

# Digital and Data Committee Meeting

Tue 21 May 2024, 09:30 - 12:00

Microsoft Teams

## Agenda

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### 09:30 - 09:35 **1. PRELIMINARY MATTERS**

5 min

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

*Ian Wells, Chair*

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

*Ian Wells, Chair*

#### **1.3. Declarations of Interest**

*Ian Wells, Chair*

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### 09:35 - 09:45 **2. CONSENT AGENDA**

10 min

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

##### **2.1.1. Unconfirmed minutes of the meeting held on 21 February 2024**

*Approval Ian Wells, Chair*

 2.1.1. Unconfirmed Minutes Digital and Data Committee 21 February 2024 (v2).pdf (10 pages)


##### **2.1.2. Unconfirmed minutes of the IN Committee meeting held on 21 February 2024**

*Approval Ian Wells, Chair*

 2.1.2. Unconfirmed IN Committee Minutes 21 February 2024 (v2).pdf (2 pages)

##### **2.1.3. Committee Annual Report 2023-24**

*Cally Hamblyn, Assistant Director of Governance & Risk*


 2.1.3. Digital and Data Annual Report 2023-24 Cover Report 21 May 2024.pdf (3 pages)

 2.1.3.a. Appendix 1 - Digital and Data Annual Report 21 May 2024.pdf (7 pages)

#### **2.2. Items for Noting**

##### **2.2.1. All Wales Independent Member Digital 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. Committee Annual Cycle of Business 2024-25**

*For Noting Cally Hamblyn, Assistant Director of Governance and Risk*

 2.2.2. Digital and Data Committee Annual Cycle of Business 2024-25.pdf (2 pages)

### 2.2.3. Committee Forward Work Plan 2024-25

For Noting *Cally Hamblyn, Assistant Director of Governance and Risk*

 2.2.3 Forward Work Plan - DDC 21 May 2024.pdf (4 pages)

### 2.2.4. Action Log

Information *Ian Wells, Chair*

 2.2.4. Action Log Digital and Data Committee 21 May 2024 SM approved.pdf (2 pages)

### 2.2.5. Digital Operating Model - Final Internal Audit Report

For Noting *Stuart Morris, Director of Digital*

 2.2.5. CTM2324 24 digital model Follow Up final IA Report.pdf (10 pages)

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## 09:45 - 10:15 3. MAIN AGENDA

30 min

### 3.1. Matters arising not otherwise contained on the action log

Discussion *Ian Wells, Chair*

### 3.2. Spotlight Topic - Update on National Application Programmes

Discussion *Stuart Morris, Director of Digital*

Slide Set to follow

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## 10:15 - 10:50 4. GOVERNANCE

35 min

### 4.1. Organisational Risk Register

Discussion *Cally Hamblyn, Assistant Director of Governance and Risk*

 4.1a Org RR May 24 - Cover Paper DDC.pdf (6 pages)

 4.1b App 1 - Master Org RR- Final May 24.xlsx (3 pages)

### 4.2. Information Governance Group Highlight Report

Discussion *Andrew Nelson, Head of Information Governance*

 4.2a Information Governance Highlight Report DDC 21 mAY 2024.pdf (8 pages)

### 4.3. Digital & Data arrangements for the new Joint Commissioning Committee - Verbal Update

Discussion *Gareth Watts, Director of Corporate Governance*

### 4.4. Digital Future Ways of Working at Board Committee Level

Discussion *Stuart Morris, Director of Digital*

This item was requested in response to the new Committee structure.

 4.4 Governance Structures DDC 21 May 2024.pdf (6 pages)

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## 10:50 - 11:30 5. IMPROVING CARE

40 min

## 5.1. Digital and Data Assurance Report

*For Noting*                      *Karen Winder, Assistant Director of Digital Systems*

 5.1 2024\_05\_21 DDC PublicCommittee - Digital and Data Assurance Report.pdf (14 pages)

## 5.2. Medical Records Assurance Report

*For Noting*                      *Matthew Swarfield, Head of Clinical Admin Transformation*

Update Members on the position in regards to the destruction of Records.

 5.2 2024\_05\_21 DDC PublicCommittee - Medical Records Assurance Report.pdf (19 pages)

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## 11:30 - 11:50    6. SUSTAINING OUR FUTURE 20 min

### 6.1. Clinical Coding AI Enabled Transformation Programme

*For Noting*                      *Lisa Cartwright, Head of Coding & Keiron Oshea, Data Scientist*

 6.1 DDC PublicCommittee - Clinical Coding AI Enabled Transformation Programme.pdf (8 pages)

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## 11:50 - 11:50    7. Items to be discussed at IN Committee Meeting 0 min

The following business sensitive items are to be discussed in the closed session:

- Cyber Improvement Programme
  - External Audit Report - Cyber Resilience - Cyber Assessment Framework
  - Organisational Risks relating to Cyber and Infrastructure Resilience
  - Digital Critical Incidents
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## 11:50 - 12:00    8. OTHER MATTERS 10 min

### 8.1. Committee Highlight Report to Board

*Discussion*                      *Ian Wells, Chair*

### 8.2. Any Other Urgent Business

*Discussion*                      *Ian Wells, Chair*

### 8.3. How Did We Do Today?

*Discussion*                      *Ian Wells, Chair*

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## 12:00 - 12:00    9. DATE AND TIME OF NEXT MEETING - 28 August 2024 at 9:30AM 0 min

**Agenda Item Number: 2.1.1**

**Unconfirmed Minutes of the Meeting of Cwm Taf Morgannwg  
University (CTMUHB) Digital & Data Committee Held on  
Wednesday 21 February 2024 via Microsoft Teams**

**Members Present:**

Ian Wells	Independent Member (Chair)
Lynda Thomas	Independent Member (Vice Chair) (In Part)
Carolyn Donoghue	Independent Member
Kath Palmer	Vice Chair

**In Attendance:**

Stuart Morris	Director of Digital / Senior Information Risk Owner
Andrew Nelson	Assistant Director of Data Intelligence & Compliance
Steve Macdonald	Assistant Director for Digital Delivery
Suzanne Rodgers	Assistant Director of Digital Transformation
Karen Winder	Assistant Director of Digital Systems
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
Christian Smith	Lead Informatics Nursing Specialist
Paul Chilcott	Lead Infrastructure Architect / Interim Head of Cyber, ICT Department
Cally Hamblyn	Assistant Director of Governance and Risk
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:

- Dominic Hurford, Executive Medical Director

It was noted that Lynda Thomas, Independent Member would be joining the meeting later in the agenda.

**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 14<sup>th</sup> November 2023**

The minutes were **APPROVED** as an accurate record.

#### **2.1.2 Unconfirmed Minutes of the In Committee Meeting held on 14<sup>th</sup> November 2023**

The minutes were **APPROVED** as an accurate Record.

### **2.2 FOR NOTING**

#### **2.2.1 Action Log**

The Action Log was **NOTED**.

## **3. MAIN AGENDA**

### **3.1 Matters Arising Not Otherwise Contained on the Action Log**

There were no matters arising to report.

### **3.2 Spotlight: Patient Centered Contact Presentation**

S Morris introduced the presentation drawing member's attention to previous discussion around the opportunity to undertake transformational activity around patient centered contact and the experience of how patients interact with the Health Board. He stressed that the Digital Team are very much in the design phases with this activity and measured expectations by recognising the significant investment which would be needed.

S Rodgers followed S Morris's introduction with a detailed presentation setting out the progress of transforming patient contact and medical records within the Health Board and how the vision for the activity aligned with the strategic goals of the organisation including the Acute Clinical Services Plan and the digital enablers required.

In concluding the presentation, S Morris reiterated the investment challenges, noting that resource requirements span wider than the Digital and Data Directorate.

C Donoghue sought clarification on the role of Digital Health & Care Wales (DHCW) in the programme resource and if the activity had been benchmarked against other Health Boards. In response, S Rodgers advised that

benchmarking activity is underway in terms of business modelling. S Morris also added that whilst this will be picked up in the Board Development Session in March, it is important to note that the Health Board has undertaken a digital maturity assessment in the last 12 months, the outcome of which resulted in NHS Wales organisations assessed at the lower end of the spectrum at either a score of one or zero, CTM came out with a zero score. A comparable benchmark across NHS Wales was recognised, particularly in relation to patient centred contact.

S Morris also reflected on the role of DHCW using the example of how they host the NHS Wales App so take a lead in that area, however, in terms of some of the specific areas of work captured in the presentation these are very much locally lead.

I Wells raised the matter of funding differences across Health Boards in England in comparison to the Health Boards in Wales. S Morris advised Welsh Government commissioned an evidence based assessment on the expenditure and that the Health Board is actively supporting the assessment.

K Palmer reflected on the cultural shift in digitalisation since the Covid-19 pandemic where the reliance on digital platforms significantly increased resulting in less reliance on printed records etc. however, she also acknowledged that whilst there has been a change she has received feedback from front line staff expressing a concern around their trust and confidence in relying upon digital systems with a risk they may fail or that by digitalising systems and processes jobs would be affected.

In response, S Rodgers assured the Committee that the team are acutely aware of this challenge and striking the right balance, she recognised the significant journey the Health Board are embarking upon. She emphasised that the focus will be on the patient and the process which naturally identifies efficiencies that provides staff with the time to focus more on the patient experience.

S Morris assured the Committee that the Digital team are ensuring that they are more visible across the sites to hear the experiences first hand and work with colleagues to respond to concerns.

R Bleasdale also commented on the importance of ensuring trust in the system and that it is right for its users. C Smith added there is a willingness to modernise and digitise, the concern raised is in terms of the pace of rolling out an effective and efficient digital infrastructure.

In terms of digital investment prioritisation, S Morris confirmed that it would be considered within the Integrated Medium Term Plan (IMTP) development over the following weeks, he advised it would not be a quick process given the capacity and capability challenges faced. Furthermore, S Morris reported that Welsh Government have identified funds to support this area of activity and

that the Health Board will have an opportunity, amongst others, to submit a bid to access these monies to support this programme of work.

Further discussion was held on the benefits and challenges of a digital single point of contact method and embedding digitisation methods to their fullest advantage to streamline systems and processes.

The Committee welcomed the presentation and the discussion that followed and thanked colleagues for the progress being made.

Resolution The Committee **SUPPORTED** the direction of travel being taken to develop patient centred contact.

Action S Morris agreed to provide members with an update on the opportunity to bid for funds held by WG to support the patient centred contact programme of work at the next Committee meeting.

#### 4. GOVERNANCE

##### 4.1 Organisational Risk Register

C Hamblyn presented the Organisational Risk Register drawing attention to the updates in the cover paper and those highlighted in red in the appendix to the report.

C Hamblyn updated the Committee on the work she and S Macdonald are undertaking to ensure all digital risks are in the Datix System and escalated to the Organisational Risk Register as appropriate. She noted that the Organisational Risk Register is currently in the process of being updated for March and will be received by Board Committees thereafter, once approved by the Executive Leadership Group.

I Wells drew attention to risk 5276, the implementation of Laboratory Information Management System (LIMS), and queried if the actions remained on target. In response, it was noted that this would be discussed at agenda item 5.1a.

Resolution The Committee **REVIEWED** the report and sought assurance on the risk mitigations as appropriate.

##### 4.2 Digital Risk Register

S Macdonald presented the report that asked the Committee to consider whether the progress being made to mitigate the risks is commensurate with the Board's risk appetite to take a cautious approach to Digital and Data risks. The Committee were asked to consider whether the proposal that the Health Board continues to actively treat the risks rather than accept, transfer etc. remains appropriate.

I Wells, sought assurance that once the activity C Hamblyn highlighted in agenda 4.1 had been completed that the risk register will be a single item reported in the same Datix format including mitigating action plans. In response, C Hamblyn and S Macdonald confirmed that it would and asked the Committee to afford them some time to transition fully.

A Nelson expressed concern that where risks are not scored at a level that would meet the threshold for escalation to the organisational risk register would an opportunity to identify a potential high risk be missed where a combination of low scoring risks could indicate a strategic risk to the organisation. In response, C Hamblyn assured the Committee that the Digital Team will continue to have full oversight and management of all digital risks on Datix, regardless of their score, to undertake such analysis and consider risks for escalation to the organisational risk register or the Board Assurance Framework.

I Wells referred to the recommendation within the report for the committee to consider the current approach to risk treatment of the digital risks. C Hamblyn added that risk treatment is a further area of development for the Health Board as there is a tendency to continue to treat a risk where it might require escalation in terms of considering whether it could be transferred, tolerated or accepted. S Morris suggested that each risk is reviewed further offline to consider the current mitigation and that it presents an accurate reflection of the position across the Health Board.

Resolution The Committee **REVIEWED** the risks escalated and **CONSIDERED** the actions being taken to mitigate the risks.

Action The Digital Team to undertake a thorough review of all current digital risks.

### 4.3 Information Governance Group Highlight Report

A Nelson, presented the highlight report and provided 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.

A Nelson drew attention to challenges the Information Governance Team encounter in improving levels of compliance, in particular he noted contributory factors as a non-integrated care record and insufficient resource.

A Nelson was pleased to note that recruitment to all posts within the Information Governance Team had been successfully completed.

Furthermore, it was noted that since the return of the Head of Information Governance the progress against the Information Commissioners Office (ICO) action plan had surpassed expectations.

In addition, C Northwell-Todd expressed thanks to the Freedom of Information Officer, who has seen an unprecedented demand in terms of the volume of FOI requests (130 requests throughout January-February 2024), however, has maintained a high level of compliance.

The Committee welcomed an update from C Northwell-Todd where she advised there were no longer any outstanding complaints with the ICO, all concerns had been dealt with and work with the full team on being compliant for the last request in 28 days.

Furthermore, C Northwell-Todd recognised the work of the Information Governance Team in targeting any staff members of out of compliance with their Information Governance Training and how this is positively impacting compliance. The plan is to now move forward with targeting colleagues whose compliance is due to expire in 90 days.

I Wells, commended the team on the positive steps being taken to improve compliance in all areas of Information Governance.

Resolution The Committee **NOTED** the report.

#### **4.4 Information Commissioners Officer (ICO) Audit Action plan progress report**

S Morris provided a progress update in response to the recommendations made by officers of the Information Commissioner following their assurance visit in January 2022.

Following a recent follow up review, 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.

Whilst recognising the demonstrable progress, S Morris did acknowledge the continued residual risk that remains across the Health Board in ensuring it 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. Following a question from I Wells it was noted that these actions would be monitored at the Information Governance Group. C Northwell-Todd added that an 18 month programme of work has been developed to support the actions needed.

I Wells commended the team for the progress made, recognising the concerns expressed at the previous Committees around the risk of not completing this audit engagement process to the satisfaction of the ICO to the positive position it is now at.

Resolution The Committee **NOTED** the demonstrable progress made by the Information Governance Team.

#### 4.5 **Committee Annual Cycle of Business 2024-25**

C Hamblyn sought approval from Committee Members of the Annual Cycle of Business for the year ahead 2024-25.

C Donoghue identified an error in the frequency of the Cycle of Business and Committee Effectiveness Self-Assessment activity which C Hamblyn agreed to consider outside of the meeting.

In light of the current review of Board and Committee business, I Wells sought assurance that should the Digital and Data Committee business join another Committee would the legacy issues in terms of business and actions be transferred. In response, C Hamblyn assured the Chair that each Committee if subject to significant change, would have a legacy statement reflecting any business that needed to be carried forward into any new structure if agreed.

Resolution The Committee **APPROVED** the Annual Cycle of Business on the basis structure and phrasing be completed offline.

Action: Corporate Governance Team to review the cycle of business in terms of the frequency of the Cycle of Business and Committee Self-Assessment as currently reflected.

### 5. **IMPROVING CARE**

#### 5.1 **Digital and Data Assurance Report**

K Winder presented the report that provided an update on the following key areas:

- The projects both system and infrastructure completed within the year.
- The challenges with the current level of capital and revenue funding to sustain a digital programme.
- The increase of National systems without local business cases and funding.

I Wells commented that the report helpfully provided the Committee with a level of assurance in terms of the vast amount of activity underway for all the systems in CTM and how they are run.

K Winder reflected on the programme management of the ICT Bridgend Transition activity and ensuring that all infrastructure work and clinical systems alignment is on track by the end of March. She noted that the team are currently process mapping cardiology in Princess of Wales in preparation to moving users to the Cwm Taf Morgannwg system as part of the clinical system disaggregation. She commented that the infrastructure in place

provided the confidence to support the transition to disaggregate from the Swansea Bay University Health Board systems.

