




**A meeting of the Aneurin Bevan University Health Board's
Information Governance Committee
will be held on Thursday 14 February 2019, commencing at 9.30am
in the Executive Meeting Room, Health Board Headquarters,
St Cadoc's Hospital, Caerleon**

A G E N D A

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| 1 | Preliminary Matters | | | 09.30 |
| 1.1 | Welcome and Introductions | | Chair | 5 mins |
| 1.2 | Apologies for Absence | | Chair | |
| 1.3 | Declarations of Interest | | Chair | |
| 2 | Information Governance Assurance | | | 09.35 |
| 2.1 | General Data Protection Regulation (GDPR) – 2018 Update Report | Attachment | Data Protection Officer & Head of Information Governance | 5 mins |
| 2.2 | Information Governance Report | Attachment | Data Protection Officer & Head of Information Governance | 5 mins |
| 2.3 | Freedom of Information Act Report | Attachment | Board Secretary | 5 mins |
| 2.4 | Health Records Report | Attachment | Head of Health Records | 5 mins |
| 2.5 | IT Service Management Internal Audit Report | Attachment | Director of Planning and Performance | 10 mins |
| 3 | Local and National Strategy | | | 10.05 |
| 3.1 | Welsh Community Care Information System (WCCIS) - Update | Attachment | Head of Strategic Informatics Programme and WCCIS Programme Manager | 10 mins |
| 3.2 | Patient Flow – Update Report | Attachment | Programme Lead - National e-Patient Flow Programme | 15 mins |
| 3.3 | National Convergence – Update | Verbal | Assistant Director of Informatics | 15 mins |
| 4 | Minutes and Actions | | | 10:45 |
| 4.1 | Draft Minutes of the IGC – 23 October 2018 | Attachment | Chair | 5 mins |
| 4.2 | Action Log – to review actions from the previous meeting – 23 October 2018 | Attachment | Chair | 5 mins |

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| 5 | Final Matters | | | 10:55 |
| 5.1 | Any Other Business | | Chair | 5 mins |
| 5.2 | Items for Board Consideration – to agree agenda items for Board consideration | | Chair | |
| 6 | Date of Next Meeting | | | 11.00 |
| | Thursday 6 June 2019 at 9.30am in the Executive Meeting Room, Headquarters Building, St Cadoc's Hospital, Caerleon | | | |

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|  <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p> | <p>Information Governance Committee 14 February 2019 Agenda Item: 2.1</p> |
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| Information Governance Committee |
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| Information Governance – Dashboard Report |

| Executive Summary | | | |
|--|---|--|--|
| <p>This document provides the IGC with progress on the Health Board's implementation for the General Data Protection Regulation and Data Protection Act 2018.</p> | | | |
| <p>This report covers the period up to 31st December 2018.</p> | | | |
| <p>Steady progress was made across many of the action requirements (following the ICO steps) with a number of tasks completed.</p> | | | |
| <p>Taking into account progress the current status overall is regarded "amber/green" as a number of risks have been partly or fully mitigated (there remain 5 risks outstanding) and good progress has been made in a number of tasks.</p> | | | |
| <p>The Health Board is being audited on progress by Internal Audit during February 2019.</p> | | | |
| <p>The Board is asked to: (please tick as appropriate)</p> | | | |
| Approve the Report | | Discuss and Provide Views | |
| Receive the Report for Assurance/Compliance | ✓ | Note the Report for Information Only | |
| <p>Executive Sponsor: Nicola Prygodzicz, Director Planning & Performance</p> | | | |
| <p>Report Author: Richard Howells, DPO and Head of IG</p> | | | |
| <p>Report Received consideration and supported by :</p> | | | |
| Executive Team | | Committee of the Board [Committee Name] | Transformation to Digital Delivery Board (T2D) |
| <p>Date of the Report: 04/02/2019</p> | | | |

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| Supplementary Papers Attached: GDPR & Data Protection Act 2018 Progress Report |
| Purpose of the Report |
| This report provides an update on the Health Board progress on implementing relevant processes for the GDPR and DPA 2018; it also provides assurance about the way in which the Health Board has managed its implementation plan. |
| Background and Context |
| <p>The General Data Protection Regulation (GDPR) and a new Data Protection Act were the biggest change in data protection laws for 20 years when it came into effect in May 2018. These changes were created due to the technical advances and the widespread availability of personal information; new technology brings new threats. These changes obviously have an impact on the Health Board, in the way we manage information and the way we support patients, service users and staff. The Information Governance Unit developed an implementation plan based on the ICO steps and guidance to compliance and this report provides an update with regards to progress and to escalate decisions, risks and issues which need to be considered.</p> <p>The IGC is provided with a separate performance report regarding the Health Board's compliance with several aspects of the GDPR and DPA (2018).</p> |
| Link to IMTP |
| Whilst the implementation plan and 12 steps are not specifically included in the Informatics Integrated Medium Term Plan (IMTP) details the Information Governance plans are included to improving the governance of information, its accuracy and confidentiality. |
| Reports, Assessment and Conclusion |
| The following Report provides details of progress. |
| Recommendation |
| The IGC is requested to receive this report for assurance purposes. |

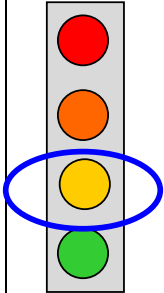





Aneurin Bevan University Health Board

Information Governance Committee

GDPR & Data Protection Act 2018 Progress Report

Date: 4th February 2019

| Executive Summary | |
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| <p><i>Current Situation & Trend</i></p>     | <p>This report covers the period up to 31st December 2018.</p> <p>Steady progress was made across many of the action requirements with a number of tasks completed.</p> <p>Taking into account progress the current status overall is regarded "amber / green" as a number of risks have been partly or fully mitigated and good progress has been made in a number of areas.</p> |

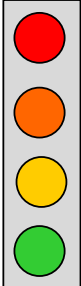

Background & Purpose

The General Data Protection Regulation (GDPR) and a new Data Protection Act¹ were the biggest change in data protection laws for 20 years when it came into effect in May 2018. These changes were created due to the technical advances and the widespread availability of personal information; new technology brings new threats. These changes obviously have an impact on the Health Board, in the way we manage information and the way we support patients, service users and staff. The Information Governance Unit has developed an implementation plan based on the ICO steps and guidance to compliance and this report provides an update with regards to progress and to escalate decisions, risks and issues which need to be considered.

Strategic Themes: Information for you, Supporting Professionals, Improvement & Innovation, A Planned Future

Progress Definitions

Current status:

| | | | |
|---|---|----------------------------------|--|
|  | | | |
| | | Red | <ul style="list-style-type: none"> Highly problematic - requires urgent and decisive action Very Significant delay Correction / recovery plan not in place Resolution is not possible within existing arrangements Escalation required Significant change of scope and/or cost |
| | | Amber / Red | <ul style="list-style-type: none"> Problematic - some aspects need substantial attention Significant delay Draft plan in place Escalation likely Moderate change of scope and/or cost |
| | | Amber / green | <ul style="list-style-type: none"> Some aspects need attention Minimal delay – mainly affecting deliverables not on the critical path Manageable within immediate team and associated groups Minimal change of scope and/or cost |
| Trend: | | Green | <ul style="list-style-type: none"> Good - may require slight refinement. Proceeding to plan, scope and budget or within tolerance |
| |  | Green – upwards (getting better) | |

¹ The Data Protection Act 2018 came into force on 6th May for law enforcement and 25th May for GDPR.



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| | Amber – stayed the same |
| | Red – downwards (getting worse) |



Issues or Risks

The following is a summary of the major issues and risks to compliance for discussion or to be escalated.

| | Threat | Event | Potential Impact | Mitigation | Action |
|----|---|---|---|---|--|
| 1. | No monitoring of staff access to information systems (NIIAS, CWS etc) | Breach of confidentiality | Service user rights impacted Complaint ICO sanction (fine, undertaking etc) | Provide additional resource | Staff appointed. Partly mitigated. Regular reviews of NIIAS undertaken (staff own and staff family records only on PAS). Discussions with NWIS regarding reservations of CWS links. |
| 2. | Unable to routinely monitor staff access to CWS; Poor or End of Life CWS reporting tools (Cognos) | Breach of confidentiality | Service user rights impacted Complaint ICO sanction (fine, undertaking etc) | Connect CWS to NIIAS – to provide “push” notification of potential breaches | Med Dir letter to Director NWIS formally requesting CWS to NIIAS link sent June 2018. |
| 3. | Breaches not reported or categorised appropriately on Datix | Non-compliance with law – not reported within 72 hours Breach of service user rights | ICO sanction (fine, undertaking etc) Complaints - no info about what is happening to information | Improve staff understanding of reporting process Review Datix reporting mechanism Provide resource at IGU to monitor and review incidents | Staff appointed. Partly mitigated. Ability to monitor and act upon Datix incidents improved. KPI's at IGDG to ensure ownership and accountability. Discussions with Datix team to improve |



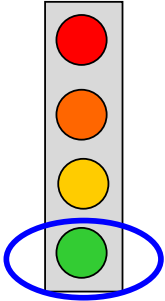
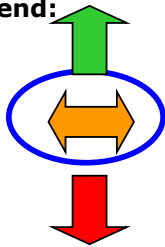
Information Governance Committee
GDPR & Data Protection Bill Progress Report
4th February 2018

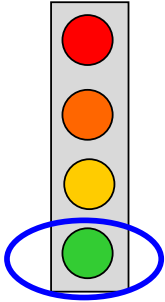
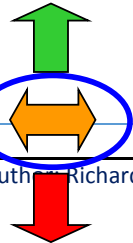
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| | Threat | Event | Potential Impact | Mitigation | Action |
|-----------|--|--|---|--|--|
| | | | | | categorisation . |
| 4. | Breach at third party | Non-compliance with law Breach of service user rights | ICO sanction (fine, undertaking etc) Complaints - no info about what is happening to information | Review third party provider contracts Identify on info asset register | Staff appointed. Partly mitigated. Ability to support Complaint investigations at IGDC's improved. KPI's at IGDC to ensure ownership and accountability. |
| 5. | Unable to implement Desktop Application – Metacompliance | Staff awareness and accountability compromised | Breach ICO sanction (fine, undertaking etc) Complaints - no info about what is happening to information | Implement Desktop application | Further tests are to take place March 2019. |

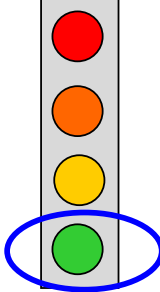
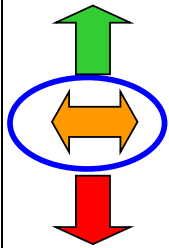
The above risks are a summary of those identified in each action area below.

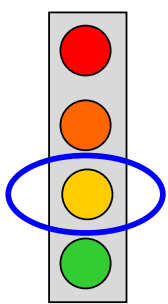
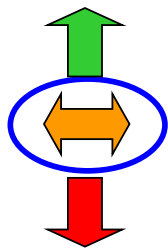
Progress on Actions

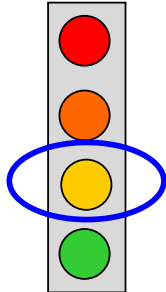
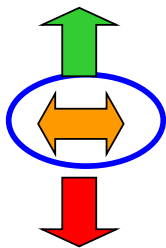
| Progress: Awareness & Communication | |
|---|--|
| Current status:  | 1. Engage Divisions <p>The IGU has engaged with Divisions to raise awareness of GDPR and new Divisional Information Governance Delivery Groups (IGDGs) have been in place for 12 months and ensure ownership of IG requirements at divisional level. These have proven effective as a major mechanism for raising awareness and communicating information.</p> 2. Awareness Campaign <p>The IGU undertook a successful initial awareness campaign through our intranet and internet pages. A newsletter (IG Bytes) is regularly published and this provides regular updates of GDPR and other IG requirements.</p> |
| Trend:  | <p>The IG intranet pages have been updated to provide an improved view of IG and GDPR information and news.</p> <p>Factsheets have been devised and published.</p> <p>Roadshows were undertaken across sites, over 500 staff attended.</p> <p>IGU staff continue to provide awareness sessions (over 150 sessions) for various directorates at their team meetings.</p> <p><i>This objective is regarded as completed.</i></p> <p>IGDG's continue to be the main communication mechanism between IGU and the Divisions</p> |

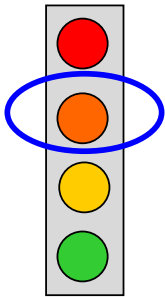
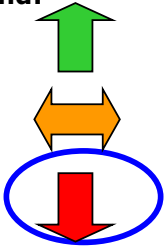
| Progress: Information You Hold | |
|---|--|
| Current status:  | <p>The GDPR requires that each organisation must understand what information is held and how it is used and shared. Within the Health Board this is managed through the following:</p> 1. Information Asset Register <p>A comprehensive Information asset register has been reviewed; work continues with various Divisions through the IGDGs to fill in any gaps.</p> 2. Information Sharing Protocols (ISPs) <p>The WASPI framework has been reviewed to comply with GDPR and new templates are currently in use. The Chief Exec. Has signed the new Accord.</p> |
| Trend:  | <p>The SE Wales Partnership continues to review ISP's and these are reviewed in line with GDPR requirements.</p> <p>There are over 70 ISP's that relate to SE Wales where the Health Board is a major contributor. The SE Wales Partnership will be reviewing these to determine its schedule for replacement.</p> |

