration Scope

The full scope document for data migration can be found here: [CTM-BGD Migration Activity Scope \(Draft\).docx](#)

Scope Overview

1. Only **active CTM pathways and associated data** will be migrated.
2. The cut-off date for active CTM pathways data will be **one financial year before the implementation/go-live date**. For example, if go live is May 2025 the cut-off date for data would be 1st April 2024.
3. The migration will include any Bridgend patients **referred since the cut-off date** and Bridgend patients **currently active in SB WelshPAS** at the time of implementation.
4. Where a pathway is still active after the cut-off date, **all the CTM data for that pathway will be migrated** irrespective of the activity date, including the original referral.
5. Relevant link records will be created in the CTM WelshPAS instance to maintain consistency. Records that have been closed in CTM between the cut-off date and implementation date will be migrated.
6. CTM and SB will be able to access each other's data for the patient via **WRAPPER** (read only).

Identifying Bridgend Patients/Activity

The definition of Bridgend activity is based on an agreed logic that has been supplied by SB which is used to report

activity and waiting list information to CTM. This has been derived from discussions between CTM and SB. The WelshPAS team will create scripts based on the logic provided by SB to ensure the correct data is migrated.

Below is a definition of ‘association with Bridgend’:

1. The patient has attended or will attend a hospital or clinic defined as Bridgend
2. The patient is or has been on a known Bridgend waiting list
3. Where a Bridgend site (POW or Maesteg) is the current/last tracked location for the patient’s case-notes, (excluding patients with a destroyed case-note)¹
4. Activity in Neath-Port Talbot carried out by a Bridgend Consultant (could also apply to other activity locations, such as Cowbridge, Llantwit Major, Porthcawl, Vale Hospital and Ysbyty Cwm Rhondda).

7 Data Migration Approach

‘Lift and Shift’ Approach

1. Only CTM data will be migrated from SB to CTM WelshPAS. SB’s data for the patient will not be migrated to CTM’s WelshPAS instance, and data in SB that is no longer relevant to SB (i.e. CTM data) will be removed as part of the ‘lift and shift’.
2. Where needed, dummy records with outcomes showing that the record has moved will be used.
3. CTM and SB will be able to access each other’s data for the patient via WRAPPER (read only). WRAPPER will need to be tested as part of data migration activities to ensure that records are not duplicated, and data is not out of sync.

Data Migration Activities

Data Migration (DM) is an iterative process, encompassing a series of data migration events and milestones, which will focus on extracting data from SB WelshPAS and loading into CTM WelshPAS. Automated software will be used for data loading and validation to speed up the migration process and improve efficiency and accuracy.

Data Migration Events / Milestones

The Events/Milestones table in this section provides a detailed breakdown of the data to be migrated by DM event and pre-requisites:

Event / Milestone	Details	Anticipated Dates	Pre-requisites
DM1: Demographics	<p>Core patient’s demographics. The demographic data includes hospital number, name, address, registered GP, NHS number, telephone numbers, next of kin and other information relating to the patient.</p> <p>DM1 will be broken down into 2 phases:</p> <ul style="list-style-type: none"> • Phase 1: ‘Proof of Concept’ – smaller sample of data to test the processes and ensure the scripts for identifying Bridgend patient data in SB are returning the correct information. 	3 rd April – 8 th September 2023	Data mapping for Keynotes; Religion; Ethnic Origin, Preferred Language, Preferred written language, Title and Sex

¹ Point 3 is applicable to Demographics data load only

	<p>This will be an iterative approach with the scripts needing to be refined and the data re-loaded several times until the correct data is extracted.</p> <ul style="list-style-type: none"> Phase 2: 'Full data Load' of demographics data 		
DM1b: Demographics (fixes)+ Clinicians, Specialty and Padloc	<p>Additional demographics data load to apply fixes from DM1.</p> <p>The following reference data is also in scope for this data load: Clinicians, Specialty and Padloc</p>	18 th September – 15 th October 2023	Data mapping for: Clinicians, Specialty and Padloc
DM2: Demographics + Reference Data ADT, Outpatient Activity, Referrals and Waiting Lists, Coding Views, Tools/Lookups, Pathways	<p>Includes all data previously extracted plus items relating to 'activity'.</p> <p>The reference data that underpins these activities will also be supplied. These include clinicians, specialty, Padloc, Clinics, Clinical Conditions, Keynotes, Local Reasons, Appointment Directives, Preferred Clinician, Preferred Session</p>	9 th October – 15 th December 2023	<p>DM1 and DM1b planned activities complete</p> <p>Data mapping for: Clinicians, Specialty, Clinical Conditions and Padloc, Clinics, Keynotes, Local Reasons, Appointment Directives, Preferred Clinician, Preferred Session</p>
DM3: <i>Data items:</i> Demographics, Reference Data, ADT Outpatient Activity, Referrals and Waiting Lists, Coding Views, Tools/Lookups, Pathways + Diaries & Diary settings	<p>All previously extracted plus information relating to Diaries and diary settings</p> <p>Also testing the following processes:</p> <ul style="list-style-type: none"> Dummy records in CTM Re-test DM2 'lifted and shifted' CTM records (minus SB records) 	8 th January – 1 st March 2024	<p>DM2 planned activities complete</p> <p>Continuation of mappings from DM2</p> <p>Note: Diaries and Diary Settings is based on Cons, Spec and Padloc</p>
DM4a: Data items: Demographics, Reference Data, ADT Outpatient Activity, Referrals and Waiting Lists, Coding Views, Tools/Lookups, Pathways, Diaries & Diary settings + Emergency Data, Documents Table, Letters / Templates,	<p>All previously extracted plus information relating to Emergency Department (ED), Documents table, Letters/templates, MDT CTM, and WRAPPER CTM</p> <p>Also testing the following processes:</p> <ul style="list-style-type: none"> Close off SB records Dummy records in CTM & SB <p>To be run in parallel with 4b</p>	11 th March – 3 rd May 2024	<p>DM3 planned activities complete</p> <p>Emergency data and Letters mapping</p> <p>Continuation of mappings from previous DMs</p>

MDT CTM, WRAPPER CTM			
DM4b: Close off SB data, MDT SB, WRAPPER SB	<p>The migration process will adopt a 'lift and shift' approach. When migrating CTM data, SB WelshPAS will not retain CTM data for the patient. The data will either be removed, or cauterised with appropriate dummy records applied, depending on the scenario. For instance, if CTM is the original referral source, a dummy referral will be created in SB, if the last appointment is with CTM, a dummy record will be applied to SB to close it down, ensuring data integrity and compliance with privacy regulations.</p> <p>To be run in parallel with 4a</p>	11 th March – 3 rd May 2024	<p>DM3 planned activities complete</p> <p>Continuation of mappings from previous DMs</p> <p>Full list of scenarios to be completed</p>
DM5: Demographics, Reference data, ADT, Outpatient activity, Referrals & Waiting Lists, Coding, Views, Tools/Lookups, Pathways, Case-notes, Diary and diary settings, Emergency Department (ED), Documents table, Letters/templates + MDT SB & CTM, WRAPPER SB & CTM, Cancer Tracking, Case-notes and Locations	<p>All previously extracted plus information relating to 'Cancer Tracking' and 'Case-notes and Locations'</p>	13 th May – 5 th July 2024	<p>DM4 planned activities complete</p> <p>Cancer tracking and Case-notes and locations mapping</p> <p>Continuation of mappings from previous DMs</p>
Final Checks (Fixes)	<p>All previously extracted data (DMs 1-5). To check any modifications / fixes to data extraction and loading</p>	15 th July – 6 th September 2024	<p>DM5 planned activities complete</p> <p>Continuation of mappings from previous DMs</p>
Feature Complete	<p>Any developments or changes to the software to be complete by this stage including all data that is planned to be migrated for checking. Both sites will need to be on the same version of WelshPAS, and it will need to be the version they are going live with. Any</p>	16 th September – 11 th October 2024	<p>Final checks (fixes) complete</p>