C Donoghue gave thanks to the team on the comprehensive report, as it highlighted the significant amount of work the Digital Team are involved in, developing and managing day to day. She praised the amount the team are achieving whilst having very limited resource. K Winder offered Members the opportunity to consider the areas of the report in more detail outside the meeting if they would find this helpful.

S Morris highlighted that the Digital Prioritisation Informatics Fund, three year cycle, is coming to an end, with this being the last year of the funding cycle, he noted that Welsh Government are exploring how they fund digital going forward, recognising the significant investment that is needed.

K Palmer sought assurance that the Digital Team are able to respond to any year end monies that may become available from Welsh Government. The Committee were assured that the team have a list of projects that could be delivered and receipted by mid-March should additional funding become available.

Resolution The Committee **NOTED** the report.

## 5.2 Medical Records Assurance Report

M Swarfield presented the report and outlined 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

I Wells drew attention to the continuing issues being experienced with the racking in Princess of Wales Library and offsite storage units. M Swarfield and S Morris explained that this is a risk and that there are a number of areas at full capacity and within Glanrhyd Library in particular, which are not fit for purpose. It was noted that digital colleagues are working with Estates and Facilities to identify temporary storage and consider the urgent solutions needed to resolve the issues on a longer term basis.

S Morris congratulated M Swarfield and his team for achieving the 48 hour scanning target for new documentation which has been met consistently since the 18<sup>th</sup> April 2023. S Morris advised that a decision as to whether to extend

the contract for Digital Patient Notes software from March 2024 is being considered.

The Committee discussed the update at 2.5.2 of the report relating to the destruction embargo being lifted regarding the Infected Blood Inquiry. It was noted that the Health Records Managers Assurance Group have considered this position and are advising that retention and destruction work resumes, without retention of long-term health conditions. S Morris advised that this matter remains under consideration and a report would be taken through the necessary forums within the Health Board in the coming weeks.

Resolution The Committee **NOTED** the report.

Action S Morris to ensure that an update on the position regards the destruction of records is brought back to the next Committee as part of the Medical Records Assurance Report.

## 6. SUSTAINING OUR FUTURE

### 6.1 Digital and Data IMTP update

S Morris presented the report and updated the Committee on the development of the Digital and Data elements of the Integrated Medium-Term Plan for 2024-2027.

I Wells referred to a statement that Cwm Taf Morgannwg were one of the significant users of Citrix across Wales, and queried if other organisations in NHS Wales were using an alternative system. In response, S Morris explained that for a significant period Citrix was considered a cost effective solution, however, as costs have increased there are other more cost effective methods introduced which has reduced the Health Boards dependence on using the existing infrastructure footprint for Citrix.

Following detailed discussion on the options being considered and the timeframes, S Morris assured the Committee that he will keep them informed of progress and also ensure this is captured in the upcoming Board Development Session, which is focussed on Digital, and that any decisions are aligned to the Digital Plans within the IMTP and CTM 2030.

Resolution The Committee **NOTED** the report.

## 7. OTHER MATTERS

### 7.1 Forward Work plan

There were no items identified for inclusion in the forward work plan.

## **7.2 Committee Highlight Report to Board**

I Wells advised that the Corporate 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 invited feedback from members either directly or via the Corporate Governance Team, suggesting this is received within the next two weeks.

## **8. DATE AND TIME OF NEXT MEETING**

The next meeting is scheduled for Tuesday 21<sup>st</sup> May 2024 at 9:30am.

## Cwm Taf Morgannwg University Health Board

### Unconfirmed Minutes of the "IN Committee" Meeting of the Digital and Data Committee held on 21 February 2024 virtually via Microsoft Teams

#### PRESENT:

Ian Wells	Independent Member (Committee Chair)
Kath Palmer	Vice Chair of the Health Board
Lynda Thomas	Independent Member (Vice Chair of Committee)
Carolyn Donoghue	Independent Member

#### IN ATTENDANCE:

Stuart Morris	Director of Digital
Andrew Nelson	Assistant Director of Data intelligence & Compliance
Paul Chilcott	Head of Cyber Security
Steve Macdonald	Assistant Director for Digital Delivery
Claire Northwell- Todd	Head of Information Governance
Cally Hamblyn	Assistant Director of Governance and Risk
Tyler Lewis	Corporate Governance Officer (Committee Secretariat)

## 1. PRELIMINARY MATTERS

### 1.1 Welcome and Introductions

The Chair welcomed everyone to the meeting.

### 1.2 Apologies for Absence

Apologies were received from:

- **Dom Hurford**, Medical Director
- **Robert Bleasdale**, Associate Medical Director for Digital Consultant Cardiologist

### 1.3 Declarations of Interest

No declarations of interest were received

## 2. CONSENT AGENDA

### 2.1 Unconfirmed IN-Committee Minutes of the meeting held on 14 November 2023

Resolution The minutes were **NOTED** and had been **APPROVED** by the Committee in the 'open' session of the meeting.

### **3. MAIN AGENDA**

#### **3.1 Matters arising not otherwise contained within the Minutes / Action Log**

There were no matters raised.

### **4. IMPROVING CARE / SUSTAINING OUR FUTURE**

#### **4.1 Cyber Improvement Programme**

P Chillcott presented the report that provided the latest update on progress in delivering of the Cyber Objectives and related risks.

Resolution The Committee **NOTED** the report and progress made in delivering the Cyber Improvement Programme and assessed the Health Boards plan effectiveness in mitigating risks.

#### **4.2 Digital Critical Incidents**

P Chillcott presented the report that provided the Committee Members with detail on the critical incidents that had occurred from February 2023 to January 2024.

Resolution The Committee **NOTED** the incidents and the Health Board's reliance on National Systems, which were changing due to realigned National hosting arrangements.

#### **4.3 Organisational Risk Register**

C Hamblyn presented the progress updates on two 'business-sensitive' cyber risks assigned to the Committee and therefore could not be considered in detail in the public meeting.

Resolution The Committee **NOTED** the risks.

#### **4.4 Clinical Coding AI Enabled Transformation Programme**

S Morris clarified that the report was not considered business sensitive and would be discussed in the 'open' meeting at the next Committee Meeting on 21 May 2024.

Resolution The Committee **NOTED** the clarification and agreed to receive the report at the next Committee Meeting.

### **5. CLOSE OF MEETING**

No further business was identified.

#### **DATE AND TIME OF NEXT MEETING**

The next meeting was scheduled for 21 May 2024 at 12:00PM.



**Agenda Item**

2.1.3

**Digital & Data Committee**

**Digital & Data Committee Annual Report 2023-24**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	21/05/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Tyler Lewis, Corporate Governance Officer
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

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

<b>Acronyms / Glossary of Terms</b>	



## 1. Situation / Background

- 1.1 Under Standing Order 10.2.3, each Committee of the Board is required to submit an annual report "*setting out its activities during the year and detailing the results of a review of its performance*".
- 1.2 This fourth annual report from the Digital & Data Committee details the activities and performance for the Committee for the reporting period 2023-2024.

## 2. Specific Matters for Consideration

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

## 3. Key Risks / Matters for Escalation

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

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Learning, Improvement & Research
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality</b>	Efficient
	If more than one applies please list below:



<i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <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
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not required
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <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 is asked to **ENDORSE FOR BOARD APPROVAL** the Committee Annual Report for 2023-2024.

## 6. Next Steps

6.1 If approved by the Committee the Annual Committee Report will be received by the Board for approval at the next available meeting

# **DIGITAL & DATA COMMITTEE**

## **(Draft) Committee Annual Report 2023-2024**

## **FOREWORD**

I am pleased to present the second Annual Report of the CTMUHB Digital & Data Committee which outlines the activity between the periods 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024.

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

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

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

I commend the 2023-2024 Digital & Data Committee Annual Report to you.

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

## **Digital & Data Committee Annual Report 2023 -2024**

### **1. Introduction**

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between the periods April 2023 - March 2024 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed and approved at its March 2024 meeting and is a key component in ensuring that the Committee effectively carried out its role.
- 1.3 This report reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with regard to digital and data issues.

### **2. Role and Responsibilities**

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

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

### 3. Agenda Planning Process

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

### 4. Operating Arrangements

4. The Terms of Reference and Operating arrangements were most recently approved by the Board in February 2024 and are available via the following link: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)
- 4.2 Whilst the Committee Cycle of Business (which was most recently approved in March 2024), the agenda for each meeting is sufficiently flexible to allow the Committee to consider any emerging issues as necessary.

### 5. Membership, Frequency and Attendance

- 5.1 The terms of reference of the Committee state that the Committee should consist of a minimum of **four** members of the Board details of which are set out on the next page.
- 5.2 During the year the Committee met on four occasions, namely:
  - 12 June 2023
  - 12 September 2023
  - 14 November 2023
  - 21 February 2024

5.3 The Board Member attendance for these meetings is captured in the following table:

<b>Digital and Data Committee Attendance 2023-2024</b>		<b>12 June 2023</b>	<b>12 Sep 2023</b>	<b>14 Nov 2023</b>	<b>21 Feb 2024</b>	<b>Total</b>
Ian Wells (Chair)	Independent Member	✓	✓	✓	✓	<b>4/4</b>
Lynda Thomas	Independent Member	✗	✗	✓	✓	<b>2/4</b>
Carolyn Donoghue	Independent Member	—	✓	✓	✓	<b>3/3</b>
Kath Palmer	Independent Member	—	—	✗	✓	<b>1/2</b>

5.4 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

5.5 Mirroring other Board Committees, the Digital and Data Committee now operates a 'Consent Agenda' system for routine business consideration.

5.6 The vast majority of meeting papers are available publicly via the CTMUHB [website](#). During 2023-24, the Committee held four 'in-Committee' meetings in respect of a very small number of items. In-Committee sessions are only held when the subject matter cannot be legitimately considered in the public domain due to business or commercial sensitivities. However, the subject matter of any one of these Digital and Data Committee 'in-committee' meetings has been routinely reported within the main agenda items of the next meeting of the Committee as well as the respective minutes of the in-committee meeting which are received in public session.

## 6. Committee Activity 2023/2024

The agenda for each meeting has followed a standard format in six main parts:

- Part 1 - Preliminary Matters
- Part 2 - Consent Agenda
- Part 3 - Main Agenda
- Part 4 - Governance
- Part 5 - Improving Care
- Part 6 - Sustaining Our Future

### Part 1 - Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees within CTMUHB

## Part 2 - Consent Agenda

This section has included receiving the:

### FOR APPROVAL

- Unconfirmed Minutes of previous Meetings and In-Committee Meetings
- Committee Annual Report

### FOR NOTING

- Committee Annual Self-Assessment
- All Wales Independent Member Network Highlight Report
- Annual Cycle of Business
- Terms of Reference
- Action Log

## Part 3 - Main Agenda

This section has included reports throughout the year which included:

- Matters Arising not Contained within the Action Log
- Spotlight Topic

## Part 4 - Governance

This section has included reports throughout the year which included:

- Organisational Risk Register
- Information Governance
- ICO Audit Action Plan

## Part 5 – Improving Care

This section has included reports throughout the year which included:

- Digital and Data Assurance
- Medical records Assurance

## Part 6 – Sustaining Our Future

This section has included reports throughout the year which included:

- Digital Annual Plan
- Digital and Data Overview
- Integrated Medium Term Plan

### Internal Audit Reports:

- Follow up Bridgend Transfer of Informatics Service
- Performance Management
- Infrastructure Management

### **Other Reports:**

- Breach Analysis for Subject Access Requests on Mental Health
- ICT Business Continuity

### **In- Committee Reports:**

- Cyber Improvement Programme
- Digital Critical Incidents
- Organisational Risk Register
- Service Critical National Implementation
- Spotlight : Digital Medicines – e-Prescribing
- Spotlight : Cyber Assessment

## **7. Committee Effectiveness & Performance**

7.1 The Committee is committed to reviewing its effectiveness by completing this report on an annual basis, reviewing its cycle of business setting out the basis on which it will monitor its progress during the year, as well as providing clarity for all of those who contribute to the agenda as to the expectations of them. The outcome of the survey that will be undertaken during the winter 2023 will be considered at the meeting to be held in May 2024 in order that recommendations and aligned actions can once again be developed and implemented in terms of areas identified for improvement.

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

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

## **9. Conclusion and way forward**

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

## **11. Further Information**

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

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

<b>Agenda Item</b>	2.21
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<b>Date of Board Meeting</b>	30 May 2024
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<b>Public or Private</b>	Public
<b>IF PRIVATE: please indicate reason</b>	N/A

<b>Name of Committee</b>	Independent Member Digital Network
<b>Chair of Committee</b>	Maynard Davies, Independent Member, Hywel Dda UHB
<b>Lead Executive Director</b>	Chris Darling, Board Secretary, DHCW
<b>Date of Last Meeting</b>	24 April 2024
<b>Prepared By</b>	Julie Robinson, Corporate Governance Coordinator
<b>Presented By</b>	David Selway, Vice Chair of the Network

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



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

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

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

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

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



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

<b>Acronyms</b>			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

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



**PRIVATE SESSION**

<b>ALERT</b>	<ul style="list-style-type: none"> <li>• There were no items for the Board to be alerted to.</li> </ul>
<b>ASSURE</b>	<ul style="list-style-type: none"> <li>• <b>Information Governance.</b> The Network were joined by the DHCW Associate Director of Information Governance and Patient Safety who presented slides on the Information Governance Framework.</li> <li>• <b>Welsh Community Care Information System (WCCIS).</b> The Network <b>received</b> an update to the WCCIS programme and were <b>assured</b> on the work that was being done to encourage all parties to participate in a shared care record.</li> </ul>
<b>ADVISE</b>	<ul style="list-style-type: none"> <li>• <b>Independent Members Digital Network Terms of Reference.</b> The Network <b>reviewed</b> and <b>approved</b> the updated Terms of Reference to reflect the extension to the term of the current Chair.</li> <li>• <b>Chair of Directors of Digital Peer Group Update</b> The Network <b>received</b> an update on the key programmes being undertaken by the Directors of Digital from the Chair of the Peer Group.</li> <li>• <b>Digital Systems Available and variation in update.</b> The Network <b>received</b> for information a presentation from the DHCW Executive Medical Director on Digital systems available for use across NHS Wales and the variation in uptake across the system.</li> </ul>

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

<b>Date of next committee meeting:</b>
17 July 2024

# Digital & Data Committee

## Cycle of Business

(1<sup>st</sup> 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 1<sup>st</sup> February 2024 to 31<sup>st</sup> March 2025. In recognition of the new Board and Committee arrangements approved in March 2024 any activity beyond the implementation of the new arrangements will be captured in a legacy document and captured in the new Committee structure as appropriate.

