

Digital and Data Committee Meeting

Fri 29 November 2024, 12:00 - 14:30

Agenda

12:00 - 12:02 **1. PRELIMINARY MATTERS** 2 min

1.1. Welcome and Introductions

Ian Wells, Committee Chair

1.2. Apologies for Absence

Ian Wells, Committee Chair

1.3. Declarations of Interest

Ian Wells, Committee Chair

12:02 - 12:04 **2. CONSENT AGENDA** 2 min

2.1. ITEMS FOR APPROVAL

2.1.1. Unconfirmed Minutes of the Meeting held on 28 August 2024

Approval Ian Wells, Committee Chair

 2.1.1. Unconfirmed Minutes of Digital 28 August 2024 (3) (002).pdf (8 pages)

2.1.2. Unconfirmed Minutes of the In-Committee Meeting held on 28 August 2024

Approval Ian Wells, Committee Chair


 2.1.2. Unconfirmed Minutes In-committee Digital and Data Committee 28 August 2024.pdf (2 pages)

2.1.3. Information Governance Policies

Approval Claire Northwell, Head of Information Governance

 2.1.3.a. Information Governance Policies (Cover Report).pdf (4 pages)

 2.1.3.b. Appendix 1. DRAFT Call Recording Policy.pdf (9 pages)

 2.1.3.c Appendix 2. DRAFT Clear Desk and Clear Screen Policy IG11 v0.5.pdf (8 pages)

2.1.4. Medical Illustration Policy

Approval Stuart Morris, Director of Digital

 2.1.4.a. Medical Illustration Policy.pdf (4 pages)

 2.1.4.b. Appendix 1. Medical Illustration Policy.pdf (24 pages)

2.2. ITEMS FOR NOTING

2.2.1. All Wales independent member digital network highlight report

Noting Cally Hamblyn, Assistant Director of Governance & Risk

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

2.2.2. Committee Annual Cycle of Business

Noting Ian Wells, Committee Chair

Please note this item will be picked up under agenda item 6.1

2.2.3. Committee Forward Work Plan

Noting Ian Wells, Committee Chair

Please note this item will be picked up under agenda item 6.1

2.2.4. Action Log

Noting Ian Wells, Committee Chair

Please note this item will be picked up under agenda item 6.1

12:04 - 12:59 3. MAIN AGENDA

55 min


3.1. Matters arising not otherwise contained on the action log

Ian Wells, Committee Chair

3.2. Spotlight Topic - Progress against Digital Strategy and Health Board Alignment

Discussion Stuart Morris, Director of Digital

3.2.1. Health Board Alignment Bridgend Disaggregation

 3.2.1 Spotlight - Health Board Alignment (Bridgend Disaggregation).pdf (17 pages)

12:59 - 13:34 4. GOVERNANCE

35 min

4.1. Organisational Risk Register

Discussion Cally Hamblyn, Assistant Director of Governance & Risk

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

 4.1b Appendix 1 - Org RR Nov 24 - DDC.xlsx (4 pages)

4.2. Information Governance Highlight Report

Discussion Andrew Nelson, Assistant Director of Data Intelligence & Compliance

 4.2 Information Governance Highlight Report for DaD Committee 29.11.24.pdf (6 pages)

 4.2.a.Appendix 1 (Information Governance Highlight Report).pdf (1 pages)

4.3. Internal Audit Report - Intelligence Led Organisation

Discussion Stuart Morris, Director of Digital

 4.4. IA Review - Intelligence Led Organisation 17 October 2024.pdf (22 pages)

4.4. Insight into Clinical Safety for Digital Systems

Discussion Christian Smith, Chief Nursing Information Officer, Digital and Data

13:34 - 14:04 5. IMPROVING CARE

30 min

5.1. Digital and Data Assurance Report

Discussion Karen Winder, Assistant Director of Digital Systems

5.2. Medical Records Assurance Report

Discussion Matthew Swarfield, Head of Clinical Admin Transformation

 5.2 Medical Records Assurance Report - Nov 24 DDC.pdf (18 pages)


14:04 - 14:24 6. SUSTAINING OUR FUTURE

20 min

6.1. Agreement on Legacy Activity & Alignment to new Committee Structure

Discussion Cally Hamblyn, Assistant Director of Governance & Risk

 6.1. Committee Final Close Down Legacy Report Digital and Data Committee 29 November 2024.pdf (4 pages)

 6.1.a. APPENDIX 1 Digital and Data Committee Annual Cycle of Business 2024-25.pdf (2 pages)

 6.1.b. APPENDIX 2 Final Legacy Report - Digital and Data Committee Annual Report.pdf (7 pages)

 6.1.c. APPENDIX 3 Digital and Data Action Log 19 November 2024.pdf (5 pages)

 6.1.d. APPENDIX 4 Digital and Data Committee Forward Work Plan 19 November 2024.pdf (2 pages)

14:24 - 14:24 7. ITEMS TO BE DISCUSSED AT IN COMMITTEE MEETING

0 min

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

- Organisational Risk Register - Cyber / Business Sensitive Risks
 - Cyber Improvement programme
 - Digital Critical Incidents
-

14:24 - 14:29 8. OTHER MATTERS

5 min

8.1. Committee Highlight Report to Board

Information Ian Wells, Committee Chair

8.2. Any other urgent business

Information Ian Wells, Committee Chair

8.3. How did we do today

Information Ian Wells, Committee Chair

14:29 - 14:29 9. CLOSE OF MEETING

0 min



Agenda Item	2.1.1
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Unapproved / Minutes of the Digital and Data Committee Meeting

Date and Time of Meeting	Wednesday 28 August 2024 at 9:30am
Venue	Virtual via Microsoft Teams

Members Present	Ian Wells	Independent Member (Chair)
	Carolyn Donoghue	Independent Member
	Kath Palmer	Independent Member
In Attendance	Stuart Morris	Director of Digital
	Suzanne Rodgers	Assistant Director for Digital Transformation
	Andrew Nelson	Assistant Director of Data Intelligence & Compliance
	Claire Northwell	Head of Information Governance
	Karen Winder	Assistant Director of Digital Systems
	Christian Smith	Chief Nursing Information Officer
	Sallie Davies	Deputy Medical Director
	Robert Bleasdale	Associate Medical Director for Digital / Consultant Cardiologist
	Cally Hamblyn	Assistant Director of Governance & Risk
		Tyler Lewis

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	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 had been received from; <ul style="list-style-type: none"> • Paul Chilcott, Lead Infrastructure and Security Architect • Dom Hurford, Executive Medical Director • Steve Macdonald, Assistant Director for Digital Delivery • Matthew Swarfield, Head of Clinical Administration Transformation



1.3	Declarations of Interest
	No declarations of interests were received.
2.	CONSENT AGENDA
2.2	ITEMS FOR APPROVAL
2.1.1	To Receive and Confirm the Minutes of the Meeting held on 21 May 2024
Resolution	The minutes were APPROVED as an accurate record.
2.1.2	To Receive and Confirm the Minutes of the In-Committee Meeting held on 21 May 2024
Resolution	The In-Committee minutes were APPROVED as an accurate record.
2.1.3	Outcome of the Committee Self-Effectiveness
Resolution	The survey outcomes were APPROVED .
2.1.4	Freedom of Information Policy
Resolution	The policy was APPROVED .
2.1.5	Information Asset Procedure
Resolution	The Committee APPROVED the procedure
2.2	ITEMS FOR NOTING
2.2.1	All Wales Independent Member Network Highlight Report
	The report was NOTED .
2.2.2	Committee of Annual Cycle of Business
	Committee Annual Cycle of Business was NOTED .
2.2.3	Committee Forward Work Plan 2024-25
	There were no items identified for inclusion in the forward work plan.
2.2.4	Action Log
	The action log was NOTED .

3.	MAIN AGENDA
3.1	Matters Arising Otherwise Not Contained Within the Action Log



	<p>K. Palmer raised, at the Committee meeting held in May 2024 Members proposed that a further meeting is arranged to delve deeper into matters in an offline setting around National Application programmes, However, she noted this was not contained within the Action Log</p>
Action	<p>It was agreed that this item would be added to the action log. Discussions with the Digital and Corporate Teams are ongoing to schedule a meeting date.</p>
3.2	<p>Spotlight Topic – Progress on Digital and Data Programmes</p> <p>S. Morris updated members on the progress of various Digital and Data programmes (Local and National) and highlighted key areas;</p> <p>S. Morris provided assurance that the deep dive on primary care will either be scheduled for the for the November Committee meeting or will be an added item in the new Committee structure. I. Wells highlighted that at a recent All Wales Digital IM Network meeting, a presentation on the All Wales Strategy for Primary Care, was received and he offered to share it with the Committee.</p> <p>S. Morris flagged the initial uncertainty surrounding the National Digital Maternity Cymru Business case, which has since been resolved. It was noted that due to affordability issues, the Programme Board could not support it, leading to a cost review. K. Palmer queried the costs, and S. Morris explained the additional licensing costs over five years. C. Smith agreed a deep dive into the figures and potential amalgamation of posts.</p> <p>S. Morris updated the Committee, that since May 2024, Connecting Care had collaborated with the National Programme Board, submitting a draft business case to the Welsh Government. He advised Betsi Cadwaladr University Health Board (BCUHB) purchased a mental health system, with Welsh Government support for collaboration with Cwm Taf Morgannwg (CTM). In addition, S. Morris made the Committee aware that CTM will submit its business case in the autumn and advised the procurement approach is pending, with BCUHB expected to award a contract by March 2025.</p> <p>C. Donoghue raised concerns about the progress of the National system and Digital Health Care Wales position (DHCW). She asked if procurement would halt at the national level. S. Morris suggested a rapid approach for a system suitable for national rollout. He noted that the Welsh Government have supported the approach that BCU and CTM proceed first, followed by Connecting Care.</p> <p>K. Palmer referenced the digital agenda, questioning the need for multiple costly National programmes. She emphasised CTM’s need for a system and called for a deep dive into the DHCW’s business case.</p> <p>K. Palmer enquired about splitting programmes and aligning them with the relevant care groups, S. Morris confirmed there would be overlap as some programmes will pan multiple Care Groups, however, he agreed to action this outside of the meeting.. She also requested an update on the NHS APP rollout.</p>



	S. Morris explained that while the main technical blocks were in place, functionality was still being developed with a roadmap extending to 2027/28. The APP’s adoption was practice-led, not mandated. He advised CTM was keen to adopt the APP, emphasising patient authentication.
Resolution	The Committee NOTED the contents of the spotlight topic.
Action	The Digital Team had agreed; To research and conduct a comprehensive analysis of the figures / funding around the Digital Maternity Programme. Review the Digital Programmes and align them with the relevant care groups. It was agreed a presentation from IM Digital Network on All Wales Primary Care Strategy would be shared to Committee Members.

4. INTEGRATED GOVERNANCE

4.1	Organisational Risk Register C. Hamblyn presented the Organisational Risk Register, highlighting the updates in the cover paper and the items marked in red in the appendix. I. Wells expressed concerns about the risks associated with risk 5276 around LIMS, specifically regarding resource limitations across Wales. S. Morris noted challenges in pathology lab capacity and resources, highlighting that IT Digital has historically provided direct support to the labs. K. Winder mentioned that pathology testing will enter User Acceptance Testing (UAT) in September, involving collaboration between Health Boards. She advised a controlled version has been developed with lessons learned, however, there are shortages in pathology supplies. She advised the system aims to be fully accessible by June 2025. In addition, I. Wells raised concerns about Risk 5669 related to CITRIX. S. Morris noted that reliance on Citrix has decreased over time. However, contract renewal costs have risen significantly due to inflation and national negotiations. Further, S. Morris advised that the Board had agreed to cover the cost gap with digital funding. To address this, desktop devices were purchased using user underspend, with the aim to phase out Citrix to mitigate potential financial risks.
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Resolution	The Committee REVIEWED the report and sought assurance on the risk mitigations as appropriate.
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4.2	Information Governance Group Highlight Report Claire Northwell presented the report providing the Committee with details of the key issues considered by the Information Governance Group at its meeting on the 8th August 2024. K. Palmer drew attention to the delays in subject access requests for mental health records. C. Northwell outlined the capacity issues within the team,
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	emphasising the need for more support. Additionally, S. Morris expanded on the capacity challenges. Whilst, A. Nelson highlighted problems with multiple medical records and noted the importance of accessible electronic records, reiterating the importance of collaboration with other Health Boards.
Resolution	The report was NOTED by the Committee.
4.3	Internal Audit Report
4.3.1	<p>Internal Audit Review – Technical Resilience (Updated Management Actions)</p> <p>S. Morris gave Members a verbal update on the outcome of the internal audit report that provides assurance that there is enactment of technical resilience and awareness within the Health Board.</p> <p>S. Morris provided reasonable assurance that the necessary actions would meet the identified timeline, confirming that the requested actions had been addressed in the management responses. A. Nelson shared feedback from the Audit & Risk Committee which emphasised the need to reconsider disaster recovery scenarios leading to the updated management response. He highlighted the importance of prioritising certain services and configuring switches with interdependencies in mind. He further reiterated the need to incorporate rescue APPS and services into any new contracts around Digital Health and Care Wales. He further reiterated the importance of ensuring programmes are subject to the appropriate risk and governance frameworks prior to decisions being made.</p>
Resolution	The Committee NOTED the Report.
5. IMPROVING CARE	
5.1	<p>Digital and Data Assurance Report</p> <p>K. Winder presented the report that highlights the projects and work plan being delivered by the Digital & Data Directorate</p> <p>I. Wells expressed concerns that support will be s ending for the WCR system core switch and sought assurance as to its replacement plan. S. Morris noted available capital for managing legacy systems, however, suggested removing the associated risk instead of extending support. He noted the need for annual costs to replace all legacy items and discussed challenges in efficiently using end-of-year funds due to the time required for larger acquisitions.</p> <p>During discussions, C. Donoghue drew attention to the request for switchboard consolidation, highlighting funding and resource risks. K. Winder mentioned two parts of the project focusing on Bridgend and Swansea Bay, with funding expected in October. S. Morris indicated that the estates department is considering a capital provision instead of digital funding. Furthermore, he advised, although not fully funded yet, that there is an initiative to secure funding to support the savings plan.</p>



	<p>C. Donoghue raised concerns about ownership and accountability in relation to clinical records. A. Nelson emphasised the importance of data storage within CTM’s digital strategy, noting that clinicians value usable data. He highlighted the need for clear ownership of clinical records and performance management structures. R. Bleasdale discussed aligning data with clinical care and integrating it within workflows to support patient care, though this approach is not fully implemented yet.</p>
Resolution	<p>The Committee NOTED the assurance report.</p>
Action	<p>Bring forward a full update report on the Bridgend to November Digital and Data Committee meeting.</p> <p>The Digital team to establish clear ownership and accountability for clinical records.</p>
5.2	<p>Medical Records Assurance Report</p> <p>S. Rodgers presented the report highlighting the following items:</p> <ul style="list-style-type: none"> • The number of missing medical records • Case note availability audit • Case note movement and activity • Record storage at Princess of Wales • Records Retention and Destruction • Digitisation of patient records • Medical Records incidents • Patient Contact Services activity • Updates from other services managing patient records <p>I. Wells raised concerns about misfiled and unidentified patient records, suggesting escalation to the Board and Quality and Safety Committee. S. Morris agreed, noting the issue had been raised in a recent safety review meeting and recommended adding it to the advised section within the Highlight Report to Board. S Morris provided assurance that the risk of harm was low, however, the risk required escalation as appropriate. S. Rodgers discussed the digitisation strategy, the need for proper record retrieval facilities, emphasising the importance of service design and resource allocation.</p> <p>K. Palmer sought assurance that the team is addressing the issue, emphasising the need to consider it as an organisational matter and highlighting the clarity provided by the report. S. Morris discussed the clerical and administrative workforce, noting significant variation and capacity issues. He suggested reallocating time to support digitisation efforts and improve data quality, and welcomed support from the Committee and Board.</p> <p>C. Donoghue raised health and safety risks for staff, suggesting these be included in the highlight report and linked to staff turnover and retention</p>



	<p>strategies. She highlighted the need for management to invest in staff training and support. R. Bleasdale mentioned staff redundancies and the expectation for clinicians to complete clinical records due to a lack of administrative personnel, highlighting issues from the removal of clerks before the digital programme was fully implemented.</p> <p>S. Morris agreed on reviewing the removal of clerks, considering cost and administrative impact. He reiterated the need for detailed knowledge of operational flow and patient interaction, suggested exploring digital solutions, and addressing storage issues. Further, he discussed the digitisation strategy, reiterating the need for appropriate record retrieval facilities.</p>
Resolution	The Committee NOTED the report.
Action	<p>Consider escalation of the risk around misfiled and unidentified patient records issue to the Board and Quality and Safety Committee.</p> <p>Consider Staff retention strategies / discuss with Chief Operating Officer to support the clerical and admin workforce to improve data quality and digitisation efforts.</p>
6. SUSTAINING OUR FUTURE	
6.1	There were no specific items on this occasion. The Private Session considered the Cyber Security continuity exercise that took place at the end of July 2024.
7. ITEMS TO BE DISCUSSED AT THE IN-COMMITTEE MEETING	
	<p>The Chair advised that the following business sensitive items were to be discussed in the closed session:</p> <ul style="list-style-type: none"> • Organisational Risk Register - Cyber / Business Sensitive Risks • Cyber Improvement Programme • Digital Critical Incidents
8. OTHER MATTERS	
8.1	<p>To discuss and agree the Committee Highlight Report to Board</p> <p>I. Wells advised that the Corporate Governance Team would draft the highlight report for approval by himself and the Executive Lead.</p>
8.2	<p>Any Other Urgent Business</p> <p>The upcoming Committee meeting will be the final meeting. Consequently, the members have proposed that it be conducted in person.</p>
8.3	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.
9.	Date of Next Meeting The next meeting will be held on 19 November 2024, which will be the last meeting of the Digital and Data Committee.

Unapproved Minutes of the Digital and Data In- Committee Meeting

Date and Time of Meeting	Wednesday 28 August 2024 at 12:00pm
Venue	Virtual via Microsoft Teams

Members Present	Ian Wells	Independent Member (Chair)
	Carolyn Donoghue	Independent Member
	Kath Palmer	Independent Member
In Attendance	Stuart Morris	Director of Digital
	Andrew Nelson	Assistant Director of Data Intelligence & Compliance
	Suzanne Rodgers	Assistant Director for Digital Transformation
	Matthew Swarfield	Head of Clinical Administration Transformation
	Karen Winder	Assistant Director of Digital Systems
	Robert Bleasdale	Associate Medical Director for Digital / Consultant Cardiologist
	Claire Northwell	Head of Information Governance
	Christian Smith	Chief Nursing Information Officer
	Sallie Davies	Deputy Medical Director
	Cally Hamblyn	Assistant Director of Governance & Risk
		Tyler Lewis

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	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 had been received from; <ul style="list-style-type: none"> Paul Chilcott, Lead Infrastructure and Security Architect Dom Hurford, Executive Medical Director Steve Macdonald, Assistant Director for Digital Delivery Matthew Swarfield, Head of Clinical Administration Transformation

1.3	Declarations of Interest
	No declarations of interests were received.
2. CONSENT AGENDA BUSINESS	
2.1	ITEMS FOR APPROVAL
2.1.2	To Receive and Confirm the Minutes of the In-Committee Meeting held on 21 May 2024
Resolution	The In-committee minutes were APPROVED as an accurate record.
3. MAIN AGENDA	
3.1	Matters Arising Otherwise Not Contained Within the Action Log There were no matters arising to report.
4. IMPROVING CARE / SUSTAINING OUR FUTURE	
4.1	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.
4.2	Cyber Improvement Programme A. Nelson presented the report that provided the latest update on the continued delivery of effective clinical, Digital and Data and Cyber Security services.
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.
Action	Provide any update to the Committee on the DHCW review.
4.3	Digital Critical Incidents A. Nelson presented the report that provided the Committee Members with detail on the critical incidents that had occurred from June & July 2024.
Resolution	The Committee NOTED the incidents and the Health Board's reliance on upon data science and digital technologies to provide care and manage its business, expectations and requirements for the provision of resilient and reliable services is also increasing.
5. CLOSE OF MEETING	



Agenda Item

2.1.3.

Digital & Data Committee

Information Governance Policies for Approval

Dyddiad y Cyfarfod / Date of Meeting	29/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Rebecca Walsh, Information Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Claire Northwell, Head of Information Governance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Information Governance Group	29/10/2024	

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 The Information Governance Team have produced two new policies these are attached as appendices to this paper and are titled:
- Call Recording Policy
 - Clear Desk & Clear Screen Policy

2. Specific Matters for Consideration

- 2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	August 2024
Informal Consultation with interested parties	Relevant internal teams were consulted and asked for their input prior to the draft being issued on SharePoint.
Formal Consultation	Consultation on SharePoint from 09/08/2024 for 2 weeks.
Committee – For approval	IG Group endorsed for approval on 29 th October 2024.

- 2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.
- 2.3 The IG Group have been engaged in the consultation and have endorsed both policies for approval by the Committee.
- 2.4 Organisational values and behaviours have been reflected within the policy.



3. Key Risks / Matters for Escalation

- 3.1 Only minor typographical amendments were made as a result of the various consultation stages.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
	Not Applicable



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	



Effaith Adnoddau
(Pobl /Ariannol) /
Resource Impact
(People / Financial)

There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

5.1 The Digital and Data Committee are asked **APPROVE** the Call Recording Policy and the Clear Desk & Clear Screen Policy.

6. Next Steps

6.1 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

CALL RECORDING POLICY

Document Type:	Non Clinical Organisational Wide Policy
Ref:	IG10
Author:	Information Governance Officer
Executive Sponsor:	Director of Digital
Approved By:	Digital & Data Committee
Approval / Effective Date:	TBC
Review Date:	Two years from approval date
Version:	1.0

Target Audience:

People who need to know about this document in detail	Staff controlling records management. Telephony system managers.
People who need to have a broad understanding of this document	Senior staff managing areas that handle phone calls with the public.
People who need to know that this document exists	All staff.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 14/08/2024 Outcome: No potential negative impact identified.
Welsh Language Standard	No
Date of approval by Equality Team:	14/08/2024
Aligns to the following Wellbeing of Future Generation Act Objective	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

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Introduction

There are a number of systems used by Cwm Taf Morgannwg University Health Board (CTMUHB) that have the facility to record phone and video calls and/or conversations, to and from specified telephone extensions.

These recordings may be used to:

- Train, develop and manage staff
- Protect the interests of both parties
- Establish the facts in the event of a complaint or query
- Protect practice staff from nuisance or abusive calls

This policy will define how this facility and the data collected is managed.

1. Purpose

The purpose of this policy is to ensure that the recording of calls and meetings is managed in line with data protection legislation and data retention requirements.

2. Legislation

All NHS records are Public Records under the Public Records Act. CTMUHB will take actions as necessary to comply with the legal and professional obligations set out in the Records Management: NHS Code of Practice, in particular:

- The Common Law Duty of Confidentiality
- The Computer Misuse Act 1990
- The General Data Protection Regulation 2016
- The Data Protection Act 2018
- The NHS Confidentiality Code of Practice
- Any new legislation affecting records management as it arises

The recording of employee's telephone calls has also been the subject of guidance from the Information Commissioner within the ICO's Employment Practices Code and Supplementary Guidance which has been incorporated into this policy.

3. Policy Statement

The purpose of this policy is to ensure that CTMUHB delivers its aims, objectives, responsibilities, and legal requirements transparently and consistently in respect of the recording of telephone calls and video conferences. To ensure that CTMUHB handles and processes recordings in accordance with the legal requirements, codes of practice and guidance issued by relevant authorities including, but not restricted, to the Welsh Government and the Information Commissioner's Office (ICO).

4. Principles

This policy and any associated procedures will define the way in which phone call and video conference recordings will be managed throughout the organisation.

5. Equality Impact Assessment Statement

This policy has been screened for relevance to equality. No potential negative impact has been identified.

6. Scope Of Policy

This policy applies to video conferences and any extensions where call recording is or will be taking place, and includes:

- Internal and external incoming calls
- Internal and external outgoing calls

Recording will automatically stop when the call ends.

CTMUHB will make every reasonable effort to advise callers that their call may be recorded and for what purpose the recording may be used. This will normally be via an automated pre-recorded message.

7. MS Teams Call App (also known as Softphone)

Recording and Transcription of MS Teams calls via the chat/call app or softphone is not permitted or enabled within CTMUHB.

8. Consultations Via a Video Conference Service

CTMUHB have the use of MS Teams, Attend Anywhere and Zoom for meetings and patient consultations.

In general, these are not to be recorded. The medical professional will make notes for inclusion within patient notes after the consultation.

9. Recording Consultations via a Video Conference Service

The CTMUHB standard is not to record consultations. There may be exceptions where recordings have historically been made in order to support the service or service user.

If a recording has been made in the past for an in person meeting, this can be continued when using a service such as Teams.

You may only audio/video record and store the consultation if this is what you would do in a face-to-face consultation.

The process of obtaining and documenting consent should include explaining why a recording will help in providing clinical care, who can access the recording, where and how it will be stored securely, how long it will be stored for and how it will be used (i.e., that the recording will not be used for any other purpose except for direct care without the patient's express permission).

If a recording is made this must be stored securely in the patient's clinical record.

If recording, confirm when the recording starts and stops.