	software releases will need to be scheduled for after go live		
UAT / Regression testing	To verify the accuracy and integrity of the migrated data and ensure that the systems function as expected with the migrated data. This has to be the version that both sites will be going live with.	14 th October 2024 - 8 th November 2024	Completion of Feature Complete activities
Integration: Full Test and Final Sign-off	National systems with dependencies on WelshPAS to have completed and signed-off testing by this date Extracted data for integration and associated systems will be made available for each DM event, starting with DM2.	11 th November 2024 - 28 th February 2025	UAT and regression testing complete and signed off
Additional Final Data Load (if required)	Final data load if required	3 rd March – 28 th March 2025	Integration testing complete and signed off
Dress rehearsal	Run through of the planned Go Live events. Should confirm the timings for events against the plan that has been devised for go-live. This will include: full data migration, testing and testing business continuity plans.	April 2025	Final data load and Integration testing complete
Go Live	All active Bridgend data migrated from SB WelshPAS instance to CTM WelshPAS instance. Close off SB records as appropriate	May 2025	Sign Off – Mapping and Look up tables No Severity level 1 and 2 Trellos remain open, unless appropriate sign off to go live with any remaining level 1 and 2 Trellos.

Go Live Weekend

At Go Live, the migration will follow a direct cutover approach, where data will be extracted from SB's WelshPAS and loaded into CTM's instance in a single step. This approach ensures minimal disruption and allows for a swift transition to the CTM's WelshPAS. Planning and discussions will commence two-three months prior to go-live.

Two-way MPI Link in CTM

The adoption of a two-way MPI link in CTM has been identified as an essential pre-requisite for the WelshPAS Bridgend Disaggregation project. CTM have agreed in principle to this. This work will be undertaken in parallel with data migration activities.

8 Data Migration Entrance and Exit Criteria

Entrance Criteria

Entrance criteria are a list of on-going activities that must be present and completed before each DM event can begin.

Exit Criteria

Exit criteria are requirements to meet in order to complete (exit) each DM event. The exit criteria are a set of pre-defined defect tolerances that would be acceptable to move into the next DM event. This provides assurance to the project that the standards set are achieved and that the migration process is progressing within the set tolerances.

The table below provides the entrance and exit criteria for data migration events and Go Live:

Activity	Entrance Criteria	Exit Criteria
Data Migration Events	<ul style="list-style-type: none"> • Data Migration scope has been agreed and approved • The Data Migration strategy has been agreed and approved • Prerequisites have been scoped and met for each event • CTM to identify and resolve existing data anomalies. As a minimum this should include mapping issues, duplicate lookup values etc. DM team will require a file with the relevant mapping from CTM prior to each migration event 	<ul style="list-style-type: none"> • All expected data was loaded, testing has been fully completed and the raised issues have been reviewed, prioritised, allocated and agreed plans for progression • All high priority defects have passed testing (where defect is expected to be fixed) • Number of defects still outstanding does not exceed the agreed tolerances • A DM End Event review meeting has been held, with a collaborative decision to move to the next event. Where expected improvements are not achieved, a decision must be made as to whether to proceed to the next event with the identified issues.
Go Live	<p>To commence to the Go Live event the following exit criteria requirements are to have been met:</p> <ul style="list-style-type: none"> • All previous DM activities are complete and testing has been signed off • Other systems / services changes have been tested and signed off • Two-way MPI link is in place in CTM • WIAG activities complete, and Safety Case and Readiness Report approved by WIAG • Successful Dress Rehearsal weekend • Robust cutover plan produced and agreed with all parties 	<p>All Go live activities have been completed.</p> <p>There are no open Severity level 1 and 2 issues:</p> <p>Severity 1: CRITICAL - Would have a critical, negative impact on the business if released into production e.g. loss of service availability or security breach of confidential information. No acceptable functional workaround</p> <p>Severity 2: HIGH - Would have a critical, negative impact on the business. For functional problems, an acceptable workaround exists</p> <p>Note: Prior to Go Live, the severity should not be adjusted, but governance approval to proceed is required for each remaining open Severity 1 and 2 issue to ensure CTM acknowledges and accepts the defects identified.</p>

		<p>Where there are open issues, agreed mitigations and governance approval is in place.</p> <p>Testing completed and signed off</p>
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9 Data Migration Processes

The process outlined in the below table defines the tasks that will be carried out as part of the data extract, load, validation and sign off process for each data migration event. For each DM event a fully detailed Data Migration plan/checklist will be created, detailing tasks, times and persons responsible.

Prior to each event starting, an initial DM event meeting will be held. The purpose of the meeting is to:

- Ensure all DM event prerequisites are met and signed off
- Ensure all parties are aware of the migration process, testing process, communications route, issue capture and escalation
- All parties are aware of their roles and responsibilities
- Review and agree the detailed Data Migration plan/checklist

Data cleansing and Data Mapping

As a pre-requisite to migration activities, SB and CTM will be required to cleanse and standardise their data to ensure consistency. Additionally, as SB and CTM WelshPAS instances store data in a different way, prior to each DM event a mapping exercise must be completed. DHCW will advise CTM which tables need mapping, and CTM will then provide DHCW with a mapping file which will be applied to the SB working database as part of the migration process.

Data extraction events will include the following activities:

1. **Transformation and Data Extraction:** DM team to extract, transfer and load (ETL) the data into the working database. This would include mappings as well.
2. **Data Verification:** DM team to ensure that the data has been loaded. Where data has not loaded/is missing suitable corrections will be made to either data or transformation to reduce or eradicate the identified defects. Any completed defects will be verified in the next event. This will take two forms of checking:
 - a. a comparison of the data tables and field contents using automated software to check and highlight any differences for review at the database level
 - b. checking of the data within patient's records via the WelshPAS application including the contents of each drop down option

The step-by-step process for Data Load DM events (DMs 1-5 and Final Checks) is provided below:

No.	Description	Owner
1	Provide mapping file to DHCW and any pre agreed large number reference table values	CTM
2	Take a backup CTM database (1 static and one working version)	DHCW
3	Take a backup of SB database (1 static and one working version to apply mappings)	DHCW
4	Run extract scripts	DHCW

5	Upload extracted data into working/mapping DB	DHCW
6	Analyse data and compare against SB data to ensure extracting Bridgend patients correctly	DHCW
7	Apply mappings and change primary keys/foreign keys to SB working database	DHCW
8	Add any reference table values to the merged DB (national datasets, GPs, postcodes etc)	DHCW
9	Add reference table values that exist in SB but not in CTM working DB	DHCW
10	Identify records from SB that don't exist in CTM - these will be automatically inserted into CTM merged DB	DHCW
11	For matching records, determine if SB is most recent record, and Update CTM demographics with SB demographics in CTM merged DB	DHCW
12	Run validation scripts and review results	DHCW
13	Informal DHCW testing as required, and issues logged on Trello	DHCW
14	CTM review validation results	CTM
15	Sanity check of app before handing over to CTM for testing	DHCW
16	Test teams to test the extracted data	CTM and DHCW
17	Test teams to log issues on Trello	CTM and DHCW

Following each DM Event (once testing is complete):

1. A Conference Call will be held to confirm exit criteria acceptable / review for next event/ Agreement to proceed to the next event and capture any lessons learnt
2. A report will be drafted and circulated for comments and sign off

10 Data Migration Testing

Once the DHCW WelshPAS data migration team have completed the data extraction, load and validation checks, data consistency testing will be carried out by WelshPAS and CTM testing teams against all data migrated from SB WelshPAS, in order to:

- Ensure migrated data is appearing accurately compared to source
- Ensure that data held in CTM and SB WelshPAS instances that has not been merged is not corrupted
- Identify mismatches
- Identify missing data
- Identify dependencies on datasets
- Sign off data integrity as fit for purpose for Go-Live

In addition to the merged database (containing CTM and SB (Bridgend) data), testing will require a static instance

of both SB WelshPAS and CTM WelshPAS in order to make a comparison against.

