



# DRAFT

## Digital and Information Governance Committee Minutes of the Meeting held on 18.06.2021 Held virtually via Microsoft Teams

### Present:

Mr John Cunliffe	Independent Member – Committee Chair
Professor Nichola Callow	Independent Member (IM)
Mr Medwyn Hughes	Independent Member (IM)

### In Attendance:

Mrs Jody Evans	Secretariat, Corporate Governance Officer
Mr Simon Evans-Evans	Interim Director of Governance, Corporate Office
Mr Arpan Guha	Acting Executive Medical Director, Corporate Office
Ms Carol Johnson	Head of Information Governance
Mrs Justine Parry	Assistant Director of Information Governance & Risk
Mr Tom Stanford	Finance Director - Operational Finance (Interim)
Dr Chris Stockport	Executive Director Primary & Community Care
Ms Andrea Williams	Head of Informatics Programmes Assurance and Improvement, Informatics

Agenda Item Discussed	Action
<b>DIG21/28 Welcome and Chair's opening remarks.</b> <b>DIG21/28.1</b> The Committee Chair welcomed everyone to the meeting.	
<b>DIG21/29 Apologies for Absence</b> <b>DIG21/29.1</b> Apologies received from Melanie Maxwell, Senior Associate Medical Director, Sue Hill, Executive Director of Finance, Dylan Williams, Chief Information Officer, Informatics and Helen Thomas, Chief Executive Digital Health and Care Wales.	
<b>DIG21/30 Declarations of Interest</b> <b>DIG21/30.1</b> None received.	
<b>DIG21/31 Draft minutes of the previous meeting held on 26.3.21</b> <b>DIG21/31.1</b> The Minutes of the last meeting held on 26.3.21 were confirmed as an accurate record, apart from an addition of a letter to an IMs name, along with a date amendment to item DIG21/4.1.	
<b>DIG21/32 Matters arising and Review of Summary Action Log</b> <b>DIG21/32.1</b> Updates to the summary action log were recorded therein the action log accordingly.	
<b>Digital Matters</b>	
<b>DIG21/33 Digital Operational plan – Quarterly update</b>	