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 (1<sup>st</sup> February 2024 – 31<sup>st</sup> 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
<b>Preliminary Matters</b>															
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	
<b>Internal Control &amp; Risk Management</b>															
Digital & Data Committee Annual Report	Director of Corporate Governance	Annually			R										
Digital & Data Committee Annual Self-Assessment	Director of Corporate Governance	Annually			R										
Digital & Data Committee Terms of Reference	Director of Corporate Governance	Annually			R										
Digital & Data Committee Annual Cycle of Business Review February – Routine meetings for Review and Noting Only	Director of Corporate Governance	Annually	R												
<b>ICT</b>															
DHSSG – Highlight Report to Committee	Director of Digital	Quarterly	R		R			R			R			R	
ICT Business Continuity	Director of Digital	Annually						R							
<b>Information Governance</b>															
IGG – Highlight Report to Committee	Director of Corporate Governance	Quarterly	R		R			R			R			R	
<b>Governance &amp; Assurance</b>															
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	
<b>Improving Care</b>															
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	

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

Requested at IN committee meeting held on 21 February 2024	Additional Item	Clinical Coding AI Enabled Transformation Programme	Director of Digital	21 <sup>st</sup> May 2024
<b>Completed Activity from the Forward Work Plan:</b>				
Requested at Agenda Planning Meeting for September 2023	Additional Item	Internal Audit Report – Performance Management	Director of Digital	<b>Completed</b> - 12 September 2023
Annual Cycle of Business	Annual Review by Committee	Committee Self Effectiveness Survey Outcome	Assistant Director of Governance & Risk	<b>Completed</b> - 12 September 2023
Requested at Agenda Planning Meeting for September 2023	Additional Item	Breach Analysis for Subject Access Requests	Chief Information Officer	<b>Completed</b> - 12 September 2023
Requested at Agenda Planning Meeting for September 2023	Additional Item	Internal Audit Report – Performance Management	Director of Digital	<b>Completed</b> - 12 September 2023
Requested at Agenda Planning Meeting for June 2023	Ad-Hoc Item	Spotlight: NHS Wales APP		<b>Completed</b> - 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	<b>Completed</b> - 12 June 2023
Requested at Agenda Planning Meeting for June 2023	Additional Item	ICO Audit Action Plan Progress Report	Chief Information Officer	<b>Completed</b> - 12 June 2023
Annual Cycle of Business	Annual Report received by Committee	Draft Committee Annual Report	Assistant Director of Governance & Risk	<b>Completed</b> - 12 June 2023
Requested at Agenda Planning Meeting	Additional Item	Digital Whiteboards Presentation	Director of Digital	<b>Completed</b> -13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Bridgend Disaggregation	Chief Information Officer	<b>Completed</b> - 13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Infrastructure Review – management Response Update	Director of Digital	<b>Completed</b> - 13 March 2023
Requested at Agenda Planning Meeting	Additional Item	Medical Records - Peer Review	Director of Digital	<b>Completed</b> - In Committee – 13 March 2023
Follow Up from Annual Report 2021-22 received September 2022	Standard Agenda Item (annually)	Committee Self Assessment Outcome and Improvement Plan	Director of Governance	<b>Completed</b> - 19 December 2022

Committee Referral from Audit & Risk Committee – 24 October 2022	Additional Item	Internal Audit Reports – Digital Operation Model and Medical Records Management	Director of Governance	of <b>Completed</b> - 19 December 2022
Requested at agenda planning meeting	Additional Item	Grant Thornton – Clinical Information Review – presentation	Director of Digital	<b>Completed</b> - 19 December 2022
Requested at agenda planning meeting	Additional Item	Patient Centred Contact Highlight Report	Director of Digital	<b>Completed</b> - 19 December 2022

## Agenda Item 2.2.4

Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at February 2024)
21 February 2024	<p><b>Spotlight: Patient Centered Contact Presentation</b></p> <p>Update Members with an update on the opportunity to bid for funds held by WG to support Patient centred contact programme</p>	Stuart Morris	September 2024	<p><b>In Progress</b></p> <p>In response to additional preparedness time needed this item will be deferred from May and added to the August Committee agenda.</p>
21 February 2024	<p><b>Medical Assurance Report</b></p> <p>Update Members on the Health Boards position in regards to destruction of medical records.</p>	Stuart Morris / Matthew Swarfield	May 2024	<p><b>In Progress</b></p> <p>Update to be provided at the meeting on the 21<sup>st</sup> May 2024.</p>
21 February 2024	<p><b>Digital Risk Register</b></p> <p>The Digital team have a thorough review of all current Digital Risks.</p>	Stuart Morris / Steve Macdonald	May 2024	<p><b>Complete</b></p> <p>Initial review has been undertaken. Now an ongoing process aligned to BAF.</p>
14 November 2023	<p><b>Digital and Data Assurance Report</b></p> <p>Board Development Session planned for February 2024 on the digital transformation agenda with opportunities and challenges.</p>	Stuart Morris	March 2024	<p><b>Complete</b></p> <p>The Board Development session held on 13 March 2024.</p>

## Agenda Item 2.2.4

COMPLETED ACTIONS				
	<p><b>Committee Annual Cycle of Business</b> Corporate Governance Team to review the cycle of business in terms of the frequency of the Cycle of Business and Committee Self-Assessment as currently reflected.</p>	Corporate Governance Team		<p><b>COMPLETED</b> The phrasing and structure has been updated.</p>
14 November 2023	<p><b>Information Governance Group Highlight Report.</b> 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.</p>	Chief Information Officer		<p><b>COMPLETED</b> The issues around mandatory training are regularly raised at Board Meetings.</p>
March 2023	<p><b>Information Governance Group Highlight Report</b> To bring a deep dive on breach analysis for subject access requests on mental health back to the Committee in 3 months' time.</p>	Chief Information Officer		<p><b>Completed</b> Received at September 2023 meeting</p>

# Follow-up: Digital Operating Model Final Internal Audit Report

April 2024

Cwm Taf Morgannwg University Health Board



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Review reference:	CTM-2324-24
Report status:	Final
Fieldwork commencement:	29 January 2024
Fieldwork completion:	27 February 2024
Draft report issued:	28 February 2024
Management response received:	2 April 2024
Final report issued:	2 April 2024
Auditors:	Martyn Lewis, IT Audit Manager
Executive sign-off:	Stuart Morris, Director of Digital
Committee:	Audit and Risk Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

## Acknowledgement

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

## Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Risk Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Cwm Taf Morgannwg University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Cwm Taf Morgannwg University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Executive Summary

### Purpose

To provide the Health Board with assurance regarding the implementation of the agreed management actions from our Digital Operating Model (2223-01) review.

### Overview of findings

Progress has been made in implementing the digital operating model.

There has been a review of the structure of the Digital department, with increased resource provided, in particular at the leadership level, and for change and project management skills. We also note increased development resource within the department.



There has been an increase in digital clinical leadership with the establishment and continued development of a digital clinical directorate.

We also note increased funding provided for the updating of digital equipment which has cleared some of the backlog of older equipment.









Of the original eight matters raised, for two the actions are still ongoing and where we have raised matters within this report, they relate to:

- establishing a steering / ownership level for digital once the organisational governance structures are finalised; and
- defining and stating a minimum required digital literacy for all staff.

### Follow-up Report Classification

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

### Progress Summary<sup>1</sup>

Previous Matters Arising	Previous Priority Rating	Direction of Travel	Current Priority Rating
1 Steering Level	High		Medium
2 Digital Clinical Leadership	High		Closed
3 Digital Resource	High		Closed
4 Development Resource	Medium		Closed
5 Skills	Medium		Closed
6 Digital Equipment	High		Closed
7 Digital Literacy	Medium		Medium
8 Support	Medium		Closed

<sup>1</sup>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

## 1. Introduction

- 1.1 The follow-up review of the Digital Operating Model has been completed in line with the 2023/24 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board'). The opinion provided through this review is a key component, which will inform the Head of Internal Audit's Annual Opinion.
- 1.2 The objective of this audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from the Digital Operating Model (2223-01) review that was reported as part of our 2022/23 work programme. The original report identified eight issues and resulted in an overall assurance rating of 'Limited Assurance'.
- 1.3 The scope of this follow-up review does not aim to provide assurance against the full review scope and objective of the original review. The 'follow-up review opinion' provides an assurance level against the implementation of the agreed action plan only.
- 1.4 The risks considered as part of the original audit were:
- Health Board staff do not have adequate support to enable objectives to be met; and
  - the Digital Directorate cannot fulfil the Health Board's requirements.

## 2. Findings

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

Original Priority Rating	Number of Recommendations	Implemented (Closed - No Further Action Required)	Action Ongoing (Further Action Required)	Not implemented (Further Action Required)
High	4	3	1	-
Medium	4	3	1	-
Low	-	-	-	-
<b>Total</b>	<b>8</b>	<b>6</b>	<b>2</b>	<b>-</b>

- 2.2 Full details of the recommendations requiring further action are provided in the **Management Action Plan** in **Appendix A**. Where action is ongoing we have re-assessed the priority rating for the recommendation and revised these where appropriate.
- 2.3 For the recommendations that have been closed or partially closed, management have taken action to address the matters arising in our original report. This includes:

- The Digital Clinical directorate has been created and expanded with additional clinical resource provided.
- There have been improvements in the links between digital and services, with representation from across the varying clinical groups. We understand that management intend to develop this network further.
- The structure within the Digital Directorate has been reviewed and updated, with additional resource in key areas such as digital leadership, change management and project management.
- Management has increased development capability. Future capability is assessed on a programme basis going forward, balanced against the financial position and provision of bought in, or all Wales, provided services.
- There has been an assessment of the digital need required to deliver an appropriate service. This skills requirement is being further defined as the Health Board moves forward with its digital plans.
- Despite the current financial constraints, there has been increased funding provided which has led to some of the backlog of older equipment to be updated. A backlog of older equipment still exists and we also note ongoing bids for further investment in digital equipment both as part of ongoing digital projects, and as a specific bid for updating legacy equipment.
- Digital support processes have been improved, with more 'how to' guides, better knowledge management, and training provided to service desk staff.

2.4 The actions listed above have either resulted in the recommendation being implemented, or partially implemented. one of the four recommendations originally categorised as high priority has been reassessed, and now has a residual priority rating of medium (Previous Matter Arising 1, Appendix A).

## Appendix A: Management Action Plan

Previous Matter Arising 1: Steering Level		
Original Recommendation		Original Priority
An appropriate steering and ownership governance tier should be established that enables stakeholders to own, steer and oversee the delivery of digital objectives.		<b>High</b>
Management Response	Target Date	Responsible Officer
A new governance and ownership arrangement will be created to align to the Health Board Transformation Change Programme and delivery board created as part of the Care Group Model Implementation.	Qtr 3 2022/2023	Director of Digital
Current findings		Residual Risk
<p>The Health Board has undergone a restructuring, and is currently undertaking a review of the governance structures of the organisation. As part of this the transformation agenda is being reviewed and will feed into the new governance structure.</p> <p>As such there has been limited change at the steering and ownership level of digital, as this will need to fit into the revised structure, with digital weaved into transformation rather than separate.</p> <p>Ownership is maintained for specific digital items, such as patient contact and e-prescribing via reporting into the Operational Management Board.</p> <p><b>Conclusion:</b> Partial / Action Ongoing</p>		Digital stakeholders do not own, or sufficiently feed into the direction of digital.
New Recommendations		Priority
1.1	Once the organisational governance structures are finalised a steering / ownership structure for digital should be defined.	<b>Medium</b>

Management Response	Target Date	Responsible Officer
<p>1.1 Accept</p> <p>The implementation of ePrescribing and the development of a Patient Contact Transformation Programme provides the Health Board with a new way and ownership of delivery for digital and data programmes.</p> <p>It is anticipated (ahead of final confirmation), that both programmes will report into the Improving Care Board and then into Executive Management Board.</p> <p>Discussions are also ongoing with the Chair regarding a greater emphasis at our public board on the Digital Agenda</p>	<p>End of Qtr 3 2024/2025</p>	<p>Director of Digital</p>

Previous Matter Arising 7: Digital Literacy		
Original Recommendation		Original Priority
The Health Board should clearly state that minimum digital literacy is a requirement, with provision of training if required.		<b>Medium</b>
Management Response	Target Date	Responsible Officer
Digital literacy to be included within the workforce and organisational development plan as part of the IMTP	Qtr 4 2022/ 2023	Director of Digital
Current findings		Residual Risk
As part of the establishment of the care group model a requirement for digital literacy within the job requirements for the leadership level has been included. However there is no organisation wide definition or statement of requirement for a minimum standard of digital literacy for all staff. <b>Conclusion:</b> Partial / Action Ongoing		Staff may not be able to effectively use digital solutions.
New Recommendation(s)		Priority
2.1	The requirement for digital literacy for all staff should be defined and for the Health Board, with the provision of training for staff if required.	<b>Medium</b>
Management Response		Target Date
2.1	Accept With the development of the Digital Transformation function within the digital and data function, roles are being created to support digital literacy, including an assessment of capability. This will be done in collaboration with Digital Communities Wales	Qtr 3 2024/2025
		Responsible Officer
		Director of Digital

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

### Audit Assurance Ratings

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

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

### Prioritisation of Recommendations

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

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

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



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**Agenda Item**

4.1

**Digital & Data Committee**

**Organisational Risk Register**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	21/05/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Review
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Service, Function and Executive Formal Review	April / May 2024	RISKS REVIEWED
Operational Management Board / Offline via email	April 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	13 <sup>th</sup> May 2024	MANAGEMENT SIGN OFF RECEIVED

<b>Acronyms / Glossary of Terms</b>	



## 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

### 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 3<sup>rd</sup> May 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.

### Training

- 2.6 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 **627** members of staff trained to date since training commenced in 2021.
- 2.6 Focussed sessions to discuss risk have 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:
- 40 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023).
    - 78% (31/40) provided a score of 5/5 in terms of content of the session
    - 20% (8/40) provided a score of 4/5 in terms of content of the session
    - 3% (1/40) provided a score of 3/5 in terms of content of the session
  - 100% of the 40 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.
  - 98% of the 40 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
  - Some of the recent comments received through evaluation have been included below:  
From the session on the 2<sup>nd</sup> May 2024.
    - *"Clear guidance on what risks are how to score and actions."*
    - *"Clear explanations with good examples"*
    - *"All new info (to me), well presented. Thank you"*
    - *"Great insight clearly explained and would advise my team to attend".*
    - *Really good session. Friendly and informative."*

### **3. Key Risks / Matters for Escalation**

#### **3.1 NEW RISKS**

##### **Medical Directorate and Digital & Data Directorate**

- Datix ID 5761 - Cross Health Board Data Sharing - New risk escalated to the Organisational Risk Register in May 2024. Risk score of 16.



### 3.2 CHANGES TO RISKS

No changes to risk scores for those risks assigned to this Committee.



### 3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

No closed risks as assigned to this Committee.

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

Consequence	5				5276		
	4				4337	5669 5761	
	3						5040 4672
	2						
	1						
CxL		1	2	3	4	5	
		Likelihood					

### 3.5 Board Assurance Framework – Principal/Strategic risks assigned to this Committee

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory (since the last report received by the Board)
5.	<b>Delivery of a digital and information infrastructure to support organisational transformation</b> <a href="#">Click Here for Risk 5</a>	<b>Improving Care</b> 	Director of Digital	Digital & Data	<b>16</b> (C4xL4)	No change as at May 2024 



#### 4. Assessment

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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <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.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: Not required for the organisational Risk



Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Register. Individual risks may have been subject to an Impact Assessment.
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
<b>Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)</b>	Yes (Include further detail below)	