The typical test approach is for testers to execute the same test scenarios repeatedly over a number of test fix cycles to ensure defects have been resolved. Test cases will be run against approximately 50 patients.

Against each test case the following will be tested:

- Duplicate case numbers existed and records were merged in the Merged application and updates to Demographics were made based on the last update date
- Duplicate case numbers existed and records were merged in the Merged application and no updates made
- Swansea Bay case number did not already exist in Cwm Taf Morgannwg, so record loaded into Merged application with no merge needed
- Cwm Taf Morgannwg record had no duplicates case number in Swansea Bay and therefore not touched by Swansea Bay data at all.

A full DM testing cycle will consist of full data consistency testing of the solution, including fixes from previous DM event (with the exception of DM1 where there is no previous DM event). Open Trello cards will be re-tested to ensure any fixes applied have rectified the issue or if further fixes need to be identified and applied.

Note: For certain DM events an additional data load and/or extended testing period may be required.

Testing Reporting

Azure DevOps will be used to monitor the progress of testing including the number of passes and fails. There will also be a chart in DevOps which shows the number of defects raised on Trello. An email providing the latest testing statistics will be circulated to the project team at the end of each working day during testing.

A test summary report will be updated at the end of each testing phase. This will be a living document that will highlight the findings from each testing phase, including:

- the number of defects identified
- how many defects have been resolved
- how many defects are outstanding
- whether there are any significant issues which need addressing immediately

Following the testing period, the following activities will take place:

- Issue resolution
- DM Exit / Gateway review session to:
 - Review Trello – Open cards and agree mitigation/resolution
 - Review Exit criteria compliance
 - Agree entrance criteria for next DM
 - Capture and action lessons learnt from DM

Note: Will seek involvement from SB as required.

Testing Entrance Criteria

Entrance criteria must be completed prior to any testing taking place. The following are the criteria which must have been actioned:

- Testing dates agreed
- Testing resource agreed
- Testing approach/strategy agreed
- Testers briefed on processes
- User accounts (more specifically tester accounts) copied over in to front end app
- Identification of any errors existing prior to testing

- Identification of priority areas to test (from previous fixes implemented)
- DHCW resource available to investigate any defects identified
- Defect logging process identified
- Defect management identified
- Data Migration Plan (this document) completed, reviewed, and signed off
- Data Migration Test Cases completed and reviewed
- Applications and hardware installed
- Data Migration specification approved
- Any required training completed
- Test Environment is ready to use and is a realistic replica of the live environment
- All required resources have access to the applicable defect management tool
- Support process in place during all stages of testing
- Data successfully extracted from SB WelshPAS and loaded in to CTM WelshPAS and delivered via fit for purpose front end app
- Front end apps and DBs available and testers able to access them

Testing Exit Criteria

Exit criteria are put in place to ensure DHCW and CTM are satisfied enough that testing has taken place and the outcome of testing is satisfactory enough to move to the next DM event. Each DM event will require a DM Exit Meeting/Gateway Review session (mentioned above) to discuss the testing findings and agree whether testing may move to the next DM cycle.

The high-level exit criteria which must be met are as follows:

- All test cases are executed
- All Severity Critical defects are resolved
- All Severity High defects are accepted and a fix will take place in a future DM phase
- All Medium/Low defects are accepted and a fix will take place in a future DM phase
- Test Phase Summary completed
- A plan put in place to progress resolution of any identified defects
- End of DM event report signed off (report produced by Project Manager)
- Exit review session complete

Regression Testing

Regression Testing will be performed to ensure that new defects have not been introduced into the existing functionality of WelshPAS as part of the Data Migration process – this will take place after the Feature Complete event. Regression testing will use existing data and newly created test data. The combination of new and migrated data will be subjected to the workflows under test, ensuring that all data, whether new, merged or untouched by the Data Migration project, is fit for purpose when manipulated within the WelshPAS software

UAT Testing

UAT ensures that the migrated data is accurate, complete, and usable for the end-users before implementation. Testers verify the accuracy and integrity of the migrated data and ensure that the systems function as expected with the migrated data.

- Testers will prepare test cases that represent various scenarios and situations that end-users might encounter. There will be between 200 and 300 scenario test cases
- UAT period is typically 4 weeks
- A separate testing environment is set up that mirrors the production environment as closely as possible. This environment is isolated from the live system and allows testers to perform UAT without affecting the actual users.
- Data is anonymised
- Once all test cases have been executed, defects have been resolved, and end-users are satisfied with the

system's performance, they provide formal sign-off or approval to go live

11 Issue Management

Through each iteration of data migration: data queries, defects and DM issues identified will be captured on the Trello board and managed accordingly.

The below steps outline the Trello process for raising queries / defects during Data Migration:

- DHCW will invite relevant staff to access the Trello DM Board and provide Trello system rules (i.e. no Patient Identifiable Information (PII) recorded on Trello)*
- Both parties can raise a Trello card
- Cards will be prioritised, labelled and triaged by DHCW
- Both parties will assign resources to the Trello card and progress issues as required
- CTM's Testing Lead will manage the Trello board for CTM and review/track the progress of issues or escalate where required
- DHCW Testing Lead/DM Leads will manage the Trello board for DHCW and review/track the progress of issues or escalate where required. Trello board to be reviewed at least twice daily.

*PII only shared via NHS email to an NHS email account or via the secure file share platform.

All issues raised and recorded on Trello have been assigned a severity:

- Severity 1: CRITICAL - Would have a critical, negative impact on the Health Boards if released into production e.g. clinical risk, loss of service availability or security breach of confidential information. No acceptable functional workaround. The Exit Criteria for this phase of testing specified 0 open Critical Defects is acceptable at the end of testing
- Severity 2: HIGH - Would have a critical, negative impact on the Health Boards. For functional problems, an acceptable workaround exists. The Exit Criteria for this phase of testing specified All High defects to be accepted
- Severity 3: MEDIUM – Would have some impact on the Health Boards however would not stop users using the system and can go live with issue unresolved. The Exit Criteria for this phase of testing specified All Medium defects to be accepted
- Severity 4: LOW – Would have minimum impact on the Health Boards and can go live with issue unresolved. The Exit Criteria for this phase of testing specified All Low defects to be accepted
- Severity 5: Query – Issue raised as a query only, no impact on DM

Throughout the project any issues raised which affect the project specifically, as opposed to Data Migration to be raised with the WelshPAS Project Manager and escalated appropriately.

12 Data Migration Environment Summary

This section of the document describes the infrastructure and setup required to perform the data migration activities.

SB WelshPAS instance is the 'source system' (from which the data is being migrated). This is currently hosted nationally on Citrix.

CTM WelshPAS instance is the 'target system' (destination where the data will be migrated). This is currently hosted nationally on Citrix.

The SB and CTM WelshPAS instances need to be on the same version prior to each DM Cycle.