10. Multi-Disciplinary Teams (MDT) Meetings Via a Video Conference Service

CTMUHB have the use of MS Teams, Attend Anywhere and Zoom for MDT meetings. Due to the nature of these meetings, it is inevitable that patient details will be discussed.

These meetings may be minuted, but will not be recorded or transcribed.

11. Implementing Telephone Call Recording

Before a service area commences call recording the Telecoms Team must ensure that there is a clear and valid reason for recording calls. If they are not satisfied with the requestor's reason to record, they must refer the requestor to the Information Governance Department (IG) for guidance.

Requests for phone extensions to be recorded can be made by departmental managers, or the senior management team.

The Telecoms Team within IT will ensure that requestors know where to find legal and/or data protection guidance.

12. Collecting Information

Personal data collected in the course of recording activities will be processed fairly and lawfully in accordance with data protection laws. It will be:

- Adequate, relevant, and not excessive.
- Used for the purpose(s) stated in this policy only and not used for any other purposes.
- Accessible only to authorised staff, and only with adequate legitimate reason.
- Treated confidentially.
- Stored securely.
- Not kept for longer than necessary.

13. Recording of Staff Phone Calls

Where staff are using a telephone system that could allow their telephone conversations to be recorded the following actions must be taken:

- a) All reasonable efforts must be made to ensure that staff are aware that calls may be recorded. To achieve this staff using the system for the first time must be told that calls may be recorded and they should be reminded every 12 months.
- b) Staff in other service areas that frequently talk to staff using recorded extensions must be informed that calls to these extensions may be recorded.
- c) Staff must be made aware of why calls are being recorded, how the recordings may be used and the retention policy for those recordings.
- d) Where staff who do not have a personal mobile phone are using an extension that is constantly recorded, they must have access to an extension that is not recorded to allow them to make or receive confidential calls (e.g., to receive urgent family calls, to make calls to staff representatives or to have a confidential discussion with a line manager).
- e) Staff who are likely to use an extension that is recorded must be reminded that only business calls may be made on that extension.

14. Storage Of Recorded Calls

All recordings and call recording equipment will be stored securely within the on-premises servers, the CTMUHB cloud, or with an approved service provider that CTMUHB have an ongoing contract with. Only CTMUHB has access to the recordings.

Recordings will be accessed by logging into a dedicated, password protected computer system. The Telecoms team within the IT department manage and control staff access to recordings.

15. Data Retention

Data will be retained as per CTMUHB's [Records Management Policy](#).

Call recordings will be retained for two years.

Recordings made in Teams meetings will be retained as per the M365 national retention policy.

16. Access and Availability

Internal access and playback of call recordings will be carefully controlled as per CTMUHB's policies and standards. Members of staff with the appropriate authority can access call recordings for specific and documented reasons only. Browsing of call recordings for no valid reason is not permitted.

17. Requests to Access the Data

The UK Data Protection legislation allows persons access to information that we hold about them. This includes recorded telephone calls. Therefore, the recordings will be stored in such a way to enable the Information Governance Team to retrieve information as easily as possible.

Individuals requesting access to their call recordings can do so as a Subject Access Request and where possible will provide:

- Date and time of the call
- CTMUHB telephone extension used to make/receive the call
- External number involved
- The names of all parties to the telephone call

After confirming that the information can be released, as per the [Personal Data Request Procedure](#), these will be made available as MP3 files.

Requests for written transcriptions of recordings will be considered on a case-by-case basis. These will generally only be available if requested by an individual that lacks the facilities to use MP3 files.

18. Related Policies and Privacy Notices

This document should be read in conjunction with:

Information Governance Policy

Records Management Policy

Personal Data Request Procedure.docx

CTMUHB Privacy Statement

GC21 - Live Streaming Policy June 2022

Non-clinical photography, video & audio recording procedure

[NHS Wales Video Consultation Service Privacy Notice:](#)

Please ensure you check SharePoint for up-to-date versions of policies. This is not an exhaustive list.

19. Staff Responsibility

All staff are required to familiarise themselves with this policy and ensure they are fully aware of their responsibilities in relation to the creation and management of call recordings.

20. Policy Review

This policy will be reviewed every two years (or sooner if new legislation, codes of practice or national standards are to be introduced).

21. Policy Retention/Archiving

This policy will be archived and stored in line with the UHB's Retention Schedules for Health and Non-Health Records.

Clear Desk and Clear Screen Policy

Document Type:	Non Clinical Organisational Wide Policy
Ref:	IG11 Clear Desk & Clear Screen Policy
Author:	Information Governance Officer
Executive Sponsor:	Director of Digital
Approved By:	Choose an item.
Approval / Effective Date:	(TBC)
Review Date:	(00/00/0000) TBC
Version:	

Target Audience:

People who need to know about this document in detail	All staff, students, partners, contractors, visitors, volunteers and anyone else who are required for whatever reason to be present upon Cwm Taf Morgannwg University Health Board managed sites including those with honorary contracts.
People who need to have a broad understanding of this document	Board Members, Management Board. Senior Leaders. Board Committees.
People who need to know that this document exists	All staff, students, partners, contractors, visitors, volunteers and anyone else who are required for whatever reason to be present upon Cwm Taf Morgannwg University Health Board managed sites

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: TBC Outcome: Endorsed
Welsh Language Standard	No
Date of approval by Equality Team:	N/A
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture



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GIG
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NHS
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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

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1 Introduction

1.1 The Health Board regards all personal identifiable information that it holds or processes as confidential and will implement and maintain policies to ensure compliance with all necessary mandatory obligations.

1.2 The Health Board recognises the importance of reliable information, both in terms of the clinical management of individual patients and the efficient management of services and resources. Effective information governance plays a key part in supporting clinical governance, service planning and performance management.

1.3 Effective information governance gives assurance to the Health Board and to individuals that personal information is dealt with legally, securely, efficiently, and effectively in order to deliver the best possible care.

1.4 The Health Board will ensure that information is efficiently managed, and that appropriate policies, procedures and management accountability and structures provide a robust governance framework for information management.

2 Policy Statement

This policy will define the standards and rules for all Health Board staff and volunteers, for the management of personal information in the workplace.

3 Scope of Policy

3.1 This policy covers all aspects of personal information within the organisation, including (but not limited to) patient/client/service user information, staff personnel information and organisational information., including those with honorary contracts.

3.2 This policy covers all aspects of handing information within the organisation, including (but not limited to) structured record systems (paper and electronic) and transmission of information.

3.3 This policy covers all information systems purchased, developed and managed by/on behalf of the Health Board and any individual directly employed or any individual undertaking activity under the control or direction of the Health Board.

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4 Aims and Objectives

The aim of this policy is to define the standards and rules for all individuals for the management of personal information in the workplace.

5 Responsibilities

5.1 Chief Executive

The Chief Executive has overall responsibility for data protection and confidentiality within the Health Board. As accountable officer, they are responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support the handling of information security breaches.

5.2 Senior Information Risk Owner (SIRO)

The Director of Digital is also the identified Senior Information Risk Owner (SIRO), and will take ownership of information risk. The SIRO is a key factor in successfully raising the profile of information risks and embedding information risk management into the Health Board's culture. In the absence of the Data Protection Officer (DPO), the SIRO will make the final decision regarding whether an incident is reportable to the Information Commissioner's Officer.

5.3 Caldicott Guardian

The Executive Medical Director has been nominated as the Health Board's Caldicott Guardian, and has specific responsibilities regarding confidentiality and consent, in relation to personal data. The Caldicott Guardian will provide advice, if required, on whether an incident is potentially reportable to the Information Commissioner's Office.

5.4 Director of Digital

The Director of Digital is the lead for Information Governance, and is responsible for ensuring that the Board corporately meets its legal responsibilities, including that of reporting personal data breaches appropriately within relevant timescales, and for the adoption of internal and external information governance requirements.

5.5 Head of Information Governance

The Head of Information Governance is responsible for assessing the severity of all serious data breaches, and preparing the necessary paperwork for reporting to the Information Commissioner's Office (ICO) and Welsh Government. They will ensure that serious incidents are

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escalated to all appropriate roles within the Health Board, and they will become the Health Board's contact point for the ICO.

5.6 All Staff

All organisations are responsible for determining the security measures required based on local risk assessments. All staff are responsible for following these security measures and to ensure they maintain confidentiality and security at all times regardless of the setting (e.g. when working from home or working at different sites).

6 Implementation/Policy Compliance

6.1 General Provisions

6.1.1 All staff are responsible for ensuring that access to any area that contains confidential information is only granted to individuals who have an operational need to be there at that time and are authorised to enter that area. Maintaining confidentiality in clinical areas can be challenging and the need to preserve confidentiality must be carefully balanced with the appropriate care, treatment and safety of the patient.

6.1.2 Where physical security measures exist, it must be ensured that they are employed at all times (e.g. filing cabinets must be locked, security doors must be closed, and windows must be closed securely when the room is not in use, blinds to secure areas closed). Access cards/fobs, PIN codes, keycodes, etc. must be kept secure and regularly changed as required.

6.1.3 The workforce must ensure a clear desk and clear screen when away from their work area ensuring that computers are locked, and confidential information, in any format, is secure and not visible to anyone who is not authorised to access it. Portable devices that are the property of the Health Board and are to remain on Health Board premises overnight, must be stored securely.

6.1.4 Staff are required to ensure that any printed materials are removed from printers or fax machines immediately after they have been printed and to ensure documents are managed electronically wherever possible. All central file servers and central network equipment will be located in secure areas with access restricted to designated staff as required by their job function.

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6.1.5 The Health Board will take appropriate action against any individual who has been found to have deliberately, or by deliberate omission of action, failed to maintain the minimum standards of conduct expected of them

6.2 Home and Remote Working

6.2.1 Any member of staff who is working from home or any other remote location shall comply fully ensuring a “clear desk” and “clear screen” are maintained equally at home (or any other remote working location) as they do within the premises of the Health Board.

7 Equality Impact Assessment Statement

A summary of the outcome of the EIA must be present on the front cover of the document.

Either:

This policy has been screened for relevance to Equality. No potential negative impact has been identified.

Or:

This policy has been subject to a full equality impact assessment and some issues have been identified and highlighted to ensure that due regard and weight is given to them in carrying out this policy.

Either statement needs to be approved by a member of the Equality team (CTM_Equality@wales.nhs.uk), and the date this was done noted.

Under Welsh Language Standard 82 policies which cover the following areas need to be made available in Welsh:

- (a) a policy relating to behaviour in the workplace;
- (b) a policy relating to health and well-being at work;
- (c) a policy relating to salaries or workplace benefits;
- (d) a policy relating to performance management;
- (e) a policy relating to absence from work;
- (f) a policy relating to working conditions;
- (g) a policy relating to work patterns.

If one or more of the above apply, this should be indicated on the template and the policy (once approved) should be made available in Welsh. A Welsh version of a health board policy has equal status and authority to any English version. It should be published at the same time and it is vital that any changes made to either version are reflected immediately in the other. Translations can be sent to ctt_welsh_translation@wales.nhs.uk.

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8 Getting Help

For assistance with anything referred to in this procedure, please contact CTM.IGTeam@wales.nhs.uk

9 Related Policies

- Information Governance Policy
- Records Management Policy
- All Wales Information Security Policy

10 Information, Instruction and Training

All staff within CTMUHB are mandated to undertake information governance training, which covers all information necessary to ensure compliance. This training must be renewed every two years.

11 Main Relevant Legislation

- Data Protection Act 2018
- General Data Protection Regulation (GDPR)
- IG Toolkit
- The Records Management Code of Practice



Agenda Item

Digital & Data Committee

**Photography, Video and Audio Recordings of Patients:
Confidentiality and Consent, Copyright and Storage Policy**

Dyddiad y Cyfarfod / Date of Meeting	29/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Soraya Nasrat, Medical Illustration Manager
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital
Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Information Governance Group	29/10/2024	

Acronyms / Glossary of Terms	
MID	Medical Illustration Department
DoH	Department of Health
GMC	General medical Council
IMI	Institute of Medical illustrators
FFA	Fundus Fluorescien Angiography
ICG	Iodocyanine Green
OCT	Optical Coherence Tomography



1. Situation /Background

- 1.1 This is an existing policy, which has been reviewed and updated to meet new legislation and standards. The last version of this policy was approved in March 2015.
- 1.2 The purpose of this policy is to standardise Medical Illustrations undertaken within CTMUHB. This policy will provide a clear framework for clinicians requiring Medical Recordings of patients. The framework will ensure patients’ legal and ethical rights are upheld at all times and will adhere to applicable legislation.

2. Specific Matters for Consideration

- 2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	08/10/2024
Informal Consultation with interested parties	15/10/2024 - SharePoint Consultation page
Formal Consultation	15/10/2024 - SharePoint Consultation page
Committee – For approval	29/11/2024

- 2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.
- 2.3 Medical Illustration team and the Information Governance have been engaged in the consultation.
- 2.4 Organisational values and behaviours have been reflected within the policy.



3. Key Risks / Matters for Escalation

Only minor typographical amendments were made as a result of the various consultation stages.



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: To ensure patients' legal and ethical rights are upheld at all times and ALL staff will adhere to applicable legislation.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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



	Outcome for Welsh Language (delete as appropriate): NEUTRAL	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Digital and Data Committee are asked **APPROVE** the Photography, Video and Audio Recordings of Patients: Confidentiality and Consent, Copyright and Storage Policy.

6. Next Steps

- 6.1 Once approval is sought the policy will be submitted to the appropriate Committee and once approved, the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

Photography, Video and Audio Recordings of Patients: Confidentiality and Consent, Copyright and Storage Policy

Document Type:	Clinical Policy
Ref:	For Clinical References – Contact: CTM_ClinicalPolicies@wales.nhs.uk
Author:	Soraya Nasrat Medical Illustration Manager (Soraya.nasrat@wales.nhs.uk)
Executive Sponsor:	Executive Medical Director
Approved By:	Digital & Data Committee
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	3

Target Audience:

People who need to know about this document in detail	All staff undertaking any form of photography
People who need to have a broad understanding of this document	All staff undertaking any form of photography
People who need to know that this document exists	All staff

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 08/10/2024
	Outcome: Neutral
Welsh Language Standard	No
Date of approval by Equality Team:	(08/10/2024)
Aligns to the following Wellbeing of Future Generation Act Objective	Provide high quality, evidence based, and accessible care



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Copyright and Storage Policy

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Introduction

1. Policy Statement

The Medical Illustration Department (MID) provides Cwm Taf Morgannwg University Health Board (CTMUHB) hospitals clinical and non-clinical photography, videography and graphical services. MID currently photograph on average in excess of 40,000 patients per year across a variety of specialities.

Medical Illustration is a term used throughout this policy pertaining to photographs, video and audio recordings.

Medical Illustrations are used for treatment planning, Specialist referrals outside CTM, medicolegal cases, diagnosis, and recording and monitoring the progress of the patient's condition. As such, they form an integral part of a patient's healthcare record, and are therefore subject to the Records Management Policy.

They are perhaps unique amongst records due to the fact that patients can be easily identified from such recordings, as they represent a direct likeness of the subject. Medical illustrators and other healthcare professionals must understand the complexities of capture, security, storage and retrieval of visual recordings and the implications of relevant legislation such as the Data Protection Act (DPA) 2018. They have a duty of care to ensure appropriate confidentiality, consent policies / protocols are in place. The consequences of visual recordings being inadvertently used beyond the purposes for which the patient has consented, or deliberately misused, can be far reaching and costly for the individual as well as CTMUHB.

A further use of Medical Illustrations may be for teaching, assessment of students, medico legal concerns, audit, publication, research and development and public relations provided appropriate patient consent has been obtained.

Whilst professionally trained clinical photographers take the majority of clinical and non-clinical photography as CTMUHB Gold Standard, some photography is taken by other medical professionals provided they are registered photographers with MID (Appendix B).

This policy will set out a clear code of conduct for capturing, using and storing Medical Recordings of patients. It follows guidelines from the following:

- Department of Health (DoH)
- The General Medical Council (GMC)
- Institute of Medical Illustrators (IMI)
- Confidentiality and Consent; A guide to good practice, 2020

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2. Purpose

The aim of the policy is to provide a clear framework for clinicians requiring Medical Recordings of patients. The framework will ensure patients' legal and ethical rights are upheld at all times and will adhere to the following legislation.

- Data Protection Act 2018
- General Data Protection Regulation (GDPR)
- Caldicott Report 1997
- Common Law Duty of Confidentiality
- Confidentiality: NHS Code of Practice 2023
- Human Rights Act 1998

All medical records, including Medical Illustrations must be available for disclosure if required. Therefore, it is essential that all images remain traceable and are stored appropriately with a copy of the original consent stored in the patient's notes. The Medical Imaging Management System (MIMS) for CTMUHB is Fotoweb, used to store all clinical images making them more accessible for users. CTMUHB Medical Imaging Management System (MIMS). Fotoweb is accessible via APPS on CTMUHB's intranet. Access to specific folders in Fotoweb is given via email request to the Medical Illustration Manager (see cover). If using an alternative MIMS it MUST be declared to the Medical Illustration Department (MID) via Appendix B.

All Medical Illustrations of patients must be taken in compliance with this policy to ensure the following:

- The required informed written consent is obtained from the patient. This must clearly specify how the images can be used.
- Security is addressed at all stages.
- A copy of the Photography / Video Recording of Patients consent Form (Appendix A) detailing when pictures were taken, for what purpose and by whom.
- Photographs are stored centrally, cross referenced to the main health record and catalogued in such a way that they are secure and can be easily retrieved.
- Digital camera images must not be manipulated in any way before storage.
- Images are uploaded to Fotoweb (CTMUHB MIMS), unless otherwise agreed with MID.
- Matters of ownership and rights of replication and reproduction are understood.

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This policy is not meant to prevent medical professionals from taking their own photographs, rather it will provide a framework of best practice for the protection of all concerned. Members of staff who take Illustrations of patients must comply with this policy and procedures.

3. Scope of Policy

This policy applies to all permanent and temporary employees, volunteers, agencies and agency staff, working for and on behalf of CTMUHB, including locum staff and students who undertake illustrative clinical recordings of patients. All Medical Illustrations created on CTMUHB premises (or during domiciliary visits on behalf of CTMUHB) are included within the scope of this policy, irrespective of who owns the equipment or materials with which they were produced.

This policy is written in accordance with guidelines set out by the Department of Health (DoH), General Medical Council (GMC), Institute of Medical Illustrators (IMI) and should be read alongside the following CTMUHB policies:

- Information Governance Policy
- Information Security Policy
- Records Management Policy

Patients are more aware of their rights, and expectations of the whole healthcare system have increased. Recent high profile breaches have led to a greater awareness in confidentiality and information security related legislation.

It is essential therefore, that this policy provides assurance that Medical Illustrations are:

- Captured and stored in a secure and confidential manner; who the policy applies to and the consequences for non-compliance where appropriate.
- Compliant with the Principles contained within the Data Protection legislation as they relate to the taking of Medical Illustrations.
- Compliant with relevant legislation is complied with.
- In adherence with Caldicott Principles.

4. Aims and Objectives

The purpose of this policy is to standardise Medical Illustrations undertaken within CTMUHB. This will ensure that **ALL** Medical Illustrations are taken in a consistent and secure way and to prevent inappropriate 'unconsented' Illustrations being made. Patients have ethical and legal rights in respect of Medical Illustrations being made of them and it is the duty of **ALL** staff to protect these rights. This is a comprehensive policy that compliments existing legislation on the subject. It will ensure any medical professional who decide to make or request Medical Illustrations follow set protocol and are appropriately registered and equipment used is fit for purpose.

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5. Responsibilities

Medical Illustration Department

- Approve / advise the use of CTMUHB owned equipment.
- Provide a photographic, video service for CTMUHB patients.
- Act as both document owner and author, safeguarding all Medical Illustrations at CTMUHB.
- Monitor access to MIMS.
- Provide a service to Medicolegal team pertaining to subject access requests and court order requests via Secure Portal in line with local policy.
- Forward images where appropriate via Secure Portal in line with local policy i.e. for patient transfer of care outside CTMUHB.
- Provide advice and guidance pertaining to Medical Illustrations to **ALL** staff as required across CTMUHB.
- Monitor and ensure the implementation and adherence of this policy.
- Maintain and update this policy as required.

Caldicott Guardian

- Provide expert advice and guidance in relation to Caldicott principals pertaining to this policy.

Information Governance Team

- Provide expert advice and guidance pertaining to Data Protection and Information Governance principals relating to this policy.

Information, Communication and Technology

- Ensure all new systems that enable recordings to be taken and or stored adhere to all Data Protection standards.

Divisional Managers / Directors of Operations / Clinical Service Mangers / Senior Nurses / Ward Managers/All Staff

- Familiarise themselves with this policy.
- Have responsibility for and monitor the distribution of this policy in their area.
- Ensure this policy is implemented and adhered to by all within their area.
- To comply with the policy relevant to their role and responsibilities. All persons undertaking or requesting Medical Illustrations on behalf of or on the premises of CTMUHB must take responsibility for the medical illustrations they take.
- They must abide by this policy and acknowledge their associated responsibilities and duty of care.

All staff undertaking Medical Illustrations of patients must respect the dignity, religion, nationality and individual needs of every patient.

6. Implementation/Policy Compliance

Registration

Staff in the Medical Illustration Department are specifically employed by the Health Board to make Medical Illustrations and are registered with The Academy for Healthcare Sciences (AHCS). Wherever practical, requests for Medical Illustrations should be forwarded to the Medical Illustration Department. **In line with BMA recommendations medical photography of children should**

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preferably be undertaken by Accredited medical photographers.

Other professional staff may make Medical Illustrations of patients, however they must comply with this policy **in full**. Staff must register their intention with the Health Board, by completing a registration form (Appendix B) and forwarding it to the Medical Illustration Department.

These requirements are intended to ensure the protection of both the Health Board and patients; they are intended to be helpful rather than restrictive. Help and advice is available from the Medical Illustration Department.

7. Confidentiality, Consent and Copyright

Confidentiality and privacy is the patient's right and may usually only be waived by the patient or by someone legally entitled to do so on his/her/their behalf. Staff are reminded that breach of confidentiality may well amount to serious professional misconduct.

Where possible informed written consent must be obtained prior to making any Medical Illustrations. The person obtaining consent should be a clinician from the medical team responsible for the patient's care at that time and be directed by the consultant/clinician in charge. The healthcare professional gaining consent must have full knowledge of the purpose(s) for the Medical Illustrations being requested. Patients must be fully informed of the reasons for the recording and how they may be used. It should be made clear to all patients who are asked to sign consent for recordings for teaching or publication, that refusal to give consent will not affect their treatment or care. The form for obtaining informed written consent is attached as Appendix A. In the case of minors, a person with parental responsibility must sign the consent form.

There will be occasions when Medical Illustrations may be required for patients who have been assessed as 'lacking capacity' to make decisions regarding consent. Any images obtained can only be level (1) Treatment Care records only; on such occasions staff must comply with the Mental Capacity Act 2005 Code of Practice. For patients who lack capacity because they are unconscious, retrospective consent must be obtained if the patient regains consciousness and is assessed as having capacity. Where a patient lacks capacity a Lasting Power of Attorney (LPA) for Health and Welfare can make decisions about health and welfare in which includes consenting to medical treatment and procedures. Please note next of kin does not legally have the right to make health decisions on behalf of the patient.

All decisions regarding capacity, must be taken with reference to the Mental Capacity Act 2005: Code of Practice.

Informed written consent is required for all Medical Illustrations even if the patient's identity is not apparently obvious from the illustration. In accordance with guidelines from the GMC the notion of whether a patient can be identified

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Policy Title: Photography, Video and Audio Recordings of Patients: Confidentiality and Consent, Copyright and Storage Policy

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from a photograph has been dispensed with. **All patients should be considered as being identifiable from any of their pictures.**

Medical Illustrations without consent may be prescribed in certain circumstances, provided the authority of the consultant/clinician in charge of the case is obtained and the consultant/clinician in charge is satisfied that;

- It is in the vital interests of the patient to do so.
- It is in the public interest to do so.

Examples of where this may include:

- Where recordings are demonstrably to the patient's benefit e.g. in suspected non-accidental injury of a child or vulnerable adult where it is unlikely that a parent or guardian will give consent.
- Where recordings may protect the Health Board from litigation in the future e.g. where a vulnerable adult is admitted with a pressure sore.

Medical Illustrations taken without consent as indicated above must only be used for treatment and care record purposes unless consent is re-visited.

In all cases where Medical Illustrations are made, care must be taken to respect the dignity, ethnicity and religious beliefs of the patient.

Patients have the right to withdraw consent for use of their Medical Illustrations at any time for secondary purposes. These images will revert to level 1, Treatment and Care Records. It is particularly important to make it clear to patients when consent is originally obtained that, once Illustrations are in the public domain e.g. published in print or available via the internet, there is no opportunity for effective withdrawal of consent.

In these instances the patient must be made explicitly aware that the consent to publication means that the patient will be unable to subsequently withdraw consent completely.

All signed consent forms should be distributed as follows;

White copy must be sent to the Medical Illustration Department at the Royal Glamorgan Hospital.

Blue middle copy must be filed in the patient's medical notes detailing the name and the department of the person making the recording, along with the date, time and purpose.

Yellow bottom copy should be given to the patient as this explains the purpose

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of the illustration in more detail.

