

Bundle Digital Information and Governance Committee 19 June 2020

To be held Virtually

Agenda attachments

Agenda_Digital_Information_and_Governance_Committee__19_June_2020 V1.0.docx

- 1 09:30 - DIG20/68 Chair's opening remarks
- 2 09:31 - DIG20/69 Apologies
\- Apologies recieved from Melanie Maxwell\, Senior Associate Medical Director\, Office of the Medical Director\.
- 3 09:32 - DIG20/70 Declarations of Interest
- 4 09:33 - DIG20/71 Draft minutes of the previous meeting, matters arising and summary action plan
*To also discuss (as per summary action plan item) - Item referred from the Finance and Performance Committee regarding item:
FP20/24 2019/20 APPMR: Digital Health Programme, with outcome to be advised in Chair's Assurance report to Board.*
DIG20.71a DRAFT Public - Draft Minutes DIGC 13.2.2020_ V0.03 - JC track changes.docx
DIG20.71b 20200608 Summary Action Log Public (Live version).doc
- 5 Digital Matters
- 5.1 09:40 - DIG20/72 Digital Operational plan – year end report
*Dr David Fearnley, Executive Medical Director
Mr Dylan Williams, Chief Information Officer in attendance
Recommendation -
The Digital and Information Governance Committee is asked to:
1\ Note the report*
DIG20.72 Digital Operational plan, year end report 2019 2020 OP Plan End of Year Report - final.docx
- 5.2 10:00 - DIG20/73 Covid on Informatics and Health Records - verbal update
*Dr David Fearnley, Executive Medical Director
Mr Dylan Williams, Chief Information Officer in attendance*
- 5.3 10:20 - DIG20/74 Informatics Quarterly Assurance Report
*Dr David Fearnley, Executive Medical Director
Mr Dylan Williams, Chief Information Officer in attendance
Recommendation:
The Digital and Information Governance Committee is asked to:
1. Note compliance with legislative and regulatory responsibilities which relate to the Informatics Services and
2. To advise the service of any additional metrics required to improve assurance.*
DIG20.74 Informatics Quarterly Assurance Report- Quarter 4 2019 2020 QTR 4 DIGC Assurance Report Informatics.docx
- 6 Information Governance Matters
- 6.1 10:40 - DIG20/75 Information Governance Quarterly Assurance report - To include both Q3 and Q4 from 2019/20
*Justine Parry, Assistant Director: Information Governance and Risk / Data Protection Officer (IGG Vice-Chair)
Carol Johnson, Head of Information Governance to present the reports.
Recommendation -
The Digital and Information Governance Committee is asked to:
• Receive and note the assurance provided in compliance with the Data Protection and Freedom of Information Legislation.*
DIG20.75a Information Governance KPI Report Qtr 3 2019-20 Final V1.0.docx
DIG20.75b Information Governance KPI Report Qtr 4 2019-20 Final V1.0.docx
- 7 Governance Matters
- 7.1 11:00 - DIG20/76 Risks assigned to the Committee - Corporate Risk and Assurance Framework Report

*Dr David Fearnley, Executive Medical Director
Mrs Justine Parry, Assistant Director of Information Governance and Risk in attendance.*

Recommendation -

The Digital and Information Governance Committee is asked to:

- 1. Consider the relevance of the current controls in place.*
- 2. Review the actions in place and consider whether the risk scores remain appropriate for the present risks in line with the Health Board's risk appetite.*
- 3. Note and approve the actions that have been completed and turned green so that they could be archived and replaced with new ones as deemed appropriate.*
- 4. Note, approve and recommend the Corporate Risk Register (CRR) to the Audit Committee and to gain assurance that risks articulated on it are appropriately and robustly managed in line with the Health Board's risk management strategy and best practice.*

DIG20.76 Corporate Risk and Assurance Framework - Report - vFinal.docx

7.2 11:20 - DIG20/77 Performance against the Board approved 2019/20 annual plan - verbal update

*Dr David Fearnley, Executive Medical Director
Dylan Williams - Chief Information Officer*

8 11:25 - DIG20/78 Summary of Private business to be reported in public

Recommendation -

The Committee is asked to note the report.

DIG20.78 DIGC Private session items reported in public.docx

9 11:27 - DIG20/79 Issues to inform the Chair's Assurance report

10 11:29 - DIG20/80 Date of next meeting

Friday 25th September 2020 @ 9.30am

11 DIG20/81 Resolution to Exclude the Press and Public

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.

Agenda Digital Information and Governance Committee

Date 19/06/2020
Time 9:30 – 12:30
Location Virtual via Webex
Chair John Cunliffe

Description

1 DIG20/68 Chair's opening remarks

9:30

2 DIG20/69 Apologies

9:31

– Apologies received from Melanie Maxwell, Senior Associate Medical Director, Office of the Medical Director.

3 DIG20/70 Declarations of Interest

9:32

4 DIG20/71 Draft minutes of the previous meeting, matters arising and summary action plan

9:33

To also discuss (as per summary action plan item) – Item referred from the Finance and Performance Committee regarding item:

FP20/24 2019/20 APPMR: Digital Health Programme, with outcome to be advised in Chair's Assurance report to Board.

5 Digital Matters

5.1 DIG20/72 Digital Operational plan – year end report

9:40

Dr David Fearnley, Executive Medical Director

Mr Dylan Williams, Chief Information Officer in attendance

Recommendation –

The Digital and Information Governance Committee is asked to:

1. Note the report

5.2 DIG20/73 Covid on Informatics and Health Records – verbal update

10:00

Dr David Fearnley, Executive Medical Director

Mr Dylan Williams, Chief Information Officer in attendance

5.3 DIG20/74 Informatics Quarterly Assurance Report

10:20

Dr David Fearnley, Executive Medical Director

Mr Dylan Williams, Chief Information Officer in attendance

Recommendation:

The Digital and Information Governance Committee is asked to:

1. Note compliance with legislative and regulatory responsibilities which relate to the Informatics Services
and
2. To advise the service of any additional metrics required to improve assurance.

6 Information Governance Matters

6.1 DIG20/75 Information Governance Quarterly Assurance report – To include both Q3 and Q4 from 2019/20

10:40

Justine Parry, Assistant Director: Information Governance and Risk / Data Protection Officer (IGG Vice-Chair)

Recommendation –

The Digital and Information Governance Committee is asked to:

- Receive and note the assurance provided in compliance with the Data Protection and Freedom of Information Legislation.

7 Governance Matters

7.1 DIG20/76 Risks assigned to the Committee – Corporate Risk and Assurance Framework Report

11:00

Dr David Fearnley, Executive Medical Director

Mrs Justine Parry, Assistant Director of Information Governance and Risk in attendance.

Recommendation –

The Digital and Information Governance Committee is asked to:

1. Consider the relevance of the current controls in place.
2. Review the actions in place and consider whether the risk scores remain appropriate for the present risks in line with the Health Board's risk appetite.
3. Note and approve the actions that have been completed and turned green so that they could be archived and replaced with new ones as deemed appropriate.
4. Note, approve and recommend the Corporate Risk Register (CRR) to the Audit Committee and to gain assurance that risks articulated on it are appropriately and robustly managed in line with the Health Board's risk management strategy and best practice.

7.2 DIG20/77 Performance against the Board approved 2019/20 annual plan – verbal update

11:20

Dr David Fearnley, Executive Medical Director
Dylan Williams – Chief Information Officer

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Recommendation –

The Committee is asked to note the report.

9 DIG20/79 Issues to inform the Chair's Assurance report

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Friday 25th September 2020 @ 9.30am

11 DIG20/81 Resolution to Exclude the Press and Public

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.

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| <p>DIG20/52 Performance against the Board approved 2019/20 annual plan - Dr David Fearnley, Executive Medical Director</p> <p>DIG20/52 .1 The report provided the self-assessment made by Executive Leads regarding progress being made; in delivering the key actions contained in the 2019/20 Operational Plan.</p> <p>DIG20/52 .2 Discussion ensued with regards to the timeline of the report. Comment was raised by Committee members regarding item reference AP016 and where it was in the overall Digital plan. The Chief Information Officer confirmed the amount of work undertaken to date and also referred to AP10 which included links to AP059 and highlighted multiple actions with regards to integration with local authorities. Difficulties regarding the complexity and difficulties in relation to the deferring of timelines and team localities were also noted. Barriers were also discussed due to the ongoing differing prioritisations and needs.</p> <p>DIG20/52 .3 Within reference AP061; It was noted that Cancer Services had declined to adopt the current version of the WPAS Cancer Tracker; due the tracker not meeting the service requirements. It had been further explained that the tracker was under further development, in order to fit the needs of the service.</p> <p>DIG20/52 .4 Following notification by a Committee member of item AP025 being incorrectly rated, it was agreed to contact the Executive Director of Planning and Performance, in order to update the rating with the previously agreed amber status rating.</p> <p>RESOLVED: The Digital & Information Governance Committee reviewed and noted the report.</p> | JE |
| <p>DIG20/53 Corporate Risk Register and Assurance Framework Report-</p> <p>DIG20/53.1 The Assistant Director of Information Governance and Risk presented the report. The Committee noted and accepted the timing issue of the report and it was confirmed that the updates had been fed back to the January Risk Management Group, which had been positively received.</p> <p>DIG20/53.2 The Committee acknowledged the updates to the following risks since the last report, and further debate and discussion took place;</p> <ul style="list-style-type: none"> • CRR10a National Infrastructure and Products. It was recorded that the risk had been updated in line with the feedback from the Audit Committee, including the update to the controls and further actions; however a review of the risk had been undertaken at the recent Risk Management Group with further updates to be reflected within the risk for the next submission to the Committee. Discussion also ensued in relation to delays, communication failures in relation to performance and future priorities. The Chief Information Officer stated further discussions would take place with Mental Health Leads and the Local Areas regarding material risks. The Executive Medical Director also | |

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| <p>informed the Committee of the similar Abertawe Bro Morgannwg University Health Board Risk; which reflected the Committees discussion. It was noted that future discussions regarding the risk would take place within the Executive Team for scrutiny along with Area Directors. The Executive Medical Director agreed to share the ABMU related Risk with the Chief Information Officer to note.</p> <ul style="list-style-type: none"> • CRR10b Informatics - Acute and Community Health Records. It was noted that the risk title had been updated following an action from the last meeting. It was also proposed to increase the current score to 20. The Committee discussed that the previous name change action had been to revert to its original title of solely “Health Records” and requested that this again was considered so not exclude any areas where of health records are maintained. The Assistant Director of Information Governance and Risk clarified that the scoring had been updated to reflect an increase in the likelihood scoring. The Committee agreed with the scoring update. • CRR10c Informatics infrastructure capacity, resource and demand. Controls had been updated to remove an action which was not a control, the target risk date had also been amended to reflect the realistic date to implement the further actions required to achieve the target risk score. Following the in depth review at the Risk Management Group, it was noted that the further updates would be reflected. <p>DIG20/53.3 The Assistant Director of Information Governance and Risk agreed to feedback the comments to the presented risks to the Risk Manager.</p> <p>RESOLVED - The Digital and Information Governance Committee considered the relevance of the current controls; and reviewed the actions in place and considered the risk scores. The Committee also noted the further updates being undertaken following the scrutiny at the Risk Management Group and approved the increase in the current risk score for 10b.</p> | <p>DF/DW</p> <p>JP/DW</p> <p>JP</p> |
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| <p>DIG20/54 Draft Committee Annual Report 2019/2020 - Dr David Fearnley, Executive Medical Director</p> <p>DIG20/54.1 The Committee reviewed the draft Annual Report for year 2019 to 2020, and debated the further comments for collation. The Committee also reviewed the overall Red, Amber and Green (RAG) Status for the year end as <u>Amber</u>.</p> <p>DIG20/54.2 The focus for the year ahead was also discussed. It was agreed to realign the Agenda for some future meetings; in relation to Information Governance and Digital, therefore the Assistant Director and the Chief Information Officer agreed to update the Cycle of Business accordingly. The Chief Information Officer had also agreed to suggest the narrative in relation to the Committees Risks, in order to address the focus for the year ahead.</p> <p>DIG20/54.3 The Corporate Governance Officer agreed to re-circulate the draft report for further updates from the Committee.</p> <p>RESOLVED – The Committee Chair to agree final version prior to submission to the Audit Committee.</p> | <p>JP/DW</p> <p>DW</p> <p>JE JC/DF</p> |
| <p>DIG20/55 Approval of Informatics – Draft Operational Plan</p> <p>DIG20/55.1 The Chief Information Officer presented the Draft Operational Plan.</p> <p>DIG20/55.2 The Chief Information Officer invited comments and requested that the Committee scrutinise the content to gain assurance on progress against the operational plan. Discussion ensued and it was recognised that the plan was in draft due to the financial aspects requiring completion. The 3 year ambitions had been noted within the report along with the long term rolling projects. The Chief Information Officer agreed to amend the item referred to on page 3, in relation to a typographical error. The Committee also commented upon the reports terminology, in terms of being reader friendly to enable strong public engagement.</p> <p>DIG20/55.3 The Executive Medical Director commended the presentation of the report and commented upon links to investments, improvements and savings being aligned. The Committee also commented upon the prioritisation and capacity of the plans, it was confirmed that the actions are being captured and dealt within an improvement group. It was made clear that once the prioritisation had been paved within the executive sphere, then the objections would then link with the objections of the organisation. It was agreed to further refer the Corporate Risks related within the report along with the rolling program of work as a regular digital perspective.</p> <p>RESOLVED: It had been therefore agreed to approve the plan pending further updates.</p> | <p>DW</p> <p>DW</p> |

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| <p>DIG20.56 Digital Annual Operational Plan Update The Chief Information Officer presented the report whilst highlighting the reporting remit in receipting and gaining of assurances against the delivery of the Informatics Operational plan. The Committee received the report and scrutinised its content whilst gaining assurance on progress against the operational planning content.</p> <p>The Committee agreed to provide assurance to the Board that the summary data provided was justified, along with the noting of the financial implications highlighted.</p> <p>RESOLVED: It had been agreed to note and approve the update.</p> | |
| <p>DIG20/57 Informatics Quarterly Assurance Report</p> <p>DIG20/57.1 The Chief Information Officer presented the report and the overview of the content was given.</p> <p>DIG20/57.2 Positivity had been noted by the Committee around Clinical Coding and the achievements of targets to date. Access to health records had also been recognised as a strong centralised process, with few challenges for consideration. A discussion ensued with regards to Windows 7 and it was confirmed that the BCUHB are on track to update and replace. A discussion also took place regarding Cyber Security Essentials and Business Continuity in relation to dedicated staffing. Further to the discussion it was clarified that The Chief Information Officer would meet with the BCUHB Turnaround Director, in order to discuss options in relation to savings and targets.</p> <p>RESOLVED: The Committee noted the compliance relating to the assurances of the report presented.</p> | |
| <p>DIG20/58 NWIS update report - Helen Thomas, NWIS Interim Director in attendance Recommendation - Helen Thomas to update the Committee via skype.</p> <p>DIG20/58.1 The Committee Chair welcomed the Interim Director (NWIS) to the Committee meeting via Skype and introductions were made around the table.</p> <p>DIG20/58.2 The Interim Director provided the verbal update regarding the National Updates and the detail of progress and planning in relation to how NWIS had been reviewing existing systems and approaches following the recommendations of the Governance and Architecture Reviews.</p> <p>DIG20/58.3 The Interim Director informed the Committee of the introduction of the Transitional Program Board of which Mr Simon Goodall – NHS Wales would Chair. The Interim Director also informed the Committee that the 1st meeting would take place on the 14th February 2020. The overview of the terms of reference was noted and it was confirmed that the name of the</p> | |

Program Board would be determined and would likely be titled the “Digital Health and Care Wales Board”.

DIG20/58.4 The Interim Director further commented upon the transitional plan of the organisation name change and confirmed there would be a wider structure and clear ways of thinking, in order to forward progress and collaborate. A discussion then ensued in relation to governance and architecture in relation to taking forward the wider strategic overview. The Committee discussed how NWIS would require action to be taken from the BCUHB going forward. It was confirmed that there would in future be a Joint Workshop and an overall plan in place. It was also confirmed that the development of the IMTP plan moving forward would capture and engagement collaborative working with a future facilitated workshop in March 2020.

RESOLVED: The Committee noted the NWIS update.

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| <p>DIG20/59 Chair Assurance report : Digital Transformation Group/Improvement Group</p> <p>The Chief Information Officer provided the Chairs Assurance report to the Committee of the meetings held on 31st January 2020 and 3rd February 2020.</p> <p>RESOLVED: The Committee noted the report and the verbal update provided.</p> | |
| <p>DIG20/61 Chair Assurance report - Information Governance Group - Justine Parry, Assistant Director: Information Governance and Risk / Data Protection Officer (IGG Vice-Chair.) JP provided the Chairs Assurance report to the Committee of the meeting held on 23rd January 2020.</p> <p>DIG20/61.1 Particular attention and discussion ensued regarding the CCTV compliance and security within the Health Board. It was confirmed that the Head of Information Governance had scheduled to meet with the Head of Security, in order to review the current and future management of the systems.</p> <p>DIG20/61.2 In relation to incidents reported, it was noted that there would be a full compliance audit undertaken with the service leads within BCUHB and tracking of notes was discussed. Legacy documentation and compliance checks was also raised. It was then discussed to consider the increasing of the risk ratings, due to the implications of the financial risks of possibly being fined as a health board.</p> <p>DIG20/61.3 The Transfer system of records via taxis was also raised and it had been confirmed that Procurement were reviewing the core set of companies to be called upon. Through discussion; it was agreed for JP to contact the Head of Quality & Governance, Radiology, to discuss logistics of future planning of agreed systems of work.</p> <p>RESOLVED: The Committee noted the report and the verbal update provided.</p> | JP |
| <p>DIG20/62 Summary of InCommittee business to be reported in public - Dr David Fearnley, Executive Medical Director</p> <p>DIG20/62.1 The Committee noted the report.</p> <p>RESOLVED: The Committee noted the Summary of Business reported in public.</p> | |
| <p>DIG20/63 Issues to inform the Chair's Assurance report John Cunliffe, Chair - Recommendation - To agree the Issues.</p> | |
| <p>DIG20/64 Date of next meeting DIG20/64 .1 It was reported that the meeting due to be on the 29th May had been cancelled.</p> | |

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| DIG20/64.2 The date of the next meeting was noted as: 19th June, 2020 | |
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| BCUHB Digital and Information Governance Committee Summary Action Log – arising from meetings held in public | | | | |
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| Officer | Minute Reference and Action Agreed | Original Timescale | Latest Update Position | Revised Timescale |
| 9.5.19 | | | | |
| Andrew Griffiths | WCCIS Liaise with BCU WCCIS Project Manager to provide support | 19.7.19 | <p>We were advised by the National Commercial Team to defer planned meetings to negotiate small scale pilot in North Wales pending functional development roadmap – which remains an outstanding output.</p> <p>Note: CareWorks have been acquired Advanced and impact of the acquisition remain to be clarified but WCCIS Programme Director has indicated there will be no impact on the contracts.</p> <p>NWIS are planning to have and exec-exec meeting in March 2020 where the WCCIS project will be discussed further.</p> <p>DW to incorporate latest status risk update in March 2020.</p> | <p>Await NWIS feedback at DIGC November 2019</p> <p>Feedback - April 2020</p> <p>March 2020 Suggest move as a pending action to be picked up at later date</p> |
| Dylan Williams | IG19/19 IOP 2018/19 End of Year plan In future reports include: <ul style="list-style-type: none"> • Summaries of work not delivered • Provide greater detail on timelines re performance delivery expectation | May 2020 | The next iteration of the Informatics Operational Plan End of Year Review will incorporate suggestions. | <p>May 2020 JC</p> <p>Recommended for closure – June 2020</p> |