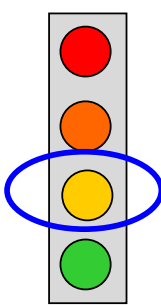
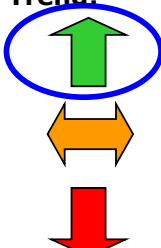
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| | <p>3. Data Flow Mapping</p> <p>Flow mapping will be a continuous process and the Health Board will use its WASPI ISP and digital improvement programmes to map processes.</p> <p><i>This objective is regarded as completed.</i></p> <p>IGDG's continue to be the main communication mechanism between IGU and the Divisions and Flow processes will be mapped using Clinical Futures, WASPI and digital improvement and change management programmes.</p> |
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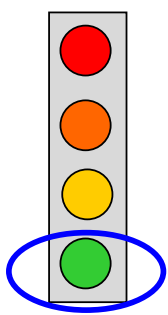
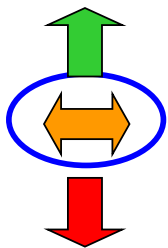
| Progress: Communicating Privacy Information / Fair Processing | |
|--|---|
| <p>Current status:</p>  | <p>Each organisation must inform people what it does with their information, its security arrangements and their rights around this information.</p> <p>1. Privacy Notices</p> <p>A layered approach has been agreed with the ICO and NHS Wales IGMAG, which provides a generic high level (organisational) notice and then more detailed service specific notices. Most of these can be provided on our internet site and complemented with posters and leaflets and use of social media and other mechanisms.</p> <p>A high level Privacy Notice has been developed at a national level. Progress has improved with ownership of amendments being transferred and it has been agreed to amend the current Your Information Your Rights notice. This will form the top layer of the approach.</p> |
| <p>Trend:</p>  | <p>ABUHB have devised a general privacy notice and this has been distributed. Work to be undertaken to develop a child friendly/easy read privacy notice. A staff privacy notice has been developed which has been published on our intranet and internet pages.</p> <p><i>This objective is regarded as completed.</i></p> <p>Privacy Notices for ABUHB patients and employees produced and published.</p> |

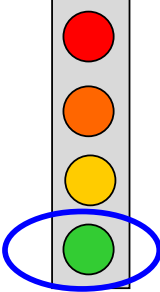
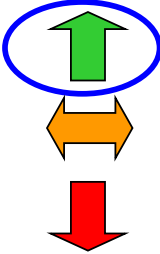
| Progress: Individual Rights | |
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| Current status:  | 1. Subject Access Requests <p>Through the awareness campaign staff have been informed of the changes to the procedures for SARs.</p> <p>Access to Health Records department has reviewed its processes and information for the public. Documentation has been amended.</p> 2. Policies and Procedures <p>Work has commenced at a national level to provide consistency to policies across NHS Wales organisations and many are now at consultation stage e.g. email, internet use. Relevant policies at a Health Board level are currently under review.</p> <p><i>This objective is regarded as incomplete.</i></p> |
| Trend:  | <p>However, it is at a stage whereby compliance can be monitored through the formal compliance reporting process.</p> |
| Risks and Issues: Individual Rights | |
| Threat: | Policies not agreed – reliance on national delivery |
| Event: | Breaches, acting on “old” non-GDPR compliant policies |
| Potential Impact: | Undertaking by ICO (likely first), Fine (£) (continued non-compliance) |
| Mitigation Options: | Prioritise ABUHB policies and processes not rely on national delivery |
| Action: | IG have recruited an additional 3 staff to improve the IG Units ability to implement and monitor GDPR compliance. This additional resource will partly mitigate this risk. |

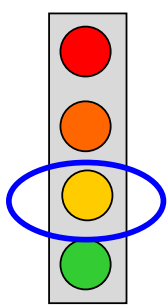
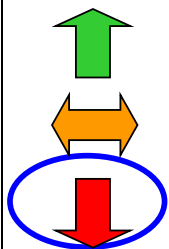
| Progress: Legal Basis for Processing | |
|---|--|
| <p>Current status:</p>  | <p>ICO guide provides the ability for NHS and SSD to collect, use and share information by using different legal conditions without reliance on consent.</p> <p>1. Conditions for processing information</p> <p>Clarification completed around article 6 and article 9 for processing of personal and sensitive personal data. NHS Wales is confident that it has clear purposes for processing – where information is needed to meet its statutory duties to provide health care for the population. A factsheet has been developed for staff to explain our legal basis for processing.</p> <p>2. Consent</p> <p>ICO guidelines have recently been issued. Work to commence on reviewing policies and procedures.</p> <p>3. Consent for Children</p> <p>Guidelines for staff in relation to parental consent have been issued by the ICO for consultation. Discussions with various clinical staff show that they are aware of the concerns regarding children and will continue to use Gillick competencies to determine whether an individual is able to comprehend the action and care etc.</p> <p><i>This objective is regarded as incomplete.</i></p> <p>However, it is at a stage whereby compliance can be monitored through the formal compliance reporting process.</p> |
| <p>Trend:</p>  | |
| Risks and Issues: Legal Basis for Processing | |
| Threat: | Intranet and Internet pages not maintained. |
| Event: | Failure to comply with the law (breach, concern, reporting etc) |
| Potential Impact: | Undertaking by ICO (likely first), Fine (£) (continued non-compliance) |
| Mitigation Options: | Prioritise ABUHB policies |
| Action: | IG have recruited an additional 3 staff to improve the IG Units ability to implement and monitor GDPR compliance. This additional resource will partly mitigate this risk. |

| Progress: Data Breaches | |
|---|--|
| <p>Current status:</p>  | <p>The GDPR provides an instruction to report serious data breaches with 72 hours of identification.</p> <p>1. Policies & Procedures</p> <p>The Health Board is now using the ICO reporting assessment matrix. Discussions have commenced at national level (IGMAG) with ICO to consider reporting mechanism. Awaiting clarification from the ICO.</p> <p>2. Datix Risk Management</p> <p>Work continues with the Datix team to better reflect IG incident categorisation. This is anticipated to be complete by May 2019.</p> <p>3. Application User Access – Monitoring and Audit</p> <p>IG has contacted the NIIAS provider and NWIS regarding use with CWS. The response from NWIS was not encouraging and suggests that ABHB will not be allowed to connect CWS to NIIAS.</p> <p><i>This objective is regarded as incomplete.</i></p> <p>A negative change is shown as the NIIAS links have taken a backward step.</p> <p>Further discussion with NWIS are required to understand their reservations.</p> |
| <p>Trend:</p>  | |
| Risks and Issues: Data Breaches | |
| Threat: | CWS not proactively monitored – links with NIIAS. |
| Event: | Data breaches not being reported or categorised appropriately Failure to comply with the law (breach, concern, reporting etc) |
| Potential Impact: | Undertaking by ICO (likely first), Fine (£) (continued non-compliance) |
| Mitigation Options: | Obtain NIIAS links Procure separate “NIIAS” equivalent |
| Action: | To discuss reservations with NWIS |

| Progress: Data Protection by Design | |
|---|---|
| <p>Current status:</p>  | <p>Each (new) system digital or otherwise must include security and protection of data at its instigation and design stages.</p> <p>1. Data Protection Impact Assessments (DPIA)</p> <p>DPIA's are being undertaken; a register has been created. NHS Wales DPIA template used. Factsheets issued.</p> <p>2. Contracts</p> <p>A review of contracts with 3rd party suppliers is yet to be undertaken. IGU have met with Procurement and they are undertaking a piece of work to identify all known contracts and write to them about the amendments required in light of GDPR. IGU will monitor progress.</p> |
| <p>Trend:</p>  | <p>This is a large body of work and will be continually assessed.</p> <p><i>This objective is regarded as incomplete.</i></p> <p>However, it is at a stage whereby compliance can be monitored through the formal compliance reporting process.</p> |
| Risks and Issues: Data Protection by Design | |
| Threat: | <p>Contracts not revised.</p> <p>Lack of staff awareness and knowledge</p> |
| Event: | <p>Breaches (at local or third party providers)</p> <p>Failure to comply with the law (breach, concern, reporting etc)</p> |
| Potential Impact: | Undertaking by ICO (likely first), Fine (£) (continued non-compliance) |
| Mitigation Options: | Additional resource to support monitoring process and staff awareness. |
| Action: | IG have recruited an additional 3 staff to improve the IG Units ability to implement and monitor GDPR compliance. This additional resource will partly mitigate this risk. |

| Progress: Data Protection Officer | |
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| Current status: | Each organisation must nominate a Data Protection Officer 1. Data Protection Officer (DPO) The Health Board has appointed its Data Protection Officer at its Executive Team 12 th February 2018 (the current Head of Information Governance). Literature amended. <i>This objective is regarded as completed.</i> |
|  | |
| Trend:  | |

| Progress: International Transfers | |
|---|---|
| <p>Current status:</p>  | <p>Each organisation must identify and control data transferred outside the "safe zone" of the EEA.</p> <p>1. Transfers of PII to other countries It has been identified that the Health Board sends radiology images to other countries (Australia, South Africa) out of normal hours. Any changes will be identified through each IGDGs. Contracts are being reviewed to include the legal obligations set out under the new legislation. This exercise will form part of the contract management and information flow management processes. When informed of the proposal to store information outside of the EEA, the Health Board has ensured a change to process, such as, patient questionnaires and data stored as part of the DrDoctor process have been moved from a platform in the USA to one in Eire.</p> |
| <p>Trend:</p>  | <p><i>This objective is regarded as completed.</i></p> |

| Progress: Accountability | |
|---|---|
| <p>Current status:</p>  | <p>The GDPR emphasises that each organisation management is accountable for its compliance and actions.</p> <p>1. Training & Awareness</p> <p>The IG e:learning tool review and implementation is now completed; it now comprises two modules instead of four with a shorter completion timeframe:</p> <ul style="list-style-type: none"> Module 1 provides for Information Governance (GDPR) rules etc, Records Management and Mental Health Module 2 provides for Cyber Security and was launched in October 2018. <p>2. Appropriate Management Structure</p> <p>The Transformation to Digital Delivery Board (T2D) has been created and this will ensure aspects of the legislation are undertaken such as, security by design. The Quality & Patient Safety Committee has received key performance information and will be provided with future updates to monitor assurances.</p> <p>The Information Governance Committee will assure the decisions and action undertaken at T2D and Clinical Council.</p> <p>3. Desktop Application – Metacompliance</p> <p>There continues to be ongoing technical issues with this application. Further tests are to take place March 2019.</p> <p><i>This objective is regarded as incomplete.</i></p> <p>However, it is at a stage whereby compliance can be monitored through the formal compliance reporting process.</p> |
| <p>Trend:</p>  | |
| Risks and Issues: Accountability | |
| Threat: | Metacompliance not launched. |
| Event: | Breach Failure to comply with the law (breach, concern, reporting etc) |
| Potential Impact: | Undertaking by ICO (likely first), Fine (£) (continued non-compliance) |
| Mitigation Options: | Overcome technical challenges |
| Action: | Further testing |



Assessment & Conclusion

The Health Board made good progress in readiness for 25th May understanding that not all threats would be mitigated and that not requirements will be implemented.

Many objectives are “green” and some actions will continue to be implemented throughout the next year. Overall, it is believed that the Health Board is a robust position and can provide a high level assurance regarding its readiness and compliance with GDPR and the new Data Protection Act.

There are two areas of concern:

- 1) Linking CWS to NIIAS – further discussions with NWIS required to determine a way forward
- 2) Use of Metacompliance – further testing with the provider is being undertaken to overcome the technical challenges.

However, it is believed that the Health Board is at a point where compliance is recommended to be monitored through the formal performance indicator dashboard provided to IGC and that implementation is no longer a separate requirement.

Recommendation

The IGC is requested to receive the report as showing progress against the Health Boards objectives for compliance.


