

## Bundle Digital Information and Governance Committee 25 September 2020

### Agenda attachments

Agenda\_Digital\_Information\_and\_Governance\_Committee\_25\_September\_2020 V1.0.docx

- 1 09:30 - DIG20/86 Chair's opening remarks
- 2 09:31 - DIG20/87 Apologies
- 3 09:32 - DIG20/88 Declarations of Interest
- 4 09:33 - DIG20/89 Draft minutes of the previous meeting, matters arising and summary action plan

DIG20.89a DRAFT Public - Draft Minutes DIGC 19 06 2020\_ V0 05.docx

DIG20.89b 2020 08 18 Summary Action Log Public (Live version).doc

### 5 DIGITAL MATTERS

- 5.1 09:53 - DIG20/90 Digital Operational plan – Informatics Operational Plan Quarter 1 update

*Dylan Williams, Chief Information Officer to present.*

*Recommendation -*

*The Digital and Information Governance Committee is asked to:-*

- 1. To decide if the report provides them with the appropriate level of assurance.*
- 2. To note the report.*

DIG20.90a 2020 2021 Informatics OP Q1Report Cover Sheet V2.docx

DIG20.90b 2020 2021 Qtr 1 Annual Plan Progress Monitoring Report - DRAFT.pptx

- 5.2 10:03 - DIG20/91 Informatics Assurance Report Quarter 1

*Dylan Williams, Chief Information Officer to present.*

*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.*

DIG20.91 2020 2021 QTR1 Informatics Assurance Report DRAFT V2.docx

- 5.3 10:13 - DIG20/92 Digitally Enabled Clinical Strategy Update

*Recommendation -*

*The Digital and Information Governance Committee is asked to:*

- 1. To provide feedback on the strategy prior to consultation.*
- 2. To recommend who should be consulted on to inform the engagement plan.*

DIG20.92a 2020 2021 Draft DECS Digital Strategy Cover Sheet V4.docx

DIG20.92b DECS Two page V3.docx

- 5.4 10:23 - DIG20/93 NWIS update report

*Helen Thomas (NWIS - Information Services) to present a verbal update to the Committee.*

*Recommendation -*

*The Digital and Information Governance Committee is asked to note the update.*

- 5.5 10:38 - DIG20/94 Covid on Informatics and Health Records - Service Point Calls

*Dylan Williams, Chief Information Officer, to provide a verbal update.*

*Recommendation -*

*The Digital and Information Governance Committee is asked note the verbal presentation.*

- 6 10:48 - COMFORT BREAK

### 7 INFORMATION GOVERNANCE

- 7.1 10:53 - DIG20/95 Information Governance quarterly assurance report (KPI, Lessons learned and compliance report)

*Justine Parry, Assistant Director of Information Governance & Risk to present*

*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.*

DIG20.95 IGG.2021.05 Information Governance KPI Report Qtr 1 2020-21 Final.pdf

- 7.2 11:03 - DIG20/96 Information Governance Annual Report 2019/20

*Justine Parry, Assistant Director of Information Governance & Risk to present*  
*Recommendation -*

*The Digital and Information Governance Committee is asked to:*

- *Note the assurance provided within the report on compliance with the Data Protection and Freedom of Information legislation;*
- *Ratify the report and escalate areas of good practice or concerns to the Board.*

DIG20.96a Information Governance Annual Report 2019-20 cover sheet.docx

DIG20.96b Information Governance Annual Report 2019-2020 Final.doc

7.3 11:13 - DIG20/97 Caldicott Outturn Report 2020

*Melanie Maxwell, Senior Associate Medical Director to present.*

*Recommendation -*

*The Digital and Information Governance Committee is asked to:*

- *Receive and note the assurance provided within the report on compliance with the Caldicott Principles and the actions set out in the action plan to drive continuous improvement;*
- *Ratify the report and escalate areas of good practice or concerns to the Board.*

DIG20.97a Caldicott Outturn Report 2020 - Committee Cover Sheet.docx

DIG20.97b Caldicott Outturn Report 2020 v1.00 Final.docx

7.4 11:23 - DIG20/98 Information Governance Group - Issues of Significance

*Melanie Maxwell, Senior Associate Medical Director to present.*

*Recommendation -*

*The Digital and Information Governance Committee is asked to: receive the Issues of Significance from the Information Governance Group, held on 25.09.2020.*

DIG20.98 Information Governance Group - Committee Chair's Assurance Report - IGG 03 Sept - 2020.docx

8 GOVERNANCE MATTERS

8.1 11:28 - DIG20/99 Draft Committee Annual Report 2019-2020 for Approval

*David Fearnley, Executive Medical Director to present*

*Recommendation -*

*The Digital and Information Governance Committee is asked to review, discuss and approve the Draft Report for onward submission to the Audit Committee.*