Detail of completing consent can be found in Appendix D

Images are **NOT** to be emailed, Secure Portal can be used for receiving images from patients where appropriate and sending out to external agencies such as Police where appropriate and correct procedures have been followed.

Implied Consent

There are certain procedures that **DO NOT** require consent. These are procedures where photography or video recording forms part of an investigation or treatment as outlined by GMC, such as:

- Endoscopy
- Fundus Imaging including Colour / Red-free, Fluorescien Angiography Photography (FFA) / Indocyanine Green (ICG)
- Optical Coherence Tomography (OCT)
- Radiology
- Ultrasound

Consent is therefore considered implicit with the consent given for the procedure. However if the images captured during the procedure reveal something unusual or unique these images **would** be deemed as identifiable; and thus would necessitate additional appropriate informed consent for images to be used for anything other than patient care i.e. teaching and or publication.

Patient identifiable information such as name, hospital number, date of birth or any other specific data that could lead to a patient being identified must be removed before display.

'Non-clinical' Illustrative Recordings

It is recognised that there are occasions where non clinical illustrative recordings are taken, e.g. Medical Illustrations taken for 'bonding' purposes in Special Care Baby Unit. In these instances the illustration will not form part of the medical case note, but appropriate consent must be obtained and recorded in the medical case note; the image must not be stored. The maternity unit also has a separate policy regarding parents taking their own images of their new-born babies. The Data Protection Act (2018) classifies these images as being for domestic purposes as long as no staff members or other patient/visitors are included in the images without their express permission.

In cases where a patient is incidental to the illustration (e.g. where the picture is to illustrate a particular equipment set-up), consent is still required for any patient or member of the public. Consent from patients/members of staff to appear in these Illustrations should be obtained using the consent to non-clinical illustration form attached (Appendix C).

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Accidental recordings of patients who have not given appropriate consent must be avoided.

There are specific types of recordings that are exempt from this policy;

- Audio tapes used for clinical dictation
- Closed-circuit television (CCTV)
- Photographs of anonymous pathological specimens (if a patient label is included the photograph is no longer anonymous)
- Photographs of histology slides

External Agencies

Freelance professional (externally sourced) photographers and/or video producers are sometimes employed to make Illustrations on Health Board premises. Any such arrangement should have the permission of the Chief Executive. Further guidance can be found in the DOH document ***Filming on NHS Property.***

Live Broadcasts/Recordings from Theatre/ Operating Rooms

Informed written consent must be obtained from the patient prior to any live broadcast taking place.

Any recordings made must have the patient's informed written consent prior to the procedure taking place. The consent form and resulting images should be stored in accordance with this policy.

Processing

Processing and reproduction of Medical Illustrations should be kept within the direct control of MID CTMUHB staff in order to maintain confidentiality of the images and data.

Copyright

Copyright of all Medical Illustrations of CTMUHB patients made by staff belong to CTMUHB, irrespective of who owns/purchases the equipment or materials.

Copyright in an illustrative clinical record cannot be transferred (e.g. to a publisher) and it should be explicit in any publishing contract, entered into by any Health Board employee, that copyright in the images remains with the Health Board. Copyright is protected when the images are labelled with the words:

"This image is the copyright of Cwm Taf Morgannwg University Health Board."

Permission is granted for first publication in (journal or book name and date of publication).....!"

Copies of Medical Illustrations may only be made with the permission of the clinician in charge and within the constraints of this policy.

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The terms of the consent provided by the patient and any restrictions imposed upon it continues to apply in the situation where:

- Staff acquire copies of Medical Illustrations in the course of their duties and wish to retain copies for teaching purposes.
- Staff have obtained Medical Illustrations in the course of their employment and wish to continue to use the records for teaching purposes when they have left the employment of CTMUHB.

The Health Board permits this use to be made, subject to the terms of the original consent being adhered to. However, individual members of staff must be aware that any such use of any Medical Illustration, which is beyond the remit of the patient's consent will expose the individual to personal liability in any subsequent litigation.

8. Storage and Retrieval

A 'master' copy of all Medical Illustrations should be securely stored and be identifiable by using the patients' hospital number to comply with the DPA Right of Access or Access to Health Records Act

Access to digital Medical Illustrations should be password protected and files should be assigned a filename / metadata that includes the patients' hospital number / NHS number to clearly identify them.

Particular care must be taken if digital clinical images are uploaded onto storage devices such as memory sticks and portable computers because of the ease with which these can be lost or stolen. **All such devices must be encrypted / password protected.**

Any database of Medical Illustrations must be registered with both the Medical Illustration Manager and Information Governance Department.

Medical Illustrations must not be destroyed (other than duplicates). Images should be retained as part of the patient's medical records for the duration specified in the DoH Records Management retention schedule.

All images should be stored securely and catalogued to facilitate easy retrieval.

9. Obtaining Copies of Images

Images required for external agencies such as the Police, Social services and Council (court orders) should contact Medical Records and complete the appropriate documentation. Once completed Medical Records will request images release via email to the Medical Illustration Manager.

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Images required by CTMUHB legal department should convey appropriate documentation to the Medical Illustration Manager for release of images.

Back up of MIMS is done periodically by ICT department.

10. Photographic Equipment and Mobile Phones

Digital cameras used for recording clinical images of patients, should have the approval of the Medical Illustration Manager in order to ensure that image quality is of a satisfactory standard. They should also be approved by appropriate staff within ICT.

The use of mobile phones with cameras to record Medical Illustrations of patients is not currently permitted.

The use of personal cameras to record images of patients is not permitted. Only CTMUHB owned cameras should be used in order to prevent loss of Personal Identifiable Information (PII) at home or in transit.

Further advice pertaining to non-clinical photography, video and audio recordings can be found in the Non-clinical photography, video & audio recording policy.

[Non-clinical photography, video and audio recording procedure.docx](#)

11. Equality Impact Assessment Statement

This policy has been screened for relevance to Equality. No potential negative impact has been identified.

Either statement needs to be approved by a member of the Equality team (CTM_Equality@wales.nhs.uk), and the date this was done noted.

12. References

Data Protection Act 2018

Department of Health & Social Care (DHSC) Good Practice in Consent

General Medical Council (GMC)

Institute of Medical Illustrators

Confidentiality and Consent (IMI) A Guide to Good Practice

Doctors are bound by the General Medical Council's guidance: Making and Using Visual and Audio Recordings of Patients, 2011 and the British Medical Association's guidance: Taking and Using Visual and Audio Images of Patients, 2019.

Medical Illustrators are bound by the Institute of Medical Illustrators: ***A Code of Professional Conduct for Members, 2014.***

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13. Getting Help

Contact Medical Illustration Department

Telephone:

01443 443 480

Email: CTM.Generic.Medical.Illustration@wales.nhs.uk

14. Related Policies / Laws and Acts

- ***The Data Protection Act 2018***
- ***Human Rights Act 1998***
- ***Common Law Duty of Confidentiality***
- **Caldicott Report**

15. Information, Instruction and Training

There are instruction videos and SOPs located in Appendices.

16. Main Relevant Legislation

All Medical Illustrations which demonstrate a patient's condition, or an aspect of treatment, form part of that patient's medical records and are protected in the same way as any other medical record. In addition, they are subject to the same statutory, common law and professional duties of confidentiality. This applies whether the records were originated by staff in the Medical Illustration Department or by other healthcare staff using cameras owned by the Health Board.

The key legislative requirements are:

- Data Protection Act 2018 and General Data Protection Regulation (GDPR)
- The Human Rights Act 1998
- The Common Law Duty of Confidentiality

Other relevant legislation includes:

- The Copyright, Designs and Patents Act (1988)
- The Protection of Children Act (2004)
- The Criminal Justice and Public Order Act (1994)

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- The Children and Young Persons Act (2008)
- The Access to Personal Files Act (1987)
- The Access to Health Records Act (1990)
- The Obscene Publications Act (1964)
- The Video Recordings Act (2010)
- The Mental Health Act (2007)
- The Mental Capacity Act (2005)
- Freedom of Information Act (2000)

The key NHS requirements are:

- The Caldicott Report
- Welsh Assembly Government guidelines: Reference Guide for Consent to Examination and Treatment
- Guidance for Best Practice for the Management of Intimate Images that may become Evidence in Court (Royal College of Paediatrics and Child Health 2010)

All staff, regardless of their professional position, should adhere to the principles set out in these documents. A reference copy of these documents is available in the Medical Illustration Department.

Appendix A - Photography or Video Recording of Adult Patients Consent Form



Photography / Video Recording of Patients Consent Form

White Top copy sent to Medical Illustration, RGH
Blue Middle copy filed in patients records
Yellow Bottom copy to patient.

Attach Patient Addressograph
Name
Address
Hospital No.
D.O.B

Statement of Patient/Parent/Guardian:

Please tick one box only and sign in the appropriate place below, once the purpose of the photography/video recording has been explained to you.

- (1) Treatment and Care Records
- (2) Teaching and Research (includes purpose 1)
- (3) Publication (includes purpose 1&2)

I have read the information on the reverse of this form and understand the explanation provided and consent to my recordings being used for the purpose indicated above.

Signature of Patient/Parent/Guardian:..... Date:.....

Statement of Medical Practitioner (requesting illustrations and obtaining consent.)

Description of Images / Recordings to be taken:.....

I confirm that I have fully explained to the patient/parent/guardian the purpose of this recording.

Name (please print)..... Designation.....

Department..... Consultant in Charge.....

Signature..... Date.....

If you wish to refer the patient to the Medical Illustration Department for photography please complete this diagnosis section and indicate on the diagram the area to be photographed

Relevant Diagnosis or Description	Views Required	
Comments	AP <input type="checkbox"/>	
	PA <input type="checkbox"/>	
	R Lat <input type="checkbox"/>	
	L Lat <input type="checkbox"/>	

Statement of health professional (taking the photography or video recording.)

Name (please print)..... Department.....

I confirm that I have registered with the Medical Illustration Department and that the photography and storage of the resulting images will take place in line with the LHB's Photography and Video Recordings of Patients: Confidentiality and Consent, Copyright and Storage Policy.

Signature..... Date.....

	MID JOB NO.	For Medical Illustration Use Only
--	-------------	-----------------------------------

A Guide for Patients Giving Consent to Medical Photography or Video Recording

During your treatment and care it may be necessary or helpful to obtain Medical Photographs or Video Recordings of you. (Referred to as recordings from here on)

These recordings could be used to document your condition, aid diagnosis or to assist in the teaching of healthcare staff. In addition, if you agree, they might be useful for publication or in the preparation of research material.

Cwm Taf Health Board (CTHB) has adopted a process for you to exercise your rights to control the future use of recordings taken of you during the course of your treatment and care. The purpose and uses of the recordings will be explained to you by your healthcare professional and this form will be completed before any recordings are taken.

This consent limits the use of the recordings to the purpose specified by you. Should it be necessary to use your recordings in any other way, CTHB will seek your specific permission.

The form will ask you to indicate how you agree to the recordings being used by signing one of the following purposes:

(1) Treatment and Care Records

Recordings will be taken as part of your treatment and care and will be viewed by appropriate professional staff in relation to this. They will be stored as part of your confidential medical records.

(2) Teaching/Research

In addition to purpose 1 described above, recordings may be used for research and teaching purposes, including the teaching of medical, dental, nursing and healthcare staff and students in the UK and abroad.

(3) Publication

In addition to purposes 1 and 2 described above, recordings may be used for publicity, information / exhibition purposes, open access journals or textbooks, healthcare publications and any other form of electronic publication (including the internet). They may be seen by members of the general public as well as medical professionals.

Recordings will be taken and stored in line with the CTHB's Photography and Video Recordings of Patients: Confidentiality and Consent, Copyright and Storage Policy.

Please read this form carefully and consider the uses to which you consent. You can withdraw your consent at any time by writing to your consultant, however where recordings have already been used it may not be possible to withdraw them and revert to level (1).

Please sign the relevant statement on the form once you are happy that you understand how the recordings are to be used.

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Appendix B Photographer Registration Form

Registration Form for professional staff who wish to make Medical Illustrations (photographs/video recordings of patients).

Name

Contact tel. No.

Department

Name of Head of Department

Purpose of photography/video recording

Please identify which Image database system will be used to catalogue the images and is it registered with the Information Governance Department.

Fotoweb

Synergy

Topcon Ibase

Zeiss Forum

Dolphin

Other (please specify)

Make and model of camera to be used. Has it been approved by Medical Illustration?

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What arrangements are in place to back-up the data?

Appendix C - Photography / Recording Consent Form

Fair processing information: Cwm Taf Morgannwg University Health Board often takes photographs or recordings for publicity purposes. This may be for a specific purpose or for re-use in other Health Board printed publications, by the media or appear on our website /social media sites e.g. Facebook. They will never be shared with a third party for any other purpose than that which you have consented to.

Before we take any photographs or recordings, we need your permission to do so. Please ensure that you have read and understood the 'fair processing' information above and then initial, sign and date this form where indicated below. You will be given a copy of this consent form and if at any time you wish to withdraw your consent for the future re-use of photographs or recordings that you have appeared in please contact the Communications Team on 01443 744800 or email ctt_news@wales.nhs.uk.

Please initial

1. I am a patient / parent or guardian / visitor (please delete as appropriate) Or I am a member of CTMUHB staff and my job title and work base are:	
2. I agree to be photographed for the purpose of:	
3. I agree to be filmed for the purpose of:	
4. I agree for my child to be photographed for the purpose of: Name of child:	
5. I agree for my child to be filmed for the purpose of: Name of child:	
6. I give permission for the items above to be used for any purpose as stated in the fair processing information.	
7. I understand that my images / recordings will / will not be anonymised (delete as appropriate)	
8. I understand that once photographs or recordings have been published (for example in a newspaper, on the internet or broadcast on radio or TV) the Health Board cannot then control where the photographs or recordings are used by others.	
Signature _____ Name _____ Date ____/____/____ For Health Board use only:	

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Event and location:	Name of photographer:
	Image / film code:

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Appendix D Upload and Imaging Tutorials

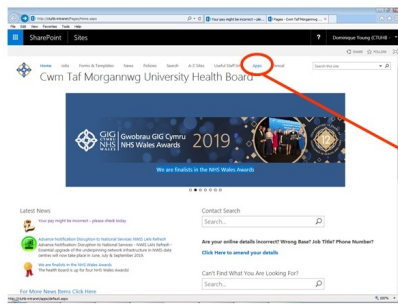
QR Code Video tutorial using Bed management Camera for clinical photographs



QR code video tutorial using an Ipad for clinical photographs



Viewing images on Fotoweb



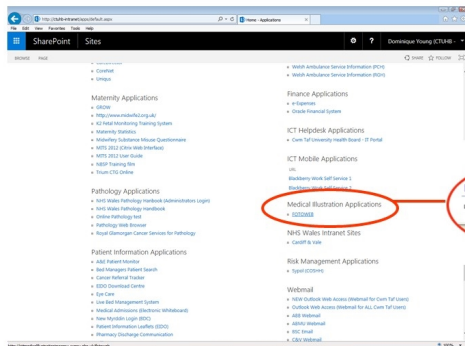
• Locate images to be uploaded.
(hard drive, CD, SD card,
digital camera.)

• Open Internet Explorer and
navigate to Cwm Taf
homepage.

• Select the Apps tab
along the top bar.

<http://cttmedicalillustrationimagery.cymru.nhs.uk/fotoweb/>

• You will find the FOTOWEB
application half way down
the Application page

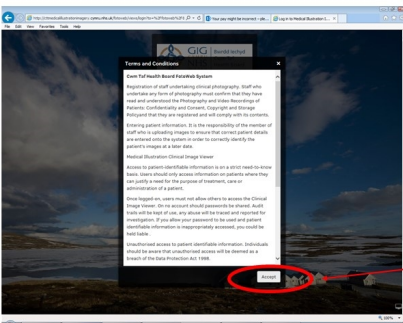
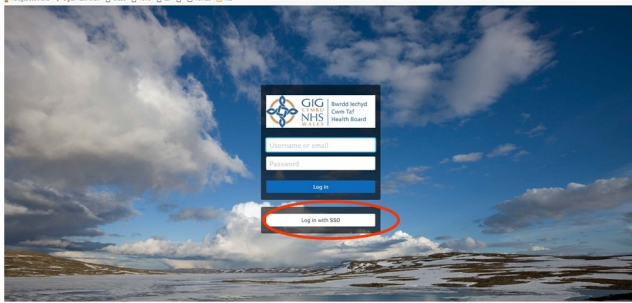
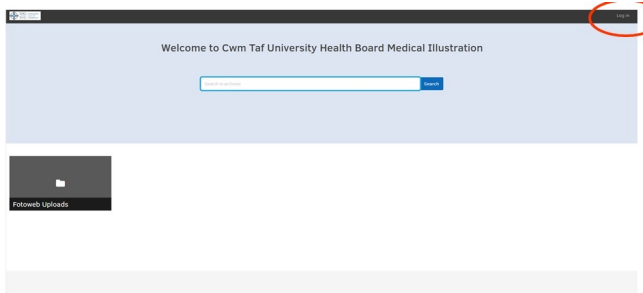


• Click on and open the
FOTOWEB link.

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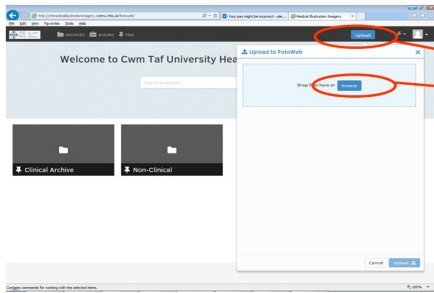


•The next page will show a FOTOWEB disclaimer page. Its important that users have read and agree to the terms laid out before proceeding with an upload.

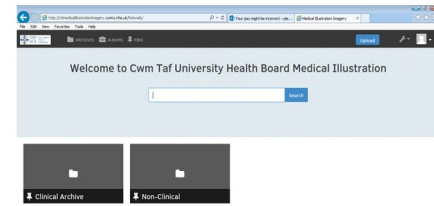
•Click on Accept to continue with upload.

Ref: OP
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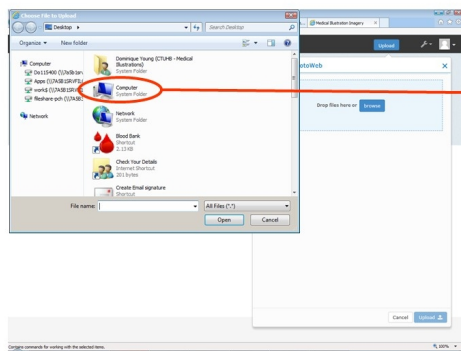
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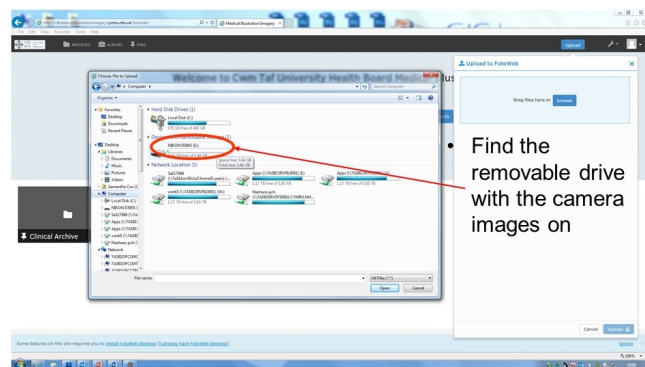
- To continue click upload button
- Followed by Browse button
- Patient based images and information should be uploaded to Clinical Files.
- Non Clinical files would involve PR events, seminars, training etc.
- Do not upload patient information or images to Non Clinical under any circumstance. If in doubt please contact Medical Illustration on ext. 3480



- The next page will present you with several choices.
- An option to 'View Archive' will be available followed by selectable images dependant on clearance Level as set by I.T permissions



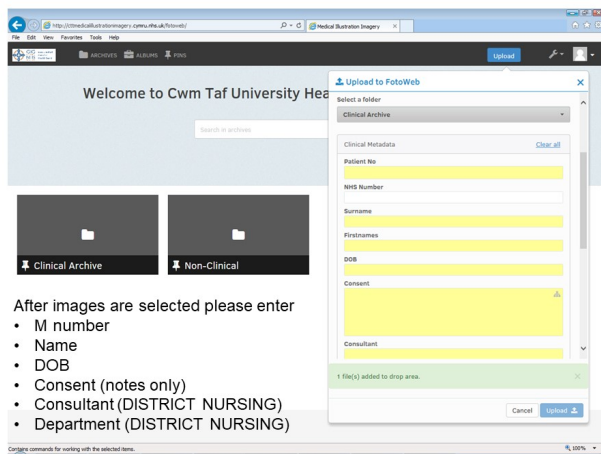
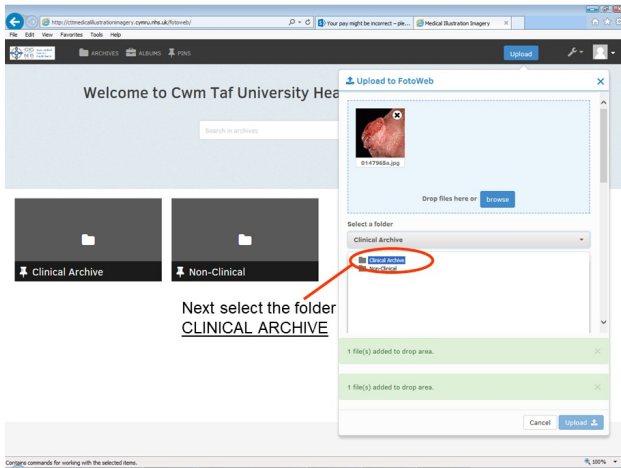
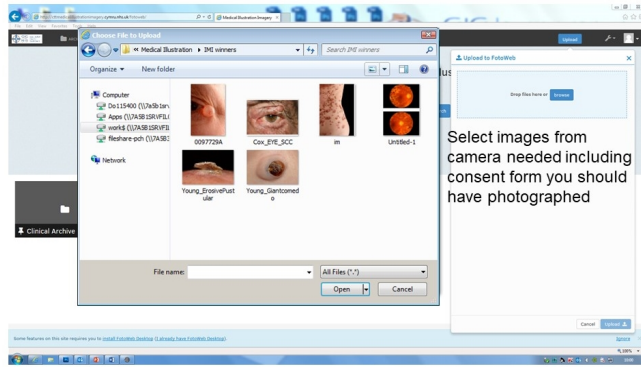
- Selecting Browse will bring up a folder to find your images.
- Typically the camera photographs will be found in My Computer.



- Find the removable drive with the camera images on

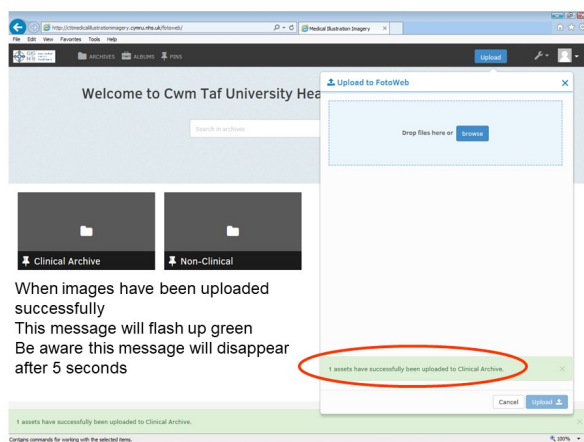
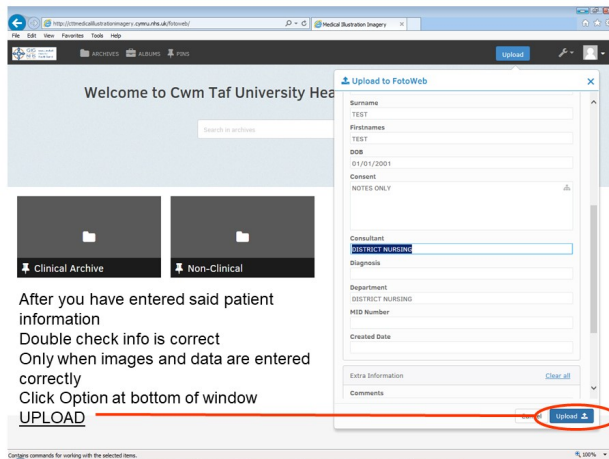
Ref: OP
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- Only when Medical Illustration have reviewed images and checked for consent they will become visible for viewing
- Please send in your consent forms as soon as possible to RGH Medical Illustration department
- You can search via Fotoweb by typing patients M number
- Any queries please phone RGH Medical Illustration on 01443 443480 (ext 73480)

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

Agenda Item	2.2
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Date of Health Board Committee Meeting	28 November 2024 (CTMUHB Digital and Data Committee)
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Independent Member Digital Network
Chair of Committee	Maynard Davies, Independent Member, Hywel Dda UHB
Lead Executive Director	Chris Darling, Director of Corporate Affairs Board Secretary, DHCW
Date of Last Meeting	30 October 2024
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	David Selway, Vice Chair of the Network

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

STRATEGIC MISSION	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
--------------------------	---

CORPORATE RISK (ref if appropriate)	
--	--

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

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

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

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
AI	Artificial Intelligence		

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

PRIVATE SESSION

ALERT	<ul style="list-style-type: none"> There were no items for the Board to be alerted to.
ASSURE	<ul style="list-style-type: none"> DHCW Chief Information Officer Cyber Security Update. The Network were joined by the DHCW Chief Information Security Officer who shared a detailed presentation on an All Wales Approach to Cyber Security. The presentation also included a number of lessons learned following the Synnovis Cyber Attack. AI Commission Update The Network received an update on AI from the AI Policy Lead for Health and Social Care at Welsh Government. The Network discussed public perceptions of AI and what could be done to promote AI in a positive way.