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| | <ul style="list-style-type: none"> • Include Tier 1 risks and mitigation detail | | | |
| 29.9.19 | | | | |
| Dylan Williams | DIG19/7.4 Informatics Q2 Follow up suggestions of clinician focus groups and Digital Impact assessment | 8.11.19 | CCIO leading the work in developing a digital clinical network which is linked to the emerging digital strategy. The aim is to build on the existing exemplar CCIO, MIO model. To be reviewed as part of the digital strategy development. | 19.06.20 Recommended for closure – June 2020 |
| Justine Parry | DIG19/13 IG Annual report Provide briefing on digitalisation of personnel records | 8.11.19 | Briefing to be provided to February DIGC. The report had been forwarded to the Chair for consideration for a future Private Session update. | 13.02.20 Closed as public session – to be considered for private session. Recommended for closure – June 2020 |
| 21.11.19 | | | | |
| John Cunliffe | Cycle of Business Review DIG19/27.2 Discussion ensued regarding primary data relating to Digital within the Annual Plan, which had been debated upon at the recent Quality, Safety and Executive Committee. JC to contact the Executive Director of Planning and Performance, in | 11.12.19 | The Committee Chair had met with the Executive Director of Planning and Performance to align the context of discussions whilst reviewing the discrepancies between the documents. The Committee Chair and The Chief Information Officer would now meet to discuss with the Executive Director of Planning and | Recommended for closure – June 2020 |

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| John Cunliffe | <p>order to discuss further and align the context of discussions.</p> <p>It had also been noted to add the Annual Plan upon the current cycle of business.</p> | | <p>Performance to further align.</p> <p>Frequency to be agreed.</p> | |
| Dylan Williams | <p>DIG19/30.5 Microtest GP systems The Chief Information Officer had agreed to provide update to the Committee with regards to the status update</p> | 13.03.20 | | June 2020 |
| Justine Parry/Gaynor Gould | <p>DIG19/36.2 & 3 Information Commissioners Office Data Protection Follow Up Audit Report</p> <ul style="list-style-type: none"> Formal attribute and confirmation of ownership for staff and corporate records; the report would be prepared and offered to the February DIGC for consideration. Implementation and compliance with SOPS for verbal access to Health Records subject access requests; comment to be fed back regarding the position, in order to capture non-clinical requests for information. Partial completion of the recommendations - to clarify | <p>13.2.20</p> <p>11.12.19</p> <p>11.12.19</p> | <p>Email of clarity received and forwarded to members on 26.11.19. This has been addressed within the confidential briefing paper, however members agreed to obtain comments and ownership of the briefing paper from the Executive Director of W&OD. – remain open</p> <p>Non-clinical Verbal SARs are now captured as part of IG KPI reports. – closed.</p> <p>Close – email sent</p> | <p>13.02.20 Closed</p> |

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| | the position and feedback following the meeting. | | | |
| 13.02.20 | | | | |
| Dylan Williams | DIG20/51.3 HASCAS Action Item – Storage of Clinical Records The Chief Information Officer agreed to review and update the actions formally documented. | 13.03.20 | | June 2020 |
| Jody Evans | DIG20/52 Performance against the Board approved 2019/20 annual plan <ul style="list-style-type: none"> Item AP025 – Contact to be made with the Executive Director of Planning and Performance, in order to update the rating with the previously agreed amber status rating. | 13.03.20 | Communicated as necessary by JE. | Complete. Recommended for closure – June 2020 |
| David Fearnley/Dylan Williams | DIG20/53 Corporate Risk Register and Assurance Framework Report <ul style="list-style-type: none"> CRR10a National Infrastructure and Products - The Executive Lead agreed to share the Abertawe Bro Morgannwg University Health Board related Risk with the Chief | 13.3.20 | | Recommended for closure – June 2020 |

| | Information Officer to note. | | | |
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| Jody Evans | <p>DIG20/54 Draft Committee Annual Report 2019/2020 DIG20/54.2</p> <ul style="list-style-type: none"> • Cycle of Business to be updated - to reflect the re-order of Information Governance and Digital Agenda Items). • The Chief Information Officer agreed to suggest narrative in relation to the Committee Risks, in order to address the focus for the year ahead. • Re-circulate draft report for further updates from the Committee / Committee Chair to agree final version with the Executive Lead. | 13.3.20 | | Recommended for closure – June 2020 |
| Dylan Williams | | | | |
| Jody Evans/All John Cunliffe David Fearnley | | | | |
| Dylan Williams | <p>DIG20/55 Approval of Informatics – Draft Operational Plan</p> <ul style="list-style-type: none"> • The Chief Information Officer agreed to amend the item referred to on | 13.3.20 | | June 2020 |

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| | <p>page 3, in relation to a graphical error.</p> <ul style="list-style-type: none"> To refer the Corporate Risks related within the report, along with the rolling program of work, as a regular digital perspective. | | | |
| Justine Parry | <p>DIG20/61 Chair Assurance report - Information Governance Group</p> <ul style="list-style-type: none"> DIG20/61.3 Transfer of records via Taxis. JP to contact Radiology Lead to discuss logistics and plans of agreed systems. | | | June 2020 |
| Item referred from Finance and Performance Committee | | | | |
| David Fearnley/John Cunliffe | <p>FP20/24 2019/20 APPMR Digital Health Programme</p> <ul style="list-style-type: none"> It was noted that the actions were being scrutinised by the Digital and Information Governance Committee (DIGC) however, the Chairman requested that the Executive Medical Director and DIGC Chair provide feedback regarding the delayed | | 3.4.20 Acting Board Secretary JP advises : Action to be transferred to DIGC – with outcome to be advised in Chair's Assurance report to Board | June 2020 |

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| | national systems to the Chief Executive and Chair to inform ongoing discussion. | | | |
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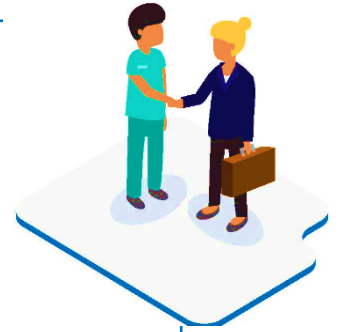
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| Cyfarfod a dyddiad: Meeting and date: | Digital and Information Governance Committee 19/06/2020 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | 2019 2020 Informatics Operational Plan Year End report | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Dr David Fearnley, Executive Medical Director | | | | | |
| Awdur yr Adroddiad Report Author: | Dylan Williams, Chief Information Officer, <i>et al.</i> | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Chief Information Officer and Executive Medical Director | | | | | |
| Atodiadau Appendices: | <i>Informatics End of Year Report.</i> | | | | | |
| Argymhelliad / Recommendation: | | | | | | |
| The DIGC is asked to:- 1. Note the report | | | | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | <input checked="" type="checkbox"/> | Er gwybodaeth For Information |
| Sefyllfa / Situation: | | | | | | |
| The purpose of this report is to provide the Digital and Information Governance Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met which relate to Informatics services and deliver against agreed plans. | | | | | | |
| Cefndir / Background: | | | | | | |
| This report is summarised compared to previous years' report due to limited resources to fully compile the report in detail. Further more detailed draft will be released as staff return to normal duties. | | | | | | |
| Asesiad / Assessment & Analysis | | | | | | |
| It can be seen that Informatics was able to deliver fully or partially on most initiatives but most initiatives were impacted by COVID-19 in March. Significant resources within the departments, in particular project staff, were re-deployed on pandemic priorities such as providing ability for mobile working, temporary hospitals etc. | | | | | | |
| The year-end report shows good progress. However, it should be noted that for projects such as WPAS, the department sustained great effort to try and maintain momentum despite COVID-19 which was largely the case until late March. However these projects that span more than one year will be impacted much more in 2020/21 and the organisation will need a process of understanding the full impact of the COVID-19 and re-prioritise the work of Informatics very quickly as 'normal' operations resume. It is clear that COVID 19 efforts will leave a permanent technical overhead for the department. | | | | | | |
| Informatics was able to also use its innovation expertise to good effect via the SBRI Centre for Excellence to enable an which shifted its focus has changed to support the challenges in this area e.g. Rapid sanitisation technology in Ambulances. | | | | | | |

Informatics End of Year Report

Delivery Highlights for 2019/2020

Throughout 2019/2020, Informatics delivered a meaningful programme of work to meet challenges that included: -

- Ensuring that the services that we deliver are safe, effective and sustainable.
- Managing innovation and emerging technologies that has allowed us to support effective and sustainable service delivery.
- The enhancement, creation and use of Dashboards which has driven improvements in areas such as the identification and reduction of patient safety threats.
- Complying with legislative requirements such as the General Data Protection Regulations (GDPR).
- Enhanced the capacity, performance, security, and resilience of the ICT Infrastructure.



Digital Roadmap



- Welsh Patient Administration System (**WPAS**) in BCU West has commenced moving us closer to **rationalising core systems** and a single instance of WPAS.
- This is phase three of the WPAS programme which strengthens the delivery of strategic objectives.
- Readiness activities have begun to implement a stand-alone version of the Welsh Emergency Department System (**WEDS**) into BCU West (Phase 1) during quarter 2 in 2020.
- The Covid crisis halted progress on the full business case, which has now resumed with a revised date of submitting to the Finance & Performance Committee and Health Board meetings in July - following a review of the case by the Business Case Review Panel and Executive Management Group in June. If approved by the Health Board, a notice will be posted to the Welsh Government for ministerial approval to proceed.

Data Driven Decision Making



- Significant developments made as part of the COVID response. Power BI is being used to share information between Health and Local Authorities, share patient level detail with primary care and give an organisational overview of activities. Mobile versions of reports have also been created.
- ED attendance data has been signed off.
- Progress with ESR data has slowed due to delays in obtaining response from the vendor.
- Looking ahead outpatient work is to be revisited due to increased volumes of non-face to face activity (impact of COVID).
- As we return to business as usual a prioritisation discussion is needed to consider the next datasets for development.

Underpinning Service Transformation



- All incoming and outgoing telephone call traffic at the DGHs has been moved from traditional "Fixed Line" technology to modern IP based technology (i.e. SIP). This has enabled call cost savings, and also enabled the organisation to work in a more agile way (e.g. calls can be easily re-routed between the District General Hospital for Disaster Recovery).
- To support BCU in meeting General Data Protection Regulations, a Patient Records Transition Programme was established. Funding was secured via the HASCAS and Ockenden Board for the recruitment of a Project Manager. The project will start a 12-month plan from the date of recruitment. Whilst recruitment activity was undertaken in QTR 4 no candidates met the essential skills. The approach to this task is being reviewed post-Covid to ensure compliance with new restrictions in the undertaking of the review, with a focus on how to progress this at pace.

Digital Mobile Workforce



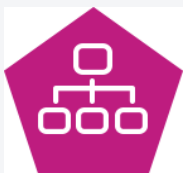
- **Almost 5000** Skype Users now online
- **Over 500** Personal Devices have been enabled to allow users to access BCU Email accounts.
- **Approx. 400** iPads have been made available for various projects and to support patient contact.
- Replacement of any servers over 5 years old within our core virtual server infrastructure and have also added **33% additional capacity**.
- Preparations and small pilot groups are ongoing testing migration to Microsoft Office 365.

Managing Innovation & Emerging Technologies



- The Centre of Excellence for **Small Business Research Initiatives (SBRI)** has been funded for another year from 1st April 2020 and 31st March 2021.
- Funding has been received from Welsh Government to run first rapid challenge with Centre leveraging £730K collaborating with WAST, Welsh Government, Defence And Security Accelerator and Defence Security Technology Laboratory (MOD).
- Prince 2 training has been sourced for 17 delegates from across Wales this will be provided online, and feedback will be obtained on completion.
- Due to the COVID19 Pandemic the SBRI Centres focus has changed to support the challenges in this area e.g. Rapid sanitisation technology in Ambulances. Further details will be available in 2020/2021

Digital Infrastructure



- **3183** IP telephones installed (of an estimated total 16500) completing installations at **82** sites and the supporting core infrastructure.
- **46** Health Board sites were migrated to Public Sector Broadband (PSBA) enabling faster and more reliable access to Health Board ICT systems.
- **10** Gigabyte Wide Area Network links were installed between data centres at the DGHs increasing bandwidth, processing capacity, and improving business continuity.



Workforce Development, Transparency, Sustainability & Standards



7 WTE
Decrease to Budget



2 headcounts
increase in Fixed Term Staffing

2% Improvement in Clinical Coding Compliance rates



1 Clinical Coding Accreditation attained
4 Management (ILM) Accreditation awards attained

18 Informatics Mentors
20 Informatics Mentees



94.2% Mandatory Training Compliance*
78.5% PADR Compliance *

**Figures are correct as of February 2020, March data was not available at the time of reporting.*

Digital Health Programmes – High Level Matrix

Progress from the following projects is reported to the Board as part of annual plan progress monitoring. With the exception of Tracker 7 – Single Cancer Pathway all projects are multi-year projects. Progress is therefore reported against milestone achievements.

Programme: Digital Health: High Level Summary

| Plan Ref | Actions | Exec Lead | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 |
|----------|---|-----------|--------|--------|--------|--------|--------|--------|--------|--------|------------------------------|--------|--------|--------|
| AP051 | Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites | MD | G | G | G | G | G | M | G | G | G | G | G | A |
| AP052 | Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System | MD | A | A | R | R | R | M | R | R | M | R | R | R |
| AP053 | Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the West (phase 1, East (Phase 2) and extending into the Central MIU's (Phase 3) followed by the final phase to move onto a Single Integrated WEDS solution'. | MD | G | G | G | G | G | M | G | G | G | G | G | A |
| AP054 | Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record | MD | G | G | G | G | G | M | G | G | G | G | G | A |
| AP055 | Support the identification of storage solution for Central Library | MD | A | A | A | A | A | M | G | G | G | G | G | G |
| AP056 | Transition program to review the management arrangements for ensuring good record keeping across all patient record types | MD | G | G | A | A | A | A | A | A | A | A | A | A |
| AP057 | Delivery of information content to support flow/efficiency | MD | A | A | G | G | G | M | G | G | G | G | G | G |
| AP058 | Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre | MD | G | G | A | A | A | A | A | A | A | A | A | A |
| AP059 | Provision of infrastructure and access to support care closer to home | MD | A | A | A | A | A | A | A | A | A | A | | |
| AP060 | Support Eye Care Transformation | MD | G | G | G | G | G | G | G | G | Completed specified activity | | | |
| AP061 | Implement Tracker 7 cancer module in Central and East. | MD | A | A | G | G | A | M | A | A | A | A | | |

2019/2020 Challenges not met within Year / Going Forward

2019 2020 Tier 1 Informatics Corporate Risks

| Datix ID | Description | Risk Score |
|----------|---|------------|
| CRR10a | <p>There is a risk that the national infrastructure, technical architecture and products are not fit for purpose and do not allow the Organisation to deliver benefits when planned. This may be caused by</p> <ul style="list-style-type: none">a) a one size fits all approach.b) products which are not delivered as specified (e.g. time, functionality and quality).c) the approach of the National Programme to mandate/design systems rather than standards.d) poor resilience and a "lack of focus on routine maintenance".e) Supplier capacity leading to commitment or delivery delays.f) Historic pricing models that are difficult to influence / may not be equitable. <p>This could result in negative impacts in several key areas including:- Patient outcomes. An inability to support the strategic direction of the Health Board. Delays to delivery of transformational change. Inefficient workflows, poor system usage. Increased costs as we maintain multiple systems / pay inequitable prices. Delays with the delivery of cost saving schemes.</p> | 20 |
| CRR10b | <p>There is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.</p> | 16 |
| CRR10c | <p>There is a risk that digital services within the Health Board are not fit for purpose. This may be due to:</p> <ul style="list-style-type: none">(a) A lack of capacity and resource to deliver services / guide the Organisation.(b) Increasing demand (internally from users e.g. for devices/ training and externally from the public, government and regulators e.g. growing need for digital services).(c) the moving pace of technology. <p>This could lead to failures in clinical and management systems, and a failure to support the delivery of the Health boards strategy / plans impacting negatively on patient safety/outcomes. It may also pose a greater risk to the Health board of infrastructure failures and cyber-attack.</p> | 16 |

2019/2020 Capital and Revenue Expenditure

Year-end capital funding and expenditure summarised as follows:

| Funding | Group | Approved Budget | Total Expenditure | Budget less Spend |
|---------------|---------------------------------------|------------------|-------------------|-------------------|
| All Wales | All Wales | 663,000 | 590,413 | (72,587) |
| Discretionary | Original Discretionary Programme | 2,807,056 | 2,788,437 | (18,619) |
| | WG Digital Priorities Investment Fund | 1,750,000 | 1,750,000 | 0 |
| | Grand Total | 5,220,056 | 5,128,850 | (91,206) |

Overall, year-end expenditure was satisfactory given the disruption and challenges experienced by Covid-19 towards the latter end of March. Underspend of £72,587 on the all Wales schemes was principally attributable to the delay in recruiting suitably experienced staff to support the WPAS project. Additionally, supplier data migration and archiving costs were delayed, which further contributed to the overall underspend.

The Discretionary Programme successfully delivered the vast majority of schemes/projects with a minimal underspend of £18,619. In addition to the wide-ranging ICT infrastructure expansion and refresh projects, the programme also helped support the upgrading of a number of key clinical systems including Telepath, Omnicell, Episys Pharmacy labelling, Pharmacy facility monitoring, Haematology and Audiology.

The Digital Priorities Investment Fund proved positive with full out-turn. This funding afforded ICT the opportunity to strengthen a number of key infrastructure areas and technologies. One of the main elements of investment was around upgrading data circuits to the Health Boards community sites to support the ever increasing for bandwidth. Others areas of notable investment include refresh of core WiFi equipment and expansion of the ICT infrastructure monitoring and reporting systems.

Revenue

The annual revenue budget of £18.1m includes an additional £1.0m for the Microsoft 365 licence and new Cyber Security and digital enablement (£0.4m). The budget position includes an initial savings target of £0.3m, there was also a further stretch savings requirement of £0.4m.

As indicated in Figure 2, in Financial Year ending 2019/20, Informatics contributed an under spend £0.2m towards the Health Board's outturn deficit, thereby exceeding its total savings requirements. The under spend was generally attributable to: -

- Delays to the WCCIS project, resultant pay and non-pay savings circa £0.2m.

- Slippage on year-end funding allocations (the income variance of £0.5m includes £0.2m for WCCIS and £50k for MS365)
- Increased financial controls implemented during a period of financial recovery, including enhanced BCU wide recruitment controls

Figure 2

| | Annual Budget | WTE Budget | WTE Actual | Budget | Actual | Cumulative Variance |
|-----------------------|---------------|------------|------------|------------|------------|------------------------|
| Income Total | -37,257 | 0 | 0 | -37,257 | -586,099 | -548,842 |
| Total Pay | 12,971,751 | 417.04 | 397.56 | 12,971,751 | 12,678,439 | -293,312 |
| Total Non- Pay | 5,144,101 | 0 | 0 | 5,144,101 | 5,780,908 | 636,807 |
| Report Total | 18,078,595 | 417.04 | 397.56 | 18,078,248 | 17,873,248 | -205,347 |

| | | | | | | | |
|---|--|---|--------------------------|--|-------------------------------------|--|--------------------------|
| Cyfarfod a dyddiad: Meeting and date: | Digital and Information Governance Committee 19/06/2020 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | <i>Public</i> | | | | | | |
| Teitl yr Adroddiad Report Title: | Informatics Quarterly Assurance Report; Quarter 4 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Dr David Fearnley, Executive Medical Director | | | | | | |
| Awdur yr Adroddiad Report Author: | Dylan Williams, Chief Information Officer, <i>et al.</i> | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Chief Information Officer and Executive Medical Director | | | | | | |
| Atodiadau Appendices: | Informatics Quarterly Assurance Report | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The DIGC is asked to:- | | | | | | | |
| <ol style="list-style-type: none"> 1. note compliance with legislative and regulatory responsibilities which relate to the Informatics Services and 2. to advise the service of any additional metrics required to improve assurance. | | | | | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | <input type="checkbox"/> | Ar gyfer Trafodaeth For Discussion | <input type="checkbox"/> | Ar gyfer sicrwydd For Assurance | <input checked="" type="checkbox"/> | Er gwybodaeth For Information | <input type="checkbox"/> |
| Sefyllfa / Situation: | | | | | | | |
| The purpose of this report is to provide the Digital and Information Governance Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met which relate to Informatics services. | | | | | | | |
| Cefndir / Background: | | | | | | | |
| This report provides key performance indicators that relate to the quality and effectiveness of information and information systems, against which the Health Boards performance may be regularly assessed. | | | | | | | |
| The Informatics Quarterly Assurance Report is an evolving document that will continue to be developed to meet the needs of the committee. The committee is encouraged to advise of any additional requirements. | | | | | | | |
| This is the final Assurance report of 2019/20. | | | | | | | |

Asesiad / Assessment & Analysis

This is the final report of the year and the first report which highlights initial impact of COVID-19 on Informatics. The full impact of the pandemic will need further work and analysis during the next few months. It is evident, however, that COVID-19 will create further demand for informatics service over and above what was in current operational plans and priorities

Overall informatics has maintained good compliance with existing measures and actions. However, the main issues of significance include:

- Clinical coding maintained good compliance and focused well on coding COVID-19 related activity.
- Major national systems progress has been impacted, including
 - WPAS in the west has been delayed until May 2021 but it should be noted that the demand for the expertise required for the WPAS implementation is also required for managing COVID-19 related outpatient and virtual consultations.
 - The WEDS business case has been supported by the WEDS programme board but will need approval by the Health Board due to financial impact.
 - WCCIS remains a high-risk project and it has been noted that system that had been delivered to time and scope would have been highly beneficial during the COVID-19 crisis.
- Work on the Digital Health Record full business case has continued and has been submitted to the business case review group.
- The identified risk to Access to Health Records Service remains a concern and will require further resourcing.
- Due to COVID-19 pressures clinical leadership took a decision to stop printing paper test results across the organisation, as part of the wider programme of adopting paper-free results management.
- Work on ensuring compliance with security requirements continued but the focus on COVID-19 but the increased computing hardware and technology that has been deployed during the past 12 weeks will require a thorough review and risk assessment on sustainability and security of the infrastructure and support teams.