DIG20.99a Draft Committee Annual Report for Approval - Report Front Template.docx

DIG20.99b Draft DIG Committee Annual Report v0.10 2019-2020.docx

9 11:33 - DIG20/100 Summary of InCommittee business to be reported in public (if applicable)

DIG20.100 DIGC Private session items reported in public.docx

10 11:34 - DIG20/101 Issues of significance to inform Chair assurance report

11 11:35 - DIG20/102 Any other business

*\* Impact of Blaenavon Data Centre on WPAS project - Verbal update to be provided by Dylan Williams, Chief Information Officer.*

12 11:45 - DIG20/103 Date of next meeting

*18th December 2020.*

13 11:45 - DIG20/104 Exclusion of 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** 25/09/2020  
**Time** 9:30 – 12:30  
**Location** Virtual via Webex  
**Chair** John Cunliffe  
**Description**

- |       |                                                                                                                  |
|-------|------------------------------------------------------------------------------------------------------------------|
| 1     | DIG20/86 Chair's opening remarks                                                                                 |
| 9:30  |                                                                                                                  |
| 2     | DIG20/87 Apologies                                                                                               |
| 9:31  |                                                                                                                  |
| 3     | DIG20/88 Declarations of Interest                                                                                |
| 9:32  |                                                                                                                  |
| 4     | DIG20/89 Draft minutes of the previous meeting, matters arising and summary action plan                          |
| 9:33  |                                                                                                                  |
| 5     | DIGITAL MATTERS                                                                                                  |
| 5.1   | DIG20/90 Digital Operational plan – Informatics Operational Plan Quarter 1 update                                |
| 9:53  |                                                                                                                  |
|       | Dylan Williams, Chief Information Officer to present.                                                            |
|       | Recommendation –                                                                                                 |
|       | The Digital and Information Governance Committee is asked to:–                                                   |
|       | 1. To decide if the report provides them with the appropriate level of assurance.                                |
|       | 2. To note the report.                                                                                           |
| 5.2   | DIG20/91 Informatics Assurance Report Quarter 1                                                                  |
| 10:03 |                                                                                                                  |
|       | Dylan Williams, Chief Information Officer to present.                                                            |
|       | 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.                                |
| 5.3   | DIG20/92 Digitally Enabled Clinical Strategy Update                                                              |
| 10:13 |                                                                                                                  |
|       | Recommendation –                                                                                                 |
|       | The Digital and Information Governance Committee is asked to:                                                    |

1. To provide feedback on the strategy prior to consultation.
2. To recommend who should be consulted on to inform the engagement plan.

#### **5.4 DIG20/93 NWIS update report**

10:23 Helen Thomas (NWIS – Information Services) to present a verbal update to the Committee.  
Recommendation –  
The Digital and Information Governance Committee is asked to note the update.

#### **5.5 DIG20/94 Covid on Informatics and Health Records – Service Point Calls**

10:38 Dylan Williams, Chief Information Officer, to provide a verbal update.  
Recommendation –  
The Digital and Information Governance Committee is asked note the verbal presentation.

#### **6 COMFORT BREAK**

10:48

#### **7 INFORMATION GOVERNANCE**

##### **7.1 DIG20/95 Information Governance quarterly assurance report (KPI, Lessons learned and compliance report)**

10:53

Justine Parry, Assistant Director of Information Governance & Risk to present  
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.

##### **7.2 DIG20/96 Information Governance Annual Report 2019/20**

11:03

Justine Parry, Assistant Director of Information Governance & Risk to present  
Recommendation –  
The Digital and Information Governance Committee is asked to:  
• Note the assurance provided within the report on compliance with the Data Protection and Freedom of Information legislation;  
• Ratify the report and escalate areas of good practice or concerns to the Board.

##### **7.3 DIG20/97 Caldicott Outturn Report 2020**

11:13

Melanie Maxwell, Senior Associate Medical Director to present.  
Recommendation –  
The Digital and Information Governance Committee is asked to:



- Receive and note the assurance provided within the report on compliance with the Caldicott Principles and the actions set out in the action plan to drive continuous improvement;
- Ratify the report and escalate areas of good practice or concerns to the Board.

#### **7.4 DIG20/98 Information Governance Group – Issues of Significance**

11:23

Melanie Maxwell, Senior Associate Medical Director to present.

Recommendation –

The Digital and Information Governance Committee is asked to: receive the Issues of Significance from the Information Governance Group, held on 25.09.2020.

### **8 GOVERNANCE MATTERS**

#### **8.1 DIG20/99 Draft Committee Annual Report 2019–2020 for Approval**

11:28

David Fearnley, Executive Medical Director to present

Recommendation –

The Digital and Information Governance Committee is asked to review, discuss and approve the Draft Report for onward submission to the Audit Committee.