ADVISE

- Replacement Chair**
 The Network were requested to **consider** nominations to succeed the current Chair/Vice Chair to the next meeting.

Delegated action taken by the network.

N/A

Date of next network meeting:

15 January 2025



Agenda Item

3.2a

Digital & Data Committee

**SPOTLIGHT REPORT
Health Board Alignment (Bridgend Disaggregation)**

Dyddiad y Cyfarfod / Date of Meeting	29/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
N/A		



Acronyms / Glossary of Terms			
CTMUHB	Cwm Taf Morgannwg University Health Board	PCH	Prince Charles Hospital
POW	Princess of Wales	RGH	Royal Glamorgan Hospital
SBUHB	Swansea Bay University Health Board	SB	Swansea Bay
BCU	Betsi Cadwalader University Health Board	CTUHB	Cwm Taf University Health Board
ABMUHB	Abertawe Bro Morgannwg UHB		

1. Situation /Background

- 1.1. As of 1 April 2019, the responsibility for health services in the Bridgend County Borough Council transferred from Abertawe Bro Morgannwg UHB (ABMUHB) to Cwm Taf UHB (CTUHB). ABMUHB changed its name to Swansea Bay Health Board (SBUHB) and CTUHB changed its name to Cwm Taf Morgannwg University Health Board (CTMUHB).
- 1.2. When the responsibility for the provision of Digital and Data services in Bridgend moved to CTMUHB there was neither time nor funding for switching these services from legacy ABMUHB systems to CTMUHB systems before April 2019. CTMUHB therefore entered into a Service Level Agreement (SLA) with SBUHB to continue providing ICT services for an initial period of 1 year (to 31 March 2020) with a yearly review.
- 1.3. The boundary change between CTUHB and ABMUHB posed a new challenge for Digital and Data Services. In previous organisational change situations, the requirement on the technical infrastructure and the clinical and non-clinical systems had been to support the merger of 2 Health Boards into a single Board. However, in this case the boundary change did not result in the merger of two health boards, but the realignment of part of one organisation into another. The requirement was therefore to support the delivery of services for Bridgend and District from one health board to another. This was technically a more challenging proposal for operational delivery and support. In achieving this complex change, the solution also ensured that service continued to function effectively during the transition. To achieve this a phased implementation approach was required.

2. Specific Matters for Consideration

- 2.1. Following the merger of Swansea with Bro Morgannwg Health Board and Merthyr Tydfil with Rhondda Cynon Taf Health Boards, both Digital and Data departments worked to provide a fully integrated approach to their services in their respective health boards.
- 2.2. This delivered considerable benefits in terms of resilience and efficiencies; however, it meant that the disaggregation of the services and technologies serving the Bridgend area and the insertion into Cwm Taf was very complicated. It was expected that this disaggregation will take a considerable length of time and investment for both Health Boards.
- 2.3. It was identified that since the respective health board mergers the digital and data departments had spent the last nine years integrating



its technology Infrastructure, while Clinical and Non-Clinical services and have worked hard to provide a fully integrated approach to these services across their health boards.

- 2.4. This complex Informatics system is made up of several components including the Users, Devices, Clients, Systems and Applications, Project, Information and Infrastructure.
- 2.5. This approach delivered considerable benefits in terms of resilience and efficiencies; however, it did mean that the disaggregation and re-integration of the services and technologies serving the Bridgend area would be very complicated.
- 2.6. Within any healthcare organisation, the ultimate goal has to be to deliver a single patient record that supports clinical decision making to deliver the best outcomes for patients and improving patient safety. This has resulted in enterprise versions of clinical systems being deployed providing the single view irrespective of where in a health board a patient is treated.
- 2.7. The boundary change left both Health Boards with the task of looking at how to effectively move Bridgend patients out of SBUHB clinical systems into CTMUHB clinical systems with the added dependencies of the Welsh PAS (WPAS) integration for the demographics and pathway feeds.
- 2.8. This disaggregation has taken considerable effort and planning to deliver this safely in a short a timescale as possible and was constructed with Informatics leads between both organisations and Digital Health & Care Wales (DHCW). The plan required considerable investment for both Health Boards.
- 2.9. To fully understand the planning required for the WPAS disaggregation a lessons learnt session has been undertaken with BCUHB who have undertaken 2 WPAS mergers. Pertinent points from the session are below.
- 2.10. Testing management

Management of the testing process is a critical success factor, especially as the projects moves into the User Acceptance Testing (UAT) phase, with the lead tester moving from a hands-on approach to a co-ordinating approach, reviewing and filtering issues to be reported back to DHCW to be fixed. Maintaining a single, centrally located issue log, available as read-only to most with only a few named editors, enables issues to be effectively managed down. Management

of comms channels and ensuring that issues raised in any conversations are escalated to those maintaining the issues log, is important to ensure issues are resolved before, during and after go-live.

2.11 Detailed planning

Detailed planning of the dress rehearsal and go-live weekends, including all practical considerations around reverting to paper and ensuring that the dress rehearsal is a true reflection of the go-live, is essential to safe delivery. It is essential to ensure that all those who are named on the plan are aware of their responsibility to deliver and understand what is needed to be done and by when. We need to ensure that the completion of deliverables is marked up in real time by a small number of document controllers who have write access to the plan. The plan also names secondary contacts and contact details for key deliverables in case of sickness absence or other unavoidable resource issues.

2.12. Resourcing

Betsi Cadwaladr University Health Board (BCU) applied significant project and technical resource to the change (circa 20+) and identified around 140 staff members who needed to be engaged for the go live event to run successfully. This included cross cover for a 7am -10pm day, practical considerations such as food and drink, handover arrangements between shifts, cutover planning for go live, and resourcing recommendations for re-adding data from paper sources back onto WPAS once live. Requirements were discussed in advance and cascaded via existing channels to operational staff. BCU also highlighted that it was not necessary to have some / all staff physically present on site, and many staff worked remotely on the most recent data migration event.

2.13. Communications and stakeholder relationships

Communications are essential to successful delivery, including building and maintaining good working relationships between project, technical and operational staff internally, and external relationships and communications with DHCW. Ensuring that key stakeholders are sighted was a critical success factor for both the dress rehearsal and go live weekends. This included ensuring that all operational stakeholders were fully bought in, supported the change, and had clear lines of escalation in case of issues arising. A dedicated team with dedicated phone lines to handle enquiries and issues, advertised well in advance, is also essential. BCU noted the importance of ensuring that key messages were cascaded down to actual users and to specific people who would be involved in, or allocated on a rota during, the dress rehearsal and go live weekends.



3 Key Risks / Matters for Escalation

- 3.1 Over the last 5 years the infrastructure teams in both Health Boards have worked closely together to move the support of the infrastructure at Bridgend from SBUHB to CTMUHB. **Appendix 1** details each area that has been moved to CTMUHB. The infrastructure in the Bridgend region is now fully supported by CTMUHB Digital.
- 3.2 The boundary change has left both Health Boards with the task of looking at how to effectively move Bridgend patients out of SBUHB clinical systems into CTMUHB clinical systems with the added dependencies of the Welsh PAS (WPAS) integration for the demographics and pathway feeds.
- 3.3 Over the last 5 years the digital clinical teams have been working closely with the service to consolidate onto a single application across CTMUHB. This has required merging clinical systems, disaggregating systems, moving to new systems each service requiring a different approach. **Appendix 2** details the clinical systems that have been consolidated and the ones that are in progress. The remaining systems because of their WPAS dependencies will be consolidated as close to the WPAS merger date as possible to minimise any dual working.

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /	Person Centred
	If more than one applies please list below:



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <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:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below) Ensuring patient care is not compromised	
Effaith Adnoddau <i>(Pobl /Ariannol) / Resource Impact</i> <i>(People / Financial)</i>	Yes (Include further detail below) This has consumed the time for the teams as well as carrying out day to day business as usual	

5 Recommendation

- 5.1 **NOTE** The Infrastructure work undertaken in Appendix 1 has been funded from the CTMUHB yearly capital allocation and any end of year spend. There has been no additional WG funding to support this infrastructure work. The capital allocated to the work at POW has meant a reduction in the capital available to any work at existing HB sites.
- 5.2 **NOTE** The staff at both health boards required to undertake the infrastructure has been from the substantive team who have also been required to maintain Business as Usual.

- 5.3 **NOTE** The Clinical Systems work undertaken in Appendix 2 has been funded from the CTMUHB yearly capital and revenue allocation and any end of year spend. There has been no additional WG funding to support this system consolidation work. The capital and revenue allocated to the work at POW has meant a reduction in the capital and revenue available for any systems work in the remaining HB sites.
- 5.4 **NOTE** The staff at both health boards required to undertake the infrastructure has been from the substantive team who have also been required to maintain Business as Usual.
- 5.5 **NOTE** The high degree of co-operation between the Digital teams at both health boards has enabled this project to be delivered.

6 Next Steps

- 6.1 To complete the remaining systems before the WPAS merger to minimise risk.
- 6.2 To look at the lessons learnt from BCU and plan both the dress rehearsal and go live.
- 6.3 To merge the Bridgend patients from SBUHB WPAS to CTMUHB WPAS.



Appendix 1

Workstream	Project/Activity	Detail	Status
Cybersecurity	Cybersecurity policy gap analysis	Assess Swansea Bay cybersecurity policy against CTM cybersecurity policy to identify any changes or updates required	Complete
	Device Protection	Update all Bridgend devices with CTM's preferred antivirus software	Complete
	Firewall adoption and setup	Install hardware and software to set up CTM firewalls for Bridgend sites	Complete
	Mail Marshall	Ensure all Bridgend users are covered by CTM Mail Marshall to protect from email cyber attacks like phishing, spam and viruses	Complete
End users and Devices	End User Management - Web filtering / Smoothwall	Align Bridgend users with CTM policy and ensure Smoothwall works for all users and does not interfere with continued access to Swansea Bay systems where required	Complete
	LDAP Connections	Ensure all LDAP connections for user access using NADEX and password verification are working correctly for Bridgend users	Complete
	Mobile Devices	Ensure all mobile devices are under CTM contracts, replacing devices if necessary	Complete
	Network audit & surveys - POW	Review all network hardware and identify items requiring upgrade/replacement	Complete
	Thin clients	Identify and assess all Bridgend thin client devices and transfer, replace or switch to PCs as necessary to enable CTM use and continued access to any required Swansea Bay systems as needed.	In progress
	Unmanaged Endpoints / Internet of Things	Review any specialist devices which connect via WiFi and identify work needed to ensure compatibility with CTM network	Complete
	Windows Devices - Active Directory - AD Structure & domain controller	Work with DHCW to re-align the Active Directory structure and domain controller for all Bridgend users with CTM rather than Swansea Bay	In progress
	Windows Devices - Active Directory - Discovery: Telephony & AD link	Scoping for Telephony work to understand how best to manage the interface between Active Directory and the Bridgend telephony system	Complete
	Windows Devices - Active Directory - Update Group Policies - Computer group policy	Ensure appropriate computer group policies are in place and applied to Bridgend users so that devices are able to interact with the CTM network as needed	Complete
	Windows Devices - Active Directory - Update Group Policies - Discovery	Work to scope the requirements for updating all group policies for all Bridgend users	Complete
	Windows Devices - Active Directory - Update Group Policies - User group policy	Ensure appropriate user group policies are in place and applied to Bridgend users so that they are able to access all systems as needed	Complete
	Windows devices - Hardware audit	Undertake an audit of all Windows devices to identify any needing replacement, and add these devices into the CTM rolling replacement scheme, prioritising the oldest devices	Complete
	Windows devices - Printer connections	Ensure that all Bridgend users have printer connectivity and working print drivers installed following the transfer of users to CTM	Complete
	Windows devices - Systems Management	Ensure that all Bridgend devices are set up under CTM for systems management so that CTM system admins are able to update, licence and grant access to systems for users as needed	Complete
Hosting	Co-hosted Swansea Bay equipment	Identify and agree an approach for co-hosted equipment which will continue to be shared	Complete
	Cooling	Ensure the control of the cooling system for the server room at PoW is transferred	Complete
	Fire suppression	Transfer ownership and management of the fire suppression system in the PoW server room	Complete



Workstream	Project/Activity	Detail	Status
	Hub rooms	Audit and rationalise the hub rooms, replacing any equipment/cabling as necessary	Complete
	Physical security	Update the Server room security arrangements in line with wider CTM policy	Complete
	POW Server room - PABX	Audit and update the telephone exchange infrastructure in the server room to ensure compatibility with the wider CTM estate	Complete
	PoW Server room - Primary Server Room	Audit and rationalise the primary server room at PoW to ensure compatibility with the wider CTM estate, updating where necessary and arranging for removal of redundant stacks	Complete
	Power	Ensuring the power supply to the server rooms is adequate and future proof	Complete
	Structure		Complete
Incident response	Incident response planning	Agree an interim approach to incident response in the event of an adverse incident in Bridgend in relation to infrastructure occurring during the live phase of the Bridgend Disaggregation, ensuring clear roles and responsibilities are assigned	Complete
Printing	Konica adoption / separation - procurement	Work with Procurement to identify the best way forward. (Agreed to Konica novation process after options appraisal)	Complete
	Konica adoption / separation - Device migration	All Konica devices at Bridgend sites transferred over to CTM ownership	Complete
	Konica adoption / separation - Secure printing	Work with supplier to ensure secure printing solutions are working correctly and as far as possible avoid interruption of service to 24 hour services like ED and Pharmacy	Complete
	Adopt POW printer estate	Integrate PoW printers into CTM's wider estate, including training and licencing new system administrators for the print management software	Complete
Servers	CITRIX	Identify all Bridgend CITRIX users and work with them to ensure that they are able to access the relevant systems either via CTM CITRIX, or use alternatives. In some instances, this resulted in the need to replace more thin clients with PCs. To include BCBC users.	In progress
	Server backup and recovery	Ensure that we have appropriate server back up and recovery protocols in place so that data is not lost, or data loss is as minimal as possible if an adverse event takes place	Complete
	Server review & rationalisation	Review all servers to be transferred from Swansea Bay to CTM, identifying data to be cleansed, working with operational teams to ensure cleansing takes place, and either adopt or migrate servers as needed.	Complete
	Standalone servers	Ensure all standalone servers which need to be added to the CTM network are identified, adopted and upgraded or virtualised as necessary	In progress
	Standalone servers - 3rd party servers	Ensure all servers hosted by 3 rd parties are transferred under the management of CTM rather than Swansea Bay and interact with the CTM network so that data can be used as needed	In progress
	Systems & application servers	Ensure that system specific servers are connected to the CTM network and operating as normal once migrated	In progress
	Systems & application servers - SQL	Ensure that SQL servers for specific databases are migrated successfully and are operating as normal once migrated	In progress
	Virtualisation	As part of the server review and rationalisation, identifying servers to be virtualised and implementing virtualisation as needed	Complete
Voice & data networking	Other Morgannwg sites - Edge network	Ensure that the network is optimised to ensure the best connectivity for all devices and their users at all Bridgend sites other than PoW	Complete



Workstream	Project/Activity	Detail	Status
	Other Morgannwg sites - Firewalls and Routing	Hardware and software upgrade of the firewall and integration into the wider CTM network, including purchase of equipment, installation, testing and troubleshooting to ensure minimal disruption to users	Complete
	Other Morgannwg sites - WAN Links - Point to Cloud links	Ensure connectivity to the Cloud from other Bridgend sites in line with wider CTM network	In progress
	Other Morgannwg sites - WAN Links - Point to Point links	Ensure the Wide Area Network (WAN) links are set up to allow the secure and efficient transfer of data across the CTM network between all Bridgend locations other than PoW and other CTM sites	In progress
	Other Morgannwg sites - WAN Links - WAN connectivity	Ensure that PoW is properly connected and integrated as part of the the wider CTM network (WAN)	In progress
	Other Morgannwg sites - Wi-Fi	Ensure that the Wi-Fi at all Bridgend sites is working and the bandwidth and connectivity are sufficient for the level of traffic at each. Where necessary, auditing, upgrading or replacing equipment to achieve this	Complete
	Paging	Audit of all paging devices still in use in Bridgend sites and transfer of ownership/contracts over to CTM	Complete
	PoW core network	Ensure that the PoW core network is the same specification as other CTM sites and that any key repairs or upgrades to ensure functionality are completed and support adequate network speeds for the needs of PoW users	Complete
	PoW DataCentre Network	Ensure that the link between PoW and the data centre is fully functional and in line with CTM specifications	Complete
	PoW Edge network - wired	Ensure that the network is optimised to ensure the best connectivity for all devices and their users within PoW	Complete
	PoW Firewalls and routing	Hardware and software upgrade of the PoW firewall and integration into the wider CTM network, including purchase of equipment, installation, testing and troubleshooting to ensure minimal disruption to users	Complete
	PoW WAN links - Point to Cloud links	Ensure connectivity to the Cloud from PoW in line with wider CTM network	In progress
	PoW WAN links - Point to Point links	Ensure the Wide Area Network (WAN) links are set up to allow the secure and efficient transfer of data across the CTM network between PoW and other sites	In progress
	PoW WAN links - WAN connectivity	Ensure that PoW is properly connected and integrated as part of the the wider CTM network (WAN)	In progress
	PoW Wi-Fi - ISE	Ensure WiFi user authentication and login is managed for both staff and visitors by setting up the ISE	Complete
	PoW Wi-Fi - Wireless controllers	Ensure the network is set up to facilitate effective wireless connectivity for all WiFi enabled devices and ensure access is stable and the network does not become overloaded resulting in poor Wi-Fi connectivity	Complete
	Telephony - Usage & extension audit	Audit all telephony solutions used in Bridgend sites, including identifying all extension numbers in use, in readiness for moving telephony system under CTM control	Complete
	Telephony - Options appraisal	Identify potential ways forward in readiness for SB telephony contract renewal in October 2024; propose potential solutions & identify preferred option	Complete
	Telephony - Adoption of PoW numbers	Adopt all telephone numbers for Bridgend sites and work with supplier to port numbers over to CTM ownership	Complete
	Telephony - Call logging	Adopt the Bridgend call logging solution under the control of the CTM team	Complete
	Telephony - Call recording	Adopt call recording for Bridgend sites under CTM management	Complete
	Telephony - Contact centre (ARC)	Take over management of the ARC console, which allows for management and optimisation of inbound call direction for Bridgend sites	Complete
	Telephony - Handsets	Replace any handsets identified during the audit as needing updating / replacement	Complete



Workstream	Project/Activity	Detail	Status
	Telephony - Soft phone	Take over management of all the soft phones (ie, phones which use a Voice over Internet Protocol solution) for all Bridgend sites	Complete
	Telephony - Switchboard software	Take over management of existing Bridgend switchboard software in order to minimise disruption to staff	Complete
	Telephony - Voicemail	Migrate voicemail for all identified telephone numbers/	Complete



Appendix 2

Department	System/Service	Detail	System in CTM	System in POW	System post consolidation	Reason why the system was agreed to be deployed/consolidated	Status
Admin	Digital Dictation	Digital Dictation	Big Hand	Olympus	Big Hand	Still awaiting funding to consolidate on a single solution.	To Do
Audiology	Audit base	Departmental system in Audiology for running the service	Audit Base	Audit Base	Audit Base	Both departments on Audibase. POW was split from SB 2019. Systems merged to a single solution across CTM	Complete
	Cochlear Custom sound suite	Audiology departmental systems				Service moved to UHW	Complete
	Medel Maestro	Audiology departmental systems				Service moved to UHW	Complete
	Soundwave	Audiology departmental systems				Service moved to UHW	Complete
Cancer care	Canisc	To record data on patients with cancer	Canisc	Canisc	WCP/WPAS	Is part of the national CANISC replacement	Complete
	Chemocare	For chemo therapy	Chemocare	Chemocare	Chemocare	Common solution across Wales	Complete
Cardiology	MUSE	Electrocardiogram records the electrical activity of the heart	GE MUSE	GE MUSE	GE MUSE	GE MUSE is used across CTM consolidated to a single instance	Complete
	McKesson PACS	For the management of images, reports, ECG, hemodynamics, waveforms, analytics, charge capture, and inventory management.	McKesson PACS	McKesson PACS	McKesson PACS	McKesson PACS is used by both POW and CT. Consolidation to a single instance following careful process mapping of the various work flows to ensure POW loses no functionality	In progress
	GE Haemodynamics	GE Haemodynamics	GE Mac-LaB	GE Mac-Lab	GE Mac-Lab	GE Mac-Lab is used across CTM consolidated to a single instance	In progress
	ECHO	An echo is a scan used to look at the heart and nearby blood vessels. It's a type of ultrasound scan	Mckesson PACS	Mckesson PACS	Mckesson PACS	Mckesson PACS is used by both POW and CT. Consolidation to a single instance following careful process mapping of the various work flows to ensure POW loses no functionality	In progress
	Breeze, CPET - POW	A Cardiopulmonary Exercise Test (CPET) is used to assess your exercise capacity and investigate the response of the heart and lungs.	Breeze	Breeze	Breeze	Move off the SB version consolidate on the CTM	In progress
	Vyaire products POW	Lung function tests	Sentry Suite	Sentry Suite	Sentry Suite	Move off the SB version consolidate on the CTM	In progress
	Sentinel	Spacelabs is a cardiology information management system collecting data from a broad range of cardiovascular monitoring devices and provides easy access to reports and analyses.	Sentinel	Sentinel	Sentinel	Move off the SB version consolidate on the CTM	Complete



Department	System/Service	Detail	System in CTM	System in POW	System post consolidation	Reason why the system was agreed to be deployed/consolidated	Status
CSSD	Healthedge	Healthedge HESSDA (CSSD\HSDU) - enable the end users to record the full decontamination process, including patient association Healthedge HESA(endoscopy) Connecting pc terminals connect via a web page within the endoscopy theatre rooms and radiology department, which allows them to record information regarding the usage and tracking of their scopes	Healthedge	Healthedge	Healthedge	Consolidate onto a single solution	Complete
	TDOC	TDOC - T-DOC Select is Getinge's CSSD traceability software. T-DOC helps hospitals optimize the sterile production and aids compliance for sterile reprocessing	TDOC	TDOC	TDOC	Consolidate onto a single solution	Complete
	Autoclave deko	Autoclave – Hospital sterile processors, sterilization cycles FTP to server for audit purposes	Autoclave Deko	Autoclave Deko	Autoclave Deko	Consolidate onto a single solution	Complete
	Dekomed	Hospital washer\dryer disinfectors, cycles FTP to server for audit purpose	Dekomed	Dekomed	Dekomed	Consolidate onto a single solution	Complete
	Review	Enables Washer and Dryer cycle information to be viewed and charted.	Review	Review	Review	Consolidate onto a single solution	Complete
Dental	SOE / Medident (SBU Sidexis)	Dental practice management software	SOE / Medident (SBU Sidexis)	SOE / Medident (SBU Sidexis)	Dentally	Consolidate onto a single new solution	Complete
District Nurses	Paper system	Management of day to day service	Paper	Paper	Paper	No digital solution currently in place	Complete
Drugs and Alcohol	Advantage	An alcohol abuse system	Carenotes	Advantage	Scriptbase	Move to single new solution	Complete
ED	Brainomix	AI for stroke a CT headscan get sent to BAINOMIX server and AI looks at it and reports	Brainomix	Brainomix	Brainomix	This will be merged to a single instance as part of the RISP project	Post 2026 RISP project
	ZYLAB	To store scan documents used in ED POW	WPAS	ZLAB	WPAS/CITO	ZLAB is an SB application that both HB want to move away from due to stability issues. Needs to be after WPA S merger due to WPAS/CITO index dependencies	Post May 2025 PWAS project
Endoscopy	Medilogic	An endoscopy is a test to look inside your body. A long, thin tube with a small camera inside, called an endoscope, is passed	Medilogic	Medilogic	Medilogic	Medilogic is used by both POW and CT. Consolidation to a single instance following careful process mapping of the various work flows to ensure POW loses no functionality	Complete