Informatics Quarterly Assurance Report – 2019/20 Quarter 4

The purpose of this report is to provide the Digital and Information Governance Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met which relate to Informatics services.

This report also provides key performance indicators that relate to the quality and effectiveness of information and information systems, against which the Health Boards performance may be regularly assessed

Contents

1. National Audit Office Reports
2. Compliance
 - 2.1 Clinical Coding National targets
 - 2.2 Patient Records
 - 2.3 National Systems Projects
 - 2.4 ICT Security
 - 2.5 ICT Service Desk
 - 2.6 National and Local Systems Availability
 - 2.7 Data Standards Change Notices (DSCN)

This report will continue to evolve to meet the requirements of the committee based upon direction provided

1. National Audit Office Reports

The majority of recommendations that were specified as part of the **Wales Audit Office 2014 & 2018 Clinical Coding Audit** have now been implemented. Table 1 details the total number of

Table 1; *Status of Clinical Coding 2014 & 2018 recommendations*

| Summary of status | Total Number of Recommendations | Implemented | In Progress | Overdue | Superseded |
|-------------------|---------------------------------|-------------|-------------|---------|------------|
| Qtr1 | 15 | 3 | 12 | 0 | 0 |
| Qtr2 | 13 | 8 | 3 | 1 | 1 |
| Qtr3 | 13 | 9 | 1 | 2 | 1 |
| Qtr4 | 13 | 10 | 0 | 2 | 1 |

Whilst progress continues the table also highlights that two recommendations are overdue and one is scheduled for completion. Both overdue recommendations have been delayed due the coding departments reduced staffing and coding completeness prioritisation during the COVID crisis.

Recommendations which are overdue are to: -

1. "Introduce a single coding policy and procedure across the health board which brings together all practices and processes to ensure consistency. The policy and procedure should include ensure coding practices are well described". This recommendation had an initial deadline of 18.11.2019 (2018 rec2a)

Latest Update; A coding policy has been created. The policy was due to be approved at Informatics SMT before submission to the Executive Management Group for approval. Unfortunately, the COVID crisis has prevented further progress from this stage.

2. Introduce a single coding policy and procedure across the Health Board which brings together all practices and processes to ensure consistency. These should address variations in practices across the three sites. Deadline of 31/03/2020 (2018 rec 2d)

Latest Update: All Standard Operating Procedures which supplement the policy are currently being written. Prioritisation of coding COVID activity and reduced staffing during this period has resulted in an extension to the 31/03/2020 deadline set.

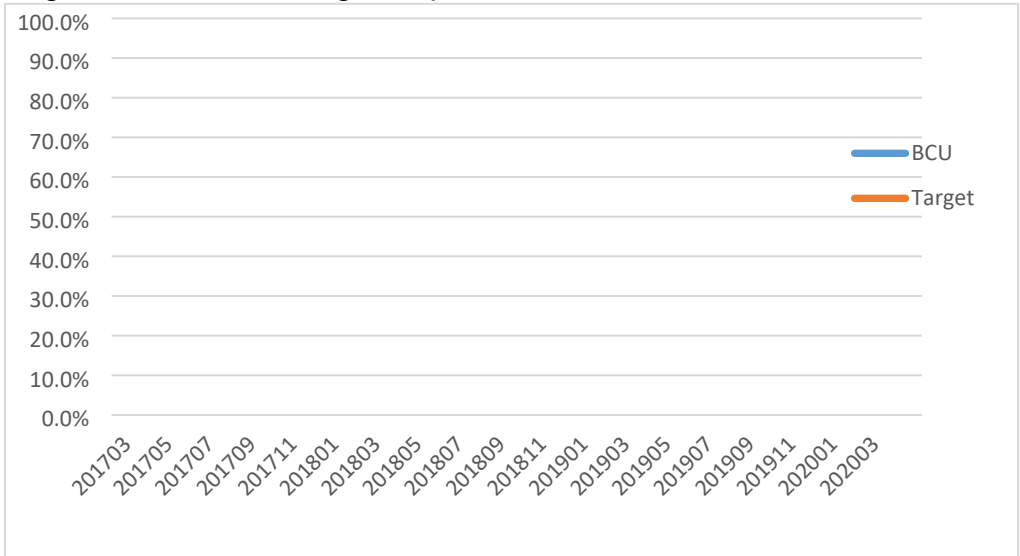
2. Compliance

2.1 Clinical Coding; National Coding Targets exist for clinical coding completeness and clinical coding accuracy. They form part of the Welsh Government NHS delivery framework, this details how NHS Wales will measure and report performance.

There are several reasons as to why clinical coding completion in a timely manner is vital. Examples provided by Welsh Government include to allow monitoring of treatment effectiveness and clinical governance, to monitor public health trends and to enable assessment and scrutiny in delivering the condition specific Annual Quality Plans and Tier 1 measures.

The coding completeness in BCU for March 2020 was 95.2% against the National target of 95%. (This target measures the percentage of clinically coded episodes within 1 month of episode end date). The following graph depicts how the Health Board has improved its compliance since March 2017 to reach National target compliance.

Figure 1; BCU's Coding Compliance



In addition to the benefits of timely coding highlighted by the Welsh Government, the improvement in coding completeness enables the Health Board to work with timely data to support Freedom of Information requests, Costings, Mortality data and Internal Audit.

As previously reported, the second National Target of Coding Compliance requires an improvement in the accuracy score attained in the annual National Clinical Audit Program. The National Audit Programme for coding which is conducted by NWIS to review accuracy and compliance with National coding standards commenced their scheduled reviews in BCU at the end of Qtr.2. The review concluded that the Health Board achieved the Tier 1 measure target of improving the overall accuracy scoring. The Clinical Coding accuracy increased by 3.41% to 93.03% in the 2019 audit in comparison with 89.62% accuracy scoring in 2018. The 2020 audit

has been postponed due to COVID, and it is expected that the national coding audit program will resume in 2021.

This means that we are achieving both Tier 1 targets for clinical coding.

COVID-19 Coding: The coding department have coded 93% of COVID related discharges between the 10th March 2020 and the 31st May 2020. The table below details the number of cases;

| COVID Discharges 10/03/2020 – 31/05/2020 | |
|---|-----|
| Positive Discharges | 593 |
| Suspected Discharges | 120 |
| Number of Discharges Coded | 664 |

2.2 Patient Records; are subject to a tier 1 risk - *There is a risk that the right patient information is not available when required. This is caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This may result in a failure to support clinical decisions for safer patient outcomes and an inability to meet our legislative duties.*

The control and mitigation of this risk will be delivered through the 'Patient Record Transition Programme', the latest updates are:

2.2.1 Digital Health Record (DHR) Project: Status (Amber) – *The aim is for a single view of the patient record supporting integration with local and national systems in Wales and beyond.*

The results alongside the completed evaluations across all the tiers were presented to DHR Steering Group on the 6th March 2020. The Covid crisis halted progress on the full business case, which has now

resumed with a revised date of submitting to the Finance & Performance Committee and Health Board meetings in July - following a review of the case by the Business Case Review Panel and Executive Management Group in June. If approved by the Health Board, a notice will be posted to the Welsh Government for ministerial approval to proceed.

2.2.2 Results Management Project: (Amber) – *The aim is to address the low assurance by; digitising the full results management process, stopping printing results, increasing digital test requesting, providing opportunities for mobilisation of the process and providing assurance reports on the tests not viewed and results not actioned.*

It has been just over 2 months since the printing of all Blood Science and Microbiology pathology results (excluding cytology and histology) was stopped in response to the pressures and risks introduced with the COVID-19 pandemic. Project Board re-started in June to review impact of the interim decision and have set urgent action to set out and evaluate the options for the short to long term. The project is also being impacted by delays in NHS Wales Informatics Service to planned Welsh Clinical Portal releases that will address issues in the Results Notification application.

2.2.3 Digital Dictation/Speech Recognition (DDSR) Project: Status (Amber) - *aim of delivering a DDSR solution, which will modernise the production and sign off of clinic letters and will be a key contributor to the achievement of a cohesive digitised patient record.*

Due to Covid crisis this project was put on hold, which has impacted the procurement route planned. Initial conversations to restart engagement have begun and a paper is being prepared to present to the Project Board at the end of June. In the meantime the upgrades to the existing product in use by the pilot users is well underway and on track.

2.2.4 (National) Welsh Nursing Care Record (WNCR) Project: Status (Amber) – *The admission form and 4 risk assessments have been successfully standardised across Wales. This project will initially (i) roll out these standardised forms and (ii) pilot the national application on adult wards.*

Due to Covid crisis this project was put on hold during the pilot. Work has re-started with the National Team requesting representation to the business continuity workstreams in July. The BCU Nursing Lead will return from Covid duties end of June, after which the BCU Project Board will meet to conclude the evaluation and agree next steps.

2.2.5 Access to Health Records Project (ICO Recommendation): Status (Amber) – *This will not only ensure a standardised response to Access to Health Record requests within BCUHB but will digitise the process to ensure future compliance with all aspects of GDPR and the DPA 2018.*

The Service identified the additional resource required to fully implement, and the Head of Service submitted the cost pressure – however this has not been supported. The thorough quality assurance process in the new service and increased demand from solicitors is making it difficult to stabilise the service without the additional resource and breaches are being monitored. The positive aspect of this report is that the new processes are of a high standard and the team is innovative in trying to keep these standards whilst trying to remove any and all waste in the process to reduce breaches. Many more instances of commingling are being picked up with the improved quality assurance process, which makes it difficult to reduce the standards of the quality assurance itself. An updated SBAR is being prepared for escalation.

2.2.6 Baseline PAN-BCU Project: Status (Pre- Formal Start) – *In response to the HASCAS/Ockenden recommendations, there has been a portfolio change so that all patient records (circa. 25 types beyond ‘acute’) are now under the responsibility of the Executive Medical Director. This will require (i) a full baseline of all patient records held to measure their compliance against legislation and standards of good record keeping, and (ii) develop recommendations to deliver this in the future.*

Pre Covid, the post of Project Manager was advertised as a 12 month secondment, however no candidates met the essential skills. The approach to this task is being reviewed post-Covid to ensure compliance with new restrictions in the undertaking of the review, with a focus on how to progress this at pace.

2.2.7 Update on Other Key Compliance Issues:

National Infected Blood Inquiry (IBI) - Whilst IBI Project Board is satisfied that controls are effectively in place to manage the responses to the inquiry, there is a significant storage issue due to the embargo on the destruction of any casenote types for the period of the inquiry (est. 5 years).

This issue remains in good control and is cited for visibility as a live issue.

Relocation of the YGC File Library – The YGC File Library Programme Board needs to develop a single business case for a new pan-central file library to relocate (as a minimum) the acute records from both the Ablett and the portacabin – taking account of the plans for a DHR, by April 2021 in line with the Mental Health Service Business Case.

Pending the outcome of the Mental Health Service Outline Business Case (OBC); the options for the long-term location of the File Library are mapped out with the aim to have all data ready to apply to the most optimal location.

2.3 National System Project Updates

2.3.1 WPAS West Project: Status (Amber) – *Phase 3 of the Welsh Patient Administration Programme. This will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites.*

After completing Data Migration event 4 against planned timescales, the WPAS project endured a temporary suspension period during April due to key resources across Informatics, Operational Services and third-party suppliers being diverted to work on COVID-19 priorities. This delay, and other contributing factors, have meant that the planned November 2020 Go Live date is no longer a viable prospect and a revised date in May 2021 has been approved.

2.3.2 WEDS Project: Status (Amber) – *Phase 1 of the Welsh Emergency Department System is to implement a non-integrated stand-alone version of the system in BCU West including the minor injury units (MIU's). Phase 2 will upgrade the BCU East System including MIU with further extensions to include Central MIU's (phase 3) before a final phase to move all areas onto the fully integrated WEDS solution.*

Approval to implement in BCU West during July 2020 was given at the February Project Board. The revenue business case, to support ongoing costs and resources, is awaiting approval and is therefore a risk to the planned go-live date. The COVID-19 lockdown period is also affecting the projects ability to train staff and may affect necessary on-site support from the supplier. Both risks are being monitored and have been escalated.

2.3.3 Welsh Community Care Information System (WCCIs): Status (Red)

Planning for the prototype has continued and BCU are leading the workstream for the WCCIS prototype work. Monthly meetings have

taken place with the between HB and the LA to look at system configuration and security. Final planning is dependant on the business process workstream. WCCIS workstream was on target prior to COVID-19

2.4 ICT Security; *is the ability to protect the confidentiality, integrity and availability of digital information assets. A range of tools and processes have and are being adopted within the Health board to support ICT security and keep our assets safe. Of particular note: -*

2.4.1 Cyber Security. Whilst there have been no major incidents affecting the organisation in quarter four, there have been a number of email phishing attempts targeted at NHS Wales email addresses over the last few months. These attacks try to maliciously scam the user out of private information. These emails are prevented from reaching our staff by several layers on our network e.g. perimeter security and email server scanning technologies. There has also been a significant increase of cyber-attacks over the last few months that have made the news and reinforces the requirements of the Health Board to ensure data is kept secure. A series of communications has been developed and sent to BCUHB staff highlighting the increase and providing them with guidance on how to identify these and advice on how to stay safe online.

2.4.2 Palo Alto Firewall: The Palo Alto next generation firewall implementation continues to be developed and is an effective part of BCUHB's overall 'defence in depth' providing multiple layers of Cyber Security at the perimeter of the BCUHB Corporate network.

2.4.3 Desktop Standardisation Project: The ICT Services Team are actively engaged in a Desktop Standardisation Project with the following aims;

- To deploy Microsoft Windows 10 version 1903 to all devices where it has not been possible to upgrade to Windows 10 previously.
- To establish a rolling replacement programme, alongside an update process that keeps the estates within 6 months of the latest operating system release, as well as patched to the correct level at the application, operating system and driver.
- To have a standardised desktop, with drive and printer mappings the same across the organisation.
- For all staff to have the same experience using BCUHB ICT services regardless of which location they are accessing them from.

2.4.4 Windows 10 Migration: On the 14th January 2020 Microsoft stopped updating and providing support for Windows 7, as such this is considered “end of life”. An agreement has been reached with Microsoft for NHS Wales until January 2021 that they will continue to provide security patches releases only. The desktop replacement programme aims to ensure migration from Windows 7 in line with these timescales. The table below shows the number of devices within BCUHB on each operating system at the end of quarter 3 and quarter 4 which demonstrates the progress of this project.

| Operating System | QTR 3 | QTR 4 |
|------------------|-------|-------|
| XP | 20 | 19 |
| Windows 7 | 6669 | 4469 |
| Windows 10 | 6119 | 8799 |

2.4.5 Operating Systems and Patch Management: Software which supports a computer’s or servers’ basic functions such as

scheduling of tasks is known as its operating system. BCUHB has a several operating systems in use which are detailed in table 2. Table 2 also provides the number of devices using the operating system and where applicable our compliance with “testing and deploying” software updates released by the vendor to support “bug resolution” and security.

On the 14th January 2020 Microsoft stopped updating or providing support for Windows 7, as such this is considered “end of life”. This has been extended for the NHS Wales until January 2021 for security patches releases only. A desktop replacement programme aims to ensure migration from Windows 7 in line with these timescales.

At the end of quarter, the number of Windows 7 devices continues to be reduced (4,496 down from 6,669 counted last quarter) and the number of Window 10 devices are increasing (8,789, up from 6,119 reported last quarter) as the Windows 7 devices are being upgraded or replaced to move them to Windows 10. Please note that the Windows 10 and Office 2016 figure are lower than the target due to several factors. We are continually upgrading older software to latest version and this leads to patching delays. Each instance is resolved within a period of two week. The other main factor is due to machines not being used or available on the network to patch to the normal levels due to the current COVID working practices. Again, as soon as these machines appear on the network, they are patched appropriately.

Table 2; March 2020 Operating System data.

| Operating System | Device Count | % Compliant | % Target |
|-----------------------|--------------|-------------|----------|
| Windows 7 | 4,471 | 95.2% | 90% |
| Windows 10 | 9,107 | 83.0% | 90% |
| Office 2007 | 4,830 | 94.0% | 90% |
| Office 2010 | 30 | 98.3% | 90% |
| Office 2013 | 457 | 82.9% | 90% |
| Office 2016 | 7,347 | 69.1% | 90% |
| Servers | 798 | 90.1% | 90% |
| Average Desktop OS | | 97.3% | 90% |
| Average Office apps | | 88.3% | 90% |
| Average all platforms | | 95.6% | 90% |

2.5 ICT Service Desk; Calls logged with Informatics increased in the fourth quarter to 23,458 which is an increase of 5.1% on the previous quarter and an increase of 8.6% from the same time last year.

Further increases are linked to the Coronavirus pandemic as with an additional 1,940 calls logged over the month of March, an 29.5% increase from the same time last year. From the 18th March we instigated our Business Continuity Plan, allowing Service Desk staff to work from home in accordance with guidance. Due to the increasing requests of our Service Users and the resulting number of calls we accelerated an update to our live chat service, ensuring that by the 22nd March it was fully staffed and is providing an additional ICT support service to our users during a very challenging time.

2.6 National and Local System Availability

2.6.1 National Systems; During the 3 months January to March 2020 there have been 16 incidents of national system failure that have affected BCU Operational and Informatics teams.

To date no related known incidents or harm have been reported.

System failure is categorised as:

- ❖ 9 Welsh Clinical Portal (WCP) failures, which included:
 - WLIMS failures
 - Messaging Errors
 - eMPI failures
 - Interfacing issues
- ❖ 5 Medical Transcription and eDischarge (MTeD) failures, which included:
 - Delays in viewing results
 - Unavailability of the GP Record
- ❖ 2 WelshPAS (WPAS) failures, which all include:
 - No access to system as all during the affected time.

Systems Unavailability has been categorised as (please note that not all downtime length was able to be calculated)

- PAS System (Community Myrddin and WPAS) was unavailable for a total of 30 minutes approx.
- WCP was unavailable for a total of 50 hours 25 minutes approx.
- MTeD was unavailable for a total of 9 hours 60 minutes approx.

Work is underway to identify metrics and create processes that will capture the impact of National and local system downtime in a more meaningful way.

2.6.2. Local Systems; with the advent of the security of Network and Information Systems Regulations (NIS Regulations*) in 2018, the way in which we record unplanned outages has changed and been adapted to assist with mandatory reporting under these regulations.

In the last quarter (January – March 2020), there have been 20 incidents of user affecting unplanned outages.

- 10 Network connectivity incidents. The majority of these have been down to power outages to the site.
- 7 Telecoms incidents. Which reported a partial loss of telephony in a number of areas of the Health Board.
- 3 Server related incidents. These incidents affecting nodes of our virtual server estate resulting in 1.05 hours of downtime for the affected services. These machines have since been upgraded via our capital program.