#### **9 DIG20/100 Summary of InCommittee business to be reported in public (if applicable)**

11:33

#### **10 DIG20/101 Issues of significance to inform Chair assurance report**

11:34

#### **11 DIG20/102 Any other business**

11:35

- Impact of Blaenavon Data Centre on WPAS project – Verbal update to be provided by Dylan Williams, Chief Information Officer.

#### **12 DIG20/103 Date of next meeting**

11:45

18th December 2020.

#### **13 DIG20/104 Exclusion of press and public**

11:45

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.

**DRAFT**

**Digital and Information Governance Committee  
Minutes of the Meeting held on 19.06.2020  
Held virtually via Webex**

**Present:**

John Cunliffe	Independent Member – Committee Chair
Nicola Callow	Independent Member
Medwyn Hughes	Independent Member

**In Attendance:**

David Fearnley	Executive Medical Director
Dylan Williams	Chief Information Officer
Carol Johnson	Head of Information Governance
Jody Evans	Corporate Governance Officer

Agenda Item Discussed	Action
<b>DIG20/68 Chair's Opening Remarks</b>  <b>DIG19/68.1</b> The Committee Chair welcomed everyone to the meeting.	
<b>DIG20/69 Apologies for Absence</b>  <b>DIG19/69.1</b> Apologies received from Sue Hill, Melanie Maxwell and Justine Parry.	
<b>DIG20/70 Declarations of Interest</b>  <b>DIG20/70.1</b> None received.	
<b>DIG20/71 Draft minutes of the previous meeting held on 13.02.20 and Summary Action Log</b>  <b>DIG20/71.1</b> The Minutes of the last meeting held on 13.02.20 were confirmed as an accurate record.  <b>DIG20/71.2</b> Updates to the summary action log were recorded therein and it was agreed to close the initial 5 actions within the action log. It was also noted that engagement with NWIS would continue from September, as a Standing Agenda Item.  <b>DIG20/71.3</b> Members discussed the additional item referred from the Finance and Performance Committee reference: FP20/24 2019/20 APPMR-Digital Health Programme. It was agreed that the outcome would be advised within the Chair's Assurance report to Board accordingly. The Chair agreed to further discuss and clarify points for reference with the Finance and Performance Committee Chair.	<b>JC</b>

Digital Matters	
<p><b>DIG20/72 Digital Operational plan – year end report - David Fearnley, Executive Medical Director and Dylan Williams <i>Chief Information Officer</i></b></p> <p><b>DIG20/72 .1</b> The Chief Information Officer provided the summary and compared data to the previous years' report. It was noted that data was at a low compared to other quarters. The Chief Information Officer explained that Informatics had been able to deliver fully or partially on most initiatives, but nearly all initiatives were impacted by COVID-19 in the last two months. It was raised that the Health Board were broadly on track and continue to work through barriers and planning processes to date. It was noted that the re-engagement of the WPAS system implementation would be challenging due to competing COVID19. Barriers had also been expressed within the update, in relation to overheads and complexities of supporting administration of systems to support virtual working.</p> <p><b>DIG20/72 .2</b> An Independent Member referred positively to the detail and high level of infographics within the report. The Independent Member also referred to the Digital Workforce and Microsoft Office 365, whilst also highlighting the urgency and importance therein. A discussion ensued and a suggestion had been received regarding options of seeking assistance and help via local authorities. It was confirmed that a report had been submitted to Finance along with the Executive Team to seek appropriate resource for effective rollout – An independent member expressed the view that Office 365 should be a core service within the Health Board. The Executive Medical Director agreed to raise with the Executive Director Finance, in order to provide feedback to the Committee.</p> <p><b>DIG20/72 .3</b> An Independent Member also commented upon the current Digital Roadmap along with the WEDS Case, in relation to clarification and detail. It was noted that in relation to Ministerial approval for the WEDS Case; the Chief Information Officer confirmed the Business Case would require to be progressed via the Business Case Review Group, and a request would be made to Welsh Government to re-provision of capital for implementation. Digital infrastructure and site telephony was also noted and it was confirmed that all monies required had been requested via further capital within the planning processes.</p> <p><b>DIG20/72 .4</b> The members noted the year-end report and it was recognised that the organisation would prioritise work in relation to COVID-19 and re-prioritise the work accordingly.</p> <p><b>RESOLVED:</b> The Digital &amp; Information Governance Committee reviewed and noted the report.</p>	DF
<p><b>DIG20/73 Covid on Informatics and Health Records - verbal update</b></p> <p><b>DIG20/73.1</b> The Chief Information Officer presented the members with the</p>	