## 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 Support 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. <b>IF:</b> the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires in June 2025. <b>THEN:</b> operational delivery of pathology services may be severely impacted. <b>Resulting in:</b> potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	Currently LINC Programme reports progress against timeline to LINC Programme Board and Chief Executive Group. Business continuity options are being explored including extending the contract for the current LIMS to cover any short term gap in provisions. An expert stock take review of the LINC programme has been completed with findings presented to Collaborative Executive Group (CEG) to inform next steps.	Update May 2024 - CTMUHB have appointed internally into the 2 x fixed term band 7 clinical systems support roles for Pathology - once these posts have been backfilled these posts will be able to fully support LIMS implementation. The 1 x 9a fixed term clinical systems manager for Pathology has just gone out to advert, hoping to recruit externally - this post will provide project oversight and co-ordination. These posts will bring CTM in line with other Health Board's in terms of dedicated pathology IT support, however, Health Boards across Wales are looking for extra support in addition to this. Pathology continues to hold monthly LIMS deployment meetings with Digital Health Care Wales (DHCW) to facilitate progress.	Digital & Data Committee Quality & Safety Committee	20	C5xL4	5 (C5xL1)	↔	26.10.2022	3.5.2024	31.05.2024
4	5761	Executive Medical Director	Medical Directorate Function	Medical Directorate Manager	Improving Care	Patient / Staff /Public Safety	Cross Health Board Data Sharing <b>IF:</b> Digital services across Wales are unable to resolve an ongoing issue with the ability to share patient data in both directions across health boards/trusts <b>Then:</b> Clinical staff across CTM will be unable to provide the safe and effective care to patients using transparent, available data <b>Resulting in:</b> Potential harm to the patients of CTM due to the lack of clinical information available to clinicians when making clinical assessments	For CTM, this is a particular issue in Prince Charles Hospital as there is a lot of patient cross over at the boundary of Aneurin Bevan Health Board. As a health board we continue to raise this as a serious patient safety issue and will continue to press for a solution with Digital Health Care Wales. CTMUHB have asked for alternate options for a quicker solution and timescales to be aligned with these. This has been added as an agenda item for discussion at the next All Wales Medical Director meeting.	Digital Health Care Wales have been working on the ability to share data in both directions so data flows in the Health Board systems - this has been an issue for some time. ABUHB have allocated some project resource to scope, map and plan the work needed, however, resources will need to be allocated by C&V and AB to get the work done. There was a strong commitment from Pan-South East Wales Regional Digital to work closer together and link into a wider regional programme board, this was repeated at the regional planning meeting. As of March 2024, the update from DHCW is that they are working on delivering the open architecture to support sharing documents and diagnostic results.	Quality & Safety Committee Digital & Data Committee	16	C4xL4	8 (C4xL2)	↔	26.04.2024	26.04.2024	31.05.2024
11	5669	Director of Digital	Central Support Function - Digital and Data	Assistant Director for Digital Delivery	Improving Care	Service / Business interruption	Increased cost of Citrix Subscription <b>IF</b> the proposed increase in costs for providing thin client (Citrix) desktops to staff is not affordable or fully funded <b>THEN</b> Some or all of the staff that use Citrix will no longer be able to do so <b>Resulting in:</b> Staff being unable to access local and national systems Citrix is used by staff to access Virtual Desktops from IGEI thin client devices - 4000 across. These devices only work with Citrix. Staff who access systems using Windows Laptops and PC's will be affected less severely, although many do use Citrix for certain functions. Aside from the CTM Local use and costs for Citrix - National applications that are delivered via Citrix are also in scope of the cost increase, and DHCW have indicated that any costs associated with this are likely to be passed on directly to the organisation.	Renewal costs will increase. Work underway with NHS Wales and Citrix to arrive at the best value licensing on an all Wales basis. CTM Renewal is March 2024, although an interim offer has been made which will take the renewal to December 2024 - allowing all NHS Wales organisations to align their renewals and for negotiations around licensing levels and quantities to be fully understood.	Update April 2024 Progress continues to mitigate the risk. A CTMUHB Task and finish group is now in place and meeting regularly. Significant investment has been made to buy PC to replace IGEI, however resource to rollout the devices is constrained and an options paper is being drafted. Conversations with DHCW continue to co-ordinate a national response. Alternative technologies to Citrix have been identified, a small number of licenses have been procured to enable proof of concept testing.	Digital & Data Committee	16	C4xL4	2 (C1xL2)	↔	12.01.2024	25.04.2024	31.05.2024
16	4337	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Digital Systems	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 <b>IF:</b> The Health board does not have a unified electronic health and care record and systems which are integrated across the organisation and with our primary and social care providers <b>Then:</b> The Health board will be unable to deliver safe, high quality, clinically and cost effective care to patients <b>Resulting in:</b> Compromised safety of patients needing treatment that are reliant on clinical test results and information being available to clinicians to plan and deliver the treatment plan and the requirement for sub-optimal manual processes	<b>Key Controls</b> 1. SBUHB Service Level Agreement 2. Bridgend disaggregation and the one-CTM aggregation plan 3. NHS Wales Control Agreement and data sharing agreements 4. Numerous national service management boards and Technical oversight groups providing strategic, tactical and operation governance. 5. National ePR programme and systems <b>Gaps in Control</b> The full business case for the Bridgend / old-CT integration remains unfunded. There are currently a number of CTM systems that are not compatible with Bridgend systems. 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	Update April 2024 - Progress is being made with consolidation/merger of the clinical systems to provide single departmental solutions across CTM to allow for better patient experience and help service redesign. The Welsh Patient Administration System (WPAS) merger is still on track for May 2025 this will deliver a single Patient Administration System (PAS) solution across CTM which is then the platform to look at how CTM delivers services. There is on going work with Digital Health Care Wales (DHCW) to ascertain the impact of the WPAS merger on the National suite of systems and how the changes will impact data and data flows.	Digital & Data Committee	16	C4 x L4	8 (C4xL2)	↔	14.10.2020	25.04.2024	31.05.2024
28	4672	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	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. <b>IF:</b> The Health Board is not able to record information accurately and reliably, with complete and up to date information <b>Then:</b> the data informing the clinical, regional and organisational decisions and our partners (including WG) make, will be inaccurate, out of date or incomplete <b>Resulting in:</b> Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&D and Value etc.	<b>Operational controls:</b> Coding key performance indicators covering productivity, demand and backlog robustly monitored Digitised Patient Notes programme board monitors scanning times, adherence of contractor to terms and quality of staff in maintaining a record DHCW annual coding quality audit. Coding Improvement and transformation plan established incorporating additional trained coding capacity, coding at source, use of data captured in other systems and e-forms implemented. Natural language programming resource deployed and outputs of programme being validated. <b>Tactical -</b> EPR programme with deployment of some-CT ontology server, WCP & E-forms etc. <b>Tactical controls:</b> Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business National Architecture Review - encompassing (NDR /CDR & Sharing arrangements) Coding transformation programme . <b>Gaps in controls</b> Scanning time of outpatient activity to digitise the record is at 51 days of maximum clinically safe time of 24-48 hours Quality of paper record and its filing is very poor with audits identifying over 70% of paper records are not maintained to acceptable standards Digital solutions not yet using snomed-CT/ structurally coded data Information and Technical Standards not being followed with national body favouring document rather than data exchange Vast amounts of clinical information stored in disparate spreadsheets not visible to central medical record or available to patients or system leaders (including value based healthcare) Digital transcription programme unsupported & unsupported from march 23	Update April 2024 - Day forward scanning has been maintained to be within the agreed 48 hour turn around due to a focus by internal scanning bureau. Moratorium on destroying records has been lifted, reviewing resource ask to allow for a restart of destruction inline with Standard Operating Procedure (SOP). Digital dictation programme being refreshed as part of the wider Digital transformation business case. Optimise launch using HB developed e-forms well received by clinicians and operational team to be refreshed as part of the wider Digital transformation business case.	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	↔	05.06.2021	30.04.2024	31.05.2024
35	5040	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational: • Core Business • Business Objectives • Projects Including systems and processes, Service /business interruption	Digital Healthcare Wales (DHCW) interdependencies <b>IF:</b> The Health Board can not integrate new applications into its digital architecture in a timely fashion <b>Then:</b> there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated and major strategic priorities for the organisation (e.g. Bridgend aggregation and the deployment of the new Emergency Department system) not being delivered <b>Resulting in:</b> delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: 1. Loss of information integrity and accessibility as multiple copies of clinical records. 2. Failure and delay of digital system deployments (e.g. WEDS) 3. Possible breaches to the GDPR, safeguarding and information governance risks. 4. Mistrust by staff of the ICT systems and services they are using 5. Money being wasted	A 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 futility has been exposed by demand pushing the waiting times for developments to start (not complete) to over 12 months <b>Gaps in controls:</b> 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 CanSC) 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.	Update May 2024 - Board Development Session requested a strategic outline proposal is presented to the July 2024 Board on the potential delivery of a modular Electronic Patient Record (EPR). During May 2024, the Health Board will support the national review of an EPR requirement.	Digital & Data Committee	15	C3xL5	9 (C3xL3)	↔	07.02.2022	03.05.2024	31.05.2024
36																	

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
	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
1											
2	Nil as assigned to this Committee.										



**Agenda Item**

4.2

**Digital & Data Committee**

**Information Governance Highlight Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	21/05/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Claire Northwell, Head of Information Governance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Andrew Nelson, Data Protection Officer
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital
<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting

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

<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Information Governance Group	09/05/2024	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



## 1. Situation /Background

- 1.1 This report had been prepared to provide the Digital and Data Committee with details of the key issues considered by the Information Governance Group at its meeting on the 9 May 2024.
- 1.2 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.
- 1.3 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

The Freedom of Information Act 2000 provides public access to information held by public authorities.

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.

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.

### 2.1 Freedom of Information Requests

The table below represents a summary of the activity relating to FOIAs for the health board in 2023/24. Compliance for September 2023 to March 2024 was an impressive 97% for this reporting period.

The table below also represents a summary of the activity relating to FOIAs for WHSSC and shows that WHSSC achieved 95% compliance with the Act in regards to timeliness of response.



FOI requests for 2023/24							
Freedom of Information CTMUHB	Sept	Oct	Nov	Dec	Jan-24	Feb-24	Mar-24
Number of Requests	49	52	61	62	*91	48	44
Number of Requests withdrawn	0	0	0	0	0	0	0
No responded within timescales	47	51	60	61	86	47	40
% responded within timescales	95%	98%	98%	98%	94%	97%	90%
Number of exemptions applied	12	22	29	18	40	21	15
Actual number of questions	216	313	360	386	542	267	228
ICO appeals	0	0	0	0	0	0	0
Number of requests still outstanding (Unanswered)	3	1	2	3	0	0	3
Freedom of Information WHSSC	Sept	Oct	Nov	Dec	Jan-24	Feb-24	Mar-24
Number of Requests	2	4	4	1	0	0	1
No responded within timescales	2	3	4	1			1
% responded within timescales	100%	75%	100%	100%			100%
Number of exemptions applied	0	1	0	0			0
Actual number of questions	4	14	5	1			2
ICO appeals	0	0	0	0			0
Number of requests still outstanding (Unanswered)	0	0	0	0			0

\*Please note that Jan 2024 figure includes 20 requests that were processed as vexatious (multiple requests from same requester).

## 2.2 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 March 2024. They have been split into Service Groups as they manage their own request process.



<b>Data Protection - Subject Access requests for 2023/2024</b>							
Medical Records (These inc. all 3rd party requests, i.e. police, etc.)	Sep	Oct	Nov	Dec	Jan-24	Feb-24	Mar-24
Number of requests	228	301	284	229	310	319	289
Number of exemptions applied	0	0	0	0	0	0	0
Number of late responses	0	0	0	0	0	0	0

Mental Health	Sep	Oct	Nov	Dec	Jan	Feb-24	Mar-24
Number of requests	39	39	39	22	30	28	43
Number of exemptions applied	11	10	4	4	5	4	1
Number of late responses	16	12	8	5	8	13	13

Mental Health - SARs for POW Acute and Mental Health (completed under SLA with SBUHB)	Sep	Oct	Nov	Dec	Jan-24	Feb-24	Mar-24
Number of requests	69	59	79	59			
Number of exemptions applied	<b>Not provided</b>				<b>Not provided</b>		
Number of late responses							

CAMHS	Sep	Oct	Nov	Dec	Jan-24	Feb-24	Mar-24
Number of requests	25	34	22	6	32	19	22
Number of exemptions applied	0	0	1	0	1	5	3
Number of late responses	2	0	0	0	1	0	1

Corporate (inc workforce)	Sep	Oct	Nov	Dec	Jan-24	Feb-24	Mar-24
Number of requests	0	0	3	3	3	5	4
Number of exemptions applied	0	0	0	1	1	2	2
Number of late responses	0	0	0	0	0	2	1

Occupational Health	Sep	Oct	Nov	Dec	Jan-24	Feb-24	Mar-24
Number of requests	1	0	2	1	1	0	2
Number of exemptions applied	0	0	0	0	0	0	0
Number of late responses	0	0	0	0	0	0	2

WHSSC - SARs	Sep	Oct	Nov	Dec	Jan-24	Feb-24	Mar-24
Number of requests	0	0	0	0	0	0	0
Number of exemptions applied	0	0	0	0	0	0	0
Number of late responses	0	0	0	0	0	0	0
Managed GP practice	Sep	Oct	Nov	Dec	Jan-24	Feb-24	Mar-24
Number of requests	78	61	32	38	25	31	11
Number of exemptions applied	0	0	0	0	0	0	0
Number of late responses	6	10	7	10	1	12	0

## 2.3 Staff Training

A key requirement of the ICO's office has been to increase our mandatory training compliance to 85%.

Since we have appointed an Information Governance Support Officer, compliance for information governance training (as of 30 April 2024) is currently at **80.50%**, which is a significant increase from 76.40% previously reported. This has been through targeted support and regular communications.

Please note that the IG Team has raised concerns regarding the ESR training being adapted to include Cyber Security and Records Management, therefore increasing the length of time needed to complete the module. The concerns have been echoed across other health boards in Wales. As a result, the e-learning module will be reviewed and this work is being led by DHCW.

## 2.4 NIIAS Incidents

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.

NIIAS has been experiencing difficulty due to setbacks occurring in the setup of Domain Name System (DNS) Peering. The NIIAS team, the NIIAS suppliers, a DHCW contracted engineer and a technical lead have been inputting into the development and troubleshooting process daily. DHCW are happy to report this major element (DNS) has since been resolved.

## 2.5 ICO Audit

As the ICO audit has now been closed, as agreed the outstanding actions have been incorporated into a routine Information Governance Work Programme. This is routinely submitted to the information governance group to ensure monitoring and progression. All actions have been assigned to a member of the team with a date of completion. This will also be submitted to this Committee routinely to ensure members are sighted on any issues as appropriate.

### 3. Key Risks / Matters for Escalation

The Group also acknowledged that there are areas where risks need to be escalated. These are as follows:

- SAR compliance rate within the Mental Health team is low. This will need escalating to the lead Executive and addressed with the Care Group. The IG Team are willing to offer support and / or training as required.
- The DHCW operated NIIAS system for auditing access to medical records has been unavailable for several months. This is being addressed by DHCW however escalation to the Medical Directors will need to be considered.
  - Members are informed that one incident has been referred to the ICO with in relation to inappropriate access to a clinical system. Our investigation findings have been submitted to the ICO who have since confirmed that is being managed by the criminal investigation team.
  - This is a complex case and support is being provided to all parties involved. Our DPO, SIRO and Caldicott Guardian have been informed and will be kept informed of any progress.
- No policies or procedures were presented at the Group for assurance on this occasion. Discussion is required regarding the draft All Wales Information Policy as to whether we endorse this locally. This will be discussed with the Data Protection Officer, Medical Director and Director of Digital.
- The Information Governance Team are receiving an increased number of data protection impact assessments involving the use of Microsoft Forms. The Data Protection Officer has raised concerns in relation to these requests and highlighted that risks have been discussed with the Information Commissioners Officer. Although there is a national DPIA in place, the DPO has highlighted that these do not meet the Data Standards circulated within the current Welsh Health Circular.



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

Impact Assessment		
<b>Ansawdd</b> <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:
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below) Report identified UHB's non-compliance with Data Protection Legislation	
<b>Enw da / Reputational</b>	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	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

#### 4. Recommendation

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



**Agenda Item**

4.4

**Digital & Data Committee**

**Future Ways of Working at Board Committee**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	21/05/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Stuart Morris, Director of Digital
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stuart Morris, Director of Digital
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital

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

<b>Acronyms / Glossary of Terms</b>	
ICO	Information Commissioners Office
IG	Information Governance



**1. Situation /Background**





1.1 The purpose of this report is to update the Committee on the proposed approach for reporting and assurance of the Digital and Data portfolio in light of changes to the Board Committee structure.

**2. Specific Matters for Consideration**

2.1 The Health Board has strong ambition to enable and transform services with a Digital First approach.

2.2 In the proposed Committee structure, Digital and Data will report directly into two new Committees.

2.3 The Digital and Data strategic themes are as follows:

1	 <b>Digital health board</b>	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	 <b>Insights-driven healthcare</b>	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3	 <b>Single patient view</b>	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	 <b>Intelligently integrated healthcare</b>	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	 <b>Digital workforce</b>	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6	 <b>Adoption and exploitation</b>	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	 <b>Managing innovation</b>	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8	 <b>Digital enablers</b>	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy



- 2.4 It is over three years since the Board Committee governance review was implemented and the Health Board has moved significantly further forward in its approach to responding to the improvements required under the current escalation arrangements.
- 2.5 The management of Board and Board Committee business has significantly improved since the current arrangements were implemented.
- 2.6 The aim of the new proposal is to ensure Board and Committee business is managed in the most effective and efficient manner within the Health Board whilst ensuring clear alignment to the Health Boards Strategic Goals, Values and Behaviours framework and Board Assurance Framework
- 2.7 This review is designed to meet the following objectives;
- Objective one – provide [greater clarity](#) on the defined roles of the [Board, Board Development and Board Briefings](#).
  - Objective two – Ensure that the work of the Board and Committee are pitched at the right level and balance their responsibilities in [strategy development, setting and leading the right culture and accountability for delivering safe, effective care](#).
  - Objective three – Improve the [focus](#), co-ordination and [relevance of Board and committee papers](#), reduce duplication and eliminate ambiguity of committee roles; therefore strengthening assurance to the Board.
  - Objective four - Develop [greater insight, oversight and foresight](#) in relation to the Health Board’s integrated Population Health and Transformation agenda.
- 2.8 Related to the above objectives, the Chair of the Health Board is committed to ensuring that there is a focus on Digital and Data within the Board and Board Development meetings.
- 2.9 At least one main Board will have a significant focus / theme of digital and data, from patient story, through performance and strategy. This will be in addition to the regular reporting at the sub-Committees of the Board.
- 2.10 The two new Committees that Digital and Data will report into are:
- Operational Delivery Committee
  - Strategic Development Committee

2.11 The Operational Delivery Committee will include:

- an integrated performance dashboard that will include metrics relating to digital and data delivery
- highlight reports for Information Governance, Medical Records Assurance and Digital and Data Assurance
- escalation of any issues relating to business-as-usual activities / delivery activities / core programmes to ensure the safe and resilient routine operations of the Health Board (for example system upgrades such as Laboratory Information Management System (LIMS), Radiology Information Systems Programme (RISP) or Health Board Alignment)
- utilising the “In-Committee” section of the Committee for reports on critical incidents and progress against Cyber Assurance Framework / Cyber Development Programme reported during the period

2.12 The Strategic Development Committee will include:

- Reporting on the development of the digital and data narrative and strategic delivery plan aligned to CTM 2030, Population Health Management and the Acute Clinical Services Plan
- Highlight & Escalation Reports on key Strategic Programmes such as Modular EPR development, ePrescribing in Secondary Care, Mental Health Transformation, National Data Resource

2.13 It is important to note that the Audit and Risk Committee will remain the primary committee for all audits or significant breaches in compliance relating to Digital and Data.