***Note:** The Security of Network & Information Systems Regulations (NIS Regulations) provide legal measures aimed at boosting the overall level of security (both cyber and physical resilience) of network and information systems for the provision of essential services and digital services.

2.7 Data Standards Change Notices (DSCN).

There were 5 DSCNs issued in quarter 4.

- One was relating to definition changes (virtual clinics) with no impact on reporting, we're compliant with DSCN 2020/01 relating to maternity indicators (there was no change for us).
- DSCN 2020 /03 relates to GP out of hours and so no impact for Information.
- DSCN 2020/04 relates to Clinical coding and introduces version 4.9 of the Office of Population Censuses and Surveys

Classification of Interventions and Procedures (OPCS) across NHS Wales which will update the admitted patient, outpatient and radiotherapy datasets. Coding software has been updated in East and Central but pending in West due to resource constraint.

- DSCN 2020/05 relates to the mental health measure and was issued just as we went into COVID response, this will require some work with the service to understand the impact and compliance.

The Information team continues to work with colleagues in the services to improve reporting compliance.



| | | | | | | |
|---|---|---|---|--|---|--------------------------------------|
| Cyfarfod a dyddiad: Meeting and date: | Digital and Information Governance Committee 19th June 2020 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Information Governance Quarter 3 2019/20 Key Performance Indicators (KPI) Report | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery | | | | | |
| Awdur yr Adroddiad Report Author: | Carol Johnson, Head of Information Governance | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Reviewed and approved by the Deputy CEO and the Data Protection Officer. | | | | | |
| Atodiadau Appendices: | Appendix 1 - Key Performance Indicators: Quarter 3 - October 2019 to December 2019 | | | | | |
| Argymhelliad / Recommendation: | | | | | | |
| The Digital and Information Governance Committee is asked to: | | | | | | |
| <ul style="list-style-type: none"> Receive and note the assurance provided in compliance with the Data Protection and Freedom of Information Legislation. | | | | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | √ | Ar gyfer sicrwydd For Assurance | √ | Er gwybodaeth For Information |
| Sefyllfa / Situation: | | | | | | |
| It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation. Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information. | | | | | | |
| Cefndir / Background: | | | | | | |
| The term 'Information Governance' is used to describe how organisations manage the way information is handled. It covers the requirements and standards that Betsi Cadwaladr University Health Board (BCUHB) needs to achieve to fulfil its obligations that information is handled legally, securely, efficiently, effectively and in a manner which maintains public trust. | | | | | | |
| Information Governance applies the balance between privacy and sharing of personal confidential data and is therefore fundamental to the health care system, both providing the necessary safeguards to protect personal information and an effective framework to guide those working in health to decide when to share, or not to share. | | | | | | |
| Asesiad / Assessment & Analysis | | | | | | |

There is a comprehensive and complex range of national guidance and legislation within which BCUHB must operate, and this KPI report includes compliance with:

- Freedom of Information Request Profile
- Data Protection Act – Subject Access Request Profile
- Information Governance Incidents and Complaints
- Requests for access to information systems (IG10)
- Information Governance Training
- Information Governance Service Desk (IG Portal)
- National Intelligent Integrated Auditing Solution (NIIAS) notifications
- Information Governance Compliance Audits
- Sharing of information
- Data Protection Impact Assessments (DPIAs)

This report provides a high-level analysis, highlighting any trends or issues of significance. Action taken to address the issues of significance and drive continuous improvement is also summarised.

Strategy Implications

| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i> | √ |
|---|---|---|---|
| 1.To improve physical, emotional and mental health and well-being for all | | 1.Balancing short term need with long term planning for the future | |
| 2.To target our resources to those with the greatest needs and reduce inequalities | | 2.Working together with other partners to deliver objectives | √ |
| 3.To support children to have the best start in life | | 3. Involving those with an interest and seeking their views | |
| 4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being | √ | 4.Putting resources into preventing problems occurring or getting worse | √ |
| 5.To improve the safety and quality of all services | √ | 5.Considering impact on all well-being goals together and on other bodies | √ |
| 6.To respect people and their dignity | √ | | |
| 7.To listen to people and learn from their experiences | | | |

Financial Implications

Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.

Risk Analysis

Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.

Legal and Compliance

It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation.

Impact Assessment

Due regard of any potential equality/quality and data governance issues have been addressed during the production of this report.

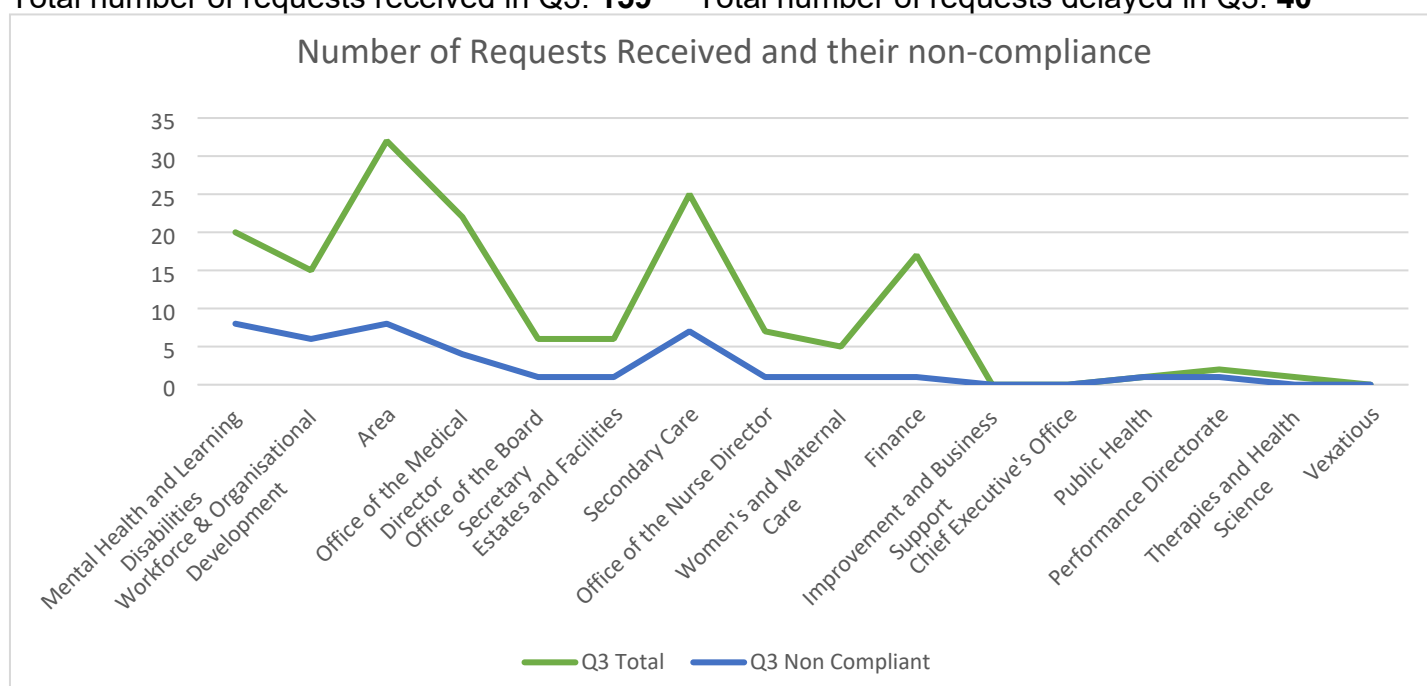
Appendix 1 - Key Performance Indicators: Quarter 3 - October 2019 to December 2019

In line with the feedback received from the Digital and Information Governance Committee (D&IG) all future KPI reports will be for the full quarter data.

1) Freedom of Information Requests

The compliance level for responding to a request within the standard of 20 days has decreased to **74%** this quarter, down from 86% last quarter. We will continue to provide support to the Divisions to maintain and increase this level of compliance and will issue awareness raising material to raise the profile of the legislation across the Health Board. For noting, two requests remain open from December and continue to breach the timeframe.

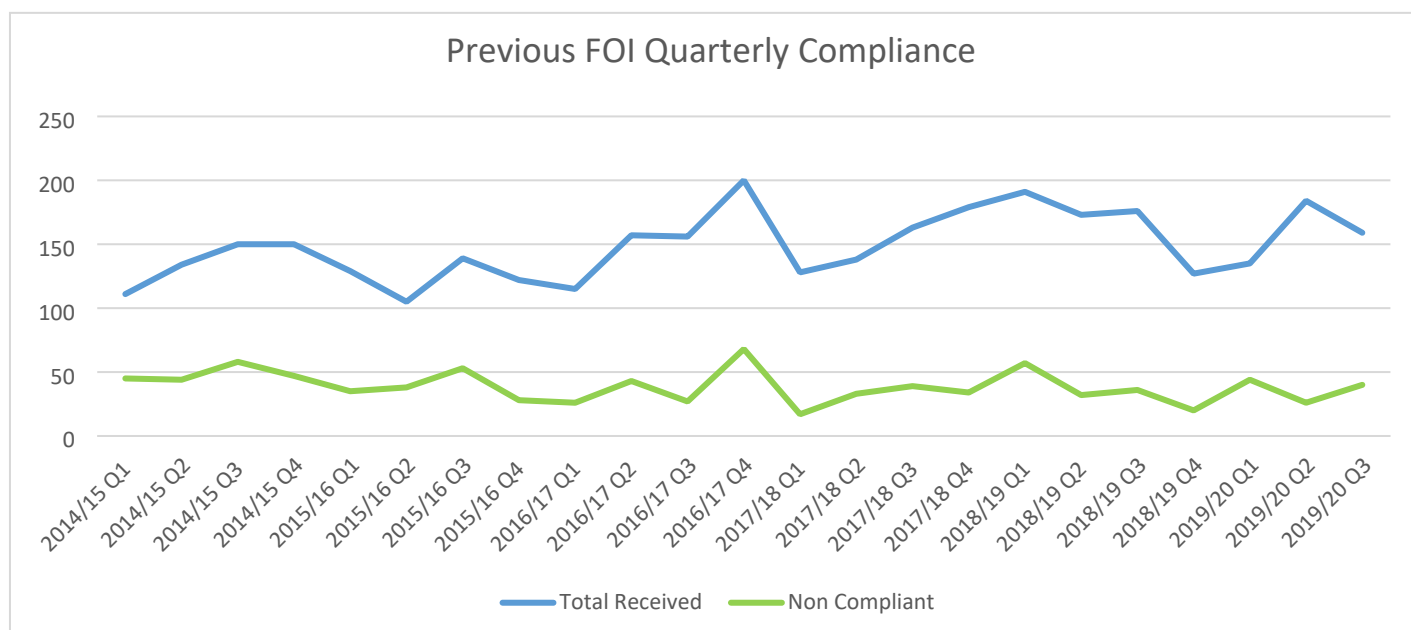
Total number of requests received in Q3: **159** Total number of requests delayed in Q3: **40**



Below is the list of reasons for the delays:

- 24 delays in obtaining/receiving information from FOI Leads
- 3 delays due to the non-approval of response by Executive Lead
- 6 delays due to the late approval by Executive Lead
- 1 delay due to multiple executive approval
- 3 delays due to late receipt of request by Information Governance
- 3 delays due to the formulation of the final response from Information Governance Team.

The below chart shows requests received by the Health Board on a quarterly basis, mapped against non-compliance:



FOI Exemption and internal reviews

Please note due to the timeframe permitted under the Act for applicants to request an internal review some reviews may not be captured in time for this report, however they will be captured within the Information Governance Annual Report.

For quarter 3, please see table below for this detailed breakdown:

Please note that none of the internal reviews carried out used an exemption.

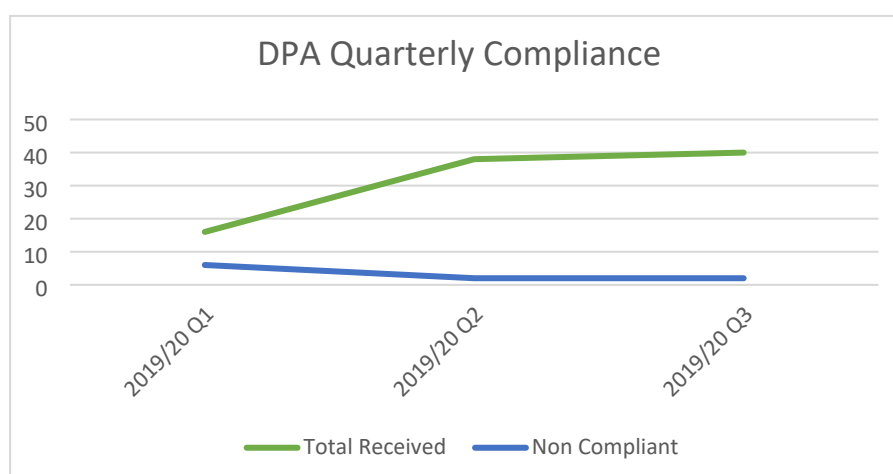
| Exemption | Exemption Category | Total | Internal Review | Upheld/ Overturned |
|---|---|-----------|-----------------|-------------------------------|
| S21 - Information accessible by other means | Absolute – No Public Interest Test required | 8 | 0 | |
| Section 31 – Law Enforcement & Section 38 – Health and Safety | Prejudice based, so Public Interest Test assessed | 1 | 0 | |
| Section 40 - Personal Information | Absolute – No Public Interest Test Required | 6 | 0 | |
| Section 43 - Commercial interests | Class Based, so Public Interest Test assessed | 3 | 0 | |
| No exemption used | | 5 | 5 | 3 x upheld 2 x in progress |
| Total | | 23 | 5 | |

2) Data Protection

Subject Access Requests for non-clinical information

The compliance level for responding to a request within the standard of 28 days has increased again to 90% this quarter. We will continue to provide support to the Divisions to maintain and increase this level of compliance.

| Requests | Total |
|---|---------------|
| SAR | 20 |
| Verbal SARs | 1 |
| Total | 21 |
| Requests from 3rd Parties | |
| Solicitors / Local Authority | 8 |
| Police | 11 |
| Total | 19 |
| Total Requests Received | 40 |
| Total number of breaches (dealt with outside 28 day timeframe) | 2 (5%) |

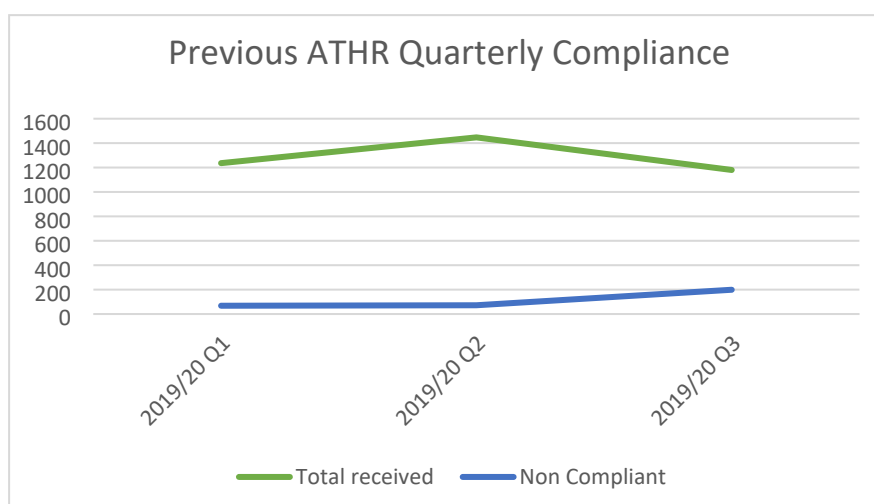


Subject Access Requests (SAR's) for clinical information and requests from 3rd parties

The transition to the new centralised ATHR Service has introduced new standard operating procedures, including a more robust quality assurance process, and the establishment of the new team. While we maintained the compliance rate during quarters one and two, as anticipated there was an impact on compliance for quarter three with an increase of non-compliance of 10.9%. To support the organisation in complying with SARs, the ATHR Service has recently implemented the use of the 'Applied extended timescale' as part of their daily processes, in the event that a SAR is considered complex or excessive in line with the DPA legislation, allowing the organisation to extend the 28 day timescale up to a maximum of 3 months.

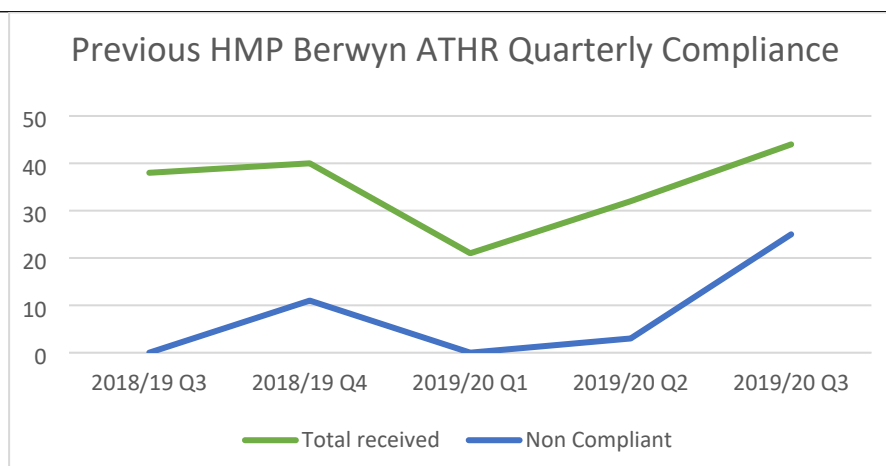
Unfortunately reporting methods were unable to show the number of SARs whereby the applied extension of timescales were applied during this quarter and therefore the figures may show a higher breach figure, however the reporting methods are due to be reviewed in quarter 4 and will reflect the figures accurately for future reports. As noted in the table the requests have decreased from quarter 2, which was expected due to the festive period.

| ATHR Requests | Total |
|---|--------------------|
| Type of SAR | |
| Data Protection Act (Live Patients) | 905 |
| * Access to Health Records Act (Deceased Patients) | 32 |
| Total | 937 |
| Requests from 3rd Parties | |
| Court | 67 |
| Police | 173 |
| GMC | 3 |
| Total | 243 |
| Total Requests Received | 1,180 |
| Total number of breaches (dealt with outside 28 day timeframe) | 199 (16.9%) |



Figures provided in the table below are for requests received by HMP Berwyn. These figures are recorded separately as HMP Berwyn manage their own ATHR requests. The slight increase in non-compliance is due to service demand.

| HMP Berwyn | Total |
|---|-----------------|
| Solicitors Requests | 27 |
| Patient Requests | 17 |
| Total Requests received | 44 |
| Total number of breaches (dealt with outside 28 day timeframe) | 11 (25%) |
| Requests from 3rd Parties | |
| Police | 0 |
| Court (<i>Date Req. Set by Court</i>) | 0 |



GP Managed Practices

It was anticipated that data received from GP Managed Practices would be included in this report, however as they have only recently been asked to record this they were not in a position to provide the information for this quarter. Further work is ongoing to ensure future reporting and a governance approach to the accurate collation of this information which will commence in the 2020/21 quarter 1 KPI report.

3) Incidents and Complaints

All incidents are reported using the Health Board's Datix system. All serious incidents risk assessed as a category Level 2 in line with the Health Board's Notification of Information Security Breach Procedure are reported to the ICO and WG. For this quarter, 3 incidents were risk assessed as category level 2.

| Category | Sub Category | Number of incidents | Self-Reported to ICO / WG | Number of complaints | Complaints received from ICO |
|---------------------------------------|--------------------------------------|---------------------|---------------------------|----------------------|------------------------------|
| Non-compliance with policy/ procedure | IG02 Records Management | 2 | 0 | 0 | 0 |
| | IG11 Confidential waste | 1 | 0 | 0 | 0 |
| | IG13 Confidentiality code of conduct | 1 | 0 | 0 | 0 |
| | IG15 Safe storage & transport of PPI | 4 | 0 | 0 | 0 |
| | Confidentiality breach (internal) | 2 | 0 | 0 | 0 |
| Confidentiality Breach | Mail | 19 | 2 | 2 | 0 |
| | Email / Fax | 13 | 0 | 0 | 0 |
| | Records | 8 | 0 | 0 | 1 |
| | Data loss/PPI in public place | 5 | 0 | 0 | 1 |
| | Confidentiality breach (internal) | 1 | 0 | 0 | 0 |
| | Other | 3 | 0 | 4 | 0 |
| IM&T Security | Inappropriate access | 3 | 1 | 1 | 0 |
| | Records | 1 | 0 | 0 | 0 |
| Total | | 63 | 3 | 7 | 2 |

Self-reported incidents to the ICO

Two incidents have been self-reported to the ICO this quarter.