<p>Ms Andrea Williams - Head of Informatics Programmes Assurance and Improvement, Informatics</p> <p><b>DIG21/33.1</b> Head of Informatics Programmes Assurance and Improvement provided the Committee with an overview of the quarter 4 report. The Committee noted the update and the key points raised from the report.</p> <p><b>DIG21/33.2</b> It was noted that there were 19 projects which had been reported as being on track. Items noted as being off track were also acknowledged.</p> <p><b>DIG21/33.3</b> It was reported that the Welsh Nursing Care Record and Digitisation of Nursing Documents had received sign off. It was noted that the Welsh Community Care Information System (WCCIS) pilot would receive a revised completion date; which would be confirmed following the business case approval at the Finance and Performance Committee being held in August 2021. The Head of Informatics raised that the Welsh Patient Administration System (WPAS) Phases 3 and 4 revised completion dates were dependent on Welsh Government Funding and it was clarified that Phase 3 was envisaged to complete by May 2022 with phase 4 to complete during 2024/25. High risk areas were also included therein the report and it was stated that a commissioned specialist had reviewed the data migration approach of West into Central, it was confirmed that Informatics will work closely alongside DHCW.</p> <p><b>DIG21/33.4</b> Head of Informatics Programmes Assurance and Improvement also informed the Committee of the BCU Symphony Locally Hosted revised completion date for the East implementation had been scheduled for September 2021 and February 2022 within the Central area. It was also summarised that the fully integrated WEDS was scheduled to complete after single instance (phase 4) WPAS. The Committee acknowledged that timings were slightly out of the original timescale, but were being delivered. The implementation of the new encoding software and revised completion dates were to be confirmed, following the WPAS West implementation.</p> <p><b>DIG21/33.5</b> It was stated that the new Ysbyty Glan Clwyd File Library project was anticipated to complete in December 2024, but is dependent on the new build which is currently in the planning stage.</p> <p><b>DIG21/33.6</b> It was clarified that finance targets in relation to the end of year position were unachieved; due to issues regarding savings targets which had been reliant upon new developments and planning elements. Due to the unachieved savings targets an overview was provided regarding revenue and end of year position overspends.</p> <p><b>DIG21/33.7</b> The Chair requested clarification relating to the file library delays. It was requested by the Chair that alternative solutions should be reviewed and explored. A question was also raised with regards to the WPAS system and of potential further delays and of any knock on affects; it was stated that plans were on track and impacts and areas of concern relating to the Canisc system were acknowledged. It was confirmed that additional work was being undertaken. An explanation was also provided in</p>	<p>AW</p>
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<p>relation to the use of Sharepoint in relation to the cancer pathway which will be used until WPAS is in each area.</p> <p><b>DIG21/33.8</b> An IM requested further detailed information be included within the Executive Summary in future reports. It was therefore agreed to include detail in relation to achievements and of clear definitions relating to items which were off track, on hold, along with escalations.</p> <p><b>DIG21/33.9</b> A further discussion took place in relation to overspending and undelivered savings. The Head of Informatics Programmes Assurance and Improvement provided the feedback in relation to the achievable saving struggles and ongoing investments, it was also noted of the potential significant overspend had the Health Board not had received the WCCIS funding. Ongoing issues with regards to finance were acknowledged.</p> <p><b>RESOLVED:</b> The Committee agreed to note the report update.</p>	AW
<p><b>DIG21/34 Informatics Annual Operating Plan 2021-2022</b> Ms Andrea Williams - Head of Informatics Programmes Assurance and Improvement, Informatics</p> <p><b>DIG21/34.1</b> The Head of Informatics Programmes Assurance and Improvement provided the Committee with the overview of the projects and activities outlined within the Informatics Annual Operating Plan 2021-2022. The content of the report included all Digital Strategy and Corporate Programme Actions. It was also noted that various updated actions would be reported on an annual basis. It was acknowledged that future iterations of the reports would be refreshed in terms of visual data and detailed target levels within an Executive Summary section.</p> <p><b>DIG21/34.2</b> Questions were invited and the Chair commented upon the ongoing updates and possibilities of reprioritisation of items going forwards. It was agreed to further review the summary and key areas for the future updates.</p> <p><b>DIG21/34.3</b> The Assistant Director of Information Governance and Risk also commented upon the need to strengthen the governance and assurance levels between the Informatics SMT and DIGC, this was formerly the Digital Transformation Group. CS confirmed that work was in progression and was being talked through with the CEO in order to progress. It was noted that the team would work together and invite the Information Governance representatives to the newly formed Digital Governance Group. Plans were also being explored to review the governance structure gaps, in order to provide the levels of assurances to the Committee.</p> <p><b>RESOLVED:</b> The Committee approved the Informatics Annual Operating Plan 2021-2022.</p>	<p>AW</p> <p>AW</p> <p>AW</p>