Compliance is monitored through the performance dashboard and that implementation reports are discontinued.



| Supporting Assessment and Additional Information | |
|---|---|
| Risk Assessment (including links to Risk Register) | Links to the Informatics and Corporate Risk Register in relation to compliance rates and incident reporting to the ICO. |
| Financial Assessment, including Value for Money | Financial and workforce plans identified within IGU and Health Records Services |
| Quality, Safety and Patient Experience Assessment | Audits undertaken in conjunction with the Audit Committee (and Internal Audit) to ensure compliance with IG and legislative requirements to provide a security framework. |
| Equality and Diversity Impact Assessment (including child impact assessment) | All Information Governance policies and procedures have been impact assessed and do not discriminate against any patients within our service. |
| Health and Care Standards | <p>Standard 3.4 IG and ICT</p> <p>Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.</p> <p>Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.</p> <p>Standard 3.5 Record Keeping</p> <p>Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.</p> <p>Standard 4.2 Patient Information</p> <p>People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.</p> |
| Link to Integrated Medium Term Plan/Corporate Objectives | Links to the IMTP priority areas for the IGU (although the steps are specifically identified). |
| The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working | Long Term – The adopted approach is a long term investment to improve Health Board compliance and to improve the patient information available to staff and improve patient and public confidence in the Health Board services. |



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| | Integration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales. |
| | Involvement – The IG Unit is public and patient facing and comments from service users and our patients are all evaluated used as opportunities to review processes and provide continuous improvement. |
| | Collaboration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales. |
| | Prevention – The IG work provides compliance with legislation |
| Glossary of New Terms | None |
| Public Interest | Can be published in public interest |

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|  GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board | Information Governance Committee 14 February 2019 Agenda Item: 2.2 |
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| Information Governance Committee |
| Information Governance – Dashboard Report |

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| Executive Summary | | | |
| <p>This dashboard report provides the IG performance reporting requirements for IGC, providing assurance about the way in which the Health Board manages its information about patients and staff and highlights compliance with IG legislation and standards.</p> <p>It shows that the Health Board is continuing to improve its compliance regarding training and Subject Access Requests and the number of complaints has reduced (zero in this current period). The Health Board’s relationship with the ICO remains strong with all complaints to the ICO being reviewed and no action taken against the Health Board. This also indicates that the Health Boards internal processes are at a level that satisfies the ICO’s requirements.</p> | | | |
| The Committee is asked to: (please tick as appropriate) | | | |
| Approve the Report | | | |
| Discuss and Provide Views | | | |
| Receive the Report for Assurance/Compliance | | ✓ | |
| Note the Report for Information Only | | | |
| Executive Sponsor: Nicola Prygodzicz, Director Planning & Performance | | | |
| Report Author: Richard Howells, DPO and Head of IG | | | |
| Report Received consideration and supported by : | | | |
| Executive Team | | Committee of the Board [Committee Name] | Transformation to Digital Delivery Board (T2D) |
| Date of the Report: 04/02/2019 | | | |
| Supplementary Papers Attached: none | | | |

MAIN REPORT:**Purpose of the Report**

This dashboard report provides the mandatory and legislative reporting requirements and provides assurance about the way in which the Health Board manages its information about patients and staff and highlights compliance with IG legislation and standards.

Background and Context

The IGC is provided with performance information regarding the Health Board's compliance with the General Data Protection Regulation (GDPR) and Data Protection Act (DPA) (2018). Although the expectations within the regulation or law is 100% compliance, it is accepted that this will never be reached, due a variety of reasons (staff absence, misjudgement, new technology etc). However, there is an expectation that the Health Board will monitor its performance against the regulations and be assured that it is achieving an agreed and acceptable standard and have in place procedures and process in order to achieve that standard.

Link to IMTP

The Informatics Integrated Medium Term Plan (IMTP) details the technical infrastructure and information required to deliver a digital health programme during the next 3 years. The Information Governance plans are included to improving the governance of information, its accuracy and confidentiality.

Reports, Assessment and Conclusion

Complaints received by the Information Governance Unit up to 31st December 2018: **36**

| | Total no complaints (for the year) | Increase in period |
|--|---------------------------------------|--------------------|
| Upheld – Evidence was found to substantiate the complaint and the matter is being taken further | 6 | 3 |
| Ongoing – Currently awaiting the outcome of investigations | 12 | 8 |
| No Further Actions – No evidence was found to substantiate complaint and no further action is to be taken | 18 | 3 |

Reports to the ICO: There were no incidents reported to the ICO by complainants in the last period.

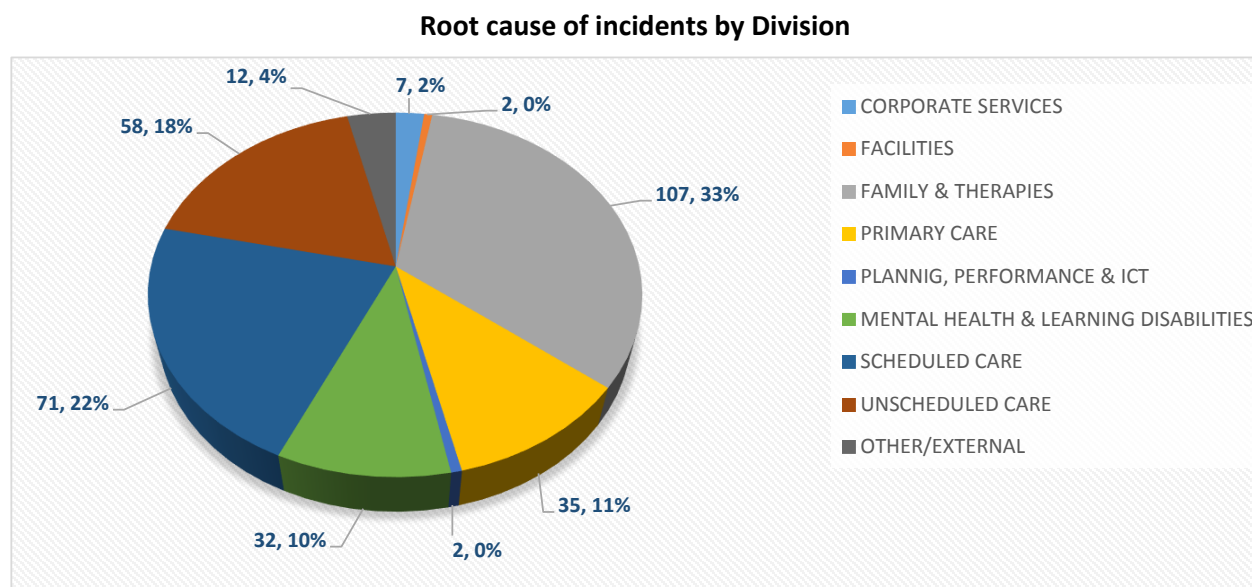
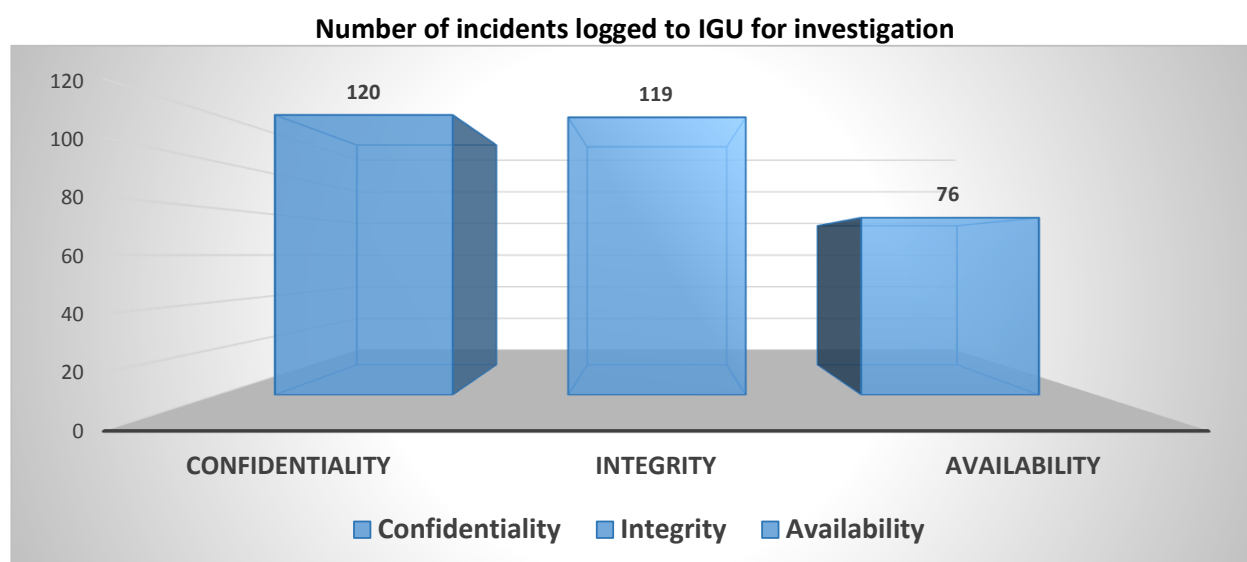
Of the 5 (five) previously reported to the ICO all have been reviewed and no action is to be taken by the ICO. The review includes discussions with the Data Protection Officer about action taken by the Health Board to assist the complainant plus any mitigations put into place.

Incidents received by the Information Governance Unit up to 31st December 2018: 316

An increase of 79 since the last period.

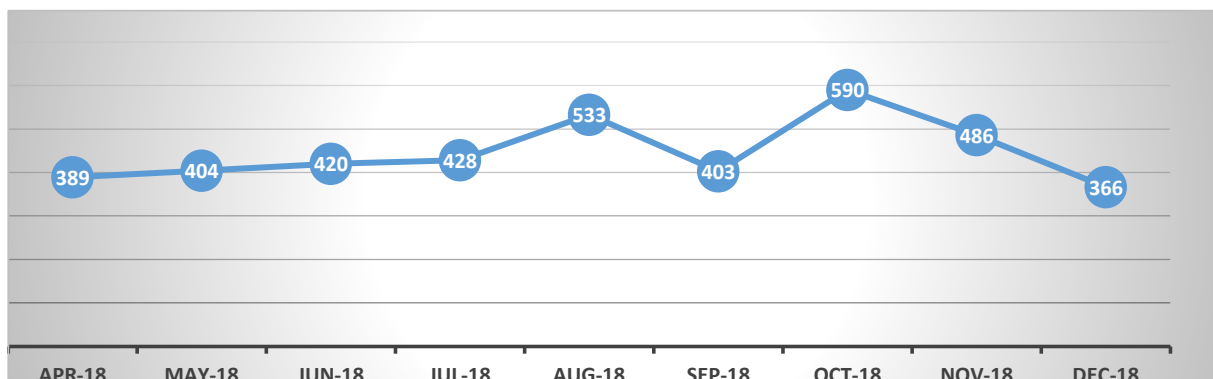
The figures have been divided into categories of Confidentiality, Integrity and Availability (CIA):

- Confidentiality – breach of patients' confidentiality, consent or communication
- Integrity – changes to documentation or a mix of incidents not included in Confidentiality or Availability
- Availability – health records missing, misfiled, illegible or believed lost. Many staff report records as lost when they are still in the system but are not provided in time e.g. at out-patient appointments.

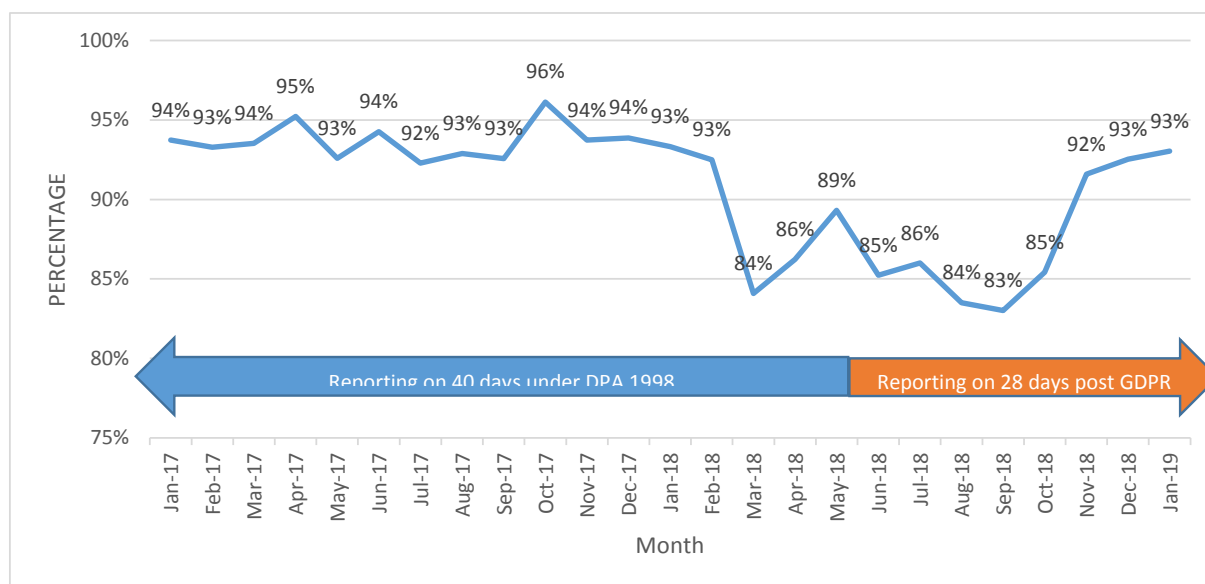


GDPR/DPA Subject Access Requests: During the current year 2018-19, over 4,000 (SARs) at an average of 446 per month; this is an increase of 40 per month on last year (which was 404 per month). The current compliance rate is 93% - to provide the information requested within 28 days of the request (GDPR is 30 days; Welsh Government target is 28 days).