Department	System/Service	Detail	System in CTM	System in POW	System post consolidation	Reason why the system was agreed to be deployed/consolidated	Status
		into your body through a natural opening such as your mouth.					
	SMOT	Training aid to stream theatre sessions	No system	No system	SMOT	Made available Nationally	Complete
Estates	Quartix	Fleet tracking	NA	Quartix	Quartix	Quartix is the Bridgend (soon to be CTM wide) Fleet tracking software Hosted on the cloud by Quartix themselves	Complete
	Portetrak	Porters use to track job and movement web based	Portetrack	Portetrack	Portetrack	BND only version web based no work required	Complete
	C4C	Credits for cleaning web based	C4C	C4C	C4C	CTM web waiting for PCH and RGH then POW will go before end 2024 onto single solution for CTM	Complete
General	ADT's	Admission, discharge and transfer of patients	WCP	ETOC	WCP	Move off SB Portal and consolidate to single CTM National solution	Complete
	WNCR	Welsh Nursing Care record	WCP	WCP	WCP	Roll out across CTM	Complete
	e whiteboards	Electronic ward board for bed and patient status	In house	None	In house	Roll out across CTM	Complete
	PKB	Patient Portal	No system	PKB	No system	The contract was SB specific and not extendable to CTM without considerable investment	Complete
	DMS	Document management system used for letters etc	No system	DMS	DMS	DMS will be kept in POW on a POW instance until the patient contact project is funded	Complete
GP out of hours	111	111 is when you need medical help fast but it's not a 999 emergency	111	111	111	National System	Complete
	Adastra	Provides staff working in emergency care settings with the tools to provide patients with the correct course of treatment, ensuring a seamless clinical handover with all records updated	Adastra	Adastra	Adastra	National System	Complete
Health Visitors	PIMS	To record visit and patient information	Paper	PIMS	Paper	No comparable CTM solution and mixed economy is not safe the team decided to go to paper as digital solution explored for CTM	Complete
ITU	Medicus	ITU bed stats	Ward watcher	Ward watcher	Ward watcher	Common System across Wales	Complete
Maternity	MITs	Maternity system that manages the mother from Antenatal to birth. In house product	MITs	WPAS maternity module	MITs	Following the WPAS merger in May 2025 the CTM WPAS version does not have the maternity module so consolidation onto MITs is the only option as currently National Digital Maternity system is not going to be ready	Complete
	Trium	CTG digital system	Trium	No System	Awaiting decision	Moving all HB to new solution for maternity will include CTG's	Not Required
	Theatre maternity module	Booking sessions and capture theatre data	No developed	SB TOMS	CT TOMS	To develop the maternity module in CTM TOMS. SB TOMS already had this development	Complete
Ophthalmology	Open Eyes	Currently used for Glaucoma clinic management but will be expanded	Open Eyes	Open Eyes	Open Eyes	Common System across Wales	Complete



Department	System/Service	Detail	System in CTM	System in POW	System post consolidation	Reason why the system was agreed to be deployed/consolidated	Status
	FORUM	Digital image store for Zeiss	FORUM	FORUM	FORUM	Currently 2 instances in CTM which will be merged	Complete
	Medisight	mediSIGHT is an EHR that supports all ophthalmic subspecialties	Medisight	No system	Medisight	Updating in CTM prior to expansion into POW	Complete
Paediatrics	Badgernet	SCBU information system	Badgernet	Badgernet	Badgernet	Single solution across Wales site licenced	Complete
	ChildHealth	Record details on vaccination of children	CYPRUS	CYPRUS	CYPRUS	Single solution across Wales managed Nationally	Complete
	Twinkle	Paediatric Diabetic system	Twinkle	Twinkle	Twinkle	Moved to National solution	
Pharmacy	MIDbank	Medicine information team for queries around drugs	MIDbank	MIDbank	MIDbank	Web based	Complete
	AWID	All Wales Intervention database where pharmacist log what they have done for patients	AWID	AWID	AWID	Web based	Complete
	Digi Trak	Temp tracking for fridges	Digi Trak	Digi Trak	Comak	Moving to Comak across CTM	Complete
	Medusa	IV GUIDE to access information					Complete
	Pyxis	Stock control tops up robots as required	Pyxis	Pyxis	Pyxis	will upgrade and move off pc in the department and host on servers in CTM	Complete
	Omincell, BD	Drug cabinets	Omincell, BD	Omincell, BD	Omincell, BD	stand alone drug cabinets no WPAS interface	Complete
Pre assessment	EPOA	Collect relevant clinical information pre op	CTM In House preassessment application	EPOA	CTM In House preassessment application	EPOA is a SB in house application that cannot be continued to be used post May 2025	In progress
Rheumatology	Cellma	RioMed's Cellma application is a health information system used by Rheumatology	CELLMA	CELLMA	CELLMA	Same application will be moving POW to the existing CTM version	In progress
School nurses	Sharepoint/file share	Manage school children	Sharepoint/file share	Sharepoint/file share	Sharepoint/file share	No digital alternative	Complete
Sexual Health	Mill System	Manage sexual health clinics	Lillie	Mill	Lillie	Mill System was no longer supported	Complete
Theatre Management system	TOMS	Theatre management system	TOMS	TOMS	TOMS	Same application will be adding POW to the existing CTM version	Complete
	TOMS maternity	Theatre management system maternity module	TOMS	TOMS	TOMS	Same application will be adding POW to the existing CTM version	Complete
Therapies	Physiotherapy	Clinic management	WPAS	PIMS	WPAS	Required to be moved off SB Portal	Complete
	SLT paed	Clinic management	WPAS	PIMS	WPAS	Required to be moved off SB Portal	Complete
	SLT adults	Clinic management	WPAS	PIMS	WPAS	Required to be moved off SB Portal	Complete
	Lymphodema	Clinic management	WPAS	PIMS	WPAS	Required to be moved off SB Portal	Complete
	Wound Clinic	Clinic management	WPAS	PIMS	WPAS	Required to be moved off SB Portal	Complete
	Nutrition and dietetics	Clinic management	WPAS	PIMS	WPAS	Required to be moved off SB Portal	Complete
	Orthotics	Clinic management	WPAS	PIMS	WPAS	Required to be moved off SB Portal	Complete
Systemic Psychotherapy	Clinic management	WPAS	PIMS	WPAS	Required to be moved off SB Portal	Complete	



Department	System/Service	Detail	System in CTM	System in POW	System post consolidation	Reason why the system was agreed to be deployed/consolidated	Status
	SLT community	Clinic management	WPAS	PIMS	WPAS	Required to be moved off SB Portal	Complete
	Perinatal	Clinic management	WPAS	PIMS	WPAS	Required to be moved off SB Portal	Complete
	Podiatry	Clinic management	WPAS	PIMS	WPAS	Required to be moved off SB Portal	Moving to CTM WPAS but still under SB SLA



Agenda Item

4.1

Digital & Data Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	29/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	FOR REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	October 2024	RISKS REVIEWED
Operational Management Board	October 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	11 th November 2024	MANAGEMENT SIGN OFF RECEIVED

Acronyms / Glossary of Terms	



1. Situation / Background

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

2. Specific Matters for Consideration

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 4th November 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.
- 2.7 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

- 2.8 To date **754** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2. In addition to this number training has also been provided to the Joint Commissioning Committee Senior Leadership Team during this period and their feedback is captured in the evaluations at 2.1.4.
- 2.9 In addition, the Health, Safety & Fire Directorate have run Managing Safely Courses during the period which has a designated section on risk. These sessions were held as follows:
- 30th September – 2nd October 2024 – 7 attendees
- 2.10 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.11 96 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.77 out of a maximum score of 5.
- 2.12 100% of the 96 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.
- 2.13 98% of the 96 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.14 Some of the recent comments from the session in June, received through evaluation, have been included below:
- *Really helpful to help shape the risk culture in the JCC*
 - *It was good to see how Datix is used to report risks as I am a newer member of staff and haven't used it before. It was also interesting to see how different people respond differently to risks from the pictures of the boats in the river as it shows how risks can be seen differently in real life situations*
 - *Covered exactly what I needed for risk and my knowledge has expanded.*
 - *Provided just enough information, without overloading.*
 - *The descriptions of risks vs incidents was really clear, the practical walk through Datix was really useful for me as I've not used it before. I would recommend this session to all my colleagues.*
 - *Perfect level of information and good length of session. Generated good level of discussion and food for thought.*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

There were no new risks escalated to the Organisational Risk Register this period as assigned to this Committee.

3.2 CHANGES TO RISKS

Risk Score Increased

There were no increased risks scores for Digital & Data risks this period.

Risk Score Decreased

Digital & Data Directorate

- **5669 - Increased cost of Citrix Subscription.** Risk score decreased from a 16 to a 12 as the licensing arrangements have now been finalised and the procurement has been completed. CTMUHB have purchased 3,000 Citrix licenses. The licenses will run for a year, from December 2024 to December 2025. CTMUHB look to significantly reduce its Citrix use over the coming year to reduce/eliminate reliance on Citrix technology.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

There were no risks escalated to the Organisational Risk Register that were closed this period.

3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)

Consequence	5				4664 5276	
	4				4337 4671	5761
	3					4672 5040
	2					
	1					
CxL	1	2	3	4	5	
	Likelihood					

3.5 EMERGING RISKS

Pathology Risk - Diagnostics, Therapies, Pharmacy and Specialties & Digital & Data

Risk assessments are underway in terms of the sustainability of pathology services and the delivery of a digital cellular pathology solution for the Health Board. Once



the assessments are complete they will be considered for escalation to the Organisational Risk Register as appropriate.

3.6 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
5.	Delivery of a digital and information infrastructure to support organisational transformation Click Here for Risk 5	Improving Care 	Director of Digital	Digital & Data	16 (C4xL4)

4. Assessment

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



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

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

5. Recommendation

5.1 The Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks

6. Next Steps

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Date 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 Committee	Rating (Current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Field	Opened	Last Reviewed	Next Review Date
5276	Director of Digital	Central Support Function - Digital & Data	Pathology Director/Manager	Sustaining Our Future	Business Objectives Operational Patient safety Digital Healthcare Wales interdependencies	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025.	IF: the new Laboratory Information Management System (LIMS) service is not deployed before the end of the current 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. THEN: operational delivery of pathology services may be severely impacted. Resulting in: potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	Currently LINC Programme reports progress against timeline to LINC Programme Board and Chief Executive Group. Business continuity options are being explored including extending the contract for the current LINC 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 November 2024: LIAI has been extended and resulting in a 2 month delay to go live, however the end date of December 2025 is non-negotiable. Activity to understand the consequences of the delay such as dependencies on other projects such as ePMA are being investigated.	Digital & Data Committee Quality & Safety Committee	20	C3xL4	5 (C3xL1)	↔	26.10.2022	31.10.2024	15.01.2025
4664	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Legal / Regulatory Statutory duty, compliance, accreditation, mandatory requirements	Ransomware Attack resulting in loss of critical services and possible extortion	Due to business sensitivities the detail of this risk will be considered in closed session.			Digital & Data Committee	20	C5 x L4	15 (C3xL3)	↔	26.05.2021	31.10.2024	15.01.2025
5761	Executive Medical Director	Medical Directorate	Medical Directorate Manager	Improving Care	Patient / Staff Public Safety Impact on the safety - Physical and Psychological harm	Cross Health Board Data Sharing	IF: 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 Then: Clinical staff across CTM will be unable to provide the safe and effective care to patients using transparent, available data. Resulting in: 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 and the buying of Anesthetics from 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. Digital Health Care Wales, CTMHB have asked for alternate options for a quicker solution and timescales to be aligned with them. This has been added as an agenda item for discussion at the next All Wales Digital Director meeting.	Digital Health Care Wales have been working on the ability to share data in both directions to data flows in the Health Board systems - this has been an issue for some time. ARIHB have allocated some project resource to resolve an ongoing issue with the ability to share patient data in both directions across health boards/trusts. CTMHB have asked for alternate options for a quicker solution and timescales to be aligned with them. This has been added as an agenda item for discussion at the next All Wales Digital Director meeting. Update November 2024 - DHCW have confirmed they anticipate the work will be undertaken in March next year to resolve this issue. CTM have reiterated the specific issues that need resolving. Risk remains the same until DHCW complete this work.	Quality & Safety Committee Digital & Data Committee	18	C4xL4	8 (C3xL2)	↔	26.04.2024	28.10.2024	01.01.2025
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	IF: The Health Board does not have a unified electronic health and care record and systems which are integrated across the organisation and with our primary and social care providers THEN: The Health Board will be unable to deliver safe, high quality, clinically and cost effective care to patients Resulting in: Compromised safety of patients needing treatment that are reliant on clinical test results and information being available to clinicians to plan and deliver the treatment plan and the requirement for sub-optimal manual processes	Key Controls 1. SIB/IB 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 Gaps in Control 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 IHB 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 explore 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 November 2024: A workshop is planned (15/11/2024) to look at the implications of the critical incident at POW related to the roof on the WPA5 and clinical systems plan.	Digital & Data Committee	18	C4 x L4	8 (C3xL2)	↔	14.10.2020	31.10.2024	15.01.2025
4671	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	Lack of a resilient and performant Digital Network Infrastructure and Assets	Due to business sensitivities the detail of this risk will be considered in closed session.			Digital & Data Committee	18	C4 x L4	9 (C3xL3)	↔	03.05.2021	31.10.2024	15.01.2025
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.	IF: The Health Board is not able to record information accurately and reliably, with complete and up-to-date information THEN: the data informing the clinical, regional and organisational decisions we and our partners (including HD) make, will be inaccurate, out of date or incomplete Resulting in: Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&D and Value etc.	Operational controls: Coding key performance indicators covering productivity, demand and backlog robustly monitored Disputed Patient Notes programme board monitors scanning times, adherence of contractor to terms and quality of staff in maintaining a record DHCW annual coding quality audit. Coding Improvement and transformation plan established incorporating additional trained coding capacity, coding at source, use of data captured in other systems and e-forms implemented. Natural language programming resource deployed and outputs of programme being validated. Tactical: EPR programme with deployment of smart-CT oncology server, WCP & E-forms Tactical controls: Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business National Architecture Review - encompassing (NDR/CDR & Sharing arrangements) Coding transformation programme Gaps in controls Scanning time of outpatient activity to digitise the record is at 51 days of maximum clinically safe time of 24-48 hours Quality of paper record and its filing is very poor with audits identifying over 70% of paper records are not maintained to acceptable standards Digital solutions not yet using smart-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 November 2024: Easy forward continues to maintain 48 hour targets. Destruction has started to take place in Wlliamstown Hub for the CT notes all be it on a small scale, work ongoing to review spread and scale within available resource. No change to risk score.	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	↔	05.06.2021	31.10.2024	15.01.2025
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	IF: The Health Board can not integrate new applications into its digital architecture in a timely fashion THEN: there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated and major strategic priorities for the organisation (e.g. Bridgend aggregation and the deployment of the new Emergency Department system) not being delivered Resulting in: delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: 1. Loss of information integrity and accessibility as multiple copies of clinical records. 2. Failure and delay of digital system deployments (e.g. MEDS) 3. Possible breaches to the GDPR, safeguarding and information governance risks. 4. Mistrust by staff of the ICT systems and services they are using	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 fulfilment has been exposed by demand pushing the waiting times for developments to start (not complete) to over 12 months Gaps in controls: WG have agreed some funding for the PAS element, however the DHCW IMTP continues to be a top down decision process rather than one being based on IIB (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 CanNSC) and numerous critical constraints not continuing to be observed in the system whilst the architecture remains closed. IIB carrying vicarious 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 complex 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. IIB still awaiting availability of access to key HB data such as radiology and tests results.	Update November 2024 - Ethical Healthcare report has been received and is being reviewed. Update on modular EPR to Board is planned for November.	Digital & Data Committee	15	C3xL5	9 (C3xL3)	↔	07.02.2022	31.10.2024	15.01.2025

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
5669	Director of Digital	Central Support Function - Digital and Data	Service / Business interruption	Increased cost of Citrix Subscription	<p>IF the proposed increase in costs for providing thin client (Citrix) desktops to staff is not affordable or fully funded</p> <p>THEN Some or all of the staff that use Citrix will no longer be able to do so</p> <p>RESULTING IN Staff being unable to access local and national systems</p> <p>Citrix is used by staff to access Virtual Desktops from IGEL 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.</p> <p>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.</p>	<p>Renewal costs will increase. Work underway with NHS Wales and Citrix to arrive at the best value licensing on an all Wales basis.</p> <p>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.</p>	<p>Risk score decreased from a 16 to a 12 as the licensing arrangements have now been finalised and the procurement has been completed. CTMUHB have purchased 3,000 Citrix licenses. The licenses will run for a year, from December 2024 to December 2025. CTMUHB look to significantly reduce its Citrix use over the coming year to reduce/eliminate reliance on Citrix technology.</p> <p>Recommend de-escalating from the Organisational Risk Register to be managed locally by the Digital and Data Directorate.</p>	Digital & Data Committee	12 Risk Score reduced from a 16	4	<p>Update November 2024 - Risk score decreased from a 16 to a 12 as the licensing arrangements have now been finalised and the procurement has been completed. CTMUHB have purchased 3,000 Citrix licenses. The licenses will run for a year, from December 2024 to December 2025. CTMUHB look to significantly reduce its Citrix use over the coming year to reduce/eliminate reliance on Citrix technology.</p> <p>Recommend de-escalating from the Organisational Risk Register to be managed locally by the Digital and Data Directorate.</p>

	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	No risks proposed for closure from the Organisational Risk Register this period.										



Agenda Item

4.3

Digital & Data Committee

Highlight Report from the Information Governance Group

Dyddiad y Cyfarfod / Date of Meeting	29/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Claire Northwell, Head of Information Governance
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Information Governance Group	29/10/2024	Endorsed

Acronyms / Glossary of Terms	
ICO	Information Commissioner's Office
SAR	Subject Access Request
FOIA	Freedom of Information Act
IGG	Information Governance Group
SIRO	Senior Information Risk Owner
SBUHB	Swansea Bay University Health Board



1. Introduction

- 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 29th October 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of the Information Governance Group is to develop and implement a framework for Information Governance across the organisation and to reinforce a strong ethos of Information Governance. The Information Governance Group will drive the broader information governance agenda and provide the Committee with assurance that effective information governance best practice mechanisms are in place within the organisation.

3. Highlight Report

Alert / Escalate	<p>Risk Escalation – Subject access request statistics were presented to the Information Governance Group (IGG) and it was noted that the compliance figures for Bridgend (managed by Swansea Bay University Health Board) have not been provided for several months. The Director for Digital agreed to raise this issue with the SIRO at SBUHB. This will be added to the IG risk register as a risk in upholding data subject rights.</p> <p>Positive Escalation – The IG e-learning compliance as of September 2024 is 82.82%, which is a significant increase from 75.59% previously reported at the start of the year.</p>
Advise	<p>1. IG Risk Register The Group were advised of the reviewed IG Risk Register and were asked to approve the risks noted. New risks have been noted and older risks have been closed or de-escalated as appropriate. The group approved the risk register. A copy of the IG risk register can be provided if needed.</p> <p>2. Medical Records Assurance Report The Medical Records Assurance Report was presented to the Group and questions were noted on the figures. The Medical Records Team were asked by the Chair to ensure the figures for appointment cancellations made by CTM were reported to OMB (Operational Management Board).</p> <p>3. Datix Incident Reporting Incident reporting figures remain stable with many miscategorised incidents. The IG Team are working with the Datix Team to raise this at a national level as it is a problem for all areas.</p>



4. Update on the Information Governance Toolkit

The Health Board submitted the Toolkit for 2023. Following on from DHCW communication in relation to the Confidentiality Advisory Group (CAG) approvals and appropriate assurance, the DHCW team has been contacted by CAG, who sought the outcome of our organisation’s toolkit submission and our current toolkit status.

The IG Team confirmed completion, and submitted an action plan to address those areas that were not currently compliant. This is attached below as Appendix 1.

The Team are currently working on the 2024/25 submission, which is required by March 2025.

Assure

The IG Team continue to work towards their key performance indicator targets and the Group acknowledged their work provided in the KPI report and appendices. Below are sections from the report for the Committee to view on compliance with FOIAs and SARs.

The table below represents a summary of the activity relating to FOIAs for the health board in 2024. Between July 2024 – August 2024, 93 requests were received with a compliance rate of 98% for this reporting period. [Please note: The IGG were not presented with complete September figures, as these would not be available until the end of October, which was after the IGG meeting].

FOI requests for 2024			
Freedom of Information CTMUHB	Jul-24	Aug-24	** Sep-24
Number of Requests	49	44	56
Number of Requests withdrawn	0	0	0
No responded within timescales	48	44	TBC
% responded within timescales	97%	100%	TBC
Number of exemptions applied	12	11	TBC
Actual number of questions	266	360	277
ICO appeals	0	0	TBC
Number of requests still outstanding (Unanswered)	0	0	TBC
Freedom of Information for Joint Commissioning Committee from April 2024 (previously EASC/WHSSC)	Jul-24	Aug-24	Sep-24



Number of Requests	1	1	0
No responded within timescales	1	1	0
% responded within timescales	100%	100%	0
Number of exemptions applied	0	0	0
Actual number of questions	1	5	0
ICO appeals	0	0	0
Number of requests still outstanding (Unanswered)	0	0	0

The table below shows the number of personal data requests for Cwm Taf Morgannwg University Health Board (CTMUHB) for the period July 2024 to September 2024. They have been split into Service Groups as they manage their own request process.

Data Protection - Subject Access requests for 2023/2024			
Medical Records (These inc. all 3rd party requests, i.e. police, etc.)	Jul-24	Aug-24	Sep-24
Number of requests	406	339	350
Number of exemptions applied	0	0	0
Number of late responses	0	0	0
Mental Health	Jul-24	Aug-24	Sep-24
Number of requests	43	34	39
Number of exemptions applied	3	2	0
Number of late responses	21	23	30
Mental Health - SARs for POW Acute and Mental Health (completed under SLA with SBUHB)	Jul-24	Aug-24	Sep-24
Number of requests			
Number of exemptions applied	Requested but not provided by SBUHB		
Number of late responses			
CAMHS	Jul-24	Aug-24	Sep-24
Number of requests	25	19	33
Number of exemptions applied	2	1	0
Number of late responses	0	0	0
Corporate (inc workforce)	Jul-24	Aug-24	Sep-24
Number of requests	4	4	6
Number of exemptions applied	3	2	1
Number of late responses	0	0	0
Occupational Health	Jul-24	Aug-24	Sep-24
Number of requests	0	2	2



	Number of exemptions applied	0	0	0
	Number of late responses	0	2	1
	JCC (formerly WHSSC and EASC) - SARs	Jul-24	Aug-24	Sep-24
	Number of requests	0	0	0
	Number of exemptions applied	0	0	0
	Number of late responses	0	0	0
	Managed GP practice	Jul-24	Aug-24	Sep-24
	Number of requests	38	62	52
	Number of exemptions applied	0	31	28
	Number of late responses	2	0	0
	<p>**The IG Team has experienced some difficulties with obtaining <i>full</i> files for disclosure from HR. This has been highlighted as risk on our risk register. We are working with HR to identify the reasons for this and ensure we are able to provide all the information requested within the legal deadline.**</p> <p>The IG Team continue to work on DPIAs, sharing agreements, policies and copies of the relevant registers can be provided if needed.</p>			
Inform	<ul style="list-style-type: none"> Two new policies, 1 existing policy and three existing procedures were endorsed for approval by the Group. These are: <ol style="list-style-type: none"> 1. Call Recording Policy 2. Clear Desk and Screen Policy 3. Non-clinical photography and recording procedure 4. Transmission of faxes protocol 5. Personal Data Breach Management Procedure 6. Medical Illustration Policy The three policies are included on this Digital and Data Committee agenda as separate agenda items. The three procedures have been sent to the Executive Management Board for approval. 			
Appendices	<ul style="list-style-type: none"> Appendix 1 Information Governance Toolkit Action Plan 			

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /Link to	A Healthier Wales



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?</i> / Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?</i> / Equality and Welsh Language <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:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (<i>Pobl /Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Digital and Data Committee is asked to **NOTE** the highlights outlined in section 3 of this report.

3.1.1 Appendix 7

Area	Requirement	Proposed improvement / mitigation	Person responsible	By When
1	Does the organisation keep a record to positively confirm staff have read and understood relevant policies and procedures?	IG, Cyber Scurity and Medical Records Management policies are to be better described in the mandatory training staff are required to complete. These are audited. Whilst onboarding of staff presently requires confirmation that staff have read the policies, this will be subject to spot audit going forward. If this half way fails, the use of meta compliance to mandate self certification of having read the policy could be intruded.	Andrew Nelson	Sep-24
2	Does the organisation meet or exceed a compliance rate of 85% for the completion of mandatory IG training every two years?	Improvement work which has seen rates rise from 75% to 82% to continue but currently not meeting the required target.	Claire Northwell/ Olivia Rawlings-	Sep-24
		Refresh of the training module into palatable bite size chunks to be adopted. Freview is being undertaken by DHCW.	DHCW / IGMAG	Nov-24
		Process of enabling staff to attend bespoke training events and online learning as an alternative is being taken forward. This has commenced in cyber with those caught in phishing being required to undertake a 10 minute cyber refresh, with ongoing monitoring of the competence and putting into practice lessons learnt.	Thomas Evans	Aug-24
3	Does the organisation take reasonable steps to check the accuracy of the personal information it hold sand, if necessary, can inaccuracies be rectified or highlighted?	The UHB has a policy in place requiring accurate record keeping		
		There are local service audits undertaken as to the quality and completeness of the record on an adhoc basis	Complete	
		The CITO programme undertakes continual review of all paper records to check for misfiles prior to misfiling	Complete	
		the clinical coding team actively audits the accuracy of clinical coding on systems and in the notes	Complete	
		However analysis of the data has identified inconsistencies - some of which are flagged to the PAS team to correct but it is not always possible. Enhancing the functionality and workflow of our clinical record keeping applications has been identified as the requisite action for meeting this requirement.	Stuart Morris	2026
		In regards to technical assuring the integrity of digital systems the UHB is deploying Dell's cyber vault which incorporates the functionality to check data against previously copies of backed up date to identify any amendments or compromises. It is intended this will be live by the strat of August 2024	Paul Chilcott	Aug-24
4	Do all computers and other devices used across the organisation have antivirus/anti-malware software installed and updated?	For all managed end points and most devices this is the case. However where this is not possible, for example on medical devices which have regulatory controls placed on them, the UHB is in the process of mitigating the risk via segmentation of these devices onto other parts of the network.	Paul Chilcott	Sep-24
5	Do all areas in the organisation, where personal information can be accessed, have physical controls in place to prevent unauthorised access?	There are some areas such as wards and the ED where there are no physical controls in place to prevent access to the medical record be it physical or digital. This is mitigated by appropriate time outs of accounts are applied, although theoretical windows where the data is available exists.		
		The move to digitised records with single sign on is our medium term strategic aim which the evidence indicates mitigates the above risk to a reasonable extent	Stuart Morris	2026
		All laptops are also subject to timeouts and have encryption applied as default.	Complete	
		Where information is captured in digital form we meet the storage (i.e. data centres and infrastructure) meet appropriate standards.	Complete	
6	If the organisation allows staff to use their own devices (e.g.phones) for work purposes, is there a Bring Your Own Device policy in place?	Security policy states that the UHB does not allow personal devices to connect directly to the network, mitigating risks from BYOD.	Complete	

Intelligence Led Organisation Final Internal Audit Report

October 2024

Cwm Taf Morgannwg University Health Board

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Committee:	Audit and Risk Assurance 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.