<p>verbal update and PowerPoint presentation regarding the impact of COVID 19 on informatics and health records.</p> <p><b>DIG20/73.2</b> The Chief Information Officer confirmed that the statistics required validation, in order to differentiate between “business as usual” statistics and those which were COVID-19 related.</p> <p><b>DIG20/73.3</b> Discussion ensued with regards to live chats and support, along with call logging and solutions. It was agreed that The Chief Information Officer would review and present data in relation to the Service Point Calls at a future meeting.</p> <p><b>DIG20/73.4</b> The Committee were also informed of the receipt of expressions of interest from 34 Service areas across the Health Board regarding the - Attend anywhere process “enabling clinician to patient video clinical appointment in a safe and secure way”. The Chief Information Officer noted that the technology was reasonably simple, but the supporting administration and clinic set up was complex and requires careful planning and support. The CIO also suggested to members that they try and attend an anywhere consultation, in order to experience and feedback any relevant points to learn upon. Text messaging services and home working was also raised and discussed. It was further noted that the organisational culture had changed within the pandemic, along with the need to maintain the momentum to revolutionise.</p> <p><b>RESOLVED:</b> The members noted the verbal update and presentation upon the COVID 19 impact upon informatics - March to May 2020.</p>	<b>DW</b>
<p><b>DIG20/74 Informatics Quarterly Assurance Report</b></p> <p><b>DIG20/74.1</b> The Chief Information Officer presented the report and explained that the report highlighted the initial impacts of COVID-19 on Informatics. It was noted that the full impact of the pandemic would need further work and analysis within the forthcoming months. Members noted that COVID-19 would create further demand for informatics services over and above what was in current operational plans and priorities. The Chief Information Officer presented the main issues of significance and discussion ensued.</p> <p><b>DIG20/74.2</b> It was noted that compliance upon page 4 had also been referenced within the previous section and that the graph had been uploaded within ibabs in order to reflect the coding compliance accordingly.</p> <p><b>DIG20/74.3</b> A Member referred to item 2.2.2 Results Management Project: (Amber) digitisation; During Covid paper results were turned off due to resource issues, but on reflection and until the electronic systems were fit for purpose it was agreed that targeted paper results would be switched back on to support outpatient workflow. It was noted that the Health Board would transition safely whilst ensuring the pressures and risks are managed accordingly to assist with change.</p> <p><b>DIG20/74.4</b> The digitisation of Access to Health Records Project was also</p>	

<p>raised and cost pressures were noted, it was confirmed that an SBAR was being compiled in order to escalate. It was noted that the planned business case for the Ysbyty Glan Clwyd File Library was contingent on the wider strategic Mental Health Service Business Case and site location. Changes to the Mental Health File Library had also been raised as a key compliance issue and it was noted that there was a report being compiled with regards to long term mapping.</p> <p><b>RESOLVED</b> - The Digital and Information Governance Committee noted</p> <ul style="list-style-type: none"> <li>• compliance with legislative and regulatory responsibilities which related to the Informatics Services and</li> <li>• advised the service of the additional metrics required to improve assurance.</li> </ul>	
<p><b>DIG20/75 Information Governance Quarterly Assurance report - To include both Q3 and Q4 from 2019/20 – Carol Johnson – Head of Information Governance</b></p> <p><b>DIG20/75.1</b> The Head of Information Governance presented the quarter 3 and 4 KPI reports for 2019/2020, which included compliance with:</p> <ul style="list-style-type: none"> <li>• Freedom of Information Request Profile</li> <li>• Data Protection Act – Subject Access Request Profile</li> <li>• Information Governance Incidents and Complaints</li> <li>• Requests for access to information systems (IG10)</li> <li>• Information Governance Training</li> <li>• Information Governance Service Desk (IG Portal)</li> <li>• National Intelligent Integrated Auditing Solution (NIIAS) notifications</li> <li>• Information Governance Compliance Audits</li> <li>• Sharing of information</li> <li>• Data Protection Impact Assessments (DPIAs)</li> </ul> <p>In summary, it was recognised and reported that within quarter 3 and 4 the compliance rate for FOI responses decreased but had since improved, actions were being put in place to help improve the compliance rates being reported for both periods. Appendix 1 was also referred to and it was queried with regards to data relating to the month of December having 2 outstanding items; however, it was reported that the items had since been cleared and closed. CJ to clarify the delay detail in clearance to the Committee via email. CJ also agreed to amend and feedback to the slight increase of noncompliance presenting as 25% in relation to Berwyn.</p> <p><b>DIG20/75.2</b> Head of Information Governance also summarised the Quarter 4 reporting period. It was reported that the FOI compliance rate whilst down in Q3 &amp; Q4 had now gone up through Q1 period to 100% and currently stood at 95%. The Head of Information Governance also confirmed that there continues to be work in progress with regards to regular compliance checks.</p>	<p><b>CJ</b></p>