2.14 Alongside the review and proposal for the new Committee structure, Executive Management business has also been reviewed and we will be providing more routine reporting into this internal governance arrangement, particularly any issues for escalation across the entire Digital and Data Portfolio.

2.15 National Governance arrangements within Welsh Government are currently maturing. The National Digital Data and Technology Leadership Portfolio Board has been formed but still in its infancy and has agreed four subgroups:

- Digital Maturity & Architecture
- Investment Panel (this is meeting albeit irregularly)
- Digital Capabilities & Skill
- Data, Standards and Policies – this theme needs further development to understand how all current bodies committees and governance work



### 3. Key Risks / Matters for Escalation

No Risks to be escalated as a result of this report

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> ( <a href="#">futuregenerations.wales</a> )	A Healthier Wales
<b>Dolen i Hwyluswyr Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Enablers of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Leadership
<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Effective
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)</b>	No - Not Applicable
Impact Assessment	
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <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
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate):
	If no, please include rationale below: N/A



Objectives / Strategy	
	POSITIVE/NEUTRAL NEGATIVE
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report. N/A
<b>Enw da / Reputational</b>	Yes (Include further detail below) Continuing the delivery of Digital & Data as a Profession
<b>Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)</b>	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



**Agenda Item**

5.1

**Digital & Data Committee**

**Digital Assurance Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	21/05/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Karen Winder Assistant Director of Digital Systems
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Karen Winder Assistant Director of Digital Systems
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital

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



<b>ACRONYMS</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
DR	Disaster Recovery
GFDC	Ground Floor Data Centre
HEPMA	Hospital Electronic Prescribing & Medicine Administration
MECM	Microsoft End Point Configuration Manager
MFD	Multi-Functional (Print) Device
PCH	Prince Charles Hospital
POW	Princess of Wales
RGH	Royal Glamorgan Hospital
NPT	Neath Port Talbot Hospital
UEM	Blackberry Unified End Point Management
WG	Welsh Government
WPAS	Welsh Patient Administration System
YCR	Ysbyty Cwm Rhondda
IMTP	Integrated Medium Term Plan
LIMS	Laboratory Information Management System
WNCR	Wales Nursing Care Record
WICIS	Welsh Intensive Care Information System
ADT	Admit Discharge Transfer
MTED	Medicines Transcribing and e-Discharge
OPAS	Occupational Health Software System



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

CAMHS	Child & Adolescent Mental Health Services
MITS	Maternity Information System
CYP	Children & Young People
SDEC	Same Day Emergency Care
RTT	Referral to Treatment
DHCW	Digital Health Care Wales
CHKW	Comparative Health Knowledge System



## 1. Situation /Background

- 1.1 There is an extensive work plan within the Digital & Data Directorate, well above that agreed as part of the IMTP. 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	Autumn 2025 (Commence rollout)

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 and data is required to deliver within its existing financial envelope. If future solutions are digital and data in nature, there will need to be appropriate funding from directorates, either from planned savings or top sliced from allocated budgets.
- 1.3 The Bridgend disaggregation is funded for the WPAS merger with no capital or revenue available nationally to support the other tranches of work required. That said, any opportunities for slippage from the capital programme are being sought to meet this funding gap. The current financial climate impacts the resources available and has the potential to slow progress.
- 1.4 The breakdown of the Digital & Data £1.6m discretionary capital allocation for 2024/25, (25% of the Discretionary Capital programme), noted at the March 2024 Executive Capital Management Group (ECMG), including rolling replacement and new staff equipment, is provided below.

ICT Allocation	
Capitalised IT Staff	320
B/F 23/24 schemes (to cover prior year spends)	
Rolling Replacement Programme	500
IT Equipment new staff	150
Strategic schemes:-	
WNCR	50
Bridgend - Cardiology	50
Enablement of therapies systems	80



<b>ICT Allocation</b>	
Enablement of community systems and mental health systems	80
ICU solution for Bridgend	100
Infrastructure Review delivery (includes active and passive networking, telecoms, and devices)	108
Bridgend specific schemes (disaggregation)	200
Balance/contingency to be committed to further ICT strategic schemes (subject to business cases)	0
<b>ICT Allocation Total</b>	<b>1,638</b>

## 2. Specific Matters for Consideration

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

<b>SERVICE</b>	<b>UPDATE</b>
Network	<ul style="list-style-type: none"> <li>• Switch replacement programme:               <ul style="list-style-type: none"> <li>• The Network edge switch upgrade at YCR has been completed, however the two Cisco 6509 core switches still need to be replaced. There are significant financial and service implications to do this.</li> <li>• The Switch replacement programme at RGH is progressing well, all edge cabinets have now been completed as well as 4 of the 8 plantroom cabinets.</li> </ul> </li> <li>• Switch software updates – UHB wide               <ul style="list-style-type: none"> <li>• New firmware has been released for the '9300' and '3850' switches, with 80% and 65% of switches having been upgraded, respectively.</li> </ul> </li> <li>• Firewall replacement programme across the UHB               <ul style="list-style-type: none"> <li>• New Cisco 4112 10Gb firewalls are now live in POW. These each have a connection to a 10Gb PSBA circuit forming a HA connection. Alongside a tertiary SBU link back to NPT.</li> <li>• All small site SoHo type firewalls (circa 55xx) 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. Until this upgrade has been completed all 5506 and 5508 firewalls have been upgraded to the latest version of firmware to mitigate any vulnerabilities</li> <li>• The new cabinets have been installed and staff have moved into the recently refurbished areas of PCH ground</li> </ul> </li> </ul>



SERVICE	UPDATE
	<p>and first floor. These include Physio/OPD/Endoscopy and Theatres.</p> <ul style="list-style-type: none"> <li>• Multitone paging commissioning at all 3 sites               <ul style="list-style-type: none"> <li>• Completed</li> <li>• Next stage integration of alarm panels in RGH and PCH to allow alarms to be monitored from anywhere on the network. (Switchboard Centralisation project)</li> </ul> </li> <li>• Planning and design phase for Phase III of the PCH Ground and First Floor which will see the removal of the ICT Portacabin and the building of a replacement facility ongoing.</li> </ul>
Infrastructure (servers)	<ul style="list-style-type: none"> <li>• Server Architecture built to support the new Parallel RAS proof of concept and handed over to EUC to develop the delivery and management functionality.</li> <li>• RGH Mitel Telephony system migrated to the new VXRail Server infrastructure.</li> <li>• Pre-requisites for our vPlex and Powerstore SAN Storage Platforms completed to enable the Digital Cellular Pathology storage expansion and installs due to take place on May 15<sup>th</sup> &amp; 16<sup>th</sup> in PCH.</li> <li>• CHC Cardiology server storage expansion completed to allow on-boarding of Bridgend Cardiology system into CTM.</li> <li>• Server Team Bridgend disaggregation tasks completed with all servers migrated from SBU infrastructure to CTM.</li> <li>• VM migrations on going from Hyper V to new VMWare Estate in PCH approx. 25 Virtual Machines remaining.</li> <li>• VXRail Server Infrastructure has gone live in RGH and as a result, VM Migrations just starting from Hyper V to VMWare in RGH.</li> <li>• On-going discussions with major projects 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.</li> <li>• Backup Servers in PCH moving from current ECC52 location to MDU Comms Room on May 15<sup>th</sup> as part of ground and first floor renovation activities in PCH.</li> <li>• Project kick off taken place with regards to the deployment of the new Cyber Vault / Data Domain infrastructure in POW. Design stage to follow in the coming weeks with install and configuration scheduled to take place before the end of June.</li> <li>• Commvault backup environment upgrades taken place as part of pre-requisites to install the new Cyber Vault into our environment.</li> <li>• Project on-going to reduce the number servers running out of support operating systems.</li> </ul>
Service Management	<ul style="list-style-type: none"> <li>• Aim to start recruitment of Head of Service Management in Q2/3</li> </ul>



SERVICE	UPDATE
End User Computing	<ul style="list-style-type: none"> <li>• Maturing of Desktop Support and Service Desk functions ongoing to continue the improved customer satisfaction and reduced wait times for staff seeking support.</li> <li>• New escalation function thoroughly tested. Unfortunately, due to funding, we have had to pause on this exercise but will look for future opportunities to achieve this improvement.</li> <li>• Microsoft licensing – year three renewal figures have been submitted and accepted. Licenses will be in place July 2024. User profiling and continuous review leading to an ongoing cost avoidance of c£1m.</li> <li>• Delivery of hardware ordered out of year end opportunities have been completed. Plans currently being developed for rollout.</li> </ul> <p>Legacy Operating system updates</p> <ul style="list-style-type: none"> <li>• Programme completed for digital services to be standardised onto Edge, migrating away from IE.</li> <li>• Migration to OneDrive has been completed for all staff</li> <li>• Adoption of Microsoft 365 EndPoint Manager solution and removal of Blackberry UEM including replacement/reconfiguring of over 1500 devices have been completed.</li> <li>• Welsh Government award for addressing Cyber concerns on legacy client operating systems has now been provided and orders placed. Delivery completed and kit has begun to be rolled out.</li> <li>• New mobile telephony contract was awarded and migration to new contract is nearing completion, including rollout of associated hardware.</li> </ul>
Programme and projects team	<ul style="list-style-type: none"> <li>• Project managing the WPAS merger engaging with SBUHB to ensure all activity is planned and monitored</li> <li>• Managing Project Portfolio Board and user expectations</li> <li>• Withdrawn from WICIS and now working with critical care to deliver the Phillips CareVue updates in RGH and PCH and also considering deployment into POW</li> <li>• Managing the OpenEyes project</li> <li>• Programme management of the ICT Bridgend Transition activity and ensuring all infrastructure work and clinical systems alignment is on track</li> <li>• WNCR paediatric national project board has recommended pause of digital development due to 20% cut in funding from Welsh Government. Project Board have proposed standardisation work continues.</li> </ul>
Business Change	<ul style="list-style-type: none"> <li>• eWhiteboards               <ul style="list-style-type: none"> <li>○ Planning 'Go Live' with Tirion Birthing Centre,</li> <li>○ Liaising with CAMHS and Palliative Care (POW)</li> <li>○ Working with Maternity regarding ADTs in WPAS</li> <li>○ Discussion in relation to functionality development for Maternity</li> </ul> </li> </ul>



SERVICE	UPDATE
	<ul style="list-style-type: none"> <li>○ Collating contacts for new areas planned (Mental Health and Pharmacy)</li> <li>● Review of outstanding areas to be undertaken Providing ongoing support for T Drive and the D2RA pathway (List View / ETOC) and ADT/MTED</li> <li>● Provided the business change expertise for the transition of the POW to CTMUHB infrastructure</li> <li>● Process mapping cardiology in POW in preparation to moving users to the CTM instances of the MUSE and McKesson system as part of the clinical system disaggregation</li> </ul>
Digital Systems	<ul style="list-style-type: none"> <li>● OpenEyes upgraded v7</li> <li>● Dental – SOE migration to Dentally</li> <li>● OPAS – Creation of legacy data viewing system</li> <li>● WPRS               <ul style="list-style-type: none"> <li>○ Continuation of service uplift to WPRS Full</li> <li>○ H2H preparation</li> </ul> </li> <li>● Maternity               <ul style="list-style-type: none"> <li>○ MITS UAT and gap analysis in readiness for POW onboarding.</li> <li>○ Scoping of Centrale foetal monitoring software deployment started.</li> </ul> </li> <li>● WNCR upgraded.</li> <li>● Paediatric hardware refresh\additions.</li> <li>● Radiology infrastructure hardware refresh complete.               <ul style="list-style-type: none"> <li>○ Synapse 7 Upgrade</li> </ul> </li> <li>● Implemented a single instance of Audiology system pan CTM.</li> <li>● Cardiology               <ul style="list-style-type: none"> <li>○ Sentinel Upgrade commence May.</li> <li>○ Modality refresh of all ECHO carts</li> </ul> </li> <li>● Local readiness undertaken for National Solutions               <ul style="list-style-type: none"> <li>● LIMS2 go live 2025</li> <li>● RISP/PACS go live 2026</li> <li>● HEPMA go live 2026</li> </ul> </li> <li>● HEPMA:               <ul style="list-style-type: none"> <li>○ WG funding has been agreed by WG now progressing to Implementation planning</li> </ul> </li> </ul>
Software Development	<ul style="list-style-type: none"> <li>● Working with BAU team at developing the Schematic eWhiteboard across all remaining sites/specialities in CTM.</li> <li>● Developed the list view of the e whiteboards D2RA – Discharge to Recover and Assess to meet new requirements</li> <li>● Started discussions on developing an A&amp;E module view.</li> <li>● Updating the Electronic Transfer of care forms to meet new requirements from Local Authority and Health Board teams</li> <li>● Update MITS in readiness for supporting POW</li> <li>● Text and Remind system now live for configured services (inc CAMHS, CYP, Endoscopy and POW clinics). Still awaiting Radiology Go Live date.</li> </ul>



SERVICE	UPDATE
	<ul style="list-style-type: none"> <li>Completed development of Mortality Reporting eForm.</li> <li>Hub Referral Tracker Software further iterated to support new changes in eTOC/SDN workflow to LAsm and new Data Capture requirements.</li> <li>Continuing discovery audit on End of Life Architecture and Technical Debt.</li> </ul>
Clinical Coding	<ul style="list-style-type: none"> <li>98.4% coding completeness rate for 2023/24 has been achieved.</li> </ul>
Business Intelligence	<ul style="list-style-type: none"> <li>Continuing re-platforming of Business Intelligence to PowerBI – with associated training, branding changes and developing professional Design Pattern standards.</li> <li>Incorporated Predictive Measures into Cancer (SCP) and Unscheduled Care apps for service testing.</li> <li>New/iterated Releases for:               <ul style="list-style-type: none"> <li>Discharge Flow Monitoring</li> <li>A&amp;E Validation Assistance</li> <li>A&amp;E Performance Measures</li> <li>Outpatient Activity</li> <li>SCP (Single Cancer Pathway) performance and activity</li> <li>Clinical Coding performance</li> <li>Finance Apps (costed performance for CTM &amp; Out of Area)</li> <li>Waiting Times App</li> <li>Theatre Performance</li> <li>Nursing Care Records data)</li> <li>Flu Dashboard</li> </ul> </li> <li>Ad Hoc support to service colleagues in BI matters.</li> </ul>
Analytics	<ul style="list-style-type: none"> <li>Representation on national development group for D2RA data set</li> <li>Representation on Elective Theatre Optimisation Groups (national and CTM internal).</li> <li>Development of SDEC activity view completed for all activity modalities (A&amp;E, In Patient, Out Patient activity) in preparation for completion of SDEC service model.</li> <li>Guided development of BI applications for Unscheduled Care, Waiting Times, Discharge Flow Monitoring</li> <li>Development of an Emergency Department (ED) Safety Huddle support tool to assist with planning in EDs.</li> <li>Delivered ABUHB / CTM cross border A&amp;E activity analysis.</li> <li>Value Based Health Care project continues receipt of support for analysis of pathways and data submissions for Heart Failure, Alcohol, Diabetic Podiatry and Type 1 Diabetes Activity projects.</li> </ul>