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Executive Summary

Purpose

The purpose of the audit was to review the capabilities in place, from a people, process and technology perspective, for the Health Board to manage and transform its data to deliver appropriate and accurate intelligence to inform better decision making.

Overview

We have issued reasonable assurance on this area.

There is a data strategy in place as part of, and underpinning, the digital strategy, which makes clear the intent to move to being an intelligence led organisation. Management have considered the skills needed and increased resource provided to the information function. There is a data warehouse to provide information and the organisation is moving towards a Welsh data standard. Information products are used for decision making and the use of dashboards is monitored.

The key issues requiring management action are:

- Establishing a liaison arrangement to fully gauge information needs.
- Developing a data quality policy.
- Formalising a data governance framework for the Health Board as a whole.
- Provision of training on the use and interpretation of information.

Report Opinion



Reasonable assurance

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend

None

Assurance summary¹

Objectives	Assurance
1 Strategy	Reasonable
2 Resources	Substantial
3 Tools & Technology	Substantial
4 Engagement	Reasonable
5 Data Quality	Reasonable
6 Data Governance	Reasonable
7 Decision Making	Reasonable

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Strategy	1 Operational	Medium
2	User needs	4 Operational	Medium
3	Data quality policy	5 Design	Medium
4	Awareness of data	6 Operational	Medium
5	Data governance framework	6 Operational	Medium
6	User skills	7 Operational	Medium

1. Introduction

- 1.1 In line with the 2023/24 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board' or the 'organisation') a review of the capabilities in place, from a people, process and technology perspective, for the Health Board to manage and transform its data to deliver appropriate and accurate intelligence to inform better decisions has been undertaken.
- 1.2 In order to become an intelligence led organisation the Health Board must transform data into intelligence.
- 1.3 Data is a collection of facts which is raw and unorganised, information is a simplistic way of bringing data together and puts the data into context, and intelligence is knowledge or insights derived from information through analysis, synthesis and interpretation.
- 1.4 The potential risk considered in the review was the Health Board's strategic risk 6: Delivery of a digital and information infrastructure to support organisational transformation.

2. Detailed Audit Findings

Objective 1: An appropriate strategy should be in place to enable the organisation to become an intelligence-led organisation and to improve the coordination and use of its data to enable cross referencing and prevention of silos.

- 2.1 Data drives the use and development of digital applications and data forms part of the digital strategy, and is one of the themes within it. This is underpinned by a data programme which is closely linked to the national strategy and the National Data Resource (NDR). The NDR is a national aim to identify where data is, remove silos, and improve standardisation and use.
- 2.2 The Integrated Medium Term Plan (IMTP) for the Health Board has an 'enablers' section which includes digital. This shows the digital aims and themes, one of which is 'insights driven healthcare', the narrative states the aim as 'providing a platform to interrogate and analyse multi-source data'. As such, there is a strategic requirement to deliver the better use of information.
- 2.3 We note that reporting to the digital and data committee includes updates on digital progress and the ongoing work on business intelligence and analytics.
- 2.4 The delivery of the Health Board's digital strategy themes and IMTP is via the data programme, which forms part of the informatics work programme. This has a clear aim of creating a learning healthcare system which transforms data to knowledge in order to improve working practices on an ongoing basis. A number of the key workstreams within the informatics work programme relate to improved use of information and a drive to become an intelligence led organisation, these workstreams are:
 - Software development;

- business intelligence;
- analytics;
- corporate reporting;
- data warehousing; and
- NDR.

- 2.5 The Digital Strategy and Informatics Work Programme only cover the items controlled by digital and digital data. There are areas and pools of data that sit outside of the Central Data / Information Team control. Some of these data pools are brought into central control for intelligence such as Workforce and Finance, although the detail and quality of the data varies, there remain areas which are not integrated into the intelligence system.
- 2.6 The intent for intelligence is for democratisation of data and analysis, with good quality data held in one place, controlled by the Central Data / Information Team and users able to analyse this as needed, based on individual skills.
- 2.7 Currently the data programme is not organisation wide, and the messaging associated with it may not be sufficient to fully break down silos. However we note that the Welsh Government have recently initiated a piece of work to update the Ministerial Statement of Intent on the Use of Data and AI in the NHS. As such the data and AI programme may benefit from a review following publication of the revised ministerial statement. We also note that there may be an upcoming refresh of the Digital Strategy, in which case the data aspects can be further refined and communicated. **Matter Arising 1**

Conclusion:

- 2.8 There is a clear framework for the Health Board to become an intelligence lead organisation, improve the coordination and use of its data, and enable cross referencing and prevention of silos. The framework does not fully cover the whole organisation, with data pools sitting outside the Central Data / Information department, however a revised ministerial statement along with a potential refresh of the Digital Strategy will offer the opportunity to refine and communicate the data and intelligence aims. Accordingly, we have provided **Reasonable Assurance** over this objective.

Objective 2: The Health Board should have sufficient resources to support an intelligence function, including financial and staff numbers and skills.

- 2.9 The Informatics work programme acknowledges the need for skills and sets out the required capabilities for the organisation and an assessment of the status of these capabilities at the time of our fieldwork. These are:
- analytics - clinical insights – noted as partially obtained;
 - analytics - real time decision support – noted as not obtained;
 - analytics - predictive decision support - noted as partially obtained;
 - analytics - management info - noted as partially obtained;

- analytics - performance monitoring - noted as partially obtained;
 - analytics - pop health info - noted as partially obtained; and
 - enablement - information management - noted as partially obtained.
- 2.10 The Central Data / Information Team is responsible for providing information products for the organisation and contains the following teams:
- Corporate reporting;
 - Business intelligence;
 - Data warehouse;
 - Data scientists; and
 - Quantitative analysts.
- 2.11 There is a defined budget for information, and we note additional resource has been provided.
- 2.12 The Central Data / Information Team consists of people with skills in statistics, Operational Research, Data Science, Biostatistics, Epidemiology, software development, Data Management and is a separate discipline to the digital team.
- 2.13 From discussion with management we note that it is felt that the right skills are in place to deliver information products and the department includes skills related to: Qlik; Power BI, Python and R programming, FHIR, analytics and AI such as LLM and NLP. However, the number of staff means that not all information requests can be delivered in a timely way.
- 2.14 The development of these skills within the Central Data / Information Team is due to resource provided both for recruitment and for training, with training ongoing on open source models and Linux in order to meet future needs.
- 2.15 We note that a number of doctoral graduates from a data science background have been appointed in order to develop the analytic function and implement an appropriate data architecture, and time has been allocated to try new ways of analysing and interpreting health board data.
- 2.16 There is also close working with universities in order to gain access to maths skills and with other, third party organisations in order to access resources in order to meet the demand for information products.

Conclusion:

- 2.17 The skills required to deliver an intelligence function have been identified and staffing is in place, although we note that demand is higher than available resources. Additional resource has been provided and links have been developed with universities and other organisations in order to access skills. Accordingly, we have provided **Substantial Assurance** over this objective.

Objective 3: The Health Board should identify the most appropriate tools and technologies to fit their current and future needs. These tools should enable the

organisation to acquire, process, analyse, and use data from sources that produce increasing amounts of structured and unstructured data.

- 2.18 There has been consideration of the tools and technologies needed to provide intelligence and good quality data for the organisation. This is made clear within the Informatics Programme which notes the move to using FHIR (fast healthcare interoperability resources) within the health board architecture to ensure data interoperability (the ability of computer systems or software to exchange and make use of information).
- 2.19 The main underpinning tool for the delivery of information products is the data warehouse which is used to provide the data for reporting and is based on an SQL Server database.
- 2.20 Historically, the Qlik sense platform has been used for reporting, however reporting is transitioning onto Power BI. To date the Health Board has moved its information products onto Power BI without any loss of functionality.
- 2.21 We saw evidence of modelling information, and of some AI related tools such as NLP (natural language processing) and LLM (large language modelling), in order to provide intelligence and automation.
- 2.22 The National Data Resource / Local Data Resource (NDR/LDR) programme is also improving the use of technology for collating data and delivering intelligence. A recent IMTP update report noted that data acquisition methods are improving, with greater use of APIs (application programming interfaces) for passing of data between applications and the use of FHIR for direct feeds of data.
- 2.23 Management have considered the future needs of the Health Board and the use of FHIR ensures future integration with Wales and does not require specific applications for provision of analytics which enables the use of new tools in the future.
- 2.24 We note that there is an increasing move to using open source platforms for delivering digital services and intelligence. In order to meet this demand there has been training provided to staff on items such as Linux and we note that there is some use of open source analytics tools within the Central Data / Information Team.

Conclusion:

- 2.25 The tools in use within the Health Board are in flux. There is a move away from Qlik to Power BI within the Central Data / Information Team. The underlying data architecture is moving to FHIR which will enable greater interoperability in the future and training is being provided on open source tools to enable better use in the future. Accordingly, we have provided **Substantial Assurance** over this objective.

Objective 4: A process should be in place for identifying key stakeholders (internal and external) and their requirements, and translating these into deliverable intelligence products.

-
- 2.26 The Central Data / Information Team provides information to both internal and external stakeholders, these include corporate and clinical services, and Welsh Government and national bodies, along with hosted organisations. We note that there is clarity over the requirements from external stakeholders.
- 2.27 There is no process for formal liaison with internal stakeholders in order to identify intelligence needs, with each stakeholder making requests through various channels. We note that information is integrated into many ongoing programmes which enables identification of information / intelligence needs, however without a formal liaison approach activity may be reactive. **Matter Arising 2**
- 2.28 We note that there are more requests for information products (both dashboards /reports and modelling / analytics) than can be delivered within reasonable timescales, and so there is an assessment and prioritisation process in place.
- 2.29 Information requests are discussed by the Central Data / Information Team at a two weekly meeting, and priorities defined according to criteria including: seniority of request source; ease to produce; link to organisation priorities. We also note that information products are being moved from the Qlik platform to Power BI, and there is a prioritised plan for these products which also considers that level of use of the product.
- 2.30 The identification of the need for intelligence products such as modelling / analytics is from a variety of sources including: experience; links with programmes; executive requests; and IMTP requirements. Prioritisation of these can there for be difficult.
- 2.31 Once the need for information is confirmed, the development of the product follows a standard development process. The full need is defined with the developer in detailed discussions with the user in order to establish the true need / question. From this a formal scoping document is created and the product developed and subject to testing and iteration.
- 2.32 Information products are published and released to the relevant staff, with access controlled by Active Directory. We note that there is a Health Board wide available catalogue for users to see what information is available in order to avoid duplicated requests.
- 2.33 We reviewed a sample of information products to confirm that specification documents were in place. Our testing identified that specification documents were in place for newer products, with the outputs matching the user needs, although these were not available for older products.

Conclusion:

- 2.34 The Central Data / Information Team is aware of its key stakeholders and provides information and intelligence products to a variety of internal and external stakeholders. The development of the detailed requirement is undertaken in collaboration with the requester to ensure that user needs are met. We note that there is no formal business partner approach, partly due to the volume of requests, and this may make the service overly reactive and impact on prioritisation. Accordingly, we have provided **Reasonable Assurance** over this objective.

Objective 5: Appropriate data quality management arrangements should be in place, including a policy with clearly defined roles and responsibilities, a framework for data sharing and adequate controls for all systems of data collection.

- 2.35 There is a national Information Governance policy which contains a reference to data quality, noting its importance and staff responsibility. However, there is no data quality policy, or statement of requirements that make clear what good data quality looks like (the characteristics), and clearly mandates that staff must take care and ownership of data quality (responsibilities). **Matter Arising 3**
- 2.36 The Health Board has known issues with data quality due to historic causes, with the current application tools not set up to enable and enforce data quality standards. We understand that it is taking a variety of measures to resolve these matters including, developing a set of standard requirements for new systems of data capture and blocking those that do not meet standards, a coding improvement plan, bringing Bridgend patient administration system (PAS) into the main Cwm Taf PAS; and using of FHIR forms for data collection.
- 2.37 However there needs to be an appetite for improving data quality from the top down, and a lack of formal policy or statement does not explicitly show this. **Matter Arising 3**
- 2.38 The use of FHIR will enable a change on the use of the organisation's data and the Health Board is undertaking actions to embed and develop this with an aim to have data validation at source. The coding team have provided training to clinicians on the use of LHCForms (native FHIR forms which enable validation of the data at source) in order to improve data literacy and quality, and there is the ongoing development of e-forms to improve data quality.
- 2.39 The quality of data relies on the care taken by users when entering data. The Health Board has acknowledged within the risk register process and within the Central Data / Information Team that there are issues with data quality in some areas. There are issues with clinical coding in relation to poor quality information within notes, and there are problems with recruitment and retention. In order to improve this a new clinical coding strategy and improvement plan has been developed which includes automation and data capture at source to improve data quality.
- 2.40 Historically clinicians have not used their data which has contributed to poor data quality and so training has also included the use of data in order to enable clinicians to use their data and so ensure good quality data on input.
- 2.41 There has not been a full assessment of data maturity for the organisation, and so there is nothing that formally states where it is and where it wants to be together with an improvement plan. We note that there is assessment of data maturity within specific programmes, however the organisation as a whole does not show an awareness.
- 2.42 The use of FHIR will enable data collection and validation and so data quality enforcement. There is an intent to reuse data to reduce errors and improve

consistency. As an example, the Health Board is seeking to take data from the GP record to pre-populate forms and has purchased the appropriate FHIR connector for this.

- 2.43 In order to use the data collected within the Health Board to produce intelligence it has to be validated and a single agreed format for data items created in order to cross reference and combine information from multiple sources. This is provided within a data warehouse.
- 2.44 The Health Board's data warehouse is based on a SQL server database and is used for reporting and intelligence. We confirmed that there are data quality checks and reports for the flows of data in from different sources.
- 2.45 Data gets into the data warehouse by feeds, the development of new feeds being on request and requiring the mapping of source data to the warehouse data standard. We note that there is documentation for new feeds, with the old feeds not so well documented.
- 2.46 Data quality within source systems is reliant on the controls for those systems. That varies, but from our work in other areas there are controls in place to a greater or lesser extent.
- 2.47 Data is extracted from source systems, loaded into the warehouse and processed / transformed to create standardised data for use.
- 2.48 Currently the majority of data extracts use SSIS, (SQL server integration service) however the introduction of FHIR will enable better, direct connections as all new systems must be FHIR compatible.
- 2.49 Loading of data is monitored with reporting on failed feeds. There are data quality checks in place, both within feed scripts and as a separate job within the warehouse. These data quality checks ensure that data quality is maintained within the warehouse in order to provide quality information.
- 2.50 As part of the creation of information products there is consideration of including data quality measures in order to indicate to users the level of reliance that they can place on the information. However, our testing identified that the majority of information products do not need this for the use which they are intended. We note that one information product, patient flow, could benefit from a data quality indicator, and we were informed that, as part of the move into Power BI, this will be added.
- 2.51 The direction of travel for the organisation is of greater re-use of data and sharing of data within the organisation, within IG requirements. The Health Board is moving forward with a process for sharing information from the GP care record to the Health Board's systems.

Conclusion:

- 2.52 Although data quality is referred to within the IG policy, there is no Health Board policy or statement on data quality that defines good quality data and clearly states responsibilities. The Health Board has acknowledged data quality weaknesses, partly due to historical application provision, however it is working to improve this

and the move to FHIR, together with the link to the NDR, will improve data quality. The Health Board uses a data warehouse for provision of information and we note that there are data quality checks in place to ensure that the information held there is good. Accordingly, we have provided **Reasonable Assurance** over this objective.

Objective 6: The Health Board should be aware of where its data is and how it is aggregated and shared. Appropriate data governance should be in place to ensure that information remains accurate, consistent, timely and accessible. This should include metadata (i.e., data about data) management, security, privacy, data integration, data quality, and master data management.

- 2.53 The Health Board has an Information Asset Register (IAR) in order to comply with GDPR requirements which identifies information stores. At the time of our fieldwork management were reviewing the register as it needs to be updated. The review process includes asking departments to consider what information they hold. The IAR contains key information over what data is held, the department, the purpose and information on security. However, it does not contain key information about the data pool such as metadata, or the update mechanism and as such is not a full record of organisational data for use in intelligence. Although there is an awareness of information assets there is no structured awareness of data pools. **Matter Arising 4**
- 2.54 The Health Board has recognised a risk that the rollout of Office 365 can lead to an increase in data silos as users develop their own forms for data collection. It has also noted that the use of MS Forms does not meet data standards and has therefore blocked the use of forms for clinical information capture.
- 2.55 There is no formal Data Governance framework that sets out the requirements for control over data along with the responsibilities of users. We note that there is the basis of a framework, with various items in place such as the IG policy and IAR, the NIS regulations and the use of the FHIR standard. **Matter Arising 5**
- 2.56 Welsh Government has mandated data standards via Welsh Health Circulars, the Data Dictionary and Medical Records Standards and the Health Board has always adopted these. As such there is a defined data standard for the organisation, this is FHIR and so is consistent with the NDR and will enable full inter-functionality.
- 2.57 The Central Data / Information Team follow standards and good practice on information use and presentation with information products being consistent in look, filters and constraints always displayed and titles and axes labels displayed on charts with the use of dynamic labelling for some charts.
- 2.58 We note that as part of the move into Power BI, templates are being developed and the appearance of the products is being retained.
- 2.59 Our testing confirmed that there are data definitions for the information products with provides clarity over what is being presented and enables cross referencing. We also confirmed that there is standardisation of products, and graphs are always labelled. We identified that chart titles did not always change after filters, however the move to Power BI and the redevelopment of dashboards should resolve this.

2.60 We note that there are other departments within the Health Board that create information products, for example within Mental Health. The Head of Information provides professional guidance on this, however, at the time of our fieldwork, there is no remit to enforce good data governance across the wider Health Board. See **Matter Arising 5**

Conclusion:

2.61 The Health Board uses an IAR to track information assets in order to comply with IG requirements, and this identifies where information is held. Currently the IAR is being updated and omits key information about the data sources. A data standard for the organisation is being defined, and outputs from the information department are standardised and comply with good practice in terms of provision of information. Not all of the Health Board's information provision lies within the Central Data / Information Team and there is no remit to enforce data governance across the organisation. Accordingly, we have provided **Reasonable Assurance** over this objective.

Objective 7: Intelligence products are used to inform decision making. They should be designed with the appropriate flexibility of input parameters to allow consumers to narrow or broaden the focus of their analysis. This flexibility enables consumers to ask questions that might not have been anticipated during the initial development phase and supports adoption by empowering consumers with self-service capabilities.

2.62 The information products produced by the Central Data / Information Team enable a large amount of user interaction. Our testing confirmed that the dashboards and reports are tailorable and can be cut and filtered as the user needs in order to get specific information to aid decision making.

2.63 We note that user guides are in place for some information products to help users, this is more true for the newer products and as items are redeveloped for Power BI guides are being produced where appropriate.

2.64 The adoption and the use of information products is monitored using a dashboard that identifies the level of use of each product in terms of users, sessions and time used. There is also a report which identifies products that are not used in order to archive these. Our testing confirmed that the items that we tested were regularly used by an appropriate number of users.

2.65 The information provided from the Central Data / Information Team, (both modelling and dashboards) is used throughout the organisation. We surveyed a sample of staff to understand how they perceive the Health Boards use of data. While there was a limited response, the responses received identified that information was used for decision making, including adjusting current activity, and that information is useful, timely and relevant.

2.66 The responses identified an appetite for more intelligence with most respondents feeling that the organisation is not making use of its information, and a need for better analytics and modelling.

2.67 In order to effectively use intelligence and information tools, users within the organisation need to be comfortable working with information and understand core concepts in relation to the data and information provided. From our discussions we note that this is felt to be an area where skills across the organisation are lacking with gaps in data literacy and in the use of intelligence tools. This presents a risk to the Health Board that intelligence may not be fully used, or be used inappropriately if, for example, users do not understand the difference between correlation and causation. **Matter Arising 6**

Conclusion:

2.68 Information products are used to inform decision making and the dashboards produced enable filtering and adjusting in order to tailor the information provided. We note that there is demand for greater intelligence provision, however skills in data use and understanding vary across the organisation and this may impact on the successful use of intelligence. Accordingly we have provided **Reasonable Assurance** over this objective.

Appendix A: Management Action Plan

Matter Arising 1: Strategy (Operation)		Impact	
<p>Currently the data programme is not organisation wide, and the messaging associated with it may not be sufficient to fully break down silos. However we note that the Welsh Government have recently initiated a piece of work to update the Ministerial Statement of Intent on the Use of Data and AI in the NHS. As such the data and AI programme may benefit from a review following publication of the revised ministerial statement. We also note that there may be an upcoming refresh of the Digital Strategy, in which case the data aspects can be further refined and communicated.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> poor quality intelligence. 	
Recommendations		Priority	
1.1	The data and AI programme should be reviewed and if necessarily refreshed following the publication of the revised Ministerial Statement of Intent.	Medium	
1.2	The Data and AI programme should be refreshed in the event that the Digital Strategy is updated. This should include an organisational wide perspective, noting that the Central Data / Information Team are the professional leads and the organisational aims to improve information use.		
Agreed Management Action		Target Date	Responsible Officer
1.1	The UHB will seek to contribute to the refresh of the Ministerial Statement of Intent on data and AI and the strategic and tactical refresh of the accompanying work programme.	December 2024	Director of Digital & Chief Information Officer
	We will ensure that the data strategy is refreshed at the appropriate time.	As applicable	Director of Digital & Chief Information Officer
	It is the intention of the UHB to develop a strategic position and plan for AI over the course of the next 6 months.	April 2025.	Director of Digital & Chief Information Officer

	<p>In a rapidly developing environment the UHB will endeavour to ensure that our strategic and tactical approach to digital, data and AI, the EHR, patient portal, and other areas align through regular consideration and refresh of our strategic, tactical and operational decision making.</p>	<p>Continuous Improvement and Deployment</p>	<p>Director of Digital & Chief Information Officer</p>
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Matter Arising 2: Stakeholder Needs (Operational)		Impact	
There is no process for formal liaison with (internal) stakeholders in order to identify intelligence needs, with each stakeholder making requests through various channels. We note that information is integrated into many ongoing programmes which enables identification of information / intelligence needs, however without a formal liaison approach activity may be very reactive.		Potential risk of: <ul style="list-style-type: none"> Information needs for the health board are not met. 	
Recommendations		Priority	
2.1	A formal process of liaison, taking a business partner approach should be considered, that links information to the service areas in order to pro-actively identify intelligence needs across the organisation.	Medium	
Agreed Management Action		Target Date	Responsible Officer
2.1	There is insufficient resource available to operationalise this requirement and the skills required by a care group are not held by every analyst. As such Lead analysts have been identified to individual care groups and corporate departments, which will co-exist with analysts taking responsibilities based on the skills required of the task requested.	Completed	Chief Information Officer

Matter Arising 3: Data Quality Policy (Design)		Impact	
<p>There is no data quality policy, or statement of requirements that make clear what good data quality looks like (the characteristics) and clearly mandates that staff must take care and ownership of data quality (responsibilities).</p> <p>We note that actions to improve data quality are underway, however there needs to be an appetite for improving data quality from the top down, and a lack of formal policy or statement does not explicitly show this.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Poor quality data leads to poor information. 	
Recommendations		Priority	
3.1	A Data Quality Policy, or statement of intent should be developed that makes clear what good quality data looks like and its characteristic's along with clear expectations and responsibilities of staff.	Medium	
Agreed Management Action		Target Date	Responsible Officer
3.1	The UHB will develop and implement a data quality policy, recognising that we anticipate the real improvements to be made when the data becomes available to the staff members who initially made the record and staff members who would use the records to meet the requirements. This availability is dependent upon the open architecture and NDR programmes moving into rapid delivery phases.	January 2025	Chief Information Officer

Matter Arising 4: Awareness of data (Operational)		Impact	
<p>The IAR contains key information over what data is held, However it does not contain key information about the data pool such as metadata, update mechanism etc. as and such is not a full record of organisation data for use in intelligence. As such, although there is an awareness of information assets there is no structured awareness of data pools across the organisation.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Lack of awareness of data impacts on information provision 	
Recommendations		Priority	
4.1	<p>Consideration should be given to using the IAR process to fully identify data pools and expanding the information held within the IAR.</p>	<p>Medium</p>	
Agreed Management Action		Target Date	Responsible Officer
4.1	<p>The UHB will establish a data catalogue in line with Welsh standards as part of a commissioned and funded element of the National Data Resource programme.</p>	<p>Started September 2024 – Completion c. March 2027 (part of NDR work plan discussions)</p>	<p>Chief Information Officer</p>

Matter Arising 5: Data Governance Framework (Operational)		Impact	
<p>There is no formal Data Governance framework that sets out the requirements for control over data along with the responsibilities of users. We note that there is the basis of a framework, with various items in place such as the IG policy and IAR, the NIS regulations and the use of the FHIR standard.</p> <p>We have noted however that there are other departments within the health board who create information products. The Head of Information does provide professional guidance on this, however there is no remit to enforce good data governance across the wider health board</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Poor quality intelligence 	
Recommendations		Priority	
5.1	A Data Governance Framework for the organisation should be defined that sets out the requirements and responsibilities for the identification, aggregation, recording and use of data. This should include requirements for the presentation of information products that comply with good practice.	Medium	
Agreed Management Action		Target Date	Responsible Officer
5.1	A data governance framework complimentary to the data quality policy, and incorporating the numerous mandated requirements placed on the UHB will be developed and implemented.	January 2025	Chief Information Officer

Matter Arising 6: User Skills (Operational)		Impact	
Our discussions noted skills gaps in relation to data literacy and in the use of intelligence tools. This presents a risk to the Health Board that intelligence may not be fully used, or be used inappropriately.		Potential risk of: <ul style="list-style-type: none"> Inappropriate use of intelligence. 	
Recommendations		Priority	
6.1	Training materials on data and its users should be provided, with targeted training provided to key staff tiers.	Medium	
Agreed Management Action		Target Date	Responsible Officer
6.1	The organisation will explore core competency training that is presently available across NHS and public sector Wales with the intention of incorporating this into the personal development approach of the organisation.	March 2025	Director of Digital & Executive Director for People

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:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

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

5.2

Digital & Data Committee

Medical Records Assurance Report

Dyddiad y Cyfarfod / Date of Meeting	29/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Bethan Marsh, Clinical Records Modernisation Manager, Matthew Swarfield, Head of Clinical Admin Transformation
Cyflwynydd yr Adroddiad / Report Presenter	Bethan Marsh, Clinical Records Modernisation Manager Matthew Swarfield, Head of Clinical Admin Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Information Governance Group	29/10/2024	Noted
Director of Digital Digital and Data Committee	19/11/2024	To be presented



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
CTM	Cwm Taf Morgannwg University Health Board
SBUHB	Swansea Bay University Health Board
Cito	Digital Patient Notes software application
DNA	Did Not Attend
CNA	Could Not Attend
CAMHS	Child & Adolescent Mental Health Services

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
- Record storage at Princess of Wales
- Records Retention and Destruction
- Digitisation of patient records
- Medical Records incidents
- Patient Contact Services activity
- Updates from other services managing patient records

Information in this report relates purely to general hospital medical records and the maternity record, with the exception of the above-mentioned service updates.