For each DM cycle the following environments will be created/available:

- 1 Static database containing a copy of SB data
- 1 Static database containing a copy of CTM data
- 1 SB working database where mappings will take place prior to loading into CTM DB
- 1 merged CTM database with SB (Bridgend) data
- Front-end applications – to access above databases for testing and reference

For DM5 (Cancer Tracking), the following environments will be created/available:

- 1 static database containing a copy of SB cancer tracking data
- 1 static database containing a copy of CTM cancer tracking data
- 1 SB working database where mappings will take place prior to loading into CTM DB
- 1 merged CTM database with SB (Bridgend) cancer tracking data
- 1 database - SB closed cancer tracking
- Front-end applications – to access above databases for testing and reference

As the team moves on to each data migration event previous static databases will be removed and the merged ones will be maintained, to free up disc space.

To enable impacted DHCW teams to test their changes the following environments will be created/available:

- A testing environment to allow impacted systems/services in DHCW to interact with live data. This should mirror the target system but be isolated from the production or live environment so that testing does not affect live data.
- Copy of the merged database to enable impacted systems/services to access read-only data until the live test environment is in place (see section 14 – Impacted DHCW systems/services for more details)

For UAT the following environment will be created/available:

- UAT environment – will need to mirror the production environment as closely as possible. This environment is isolated from the live system and allows testers to perform UAT without affecting the actual users.

For the work to adopt a two-way MPI link in CTM the following environment will be created/available:

- This process and plan will be highlighted in an additional document as it is not a WelshPAS function

Back-up mechanisms to be in place to revert to the previous state and minimise impact should there be any issues or data discrepancies. Complete backup of source data "as is" will be taken and kept by Health Boards after go live. This is to be considered as the legacy data with no alterations made.

13 File Sharing / Communication

To assist with the communication between organisations, the following file sharing methods of communication will be available:

- CTM will have access to files via a secure shared location
- Microsoft (MS) Teams – This is used to host DM meetings; audio recording is available for use where agreed by all parties and ensuring there is no PII shared. MS Teams messaging and files section can be used to share relevant documentation.
- Trello Board– this will allow tracking of issues and sharing of issue related files (No PII to be recorded)
- Email – allowing the sharing of files via email. Ensure email file sharing policies are followed.

14 Roles and Responsibilities

Roles and Responsibilities for the DM tasks have been defined and can be found within the [WelshPAS Bridgend Disaggregation Project Initiation Document](#)

15 Impacted DHCW Systems/Services

There are approximately 22 DHCW systems/services affected by the WelshPAS Bridgend disaggregation. Changes will be required to these systems to ensure a seamless integration and data continuity. **This strategy document does not provide the strategy/approach for the work required by these systems.**

The Bridgend Transition Programme is under the leadership of CTM. Although, the WelshPAS project is a catalyst for data changes in other systems it is not leading the programme within DHCW. To oversee the WelshPAS Bridgend disaggregation and the changes to affected national systems, a programme framework and Governance Board has been established within DHCW. A Programme Manager has been appointed to lead the programme from a DHCW perspective. This will create a robust mechanism for teams to raise and address risks and concerns while fostering a collaborative, organisation-wide approach to the changes.

Every impacted service within DHCW will assume responsibility for identifying and planning the necessary changes for their systems. To facilitate planning, the WelshPAS team will collaborate with teams, providing regular updates and sharing information regarding the migration scope, approach and project timelines with DHCW teams.

A Project Manager has been appointed to work alongside the WelshPAS Bridgend Disaggregation (Data Migration) Project Manager, concentrating on the impact on systems/services and provide a link between the WelshPAS team and the rest of DHCW. A two-way transparent and consistent communication approach will be maintained throughout the project to ensure that all parties are well informed. An impact assessment has been circulated to teams to complete, to understand implications for each system/service (this will be a live document). DHCW teams will be requested to share their plans for development and testing with the Project Manager and provide regular updates on progress.

Data for each DM event (starting with DM2) will be made available to systems and services across DHCW. Until a live test environment is in place, read-only data will be provided to enable teams to see what the data will look like:

- Teams will access the read only data via a copy of the merged database once testing is complete
- There will be one database available to all services with web services attached as appropriate - WelshPAS will provide the endpoints
- The data will not be anonymised

Once the live test environment is in place, teams will be able to interact with the data.

Assigning authority changes

Each application has an 'assigning authority' (AA) code which uniquely identifies where the data is coming from/going to/received from. In this case, each WelshPAS instance has its own code and this is shared via integration messaging when data is exchanged between systems. At Go Live, for Bridgend records the Assigning Authority code will change on WelshPAS. This will impact other national systems/services.

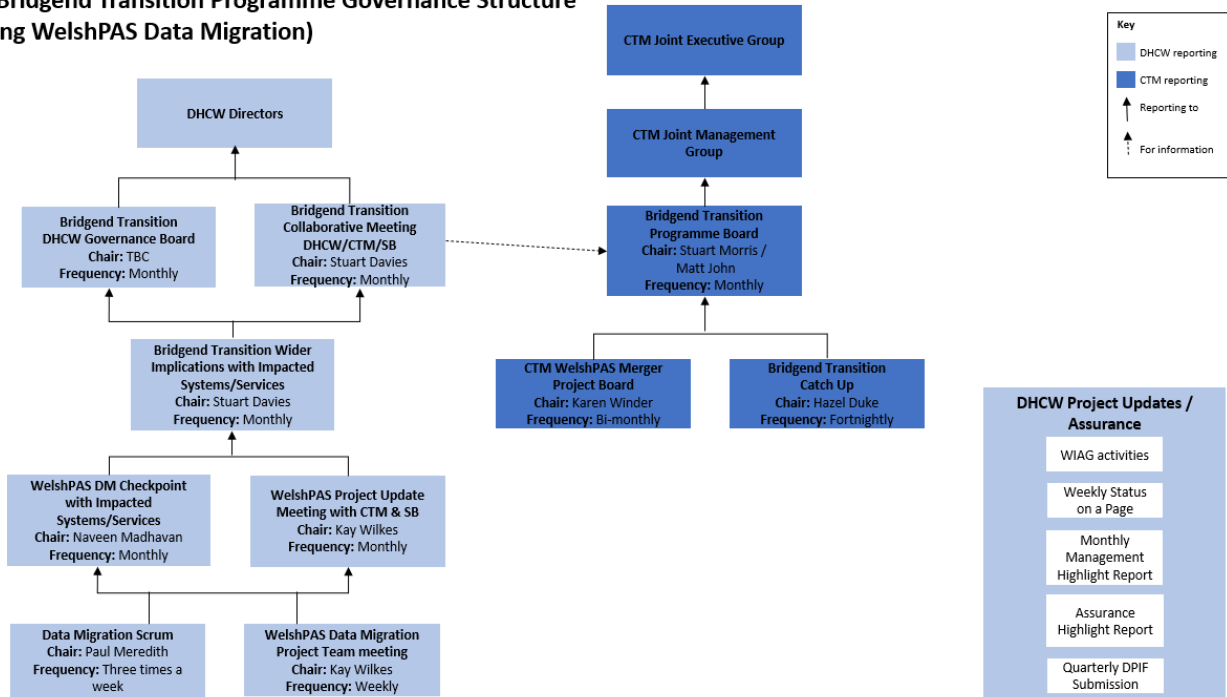
16 Project Governance

The Bridgend Transition Programme is under the leadership of CTM. Whilst the WelshPAS project is a catalyst for data changes in other systems it is not leading the programme within DHCW. A programme framework has been established within DHCW to ensure there is robust governance for the wider programme. The WelshPAS project will report into this structure.

Below is the draft governance structure for the wider CTM Bridgend Transition Programme:

DHCW Bridgend Transition Programme Governance Structure (Including WelshPAS Data Migration)

Draft – work in progress



RAID logs are maintained for both the WelshPAS Bridgend disaggregation (data migration) and the impact on systems/services:

[WelshPAS Bridgend Disaggregation Impact on systems/services](#)

17 Post-migration Operational Support

Operational support post go-live for CTM should remain the same. However, some additional support for SB may be required, as some patients may have been active in SB and are subsequently closed.