SERVICE	UPDATE
	<ul style="list-style-type: none"> <li>• Demand and Capacity modelling work for RTT sub-specialties has been undertaken, but has proven challenging given the lack of clinical data available</li> <li>• 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</li> <li>• Quantitative analysis has been undertaken to inform the Acute Clinical Services Plan in a manner that enables iterative planning cycles.</li> <li>• Predictive analysis for a 7 day look ahead of A&amp;E demand and breaches.</li> </ul>
Corporate Reporting	<ul style="list-style-type: none"> <li>• Representation on National groups               <ul style="list-style-type: none"> <li>○ Heads of Information</li> <li>○ DataSet Modernisations</li> <li>○ WECDs (Welsh Emergency Care DataSet)</li> <li>○ WISBt (Welsh Information Standards Board)</li> <li>○ WIS (Welsh Immunisation System)</li> <li>○ Community Cardiology</li> <li>○ District Nursing groups.</li> </ul> </li> <li>• Regular support to Organisation on Ad Hoc reports, FoI Requests, Data Submissions, DSCN implementations.</li> <li>• Support to Enhanced Community Care group in developing submission process.</li> <li>• Development of Data Quality reports to support service areas examining improvement of their data completeness and accuracy.</li> <li>• Additional support on Data Quality for WPAS migration.</li> <li>• Analysis of data requests begun to assist with targeting/prioritising self-service developments.</li> <li>• Continuing data and analytical support to the Vax and Immunisation project group on Covid-19, Flu, Child Vax and MMR programmes (MMR support unfunded but judged critical given reported outbreaks).</li> </ul>
Data Warehousing and Engineering	<ul style="list-style-type: none"> <li>• AMaT (Clinical Audit) data pipeline to the Data Warehouse iterated to include new data items and a wider data range for analysis.</li> <li>• New Data feeds to the CTM data warehouse established for               <ul style="list-style-type: none"> <li>○ Live WAST Ambulance activity</li> <li>○ Hospital Pharmacy data</li> </ul> </li> <li>• Support to Workforce on setting up an enhanced ESR feed to provide full historical audit.</li> <li>• New Endoscopy system (Cloud EMS) data pipeline preparations</li> <li>• Heavy Support to validation of the WPAS Data Migration Project.</li> </ul>



SERVICE	UPDATE
	<ul style="list-style-type: none"> <li>• DATIX data pipeline national discussions.</li> <li>• Development of a formal D2RA/POCD delays data set to support analysis and BI developments in Discharge flow management.</li> <li>• Numerous new DataSets/Models established to foundationally support analytical/BI projects.</li> </ul>
National Data Repository	<ul style="list-style-type: none"> <li>• Patched LHC_Formbuilder to enable proper validation against the Structured Data Capture using HAPI validator. This now submits into the FHIR server enabling forms to be used.</li> <li>• Preparing documentation to submit the CTM developed patches to SMARTHealthIT (org hosting SMART)</li> <li>• Keycloak container now loads SMART on FHIR module permitting SMART standards with the authentication system thereby enabling Linking to web apps using NADEX.</li> <li>• API to autocoder under development that will enable access to the service by other HBs</li> <li>• Procurement for bi-directional APIs to primary care signed and programme underway.</li> <li>• Data sharing and processing agreements being discussed with GP DPO</li> <li>• Started modelling the WISDM forms in FHIR with a view to determining whether Lforms are an option for replacing Orbeon</li> <li>• Use of Scottish HSMR model for mortality being explored as per MDs mortality workshop.</li> <li>• C&amp;V UHB's FHIR Terminology server running and operational within CTM (API config on national ontoserver was not feasible with open clients)</li> <li>• Central logging system being set up</li> </ul> <div data-bbox="470 1444 1380 1982" style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p style="text-align: center;"><b>CTM UHB Target Data Architecture</b> Progress update April 2024</p> <p>The diagram illustrates the data architecture flow. On the left, 'Data Sources' include FHIR First Applications, FHIR SDC Forms, Existing Data Sources, File Based Sources, WPAS XML Feed, and WCRS / WRRS National CDR feed. These feed into 'Transformers' (Structured Data Capture scripts, Custom built XML Transformers, Apache NIFI) and 'Messaging' (Apache Kafka). The data then flows into 'Organise' (HAPI FHIR). From there, it goes to 'ETL' (SQL Server, SQL Reporting Tables, Apache Jena). Finally, it reaches 'Consumption' (FHIR First Applications, BI Dashboarding) and 'Analyse' (Apache Zeppelin, Whatever People Want to Use). A legend indicates: ★ Live, ☆ Testing, ★ In Development.</p> </div>



SERVICE	UPDATE
Performance Reporting	<ul style="list-style-type: none"> <li>The performance report continues to be iteratively updated in line with WG and Board direction. Ownership and accountability of the content and accuracy of the performance data remain a significant concern to the Informatics teams.</li> <li>Representation on National Heads of Performance continues</li> <li>Representation on Benchmarking groups (DHCW/CHKS)</li> <li>CHKS benchmarking analysis and liaison with main Information Team to refine reporting.</li> <li>Commenced Performance Management Engagement Sessions with Care Groups and Analytical/BI team to develop Performance Framework and the applications to support its regular reporting.</li> <li>Co-ordinated Minimum DataSet (MDS) submission and modelling to support WG submission for the 2024/35 IMTP.</li> <li>Co-ordinated Minimum DataSet (MDS) submission for Q4 2023/34 return to WG</li> <li>Collation and submission of biannual Policy Assurance Documentation for WG submission.</li> </ul>
Architecture	<ul style="list-style-type: none"> <li>Leading the Bridgend Infrastructure programme with weekly focussed sessions and coordination – 2 key workstreams remain- Telephony and Wireless authentication. Both are progressing in line with plans.</li> <li>All servers hosted on legacy SBU hardware in POW have been migrated to CTM and SBU Legacy hardware decommissioned.</li> <li>Completing an infrastructure baseline mapping exercise to supporting the identification of risks pertaining to key Infrastructure components and review and remediation of these.</li> <li>Reviewing the Nationally and Local programmes (RIS, ePMA) solutions and ensuring that CTM has appropriate Infrastructure architecture to support the use of these cloud service thorough secure and resilient links through to effective access to Local Business continuity services.</li> <li>Reviewing the impact of the Ground &amp; First Floor refurbishment in line with the ICT hosting within PCH and the Infrastructure strategy</li> </ul>

### 3. Key Risks / Matters for Escalation

- 3.1 The Health Board cannot meet the ambition of the digital programme as there is not the capital and revenue available.
- 3.2 Staffing continues to be a challenge, especially for fixed term posts.
- 3.3 National projects proposed without local business cases and agreed sustainable funding.

### 4. Assessment



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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:



<i>Have you undertaken a Quality Impact Assessment Screening?</i>		Not Required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not Required
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i>	Yes (Include further detail below)	
<b>Resource Impact</b> <i>(People / Financial)</i>	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.



## Digital & Data Committee

### Medical Records Assurance Report

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	21/05/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Bethan Marsh, Clinical Records Modernisation Manager, Matthew Swarfield, Head of Clinical Admin Transformation
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Bethan Marsh, Clinical Records Modernisation Manager
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Information Governance Group	09/05/2024	Noted



## Acronyms / Glossary of Terms

RGH	Royal Glamorgan Hospital
POW	Princess of Wales Hospital
PCH	Prince Charles Hospital
YCR	Ysbyty Cwm Rhondda
YCC	Ysbyty Cwm Cynon
DSH	Dewi Sant Hospital
HRMAG	Health Records Managers' Assurance Group
IGMAG	Information Management Assurance Group
Cito	Digital Patient Notes software application
DNA	Did Not Attend
CNA	Could Not Attend



## 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
- Patient Contact Services activity

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
38	Apparent misfiles or tracking failures	Williamstown Hub	Periodic searches ongoing
20	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 recent audits are as follows:



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

February to April 2024									
Clinic Date	Speciality	Hospital	Patients expected	Digitised Notes	Paper records	Casenotes available 24 hrs prior	Casenotes unavailable 24 hours	% Available 24 hrs prior	% Unavailable
26/02	Rheumatology	DSH	30	26	0	26	4	86.7%	13.3%
13/02	Orthopaedics	YCC	25	18	7	25	0	100.0%	0.0%
07/03	Dermatology	POW	19	19	0	19	0	100.0%	0.0%
09/03	ENT	RGH	12	9	3	12	0	100.0%	0.0%
08/03	Ophthalmology	YCR	28	28	0	28	0	100.0%	0.0%
21/03	Urology	PCH	28	17	11	28	0	100.0%	0.0%
08/04	Orthopaedics	YCR	15	12	3	15	0	100.0%	0.0%
25/04	Rheumatology	DSH	9	6	3	9	0	100.0%	0.0%
<b>166</b>	<b>135</b>	<b>27</b>	<b>162</b>	<b>4</b>		<b>97.6%</b>	<b>2.4%</b>		

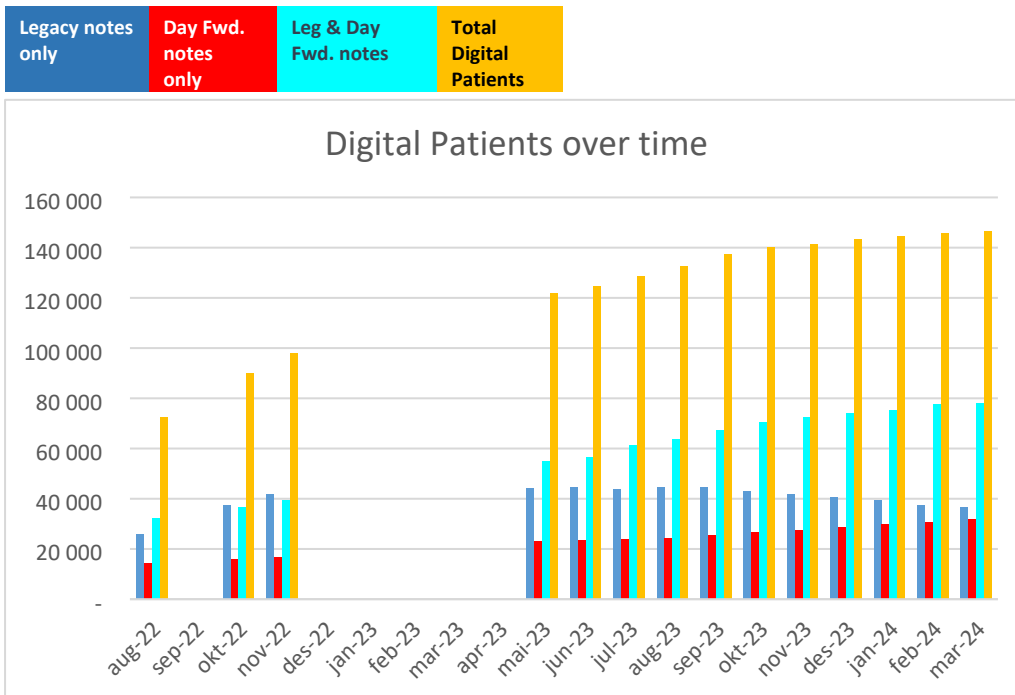
Inpatient audits are as follows. The target is to provide records for acute admissions within 24 hours. Records for RGH wards are supported by Medical Records. Other sites are supported by ward staff.

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 hrs	Paper notes unavailable < 24 hrs	% Available	% Unavailable
6/2/24	16	POW	15	0	15	5	10	33.3%	66.7%
14/3/24	ITU	POW	8	0	8	3	5	37.5%	62.5%

### 2.2.1 Paper casenote and Digital Records movement

Work related to record movements in and out of the Medical Records Libraries is shown below. The number of records moved changes in line with the progress of digitisation. The details are as follows:

**Digital patients - there were 146,549 digital patients as at 31/3/24.**





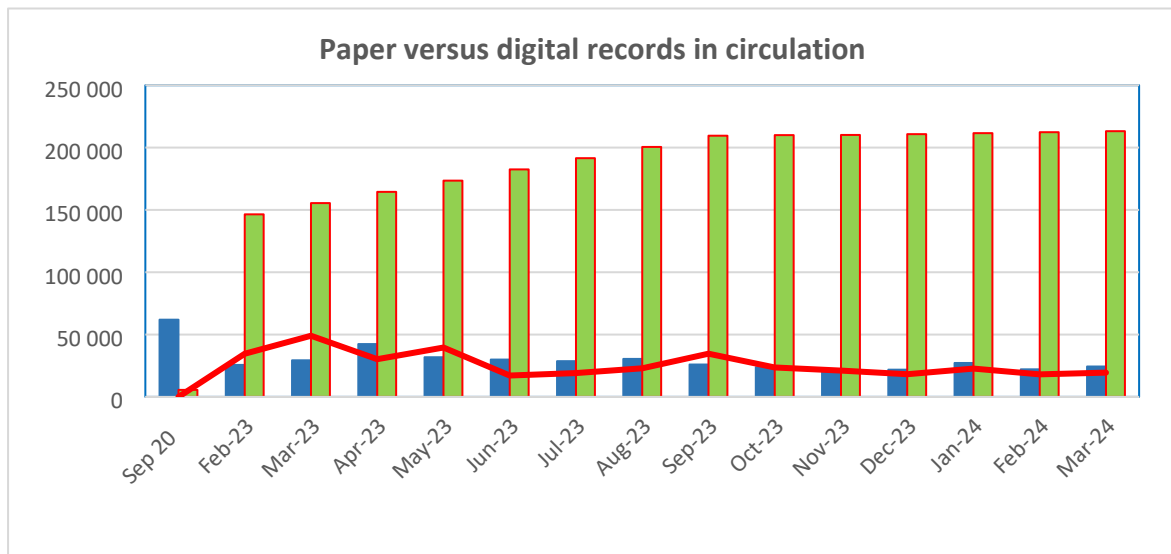
### 2.2.2 Casenote movement at Williamstown Records Hub.

Hub casenote interventions / movements		Sep 20 Benchmark	Feb-23	Mar-23	Apr-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-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	19,838	21,730
	Archive Records	2,354	2,078	1,544	11,394	1,433	1,584	1,536	1,040	887	911	1,078	807	870
	Deceased Records	1,483	483	1,521	1,567	202	685	1,606	1,843	2,400	604	5,392	812	1,064
	Maternity Records	1,453	46	1,269	4,041	728	806	544	600	530	934	692	659	708
	Quarantine (oversized records)	141	0	-	-	146	153	-	8	18	1	8	2	7
	Destroyed paper records (retention period expired)	0							3,496	7,199	1,194	306	5,465	324
Scanned Legacy	GBS Commercial Scan Bureau.	0	5,207	31,649	26,717	34,893	29,612	10,040	4,202	-	-	1,160	648	730
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	32,391	34,437
	Fast Track CTM Scanning 999FC	0						3,695	2,732	3,146	2,983	3,261	2,515	2,627
	CTM Legacy Scanning Bureau	0								100	37	100	113	129
Total		61,941	65,486	110,058	99,344	69,411	77,009	76,411	79,962	63,186	56,241	76,052	58,109	63,380

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 24 without commercial support. Demand and performance are monitored constantly.

Commercial digitisation work ceased in early October 2023. However, some outstanding images of deceased records were still being delivered and quality checked up until March. This is now complete and concludes work done by the commercial scanning supplier. The internal CTM scanning bureau is focussed on day forward scanning, therefore legacy scanning remains minimal, whilst the level of day forward scanning work continues to increase each month. The software contract for the Digital Patient Notes software has been extended for 2 years from March 2024, to allow time to consider future plans and potential systems for digital notes in the long term.

The graph and table below illustrate the current monthly usage of notes in paper and digital form. Paper notes (blue bars) versus digital notes (red line), against the background of pre-existing paper notes now digitised and destroyed (green bars).



Legacy/df split from digitisation log actuals															
	Sep 20	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Paper Legacy notes used this month	61,941	25,661	29,358	42,376	31,815	29,943	28,666	30,477	25,969	23,827	21,667	21,842	27,212	22,118	24,379
Legacy notes scanned, QA'd & destroyed to date	5,628	146,438	155,462	164,471	173,479	182,487	191,495	200,504	209,512	209,990	210,119	210,766	211,569	212,330	213,145
D Fwd notes received this month	0	34,618	49,051	30,251	39,604	17,146	19,121	22,941	34,654	23,613	21,108	18,201	22,715	18,090	19,467

High day forward notes activity in February to May 2023 reflects the commercial support in scanning day forward records, which effectively doubled this activity. Figures from April reflect work completed in house.

Legacy notes scanning figures have flattened from October 2023 onward, comparison to previous months. This reflects the end of commercial scanning support from that time to date. The impact on the ratio of paper to digital notes in circulation will continue to be monitored. It is anticipated the proportion of paper notes will increase because some patients with pre-existing paper notes will re-present for care, but there is no longer the support to digitise these prior to attendance.

### 2.2.3 Casenote movements supported by the Princess of Wales Medical Records Team

Data is now being captured and reported 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 casenumber 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. There are currently exploratory discussions around how this situation can be managed in conjunction with Swansea Bay UHB. There are a number of considerations including clinical, financial, information governance and storage pressures, which will require careful assessment. An options paper will be prepared for consideration by this committee and subsequent approvals, as deemed appropriate.