The first, a patient file was sent to the patient's close relative in error. Whilst the ICO have closed the incident with no further action given the immediate response and improvements implemented by the Health Board, they have however issued three recommendations to be followed up with the service. The IG Manager in the West will work with the Mental Health Team to ensure the recommendations from the ICO are followed up and acted upon.

The second concerns the continued inappropriate access to clinical systems. The full investigation report has been shared with the ICO and a response has not yet been received.

An update will be provided on the progress of both of these incidents in the quarter 4 report.

Complaints directly to the Health Board

7 data protection complaints were received during quarter 3. 3 related to personal data that was shared with Medacs when consent was not given, an apology was issued in each case and these complaints are now closed. 2 were in relation to external mail, one refers to the same incident above where a patient file was sent to the patient's close relative in error, the investigation into this is ongoing, and the other concerned personal details being sent to the wrong recipient, which has been investigated and closed. 1 incident concerned the 'shouting' of personal details which were then overhead by all in the waiting area. This prompted an IG compliance audit and improvements have been recommended to prevent reoccurrence. 1 incident related to the alleged unauthorised access of health records, this incident has been closed with new processes in place to escalate any inadvertent access.

Information Commissioners Office (ICO) Complaints

During Quarter 3, we received **2** complaints directly from the ICO.

- One complaint related to the way the Health Board processed an FOI request – No outcome received yet from ICO.
- One related to concerns raised that a set of medical records were lost for a period of time – No outcome received yet from the ICO.

The Health Board also received the outcome of an ICO complaint from November 2018. This involved the alleged naming of a patient in another relatives records. The Health Board's response noted that there was no information that could be provided. The ICO had contacted the data subject to advise them that there was no infringement and the case was closed but had not sent a response this final response to BCUHB.

Lessons Learnt/Actions Taken

- Reminders have been issued to staff to provide support with regards to the safe storage and transportation of information when posting, emailing and faxing.
- Staff have been reminded about the safe print functionality to avoid future potential breaches when printing information.
- All staff continue to be reminded to complete their mandatory Information Governance Training.

Personal Injury Claims

We have not received any personal injury claims in Quarter 3.

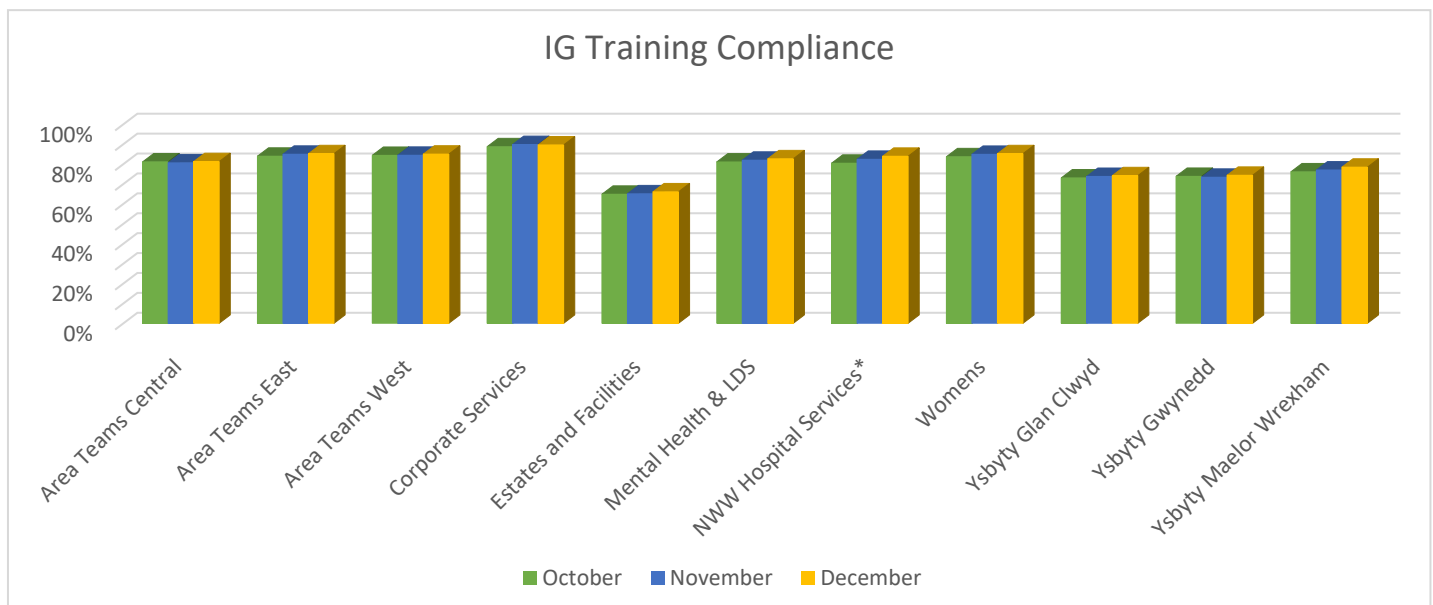
4) IG10 – Process for requesting, approval and review of information systems accessed by an employee

The IG10 procedure is to ensure that the correct and appropriate request and approval process is in place for access to information systems that are used by staff members as part of a serious untoward incident, investigation or a disciplinary matter. During the last quarter, the IG team approved **16** IG10 requests. A total of 29 systems were accessed as some of the requests stated multiple systems, these consisted of the following audits / access:

- 8 CCTV images
- 5 swipe access
- 8 access to Clinical systems
- 5 access to mail
- 3 access to internet

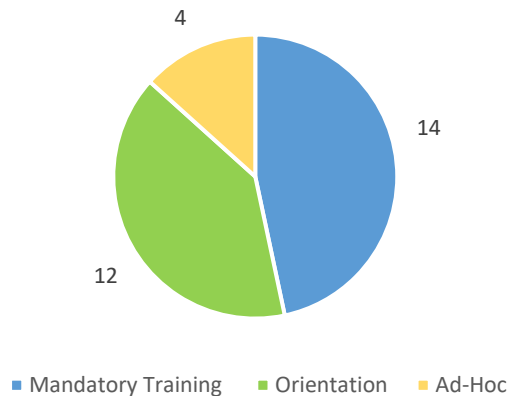
5) Training

Information Governance training is firmly embedded in all mandatory training days as well as mandatory clinician and nurse training days that are organised by the Post Grad centres. It is a requirement within the National Skills for Health Framework that this is refreshed every two years. The training includes Data Protection, Confidentiality, Information & IT Security, Information Sharing and Records Management.



*North Wales Wide Hospital Services previously known as Managed Clinical Services

Total Number of Information Governance Training Sessions Q3 2019/20



Total completed training via E-Learning, Face to face and completion of workbooks: **2,396**.

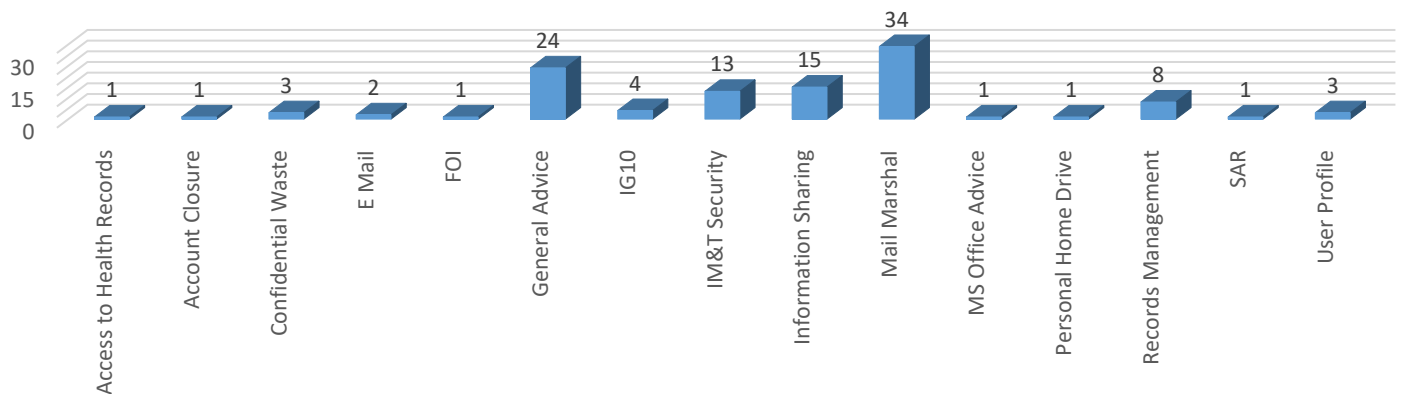
Targeted reminders have been issued to divisions to encourage further uptake of the mandatory training and this is being monitoring via the Integrated Quality and Performance Report.

The current compliance of mandatory IG training across BCUHB is **80%**.

6) Service Desk – IG Portal

During Quarter 3 2019/20 there were **112** calls received into the Information Governance Service Desk.

Service Desk Enquiries

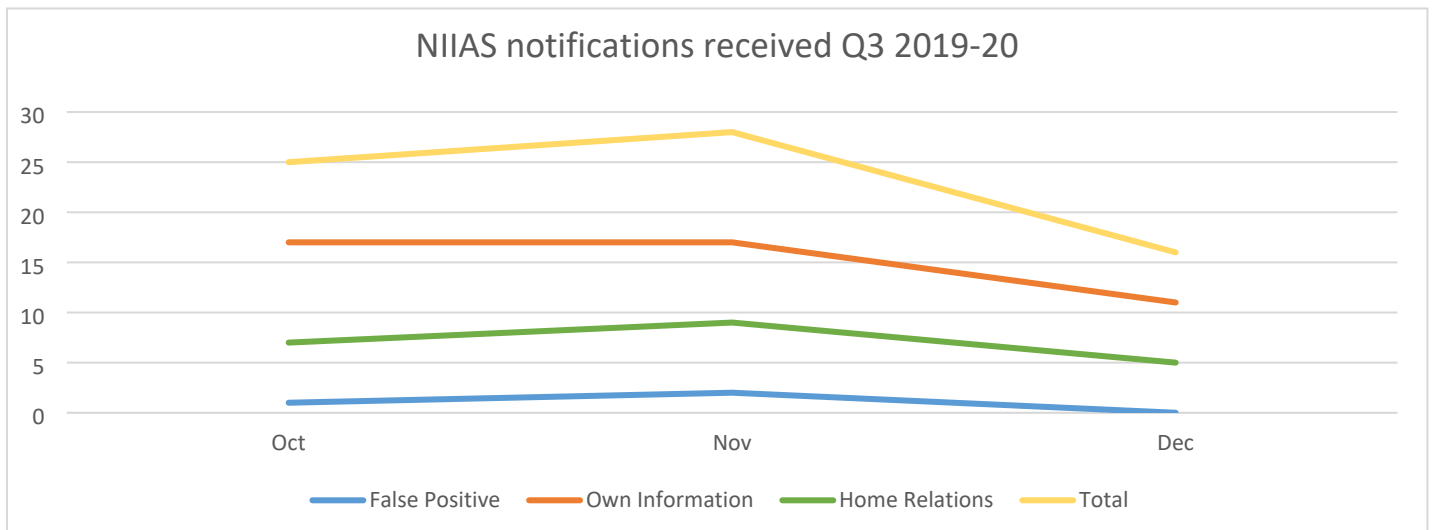


7) NIAS (National Intelligent Integrated Auditing Solution)

During Quarter 3 of 2019/20 there were **69** NIAS notifications received, an increase from last quarter. There were 45 incidents of staff accessing their own health information, 21 accessing relatives, and 3 false positives.

NIAS is managed by reviewing notifications on a daily basis. When a notification is received there is a formal procedure and the line manager and WOD are made aware of the incident in order to investigate, using the WP9 Disciplinary Policy where necessary. The IG team are informed if the access was found to be legitimate in order for the incident to be closed, if the access was not

legitimate IG are not usually informed of the final outcome but will ask for assurance that the incident has been dealt with appropriately before closing the incident. A reminder about inappropriate access was included in the December IG Bulletin and was sent to all staff via the Weekly Bulletin in December.



8) Information Governance Compliance Audit Findings

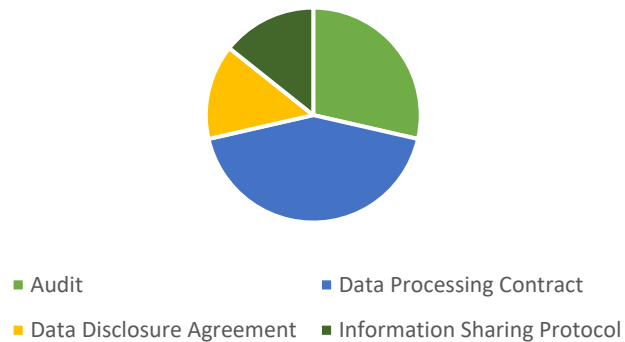
As part of the Health Board's requirement to ensure compliance with legislation, national and local standards, compliance checks are essential to provide assurance that the information is being safeguarded; areas of good practice are identified and areas of weaknesses are addressed via the production of an action plan. During this quarter, **5** compliance checks were undertaken. One audit was undertaken following a complaint, mentioned above, that patient details could be overheard. The department were advised to review the current reception layout including the repositioning of a sign which advises patients that they can provide their details in private should they wish. One audit was carried out in Aston House, recommendations here included displaying the All Wales Privacy Notice Your Information Your Rights, and an up to date non clinical photography poster. Home working risk assessments to be carried out if any staff are taking information home, and the urgent removal of a generic login used by Duty staff.

Three audits were carried out at the GP managed practices Penymaes Surgery, Dee View Surgery and Ruabon Medical Centre. There were no major issues identified at any of these practices and it was noted that records storage was good, training was up to date and there was good information governance knowledge amongst the staff.

9) Caldicott Guardian Decisions/Authorisations on behalf of the Board

As part of the role of the Caldicott Guardian there is a requirement for operational decisions or, as the delegated officer, to authorise information sharing on behalf of the Health Board where services or systems involve patient information. During this quarter there have been **7** authorisations signed by the Caldicott Guardian.

Caldicott Guardian Decisions/Authorisations on behalf of the Board



10) Data Protection Impact Assessments (DPIAs)

Patients have an expectation that their privacy and confidentiality will be respected at all times, during their care and beyond. It is essential therefore, when considering or implementing any new initiatives, that the impact of the collection, use and disclosure of any patient information is considered in regards to the individual's privacy. Carrying out a data protection impact assessment (DPIA) is a systematic way of doing this.

During Quarter 3 – 3 DPIAs have been approved:

1. OPAT Patient Management – To manage intravenous antibiotics.
2. PAMS Photo Transfer – Software to transfer clinical photographs from BCUHB smart phones to the PAS system.
3. Ophthalmology Validation – To complete evidence based Clinical Validation of Glaucoma caseloads, in line with NICE, The Way Forward – future care of patients with eye disease and patient standards for Glaucoma.



| | | | | | | |
|--|---|---|---|--|---|--------------------------------------|
| Cyfarfod a dyddiad: Meeting and date: | Digital and Information Governance Committee 19th June 2020 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Information Governance Quarter 4 2019/20 Key Performance Indicators (KPI) Report | | | | | |
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| The continuous negative impact on the Health Board's resources, strategy, tactics and operations triggered by the current prevailing Covid-19 situation underlines the need for maintaining and improving its information governance practice. This does not only put effective information governance compliance at the heart of the Health Board's approach to managing Covid-19 in continuously ensuring the safe delivery of its operations, business sustainability and financial viability but underlines the need move to more dynamic and different ways to working. | | | | | | |
| Cefndir / Background: | | | | | | |
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This report provides a high-level analysis, highlighting any trends or issues of significance. Action taken to address the issues of significance and drive continuous improvement is also summarised.

Strategy Implications

| Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i> | √ | WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i> | √ |
|---|---|---|---|
| 1.To improve physical, emotional and mental health and well-being for all | | 1.Balancing short term need with long term planning for the future | |
| 2.To target our resources to those with the greatest needs and reduce inequalities | | 2.Working together with other partners to deliver objectives | √ |
| 3.To support children to have the best start in life | | 3. Involving those with an interest and seeking their views | |
| 4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being | √ | 4.Putting resources into preventing problems occurring or getting worse | √ |
| 5.To improve the safety and quality of all services | √ | 5.Considering impact on all well-being goals together and on other bodies | √ |
| 6.To respect people and their dignity | √ | | |
| 7.To listen to people and learn from their experiences | | | |

Financial Implications

Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.

Risk Analysis

Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.

Legal and Compliance

It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation.

Impact Assessment

Due regard of any potential equality/quality and data governance issues have been addressed during the production of this report.

Appendix 1 - Key Performance Indicators: Quarter 4 - January 2020 to March 2020

In line with the feedback received from the Digital and Information Governance Committee (D&IG) all future KPI reports will be for the full quarter data.

1) Freedom of Information Requests

The compliance level for responding to a request within the standard of 20 days has decreased further this quarter from 74% to **70%** compliance.

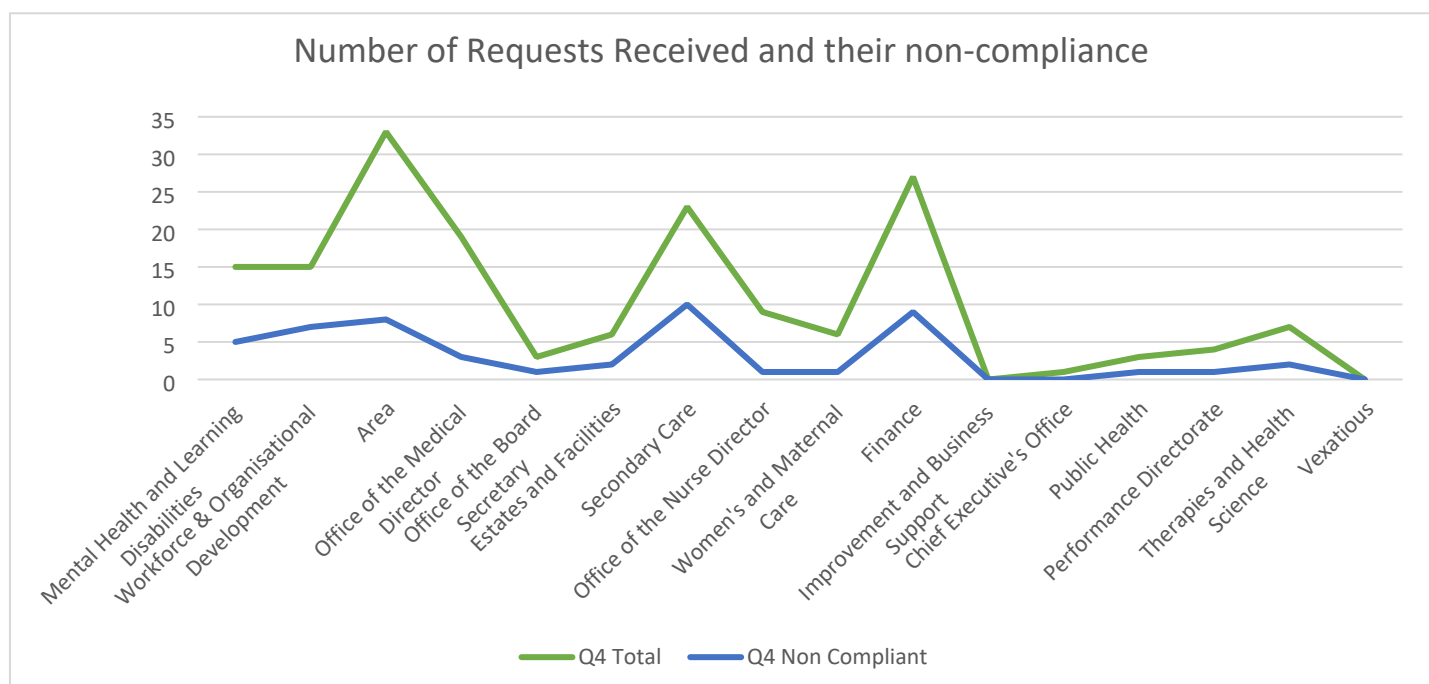
The overarching reason for delay continues to be a delay in receiving responses back within the given timeframes from the leads. The IG team will continue to work with and provide support to the Divisions to increase the level of compliance and will issue awareness raising material to raise the profile of the legislation across the Health Board.