There has been a gradual increase over the past 6 months, with increased staff levels.



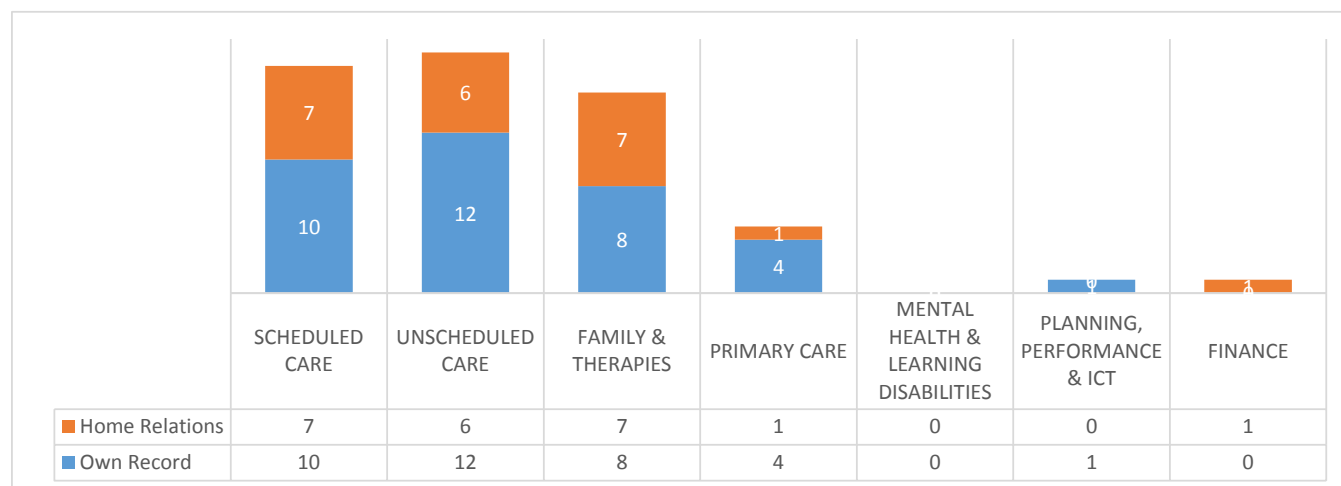
GDPR Compliance Rate (within 28 days target)



ICT Systems Access Audits (including NIIAS checks) (up to 31st December 2018):

Staff accessing their own record = 57

Staff accessing relations record = 22




Training compliance: Approximately 69% of staff have undergone IG e:learning training; this is an increase of 6% on the last period (end Sept). There remains some confusion about staff using the IG e:learning provided on ESR – which is not the ABUHB mandatory training. This is being addressed and the Divisions IG Delivery Groups (IGDG's). The Health Board's IG training includes a module has been reviewed and provides and provides a module dealing with Cyber Security.

Recommendation

The IGC is requested to receive this report for assurance purposes.

| Supporting Assessment and Additional Information | |
|---|---|
| Risk Assessment (including links to Risk Register) | Links to the Informatics and Corporate Risk Register in relation to compliance rates and incident reporting to the ICO. |
| Financial Assessment, including Value for Money | Financial and workforce plans identified within IGU and Health Records Services. |
| Quality, Safety and Patient Experience Assessment | Audits undertaken in conjunction with the Audit Committee (and Internal Audit) to ensure compliance with IG and legislative requirements to provide a security framework. |
| Equality and Diversity Impact Assessment (including child impact assessment) | All Information Governance policies and procedures have been impact assessed and do not discriminate against any patients within our service. |
| Health and Care Standards | <p>Standard 3.4 IG and ICT</p> <p>Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.</p> <p>Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.</p> <p>Standard 3.5 Record Keeping</p> <p>Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.</p> <p>Standard 4.2 Patient Information</p> <p>People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.</p> |
| Link to Integrated Medium Term Plan/Corporate Objectives | The report links to the IMTP priority areas for the IG. |
| The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working | Long Term – The adopted approach is a long term investment to improve Health Board compliance and to improve the patient information available to staff and improve patient and public confidence in the Health Board services. |
| | Integration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales. |

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| | Involvement – The IG Unit is public and patient facing and comments from service users and our patients are all evaluated used as opportunities to review processes and provide continuous improvement. |
| | Collaboration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales. |
| | Prevention – The IG work provides compliance with legislation. |
| Glossary of New Terms | None |
| Public Interest | Can be published in public interest. |

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|  GIG CYMRU NHS WALES <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board </div> | Information Governance Committee 14 February 2019 Agenda Item: 2.3 |
| Information Governance Committee | |
| Freedom of Information Update for the period 1 January 2018 to 31 December 2018 | |
| Executive Summary | |
| This report provides for the Information Governance Committee an update on the number of Freedom of Information Requests received for the period 1 January 2018 to 31 December 2018, the number responded to within the 20 day timescale and the sources of the requests, together with the compliance information. | |
| The Committee is asked to: (please tick as appropriate) | |
| Approve the Report | |
| Discuss and Provide Views | |
| Receive the Report for Assurance/Compliance | ✓ |
| Note the Report for Information Only | |
| Executive Sponsor: Richard Bevan, Board Secretary | |
| Report Author: Rona Button, Corporate Services Manager (Freedom of Information) | |
| Report Received consideration and supported by : | |
| Executive Team | N/A Information Governance Committee ✓ |
| Date of the Report: 30 January 2018 | |
| Supplementary Papers Attached: N/A | |

MAIN REPORT:**Purpose of the Report**

This report provides for the Information Governance Committee an update on the number of Freedom of Information Requests received for the period 1 January 2018 to 31 December 2018, the number responded to within the 20 day timescale and the sources of the requests, together with the compliance information.

Background and Context

The Freedom of Information Act aims to make the business of organisations more transparent and accountable to the public. Since 1 January 2005, anyone is able to make a written Freedom of Information request for information about the Health Board. In relation to such requests, the individual making the request does not have to live locally or give a reason for the request. In addition, the Health Board cannot ask the individual the reason for their request. If the Health Board has the information requested, there is a maximum 20 working days period to provide the information.

Assessment and Conclusion**1. Source of Requests**

Between 1 January 2018 and 31 December 2018, **561** Freedom of Information requests have been received, compared to 538 received in 2017. The source of these requests is as follows:

| Source of Request | 2018 | 2017 |
|---------------------------------------|------------|------------|
| Private Individual | 181 | 169 |
| Media | 116 | 87 |
| Private Company, Researcher | 105 | 102 |
| Group, Association, Chartered Society | 53 | 68 |
| Welsh Government | 46 | 43 |
| Campaigner (Whatdotheyknow.com) | 27 | 17 |
| MPs/AMs | 16 | 38 |
| Employees of NHS Wales | 10 | 4 |
| Legal | 3 | 2 |
| Other (local councillors) | 2 | 6 |
| Police | 2 | 1 |
| Patient Advocate | 0 | 1 |
| Total | 561 | 538 |

2. FOI Responses

The compliance rate (response within the 20 working days) of the requests received between 1 January 2018 and 31 December 2018 was **73%**.

As indicated, each Freedom of Information request may be complex and comprise a number of separate questions. Therefore, since 1 January 2013, the number of questions contained within each FOI has been recorded. This shows that the **561** requests received between 1 January 2018 and 31 December 2018 comprised **3,559** individual questions. The figure does not include those requests where the same question is asked over a number of years, for example the number of people

treated for a condition or with a specific drug in each of the last three, four or five financial years.

3. Subjects of Requests

Information is being recorded on the Datix system regarding the types of subject of requests and this information is being reported for interest and information. This analysis will help, where appropriate, to proactively publish information on the Health Board's Publication Scheme.

| Subject of Request | Number |
|--|------------|
| Clinical Care | 189 |
| Financial Information | 98 |
| Corporate Information | 56 |
| Primary Care | 43 |
| Medication Information | 41 |
| Personnel Information | 39 |
| Communication | 15 |
| Statistical Information | 14 |
| Facilities/Services | 13 |
| Cancer Services | 12 |
| Procurement | 11 |
| Contractual Information | 10 |
| Health and Safety | 9 |
| Equality and Diversity | 6 |
| Other (renovation/expansion projects, services provided by private companies, taxis, initiatives to educate children about cannabis) | 4 |
| Environmental Information (asbestos) | 1 |
| Total | 561 |

4. Number of Responses sent to Welsh Government for Information

Copies of responses which are considered to be sensitive or contentious in nature are sent to Welsh Government for information. Of the **553** responses which were closed during this reporting period, but which may have been received during a previous reporting period, **217** were sent to Welsh Government due to their subject, theme or content.

5. Exemptions Applied

The Freedom of Information Act contains a number of exemptions that allow organisations to withhold information from a requester. In some cases these will also allow the Health Board to refuse to confirm or deny whether the information is held by the organisation.

Some exemptions relate to a particular type of information, whilst other exemptions are based on the harm that would arise or would be likely to arise from disclosure, for example, if disclosure would be likely to prejudice a criminal investigation or prejudice someone's commercial interests. There is also an exemption for personal data if releasing it would be contrary to the Data Protection Act.

227 exemptions were applied to the **553** responses closed during this reporting period, with some responses having more than one exemption applied.

| Exemption | Number of times applied |
|---|--------------------------------|
| Section 16: To advise and assist | 70 |
| Section 12: Cost (financial and time) | 61 |
| Section 40: Personal information – Breach of Data Protection Principles | 55 |
| Section 43: Protecting commercial interests | 31 |
| Section 21: Information accessible by other means | 9 |
| Section 31: Law enforcement | 1 |
| Total | 227 |

6. Complaints received from the Information Commissioner’s Office and Appeals from Requesters

The Information Commissioner’s Office (ICO) advised the Health Board in Autumn 2018 of two complaints received by requesters who were dissatisfied with the responses received, together with the responses to requests for review (reference numbers 2 and 4 below). To date no further information has been received in respect of the complaints.

Four requests for review were received during 2018 and, as per process, the Board Secretary undertook the reviews:

1. Request for information on monthly spend. The review partially upheld the complaint and some additional information was provided.
2. Halal meat used and purchased. The review did not uphold the complaint as the information requested is not held by the Health Board. This was advised in the original response to the request.
3. Drinking cups.
4. Personal data on individual staff members requested. The review did not uphold the complaint.

7. Training and Development

Help and advice is provided regularly to requesters and the network of Health Board FOI Stewards.

The Corporate Services Manager (FOI) is also a member of the all Wales FOI Community of Practice Network.

8. Conclusion

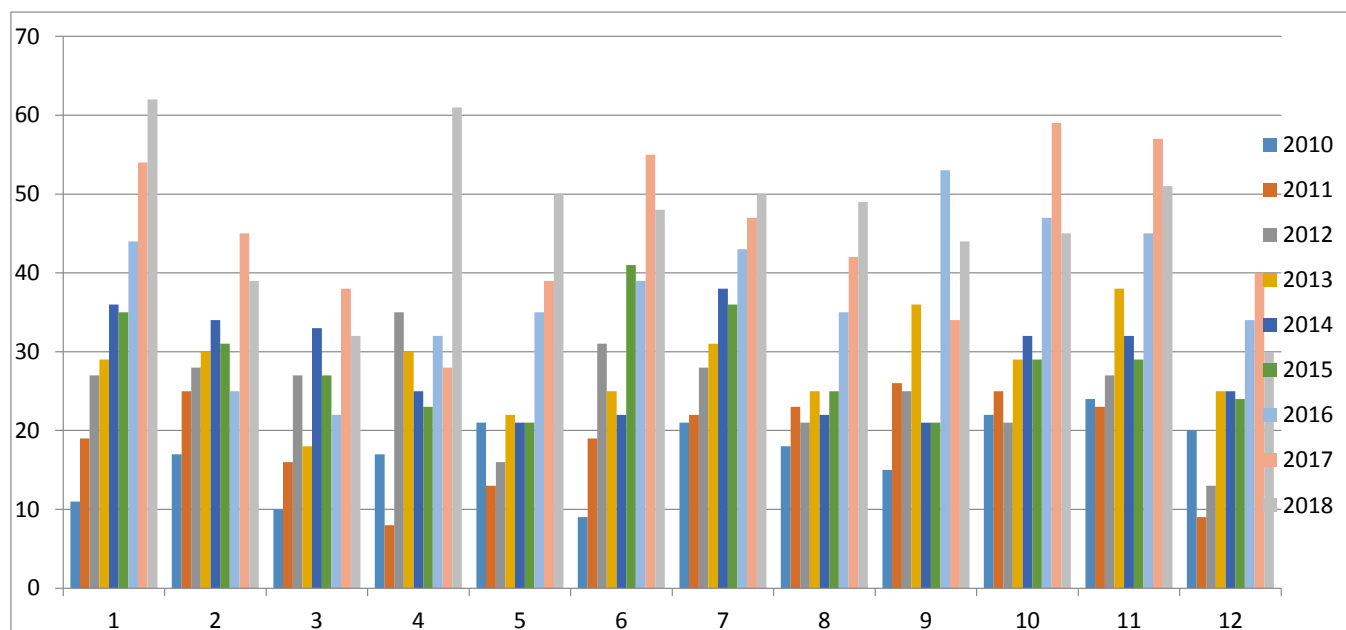
It is the Health Board’s policy to respond to all Freedom of Information requests, regardless of their complexity, even where this may mean that the information is delayed. Where there is likely to be a delay in providing a response to requests, the Corporate Services Manager (Freedom of Information) liaises with the requester to ensure they are aware of the possibility of a delay and to agree a revised timescale for response. Where there are complex requests, and where the information is required from multiple disciplines, it is not always possible to provide the information within the 20 day timescale.