<p>The vision was also raised in order to continue and expand compliance checks upon a rolling rota basis. The members were also asked to note that the compliance rate for mandatory training had risen.</p> <p><b>DIG20/75.3</b> The Committee noted that the reports provided analysis, whilst highlighting trends along with actions taken to address the issues of significance which had been summarised therein. In addition, delays within the reporting period which related to COVID 19 activity were highlighted and acknowledged by the committee.</p> <p><b>RESOLVED –</b> The Committee received and noted the assurance provided in compliance with the Data Protection and Freedom of Information Legislation.</p>	
<p><b>DIG20/76 Corporate Risk and Assurance Framework Report</b></p> <p><b>DIG20/76.1</b> The Committee acknowledged the updates to the following risks since the last report. The newly refreshed template was noted. Debate and discussion took place with regards to the risks reported to the Committee:</p> <ul style="list-style-type: none"> <li>• <b>DIG20/76.2 CRR10a National Infrastructure and Products.</b> It was noted that the risk was previously updated and refreshed accordingly. It was agreed that there was no further material changes to be incorporated at this point.</li> <li>• <b>DIG20/76.3 CRR10b Informatics - Health Records</b> Levels of risk discussed around the wider health record issues within the Health Board. The Chief Information Officer confirmed that there was a much broader issue within the community and acknowledged the responsibility of health records including mental health. The requirement to stocktake around the COVID 19 pandemic was raised and the Chief Information Officer confirmed that a meeting had taken place between himself and the Head of Risk Management. It was agreed that there was no further material changes to be incorporated at this point.</li> <li>• <b>DIG20/76.4 CRR10c Informatics infrastructure capacity, resource and demand.</b> A discussion took place regarding actions and implementation in further mitigation, which have been put on hold due to operational pressures generated by the Covid-19 pandemic. It was agreed that there was no further material changes to be incorporated at this point.</li> </ul> <p><b>DIG20/76.5</b> It was noted that the Risk Management Group were imminent to meet and that the Committee would welcome further update surrounding the impact upon risks from the COVID 10 pandemic, the Committee were content with the risks to date as recorded, and would await feedback.</p> <p><b>RESOLVED -</b> The Digital and Information Governance Committee considered the relevance of the current controls; and reviewed the actions in place and considered the risk scores.</p>	

<p><b>DIG20/77 Performance against the Board approved 2019 20 annual plan - verbal update</b></p> <p><b>DIG20/77.1</b> It was noted that the item <b><i>DIG20/73 Covid on Informatics and Health Records - verbal update</i></b> covered the performance update item accordingly.</p>	
<p><b>DIG20/78 Summary of InCommittee business to be reported in public</b> - David Fearnley, Executive Medical Director</p> <p><b>DIG20/78.1</b> The Committee noted the report.</p> <p><b>RESOLVED:</b> The Committee noted the Summary of Business reported in public.</p>	
<p><b>DIG20/79 Issues to inform the Chair's Assurance report</b></p> <ul style="list-style-type: none"> <li>• John Cunliffe, Chair - Recommendation - To agree the Issues.</li> </ul>	
<p><b>DIG20/80 Date of next meeting</b> <b>DIG20/80 .1</b> The date of the next meeting was noted as: Friday 25th September 2020 @ 9.30am</p>	



BCUHB Digital and Information Governance Committee Summary Action Log – arising from meetings held in public				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
<b>9.5.19</b>				
Andrew Griffiths	<b>WCCIS</b> 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</p> <p>September 2020</p>
<b>21.11.19</b>				
Dylan Williams	<b>DIG19/30.5</b> Microtest GP systems The Chief Information Officer had agreed to provide update to the Committee with regards to the status update	13.03.20	Update 19 <sup>th</sup> June 2020 - Microtest have withdrawn; work ongoing nationally for remaining 2 options. Primary Care are stable at present – no contractible issues.	<p>June 2020</p> <p>September 2020</p>

13.02.20				
Dylan Williams	<b>DIG20/51.3 HASCAS Action Item – Storage of Clinical Records</b> The Chief Information Officer agreed to review and update the actions formally documented.	13.03.20	19 <sup>th</sup> June 2020 update - Action for update at next meeting.	June 2020  September 2020
Jody Evans	<b>DIG20/54 Draft Committee Annual Report 2019/2020 DIG20/54.2</b> <ul style="list-style-type: none"> <li>Cycle of Business to be updated - to reflect the re-order of Information Governance and Digital Agenda Items).</li> <li>The Chief Information Officer agreed to suggest narrative in relation to the Committee Risks, in order to address the focus for the year ahead.</li> <li>Re-circulate draft report for further updates from the Committee / Committee Chair to agree final version with the Executive Lead.</li> </ul>	13.3.20	18.9.20 – Agenda Item ref no DIG20/96	Actions to be closed.
Dylan Williams			Narrative received and updated within the report.	
Jody Evans/All John Cunliffe David Fearnley			18.9.20 – Agenda Item ref no DIG20/96	