<p><b>DIG21/35 Informatics Assurance report - Quarter</b> Ms Andrea Williams - Head of Informatics Programmes Assurance and Improvement, Informatics</p> <p><b>DIG21/35.1</b> Head of Informatics Programmes Assurance and Improvement provided the Committee with the overview of the report. The overview included detail in relation to two overdue audit recommendations regarding clinical coding, which had been due to Covid and impacts upon staffing. It was anticipated that they would have been resolved during the previous quarter, however due to increases in Covid pressures it was not possible. The Coding Policy has been developed and is currently going through the approval process. It was noted that the completed audit action would be included in the next report update. It was reported that the National Target for Compliance Audit had been postponed to 2021 and it was confirmed that there were no scheduled external audits relating to Electronically Coded Data during 2020.</p> <p><b>DIG21/35.2</b> The Head of Informatics Programmes Assurance and Improvement explained the detail with regards to the remaining delays with a number of national system projects. It was confirmed there had also been significant progress to machine upgrades relating to Office 2016 during quarter 4, and the Windows 7 upgrade programme had recommenced post Covid. It was reported that there had been a 20% increase in call logs compared to the last financial year which related to Covid, the need for the increase in support was raised.</p> <p><b>DIG21/35.3</b> The lack of data within the graph on page 5 was acknowledged in relation to coding compliance. It was noted that the graph had therefore been presented into the Committee chat function. A discussion took place and it was suggested that the detail should also have been presented to the SMT Meeting or previous Digital Group. The Head of Informatics Programmes Assurance and Improvement agreed to clarify. Questions were then invited and an IM queried in relation to the dip in data from the 2017. The Head of Informatics agreed to clarify the reasons of the detail and feedback to the IM accordingly.</p> <p><b>DIG21/35.4</b> The Chair referred to the closed action in relation to Health Records upon page 7 of the report update. The Chair then highlighted the significant improvements which also featured within the Information Governance KPI Report data.</p> <p><b>DIG21/35.5</b> Data in relation to the Operating Systems compliance rates was discussed. The Head of Informatics Programmes Assurance agreed to review and clarify the percentages reported how the data is being defined and feedback to members accordingly. Clarification regarding downtime of systems was also requested; it was agreed for impacts and categorisation rates to also be reviewed and included in future reports.</p> <p><b>RESOLVED:</b> The Committee accepted the report and noted the compliance levels and provided advice accordingly.</p>	<p>AW</p> <p>AW</p> <p>AW</p> <p>AW</p> <p>AW</p>
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<p><b>DIG21/36 Digital Health and Care Wales (DHCW) update report</b></p> <p><b>DIG21/36.1</b> The Committee noted the apology which had been received from DHCW and it was acknowledged that the DHCW had provided an update report to the Committee which had been distributed upon publication of the agenda.</p> <p><b>DIG21/36.2</b> The Committee accepted the update report.</p> <p><b>DIG21/36.3</b> The Executive Director of Primary Care also confirmed that the BCUHB CEO had an initial conversation with DHCW and that a further meeting was being arranged.</p> <p><b>DIG21/36.4</b> Head of Informatics Programmes Assurance and Improvement also asked the committee to note the support which had been received from DHCW, in relation to ongoing work and funding priorities.</p> <p><b>RESOLVED:</b> The Digital and Information Governance Committee noted the update.</p>	
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<b>INFORMATION GOVERNANCE</b>	
<p><b>DIG21/37 Information Governance quarterly assurance report (KPI, Lessons learned and compliance report)</b> Mrs Justine Parry, Assistant Director of Information Governance (IG) &amp; Risk</p> <p><b>DIG21/37.1</b> The Assistant Director of Information Governance &amp; Risk presented the detailed overview of the Key Performance Indicators Quarter 4 report. The report provided the Committee with the high-level analysis, demonstrating many of the continuous improvements to date.</p> <p><b>DIG21/37.2</b> Key areas were noted and in particular the decrease in compliance timeframes with responding to FOI requests for the overall period. It was noted that the CEO is keen to review where the main levels of compliance were being met. It was acknowledged that compliance levels for responding to subject access requests had decreased slightly due to complexity issues. It was noted that there had been significant improvements in access to health records requests with a 97% compliance rate with the legislative timeframe being reported. It was raised that the improvements in the quality assurance checks had been pleasing and would continue to be monitored. The overall continued compliance in relation to HM Berwyn requests for information response times was also raised. A slight decrease in managed practice subject access requesting was noted, it was confirmed that the IG Team were working with GP Services and would be re-commencing spot checks and regular audits. The increase of incidents on an overall basis across the organisation was recognised, noting that a review of themes with targeted intervention and support to services would be undertaken.</p> <p><b>DIG21/37.3</b> It was raised that the Health Board had received 5 complaints from the ICO in relation to allegations of data protection breaches. It was also noted there had been an increase in claims for harm and distress caused by these breaches. It was confirmed that the IG Team were working with the Complaints Teams to provide evidence in support of these claims.</p> <p><b>DIG21/37.4</b> An IM raised a query in relation to whether the Health Board had considered the prioritisation of FOI requests and of their individual legitimacy in terms of work flow volume, mechanisms to respond and overall appropriateness. The Assistant Director of IG provided the Committee with an overview of the mechanisms in place within BCUHB and timescales upon receipt of FOI requests. It was also noted the BCUHB Web Site was a tool for signposting wherever possible for key information. Vexatious requesting was also discussed. It was agreed for the IM to share the findings from the University FOI process review and share this with the Assistant Director of IG in order to benchmark accordingly.</p> <p><b>DIG21/37.5</b> Due to a slight decrease in compliance of mandatory information governance training across BCUHB, an IM queried as to whether or not the Information Governance Team were comfortable with the reporting levels. The Assistant Director clarified that the team were consistently working to promote training by the use of targeted intervention</p>	JP/NC