The dedicated resource for FOI in the Health Board also ensures that the Publication Scheme can be a 'live document'. In the future the Corporate Services Manager (Freedom of Information) will play an active role in leading training and awareness raising of FOI across the organisation. Linked to this work is liaison with the Communications Team to expand and promote the routine publication of appropriate information across the Health Board.

A Freedom of Information Stewards' Network has been established which comprises key members of staff who are able to identify within divisions or directorates information to support FOI responses. The Wales-wide Community of Practice network also provides invaluable support and advice to ensure that requests received by all Health Boards are responded to in a similar manner.

The graph below provides a month on month comparison of the number of requests received.


Freedom of Information Requests received by month, per calendar year from 2010 to 2018



Recommendation

The Information Governance Committee is asked to note the contents of this report.

| Supporting Assessment and Additional Information | |
|---|---|
| Risk Assessment (including links to Risk Register) | The Health Board has a legal responsibility to respond to Freedom of Information requests within 20 working days, as per the Freedom of Information Act 2000. |
| Financial Assessment, including Value for Money | Not applicable. |
| Quality, Safety and Patient Experience Assessment | Not applicable. |
| Equality and Diversity Impact Assessment (including child impact assessment) | Not applicable. |
| Health and Care Standards | The completion of requests will assist the Health Board's compliance with Health and Care Standard 1 governance. |
| Link to Integrated Medium Term Plan/Corporate Objectives | As a legal requirement, this is included in the IMTP. |
| The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working | As a legal requirement, this ensures compliance with the Act. |
| Glossary of New Terms | Not applicable. |
| Public Interest | Freedom of Information data is published and in the public domain. |

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|  GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board | Information Governance Committee 14 February 2019 Agenda Item: 2.4 |
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Information Governance Committee

Health Records Report

Executive Summary

Purpose

This document provides a report on the Health Records Service progress in respect of records storage arrangements, Digitised Health Record Project, the Infected Blood Inquiry impact and records management which support clinical care and services and demonstrate compliance.

Background and context

Effective management of information allows fast, accurate and reliable access to records, ensuring the timely destruction of redundant information and the identification and protection of vital and historically important records. Considerable investment has been made in moving the organisation towards a more digitised approach to records however the legacy of the paper record remains.

The digitisation project has helped to support the health professional and the ongoing care of patients by:

- Provision of simultaneous access to patients history regardless of geographical location of previous patient events via Clinical Workstation with an entire history available
- Provision of infrastructure to support delivery of care
- Reduce patient appointment cancellations due to lack of access to clinical information
- Minimising administrative effort required for each appointment/attendance (reduction in 29.63 wte staffing)

The current cohort of patients attending our hospitals over the space of a 3 year period is estimated to be 280,000 patients. The Digitised Health Record Project aim was to digitise these patients over a 5 year term which would then allow for patient information to be immediately available through Clinical Workstation to the clinician and provide a demonstrable downward trend in terms of the paper record flows around the various hospital sites.

The Infected Blood Inquiry will severely impact the remaining storage areas if the Health Board selects to adopt the same approach as the remainder of Wales whereby all records pertaining to a single patient have to be retained for approximately the next five years.

Assessment and Conclusion

The service reached the 'tipping point' in October 2018 and in terms of back scanning there are now 290,752 patients having a digitised record. As of 1st September the focus was moved to achieving 100% digital records within Ysbyty Ystrad Fawr to provide a paper-lite proof of concept for the Grange University Hospital (GUH). The current compliance rate has risen to 79% for emergency admissions in Dec 2018 which is a slight reduction from the 84% achieved earlier in the project, however the volume of emergency admissions increased during this period. The elective admission value has risen to 86% which is the highest percentage achieved since the project commenced.

An urgent decision is now required in relation to the Infected Blood Inquiry as this will impact severely on the existing resources within the service and as has been identified across Wales as the most significant risk to records management with have a major financial implication due to the need to retain records out-with the normal retention schedules.

Link to the IMTP:

The Informatics Integrated Medium Term Plan (IMTP) details the technical infrastructure and information required to deliver a digital health programme during the next 3 years. The Health Records service provision is included within this plan and the Digitised Health Records Project is one of a number of work-streams involved in delivering the requirements for paperless working in our hospitals in the future.

Recommendation

There is ongoing development work being undertaken in respect of e-forms and digital capture of information at source. This work will be integrated with the e-nursing documentation that is being developed at a national level. The rapid rollout of forms which will reduce the current burden is a major requirement.

There is a need for a decision to be taken on the way forward in respect of records for the Infected Blood Inquiry. Early identification of the records that present a possible avenue for the Inquiry to take and the scanning of these, would allow for a determination on the remainder given set criteria as to whether they can effectively be destroyed without presenting a risk to the organisation.

The Committee is asked to: (please tick as appropriate)

| | |
|---|---|
| Approve the Report | |
| Discuss and Provide Views | |
| Receive the Report for Assurance/Compliance | ✓ |
| Note the Report for Information Only | |

Executive Sponsor: Nicola Prygodzicz, Director Planning & Performance

Report Author: Cynthia Henderson, Head of Health Records/RBC

Report Received consideration and supported by :

| | | | |
|-----------------------|--|---|---|
| Executive Team | | Information Governance Committee | ✓ |
|-----------------------|--|---|---|

Date of the Report: 30/01/2019

Supplementary Papers Attached: none

Purpose of the Report

The report is designed to provide the Information Governance Committee with progress against the health records management legislative requirements and the digitisation of health records as part of the service's programme of work to reduce the libraries and physical paper record holdings. The Infected Blood Inquiry requirements are having an impact on the progress that has been made to date and this presents a risk to the service provision. A decision on how the Health Board wishes to proceed is required.

Background and Context

Digitised Health Record Progress:

The Digitised Health Records (DHR) project has almost attained the milestone of 280,000 records digitised and the current total is 291,939 patients with a digitised record. This has allowed for the closure of the most unsuitable library areas. The further release of staff has not been progressed as the major dependency of electronic data capture at the point of care has not yet been realised. There remains a backlog of supplementary scanning which is being addressed but there is a direct correlation between the increase in back-scanned records and the supplementary paper generation as result. This is a very resource intensive area of work due to the granularity of the indexing for the scanning of the paper.

The service has engaged with the clinical teams in YYF to rollout paper-lite working practices. The vast majority of clinicians find this an acceptable way of working and have adopted the process so that 92% of clinics are using this methodology.

The risk to the service of the Infected Blood Inquiry is that records will no longer be destroyed in accordance with the retention schedules. This process currently provides for an annual reduction in space requirements and allows for the housing of the deceased records in a single location within a managed building and environment. The Inquiry has effectively placed an embargo on the destruction of any records and therefore this affects all services that currently hold a patient record of any description and not just the acute health record service.

Assessment and Conclusion

YYF – Paperlite Progress:

The Proof of Concept for paper-lite working in YYF involved individual meetings with consultant staff. The premise is that clinicians are accustomed to the use of CWS to review the last clinic letter and/or referral and the time factor in a clinic environment means that there is little if ever any reference to the physical paper record. The majority of the consultant staff and Clinical Nurse Specialists (CNS) have proved willing to use the new process of a single wallet (orange) with the continuation sheets and labels provided to record the clinic consultation. Cardiology, COTE, Diabetes and Endocrine, ENT, Gastroenterology, Gynaecology, Neurology, Pain, Palliative Care, Rheumatology and Urology are all using the new system within YYF and the majority of the Paediatric consultants have adopted the process. This equates to 92% of clinics now being paper-lite. Ophthalmology require all records to be scanned prior to an appointment as we are advised that there is critical information within the paper records that is required for every

appointment. The service will not adopt the orange wallet process unless 100% of their records are scanned.

The requested Cardiology roll-out of the orange wallet process has commenced for the RGH following successful implementation at YYF for two of the consultants in this specialty.

A new coloured DHR – Pre-Assessment Clinic (PAC) folder is in the process of being introduced to allow distinction between records required for elective admissions and emergency admissions folders. The new process will ensure that PAC documentation is retained in the folder at a more local level and then follow the patient through until discharge so that the entire episode is retained in this single folder and there is less opportunity for the PAC to be scanned if the notes are returned to the scanning bureau prior to the patient's admission. The percentage of YYF elective patients for January with a DHR in place has risen to 82%. The percentage of emergency admission patients also attained 82%.

The rollout has continued to YAB with 92% of the clinics held in this hospital now being provided through the orange wallet process.

NHH currently provides 16% of clinics via orange wallets but the T&O clinics on this site are already paperless. Further rollout is dependent on the capacity available to undertake the retrospective scanning of the records.

The supplementary scanning backlog is being addressed through additional hours and agency support. All of the November and over half of the December backlog has now been cleared. Staff who worked in RGH moved to Online House in January to increase the supplementary scanning team on this site and the move will ensure a more equitable workload. The additional hours will continue until the end of March 2019 by which time further rollout of the nursing observations piloted in the Orthopaedic Surgical Unit at St Woolos will have been implemented in NHH and this will help to begin to stem some of the paper generated on the wards. The supplementary scanning level will however remain a risk as the volume of patients with a digitised record increases.

DHR provision to other Services:

Discussions with the physiotherapy service are progressing regarding the scanning of their discharge patients across the health board. The physiotherapy service will utilise internal resources to prep the records for scanning and are preparing a case to fund the additional resource requirement within the health records service to undertake the barcoding and tracking of the records prior to being scanned.

An initial meeting has been held with Complex Care to discuss the potential for the 800 boxes of records that have been transferred to Nevill Hall to be scanned. This was agreed as a result of a lack of storage on the Mamhilad site and resulting cost pressures from the estate owners to pay for the additional space and health and safety risks to staff. The solution is likely to be in the same vein as that for physiotherapy with the admin teams devoting some hours to the preparation of the records.

The continence service has requested a meeting to discuss their requirements and this will be followed up in the next two weeks. We have also had a request to meet with Serennu Children's Centre as they have significant storage issues and will require support to resolve these in future.

Infected Blood Inquiry:

The lack of 2010 destruction is impacting on the Llangennech storage area and our requirement for space within this facility for our 2019 deceased cohort of patients. The records are currently being retained within Online House until a decision as to whether or not we will retain all records and investigate new storage arrangements to take us through the next five years, or resource the service to scan the records that have been identified as potentially having relevance to the Inquiry is reached.

Recommendation

The Committee is asked to note the progress that has been made in terms of the paper-lite approach to YYF and YAB. The Information Governance Committee is requested to receive the quarterly statistics to provide assurance that the proof of concept and subsequent wider roll-out programme is meeting expectations in advance of the GUH opening.

The Committee is asked to note the approach being taken to support other services with their record storage arrangements. These developments have the potential for additional scanning to be undertaken that will reduce loss, destruction or unauthorised access of records and provide a wider history to the treating clinician.

The Committee is asked to note the issues being experienced with supplementary scanning and the dependencies that require to be delivered to support the reduction in paper.

The Committee is asked to note the potential risk posed by the Infected Blood Inquiry to service continuity and the implications on resource/storage requirements that could adversely affect the DHR Project.