It should be noted that COVID-19 also contributed to some delays in March. FOI leads advised due to staff availability, absence and/or redeployment there was not sufficient resources available to respond to requests. The Information Governance team acted proactively by advising the requestors that there may be a delay in the response and gave them the opportunity to withdraw their request or accept there may be a delay. The team also provided partial information where possible and agreed by the requestor. It should be noted that this decision was taken based on ICO guidance who also confirmed that whilst the regulatory deadlines could not be changed they were relaxing any action due to the knock on effect of the pandemic.

It is expected this will continue to affect the figures into the next quarter.

Internal delays for responses caused by the Information Governance team have been acknowledged and reviewed with steps being taken to avoid any reoccurrence.

Total number of requests received in Q4: **171** Total number of requests delayed in Q4: **51**

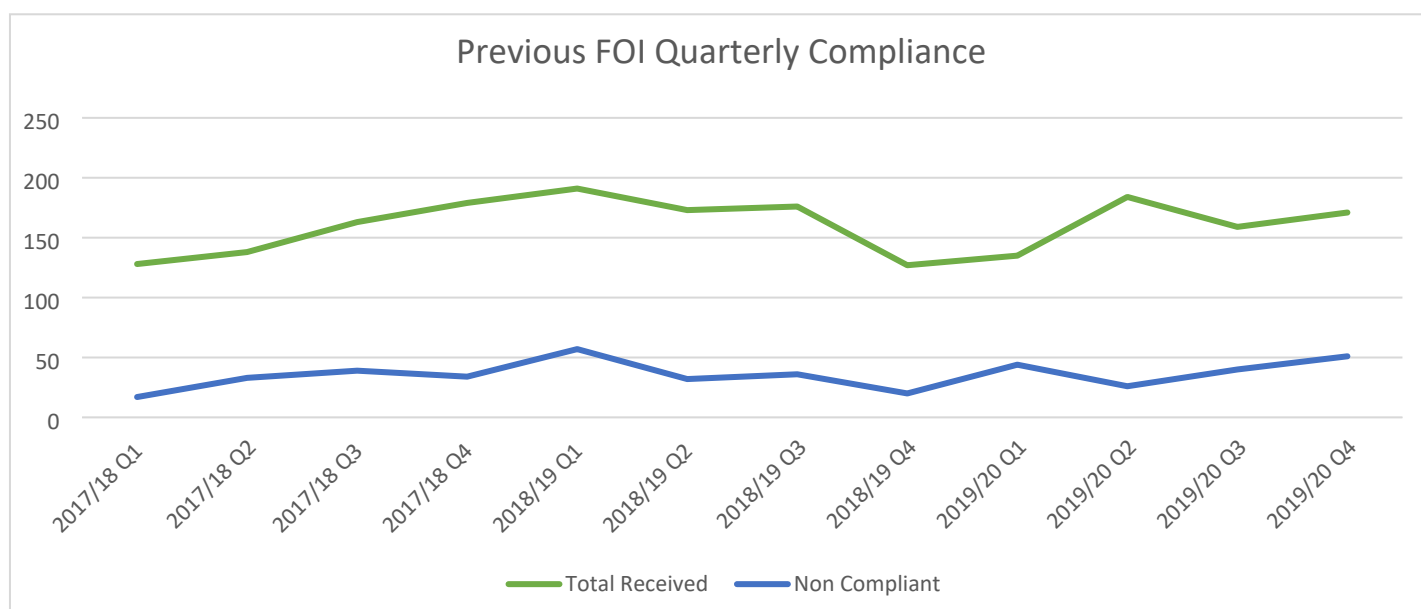


Below is the list of reasons for the delays:

- 22 delays in obtaining/receiving information from FOI Leads
- 6 delays due to the non-approval of response by Executive Lead
- 6 delays due to the late approval by Executive Lead
- 2 delays due to multiple executive approval
- 7 formulation of final response by Information Governance
- 3 delays due to considering an exemption
- 2 delays in HR processing request
- 3 partial responses issued due to COVID-19

In Q4 one request was made under the Environmental Information Regulations (EIR) and is included in the figures above, noting that it breached due to delay in obtaining information from leads.

The below chart shows requests received by the Health Board on a quarterly basis, mapped against non-compliance:



FOI Exemption and internal reviews

Please note due to the timeframe permitted under the Act for applicants to request an internal review some reviews may not be captured in time for this report, however they will be captured within the Information Governance Annual Report.

For quarter 4, please see table below for this detailed breakdown:

Please note that one internal review was carried out where an exemption was not used.

| Exemption | Exemption Category | Total | Internal Review | Upheld/ Overturned |
|---|--------------------|-------|-----------------|-----------------------|
| Section 22 – Information intended for future public release | Class based | 1 | 0 | |

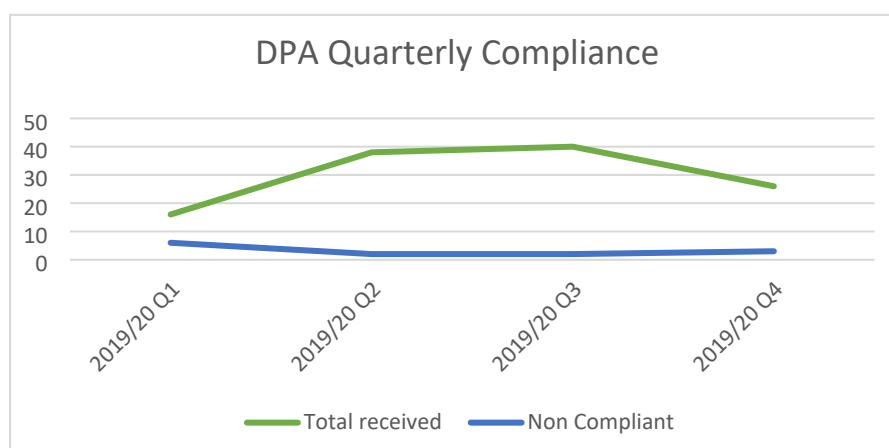
| | | | | |
|---|---|-----------|----------|------------|
| S21 - Information accessible by other means | Absolute – No Public Interest Test required | 7 | 0 | |
| Section 40 - Personal Information | Absolute – No Public Interest Test Required | 8 | 0 | |
| Section 41 – Information provided in confidence | Absolute – No Public Interest Test Required | 3 | 0 | |
| Section 43 - Commercial interests | Class Based, so Public Interest Test assessed | 4 | 0 | |
| No exemption used | | 1 | 1 | 1 x Upheld |
| Total | | 24 | 1 | |

2) Data Protection

Subject Access Requests for non-clinical information

The compliance level for responding to a request within the standard of 28 days has fallen this quarter from 90% to 84%. We will continue to provide support to the Divisions to maintain and increase this level of compliance.

| Requests | Total |
|---|----------------|
| SAR | 19 |
| Verbal SARs | 0 |
| Total | 19 |
| Requests from 3rd Parties | |
| Solicitors / Local Authority | 0 |
| Police | 7 |
| Total | 7 |
| Total Requests Received | 26 |
| Total number of breaches (dealt with outside 28 day timeframe) | 3 (12%) |



Subject Access Requests (SAR's) for clinical information and requests from 3rd parties

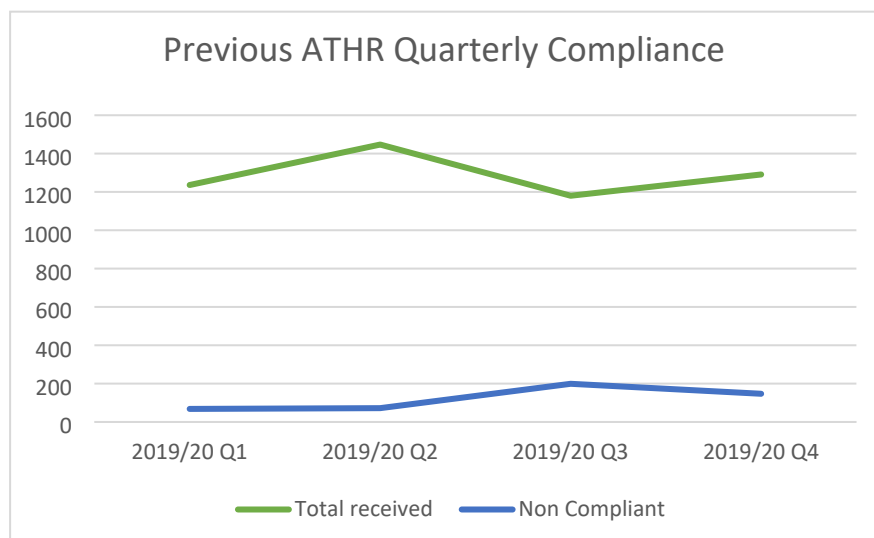
It was planned to fully implement the new service by rolling this out to West during October 2019. During the evaluation period following the roll out to East, in quarter 2, it was identified that the new service was already receiving an increase of SARs by 19% on the previous quarter. The resource allocated to the Centralised ATHR Service would therefore not be sufficient to manage the additional

requests that would be received from West and it was decided to put the roll out of the service to West on hold. We have also found since the Centralised ATHR Service has gone live, a number of additional patient records custodians who in the past processed their own SARs, have come to light. This may not show in the increase of SAR's, but an increase in the number of record types needing to be requested as part of each individual request. Services include; Minor Injuries, Brain Injury Service, Health Visitors, School Nursing, CAMHS and Veterans Wales Therapy Notes.

In December 2019 the centralised service, at the request of the Executive Medical Director, took on the management and coordination of all Police Medical Witness Statements required by the Health Board which saw an increase of workload with 40 Medical Witness requests made on average each month. A procedure on the Management of Police Medical Statements was approved by the Patient Record Group, and when this was communicated across BCU, there was an expectation that there would be a further increase in demand on the Service. Due to the high volume of SARs and other requests for information received into the centralised service our breaches have increased substantially during Quarter 3. During Quarter 3 and Quarter 4 measures were put in place to improve compliance. The Deputy Head of Health Records prioritised senior members of staff to support with logging and the Site Managers provided temporary resource to help with logging of requests. All the SOPs were also reviewed and streamlined to enable certain processes to be more time efficient. These measure were effective in improving the compliance rate up to 86% for SARs and 88% for ATHR requests. This improvement should be taken with caution as the temporary resource is no longer in place due to increased demands back in the Health Records Service.

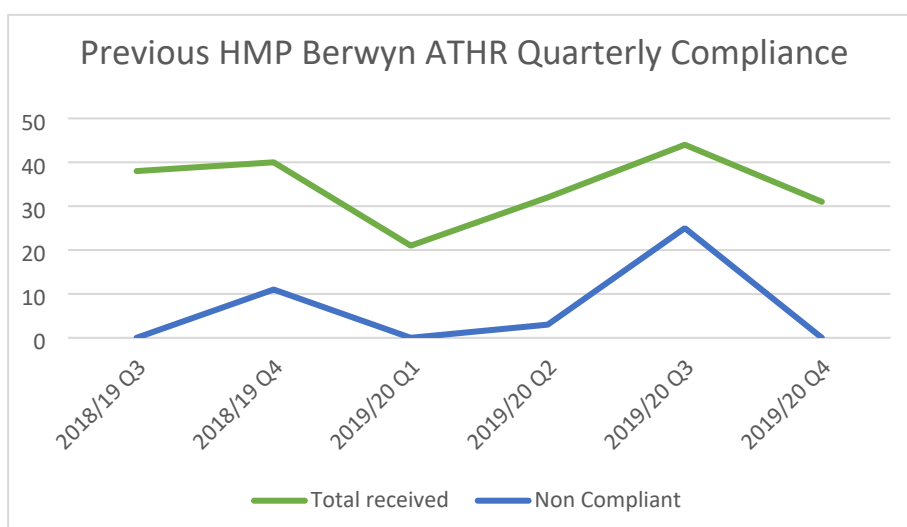
Prior to the COVID-19 pandemic, funding was pulled together from spare capacity within Health Records to fund an additional Band 3 post, however recruitment to this has been delayed. A formal cost pressure was also submitted to increase the resource requirements that would be able to meet the increase in demand, the improvements around quality assurance and to take on requests for West. Unfortunately the outcome of the cost pressure is not yet known. The service will therefore be unable to meet its full requirements and improve on its compliance until the additional post is recruited to and cost pressures have been agreed. It is important to note that the improvements put in place around the quality assurance process are time intensive due to the vigilance that is required of often volumous patient records. This is a legal requirement to ensure that any commingled patient information is identified and removed avoiding a breach in confidentiality and this was also a key improvement action identified as part of the Ockenden/HASCAS reviews.

| ATHR Requests | Total |
|---|------------------|
| Type of SAR | |
| Data Protection Act (Live Patients) | 980 |
| * Access to Health Records Act (Deceased Patients) | 26 |
| Total | 1,006 |
| Requests from 3rd Parties | |
| Court | 72 |
| Police | 198 |
| GMC | 15 |
| Total | 285 |
| Total Requests Received | 1,291 |
| Total number of breaches (dealt with outside 28 day timeframe) | 147 (11%) |



Figures provided in the table below are for requests received by HMP Berwyn. These figures are recorded separately as HMP Berwyn manage their own ATHR requests.

| HMP Berwyn | Total |
|---|---------------|
| Solicitors Requests | 22 |
| Patient Requests | 9 |
| Total Requests received | 31 |
| Total number of breaches (dealt with outside 28 day timeframe) | 0 (0%) |
| Requests from 3rd Parties | |
| Police | 2 |
| Court (<i>Date Req. Set by Court</i>) | 0 |



GP Managed Practices

GP Managed Practices will be reported in Q1 as outlined in the Q3 report.

3) Incidents and Complaints

All incidents are reported using the Health Board's Datix system. All serious incidents risk assessed as a category Level 2 in line with the Health Board's Notification of Information Security Breach Procedure are reported to the ICO and WG. For this quarter, 3 incidents were risk assessed as category 2 level or above.

| Category | Sub Category | Number of incidents | Self-Reported to ICO / WG | Number of complaints | Complaints received from ICO |
|---------------------------------------|--------------------------------------|---------------------|---------------------------|----------------------|------------------------------|
| Non-compliance with policy/ procedure | IG02 Records Management | 2 | 0 | 0 | 0 |
| | IG15 Safe storage & transport of PPI | 9 | 0 | 0 | 0 |
| | IG14 IM&T Security Procedure | 1 | 0 | 0 | 0 |
| | Other | 1 | 0 | 0 | 1 |
| Confidentiality Breach (External) | External Mail | 18 | 1 | 0 | 0 |
| | Email | 13 | 0 | 0 | 0 |
| | Fax | 3 | 0 | 0 | 0 |
| | Records | 3 | 0 | 0 | 0 |
| | Data loss/PPI in public place | 2 | 2 | 0 | 0 |
| | Other | 5 | 0 | 1 | 0 |
| IM&T Security | Inappropriate access | 2 | 0 | 2 | 1 |
| | Hardware | 1 | 0 | 0 | 0 |
| | Other | 1 | 0 | 0 | 0 |
| | Confidentiality Breach (Internal) | 19 | 0 | 0 | 0 |
| Total | | 80 | 3 | 3 | 2 |

Self-reported incidents to the ICO

Three incidents have been self-reported to the ICO this quarter.

The first involved a theft from the boot of a car at a staff member's home address which contained 4 child health records. Whilst the ICO has closed this incident with no further action, four recommendations have been issued in relation to safely transporting records and regular updates continue to go out to staff regarding this.

The second was a sensitive health report posted to a patient's previous address and opened and read by the home occupier. This has been closed by the ICO with no further action, but there were recommendations to continue to review internal processes and monitor the impact of the incident on the individual. A personal injury claim has been submitted by the data subject.

The third concerns a child protection plan being left at the home address of a family. This has also been closed by the ICO with no further action but seven recommendations were issued. A copy of the ICO decision has been sent to the investigating officer to ensure that all recommended actions are put in place.

Previous self-reported incidents to the ICO

There is no further update to the continued inappropriate access incident reported in quarter 3, this will be provided when received.

The recommendations issued by the ICO following the incident relating to a patient file being sent to the patient's close relative in error have been completed. A reminder to check patient information will be included in the next IG Bulletin.

Following an incident reported to the ICO in September 2018 in relation to the loss of children's community paper medical records. In January 2020 the Health Board received the final outcome from the ICO's investigation which resulted in a reprimand and three further actions.

Further actions recommended include:

1. Ensure that all remedial measures outlined continue to be implemented so that the possibility of a repeat of this kind of incident is greatly reduced.
2. Ensure that all administration staff and medical staff are aware of their data protection responsibilities and the necessity of adhering to correct practice and procedures to ensure compliance with Health Board policy and current data protection legislation.
3. Consider effective means by which to ensure continued adherence to the new Standard Operating Procedure for the management of child health records.

The Health Board had previously carried out the following:

1. Internal investigation - The investigation brought to light further issues regarding the management of these records and it was not clear whether they were missing or whether they had not been created. It also highlighted that administration practices varied between sites across the whole health board area.

Immediate actions put in place to prevent reoccurrence included:

1. An audit was carried out on sites to try to locate the missing records.
2. A new Management of Records SOP was implemented.
3. Specific face to face IG training was carried out with all community paediatrics staff –regardless of when mandatory training was last completed, and this training covered the SOP.
4. The filing system was amended at one of the sites to ensure consistency across the service.
5. An IG compliance audit was carried out at both sites.
6. The investigation was supported by the Information Governance Manager for West area, who has worked closely with the service throughout. She has submitted an Incident Progress Report which went to QSE in March. The report included eight actions to be carried out by the service on an ongoing basis, along with an additional eight recommendations to be carried out across the wider community. These recommendations, which include IG compliance audits across the community sites, were originally planned to be completed between April and August 2020, however due to the current Covid-19 situation, these audits will be arranged and carried out as soon as it is safe to do so.

The above actions will ensure that the ICO recommendations continue to be met.

Complaints

3 data protection complaints were received during quarter 4. 1 related to wrongful processing of a CV, upon investigation this was found to be lawful. 1 related to unauthorised disclosure of information over the phone, and following the investigation, the processes are being reviewed to prevent reoccurrence, and 1 related to unauthorised access to a patient record, the investigation found no evidence to support this. All of these complaints are now closed.

Information Commissioners Office (ICO) Complaints

During Quarter 4, we received **2** complaints directly from the ICO.

- One complaint related to suspected inappropriate access to patients and relatives medical records. This has been closed with no further action, however the ICO recommended comments regarding what to inform the complainant if a staff member is found inappropriately accessing a record which will be addressed in all future responses.
- One related to an SAR response. This has been closed with no further action.

Lessons Learnt/Actions Taken

- Reminders have been issued to staff regarding their responsibilities when transporting information and keeping it safe and secure.
- Guidance has been issued to staff to provide support with solutions and mitigations to try and reduce breaches of confidentiality caused by Posting, Emailing and Faxing inappropriately.
- Staff have been reminded of the importance of reporting incidents promptly on Datix and of the GDPR requirement to report applicable incidents within 72 hours.
- All staff continue to be reminded to complete their mandatory Information Governance Training.

Personal Injury Claims

We have received two personal injury claims in Quarter 4.

- The first relates to an alleged data breach of personal medical records causing immense distress and anxiety.
- The second to a Data Protection breach under Articles 13 & 14 of GDPR, there is no further information at this stage.

There continues to be one personal injury claim ongoing from a previous quarter.

All lessons learnt following the investigation of the personal injury claims are included within the incident section above.