<b>Record movements at POW and related Bridgend Library areas</b>	<b>LIBRARY INVENTORY</b>	<b>activity</b>	<b>activity</b>	<b>activity</b>	<b>activity</b>
<b>Record Category</b>	<b>Dec-23</b>	<b>Dec-23</b>	<b>Jan-24</b>	<b>Feb-24</b>	<b>Mar-24</b>
<b>ARCHIVE TOTAL</b>	<b>121,619</b>	<b>1,601</b>	<b>2,593</b>	<b>2,519</b>	<b>3592</b>
<b>DECEASED TOTAL</b>	11,871	<b>340</b>	<b>673</b>	<b>435</b>	<b>46</b>
<b>LIVE TOTAL</b>	173,566	<b>46,732</b>	<b>35,024</b>	<b>32,290</b>	<b>28734</b>
<b>Total Record Movements</b>		48,673	38,290	<b>35,244</b>	32,372

Activity has been captured from December 2023, which coincided with an extensive piece of work in December and January to move tens of thousands of records to offsite storage for safety reasons. Activity from February 24 is more typical. 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.

## 2.3 MEDICAL RECORDS INCIDENTS

2.3.1 There were 7 new incidents involving the Medical Records Department or patient records have been reported via Datix in Quarter 4:

- 1 was a report of a delayed healthcare record; this was attributed to Medical Records in error and related to Emergency Department record scanning.
- 4 were reports of healthcare records not available. These were incidents of records believed to be misfiled, as reported under section 2.1 – missing records. Searches are ongoing.
- 1 was a fall in the car park at the Records Hub with no apparent cause and only minor injury sustained. No hazard was identified.
- 1 was an incident of anti-social behaviour by a member of the public, involving what appeared to be a firearm in the immediate vicinity of the Williamstown Records Hub. The police firearms team attended site. The weapon was confirmed as an air gun and no harm was caused to staff or the public.

### 2.3.2 Misfiled/Mis-identified patient documents

There were **803** incidents of misfiled/misidentified patient documents found between January 2024 and March 2024. The current total discovered from October 22 to 31<sup>st</sup> March 2024 is now **3,993** instances.

An additional report has been developed by the Cito Clinical System Manager to further identify instances of documents filed in the wrong patient record. This uses Cito optical character recognition functionality to search digitised images for any content which potentially contains another

patient's casenumber. This report is investigated daily by the Medical Records Hub quality assurance team, enabling an even higher rate of detection and correction of such errors. Since it became available in December 2023, additional errors have been identified and rectified by combined use of staff QA and the new report.

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.

## 2.4 RECORD STORAGE AND RETENTION

### 2.4.1 Princess of Wales and Bridgend record storage areas

Libraries are at capacity with storage issues continuing 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 commenced to identify and destroy deceased patient records that can now be destroyed legally, given recent retention restrictions due to the Infected Blood Inquiry and other limitations. The position on retention and destruction has now been clarified and procedures have been revised to resume legal record destruction work. This will escalate in early May, to address some of these pressures. However, there is presently no staff resource to support this at pace or volume, and staff turnover means that staff need to be trained in the detailed checking procedures. Work will be done as far as possible with resource that can be redirected from throughout the service. A scoping exercise will be undertaken to evaluate the scale of work required to redress the 6-year backlog of destruction across all CTM Libraries managed by the Medical Records Department. This will propose a phased destruction plan with a staffing model to work on a multi-site approach, prioritising areas of highest pressure. A short-term option based on potential use of short-term additional contracts and/or bank staff to make immediate progress will be developed, along with a more structured proposal for a sustainable plan to recoup the pre-embargo position and form a sustainable records management workstream for the long term.

Storage solutions to avoid a recurrence of past problems still need exploration in the coming months. Destruction is the immediate solution but requires intensive work; this is the measure most likely to deliver benefits by reducing the number of records for storage, rather than expending time, funds and effort on re-distributing records around sites.

Short term options are still being identified and considered. In the medium to long term we will begin to explore the options around digitising Bridgend patient case notes and what will be required to undertake this.

#### 2.4.2 Records Retention and Destruction - Update

As reported previously, the Infected Blood Inquiry record destruction embargo was lifted for CTMUHB some months ago. The remaining barrier to resuming legal destruction work was a lack of clarity in national record retention guidelines. The Records Management Code of Practice, re-issued by Welsh Government in 2022, states that “primary” records should be retained for 20 years for patients with “long-term conditions”. The usual retention period for adults over age 25 is 8 years after care has concluded, in most cases.

Terminology differences between CoP documents from NHS Scotland, NHS England and the Welsh Government Code of Practice exist with regards to what is meant by the “primary record”. The conclusion reached by HRMAG, with legal and professional advice, is that the Primary Care (i.e., General Practice) record is retained for the whole lifetime of the patient and contains correspondence and updates on secondary care provided. This record therefore provides the most complete and contemporaneous record of the patient’s long term health condition and so can be considered the primary record, for the specific purpose of evaluating whether a historic paper secondary care record qualifies for destruction under the guidance. The principle still remains that the combined primary, secondary and social care records provide the holistic patient care record, as per the organisation’s strategic aim.

CTMUHB Executives approved the proposal to resume legal record destruction on this basis in March 2024. As referenced above, standard operating procedures are being revised to recommence record destruction in accordance with guidance. These will be implemented in the Medical Records Libraries imminently and shared with other records holders for guidance.



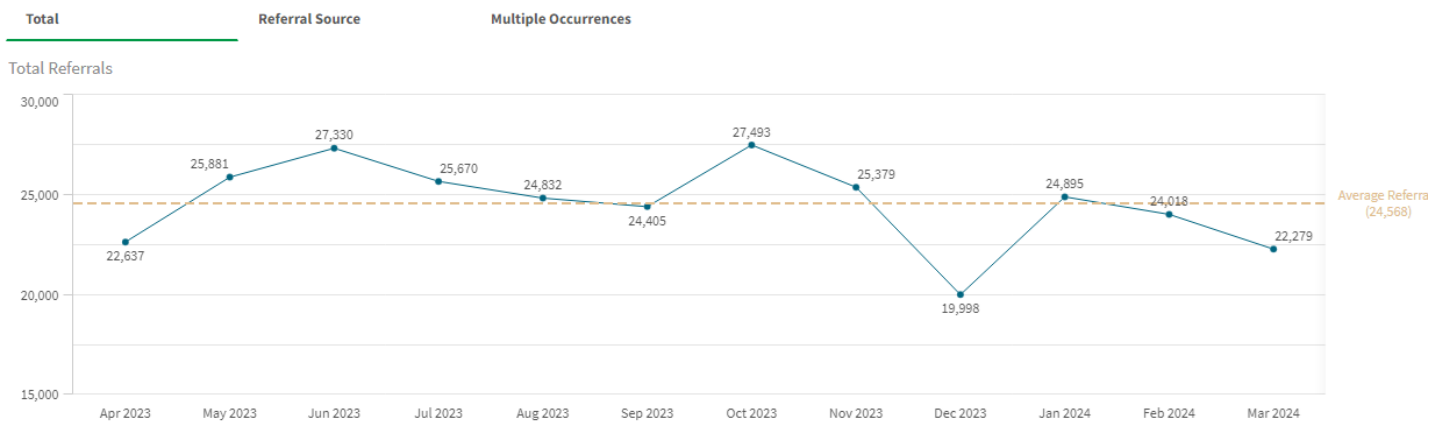
## 2.5 Patient Contact Services Activity

### 2.5.1 Referral Activity

This section will set out the referral activity level for new patients added to a core speciality waiting list within Outpatients for the whole of the CTM footprint. We have 3 teams based on each DGH site, these teams process and register new referrals and patients.

The below activity highlighted the work undertaken, March 24 being part effect due to reporting arrangements;

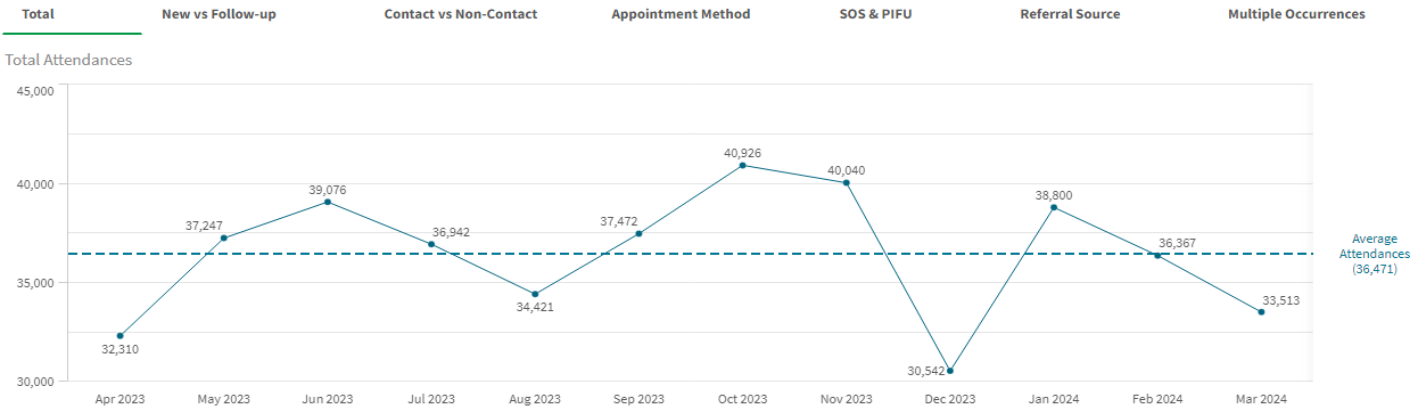
#### Referrals



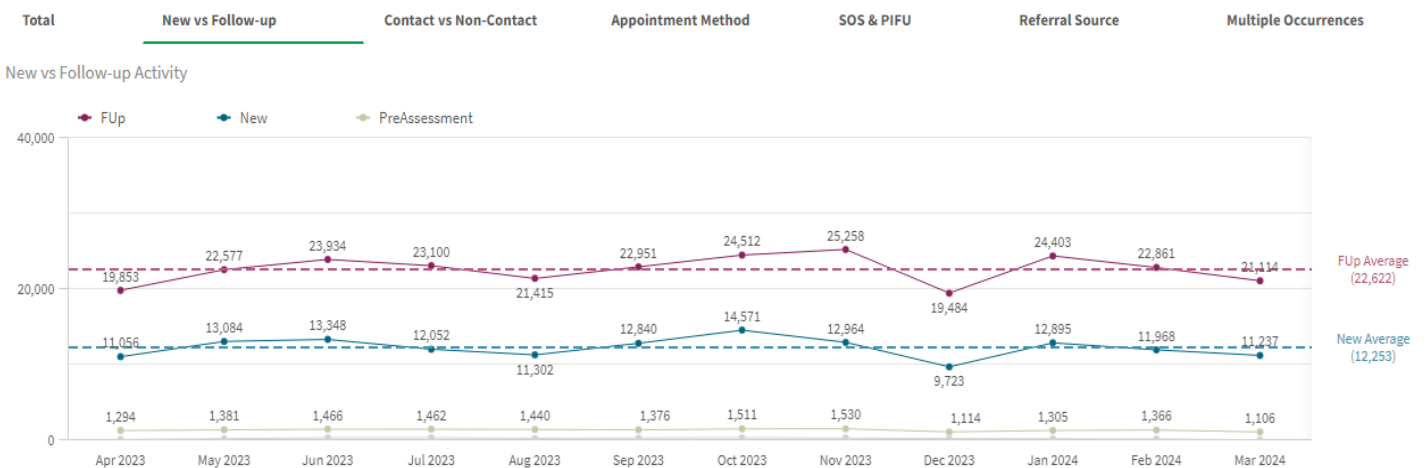
The referral management services continues to manage high levels of referral activities into the health board, this does not include the high volume of expedite letters (*approx. third more*) received due to the long waiting times across the health board. There has also been a significant amount of work for the movement of patient between PAS systems and the relocation of the Breast service from NPT to RGH.

### 2.5.2 Outpatient Appointment Activity

The Patient Contact service manages and oversees the largest Outpatient activity for the health board, covering over 20 specialities across the main DGH and community hospital sites. The below presents the total health board figures of outpatient services provided by this team by month.



In this below graph the same information is split by New and Follow Up appointment type.

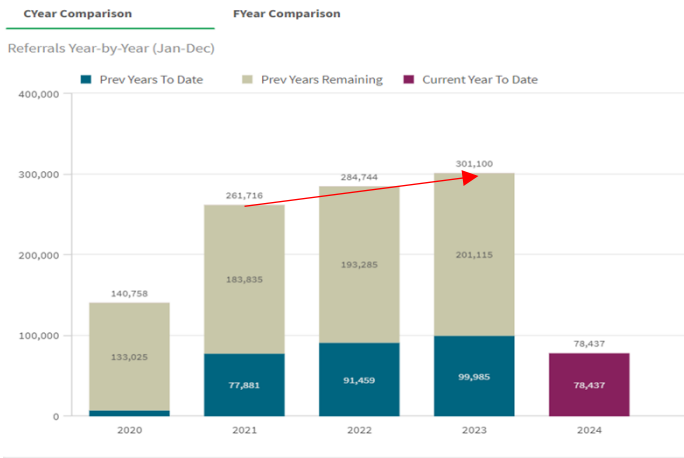


This team is also responsible for the management and rebooking of all cancelled activity, this included patient CNA and rebooking (*Average 4,400 per month*), patient DNA and rebooking (*Average 3,500 per month*), Hospital initiated cancellations are rebooking (*Average 6,900 per month*). These make up a large proportion of the daily activities of the team and require careful management in line with national RTT guidelines.

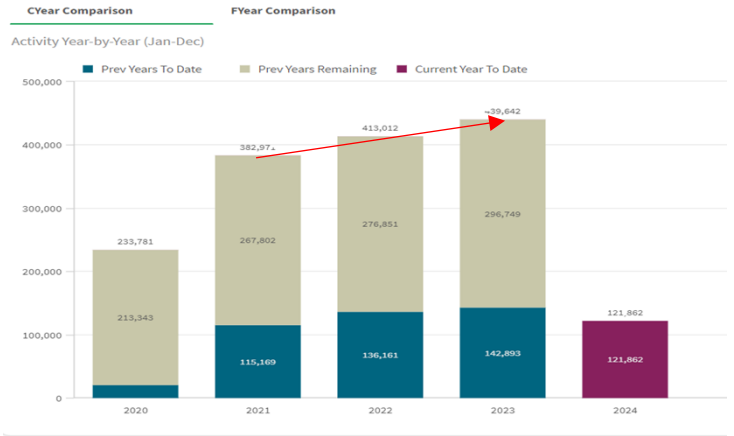
### 2.5.3 Yearly Growth Referral and Outpatient Activity

We are continuing to see a year on year increase in demand (*Referrals*) on our services which is resulting in an increase in activity. Much of the outpatient additional activity is undertaken as overtime and is not core budget funded. With an increase in Outpatient activity comes an increase in the Medical Record activity, both in paper and digital. The below graphs highlight this increase in year on year activity trend;

**Referrals**



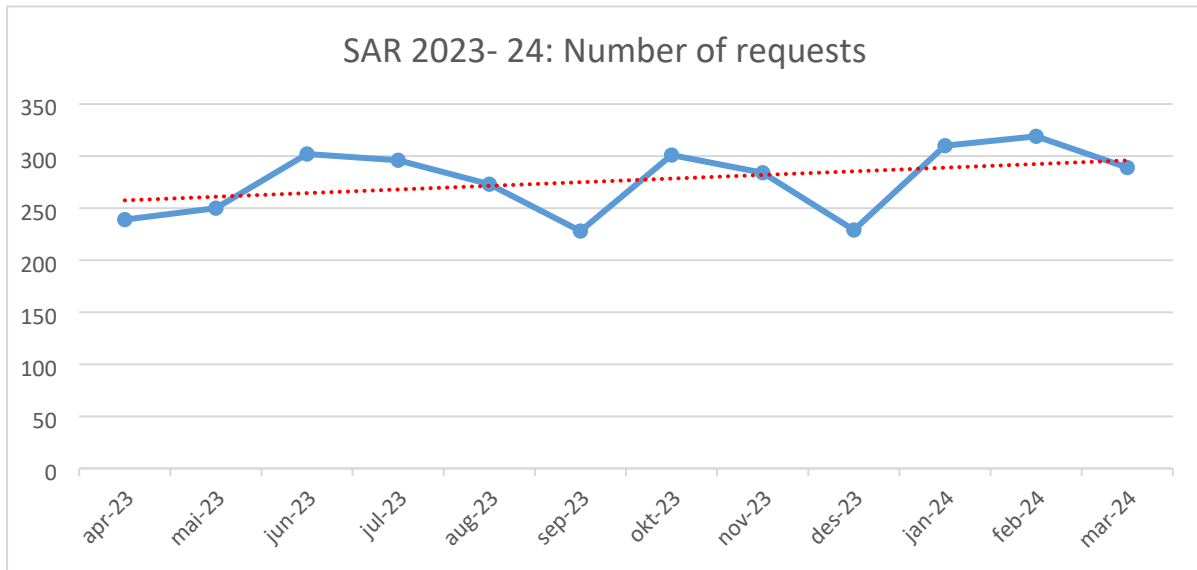
**Activity**



**2.5.4 Subject Access Activity**

As part of the Medical Records function we provide the subject access function across RGH and PCH sites. The POW site is currently covered under an SLA with SBUHB, this is under review. The below table and graph highlights the activity undertaken and any associated breaches with the statutory timeframes for completion;

Data Protection - Subject Access Requests for 2023/2024														
Medical Records RGH/ PCH Only (These Inc. all 3rd party requests, i.e. police, etc.)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total	Average
Number of requests	239	250	302	296	273	228	301	284	229	310	319	289	3320	277
Number of exemptions applied	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of late responses	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Whilst we remain compliant with zero late responses we are continuing to see an increase in demand (*red trend line above*) and complexity due to the changing nature of patient's record requests and the digital systems interface.