18 References

DOCUMENT	LINK
Project Charter	project_charter CTM DM.xlsx
Vision Board	Vision Board CTMU DM.pptx
Project Initiation Document	Project Initiation Document
Data Migration Scope Document	Scope Document

High Level Project Plan	High level project plan (draft).pptx
DM Event/Milestone Plan	DM Event/Milestone Plan
High Level Work Package diagram	Work breakdown structure (draft).pptx
Impact Assessment for systems/services in DHCW	CTMU-Bridgend WelshPAS DM Impact.pptx
SBAR – August 2022	CTMU-Bridgend DM SBAR Aug22.docx
SBAR – March 2023	CTMU-Bridgend DM SBAR Apr23.docx

19 Definitions

TERM	DEFINITION
Active Pathways	<ul style="list-style-type: none"> • Outpatient activity, Admissions, Transfers and Discharges • Any patient on a waiting list (inpatient or outpatient) regardless of pathway status • Any Follow-up, diagnostic waiting list, See on Symptom, PIFU • Any RTT pathway that hasn't been closed (current): any patient who is not on a current PAS waiting list will fall into this category and therefore data for these pathways will be extracted from submitted RTT pathways (pathway manager report). Consideration is required for 'duplicate' pathways. • Any open-ended referrals • Any future booked date • Any current inpatients/Day cases • Any current ED activity • Non cashed up activity – regardless of pathway status and timing
Inactive Pathways	<ul style="list-style-type: none"> • Deceased patients (Note: although deceased patients are inactive, they will be migrated if they have activity with Bridgend) • Patients who have been discharged or pathways have closed • No further action is required
Association with Bridgend	<p>The definition of Bridgend activity is based on an agreed logic that has been supplied by SB which is used to report activity and waiting list information to CTM. This has been derived from discussion between CTM and SB.</p> <p>Below is a definition of association with Bridgend:</p> <ul style="list-style-type: none"> • The patient has attended or will attend a hospital or clinic defined as Bridgend • The patient is or has been on a known Bridgend waiting list • Where a Bridgend site (POW or Maesteg) is the current/last tracked location for the patient's case-notes, (excluding patients with a destroyed case-note) • Activity in Neath-Port Talbot carried out by a Bridgend Consultant (could also be other activity locations, such as Cowbridge, Llantwit Major, Porthcawl, Vale Hospital and Ysbyty Cwm Rhondda).

'Closed off'

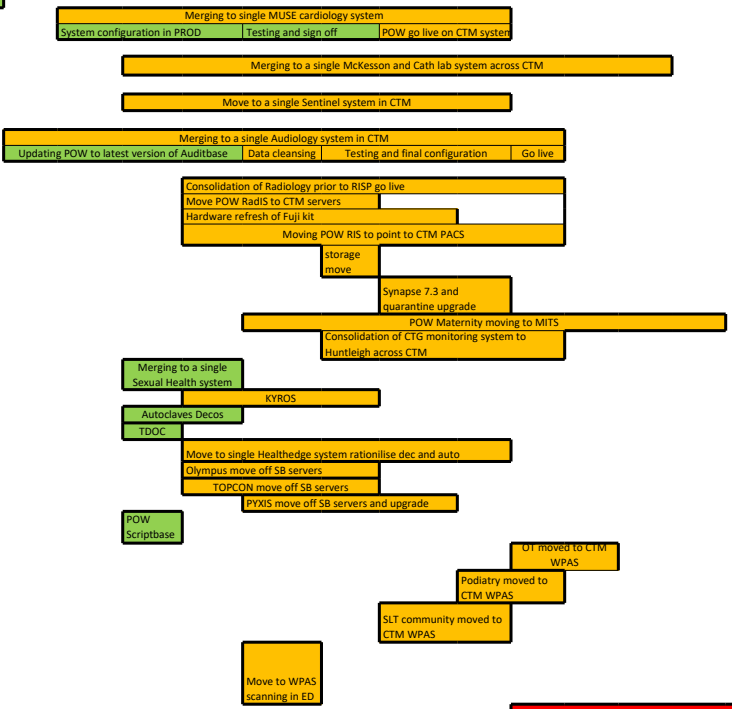
Use appropriate off-list or outcome code on a record to indicate that the record has been closed in SB and is maintained in CTM.

20 Appendices

DRAFT

- e Whiteboards
- E forms for electronic transfer of care
- MTED
- ADT's
- WNCR

- Merged to single Endoscopy system in CTM
- Single SMOT for endoscopy across CTM
- Endoscopy Tdoc's moved to CTM servers
- Physiotherapy moved to CTM WPAS
- SLT Paeds moved to CTM WPAS
- SLT Adults moved to CTM WPAS
- Lymphoedema moved to CTM WPAS
- Wound Clinic moved to CTM WPAS
- Nutrition and Dietetics moved to CTM WPAS
- Orthotics moved to CTM WPAS



- GPTR
- INSE
- MPI
- TRRR
- WAP
- WCP/MTED
- WCCG
- WLIMS/WLIMS2
- WPRS
- WRIS
- WRTS
- Cypris
- PROMS
- GP links
- WBNS
- WCRS
- WEDS
- WHPSMS
- WICS
- WISDM
- WRRS
- WDS
- WNCR
- WPDOCT
- NDR
- RISP
- WCCIS
- WGPR
- WRAPPER

LIMS 2
WPAS merger
RISP

Theatres understand options and agree way forward
 Pre Assessment understand options and agree way forward
 RV understand the options and agree way forward



Agenda Item

5.2

Digital & Data Committee

Medical Records Assurance Report

Dyddiad y Cyfarfod / Date of Meeting	15/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
Awdur yr Adroddiad / Report Author	Bethan Marsh, Clinical Records Modernisation Manager
Cyflwynydd yr Adroddiad / Report Presenter	Matthew Swarfield, Head of Clinical Admin Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Director of Digital Digital and Data Committee	21/02/2024	To be presented

Acronyms / Glossary of Terms	
POW	Princess of Wales Hospital
HRMAG	Health Records Managers' Assurance Group
IGMAG	Information Management Assurance Group



1. Situation /Background

1.1 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 and activity
- Medical Records incidents
- Record storage at Princess of Wales
- Digitisation of patient records
- Records Retention and Destruction

Information in this report relates purely to general hospital medical records and the maternity record, unless stated otherwise.

2. Specific Matters for Consideration

2.1 Missing medical records and management of these incidents

There are currently **63** missing records known to the Medical Records Department.

Number	Situation	Supposed location	Action
37	Apparent misfiles or tracking failures	Williamstown Hub	Periodic searches ongoing
25	Location unknown	Various hospital areas	Periodic checks ongoing
1	Sent to Offsite store without logging box number	Llangennech Offsite Store, Llanelli	All practical checks undertaken to date. Future checks may locate.

This information is provided from reports made to the senior Medical Records Team. Reporting of missing casenotes have improved, hence the increase in number. These records have been missing over a wide time period, with some cases dating back to 2008. There may be other records missing, of which the team are currently unaware.