2. Specific Matters for Consideration

2.1 Missing medical records and management of these incidents

There are currently **47** missing records known to the Medical Records Department.

Number	Situation	Supposed location	Action
36	Apparent misfiles or tracking failures	Williamstown Hub	Periodic searches ongoing
9	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. Ongoing periodic checks made. (130k records located at this site)

This information is provided from reports made to the senior Medical Records Team. 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

Monthly audit results are below.

The Outpatient target is for all notes to be available 24 hours before clinic.

MEDICAL RECORDS CASENOTE AVAILABILITY AUDIT – OUTPATIENTS									
Dates of clinics	Specialities	Sites	Patients expected	Digital Records (instantly available)	Paper records	Casenotes available 24 hours before clinic	Casenotes unavailable 24 hours before clinic	% available	% unavailable
19/7/24 to 19/9/24	General Surgery, Nephrology, Dermatology, Fracture, Ophthalmology – Macular and Glaucoma, Rheumatology	POW PCH RGH	168	84	84	165	3 (paper notes). Expected in time for appointment.	98.2%	1.8%

Inpatient casenote availability audits are as follows. The target is to provide records for acute admissions within 24 hours.

Admission Date	Ward	Hospital	No. of patients on wards	Digitised Notes – instantly available	Paper Notes – retrieval and transport required	Total casenotes available within 24 hours of admission	Paper notes unavailable within 24 hours of admission	% Available	% Unavailable
6/8/24 to 3/9/24	various	POW, PCH, RGH	68	26	42	60	8	88.2%	11.8%

2.3 Paper and Digital Records Activity

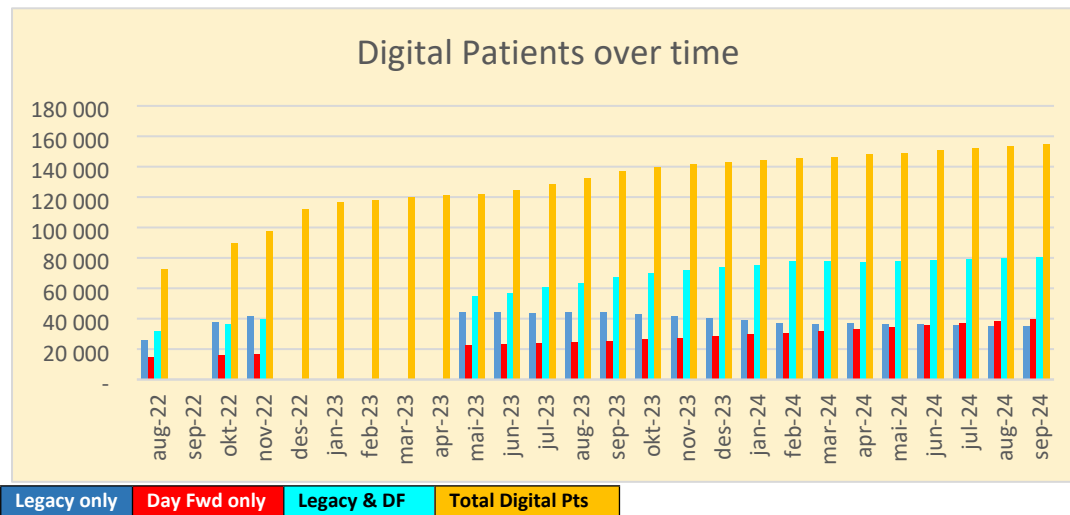
2.3.1 Work related to record movements in and out of the Medical Records Libraries is reported in this section. The number of paper records moved changes in line with the progress of digitisation:

Digital Patients and Digitised Legacy Records Progress

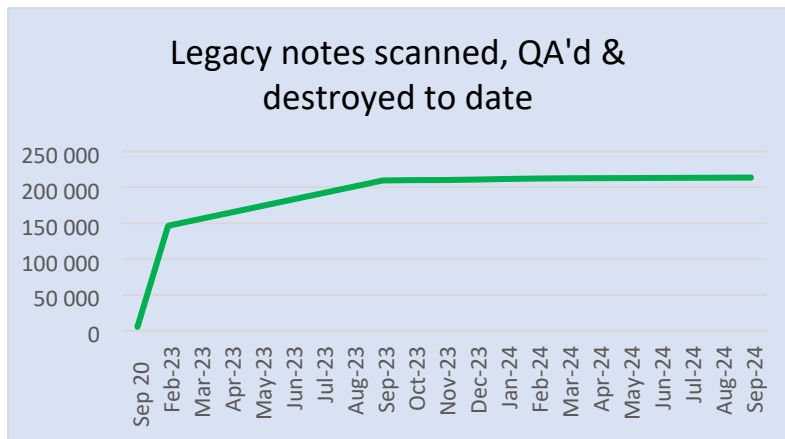
There were 154,730 digital patients as at 01/10/24

213,453 legacy notes have been digitised and destroyed as at 09/10/2024

As shown below, growth in digital patients has slowed since commercial scanning ceased in October 2023. The internal CTM scanning bureau is focussed on day forward scanning by necessity.



Only minimal legacy scanning is possible whilst the volume of day forward scanning remains high. Lack of progress on digital clinical forms to replace paper forms contributes to this situation.

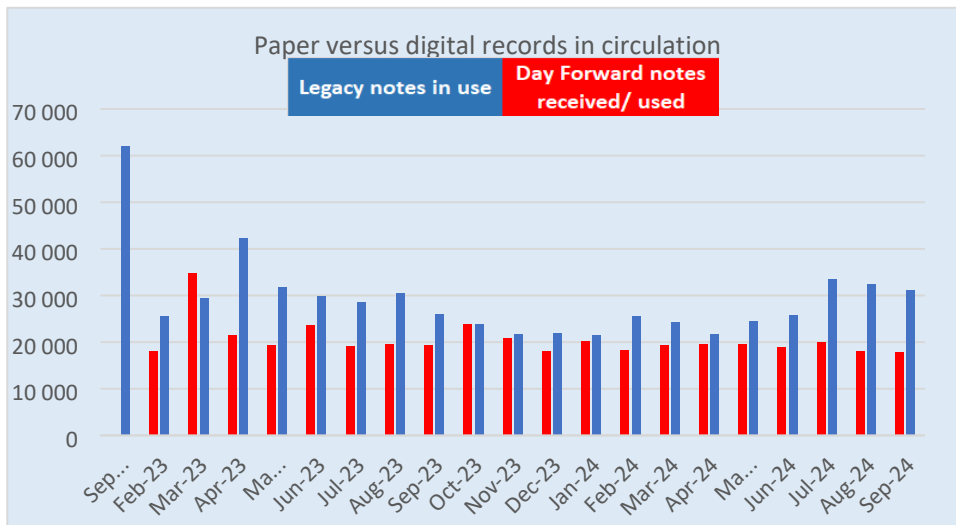




2.3.2 Digital records in current use

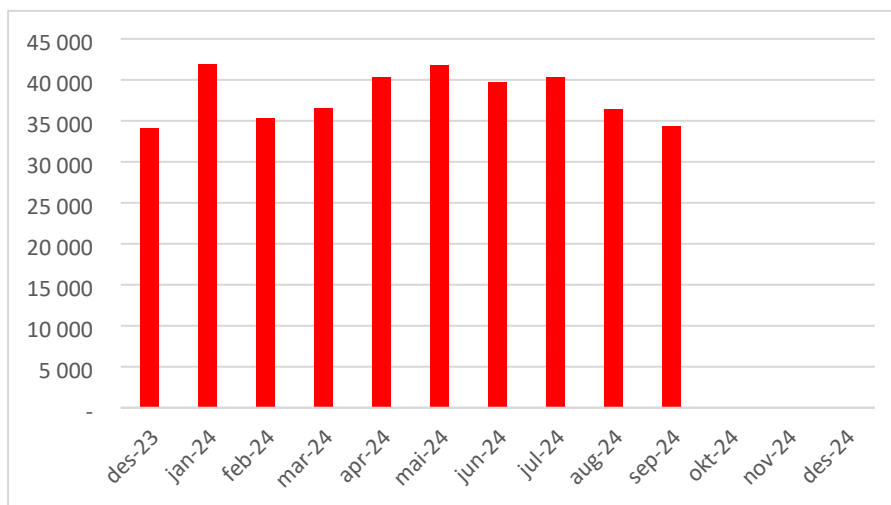
The proportion of paper records in use increases, as digitisation slows. This is due to new cohorts of patients with pre-existing paper records re-attending now, since commercial support ended. Previously, many of these records would have been digitised prior to re-attendance, as existing patients became active again. All new patients without previous notes are set up with Digital Patient Notes at the outset.

Digital and paper records managed by the Records Hub and used at PCH, RGH, DSH, YCR, YCC and KHHP are shown below.



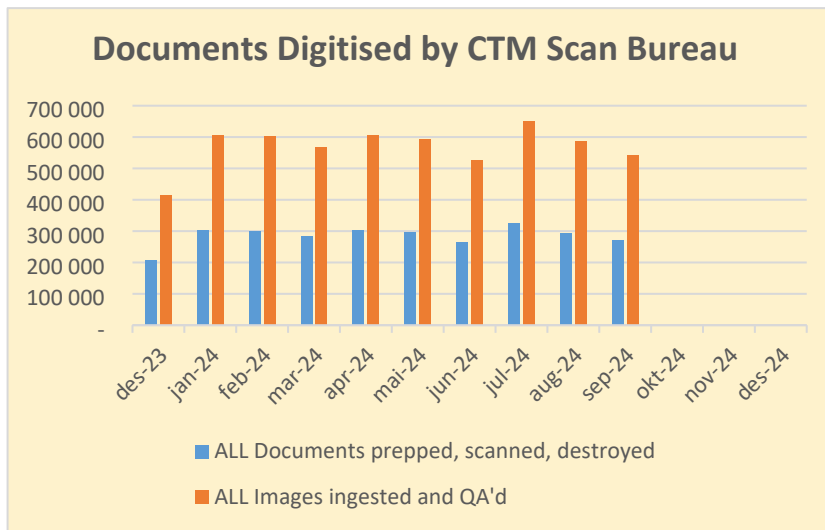
Digital record tasks carried out at the central Records Hub:

Total digital tasks include: preparation and checking of all incoming folders and documents; scanning into Cito; quality checking images and correcting any errors or failures:



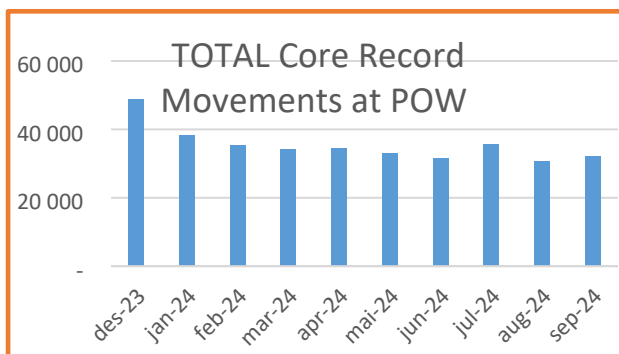
2.3.3 Day Forward scanning work

The monthly total of documents scanned and the images generated is shown below. In September 2024, **270,395** paper documents were scanned by the CTM Scanning Bureau at the Records Hub, generating **540,790** images in Cito. A total of @**2.8m** sheets of “day forward” paper have been scanned since December 2023 alone. Previously, these documents would have required permanent storage space. The 48-hour target to scan incoming material into the Cito Digital Patient Notes continues to be met.



2.3.4 Paper records movement at Princess of Wales and Bridgend

All core hospital records used at POW and other Bridgend sites are traditional paper records. Incoming and outgoing movements are reported below. In September 2024, the POW Library team supported movement of 32,208 incoming and outgoing records, including almost 5,000 records to and from Swansea Bay UHB hospitals.



2.3.5 Record storage pressures at POW Medical Records Libraries

The POW Medical Records team manages core record retrieval at 3 Bridgend sites; POW, Glanrhyd and Bridgend Industrial Estate Offsite Library. There are no digital patient records at Princess of Wales as yet.

Record overcrowding remains an ongoing risk, recorded on the organisational risk register, with the associated risk to staff from cramped, overcrowded conditions which require undue force to file and retrieve notes, particularly at height. This continues to raise the likelihood of inability to locate notes for patient care, as they cannot all be stored methodically and accessibly. Mobile filing racks continue to break down frequently due to overloading, restricting access to specific notes for periods of time and costing revenue to repair and service the units.

The optimal solution would be a significant 2-pronged work programme to:

- Relocate records at scale and at pace, integrating them into the Williamstown central records Hub, alongside:
- A rapid programme of records archive and destruction work across all CTM Medical Records Libraries to maximise storage space and legally dispose of records that should not be retained, now the infected Blood Inquiry embargo has ended for this organisation.

Such a large-scale programme requires additional staff and a permanent increase in commercial records transport trips to provide notes for care at Bridgend. With no available funding to implement this at present, smaller retention and destruction measures are now being adopted within existing resource in an attempt to mitigate the risk to some degree. This does not remove the long term requirement for measures such as digitisation address records growth and deliver sustainable records storage and management.

2.4 Record Retention & Destruction

As posts become vacant across the function, the team explore any opportunities in relation to using resources differently, rather than an automatic 'like-for-like' replacement in order to optimise spend. As a result, work started in June 2024 at the records Hub to begin addressing the 6-year backlog of work resulting from the Infected Blood Inquiry destruction embargo. Selected staff have been redirected from other Library duties and trained in the checking and destruction procedures, aligned with current Welsh Government guidance and professional records management processes. Destruction work has now commenced at a very small scale. It is expected this will grow slightly in coming months, if vacant posts can be filled, making further resource available. **At the Hub, 7,626 records have been legally destroyed in June to September 2024.**

This work has begun to free some space to relocate a relatively small number of records from the Bridgend Offsite Store to the Hub. These are older archived records that are less likely to be required back at POW for care. It is hoped this

can be managed via existing deliveries and internal mail, albeit this will mean a delay of 1-2 days in records reaching POW.

We continue to examine all options for a solution to critical storage pressures; however, the current financial position limits the realistic options available. The current focus is on destroying what we can, within guidance and within resource and on utilisation of existing storage estate to best effect. The likelihood of reactive, emergency work needed for staff safety remains at present. As stated previously, a reduction in paper records, via digitisation and introduction of digital clinical forms, is another critical factor in addressing storage pressures.

Of note, most other services responsible for managing their separate records face significant challenges in carrying out this process in their services.

2.5 Records shared with Swansea Bay University Health Board

CTM and SBUHB continue to share records for patients that were previously created and used in Abertawe Morgannwg University Health Board. The patient record was used for care at Bridgend, Neath and Swansea sites and followed the patient's activity. Many records therefore contain activity from sites and services which now relate to two separate organisations.

In addition, hundreds of thousands of these records have been stored across both Swansea Bay and Bridgend libraries, 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. There is no space or resource to reorganise this distribution according to any specific criteria.

There are a number of complex considerations to separating and relocating the records according to the appropriate organisation, including clinical, financial, information governance and storage matters. Clinical advice has been sought from the Health Board's Chief Clinical Information Officer and the CTM Data Protection Officer has advised on the Information Governance considerations. An options paper has been agreed at the Bridgend Disaggregation Board; final confirmation from SBUHB CCIO is awaited. The agreement is for continued sharing of combined records with SBUHB, with a bespoke Information Sharing Agreement between both Health Boards. This, alongside a Data Protection Impact Analysis, will ensure clinicians have continued access to clinical history for their patients whilst addressing the information governance implications of sharing records across two organisations. Introduction of CTM-only records for new Bridgend patients will also be introduced, to avoid the sharing of additional records created in future. A Task & Finish group with CTM and SBUHB Health Records staff is being set up to discuss the process.

2.6 MEDICAL RECORDS INCIDENTS

There were 2 new incidents involving the Medical Records Department or patient records reported via Datix in August to September 2024. One was an incident

where a staff member was struck by an opening door. No serious injury was sustained and mitigating measures have been taken to prevent recurrence. The other incident related to a staff member who accessed their own appointment details within WPAS, due to an imminent holiday. No clinical information was viewed, the person understands the seriousness of this matter and that they should not have accessed their own record. No significant harm was caused.

2.7 Misfiled/Mis-identified patient documents

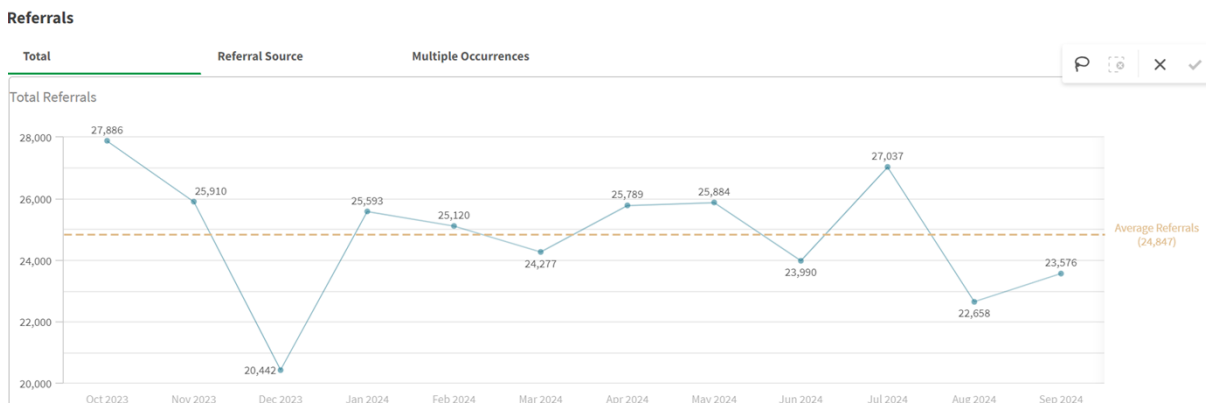
There were **307** incidents of misfiled/misidentified patient documents found in August and September 2024. The current total discovered from October 22 to June 24 is now **5,714** instances. These documents have been filed in the wrong patient record in various locations within the Health Board, or have the wrong patient identifier contained within the documents. These are identified by Records Hub staff checking over 295,000 incoming documents per month when received for scanning. This is noted by visual checks for accuracy and supplemented by automated reports on searches of scanned content in Cito, which looks for mismatch of patient casenumber information within printed documents. Remedial work is required to transfer these documents and images to the correct records, according to professional records management processes. The volume of these incidents prevents individual Datix reports. The associated risk is stated in section 3.

2.8 Patient Contact Services Activity

2.8.1 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 process and register new referrals and patients.

The below activity highlights the work undertaken;

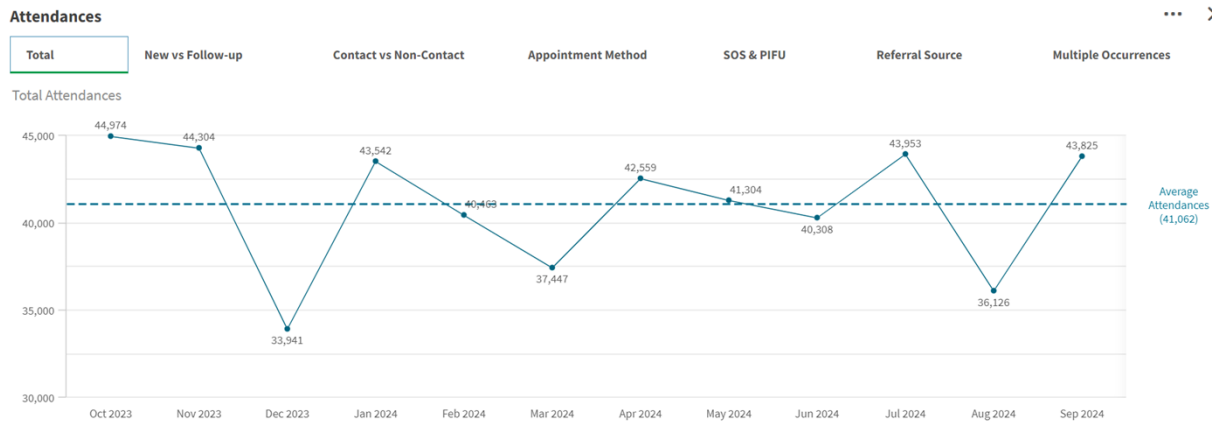


The referral management service continues to manage high levels of referral activities into the health board, this does not include the high volume of expedite

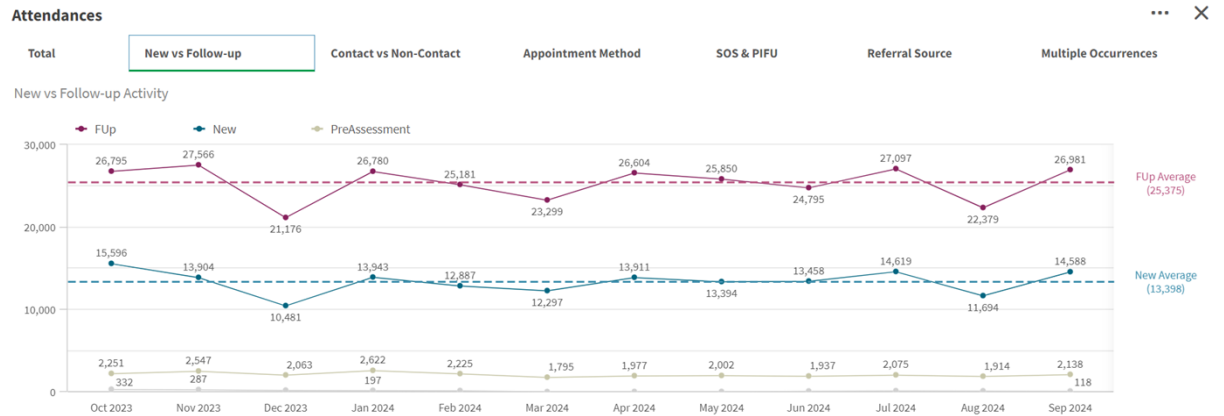
letters (*approx. third more*) received due to the long waiting times across the health board. There has also been a significant amount of work for the movement of patient between PAS systems and the relocation of the Breast service from NPT to RGH.

2.8.2 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 both of which are managed by our core Patient Contact Team for RGH and PCH localities. The POW patient contact team has now joined our wider team and in the next reporting cycle we will include this information as part of our data reports.