Supporting Assessment and Additional Information

| | |
|---|---|
| Risk Assessment (including links to Risk Register) | Links to the Corporate Risk Register in relation to the records storage environments and hybrid system for records. Links to the Informatics risk register re the Infected Blood Inquiry. |
| Financial Assessment, including Value for Money | Links to the Financial and Workforce plan for the Health Records Service |
| Quality, Safety and Patient Experience Assessment | Audits undertaken in conjunction with the Quality and Safety Committee to ensure that the systems are working to the optimum levels. |
| Equality and Diversity Impact Assessment (including child impact assessment) | The records storage and scanning policies and procedures have been impact assessed and do not discriminate against any patients within our service. |
| Health and Care Standards | Effective Care: Safe and Clinically Effective Care |

| | |
|--|---|
| | Communicating Effectively Quality Improvement, Research and Innovation Information Governance and Communications Technology Record Keeping- Standard 3.5 |
| Link to Integrated Medium Term Plan/Corporate Objectives | The report links to the IMTP priority areas for the Digitised Records Project. |
| The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working | Long Term – The Digitised Health Records Project is a tactical step towards the achievement of an electronic record. This programme of work will continue in parallel with the introduction of direct data capture. |
| | Integration – n/a |
| | Involvement – The Access to Health Records Department and Reception staff are public/patient facing and comments from service users and our patients are all evaluated used as opportunities to review processes and provide continuous improvement. |
| | Collaboration – Engagement with service users internal and external to the organisation is ongoing and membership of the Health Records Management Assurance Group to provide collaborative working across Wales. |
| | Prevention – The DHR project is delivering a sustainable future for the Health Records service, reducing the carbon footprint. |
| Glossary of New Terms | GUH – Grange University Hospital NHH – Nevill Hall Hospital YAB – Ysbyty Aneurin Bevan |
| Public Interest | In public interest. |

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|  GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board | Information Governance Committee 14 February 2019 Agenda Item: 2.5 |
| Information Governance Committee | |
| IT Service Management Update | |

Executive Summary

The internal audit of IT service management put forward 10 recommendations to improve service management in Informatics in June 2018.

The recommendations broadly focus on the need to develop Informatics services aligned to the needs of the organisation and to improve assurance and governance around change control.

There are 4 cross cutting themes from the recommendations:

1. Engagement with the organisation to align services to business need and the development of formal service level agreements (SLA)
2. Improvement in knowledge management and service knowledge management systems –including standard operating procedures (SOP)
3. Greater focus on supplier and contract management
4. Monitoring of Informatics performance

This report provides an update on Informatics Directorate progress in response to the Internal Audit report on IT Service Management.

While some progress has been made against the recommendations through additional resource and internal service improvement the Directorate recognised at the outset that meeting recommendations would be difficult to achieve at pace within the resource envelope of the service.

The Information Governance Committee is asked to: (please tick as appropriate)

| | |
|---|---|
| Approve the Report | |
| Discuss and Provide Views | |
| Receive the Report for Assurance/Compliance | |
| Note the Report for Information Only | X |

Executive Sponsor: Nicola Prygodzicz, Head of Planning and Performance

Report Author: Matthew Mahoney, Head of ICT

Report Received consideration and supported by :

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|-----------------------|--|---|---|
| Executive Team | | Information Governance Committee | X |
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Date of the Report: 3rd October 2018

Supplementary Papers Attached:

Purpose of the Report

In March 2018 internal audit completed a review of IT Service Management in ABUHB. A number of recommendations were made for improvement in the provision of IT service management.

The document highlights progress so far.

Background and Context

The internal audit of IT Service Management put forward 10 recommendations to improve service management in Informatics.

The recommendations broadly focus on the need to develop Informatics services aligned to the needs of the organisation and to improve assurance and governance around change control.

There are 4 cross cutting themes from the recommendations:

5. Engagement with the organisation to align services to business need and the development of formal Service Level Agreements (SLA)
Recommendations 1, 2, 5, 6
6. Improvement in knowledge management and service knowledge management systems –including Standard Operating Procedures (SOP)
Recommendations 1, 3, 4, 9, 10
7. Greater focus on supplier and contract management
Recommendations 6, 11
8. Monitoring of Informatics performance
Recommendations 6, 7, 8, 9

In 2018 Informatics Directorate submitted a business case seeking additional resource to address a range of operational risks which substantively address the recommendations of the audit. These included funding to reduce risks arising from project delivery, cyber security and management of Service Desk in line with IMTP objectives.

The Case was part funded and a decision was taken to prioritise cyber security risk management only at this stage. Project delivery and management of Service Desk remain unfunded. However, the resource identified within the funding does provide opportunity to progress some aspects of our service management plans.

1. Engagement with the Organisation

The Informatics Directorate is considering its Delivery Framework as part of finalising the Health Board's Digital Strategy development. A formal review of its working model will be undertaken in October 2018 and published as a part of the Digital Strategy before the end of 2018.

The Informatics Directorate, in line with the Directorate's IMTP, is developing a Communication and Engagement Strategy which will allow Informatics to reach out to the organisation and better align services to organisational need. Service Management development is a significant contributing element to this broader piece of work.

The Directorate is reviewing the opportunity to repurpose its Digital Technology Group (DTG) to act as the overarching ABUHB Service Management Board (SMB). These discussions are in its initial stages and will require a revised Terms of Reference and approval through the Transformation to Digital (T2D) Delivery Board procedures. The Chair of DTG will be writing to all SMB representatives in ABUHB to set up a workshop in Q3 in order to determine the best way forward.

2. Improvement in Knowledge Management, Service Knowledge Management & Standard Operating Procedures

An ICT Service Manager post was created and started on 1st September. The postholder is undertaking a gap analysis review and a programme of work to improve knowledge management, Standard Operating Procedures and out of hours on call service support. Completion of the knowledge management requirements will require additional resource or a reprioritisation of existing work. A business case for this will be developed when further detail is understood.

The service has undertaken a review of its Service Management Policy template and a new draft template has been devised and is being tested with a live system to support a systematic refresh of service management policies for all systems managed by the Informatics Directorate.

3. Greater Focus on Supplier and Contract Management

More robust contract management is mandatory under the Network and Information Services Directive (NISD) and Informatics has been working with Procurement and Legal to develop more robust contracts moving forwards. Primary contracts in place have been assessed and regular supplier meetings are held.

The Informatics Directorate is working closely with NWIS to develop better management of the NWIS Service Level Agreement. This involves reaching out to attendees from National Service Management Boards with a view to setting up local service management boards to review performance.

4. Monitoring of Informatics Performance

Service Point is the main application for collecting information about service requests and response to fault reporting. However, this national application has limited reporting capability. Access to data is slow and restricted. Alternative options are being assessed but technical difficulties alongside resource constraints have delayed this work.

The new service management policy template will allow specific key performance needs to be identified on a system by system basis. This will inform the needs for Service Point development or replacement.

Assessment and Conclusion

This report provides an update on Informatics Directorate progress in response to the Internal Audit report on IT service management. While some progress has been made against the recommendations through additional resource and internal service improvement the Directorate recognised at the outset that meeting all the


recommendations would be difficult to achieve over a short period of time within the resource envelope of the service.

Recommendation

Audit Committees members are asked to note this report.

Supporting Assessment and Additional Information

| | |
|---|---|
| Risk Assessment (including links to Risk Register) | <i>This section should outline an assessment of the potential risks, which may be associated with the area of work and proposals. (To include, information on clinical, organisational and financial risks)</i> <i>Consideration in this section should also be given to risk consequences and the impact on the LHB. Where appropriate, it should also identify the risk level and indicate that the risk has been placed on the LHB's corporate or operational Risk Registers.</i> |
| Financial Assessment, including Value for Money | There are no direct financial implications arising from the report. Business cases will be brought forward where and when additional resource is required to meet the recommendations of the Audit Report |
| Quality, Safety and Patient Experience Assessment | There are no direct risks to quality and patient safety associated with this audit |
| Equality and Diversity Impact Assessment (including child impact assessment) | NA |
| Health and Care Standards | NA |
| Link to Integrated Medium Term Plan/Corporate Objectives | Links to the Informatics Directorate IMTP Top 10 objectives |
| The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working | NA |
| Glossary of New Terms | None |
| Public Interest | Can be made public. |

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|  GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board | Information Governance Committee 14 February 2019 Agenda Item: 3.1 |
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3.1

Information Governance Committee

WCCIS – Welsh Community Care Information System

Executive Summary

This report is intended to provide a brief update on progress of the WCCIS system implementation, provide assurance of the ongoing application of controls and highlight items for discussion and escalation.

The Welsh Government has endorsed a strategy of closer working between Health and Social Care services and the desire to support more citizens at home. The ambition is to provide high quality, people-focused, local, integrated care; to ensure the whole system is safe and effective, with people receiving the right care, at the right time, in the right place, from the right person. Underpinning this approach is the expectation that ICT solutions will need to be delivered. The Welsh Community Care Information System (WCCIS) has been nationally procured to support the transformation of community, social care, mental health and therapy services across Wales and has been identified as a priority digital enabler within the new plan for Health and Social Care in Wales “A Healthier Wales”.

The local ABUHB WCCIS business case was signed off by the Board at the end of May 2017. Further detailed work was undertaken in development of the contractual deployment order between ABUHB and CareWorks. This was signed off in March 2018. A memorandum of Understanding was also drafted and signed between ABUHB and NWIS to provide commitment and assurance of delivery of key items of integration required for go live schedules.

The local programme is now well defined with activities progressing at pace. A formal regional structure is now in place and focused activities have been defined. Active engagement with the supplier and partners (NWIS and other HBs) is in place.

The WCCIS Programme is a key feature of the Informatics IMTP for 2018-21 and is seen as a key enabler for transformational change in service delivery and support.

However, there are a number of critical areas of concern that have been escalated through the national governance arrangements for WCCIS and this report shares those with the Information Governance Committee for discussion.

The Committee is asked to: (please tick as appropriate)

| | |
|---|---|
| Approve the Report | ✓ |
| Discuss and Provide Views | ✓ |
| Receive the Report for Assurance/Compliance | ✓ |
| Note the Report for Information Only | |

| | | |
|--|---|---|
| Executive Sponsor: Nicola Prygodzicz | | |
| Report Author: Janice Jenkins – WCCIS Programme Manager | | |
| Report Received consideration and supported by : | | |
| Executive Team | Information Governance Committee | ✓ |
| Date of the Report: 4th February 2019 | | |
| Supplementary Papers Attached: No | | |

Purpose of the Report

There are a number of critical areas of concern that have been escalated through the local and national governance arrangements for WCCIS and this report shares those with the Information Governance Committee for discussion. The key areas for concern are national integration timescales and functionality, system data quality including duplicates and national service management arrangements. This also provides the rationale for the increase in risks scores on the corporate risk register associated with the implementation of this system.

Background and Context

A number of risks and issues have been inherent in this system implementation from the outset due to the interdependencies with the local project, NWIS responsibilities for integration, the broader national programme and contractor requirements. Whilst these were managed and attempted to be mitigated through a comprehensive deployment order with CareWorks, a Memorandum of understanding with NWIS and clarity on priority areas with the National programme leadership, these risks and issues have continued to present throughout the project to date as set out below

- An escalation report was produced for the local programme board on 21st September 2017 pulling together local risks and issues and a meeting was set-up with NWIS directors to discuss the detail which was held on 3rd October 2017.
- A further escalation report and letter to NWIS was sent in July 2018 and another meeting between ABUHB SRO and NWIS CEO in September 2018. Although a number of items within the escalations have resulted in a number of assurances and been jointly progressed between the Health Board, the Gwent Region and NWIS/national team, there are still concerns regarding integration functionality, duplicates and the need for a Service Management Board (SMB).
- A further urgent escalation letter was sent by ABUHB on 3rd December 2018 and a response received from NWIS on 18th January 2019. With limited progress made, another email was sent on 24th January 2019 to NWIS seeking urgent resolution and copied to the National Programme SROs. A response provided by Kathy Mason, National Programme Director, on 29th January 2019 stated NWIS' position remained on their technical use cases & functionality of integration items and that they will work to deliver their integration plan to timetable and this will be closely monitored and risks managed.

Assessment and Conclusion

Integration:

There are concerns regarding the technical functional specifications for three integration items:

1. Hospital to Community Referrals – the current technical specification requires ABUHB to use Welsh Clinical Portal instead of the Health Board local system Clinical Workstation as an interim solution as required, ahead of convergence plans.
2. WPAS Notifications – The Statement of Requirements provided to the supplier clearly state that the "... system MUST be capable of receiving notifications from a PAS when an expected or unplanned date of discharge for a patient/client is known following an inpatient episode of care." NWIS however are delivering PAS events in WCP and therefore WCCIS users would need to access WCCIS "in case" there is information available pertinent to their decision making. Local Authorities within our Region, or across Wales, wouldn't have the ability to view these notifications as they are not able to access or use the WCP providing a fragmented record across Health and Social Care on an integrated Health & Social Care system.
3. WCRS (View Documents) – ABUHB have requested seamless access to documents stored in WCCIS. NWIS have requested this be delivered via WCP which leaves WCCIS users having to "check" if any documents exist rather than a list of documents being displayed within WCCIS. Again, Local Authorities within our Region, or across Wales, wouldn't have the ability to view these notifications as they are not able to access or use the WCP providing a fragmented record across Health and Social Care on an integrated Health & Social Care system.

Duplicates:

There are a significant number of duplicate records in the current LIVE system. There is a risk that when ABUHB goes LIVE in July 2019 and migrate data from ePEX, they will introduce many more duplicates. An exercise has been carried out to compare the ABUHB data against the LIVE system and we have identified 20k records that match. This means that pre go LIVE, at a minimum, those 20k records need to be cleansed and merged to ensure that ABUHB migrate and append to a single record. Following agreement at the Regional Partnership Board, remaining ICF monies for 18/19 are being used to recruit data quality resource to work through these 20k records ahead of go LIVE. However, the wider concern is regarding system quality and data integrity and the need to national management or co-ordination of current and on-boarding duplicates that will be created.