2.2 CASENOTE AVAILABILITY AUDITS



Audits are now performed monthly. Results of January audits are as follows:

Outpatient Audit results are below. The target is for all notes to be available 24 hours before clinic:

MEDICAL RECORDS CASENOTE AVAILABILITY AUDIT - OUTPATIENTS								January 24	
Clinic Date	Consultant	Speciality	Site	No of pts	No of Distinct cases	No. of paper casenotes	Casenotes available < 24 hours before clinic	Casenotes unavailable 24 hours before clinic	% availability
22/01/2023	Mr D Smith	ENT	YCR	9	3	6	9	0	100.0%
18/01/2024	Dr Li	Dermatology	POW	15		14	15	0	100.0%
29/01/2024	Dr Mardi Hamra	Cardiology	DSH	10	9	1	10	0	100.0%
18/01/2024	Mr Gareth Brown	Urology	PCH	26	21	5	26	0	100.0%
02/02/2024	Prof. Robertson	Neurology	RGH	12	8	4	12	0	100.0%
Totals				72	41	30	72	0	100.0%

Inpatient audits are as follows. The target is to provide records for acute admissions within 24 hours. Records for RGH wards are supported by Medical Records. Other sites are supported by ward staff.

CASENOTE AVAILABILITY AUDIT - INPATIENTS						Jan-24			
Admission Date	Ward	Hospital	No. of patients on ward	Digitised Notes - instant availability	Paper Notes	Paper casenotes available < 24 hours of admission	Paper notes unavailable < 24 hours of admission	% available	% unavailable
16/01/2024	3	RGH	28	17	11	22	6	78.6%	21.4%
25/01/2024	10	POW	28	0	28	13	15	46.4%	53.6%
19/01/2024	12	PCH	23	13	10	23	0	100.0%	0.0%

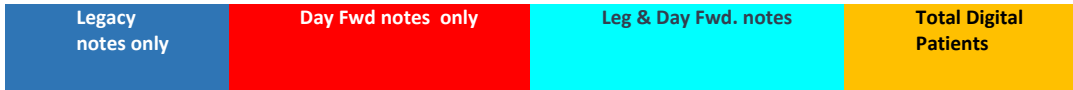
2.3.1 Paper casenote and Digital Records movement

Work related to record movements in and out of the Medical Records Libraries is shown below.

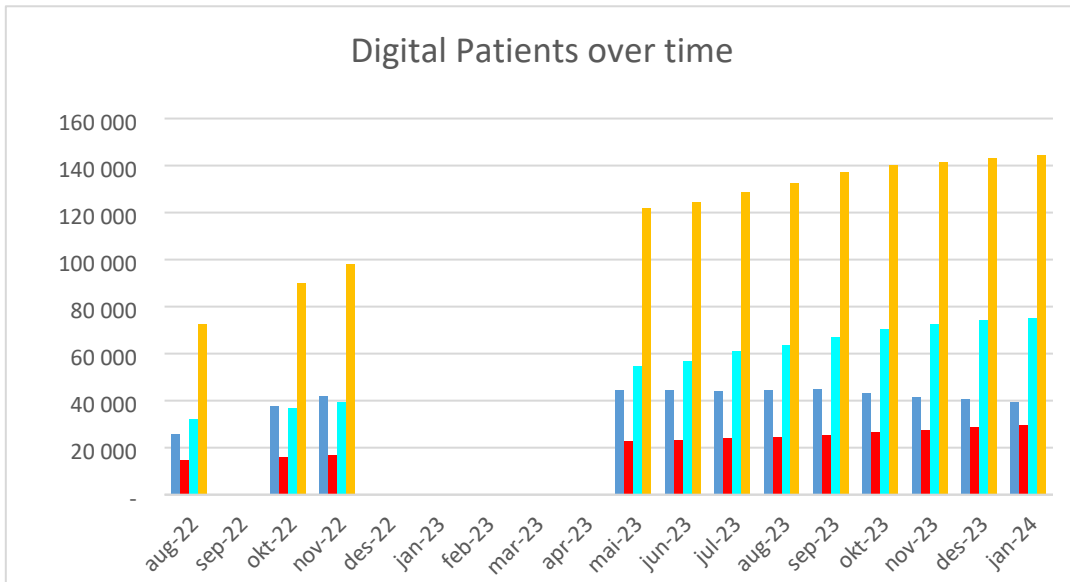


Williamstown Records Hub

Digital patients - there are 144,477 digital patients as at 1/2/24.



The number of records moved changes in line with the progress of digitisation. No data is available from November 22 to April 23. The details are as follows:





2.3.2 Casenote movement at Williamstown Records Hub

	Hub casenote interventions / movements	Sep 20 Bench-mark	Feb-23	Mar-23	Apr-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Paper records	Live Records	56,510	23,054	25,024	25,374	26,157	27,249	22,283	20,336	17,832	19,392	20,042
	Archive Records	2,354	2,078	1,544	11,394	1,433	1,584	1,536	1,040	887	911	1,078
	Deceased Records	1,483	483	1,521	1,567	202	685	1,606	1,843	2,400	604	5,392
	Maternity Records	1,453	46	1,269	4,041	728	806	544	600	530	934	692
	Quarantine (oversized records)	141	0	-	-	146	153	-	8	18	1	8
	Destroyed paper records (retention period expired)							3,496	7,199	1,194	306	5,465
Scanned Legacy	GBS Commercial Scan Bureau.	0	5,207	31,649	26,717	34,893	29,612	10,040	4,202	-	-	1,160
Digital (skinny) folders)	CTM Day Forward Scanning Bureau	0	34,618	49,051	30,251	5,852	13,225	34,174	41,588	37,242	31,579	38,854
	Fast Track CTM Scanning 999FC	0					3,695	2,732	3,146	2,983	2,477	3,261
	CTM Legacy Scanning Bureau									100	37	100
	Total	61,941	65,486	110,058	99,344	69,411	77,009	76,411	79,962	63,186	56,241	76,052

The 48 hour scanning target for new record documentation has been met consistently since 18/4/23. CTM staff have completed this work since June without commercial support. Demand and performance is monitored constantly.

Commercial digitisation work ceased in early October 23. However, some outstanding images of deceased records are still being delivered and quality checked at present; this is being managed with the supplier and is an ongoing time commitment for the Hub team to undertake the quality work. The internal CTM scanning bureau is focussed on day forward scanning, therefore legacy scanning is minimal for the time being. The decision on whether to extend the contract for the Digital Patient Notes software from March 24 is still being considered; the recommendation is to renew for 2 years, to allow time to consider future plans and potential systems for digital notes in the long term.

2.3.1 Casenote movements supported by the Princess of Wales Medical Records Team

Data is now being captured regarding work done by the Medical Records Team at the Princess of Wales Hospital. This group manages record retrieval, filing, archive and destruction at the Princes of Wales Hospital Library, Glanrhyd Library and the Bridgend Industrial Estate Offsite Library. It should be noted they still retrieve and receive notes for Swansea Bay Hospitals, due to the historic arrangement at the former ABUHB, whereby a patient's case number determines where the casenote should be filed, rather than the locality where the patient lives, or where they have attended. Due to space constraints at both organisations, it is not presently possible to retain notes of all Bridgend residents, nor to repatriate all non-Bridgend residents, so as to ensure all Records are for Cwm Taf Morgannwg patients alone. This would be a major exercise that would require careful planning and considerable staff and financial resource, working in conjunction with colleagues at Swansea Bay UHB.



	LIBRARY INVENTORY	total activity tot act	
LOCATION DESCRIPTION	inventory Dec	Dec-23	Jan-24
ARCHIVE TOTAL	121,619	1,601	2,593
DECEASED TOTAL	11,871	340	673
LIVE TOTAL	173,826	46,732	35,024
TOTAL - ALL CATEGORIES	307,316	48,673	38,290

There are no digital patient records at Princess of Wales. Digitisation cannot commence until as single CTM-wide WPAS is available and the staffing and resource infrastructure is available. Clinicians in Bridgend are able to view digital records for patients who have attended the Merthyr, Cynon, Rhondda and Taff Ely sites, via the Cwm Taf instance of the Welsh Clinical Portal, but Bridgend records for these patients are still recorded in paper form.