Dylan Williams	<b>DIG20/55 Approval of Informatics – Draft Operational Plan</b> <ul style="list-style-type: none"> <li>The Chief Information Officer agreed to amend the item referred to on page 3, in relation to a graphical error.</li> <li>To refer the Corporate Risks related within the report, along with the rolling program of work, as a regular digital perspective.</li> </ul>	13.3.20	<p>19<sup>th</sup> June 2020 update - Operational planning paused to date, however re-prioritisation now in effect. Under discussions with planning regarding re-engagement. New Staff Member commencing within September 2020 to assist.</p>	<p>June 2020</p> <p>September 2020</p>
Justine Parry	<b>DIG20/61 Chair Assurance report - Information Governance Group</b> <ul style="list-style-type: none"> <li><b>DIG20/61.3</b> Transfer of records via Taxis. JP to contact Radiology Lead to discuss logistics and plans of agreed systems.</li> </ul>		<p>19<sup>th</sup> June 2020 update – CJ confirmed that the Team are reviewing taxi service provision with procurement.</p> <p>CJ to pick up with Radiology. CJ to review and gain assurance.</p>	September 2020
<b>Item referred from Finance and Performance Committee</b>				
David Fearnley/John Cunliffe	<b>FP20/24 2019/20 APPMR</b> Digital Health Programme <ul style="list-style-type: none"> <li>It was noted that the actions were being scrutinised by the Digital</li> </ul>		3.4.20 Acting Board Secretary JP advises : Action to be transferred to DIGC – with <b>outcome to be advised in Chair's Assurance report to Board</b>	June/July 2020

	and Information Governance Committee (DIGC) however, the Chairman requested that the Executive Medical Director and DIGC Chair provide feedback regarding the delayed national systems to the Chief Executive and Chair to inform ongoing discussion.		June 2020 update - Delays due to Covid noted and discussed. It was noted that plans are being reviewed and will be fed through to Finance and Performance and Health Board. JC to confer with Mark Polin regarding outstanding plans and content of feedback within Chairs Report to Board.	
19.06.20				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
David Fearnley	<b>DIG20/72.2 Digital Operational plan – year-end report:</b> Digital Workforce and Microsoft Office 365 - It was confirmed that a report had been submitted to Finance along with the Executive Team to seek appropriate resource for effective rollout – DF to provide feedback to the Committee.	September 2020	Confirmation sought from Executive Director of Finance with feedback to next Committee	September 2020
Dylan Williams	<b>DIG20/73.3 Covid on Informatics and Health Records</b> It was agreed that The Chief Information Officer would review and present data in relation to the Service Point Calls at a future meeting.	September 2020	25 <sup>th</sup> September 2020 - Agenda Item ref no DIG20/94	Action to be closed

Carol Johnson	<b>DIG20/75.1-Quarterly assurance – Q3 and Q4</b> <ul style="list-style-type: none"> <li>CJ to clarify to the Committee via email the queries raised.</li> </ul>	September 2020	Email of clarity received and sent to members on 22/06/2020.	Action to be closed
Carol Johnson	<b>DIG20/75.1-Quarterly assurance – Q3 and Q4</b> <ul style="list-style-type: none"> <li>CJ also agreed to amend and feedback to the slight increase of noncompliance presenting as 25% in relation to Berwyn.</li> </ul>	September 2020		
<b>Item referred from Finance and Performance Committee</b>				
David Fearnley	<b>FP20/69 Reconciliation</b> AP052 – Explore alternative to WCCIS via DIGC (25.9.20) In respect of AP052, Learning lessons from the Welsh Community Care Information System pilot and questioned whether an alternative to what was considered obsolete software needed to be found. It was agreed this should be explored further at the Digital and Information Governance Committee.	September 2020	A report exploring alternatives to WCCIS will be presented to the Digital and Information Governance Committee on 25 September 2020, with feedback to the board via the DIGC Chair's report.  25 <sup>th</sup> September 2020 - Agenda Item ref no DIG/109	Action to be closed.