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.

The proportion of requests to cancel, reduce or reinstate clinic **sessions** at short notice is very high. Short notice is defined as fewer than 6 weeks' notice to make a change before the clinic date. This corresponds with the CTMUHB annual/study leave policy which requires a 6 week notice period for leave bookings. Patients will have been booked into sessions within this 6-week period; the work to contact patients and reschedule their appointments is far more resource-intensive once appointments have already been arranged, involving duplication of work for Patient Contact, Clinic Preparation and Records Library teams, as well as disruption and disappointment for patients. Information on the number of appointments cancelled is not currently available; this will be explored or reporting.

In terms of action this continues to be escalated to operational managers, the team are also leading the development of a digital form to replace the outdated paper process, with the aim to make the process more controlled, transparent and to automate data collection to be able to provide evidence based feedback to care groups directors to drive improvement.

A summary of clinic **sessions** amended during 2024 is shown below. This shows that of the 1,373 sessions requiring changes to be made, only **153 (11%)** of these changes were requested 6 weeks or more prior to the clinic date. **1,220 session changes (89%)** were requested with fewer than 6 weeks' notice:



Session changes requested with over and under 6 weeks' notice

Note: Significant rise in October 2024 due to Critical Incident at the Princes of Wales, Bridgend.

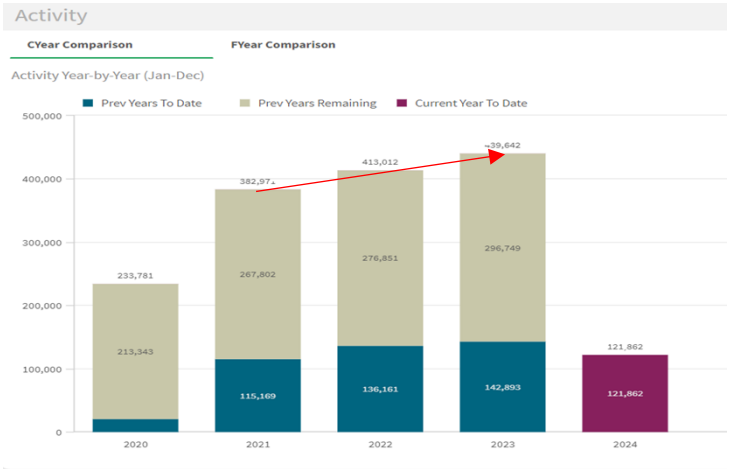
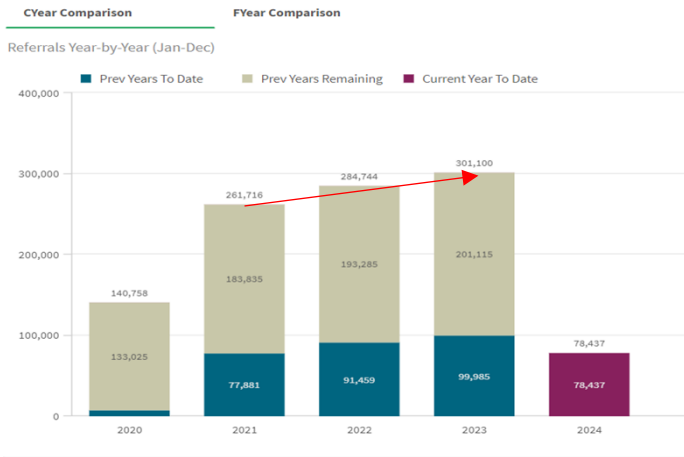
Row Labels	Over 6/52 notice given during these months											Under 6/52 notice given during these months										Grand Total	
	January	February	March	April	May	June	July	August	September	October	Total	January	February	March	April	May	June	July	August	September	October		Total
Ad Hoc Clinic set up	0										0	1		1								1	3
Cancel Completely	24	12	17	8	15	12	3	6	6	133	236	121	94	116								48	742
Change of location						3					3							4	8				12
Change template					1			1			2	9	9	5						6	3		47
Open column - add slots	1										1											1	1
Reduce	7	3	6	12	6	5	1	3	1	23	67	54	67	54								35	372
Reinstate	2	3	1	3		3		2	1	8	23	16	14	9								15	114
(blank)											0												0
Grand Total	34	18	24	23	22	23	4	12	8	164	332	201	184	185								103	1291

2.8.3 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



2.8.4 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 undertake 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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Total Average	
Number of requests	239	250	302	296	273	228	301	284	229	310	319	289	369	309	347	406	339	350	369	3320	277
Number of exemptions applied	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0

Whilst we remain compliant with zero late responses we are continuing to see an increase in demand and complexity due to the changing nature of patient record requests and the digital systems interface.

In the second half of 2023 the average was 273 requests, whilst in the first half of 2024 we have averaged at 323 requests. This is an increase of 18% in comparison, we expect this to continue to increase as patients become more and more aware that they can request this information.

2.8.5 Overseas Visitor Activity

The Medical Records Overseas visitor function is only resourced to cover Royal Glamorgan and Prince Charles Hospital regions, and is responsible for the checking and reviewing of patient eligibility for any payment for treatment in line with national guidelines and procedures, this include patients from the European Union and beyond.

The Bridgend function has historically sat within the operational services structure under the private patient function, however this role was unfunded and there is no provision currently in the Bridgend region.

3. Key Risks / Matters for Escalation

3.1 Risk - filing of incorrect patient documentation

There continues to be a high level of incorrectly filed material received for day forward scanning, where documents relating to one patient are found in the record of another patient. As previously reported, the correct patient's record is incomplete and the incorrect patient has information relating to another individual's health condition in their record. This may affect treatment decisions and care received by either patient. It is also noted that this presents an information governance risk of this information being disclosed in error.

There have been individual cases where that volume of misfiled documents in a single record has been extreme and for those cases the team investigate further and feedback to the individual managers, where identifiable. This level of scrutiny is not possible for all occurrences due to the resource it would require, and this matter continues to be escalated to the Medical Director and Executive Director of Nursing.

3.2 Risk – Records Storage across CTM

Record storage at Bridgend sites remains a significant and recurrent risk, with all storage areas overcrowded, despite work to transfer records out of Bridgend to the Williamstown Hub, alongside small-scale legal destruction. 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 will provide some immediate mitigation, but there are insufficient staff available across the organisation to do this at the required pace and volume. It is possible that some additional storage space may still be essential in the meantime. Of note, this is concern shared by all other services which have little or no resource to address the records destruction backlog, with most also experiencing significant challenges with record storage.

Digitisation has been established as the only effective measure to address records growth effectively by scanning records and destroying the paper originals. Digital forms would also support reduction of ongoing paper form creation. 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 Risk – Digital Records Strategy

The current strategy is still under review, pending work on storage pressures, progress on digital records and the financial position to progress digitisation. A

Business Case has been produced and sets this out in detail, along with the red risks of not progressing.

3.4. Risk – Retention and Destruction

The lack of available 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. Work is ongoing on a small scale, with the limited resource that can be re-directed from other duties, without adverse impact on daily operations to provide records for patient care.

3.5. Risk – Overseas Patient Function Resource

The Bridgend locality does not have any provision to review and investigate any overseas patients which may be liable to pay for services used.

3.6. Risk – Transfer of acute and elective work from POW

A new risk emerging that relates to the transfer of patients and Theatre activity from the first-floor wards at POW. This is due to the critical incident at the Princess of Wales, Bridgend.

Emergency measures have been developed and processes put in place by the Medical Records team to support the transfer of patients, with expert staff carrying out the complex work to update systems. This work is ongoing with colleagues throughout the Digital Directorate, along with Executive and senior clinical leadership. The situation continues to develop on a daily basis, as patients and areas are identified to move. This situation will also have an impact on the growth of digital patients, as new patients from the Bridgend area will now be more likely to attend our other hospitals, where they will be set up with Digital Patient Notes, if they have no pre-existing paper notes. This is a significant time and resource pressure on normal operations, but is being given the highest priority.

4. Assessment

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



Objectives / Strategy	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	If more than one applies, please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge If more than one applies, please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe If more than one applies, please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce If more than one applies, please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	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:
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	General Data Protection Regulations	
Enw da / Reputational	Yes (Include further detail below)	



Impact Assessment	
	Risk of reputational demand to the digital agenda by reverting to paper notes/ processes.
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)
	Staff and transport revenue costs of managing records storage and growth pressures across all areas

5. Recommendation

The Committee is requested to **NOTE** the contents of this report.

6. Next Steps

- 6.1 Work to address records storage issues in Bridgend locations, POW Medical Records and Offsite storage.
- 6.2 Continue our digital records strategy in line with direction from executive board
- 6.3 Prioritisation of workforce allocation to ensure critical and business as usual functions across our patient records and booking function as a result of the financial position faced by the health board.
- 6.4 Progress with records destruction within extremely limited available resource.
- 6.5 Continue scoping of requirements to implement an effective, sustainable records management and destruction programme, with a dedicated support team.



Agenda Item

6.1

Digital & Data Committee

Legacy Position of the Digital and Data Committee

Dyddiad y Cyfarfod / Date of Meeting	29/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

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

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg UHB



1. Situation / Background

- 1.1 At the meeting of the Public Board on the 26th September 2024 a new Board Committee Structure was approved for implementation with effect from the 1st January 2025, this therefore is the last meeting of the Digital and Data in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.
- 1.2 The purpose of this report is to provide assurance to the Committee that in disbanding this meeting all legacy actions and activity have been accounted for and redirected into the new Board and Committee Structure as appropriate.

2. Specific Matters for Consideration

- 2.1 Committee members will be aware that as part of the programme of work for the new structure this Committees **Cycle of Business** was utilised to inform the business of the new Committees. The cycle of business has been captured as Appendix 1, however, members should be assured that in conjunction with the Director of Digital business has been aligned as appropriate to the new Committee structure.
- 2.2 Please see Appendix 2, which includes an **Annual Committee Report** for the period 1st April 2024 to the 29th November 2024. This captures the activity delegated to the Digital and Data Committee up to it being disbanded. Once endorsed for approval it will be received at the Public Board Meeting on the 28th November 2024.
- 2.3 The **Action Log** at Appendix 3 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.
- 2.4 The **Forward Plan** activity at Appendix 4 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.

3. Key Risks / Matters for Escalation

- 3.1 The actions outlined in section 2 of this report aim to mitigate any risk and provide assurance to Committee Members and the Board that activity which had yet to close will not be lost as the new structure is implemented.



4. Assessment

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required in accordance with quality assessment guidance.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



<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 in accordance with EIA/WL assessment guidance.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee is asked to:

- **CONSIDER** and **APPROVE** that the actions proposed in Section 2 of this report provide the required assurance that any legacy activity from the Committee has been managed effectively.
- **ENDORSE APPROVAL** of the Committee Annual Report for onward approval by the Board.

6. Next Steps

- 6.1 The activity in Section 2 will be built into the new Cycles of Business, Action Logs and Forwards Plans for the new Committees as appropriate.
- 6.2 The Committee Annual Report will be submitted to the next Board meeting which meets on the 28th November 2024.

Digital & Data Committee

Cycle of Business

(1st February 2024 – November 2024)

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

The Cycle of Business covers the period 1st February 2024 to November 2024. 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 (1st February 2024 – November 2024)

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	Future Committee where item will be raised.
Preliminary Matters																
Minutes of the previous Board Meeting	Director of Corporate Governance	Every Meeting	R		R			R			R					
Action Log	Director of Corporate Governance	Every Meeting	R		R			R			R					
Internal Control & Risk Management																
Digital & Data Committee Annual Report	Director of Corporate Governance	Annually			R											
Digital & Data Committee Annual Self-Assessment	Director of Corporate Governance	Annually						R								
Digital & Data Committee Terms of Reference	Director of Corporate Governance	Annually			R											
Digital & Data Committee Annual Cycle of Business	Director of Corporate Governance	Annually	R													
Review February – Routine meetings for Review and Noting Only																
ICT																
ICT Business Continuity	Director of Digital	Annually						R								
Information Governance																
IGG – Highlight Report to Committee	Director of Corporate Governance	Quarterly	R		R			R			R					Operational Delivery Committee
Governance & Assurance																
Organisational Risk Register	Director of Corporate Governance	Quarterly	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					
All Wales Independent Member Network Highlight Report	Director of Corporate Governance	Quarterly	R		R			R			R					
Improving Care																
Digital programme Assurance Report	Director of Digital	Every Meeting	R		R			R			R					Operational Delivery Committee
Critical Incidents Report	Director of digital	Every Meeting	R		R			R			R					
Medical Records Assurance Report	Assistant Director of Digital Systems	Every Meeting	R		R			R			R					Operational Delivery Committee

DIGITAL AND DATA COMMITTEE ANNUAL REPORT

Close Down Final Legacy Report

1st April – 29th NOVEMBER 2024

FOREWORD

I am pleased to present this final Close-down Legacy Report of the CTMUHB Digital & Data Committee which outlines the activity between 1st April - 29th November 2024.

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

I would like to thank my fellow Independent Members who once again offered considerable knowledge and wide-ranging experience to the Committee during this period.

I would also like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines.

At the meeting of the Public Board on the 26th September 2024 a new Board Committee Structure was approved for implementation with effect from the 1st January 2025, this therefore is the last meeting of Digital & Data Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

I commend this final Close-down Legacy Report to you.

Ian Wells

Chair of the Digital & Data Committee

Independent Member

Digital & Data Committee

Final Annual Report April – November 2024

1. Introduction

- 1.1 This final close down report summarises the key areas of business activity undertaken by the Committee for the period April – November 2024.
- 1.2 The Committees' Annual Cycle of Business for 2024-2025 was approved by the Committee at their February 2024 meeting and is received at each meeting for noting. This is an important component in ensuring that the Committee effectively carries out its role.
- 1.3 The Annual Report for 2023-2024 was received by the Committee at their May 2024 Committee meeting and reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with respect to Digital and Data issues.

2. Role & Responsibilities

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

3. Operating Arrangements

- 3.1 The revised Terms of Reference for the Digital and Data Committee were last approved by the Board in the February 2024 and are available on the Health Boards website via the following link [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board](#). From January 2025 these will cease to exist and will be archived along with the previous business of the Committee.
- 3.2 As part of the wider review that was undertaken in relation to Effective Management of Board Business, the Terms of Reference for the new Operational Delivery Committee and the Strategic Development Committee were approved at the September 2024 Board Meeting and are attached [here](#).

4. Membership, Frequency and Attendance

- 4.1 The Terms of Reference of the Committee state that the Committee should consist of a minimum of four members of the Board.
- 4.2 During this period the Committee met on two occasions, May and August 2024

Independent Members attendance at these meetings was as follows:

Name	Attendance
Ian Wells (Committee Chair)	2 out of 2
Lynda Thomas (Committee Vice Chair)	1 out of 2
Carolyn Donoghue	2 out of 2
Kath Palmer	2 out of 2

- 4.3 The Committee requires the routine attendance of other Health Board Officers for advice support and information. It may also co-opt additional independent 'external' Members from outside of the organisation to provide specialist skills, knowledge and expertise.
- 4.4 Mirroring other Board Committees, the Digital and Data operates a Consent Agenda system for routine business consideration.
- 4.5 All other papers for this Committee during this period are available publically via the CTMUHB Website [Digital & Data Committee - Cwm Taf Morgannwg University Health Board](#). If there are circumstances where the matter cannot be legitimately considered within the public domain the Committee would convene an In-Committee meeting. There were two In-Committee meetings during this period.

5. Committee Activity April – November 2024

- 5.1 The Committee prioritised its work plan and the following topics were considered at its two meetings during the period;
- Spotlight topic – Update on National Application Programmes
 - Organisational Risk Register
 - Information Governance Highlight Report

- Digital and Data arrangements for the new Joint Commissioning Committee
- Digital Future Ways of Working at Board Committee Level
- Digital and Data Assurance Report
- Medical Records Assurance Report
- Clinical Coding AI enabled Transformation Programme
- Spotlight Topic – Progress against Digital and Data Programmes

The following topics were considered at the two In-Committee Meetings during the period;

- Cyber Improvement Programme
- External Audit Report – Cyber / Business Sensitive Risks
- Organisational Risks relating to Cyber and Infrastructure Resilience
- Digital Critical Incidents

During this period the Committee approved the following policies;

- Freedom of Information Policy
- Information Asset Procedure

5.2. The Committee’s final meeting will be held on 29th November 2024 and the items scheduled for consideration at that meeting are captured below for completeness at the point of disbanding the Committee;

- Spotlight Topic – Progress against Digital Strategy and Health Board Alignment
- Organisational Risk Register
- Digital and Data Annual Report 1st April – 29th November 2024
- Information Governance Report
- Internal Audit – Intelligence Led Organisation
- Insight into Clinical Safety for Digital Systems
- Agreement on Legacy Activity & Alignment to new Committee Structure

There are three policies scheduled for approval at the meeting;

- Call Recording Policy
- Clear Desk Policy
- Medical Illustration Policy

The following topics are scheduled for consideration at the In-Committee meeting;

- Cyber Improvement Programme
- Organisational Risks relating to Cyber and Infrastructure Resilience

- Digital Critical Incidents
- Discussion on any legacy actions

5.3. Highlight Reports prepared following each meeting provide a summary of the reports and any decisions reached. These are available under the Health Board Meeting papers page on our [Board Meetings & Papers - Cwm Taf Morgannwg University Health Board](#).

5.4. The Committee Chair is able to refer and receive items from other Board Committees s felt appropriate. There are three questions that the Committee are required to consider: what is the issue being referred? Why are the Committee seeking referral? What is the outcome anticipated as a result of the referral.

There were no referrals from other Committees during this period.

6. Achievements & Plans

6.1. At the meeting of the Public Board on the 26th September 2024 a new Board Committee Structure was approved for implementation with effect from the 1st January 2025, this therefore is the last meeting of the Digital and Data Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery and Strategic Development Committee in future.

7. Legacy Statement

7.1. The Annual Cycle of Business at Appendix 1 capture the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.

7.2. The Action log at Appendix 3 captures the ongoing actions which are either proposed for closure at this final meeting or include recommendation for where they will be captured in the new Board and Committee Structure

7.3. The Forward Plan activity at Appendix 4 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.

8. Conclusion and Way Forward

- 8.1. The Committee is very grateful to all those involved in the work of the Committee for their support over the last five years, and for the constructive and positive way in which they have contributed to the activity.

DIGITAL AND DATA COMMITTEE – ACTION LOG					
Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action	Future Committee where Action will be raised from January 2025
August 2024	Medical Records Assurance Report - Update the committee on discussions with the Chief Operating Officer to support the clerical and admin workforce to improve data quality and digitisation efforts.	Director of Digital	End of Quarter 4 2024/2025	This action will be deferred to end of quarter 4 2024-2025 and will therefore be added to the forward plan of the Operational Delivery Committee.	Operational Delivery Committee
August 2024	Spotlight Topic – Progress on Digital and Data Programmes - It was agreed a presentation from IM Digital Network on All Wales Primary Care Strategy would be shared to Committee Members.	Chair of Committee / Director of Digital	End of Quarter 4 2024/2025	This action will be deferred to end of quarter 4 2024-2025 and will therefore be added to the forward plan of the Strategic Development Committee.	Strategic Development Committee
August 2024	Spotlight Topic – Progress on Digital and Data Programmes - To research and conduct a comprehensive analysis of the figures / funding around the Digital Maternity Programme.	Director of Digital	End of Quarter 4 2024/2025	This action will be deferred to end of quarter 4 2024-2025 and will therefore be added to the forward plan of the Operational Delivery Committee.	Strategic Development Committee

Agenda Item 2.2.4

August 2024	Spotlight Topic – Progress on Digital and Data Programmes - Review the Digital Programmes and align them with the relevant care groups.	Director of Digital	End of Quarter 4 2024/2025	This action will be deferred to end of quarter 4 2024-2025 and will therefore be added to the forward plan of the Operational Delivery Committee.	Operational Development Committee
August 2024 Committee Meeting	Matters arising otherwise not contained within the action log - Inform Members of the proposed meeting date to discuss Digital National application programmes in greater detail.	Director of Digital / Assistant Director of Governance & Risk	November 2024	These actions are scheduled for completion at the November 2024 Committee meeting, where it will be proposed to close them.	Digital & Data Committee
August 2024 Committee Meeting	Bridgend Disaggregation Update Report - Provide a complete standalone update report to the Committee in relation to the Bridgend Disaggregation	Assistant Director of Digital Systems	November 2024	These actions are scheduled for completion at the November 2024 Committee meeting, where it will be proposed to close them.	Digital & Data Committee
Agenda planning meeting 15 July 2024	Spotlight Topic: Digital from the Primary Care perspective	Director of Digital	November 2024 Deferred to 2025	This action will be deferred to 2025 and will therefore be added to the forward plan of the Strategic Development Committee.	Strategic Development Committee
At Agenda planning session held on 16 July 2024	IG Toolkit -Provide an update to Members on the current progress and implementation of the IG toolkit.	Chief Information Officer	September 2024 April 2025 meeting.	This action will be deferred to April 2025 as needs to be finalised by the end of March 2025. The item will be added to the forward plan of the Strategic Development Committee.	Operational Delivery Committee in April 2025.

Agenda Item 2.2.4

21 February 2024	<p>Spotlight: Patient Centered Contact Presentation</p> <p>Update Members with an update on the opportunity to bid for funds held by WG to support Patient centred contact programme (Provide an update on the outcome of the bid)</p>	Director of Digital	September 2024	This action will be deferred to 2025 and will therefore be added to the forward plan of the Strategic Development Committee.	Strategic Development Committee
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COMPLETED ACTIONS

Date of Meeting action originated	Issue	Lead Officer	Timescale	Status
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Agenda Item 2.2.4

August 2024	<p>Medical Records Assurance Report</p> <p>Consider highlighting of the risk around misfiled and unidentified patient records issue within the Highlight report.</p>		November 2024	<p>COMPLETED</p> <p>The issues were included in the advise section of the highlight report presented at the board meeting on 26th September 2024.</p>
21 February 2024	<p>Digital Risk Register</p> <p>The Digital team have a thorough review of all current Digital Risks.</p>	Director of Digital	May 2024	<p>COMPLETED</p> <p>Initial review has been undertaken. Now an ongoing process aligned to BAF.</p>
14 November 2023	<p>Digital and Data Assurance Report</p> <p>Board Development Session planned for February 2024 on the digital transformation agenda with opportunities and challenges.</p>	Director of Digital	March 2024	<p>COMPLETED</p> <p>The Board Development session held on 13 March 2024.</p>
14 November 2023	<p>Information Governance Group Highlight Report.</p> <p>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>COMPLETED</p> <p>The issues around mandatory training are regularly raised at Board Meetings.</p>

Agenda Item 2.2.4

March 2023	Information Governance Group Highlight Report To bring a deep dive on breach analysis for subject access requests on mental health back to the Committee in 3 months' time.	Chief Information Officer		Completed Received at September 2023 meeting
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DIGITAL & DATA COMMITTEE – FORWARD WORK PLAN 2024					
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date	Future Committee where item will be raised.
Requested at August 2024 Committee Meeting	Ad-Hoc Item	Bridgend Disaggregation Update Report	Assistant Director of Digital Systems	29 th November 2024 The item will be presented under the spotlight topic at the November Committee Meeting.	Completed at November 2024 Committee Meeting
Requested at agenda planning meeting 15 July 2024	Additional Item	Information Governance Toolkit	Chief Information Officer	Will be added to the forward plan for the Operational Delivery Committee in April 2025. IG toolkit will be completed by end of March 2025.	Operational Delivery Committee April 2025.
Requested at agenda planning meeting 15 July 2024	Additional Item	Spotlight Topic: Digital from the Primary Care perspective	Director of Digital	This action will be deferred to 2025 and will therefore be added to the forward plan of the Strategic Development Committee.	Strategic Development Committee

Completed Activity from the Forward Work Plan:					
Annual Cycle of Business	Additional Item	Medical Records Assurance Report	Assistant Director of Digital Systems		COMPLETED
Annual Cycle of Business	Annual Item	Outcome of the Committee Self Effectiveness Survey 2023-24	Director of Corporate Governance/Board Secretary		COMPLETED – 28 th August 2024
Annual Cycle of Business	Annual Item	Committee Annual Report 2023-24	Director of Corporate Governance/Board Secretary		COMPLETED - 21 st May 2024
Annual Cycle of Business	Annual Item	Annual Cycle of Business 2024-25	Director of Corporate Governance/Board Secretary		Completed - 12 th March 2024
Requested at agenda planning meeting	Additional Item	Spotlight Topic: Patient Centred Contact	Director of Digital		COMPLETED- February 2024

Requested via email.	Additional Item	Spotlight: e-prescribing	Assistant Director of Digital Transformation	COMPLETED - 14 th November 2023
Requested at agenda planning meeting September 23	Additional Item	Internal Audit Report - Infrastructure Management	Director of Digital	COMPLETED - 14 th November 2023
Requested at agenda planning meeting September 23	Additional Item	Spotlight: Cyber Assessment Framework	Assistant Director for Data and Compliance	COMPLETED - 14 th November 2023
Requested at Agenda Planning Meeting for September 2023	Additional Item	Breach Analysis for Subject Access Requests	Chief Information Officer	Completed - 12 September 2023
Requested at Agenda Planning Meeting for September 2023	Additional Item	Internal Audit Report – Performance Management	Director of Digital	Completed - 12 September 2023