<p>within low complying services, in order to raise compliance along with ongoing discussions with Workforce &amp; Organisation Development. A range of training tools were noted through a variety of resources, such as workbooks and visual training along with virtual training sessions. It was confirmed that work was also underway on a national level to review and update the training packages.</p> <p><b>DIG21/37.6</b> An IM referred to the earlier conversation with regards to volumes of FOI requests. It was agreed for the IM to be provided with relevant data in relation to press enquiries.</p> <p><b>DIG21/37.7</b> Following comments made by an IM, a discussion ensued with regards to staff FOI requests. The example presented by the IM was in terms of staff openly requesting data, which have the potential to develop to FOI requests. A discussion took place and it was agreed that where it was confidentially appropriate to do so, themes arising from concerned FOIs would be shared with the new Speak out Safely Panel for acknowledgment and consideration within the system. Delays within individual teams relating to communication was also commented upon, it was noted that to date the system had received challenges, but the system had much improved in terms of quality assurance mechanisms.</p> <p><b>DIG21/37.8</b> Requests relating to subject access requests were also raised by the Chair and a discussion took place with regards to the volume and legitimacy of requests being processed.</p> <p><b>RESOLVED</b> – The Committee received and noted the assurance provided in compliance with the Data Protection and Freedom of Information Legislation.</p>	CJ
<p><b>DIG21/38 Chair Assurance reports: Information Governance Group (IGG)</b> Mrs Justine Parry, Assistant Director of Information Governance &amp; Risk</p> <p><b>DIG21/38.1</b> The Assistant Director of Information Governance and Risk presented the report and provided the highlights; in relation to key issues taken from the meetings held on the 27th May 2021, on behalf of Dr Melanie Maxwell, Senior Associate Medical Director.</p> <p><b>DIG21/38.2</b> Detail in relation to the management of keynotes/alerts was raised, which had been recognised and it was understood that work was ongoing on a national level, however it required escalation internally within the Health Board to support a solution moving forward. It was noted that CCTV and assurance on the management of CCTV in line with the CCTV Code of Practice remains an outstanding area of concern, it was confirmed that the item had been placed upon the risk register within Workforce and Organisational Development. It was clarified that proposals were ongoing. It was noted that the ICO had closed the previously reported O365 Sharepoint site incident with no further regulatory action, however there still remained concerns around the local management and implementation of Office 365 and its associated programmes and functionalities.</p>	

<p><b>DIG21/38.3</b> It was confirmed that the IG Business Continuity Workplan had been approved. The Committee also noted that the IG toolkit self-assessment achieved a 79% compliance score. It was also clarified that a recent internal audit relating to self-assessment received substantial assurance.</p> <p><b>DIG21/38.4</b> The IG Business Continuity Plan was further discussed and it was noted that the Health Board's Business Continuity Plan had been raised at the recent Strategy Partnership Population Health Committee (SPPH) meeting.</p> <p><b>DIG21/38.5</b> A further discussion took place with regards to board escalations and it was agreed that the Assistant Director of IG was to provide the Chair with further detail in relation to CCTV, management of keynotes/alerts and management and implementation of Office 365; in order to provide the update to the Chairs Assurance Report to the Board.</p> <p><b>RESOLVED:</b> The Committee received and noted the IGG Chair report provided.</p>	<p>JC JP</p>
<b>GOVERNANCE</b>	
<p><b>DIG21/39 Review of Corporate Risks allocated to the Committee - Corporate Risk Register Report</b> Justine Parry, Assistant Director of Information Governance &amp; Risk</p> <p><b>DIG21/39.1</b> The Assistant Director of IG presented and provided the overview of the report and asked the Committee to review and note the progress and approval requests. The Committee was asked to:</p> <ol style="list-style-type: none"> <li>1) Review and note the progress on the Corporate Tier 1 Operational Risk Register Report.</li> <li>2) CRR20-06 - Approve the completion of the actions 12422 and 12428 so they can be archived and removed from the next report, recognising that the implementation of the Centralised Access to Health Records Service and the Baseline Assessment Report of Records need to be captured as controls within the next iteration of the risk.</li> <li>3) CRR20-06 - Note the extension of the due date for action 12426 due to the impact from realigning resources to support the management of the COVID-19 Pandemic.</li> <li>4) CRR20-07 - Approve the completion of the action 13182 so it can be archived and removed from the next report, recognising that the monitoring and assurance reporting of the implementation of the Digital Strategy will become a control within a future iteration of the risk.</li> <li>5) Approve the risks 1875 and 3659 being presented for escalation onto the Tier 1 Operational Risk Register.</li> </ol> <p><b>DIG21/39.2</b> Head of Informatics Programmes Assurance informed the Committee the relevant risk statuses and of the recommendations to provide closure to relevant actions. It was noted that risk scoring relating to CRR20-06 remained unchanged which had previously been challenged by the Risk Management Group. Scorings were to be reviewed accordingly and a discussion arose with regards to the likelihood scoring. It was raised</p>	