The local WCCIS Clinical Reference Group (CRG) have assessed the patient safety risk and scored it as 20. There is also a national patient safety risk scored as 16 open on the national risk log. The patient safety risk is regarding users having to choose which record to select to find the "Health" owned record. Once the user has found the "correct" record to update, that user / clinician will be aware that there are duplicate records for their patient which hold information that they cannot access which could impact on their decision making ability.

National Service Management Arrangements:

The need for formalised system support on a national basis continues to be a concern for ABUHB and whilst the Service Management Board membership has been established, it is yet to meet, and there is a need for greater clarity and resourcing to enable this to function properly.

A number of meetings are in place to fill the void of a formal Service Management Board (SMB). There is a lack of national release management, incident management and

problem management across the operational service which are all basic ITIL functions. The set-up of a national service management board should ensure that there is robust governance and stewardship to so that the WCCIS is fit for purpose and operated in line with the WCCIS Master Service Agreement (MSA), All-Wales Deployment Orders, appropriate national strategy, policy, processes and best practice.

Recommendation

An options paper, including recommendations, has been prepared for discussion and agreement at the local WCCIS programme board on 7th February 2019 and a verbal update will be provided as an update to this paper following that meeting.

Supporting Assessment and Additional Information

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| Risk Assessment (including links to Risk Register) | <p>A formal risk programme risk register is in place for the ABUHB WCCIS Programme. It is reviewed at the monthly Programme Board. The WCCIS Programme is included on the corporate risk register.</p> <p>Risks include reputational risk, patient safety concerns, lack of confidence in national delivery timescales and quality of integration being delivered, reduced functionality being accepted for end users and loss of benefits.</p> |
| Financial Assessment, including Value for Money | <p>Full business case was developed approved by Pre-Investment Panel and at a full ABUHB meeting in May 2017. A dedicated budget has been allocated supported by the Health Board and Integrated Care Fund.</p> <p>Regular budget reviews are undertaken in conjunction with finance department.</p> <p>Benefit identification and realisation plans continue to be an active product within the programme.</p> |
| Quality, Safety and Patient Experience Assessment | <p>The programme actively monitors National Patient Safety register and the suppliers Hazard Log. The local programme has now established a clinical reference group to review all aspects of quality, safety and patient experience.</p> |
| Equality and Diversity Impact Assessment (including child impact assessment) | <p>The business case included commentary that an impact assessment would be undertaken within the programme activities.</p> |
| Health and Care Standards | <p>3.4 – Information Governance and Communications Technology</p> <p>3.5 – Record Keeping</p> |
| Link to Integrated Medium Term Plan/Corporate Objectives | <p>This programme of work has been approved by the ABUHB full Board and has been included in the informatics IMTP for 2018-21. References included in the relevant services Divisional IMTPs.</p> |

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| The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working | <p>Long Term – Patients will be enabled to coproduce their health care using technology to support well-being management, long-term health management and short-term episodes of illness or injury.</p> <p>A digitised framework will be provided within which Practitioners are able to interact with and empower their patients using a wider range of consulting, coaching and informatics skills.</p> <p>Practitioners will have access in real time to all the information they need to treat and care for their patients releasing time to care from non-value adding work.</p> <p>Integration – Computing infrastructure will be ubiquitous and information collected joined up and available at each level of the organisation through to population health</p> <p>Patients will enjoy the benefits of integrated information and communication systems operating across primary, secondary and tertiary health care in Wales and across Health and Social Care public sector bodies, third sector and other health care settings.</p> <p>Involvement – ABUHB will have engaged leaders who are deeply knowledgeable about the clinical and technological systems in place with Chief Information and Chief Clinical Information Officers in place ensuring a digitally mature approach to service transformation.</p> <p>Collaboration – Informatics Directorate will have established long term relationships with academia, technology vendors and suppliers including consortia and small and medium enterprises, social care, third sector and other health organisations, patient representatives and other stakeholders delivering and demonstrating the benefits of innovative uses of informatics to enhance health care.</p> <p>Prevention – Informatics Directorate Service Management will provide a sustainable service that prevents and minimises the risk of service disruption and outages to clinical and operational environments through a service and appropriately qualified staff operating within best practice assurance frameworks.</p> |
| Glossary of New Terms | <p>WCCIS – Welsh Community Care Information System NWIS – National Wales Informatics Service WCP – Welsh Clinical Portal WPAS – Welsh Patient Administration System WCRS – Welsh Care records Service SMB – Service Management Board CRG – Community Steering Group MSA – Master Services Agreement</p> |
| Public Interest | <p>No restriction</p> |

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|  GIG Cymru NHS Wales Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board | Information Governance Committee 14 February 2019 Agenda Item: 3.2 |
| Information Governance Committee | |
| VitalPAC Evaluation Pilot Options Appraisal | |

3.2

Executive Summary

Purpose

This paper provides the Information Governance Committee with an update on the National ePatient Flow Management (NePFM) Programme in the context of the commissioning of Grange University Hospital (GUH).

Background

NHS Wales has initiated a national programme hosted by Aneurin Bevan University Health Board (ABUHB) on behalf of the Health Boards and Trusts in Wales to develop a strategic approach to the implementation of a common digital solution in hospitals in Wales to improve patient flow management.

An Outline Business Case was developed and delivered in 2017 and received approval from an Informatics Strategic fit perspective in October 2018. The OBC is in the final stages of receiving formal approval to proceed to Procurement and Full Business Case.

The development of the Grange University Hospital Plan has identified the need for a Patient Flow Management system as mitigation for risks associated with the need to manage length of stay, stepping down patients to Enhanced and Local General Hospitals in a timely manner as part demand and capacity management in delivering new models of care. The Clinical Futures Plan had identified that the solution would be delivered by the National ePatient Flow Management Programme.

The Health Board is therefore considering a range of options, including extending its current System C pilot alongside its e-form products but work is required to assess the feasibility, time and cost of an alternative solution to identify its preferred option if the National Programme risk is realised.

Recommendation

The Information Governance Committee is requested to note the contents of this report and the proposal to undertake work that will identify the LHB's best option to provide an effective flow management solution for GUH should it be confirmed that the National Programme will not be able to deliver a timely solution for GUH. It is expected that this work will take about 6 weeks for presentation to the Health Board in late March or early April 2019.

The Committee is asked to: (please tick as appropriate)

| | |
|---|---|
| Approve the Report | ✓ |
| Discuss and Provide Views | |
| Receive the Report for Assurance/Compliance | |
| Note the Report for Information Only | |

Executive Sponsor: Nicola Prygodzicz, Director of Planning

Report Author: John Frankish, Programme Lead - National e-Patient Flow Programme

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| Report Received consideration and supported by : VitalPAC Project Board | | | |
| Executive Team | | Informatics Governance Committee | ✓ |
| Date of the Report: 31/1/19 | | | |
| Supplementary Papers Attached: None | | | |

MAIN REPORT:

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| 1. Purpose of the Report |
| This paper provides the Information Governance Committee with an update on the National ePatient Flow Management (NePFM) Programme in the context of the commissioning of Grange University Hospital (GUH). |
| 2. Background and Context |
| <p>NHS Wales has initiated a national programme hosted by Aneurin Bevan University Health Board (ABUHB) on behalf of the Health Boards and Trusts in Wales to develop a strategic approach to the implementation of a common digital solution in hospitals in Wales to improve patient safety and hospital flow management.</p> <p>The programme operational scope provides for a minimum viable product of:</p> <ul style="list-style-type: none"> the use of mobile devices at bedside by clinicians to capture and use assessment data including physiological observations with appropriate alerts and notifications to improve the timely management of deteriorating patients; the use of electronic whiteboards to display core clinical and operational patient statuses to inform patient care management decision making by the multidisciplinary team and; the provision of real time location and patient status data to patient flow management hubs for bed management purposes from the point of decision to admit. <p>The plan for Grange University Hospital identified that the digital bed management solution for GUH would be delivered by the National ePatient Flow Management Programme and no alternative measures were identified as part of the formal plan. However, the Health Board embarked on a technology evaluation pilot in 2017 of a market solution provided by System C that provides core functionality sought for patient flow management. This has been financed in part by Welsh Government as it provides value to mitigating the risk of the national programme in terms of specification build, IT readiness and deployment and business change planning. This system is now in place in Ysbyty Ystrad Fawr and Nevill Hall Hospitals and is demonstrating clinical safety benefit and patient flow management utility.</p> <p>In addition, the Health Board has developed eform functionality to support the Digitisation of Health Records Programme and expects to participate in the National Nursing eDocs project pilot in June 2019. These products do not deliver minimum viable product on their own they do provide additional options in delivering an integrated solution.</p> |
| 3. Assessment and Conclusion |
| The OBC is now in the final stages of receiving formal approval to proceed to Procurement and Full Business Case. The Outline Business Case was developed and |

delivered in October 2017, however it only received Informatics Strategic fit approval at the National Informatics Management Board (NIMB) meeting in October 2018.

Following NIMB approval Health Boards and Trusts have been asked to indicate their support for the OBC in order to inform a paper for NHS Wales Executive Board in February 2019. The risk of further delays in this decision and the need to prepare for procurement will push the start of procurement to about June 2019. A 12 month period to procure and deliver the full business case will lead to contract issue in mid-2020. There will then be approximately 6 months of IT readiness work including integration with national products. On this schedule, the LHB is unlikely to be ready for roll-out of the national solution until the beginning of 2021 when winter pressures and final commissioning of Grange University Hospital will be underway.

It is therefore prudent that Health Board takes stock of its options for Patient Flow Management should there be further slippage in the National Programme to allow it to active a plan if necessary to meet its strategic goals in supporting the move to new clinical models underpinning the opening of the new hospital.

Recommendation

The Information Governance Committee is requested to note the contents of this report and the proposal to undertake work that will identify the LHB's best option to provide an effective flow management solution for GUH should it be confirmed that the National Programme will not be able to deliver a timely solution for GUH. It is expected that this work will take about 6 weeks for presentation to the Health Board in late March or early April 2019.

Supporting Assessment and Additional Information

| | |
|---|---|
| Risk Assessment (including links to Risk Register) | NePFM has a RAID log as part of programme management |
| Financial Assessment, including Value for Money | n/a |
| Quality, Safety and Patient Experience Assessment | NePFM Benefits suggest that across Wales there is about £125 million of value over 7 years from the implementation of the service. Individual LHB/Trust assessments will with a benefits realisation plan will form part of the Final Business Case |
| Equality and Diversity Impact Assessment (including child impact assessment) | An equality impact assessment has been undertaken as part of the Assurance Quality Plan for NHS Wales Informatics Assurance Board |
| Health and Care Standards | n/a |
| Link to Integrated Medium Term Plan/Corporate Objectives | As host organisation to NePFM, the delivery of the programme is within the IMTP for Informatics. Electronic patient flow management is also referenced in the new hospital plan as a mitigation to patient flow risk. |

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| The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working | LHB's Well-Being Objectives - NePFM represents a key contribution to No.5 – Ensure that we maximise the effective use of NHS resources in achieving planned outcomes for services and patients, by excellent communication, monitoring and tracking systems in all clinical areas |
| | Integration – the development of real-time patient flow data will contribute significantly to ongoing work with local authority partners to improve discharge from hospital |
| | Prevention – A key outcome from this work is the ability to manage deteriorating patients in hospital more effectively |

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Information Governance Committee held on Tuesday 23 October 2018 at 9.30am in the Executive Meeting Room, Headquarters, St Cadoc's Hospital, Caerleon

4.1

Present:

- | | |
|---------------|--|
| David Jones | - Independent Member (Chair) |
| Katija Dew | - Independent Member (Vice Chair - Third Sector) |
| Louise Wright | - Independent Member (Trade Union) |

In Attendance:

- | | |
|-------------------|--|
| Cynthia Henderson | - Head of Health Records |
| Richard Howells | - Head of Information Governance |
| Matthew Mahoney | - Head of ICT |
| Nicola Prygodzicz | - Director of Planning and Performance |
| Mr Robin Rice | - Consultant Orthopaedic Surgeon/ Assistant Medical Director - Information |
| David Sheard | - Deputy Director of ICT Programmes, NWIS |
| Andrew Strong | - Wales Audit Office (observer) |
| Rona Button | - Corporate Services Manager - Freedom of Information (Secretariat) |

Apologies:

- | | |
|----------------------|---|
| Dr Paul Buss | - Medical Director |
| Ann Lloyd | - Chair |
| Judith Paget | - Chief Executive |
| Richard Bevan | - Board Secretary |
| Andrew Griffiths | - Director of NHS Informatics Services |
| Dr Michael Griffiths | - GP Representative and NCN Lead |
| Mike Ogonovsky | - Assistant Director – Informatics |
| Lee Price | - Head of Strategic Informatics Programme |

IGC 2310/01 Welcome and Introductions

The Chair welcomed members, officers and guests to the meeting.