**Item referred from Strategy, Partnerships and Population Health Committee**

David Fearnley John Cunliffe	<b>SP20/38.2.2</b> The Chair of the Digital and Information Governance Committee (DIGC) agreed to address the Committee's concern in respect of the operational difficulties arising from the delayed implementation of WCCIS (as outlined in the Engagement briefing note) via DIGC.	September 2020	<b>To be addressed - as action relating to the F&amp;P Committee above</b> - 25 <sup>th</sup> September 2020 - Agenda Item ref no DIG/109	<b>September</b> Action to be closed.
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**Item referred from Public session of the Health Board Meeting**

Dylan Williams	<b>20.77 Finance Report Month 2</b> Examination of capital programme and transformation schemes 20.77.4 The Chair asked that the Digital Information & Governance Committee ensure that the Board had the sufficient resources in terms of finance and people to deliver these, and to highlight any gaps back to the Board.	September 2020	September 2020 25 <sup>th</sup> September 2020 - Agenda Item ref no DIG/110	Action to be closed.
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**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>Digital and Information Governance Committee 25/9/2020</b>						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Informatics Operational Plan Quarter 1 Report (2020/21)						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Dr David Fearnley, Executive Medical Director						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Dylan Williams, Chief Information Officer, <i>et al.</i>						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Chief Information Officer and Executive Medical Director						
<b>Atodiadau</b> <b>Appendices:</b>	Informatics Operational Plan Quarter 1 Report						
<b>Argymhelliad / Recommendation:</b>							
The DIGC is asked to:-							
<ol style="list-style-type: none"> <li>1. To decide if the report provides them with the appropriate level of assurance</li> <li>2. To note the report</li> </ol>							
Please tick one as appropriate							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth For Information</b>	
<b>Sefyllfa / Situation:</b>							
<p>The purpose of this report is to provide the Digital Information Governance Committee with:</p> <ol style="list-style-type: none"> <li>1. An update on the implementation of the Informatics Operational Plan – Quarter 1</li> <li>2. A mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met by the Informatics Services and if delivery is being undertaken against agreed plans.</li> </ol> <p>There has been no approved Informatics Operational Plan for 2020/21, this update is based on an extension of the 2019/20 Approved Operational Plan. This year's plan is in line with the Corporate quarterly planning process.</p> <p>The key points from this report are:</p> <ol style="list-style-type: none"> <li>1. Covid has significantly impacted on project delivery, 12 projects have been paused and (with 8 projects now at Amber which may need more time to be delivered).</li> <li>2. WCCIS continues to be a high risk in relation to delivery and the WCCIS Risk is being reviewed.</li> <li>3. Finances – overspend, savings target and the discretionary capital programme are covered in finance below.</li> </ol>							
<b>Cefndir / Background:</b>							
<p>The Informatics Operational Plan is a service plan that enables the delivery of BCUHB Corporate Plan. It has 7 strategic principles that all projects link to and are reported under.</p> <p>The plan is updated on an annual basis but the projects within may have a wider timespan for delivery.</p>							

## Asesiad / Assessment & Analysis

### Strategy Implications

This Operational Plan enables the Living Healthier, Staying Well strategic approach.

### Wellbeing and Future Generations – the 5 ways of working:

This Operational Plan delivers on the following 5 ways of working

**Long Term** – We assess digital systems to ensure that they meet future needs and can work with other existing systems

**Integration** – Some of our systems that we are working on support the delivery objectives of other partners i.e. WCCIS

**Involvement** – Patients, Staff and key stakeholders are involved in finding the best solutions. We ensure that we are involved when national solutions are being developed to ensure they meet the organisations/patients needs.

**Collaboration** – We work across the organisation using a collaborative approach, the systems have to meet the needs of the system owners.

**Prevention** – We put solutions in place that can prevent service failure i.e. text reminders to reduce the number of Did not Attends.

### Options Considered

N/A

### Financial Implications

**Revenue:** The year to date overspend as of the 30th June 2020 is £258,000 which is due to unachieved savings and the shortfall of funding on the Office 365 license cost increase. Estimated end of year overspend is estimated to be £1 million.

The shortfall on funding for the license fee was addressed in the July report by means of non-recurrent funding for this year. The position includes costs of £179K related to Covid costs which is currently funded on basis that all Covid costs will be funded by Welsh Government, however there remains a risk that not all costs will be recovered, which would be a further cost pressure.

Discussions are in progress regarding the 4.6% savings target.

**Capital:** The discretionary capital programme has only recently been agreed with Informatics allocated £1.5m for 2020/21. This is a significant decrease from previous years where average allocations were circa £3m. This decrease is principally due to Covid-19 whereby the Health Board may be required to cover off elements of expenditure to date.

### Risk Analysis

The risk of non-delivery of WCCIS is increasing and as a result, the existing risk score will be reviewed.

### Legal and Compliance

None

### Impact Assessment

No overall equality impact assessment has been undertaken on the Operational Plan but we are working with the Digital Communities Wales to understand the key data and information in relation to digital inclusion for the new Strategy.

Some projects have impact assessments.