2.4 MEDICAL RECORDS INCIDENTS

2.4.1 22 new incidents involving the Medical Records Department or patient records have been reported via Datix since October 23. 2 were trips/falls with no apparent cause and no injury or harm sustained. No hazards were identified in either case.

The remaining 2- were Datix reports relating to the casenotes officially recorded as missing. As stated previously, ongoing searches are made for these records.

2.4.2 Misfiled/Mis-identified patient documents

There were **749** incidents of misfiled/misidentified patient documents found in October 23 to January 2024. The current total discovered from October 22 to September 23 is now **3,451** instances.

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, the documentation 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.

2.5 RECORD STORAGE AND RETENTION

2.5.1 Princess of Wales and Bridgend record storage areas

Libraries are now full to capacity with particular issues being faced in all areas. The racking in the POW Library and the offsite storage unit breaks repeatedly, due to overloading, preventing access to records and requiring repeated repair. 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 further, due to the lack of storage space to repatriate these notes into core areas.

Some work has been undertaken to identify any deceased patient records that can now be destroyed legally, given ongoing retention restrictions. This permitted 640 boxes of notes to be transferred out of Glanrhyd Library to Llangennech offsite store, allowing room to transfer notes from POW and Bridgend Unit 32 Offsite store into Glanrhyd. This was a complex and resource-intensive exercise, involving staff from the Records Hub and POW for 2 weeks, handling and transporting a total of @1,000 boxes of records between Bridgend, Williamstown and Llangennech Offsite Store.

In January 24, a further 320 boxes were transferred from Glanrhyd and 320 boxes repatriated from Llangennech to Williamstown to destroy. This was another 1-week resource-intensive exercise and is only a temporary alleviation of the storage pressure. Work continues to re-distribute notes safely around the available space. Time taken to achieve has an adverse impact on the daily roles of the staff involved, but the safety concerns make this a necessary task.

Storage solutions to avoid a recurrence of past problems will need exploration in the coming months. Conversations have taken place to inform short, medium and long term solutions to this issue. The short term relates to any available additional storage options in Glanrhyd; medium term will explore any storage options in the new Llantrisant Health Park as part of the design of the newly acquired BA buildings;

in the long term we will begin to explore the options around digitising Bridgend patient case notes and what will be required to undertake this.

2.5.2 Records Retention and Destruction

The Infected Blood Inquiry 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, the Records Management Code of Practice, re-issued by Welsh Government in 2022, states that records should be retained for 20 years for patients with “long-term conditions”. The usual retention period for adults is 8 years after care has concluded, in most cases. No qualification of such conditions is provided.

Members of the HRMAG have engaged with the following bodies for clarity and for clinical, legal and professional advice on the retention requirements:

- Medical Directors All Wales
- The Information Commissioner’s Office
- The National Archives
- Digital Transformation England
- NWSSP Legal & Risk
- Institute of Health Records and Informatics Managers

All were clear that there is no statutory or legal requirement or obligation to extend the retention period. Medical Directors were satisfied that there is no clinical requirement to extend the retention period. Advice has been provided by NWSSP Legal & Risk that there is no legal basis to retain such records for 20 years instead of the previous 8 years. It has been concluded that confusion arose when the Code of Practice was converted from the English version to the Welsh version.

The All-Wales Health Records Managers Advisory Group has therefore prepared a joint response to Welsh Government, recommending that the Code of Practice be updated to reflect that the GP/Primary Care record is the primary record for 20 year retention of this information on long-term conditions, rather than the secondary care record.

Adopting this approach would bring Wales (and England) into line with Scottish guidance; the English guidance currently available (which was adapted for Wales) is contradictory and appears to agree

with the Scottish model in some sections but not others. HRMAG members are therefore advising that retention and destruction work resumes, without retention of long-term health conditions. A future paper with more detail will also be presented to the Information Governance Group and for the Digital and Data Committee for reference.

3. Key Risks / Matters for Escalation

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's record is incomplete 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.

3.2 Risk – Records Storage across CTM

Record storage at Bridgend sites remains a significant and recurrent risk, with storage areas now overcrowded once more. Record storage pressures in other areas outside the Hub and the remit of the wider Medical Records Department continue to escalate, due to records growth and the inability to destroy legally as required. Clarity of retention guidance and the availability of staff resource therefore remain key, but additional storage space has now become essential in the meantime. Digitisation has been cited within the BJC as the only effective measure to address this effectively, whether by scanning, development of digital forms instead of paper, or both. As stated, the commercial scanning work has now halted with effect from mid-October. The position is likely to deteriorate further and continue to be reported at future meetings.

3.3 Risk – Digital Records Strategy

The current strategy is still under review, pending work on storage pressures, progress on digital records and the financial position to progress digitisation. The BJC sets this out in detail, along with the red risks of not progressing. As the decision has been reached to halt

commercial work due to financial constraints and electronic forms have not progressed as planned at the outset, work needs to be completed to clarify the position of digital records for clinical care and is therefore central to the next steps.

3.4. Risk – Retention and Destruction

Given clarification of guidance and professional advice received, members of the HRMAG are therefore advising their individual Health Boards that all due diligence has been completed to clarify the retention requirements. As Health Records Professionals, we advise that the pre-existing retention periods will be retained across Wales and our intention is that work will commence to resume legal destruction processes at the soonest opportunity, within the staffing resource available. Note that progress will be slow as destruction has been halted for over 5 years and staff will have taken on alternative tasks in the interim. A separate paper containing more detail is attached here.

The Information Governance Group of 15/2/24 is therefore asked to advise on the appropriate route to approve this approach within CTMUHB. The outcome will be reported verbally at the subsequent Digital and Data Committee on 21/2/24.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable
	If more than one applies please list below:



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Timely provision of accurate information for patient care. Safe systems of identifying patient records and robust systems of record keeping.	If no, please include rationale below:
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:



Cyfreithiol / Legal	Yes (Include further detail below)	
	General Data Protection Regulations	
Enw da / Reputational	Yes (Include further detail below)	
	Risk of reputational demand to the digital agenda by reverting to paper notes/ processes.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	Staff revenue costs of managing records storage and growth pressures across all areas	

5. Recommendation

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 risk related to the Digital Record strategy, related financial position and planned Clinical Safety Review.

6. Next Steps

- Work to address records storage issues in Bridgend locations, POW Medical Records and Offsite storage.
- Continue our digital records strategy in line with direction from executive board
- Prioritisation of workforce allocation to ensure business as usual functions across our medical records and booking function as a result of the financial position the health board faces.



Agenda Item

6.1

Digital & Data Committee

Digital & Data IMTP Update

Dyddiad y Cyfarfod / Date of Meeting	21/02/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Stuart Morris, Director of Digital
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		

Acronyms / Glossary of Terms	
ICO	Information Commissioners Office
IG	Information Governance











1. Situation /Background

- 1.1 The purpose of this report is to update the Committee on the development of the Digital and Data elements of the Integrated Medium-Term Plan for 2024-2027.

2. Specific Matters for Consideration

- 2.1 The Health Board's Digital Health Vision sets out that: The Health Board will aim to become a digital exemplar within NHS Wales, as an innovator and early adopter of digital technologies and approaches, to enhance care quality, better engage with patients and deliver sustainable services.
- 2.2 To achieve this vision and ambition, the Health Board is currently reviewing its strategy for an Integrated Care Record.
- 2.3 A Board Development Session is planned for March 2024 to consider the approach to achieving an Integrated Care Record.
- 2.4 The development of our Digital and Data capabilities underpins our ambition to provide integrated care around the patient, improving our information and identifying what will have the most impact on improving our population's health and wellbeing.
- 2.5 Our approach is designed to enable working across the artificial boundaries of hospital and community, with services integrated and seamless, with health, social care, and other professionals being able to work supported by common, reliable, up-to-date information. It is also a critical enabler to our ambition to improve our communities' health and wellbeing through preventative and predictive population health measures.