IGC 2310/02 Apologies for Absence

Apologies for absence were noted.

IGC 2310/03 Declarations of Interest

There were no declarations of interest to record.

IGC 2310/04 GDPR – Update and Progress including Proposal to support Primary Care and Care Homes

Richard Howells updated the Committee and advised that progress had been made across many of the action requirements, with a number of tasks completed. Three new staff had been recruited to improve the Information Governance Unit's ability to implement and monitor GDPR compliance.

A new e-learning tool had been launched, and it included a module dedicated to cyber security. It was also noted that data flow process mapping would be a challenging area for the organisation, although it was anticipated that ABUHB would be almost compliant by May 2019. It was confirmed that the Health Board had 12 months to be compliant from the date that GDPR was implemented, although the Information Commissioner's Office (ICO) recognised that some aspects would take longer. The Information Governance Team was in regular contact with the ICO who attended the Information Governance Management Advisory Group (IGMAG) meetings.

The support offered to Primary Care and Care Homes was still available, although there was unlikely to be any uptake, mainly because NWIS was also offering support at a lower cost. In future, Primary Care and Care Home information would be provided to the Committee. The Committee queried how they receive assurance if NWIS has provided training for GP Practices and it was agreed that David Sheard would seek this information. **ACTION:**

David Sheard

A discussion took place regarding the Supporting Assessment and Additional Information section which had not been completed for this report, as well as a number of other reports. It had been considered that because GDPR was legislation, there was no requirement for the section to be completed. However, following the discussion, it was agreed that all reports were required to have the section completed, and Richard Howells would speak to Richard Bevan for advice on completion. **ACTION: Richard Howells.**

No response had been received to date in respect of the Medical Director's letter sent in June to the Director of NWIS formally requesting the CWS to NIIAS link. As this was of concern to the Committee, David Sheard agreed to follow this up with Andrew Griffiths. **ACTION: David Sheard**

IGC 2310/05 Network Information Systems Directive (NISD) including Cyber Security – Update and Progress

Matthew Mahoney provided a report and advised that he was expecting a further update from Welsh Government in November on how the legislation would be implemented in Wales, although NWIS had reported that there would be a two year period over which the legislation would be introduced. The Health Board was undertaking a gap analysis to determine the programme of work and investment required in order to be compliant.

Following a review of cyber security competence (Stratia Report), it had been determined that the first priority was patching, which was well managed for the desktops, but more challenging for the servers due to the implications of maintenance time on clinical services. It was also reported that the dedicated cyber security team was being recruited after funding had been awarded; however, the first round of recruitment had been unsuccessful. In order to address this, Matthew Mahoney would be meeting staff from Cardiff University in mid-November in order to discuss potential collaboration to grow local talent and opportunities for graduates. It was also agreed that Nicola Prygodzicz would speak to Geraint Evans regarding courses which would allow people to work for the organisation and have day release to study. **ACTION: Nicola Prygodzicz**

It was recognised that it would be necessary to balance resources and the team, and it was queried how much could be addressed, and over what time period. There was a need to be flexible during the recruitment process if applicants were of the right calibre, whilst not meeting the stipulated job descriptions.

A number of older medical devices continued to be used throughout the organisation and a concern was expressed about their sustainability. Short term resource was required to manage this, although it was seen as a longer term problem.

IGC 2310/06 Information Governance Report

Richard Howells updated the Committee on Information Governance compliance across the Health Board. Divisional Information Governance Delivery Groups (IGDG) had been created, and this was a forum “owned” and “managed” for Divisions to consider Information Governance requirements and arrangements within the Division, and to provide a consistent way of managing it. Progress to date by each Division was noted, and although

were at different stages, progress was being made. In this way, Divisions would own and take forward any actions on Information Governance issues.

GDPR Subject Access Requests had gradually increased over the past 18 months, with a resulting decrease in compliance, which could be partly attributed to the loss of two staff from the department and long term absence of two other members of staff.

IGC 2310/07 Freedom of Information Act Report

Rona Button provided the Committee with an update and noted particularly that five months this year had received the highest number of requests received since 2010. The number received in April was particularly high (over 60) when compared to other years, but there was no known reason for this.

IGC 2310/08 Health Records Report

Cynthia Henderson updated the Committee and advised that 277,000 patients now had a digitised health record. It was hoped to reach 280,000 by the end of the month. Complex Care were also interested in digitising their records, and an initial scoping meeting had been arranged. She also advised that since April, the Access to Health Records Team was part of Informatics and not Scheduled Care.

The old laundry on the St Woolos Hospital site, where records had been stored, was now closed with staff transferring to Online House.

As part of the Clinical Futures Programme, paper-lite working in the new Grange University Hospital was essential to ensure operational needs were met. The Health Records service commenced a proof of concept (POC) of paper-lite working in Ysbyty Ystrad Fawr during the last week of August 2018 as part of the planning work required to deliver this requirement. This POC included outpatient attendances, elective and emergency admissions. Clinical engagement had been an integral part of the outpatient roll-out, and the majority of Consultants were engaging with the new process. Requests had since been received from Cardiology and Rheumatology services to use the process in their clinics in Ysbyty Aneurin Bevan, Nevill Hall Hospital and the Royal Gwent Hospital.

It was noted that the infected blood enquiry might cause a disruption to the work of the Team, due to the amount of

work required, and the retention of records policy was currently being explored by IGMAG.

Nicola Prygodzicz suggested that the Committee might like to visit Online House.

The Committee noted the steady progress which had been made.

IGC 2310/09 OT Service Management Internal Audit Report

Nicola Prygodzicz provided an update and advised that the internal audit of IT Services Management had put forward ten recommendations to improve service management in Informatics, which broadly focused on the need to develop Informatics services aligned to the needs of the organisation and to improve assurance and governance around change control.

The audit had received limited assurance and had been reported to the Audit Committee. It was due to be put on the agenda again for January's Audit Committee meeting in order that the Committee could receive assurance, and it was requested that it was also brought back to the next IG Committee. **ACTION: Nicola Prygodzicz/Secretariat**

IGC 2310/10 Digital Priorities linked to Clinical Futures

Nicola Prygodzicz provided a presentation on all the aspects which would need to be considered as part of the development of the new hospital. It was essential that the e-Pharmacy system was resolved before the new hospital opened.

The top 10 priorities were outlined, and the need to have an Executive Lead, Service Lead and Informatics presence was noted, in order to decide on the key areas for delivery in the next two/three years for each priority.

The Committee questioned how much was within the control of the organisation and how much reliance was required on others. Also, what other Health Boards were doing in this area. It was reported that a number of items were within the gift of the Health Board, although Welsh Clinical Portal and Convergence was a challenge, and the largest challenge would be around capacity. Nicola agreed to update the Committee on the proposed structure.

IGC 2310/11 Welsh Community Care Information System (WCCIS) - Update

Nicola Prygodzicz provided the report which contained a dashboard approach, and gave assurance that the WCCIS

project processes were being managed effectively to ensure completion of the project to the timescales and with the desired benefits.

The dashboard was well received as it provided clarity on all aspects of the programme. It was noted that although a number of risks remained, a lot of progress had been made, and issues which had been escalated had been resolved. The remaining risks were reported to be at planning rather than delivery level, and it was intended that a Programme Director would be recruited, using national Welsh Government funding.

A number of concerns around the programme remained, and it was not known whether or not the go live date would be adhered to, although this was known to be critical. Nicola Prygodzicz agreed to speak to Lee Price and Janice Jenkins for a further update and report back to the Chair.

ACTION: Nicola Prygodzicz.

A more substantive item would be put on the agenda for the next meeting. **ACTION: Secretariat**

IGC 2310/12 Patient Flow

This item was not discussed as John Frankish was unable to attend the meeting.

IGC 2310/13 National Convergence - Update

Nicola Prygodzicz updated the Committee on the progress of convergence to WCP. A patient safety workshop, reviewing one of the options, the dual running of two patient portals was held in September. Following a complex discussion a general consensus was reached, that although there was a risk in using multiple log ins, there was clear benefit in using WCP to see records and results from other organisations about patients who were being seen in the Health Board. There was acknowledgement that relying on individual practitioners to decide to log into other systems placed the burden of risk with the professional. The clinicians present stressed their preference for NWIS and ABUHB to collaborate to deliver a seamless approach to adoption of national services but, in the interim, tactically the Health Board should not remove access to WCP. The workshop concluded that the clinically preferred model was integration and this should be explored. However, there were a number of issues to be resolved and meetings between NWIS and the Health Board would be required to resolve these. The Committee asked David Sheard to arrange a meeting as soon as

possible. **ACTION: David Sheard**

IGC 2310/14 Minutes and Actions

The Minutes of the meeting held on 10 July 2018 were accepted as a true and accurate record. With reference to the Outages Report, the Committee questioned how adverse outcomes for patients could be quantified, and how our business delivery had been interrupted. This aspect would feature in a future report to the Committee.

ACTION: Matthew Mahoney

The Minutes of the meeting held on 6 March 2018 were accepted as a true and accurate record.

The Action Logs from the meetings were noted to have been completed.

IGC 2310/15 Any Other Business

There was no other business to report.

IGC 2310/16 Items for Board Consideration

There were no items for Board consideration.

IGC 2310/17 Date of Next Meeting

To be confirmed.



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Information Governance Committee
14 February 2019
Agenda Item: 4.2

Information Governance Committee Action Log – 23 October 2018

(The Action Sheet also includes actions agreed at previous meetings of the Information Governance Committee which are awaiting completion or are timetabled for future consideration by the Committee. These are shaded in the first section. When signed off by the Information Governance Committee these actions will be taken off the rolling action sheet.)

4.2

Previously Agreed Actions for monitoring until completed:

| Action Reference | Action Description | Lead | Progress |
|------------------|---|-------------------------------|--|
| IGC 0603/05 | Informatics Strategy Update and Transforming to Digital (T2D) Delivery Board Report Update Papers quoted by Paul Buss as part of the discussion to be distributed to members. | Paul Buss/ Secretariat | Complete. Historical papers have been sent by the Medical Director to the Chair. |

Agreed Actions – 23 October 2018

| Action Reference | Action Description | Lead | Progress |
|------------------|---|------------------------|--|
| IGC 2310/04 | GDPR – Update and Progress including Proposal to support Primary Care and Care Homes Information to be provided on how the Committee will receive assurance regarding training provided for GP practices by NWIS. | David Sheard | NWIS is offering a subscribed support service which Primary Care can opt to pay for, starting 1 April 2019. Directors of Primary Care are being kept informed of those practices that have signed. The latest list went out in January to the Primary Care team. |
| | Richard Howells to speak to Richard Bevan regarding completion of the Supporting Assessment and Additional Information section of the Paper (and other papers provided to the Committee). | Richard Howells | It has been confirmed by the Board Secretary that the new template is to be used, as per the Health Board's requirement. |
| | Clarification to be received regarding the Medical Director's formal request for the CWS to NIIAS link. | David Sheard | Rhidian Hurle replied at the Directors' Convergence meeting on 5 November 2018 regarding clarification of the request. |

| Action Reference | Action Description | Lead | Progress |
|--------------------|--|---------------------------------------|---|
| IGC 2310/05 | Network Information Systems Directive (NISD) including Cyber Security – Update and Progress Nicola Prygodzicz to speak to Geraint Evans regarding courses which could allow people to work for the organisation and have day release to study. | Nicola Prygodzicz | Information on courses has been shared with Matt Mahoney for consideration as part of the recruitment arrangements. |
| IGC 2310/09 | IT Service Management Internal Audit Report Audit to be brought back to the next IG meeting with an update. | Nicola Prygodzicz/ Secretariat | Complete. Audit on the agenda for the February 2019 meeting. |
| IGC 2310/11 | Welsh Community Care Information System (WCCIS) - Update Nicola Prygodzicz to speak to Lee Price and Janice Jenkins for a further update and report back to the Chair | Nicola Prygodzicz | Complete. Item on the agenda for the February 2019 meeting. |
| | A more substantive item to be put on the agenda for the next meeting. | Nicola Prygodzicz/ Secretariat | Complete. Item on the agenda for the February 2019 meeting. |
| IGC 2310/13 | National Convergence – Update Meeting to be arranged between Health Board staff and NWIS to resolve outstanding issues regarding integration. | David Sheard | Ongoing discussions through regular fortnightly Convergence meetings. |
| IGC 2310/14 | Minutes and Actions Information on outcomes for patients and interruption of business delivery to be provided to the Committee following reported outages. | Matthew Mahoney | Informatics previously engaged with clinicians following outages during 2018, but feedback was limited. ICT has set up service management meetings offering an opportunity to feedback based on the outages, and there is also a clinical council at which clinicians can raise concerns. Since the internal audit meeting at which this was discussed, there have been no major ICT incidents either locally or nationally. |