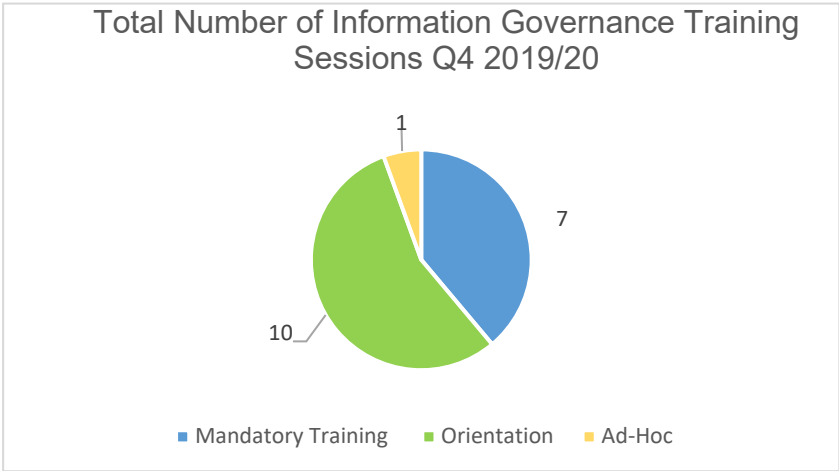
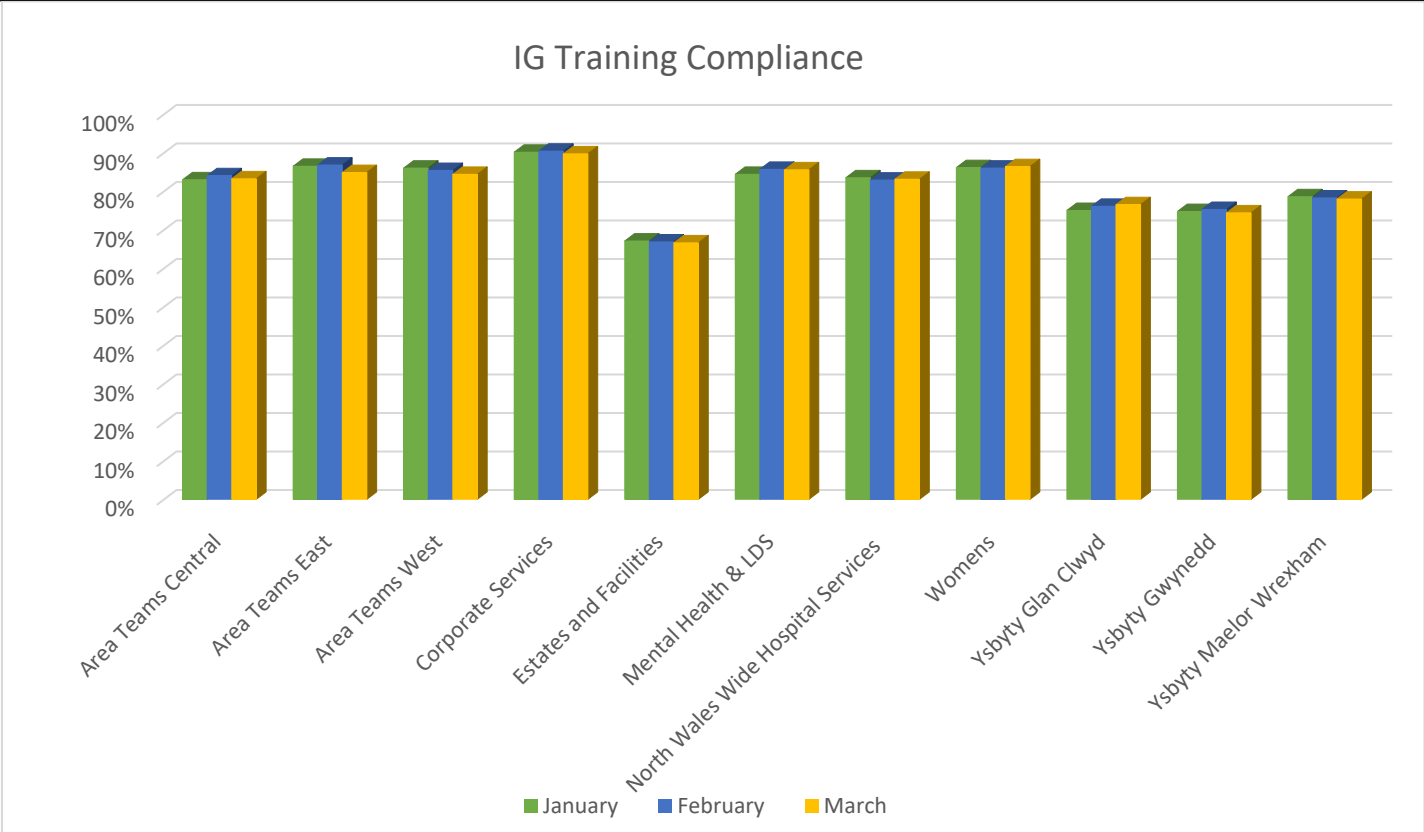
4) IG10 – Process for requesting, approval and review of information systems accessed by an employee

The IG10 procedure is to ensure that the correct and appropriate request and approval process is in place for access to information systems that are used by staff members as part of a serious untoward incident, investigation or a disciplinary matter. During the last quarter, the IG team approved **9** IG10 requests. A total of 10 systems were accessed as some of the requests stated multiple systems, these consisted of the following audits / access:

- 3 CCTV images
- 2 access to Clinical systems
- 2 access to email
- 2 access to phone
- 1 access to shared drive

5) Training

Information Governance training is firmly embedded in all mandatory training days as well as mandatory clinician and nurse training days that are organised by the Post Grad centres. It is a requirement within the National Skills for Health Framework that this is refreshed every two years. The training includes Data Protection, Confidentiality, Information & IT Security, Information Sharing and Records Management.



Total completed training via E-Learning, Face to face and completion of workbooks: **2122**.

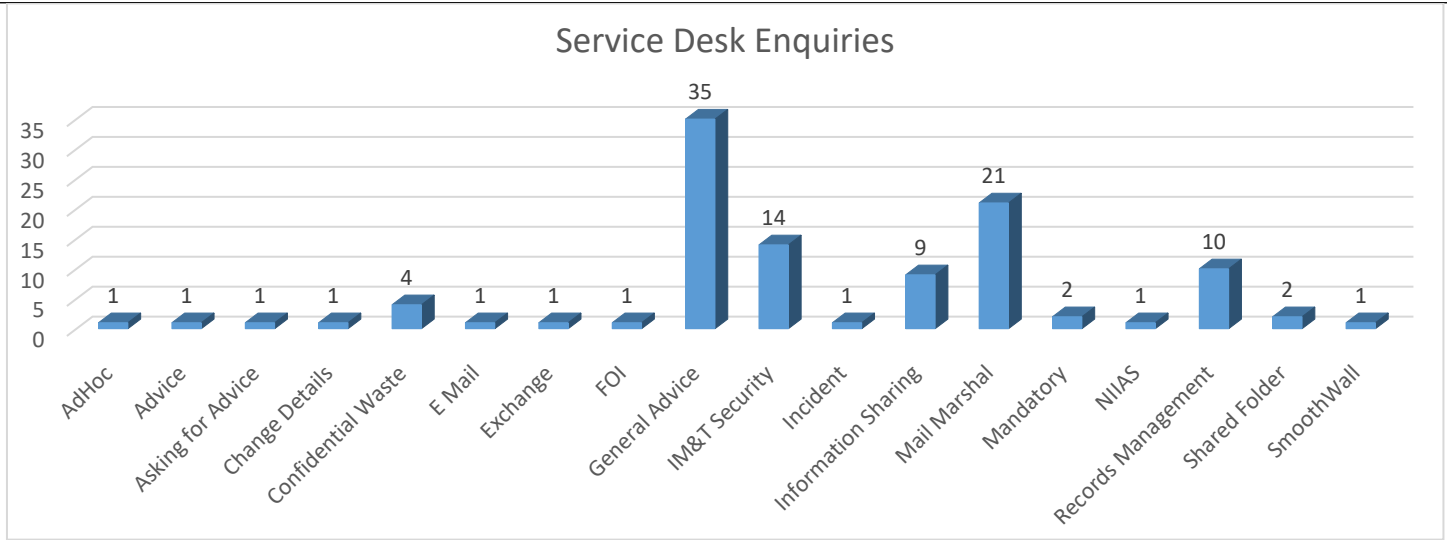
Targeted reminders have been issued to divisions to encourage further uptake of the mandatory training and this is being monitoring via the Integrated Quality and Performance Report.

The current compliance of mandatory IG training across BCUHB is **81%**.

During quarter 4 six training sessions and one orientation session were cancelled due to Covid-19.

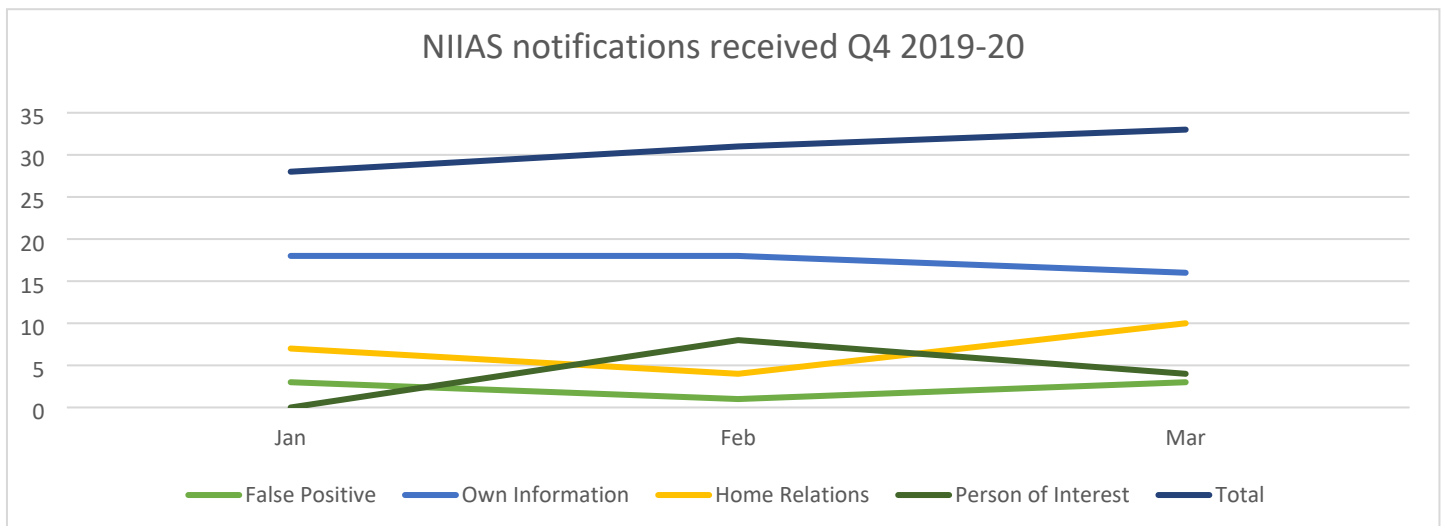
6) Service Desk – IG Portal

During Quarter 4 2019/20 there were **107** calls received into the Information Governance Service Desk.



7) NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 4 of 2019/20 the number of NIIAS notifications received increased again to 92, up from 69 last quarter. There were 52 incidents of accessing own health information, 21 accessing relatives, and 7 false positives. There were 12 incidents this quarter of accessing a person of interest. This was several members of staff accessing the same person and all access was legitimate. Staff are contacted regarding inappropriate access of their own health information if it is the first occasion, if it is a subsequent occasion, or they are accessing home relations or a person of interest, then their line manager is contacted and WOD are copied in from the first occasion. The IG Team will continue to work with WOD and line managers to address these notifications through the appropriate channels. Due to the increase this quarter, a further reminder will go out in the next IG Bulletin due in June.



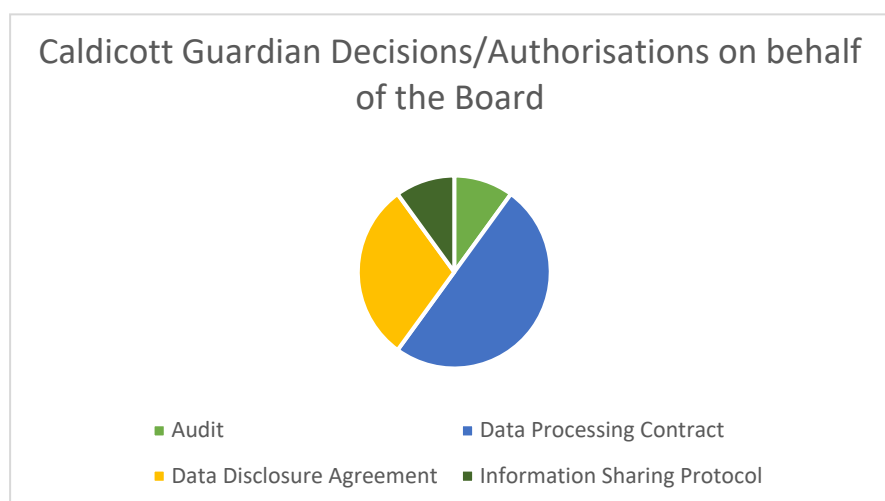
8) Information Governance Compliance Audit Findings

As part of the Health Board’s requirement to ensure compliance with legislation, national and local standards, compliance checks are essential to provide assurance that the information is being safeguarded; areas of good practice are identified and areas of weaknesses are addressed via the production of an action plan. During this quarter, **5** compliance checks were undertaken.

1. GP Managed Practice (West). A number of areas were identified for improvement and actions have been sent to the practice, with an action for IG to make contact 6 weeks later to arrange a follow up audit. This has been temporarily put on hold until it is safe to attend.
2. Oncology (West) were also audited and areas where improvements could be made have been identified. A follow up visit is to be arranged to ensure these improvements have been actioned.
3. North Wales Cancer Services were audited and recommendations have been made where improvements to the current practice have been identified and a follow up visit is to be arranged to ensure these have been actioned.
4. Children's Community Mental Health East - Issues were raised with storage as the service retain their own health records on site. Storage is an issue and boxes are stored in office areas, however these are only accessed by staff. CCTV was also identified as an issue as some of the screens were not working and there was no staff member on site responsible for CCTV or how the system works.
5. Pwll Glas was re audited and serious issues were found with storage with cramped conditions in some offices. The Health and Safety Advisor visited Pwll Glas whilst doing the IG compliance audit. Discussions were had regarding the move of the cleaning stores to free up vital storage space. Good security within the building, however the new glass at the reception area is not fit for purpose as staff cannot hear what the visitors/patients are saying, so need to step out of the reception area.

9) Caldicott Guardian Decisions/Authorisations on behalf of the Board

As part of the role of the Caldicott Guardian there is a requirement for operational decisions or, as the delegated officer, to authorise information sharing on behalf of the Health Board where services or systems involve patient information. During this quarter there have been **10** authorisations signed by the Caldicott Guardian.



10) Data Protection Impact Assessments (DPIAs)

Patients have an expectation that their privacy and confidentiality will be respected at all times, during their care and beyond. It is essential therefore, when considering or implementing any new initiatives, that the impact of the collection, use and disclosure of any patient information is considered in regards to the individual's privacy. Carrying out a data protection impact assessment (DPIA) is a systematic way of doing this.

During Quarter 4 – **3** DPIAs have been approved:

1. Viewics – laboratory analytics platform.

2. Moving on in my recovery – A cognitive behavioural, acceptance and commitment based therapy programme for inpatients at Tŷ Llywelyn.
3. Just Giving/Data Project – Extra information required from Just giving in order to comply with legislation (Fraud).



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

| | | | | | | | |
|---|--|--|-------------------------------------|--|--------------------------|--|--------------------------|
| Cyfarfod a dyddiad: Meeting and date: | The Digital and Information Governance Committee (DIGC) | | | | | | |
| | 19 th June 2020 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | The Digital and Information Governance Committee (DIGC) Corporate Risk and Assurance Framework Report | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | CRR10a - Executive Medical Director CRR10b - Executive Medical Director CRR10c - Executive Medical Director | | | | | | |
| Awdur yr Adroddiad Report Author: | Justine Parry, Assistant Director of Information Governance & Risk. Mr David Tita, Head of Risk Management | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | The full Corporate Risk and Assurance Framework (CRAF) is scrutinised by the Health Board twice per year and is published on the Board's external facing website. Individual risks are allocated to one of the Board's Committees for regular consideration and review. This report has been approved for submission to the Committee by the Deputy Chief Executive / Executive Director of Nursing and Midwifery. | | | | | | |
| Atodiadau Appendices: | Appendix 1 – Details of Corporate Risk Register Report | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The Digital and Information Governance Committee is asked to: | | | | | | | |
| <ol style="list-style-type: none"> 1. Consider the relevance of the current controls in place. 2. Review the actions in place and consider whether the risk scores remain appropriate for the present risks in line with the Health Board's risk appetite. 3. Note and approve the actions that have been completed and turned green so that they could be archived and replaced with new ones as deemed appropriate. 4. Note, approve and recommend the Corporate Risk Register (CRR) to the Audit Committee and to gain assurance that risks articulated on it are appropriately and robustly managed in line with the Health Board's risk management strategy and best practice. | | | | | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | <input checked="" type="checkbox"/> | Ar gyfer Trafodaeth For Discussion & Scrutiny | <input checked="" type="checkbox"/> | Ar gyfer sicrwydd For Assurance | <input type="checkbox"/> | Er gwybodaeth For Information | <input type="checkbox"/> |
| Sefyllfa / Situation: | | | | | | | |
| The continuous negative impact on the Health Board's resources, strategy, tactics and operations triggered by the current prevailing Covid-19 situation underlines the need for strengthening and improving its risk management practice and ecosystem. This does not only thrust effective risk management at the heart of the Health Board's approach to managing Covid-19 in continuously ensuring the safe delivery | | | | | | | |



of its operations, business sustainability and financial viability but underlines the need to tap into the `upsides` or benefits of appropriate, comprehensive and dynamic risk management.

While this coversheet articulates the key highlights/progress and changes captured in each risks, Appendix 1 presents details of each of the risks on the CRR allocated to the Digital and Information Governance Committee. Updates captured as a result of the review and scrutiny of this corporate risk register (CRR) report will be presented to the Audit Committee for further scrutiny and assurance.

Cefndir / Background:

As part of the Health Board`s continuous drive to improve its risk management landscape including culture, system and processes, three very significant improvements have been made to this CRR report. These are:

1. A re-designed new template for capturing the Health Board`s risks which are on its CRR.
2. Inclusion of the Health Board`s Risk Appetite level for the type of risk captured.
3. Inclusion of a specific table reflective of the Risk Management action module on Datix to enable the robust capturing details of risk response plans being implemented in mitigating risks in order to attain their target scores.
4. Some of the actions in the further action free text box on Datix have been re-phrased into SMART actions embedded into the risks and now constitute the risk response plans.

The re-designed template for capturing risks on the CRR gains much in a better layout, clarity, brevity and simplicity with a dedicated section for articulating actions from the risk management action module on Datix. The action section which comprises the actions that were in the further action section of Datix, now has due dates, action leads/owners, expected completion date and progress and comment sections included.

The use and optimisation of the Health Board`s Risk Management action module on Datix will ensure that actions on risk response plans are more robustly articulated on Datix with clearly specified timescales and owners. This will also ensure that actions don`t remain indefinitely on the CRR as well as improving accountability, scrutiny and invigorate our risk management governance culture. The second phase of this risk management improvement project will see all actions moved from the `further actions` free text box on Datix onto the Risk Management action module.

Asesiad / Assessment & Analysis

The Digital and Information Governance Committee (DIGC) at its meeting which was held on the 13th February 2020 after some robust discussions, reviewed and scrutinised their risks on the CRR. The DIGC noted and acknowledged there were further updates being undertaken on their risks following discussions at the Risk Management Group (RMG). The committee also considered the accuracy of the scores as well as the effectiveness of the controls and actions as captured in each of their risks and approved an increase in the current score for CRR10b from 16 to 20 as advised by the RMG.