<p>that concerns were previously communicated and solutions were noted therein. It was acknowledged that management arrangements relating to 12428 had been handed to the Patient Records Group. CRR20-07 was commented upon and it was stated that the risk remained unchanged and controls were noted along with delivery of the digital strategy. There were no further questions. It was agreed to approve and close all of the actions in relation to the recommendations.</p> <p><b>DIG21/39.3</b> Further discussion took place in relation to the two new risks, noting that the national products risk had been reopened and both were being presented for escalation; which had been reported to the Risk Management Group (RMG) and the Executive Team Meetings, with the plan to complete a “deeper dive” and a review of the risk scores. Challenges were noted along with struggles with DHCW projects, in order to agree timescales and working links. It was noted that the Head of Informatics was in discussions with DHCW.</p> <p><b>DIG21/39.4</b> It was agreed that the phasing of the wording in relation to Cyber Security was to be reviewed by the Head of Informatics Programmes Assurance.</p> <p><b>RESOLVED:</b> The Committee reviewed, agreed and noted the progress of items for approval.</p>	AW
<p><b>DIG21/40 Review of Board Assurance Risk allocated to the Committee - Board Assurance Framework (BAF)</b> Mrs Dawn Sharp, Assistant Director, Deputy Board Secretary</p> <p><b>DIG21/40.1</b> The Assistant Director, Deputy Board Secretary presented the Report and provided the overview. The Assistant Director also informed the Committee of the appendices which included details regarding the remapping of the BAF risks to the annual plan, along with the detailed explanations and definitions of assurance levels. The Committee were requested to review and note the progress on the Principal Risks, as set out in the Board Assurance Framework (BAF).</p> <p><b>DIG21/40.2</b> It was raised that following review at the recent RMG meeting the scorings had been updated. It was noted that following approval the item was to be remapped accordingly. Definitions and clarifications were also acknowledged and a number of comments were made by the Chair with regards to route mapping to the annual plan and of the key field guidance definitions. It was confirmed that the item had been reviewed at a recent SPPH Committee. The Assistant Director agreed to review with the Chair and collate comments which would be included within the July Board Report.</p> <p><b>DIG21/40.3</b> An IM raised a question with regards to the risk rating scores and levels of investments. It was stated that the Head of Informatics Programmes Assurance would review with the Assistant Board Secretary in due course and it was noted that the key changes were relating to costs pressures and funding elements. It was noted that there had been the general feeling of the scoring being too high, a discussion ensued and it</p>	DS/JC  DS/AW

<p>was raised that the whole alignment of the BAF in relation to likelihood and impacts would require a full context review as it progresses. A recent discussion at the RMG was noted with regards to reviewing scores in relation to investment elements; it was agreed that minor investments would not impact the BAF score at present.</p> <p><b>RESOLVED:</b> The Committee reviewed and notes the progress on the principal risks as set out within the BAF.</p>	
<p><b>DIG21/41 Periodic updates on Limited Assurance Audit reports</b> The Committee noted the email circulated on 20.4.21 which included the Final Internal Audit Report - Business Continuity - Informatics.</p>	
<p><b>DIG21/42 Policies: Adoption of All Wales Information Governance Policies</b> Mrs Justine Parry, Assistant Director of Information Governance &amp; Risk</p> <p><b>DIG21/42.1</b> The Assistant Director of Information Governance &amp; Risk presented the All Wales Information Governance Policies to the committee to seek endorsement for implementation across the Health Board.</p> <p><b>DIG21/42.2</b> Following a comment by the Chair it was confirmed that BCU was represented as part of the National Policy Sub Group who developed these policies. Checks against current policies had been undertaken to ensure the updated policies met or were strengthened and aligned to the further suite of documents already in place. It was also noted that the policies would be monitored for compliance, and reported as part of the existing performance reports and IG work programme.</p> <p><b>RESOLVED:</b> The Committee agreed to endorse the policies.</p>	
<p><b>DIG21/43 Summary of InCommittee business to be reported in public</b> DIG21/43.1 The Committee noted the report.</p> <p><b>RESOLVED:</b> The Committee noted the Summary of Business reported in public.</p>	
<p><b>DIG21/44 Issues to inform the Chair's Assurance report</b> <b>DIG21/44.1</b> John Cunliffe, Chair - Recommendation - To agree the Issues.</p>	JC
<p><b>DIG21/45 Date of next meeting</b> <b>DIG21/45.1</b> The date of the next meeting was noted as: tbc</p>	
<p><b>DIG21/46 Exclusion of the Press and Public</b> Recommendation: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	