### 2.5.5 Overseas Visitor Activity

The Medical Records Overseas visitor function covers the old Cwm Taf footprint of the health board and is responsible for the checking and reviewing of patient eligibility for any payment of treatment in line with national guidelines and procedures, this include patients from the European Union and beyond.

The Bridgend function sits within the operational services structure under the private patient function, the role was removed from the structure in 2023 and has not been replaced, this leaves the POW site without cover for any overseas patient's service or the means to recoup any monies from patients not eligible for free treatment.

In total between April 2023 and end of March 2024, the sole Overseas Officer for old CT has contacted/interviewed **976 Patients** to check eligibility for payments for use of service.

### **3. Key Risks / Matters for Escalation**

#### **3.1 Filing of incorrect patient documentation**

There continues to be issues 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 Records Storage across CTM**

Record storage at Bridgend sites remains a significant and recurrent risk, with all storage areas full. 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. It is expected that resumption of legal destruction can provide some immediate mitigation, but there are insufficient staff available to do this at the required pace and volume. It is possible that some additional storage space may still be essential in the meantime.

Digitisation was cited within the original business case as the only effective measure to address records growth effectively, whether by scanning, development of digital forms instead of paper, or both. The 2018 business case for digitisation established that annual net growth of paper records was 25,000, despite a pro-active destruction programme. As stated, legacy scanning work has effectively halted, paper records continue to be created at Bridgend and the position is likely to deteriorate further. It will continue to be reported at future meetings.

#### **3.3 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 risks of not progressing. As the decision has been reached to halt commercial work due to availability of budget 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 Retention and Destruction

As the retention and destruction criteria have now been clarified, with work about to resume, the nature of this risk has changed. The lack of staff resource means that work to address the 6-year backlog of destruction and maintain a pro-active future work programme is at risk. A dedicated team is required, fully trained in the checking process and familiar with terminology and the necessary information systems. This would Facilitate an effective programme carried out at pace and volume, once established. Scoping work will begin shortly.

### 3.5 Overseas Patient Function Resource

The overseas patient officer/ function for the old Cwm Taf footprint is held as part of the wider Medical Records department operating out of RGH, a statutory function as per Welsh Government. Due to historic arrangements for Bridgend this was managed locally alongside the private patient department up until 2023, outside of Medical Records. The role in POW has now been removed due to a change in personnel/ budget and does not sit within the Medical Record function due to funding, as such the Bridgend locality does not have any provision to review and investigate any overseas patients which may be liable to pay for services used.

## 4. Assessment

<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <i>(<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</i>	Not Applicable
	If more than one applies, please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <i>(<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</i>	Not Applicable
	If more than one applies, please list below:



<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies, please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome: 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:  N/A
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  N/A
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	General Data Protection Regulations	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Risk of reputational demand to the digital agenda by reverting to paper notes/processes.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Staff revenue costs of managing records storage and growth pressures across all areas	

## 5. Recommendation

5.1 The committee is requested to NOTE:

- measures to manage/report missing medical records
- the audit results of casenote availability;
- the report on casenote movement and growth of digital patients
- the Medical Records incidents
- the record storage position at POW Library and across the wider organisation
- the Patient Contact Service activity levels.
- the risk related to the Digital Record strategy
- the intention to resume records retention and destruction and the risk associated with lack of staff resource to make this effectively



**Agenda Item**

6.1

**Digital & Data Committee**

**Clinical Coding AI Enabled Transformation Programme**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	21/05/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Mrs Lisa Cartwright, Head of Coding Dr Keiron O'Shea, Data Scientist
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Mrs Lisa Cartwright, Head of Coding
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital

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

<b>Acronyms / Glossary of Terms</b>	
DHCW	Digital Health & Care Wales
FHIR	Fast Healthcare Interoperability Resources
LHC	Lister Hill Centre forms
PAS	Patient Administration System
MITS	Maternity Information Technology System
IP & DC	Inpatient and Daycase
FCE	Finished Consultant Episode
RTT	Referral to Treatment Targets
API	Application Programming Interface
DAL	Discharge Advice Letter



## 1. Introduction

Clinical coding involves assigning standardised codes to medical diagnoses, procedures, and other healthcare information. Clinically coded data holds strategic and clinical importance to the University Health Board (UHB) for numerous reasons including:

- Standardisation of Information - ensuring consistency in data representation, facilitating interoperability among different healthcare systems & enabling digital transformation
- Efficient Data Management – allowing for efficient storage, retrieval, and analysis of vast amounts of healthcare information. In turn this streamlines data management processes, enabling healthcare professionals to quickly access and interpret patient records.
- Accurate and Reliable Information: promoting accuracy in documenting patient conditions, treatments, and outcomes. Accurate coding is crucial for reliable statistical analysis, research, and epidemiological studies, leading to evidence-based healthcare practices.
- Financial benchmarking and commissioning: Proper clinical coding is essential for comparatives on productivity, value, benefits and costs to be undertaken and for the UHB to measure its own improvement against financial Key Performance Indicators.
- Clinical Decision Making: by providing a comprehensive view of a patient's condition, medical history (ies), treatments, and responses the quality of decision should be improved. Furthermore coded data aids healthcare professionals in making informed decisions about patient care and treatment plans.
- Quality Improvement and Research: QI & Researchers use coded data for studying trends, outcomes, and effectiveness of various treatments, contributing to advancements in medical knowledge.
- Public Health Management and Surveillance: Clinical coding plays a crucial role in public health surveillance and monitoring the spread of diseases. Coded data assists in identifying and responding to emerging health threats, facilitating timely public health interventions.
- Policy Development: Welsh Governments and UHBs use coded data to formulate health policies and strategies and to inform resource allocation and decisions.

As such, coded clinical information is a foundational building block to improving patient outcomes and overall healthcare quality.



## 2. Specific Matters for Consideration

Following the upheavals brought about by the Covid-19 pandemic, the UHB developed a coding strategy which sought to greatly enhance the use and availability of coded data in the clinical record. The strategy took a multi-faceted approach, considering recruitment and retention, professional and workforce development, technology, legislation and standards requirements into consideration.

Two years into our AI enabled strategic transformation the UHB can point to demonstrable progress and benefits of our execution of the strategy, as below:

**2.1 Quality of coding:** A Digital Health Care Wales (DHCW) quality assurance of the accuracy and completeness of our clinical coding, was undertaken in February 2024. The review examined the processes employed in coding the record and whether it is coding the primary and secondary diagnoses and procedures accurately.

The quantitative results of the audit for accuracy were as follows:

Primary diagnosis	-	94.4%,
Secondary diagnosis	-	95.5%
Primary procedure	-	95.8%
Secondary procedure	-	96.2%

These results were very similar to last year with diagnosis quality falling by 0.1% and procedures increasing by 0.2%

Coding policies to assure the quality of the record where the specialty is not covered by standards have been reviewed with the clinical service, leading some to be retired, whilst the remainder have been signed off by an appropriate clinician. All Data Quality issues flagged by an in-house developed audit tool presented via a live Qlik App or by DHCW are resolved within the month.

**2.2 Coding completeness:** As at Monday 5<sup>th</sup> February 2024, the UHB had coded 93.3% of all Finished Consultant Episodes (FCEs) completed in the financial year. This incorporates the achievement of a 98%+ coding rate for all submitted months to Welsh Government, and compares with the target of 95% set by Welsh Government and most notably, the 78.3% position observed at the same time last year. This along with other comparators, is set out in the table over leaf, showing the reported coding position as at the first Monday in February in 2023 and 2024.

The table also shows that productivity levels have increased by 40.3% over the course of the year, with the number of FCEs coded in the first 10 months having risen from 77,534 to 108,765, whilst the service has remained within its financial allocation.



06/02/2023	Percent complete	Total FCEs	Coded FCEs	Uncoded FCEs	05/02/2024	Percent complete	Total FCEs	Coded FCEs	Uncoded FCEs
April:	95.60%	8790	8406	384	April:	98.30%	9800	9633	167
May	93.00%	10072	9365	707	May	98.10%	11346	11132	214
June:	93.00%	9568	8899	669	June:	98.60%	11501	11336	165
July	91.20%	9677	8821	856	July	98.50%	11441	11268	173
August:	77.90%	9588	7469	2119	August:	98.40%	11315	11135	180
September	81.20%	9642	7826	1816	September	98.80%	11916	11773	143
October	79.80%	10555	8419	2136	October	98.50%	12668	12473	195
November	77.30%	10505	8116	2389	November	98.00%	12859	12596	263
December	68.10%	9921	6754	3167	December	93.50%	11270	10533	737
January	35.30%	9702	3421	6281	January	58.30%	11538	6721	4817
February	3.80%	1011	38	973	February	17.60%	936	165	771
<b>Total</b>	<b>78.30%</b>	<b>99031</b>	<b>77534</b>	<b>21497</b>	<b>Total</b>	<b>93.30%</b>	<b>116590</b>	<b>108765</b>	<b>7825</b>

The team believe that they have sufficient coding and admin staff to improve further, however the main limitation is access to the case note. A quick analysis identified circa 700 notes were being held by clinical teams for patients who have regular appointments with them, or by expectant mothers who currently carry their own medical record until the birth of the child.

Maternity remains another major area of challenge and has been a focus for improvement. At both sites, Princess of Wales and Prince Charles Hospital, the UHB has improved the process to ensure that a limited data set containing the clinical information of the attendance or clinical event is being documented and has worked hard to improve the flow of maternity notes, making the turn around a lot quicker and improving the coding team's access to the notes. However the data quality within Maternity Information Technology System (MITS) (the digital record) remains poor, frustrating its use as material from which coded events can be recorded.

Finally there remains issues across the UHB in tracking the whereabouts of clinical notes. Unfortunately we do not expect this position to improve until we have a digitised care record.

**2.3 Extending the scope of coding beyond Inpatient and Daycases (IP & DC):** The UHB, led by the coding and data science team continue to make progress in the development of Fast Healthcare Interoperability Resources (FHIR) forms to capture data items to standards at source. Work to formulate to identify the data items required by clinicians to record past medical history which clinicians has commenced.

All outpatient encounters are now in the UHB's FHIR data store; however, this is not presently coded – hence the requirement to adopt Lister Hill Centre form's (LHC) FHIR forms or equivalent.

Cardiac physiologists have now started sending through the activity they undertake in the cardiac day unit. Although the activity is transacted on

the Patient Administration System (PAS), there are issues as to where the UHB can code them. The issue arises as we can code Outpatient Procedures, but not Healthcare Attendances, on PAS (although ultimately clinical information will be largely maintained in the clinical data repository).

This issue raises a far more strategically important question around NHS Wales data model and the data dictionary, which has not developed to accommodate the requirements of finance (commissioning), Referral to Treatment Targets (RTT) and admin rules and changes in clinical practice. Whilst some work has commenced across the coding, PAS and Finance teams, the requirement to update the data model has been escalated to the Chief Digital Officer of NHS Wales. The committee are reminded that the legacy data model is a contributory factor in the Service Level Agreements (SLA) loss to AB noted earlier in the year.

Out Patient Procedures (OPP) in the old CT are now being coded wherever they have been identified as having taken place, however there is a very different practice in Bridgend area, which, we believe, is leading to significant under reporting.

The autocoder is being used to code emergency department (ED) outpatient activity and the Inpatient Waiting list, with PAS now recording the diagnosis underpinning the addition to the Inpatient Waiting List. There are significant challenges in this area however, as there is no Standard Operating Procedure that is adhered to, and free text comments in PAS, which are used to store this information, can be overwritten by subsequent information. Revised streaming arrangements, enabling historic entries to be autocoded have been put in place, but are yet to be fully validated.

The UHB have had access to GP referral data on a one-off basis, which contains useful elements of the GP record and supports pre and post hoc coding. Given its value the UHB have asked for DHCW to develop this as a live feed, but to date have yet to receive a positive response.

The UHB have gone out to procure a bi-directional Application Programming Interface (API) between the primary and hospital care records for our patients. Significant benefits of this will be the ability to pre-populate clinical records and to avoid the requirement to manually code and enter coded data into clinical records.

**2.4 Workforce Development:** 3 trainees are now in post within the coding team with one of the coders due to take their exams in Easter 2024.

A Python software development course is being offered to all coders to support with the development of the autocoder and to develop their ways of working in the digital / AI age.



The coding department has sourced its own development workshops to train staff in respiratory, infectious disease and pain, following the cessation of training workshops by DHCW for reasons unknown.

In the past 12 months the coding team have retained all of their qualified and trainee coders. Retention is proving positive and there has been no requirement to recruit.

In the next five years the UHB is facing 6 very experienced and productive clinical coders retiring. Our ambition is to continue to develop the autocoder to mitigate the anticipated productivity loss.

## 2.5 Autocoder Development

The autocoder has continued to be developed over the course of the year, with multi-episode spells now being coded accurately. A new engine has been provisioned, supporting the ordering of the codes.

The only exemptions for the autocoder where manual coding is required, has been reduced to the coding of:

- deceased patients, as there is no Discharge Advice Letter (DAL) and there is a requirement to factor in additional information used in risk adjustment scores of mortality reporting
- mental health inpatient activity (as there is a large amount of development required, diagnosing a mental health illness can be a far lengthier process than in other specialties therefore; clinical practice is to record symptoms in the absence of a diagnosis)
- maternity inpatient episodes (as the digital record remains poor in its quality and often inconsistent with the paper record)
- complex cases (as determined by number of episodes and length of stay), for example patients who have been in hospital over 100 days and required complex packages of care
- Frequent fliers (such as a patient who has 5 attendances in 2 weeks). These are trickier to autocode as there is often scant documentation for each individual event, rather the record covers the complete package of care.

**2.6 Future direction:** Despite requests no information has yet been received from DHCW regarding the transition to Snomed-CT and ICD-11 coding rule sets. Whilst the UHB is prepared for the transition with a number of coders having gained qualifications in Snomed-CT coding and the autocoder using Snomed-CT natively, we are anticipating that nationally there may be a delay whilst others, including DHCW, consider how they would navigate around the existing medicode software being limited to recording only one code per procedure, given that ICD-11 may require more than one.



### 3 Key Risks / Matters for Escalation

In conclusion, the coding department continue to lead Wales in the use of AI and in achieving the highest levels of completeness and scale of the coding and availability of clinical information. Morale is high within the team, and productivity has been enhanced by over 40% during the year.

The main strategic risk as identified earlier is the speed of development of autocoding being fast enough to cope with the schedule of staff retirements and the ambition to code all clinical events, rather than just the inpatient and daycase activity.

The committee are requested to note that this was a fully in-house, professionally led, agile AI enabled transformation which placed an emphasis on valuing and empowering our own teams.

### 4 Assessment

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



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <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
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not Required
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	UHB non-compliance with GDPR & NIS-D.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <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 To **NOTE** the progress made in taking forward the coding improvement plan over the past year and the successful delivery of the Welsh Governments quality and completeness targets.