In summary, the following updates present changes that have been made to risks since the last CRR report was received by the DIGC: -

- **CRR10a National Infrastructure and Products.**

Key progress: This risk has been updated and refreshed to reflect the current perception were it to materialise. Its actions have also been updated to take account of the negative impact of Covid-19 on their implementation, strengthened as well as assigned due dates and action



owners. A new risk owner to continue to lead on driving the mitigation and appropriate management of this risk including implementing its actions has been identified following the retirement of the previous owner.

- **CRR10b Informatics - Health Records**

Key progress: This risk has been refreshed and is up-to-date. All its actions have also been assigned due dates, action owners and progress notes added to demonstrate progress with their implementation. It is worth noting that more than 50% of actions being implemented in attaining the target score for this risk have been completed while the remaining two actions are on course for completion on time.

However, it is worth noting that the target score for this risk is set outside the Health Board's agreed risk appetite as it should have been positioned anywhere ranging from 1-6. It is therefore advisable for the Committee to scrutinise and advise accordingly.

- **CRR10c Informatics infrastructure capacity, resource and demand.**

Key progress: This risk has been refreshed and updated while all its actions have also been assigned due dates, action owners and progress notes added to demonstrate progress with their implementation. Most of the actions being implemented in further mitigating this risk have been put on hold due to operational pressures generated by the Covid-19 pandemic.

However, it is worth noting that the target score for this risk has been set outside the Health Board's agreed risk appetite as it should have been positioned anywhere ranging from 1-6. It is therefore advisable for the Committee to scrutinise and advise accordingly.

NB: Details of the full CRR are captured in appendix 1.

Closed Risk:

No risks allocated to the Committee have been agreed to be closed since the last CRR report was presented to the Board.

New risks

- There are no new risks for approval for inclusion onto the CRR.

| Current Risk Level | | Impact | | | | |
|--------------------|-----------------|--------------|---------|--------------|----------|---------------|
| | | Very Low - 1 | Low - 2 | Moderate - 3 | High - 4 | Very high - 5 |
| Likelihood | Very Likely - 5 | | | | CRR10A | |



| | | | | | | |
|--|--------------|--|--|--|------------------|--|
| | Likely - 4 | | | | CRR10B CRR10C | |
| | Possible - 3 | | | | | |
| | Unlikely - 2 | | | | | |
| | Rare - 1 | | | | | |

Strategy Implications

This CRR report is strategically important as it evidences, confirms and provides assurance to the Audit Committee that the Health Board is effectively and efficiently identifying, assessing, mitigating and managing high/extreme risk risks to the achievement of its Priority Areas and Objectives as defined in its 3 Year Plan in line with best practice and its risk management strategy.

Financial Implications

The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.

Risk Analysis

No risks have been identified from crafting this report as the risk of inaction is far greater than that of positive engagement with its content.

Legal and Compliance

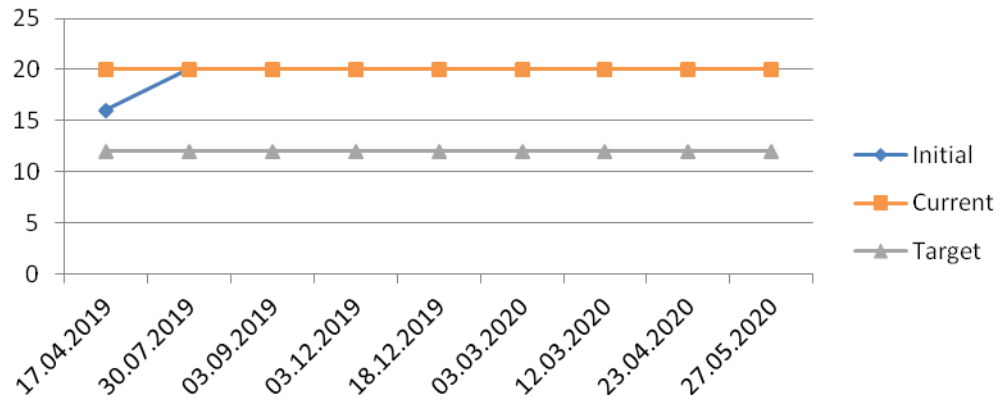
This CRR report which will be periodically shared with the Board is intended to provide assurance.

Impact Assessment

Due regard of any potential equality/quality and data governance issues has been factored into crafting this report.

Appendix 1: Details of the Corporate Risk Register

| | | |
|--|---|---|
| CRR10A | Director Lead: Executive Medical Director | Date Opened: 28 March 2019 |
| | Assuring Committee: Digital and Information Governance Committee | Date Last Reviewed: 27 May 2020 |
| | Risk: National Infrastructure and Products | Date of Committee Review: 13 February 2020 |
| | | Target Risk Date: 28 December 2020 |
| <p>There is a risk that the national infrastructure, technical architecture and products are not fit for purpose and do not allow the organisation to deliver benefits when planned. This may be caused by</p> <p>a) a one size fits all approach.</p> <p>b) products which are not delivered as specified (e.g. time, functionality and quality).</p> <p>c) the approach of the National Programme to mandate/design systems rather than standards.</p> <p>d) poor resilience and a "lack of focus on routine maintenance".</p> <p>e) Supplier capacity leading to commitment or delivery delays.</p> <p>f) Historic pricing models that are difficult to influence / may not be equitable.</p> <p>This could result in negative impacts in several key areas including:- Patient outcomes. An inability to support the strategic direction of the Health Board. Delays to delivery of transformational change. Inefficient work flows, poor system usage. Increased costs as we maintain multiple systems / pay inequitable prices. Delays with the delivery of cost saving schemes.</p> | | |

| | | | | |
|--|--|------------------|------------|-------|
|  <p>Legend: ◆ Initial ■ Current ▲ Target</p> | | Impact | Likelihood | Score |
| | Initial Risk Rating | 4 | 5 | 20 |
| | Current Risk Rating | 4 | 5 | 20 |
| | Target Risk Score (Risk Appetite – moderate to high level) | 4 | 3 | 12 |
| | Movement in Current Risk Rating Since last presented to the Board in April 2020 | <i>unchanged</i> | | |

| Controls in place | Assurances |
|--|--|
| 1. Scrutiny of NWIS by DIGC. 2. Project Governance. | 1. Public Accounts Committee Review of NWIS. 2. Assurance Reports from Informatics to DIGC / EMG. 3. WAO - review. 4. National Architecture and Informatics Governance Reviews. |

| Links to | | |
|-----------------|-----------------|------------------------|
| Strategic Goals | Principal Risks | Special Measures Theme |
| 7 | PR6 | Not Applicable |

| Risk Response Plan | Action ID | Action | Action Lead/ Owner | Due date | Expected Completion date | Progress & Comments | RAG Status |
|--|-----------|---|--|------------|--------------------------|---|------------|
| Actions being implemented to achieve target risk score | 1 | Viable SLA. | Head of Performance, Assurance and Improvement | 31/12/2020 | 31/12/2020 | | |
| | 2 | Development and approval of local Digital Record. | Danielle Edwards | 30/06/2022 | 31/07/2020 | UPDATE May 2020 - The results alongside the completed evaluations across all the tiers were presented to DHR | |

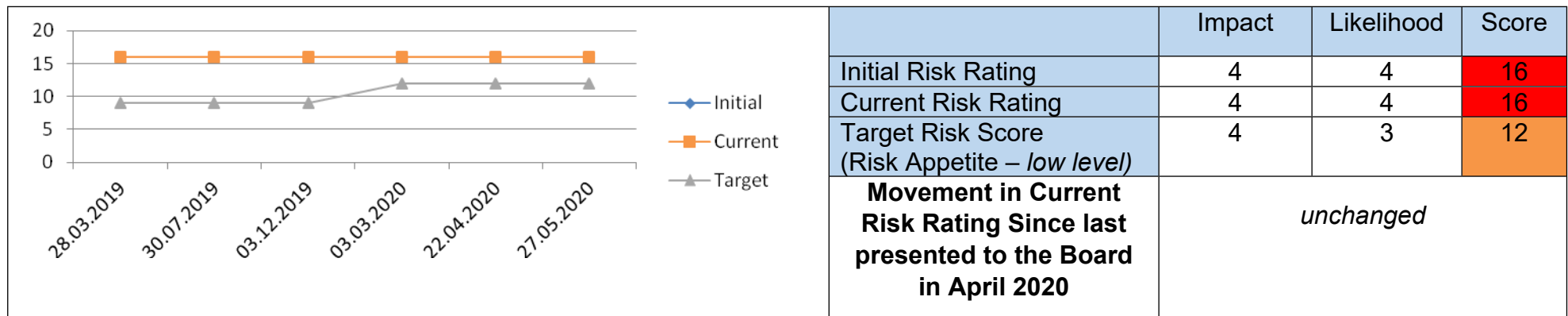


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

| | | | | | | | |
|--|---|---|--|---|---|--|--|
| | | | | | | Steering Group on the 6th March 2020. The Covid-19 crisis halted progress on the FBC, which has now resumed with a revised date of submitting to the F&P Committee and Health Board meetings in July 2020. | |
| | 3 | Implementation of recommendation's (by NWIS and Welsh Government) from Architecture and Governance Reviews. | Head of Performance, Assurance and Improvement | Not known – dependent on WG and national services | Not known – dependent on WG and national services | It unclear when these will be implemented – contingent on WG and NWIS delivering against recommendations – not local. | |

| | | |
|---|---|---|
| CRR10b | Director Lead: Executive Medical Director | Date Opened: 28 March 2019 |
| | Assuring Committee: Digital and Information Governance Committee | Date Last Reviewed: 27 May 2020 |
| | Risk: Informatics - Patient Records pan BCU | Date of Committee Review: 13 February 2020 |
| | | Target Risk Date: 1 April 2022 |
| There is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties. | | |



| Controls in place | Assurances |
|---|--|
| <ol style="list-style-type: none"> Corporate and Health Records Management policies and procedures are in place pan-BCUHB. iFIT RFID casenote tracking software and asset register in place to govern the management and movement of patient records. Escalation via appropriate committee reporting. Key performance indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group). | <ol style="list-style-type: none"> Chairs reports from Patient Record Group. ICO Audit. HASCAS Audit. |

| Links to | | |
|-----------------|-----------------|------------------------|
| Strategic Goals | Principal Risks | Special Measures Theme |
| 7 | PR1 | Not Applicable |

| Risk Response Plan | Action ID | Action | Action Lead/ Owner | Due date | Expected Completion date | Progress & Comments (May 2020) | RAG Status |
|--|-----------|---|--------------------|------------|--------------------------|---|------------|
| Actions being implemented to achieve target risk score | 1 | Enable actions to meet the regulatory recommendations from the ICO, HASCAS/Ockenden and Internal Audit reports. | Danielle Edwards | 31/03/2021 | 31/03/2021 | UPDATE May 2020 Full review of all outstanding regulatory recommendations across all regulators planned for Q1 of 2020/21 was delayed due to responding to the Covid crisis. This review is expected to take place end of Q1. | |
| | 2 | (Project) Development of a local Digital Health Records system to digitise the 'acute general' patient record. | Danielle Edwards | 30/09/2024 | 30/09/2024 | UPDATE May 2020 - The results alongside the completed evaluations across all the tiers were presented to DHR Steering Group on the 6th March 2020. The Covid crisis halted progress on the FBC, which has now resumed with a revised date of submitting to the F&P | |

| | | | | | | | |
|--|---|--|------------------|------------|------------|--|--|
| | | | | | | Committee and Health Board meetings in June. | |
| | 3 | (Project) Improve the assurance of Results Management (stop printing results). | Danielle Edwards | 30/09/2021 | 30/09/2021 | UPDATE May 2020 – Due to Covid crisis this project was put on hold, but is expected to restart next month, with a Project Board meeting to; review impact of the crisis on the printing of results, the re-alignment of project dates to account for the delay, and review the outcomes of a meeting with the national NDR team (being held this month) to enabling access to our results data locally to feed an assurance report of results not viewed/actioned | |
| | 4 | (Project) Digitise the clinic letters for outpatients through implementation of Digital Dictation, and as appropriate Speech Recognition software. | Danielle Edwards | 30/04/2021 | 30/04/2021 | UPDATE May 2020 - Due to Covid crisis this project was put on hold, which has impacted the procurement route planned. Initial conversations to restart engagement have begun, and in the meantime the preparation for the upgrades to the product in use by the pilot users has restarted. | |

| | | | | | | |
|--|---|---|------------------|---------------------------------|---------------------------------|---|
| | 5 | (Project) Digitise nursing documentation through engaging in the WNCR - Adults National Nursing systems. | Danielle Edwards | Unknown (see progress comments) | Unknown (see progress comments) | UPDATE May 2020 - Due to Covid crisis this project was put on hold during the pilot. There is a national meeting 18/05/20 to review the way forward, which will inform its priority for re-start and any associated timescales and requirements. |
| | 6 | (Project) Baseline the; storage, processes, management arrangements and standards compliance, and present the recommendations and funding requirements to work towards PAN-BCUHB Patient Records Compliance with legislation and standards in patient records management across all casenote types. | Danielle Edwards | 31/03/2021 | 31/03/2021 | UPDATE May 2020 – Pre Covid, the post of Project Manager was advertised as a 12 month secondment, however no candidates met the essential skills. The approach to this task will need to be reviewed post-Covid to ensure compliance with new restrictions in the undertaking of the review, with a focus on how to progress this at pace. |
| | 7 | Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records. | Danielle Edwards | 30/04/2021 | 30/04/2021 | UPDATE May 2020 - In order to ensure the YGC File Library development is fit for purpose and value for money in the wider context of |

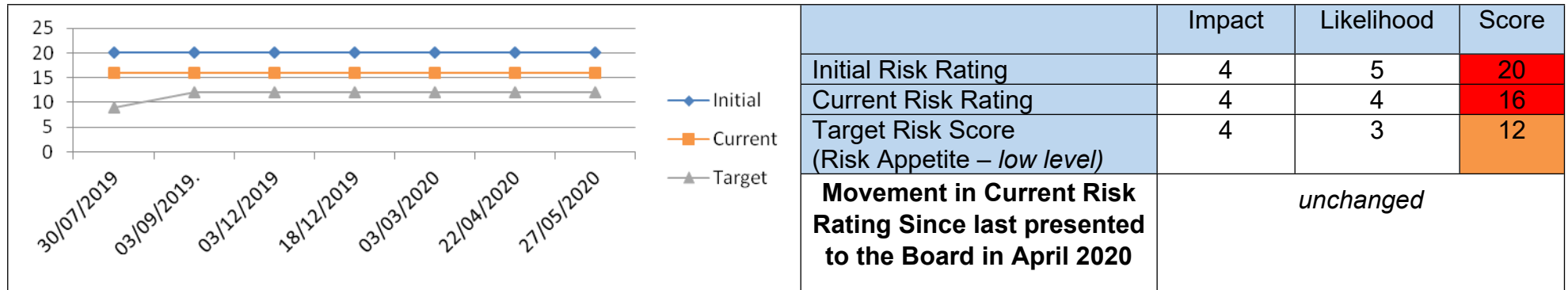
| | | | | | | | |
|--|--|--|--|--|--|---|--|
| | | | | | | <p>evolving estates and Service plans, a full review of need is being undertaken across all schemes and Service growth demands, with an update due at the next meeting of the YGC File Library Programme Board in April. This meeting was delayed due to Covid, but has been rescheduled for 03/06/2020. The deadline of April 2021 has been mitigated with (i) a delay in the Mental Health scheme due to Covid; and (ii) the preferred option for the Mental Health scheme being a new build.</p> | |
|--|--|--|--|--|--|---|--|

| | | |
|---------------|---|---|
| CRR10C | Director Lead: Executive Medical Director | Date Opened: 28 March 2019 |
| | Assuring Committee: Digital and Information Governance Committee | Date Last Reviewed: 27 May 2020 |
| | Risk: Informatics infrastructure capacity, resource and demand. | Date of Committee Review: 13 February 2020 |
| | | Target Risk Date: 15 December 2021 |

There is a risk that digital services within the Health Board are not fit for purpose. This may be due to:

- (a) A lack of capacity and resource to deliver services / guide the organisation.
- (b) Increasing demand (internally from users e.g. for devices/ training and externally from the public, government and regulators e.g. growing need for digital services).
- (c) the moving pace of technology.

This could lead to failures in clinical and management systems, and a failure to support the delivery of the Health boards strategy / plans impacting negatively on patient safety/outcomes. It may also pose a greater risk to the Health board of infrastructure failures and cyber attack.



| Controls in place | Assurances |
|---|---|
| <ol style="list-style-type: none"> 1. Governance structures in place to approve and monitor plans. Monitoring of approved plans for 2019 2020 (Capital, IMTP and Operational. Approved and established process for reviewing requests for services. 2. Integrated planning process and agreed timescales with BCU and third party suppliers. 3. Key performance metrics to monitor service delivery and increasing demand. | <ol style="list-style-type: none"> 1. Annual Internal Audit Plan. 2. WAO reviews and reports e.g. structured assessments and data quality. 3. Scrutiny of Clinical Data Quality by CHKS. |

| | |
|---|---|
| 4. Risk based approach to decision making e.g. Local hosting v's National hosting for WPAS etc. | 4. Auditor General Report - Informatics Systems in NHS Wales. 5. Regular reporting to DIGC (for Governance). |
|---|---|

| Links to | | |
|-----------------|-----------------|------------------------|
| Strategic Goals | Principal Risks | Special Measures Theme |
| 2 3 4 5 6 7 | PR6 PR5 PR2 | Not Applicable |

| Risk Response Plan | Action ID | Action | Action Lead/ Owner | Due date | Expected Completion date | Progress & Comments | RAG Status |
|--|-----------|---|--------------------|------------|--------------------------|---|------------|
| Actions being implemented to achieve target risk score | 1 | Develop associated business cases and secure funding for resource required based upon risks and opportunities e.g. Digital Health Record. | Danielle Edwards | 30/06/2020 | 30/06/2020 | UPDATE May 2020 - The results alongside the completed evaluations across all the tiers were presented to DHR Steering Group on the 6th March 2020. The Covid-19 crisis halted progress on the FBC, which has now resumed with a revised date of submitting to the F&P Committee and Health Board meetings in June. | |

| | | | | | | | |
|--|---|---|---|------------|------------|---|--|
| | 2 | Review workforce plans and establish future proof informatics/digital capability and capacity. | Dylan Williams – pending appointment of Head of PAI | 30/09/2020 | 30/09/2020 | Covid-19 will mean that fill review will be difficult until impact of covid-19 is fully understood and the digital priorities are set. This could also be impacted by national strategic priorities. | |
| | 3 | Review governance arrangements e.g. DTG whose remit includes review of resource conflicts has not been replaced (April 2020). | Dylan Williams – pending appointment of Head of PAI | 01/04/2020 | 31/12/2020 | Covid-19 will mean that fill review will be difficult until impact of covid-19 is fully understood and the digital priorities are set. This could also be impacted by national strategic governance arrangements. | |



| | | | | | | | |
|---|--|---|--------------------------|--|--------------------------|--------------------------------------|-------------------------------------|
| Cyfarfod a dyddiad: Meeting and date: | Digital and Information Governance Committee | | | | | | |
| | 19 th June 2020 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Summary of private business to be reported in public | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Dr David Fearnley, Executive Medical Director | | | | | | |
| Awdur yr Adroddiad Report Author: | Jody Evans, Corporate Governance Officer | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | None | | | | | | |
| Atodiadau Appendices: | None | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The Committee is asked to note the report. | | | | | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | <input type="checkbox"/> | Ar gyfer Trafodaeth For Discussion | <input type="checkbox"/> | Ar gyfer sicrwydd For Assurance | <input type="checkbox"/> | Er gwybodaeth For Information | <input checked="" type="checkbox"/> |
| Sefyllfa / Situation: | | | | | | | |
| To report in public session on matters previously considered in private session | | | | | | | |
| Cefndir / Background: | | | | | | | |
| Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings. | | | | | | | |
| Asesiad / Assessment & Analysis | | | | | | | |
| To report in public session on matters previously considered in private session on 13.02.20: <ul style="list-style-type: none"> DIG20/66.3 Digitalisation of personal records - Strategy Implications DIG20/67 Workshop time undertaken - Datix - Risk Management | | | | | | | |

Financial Implications

None.

Risk Analysis

None.

Legal and Compliance

None.

Impact Assessment

None.