2.6 The Digital and Data strategic solutions are as follows:

1	 Digital health board	Digitising the processes across the health board that support patients and employees across all care settings, removing manual effort, eliminating paper and capturing valuable, reusable data as standard
2	 Insights-driven healthcare	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3	 Single patient view	Managing a single, digital view of a patient's care and history across Primary, Community and Secondary services, improving patient centric care, reducing delays in information seeking and removing re-keying errors
4	 Intelligently integrated healthcare	Intelligently integrating processes and systems, providing two-way communications across silos and implementing smart workflow to automate key process interactions across care settings, removing manual effort and baking in zero-error processing
5	 Digital workforce	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6	 Adoption and exploitation	Providing the resources, structures and toolkits to properly manage identification, implementation and adoption of new solutions; and supporting staff in exploiting the systems they have access to
7	 Managing innovation	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8	 Digital enablers	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy

2.7 For 2024/2025, the Digital & Data Committee are committed to a series of national programmes as well as trying to maintain an aging infrastructure and develop some of the Health Boards specific initiatives.

2.8 A comprehensive Infrastructure Review in 2022 has identified significant requirements that need investment if the Health Board is to mitigate and remove its existing infrastructure risks.

2.9 Given the significant financial constraints across the entire system in NHS Wales, it is recognised that allocation of additional funds for Digital & Data carries a substantial risk.

2.10 Capacity constraints continue to exist across all disciplines within the Digital and Data Directorate, but progress has been made for compliance functions such as Information Governance and Cyber Security, and Data and Analytical delivery.

2.11 The Health Board will continue to meet its statutory and legal requirements, for example Information Governance / ICO Action Plan & Cyber Improvement Plan.



- 2.12 The Health Board needs to secure funding for continuation of the status quo regarding the Digitisation of Patient Notes.
- 2.13 The Health Board has withdrawn from the national programme for Critical Care. A local solution is now being planned.
- 2.14 The Health Board continues to work with the national programme for Community Care, although acknowledges it may need to find a local solution depending on what happens with the national programme and revised business case.
- 2.15 The existing Patient Self Check-in solution becomes end of life in the Summer of 2024.
- 2.16 The Health Board has been notified of a significant increase in the licencing costs for Citrix. The Health Board is one of the largest consumers of the Citrix solution in NHS Wales. The Digital Delivery are currently mitigating this cost increase.
- 2.17 The Health Board is developing a business case for Patient Centred Contact that will be submitted to Welsh Government.
- 2.18 The Health Board needs to determine what funds are available to support the digital agenda from 2024/2025.
- 2.19 The Health Board will finalise its plan and present to the Planning, Performance and Finance Committee on 13 March 2024.
- 2.20 The key elements of work identified for the new plan are as follows:

National and Regional Programmes

- Digital Medicines – ePrescribing for Secondary Care
- Laboratory and Radiology Replacement
- Continued development of our capabilities to support the Local and National Data Resource (NDR)
- Regional working / Llantrisant Health Park
- Data sharing across organisational boundaries

Local Developments & Initiatives

- Development of a Strategic Delivery Plan for an Integrated Care Record
- Alignment of Systems across the Health Board (including Bridgend alignment) & Core Infrastructure Replacement
- Patient Centred Contact Programme
- Maximising existing tools – electronic test requesting, patient referrals, eForm development
- Improving our data acquisition methods
- Developing our transition plan from the current Business Intelligence Platform
- Sharing of data across Primary and Secondary Care
- Maximise the rollout of Office 365 and its related tools
- Improve Digital Literacy

3. Key Risks / Matters for Escalation

- 3.1 Availability of funds to address immediate pressures for the following:
- Critical Care
 - Community Care, in particular Mental Health
 - Patient Self Check-In
 - Digitisation of Patient Notes
 - Citrix
- 3.2 Confirmation of available investment from 2023/2024 & SLA Reduction from Swansea Bay University Health Board
- 3.3 Investment Decision required for the Patient Centred Contact Programme

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
Dolen i Hwyluswyr Ansawdd	Leadership

Objectives / Strategy	
<i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Effective
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	N/A	
Enw da / Reputational	Yes (Include further detail below)	
	Continuing the delivery of Digital & Data as a Profession	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Resources required to strengthen Digital & Data at all levels	

5. Recommendation

5.1 The Committee are requested to Note the contents of the report

6. Next Steps

6.1 Continuing the evolution of the Digital & Data function

DIGITAL & DATA COMMITTEE – FORWARD WORK PLAN 2024				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Requested via email.	Additional Item	Spotlight: e-prescribing	Assistant Director of Digital Transformation	14 th November 2023
Requested at agenda planning meeting September 23	Additional Item	Internal Audit Report - Infrastructure Management	Director of Digital	14 th November 2023
Requested at agenda planning meeting September 23	Additional Item	Spotlight: Cyber Assessment Framework	Assistant Director for Data and Compliance	14 th November 2023
Annual Cycle of Business	Annual Item	Annual Cycle of Business 2024-25	Director of Corporate Governance/Board Secretary	12 th March 2024
Annual Cycle of Business	Annual Item	Committee Annual Report 2023-24	Director of Corporate Governance/Board Secretary	21 st May 2024
Annual Cycle of Business	Annual Item	Outcome of the Committee Self Effectiveness Survey 2023-24	Director of Corporate Governance/Board Secretary	28 th August 2024
Requested at agenda planning meeting 15 January 2024	Additional Item	Spotlight Topic: Digital from the Primary Care perspective	Director of Digital	21 st May 2024

Completed Activity from the Forward Work Plan:				
Requested at Agenda Planning Meeting for September 2023	Additional Item	Internal Audit Report – Performance Management	Director of Digital	Completed - 12 September 2023
Annual Cycle of Business	Annual Review by Committee	Committee Self Effectiveness Survey Outcome	Assistant Director of Governance & Risk	Completed - 12 September 2023
Requested at Agenda Planning Meeting for September 2023	Additional Item	Breach Analysis for Subject Access Requests	Chief Information Officer	Completed - 12 September 2023
Requested at Agenda Planning Meeting for September 2023	Additional Item	Internal Audit Report – Performance Management	Director of Digital	Completed - 12 September 2023
Requested at Agenda Planning Meeting for June 2023	Ad-Hoc Item	Spotlight: NHS Wales APP		Completed - 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	Completed - 12 June 2023
Requested at Agenda Planning	Additional Item	ICO Audit Action Plan Progress Report	Chief Information Officer	Completed - 12 June 2023

Meeting for June 2023				
Annual Cycle of Business	Annual Report received by Committee	Draft Committee Annual Report	Assistant Director of Governance & Risk	Completed - 12 June 2023
Requested at Agenda Planning Meeting	Additional Item	Digital Whiteboards Presentation	Director of Digital	Completed -13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Bridgend Disaggregation	Chief Information Officer	Completed - 13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Infrastructure Review – management Response Update	Director of Digital	Completed - 13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Medical Records - Peer Review	Director of Digital	Completed - 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	Completed - 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	Completed - 19 December 2022
Requested at agenda	Additional Item	Grant Thornton – Clinical Information Review – presentation	Director of Digital	Completed - 19 December 2022

planning meeting				
Requested at agenda planning meeting	Additional Item	Patient Centred Contact Highlight Report	Director of Digital	Completed - 19 December 2022