# Informatics Operational Plan 2020/21: Progress Monitoring Report

1



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Informatics



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Appendix A: Discretionary Capital Plan	9

## Quarter 1



This report is presented to the Digital and Information Governance Committee (DIGC), to support its remit to receive and gain assurance on the delivery of the Informatics Operational plan. The report presents:-

1. Summary data to highlight progress against Informatics Strategic Principles (page 4) which are detailed with the 2020/21 operational plan
2. Summary data that is reported directly to the Health board and used by them to monitor progress against the annual plan (page 5) for core Informatics Projects (i.e. Digital Health Programme – High Level Matrix). More detailed performance updates against the Milestones of these projects (page 6 to 8) which is used to attribute status. This is not subject to standard submission / scrutiny by the board and is provided to the committee to support their assurance activities.
3. the Revenue and Capital position at the end of Quarter (page 9 to 10)

The ratings which have been attributed to each of the Projects have been assessed by the relevant lead for the project or Milestones. All of the ratings have been reviewed and approved by the Chief Information Officer (CIO). Additional assurance is provided by the Informatics Performance and Improvement department who will request rationale for the ratings given and sample test the anticipated versus achieved milestone deliverables.

Where a red or amber rating is applied to any project in any month, a short narrative is provided to explain the reasons for this and any actions being taken to address.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk (matrix below).

Feedback is welcomed on this report and how it can be strengthened. Please email [Andrea.Williams30@wales.nhs.uk](mailto:Andrea.Williams30@wales.nhs.uk)

RAG	Every Month End	By year end	Actions depending on RAG rating given
<b>Red</b>	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why, and what is being done to get back on track.
<b>Amber</b>	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
<b>Green</b>	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional information required
<b>Purple</b>	Achieved	N/A	Where RAG is Purple: No additional information required

## Informatics Operational Plan 2019/20 - Monitoring of Progress against Actions and Milestones

As at the end of June (Quarter 1), the Informatics Operational Plan for 2020/21 has 42 projects which are linked to and intended to deliver 7 Strategic principles and objectives, of these 22 projects are currently active.

High level progress with all projects and the strategic principles are detailed on page 4. As indicated, progress has been hindered by COVID-19 which forced the majority of projects to be paused in order for resources to be redeployed to support the Informatics response to the pandemic.

Projects for escalation remain as previously reported. The Welsh Community Care Information System (WCCIS) remains “red”, this programme will not be achieved as planned and remains subject to exception reporting at a Project Board level and to this committee. The project team were redeployed in order to support the Informatics COVID-19 response.

8 projects are identified as Amber, whilst they are still predicted to achieve objectives they are experiencing difficulties which are being managed, e.g. they may take longer to deliver than initially forecast or finances require resolution before progress can be achieved. This is largely due to competing priorities with the Informatics COVID-19 response and also key stakeholders in other services being unavailable due to COVID-19.

12 projects have been paused due to COVID-19.

1 project has been paused due to the Technical Lead taking up employment in another organisation.

1 project is on hold awaiting the start of the new Head of Programmes, Assurance and Improvement.

13 projects are reported as “on track” (green).








6 projects are not due to start until later in this financial year.

Discussions are being held with Finance Colleagues regarding the logic of applying a 4.6% savings target on Informatics. Recently business cases have been approved by the Finance & Performance committee for the rollout of Microsoft 365 and an invest to save project for Digital dictation for which ICT will soon be advertising roles.

The discretionary capital programme has only recently been agreed with Informatics allocated £1.5m for 2020/21. This is a significant decrease from previous years where average allocations were circa £3m. This decrease is principally due to Covid-19 whereby the Health Board may be required to cover off elements of expenditure to date.

# Summary Progress against Strategic Principles

The Informatics Operational Plan details all of the projects that Informatics is aiming to further or deliver during 2020/21 (39). All projects are linked to strategic principles and objectives which are listed below. A high level overview of progress against each objective is also provided e.g. number of projects and project status. Further detail can be provided.

Strategic Principle	Objective	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	High Level Overview
 <b>Digital Roadmap</b>	Adopting a digital by default principal, capturing data once and reusing it, minimising the use of paper and working towards "paper free at the point of care". The building blocks of a single patient view which can be accessed by those receiving, providing or supporting patient care.	A				<b>15 Projects detailed within the original 2020/21 plan.</b> 1 project is reported as "unmet" (Red)- WCCIS 5 Projects are "experiencing issues" (Amber) Digital Health Record, Digital Dictation, MTED, WNCR, WEDS 5 on hold due to COVID-19 4 reported as on track <b>QTR1 Position = 10 Projects are currently active.</b>
 <b>Data Driven Decision Making</b>	Providing tools to put data from a variety of sources at the heart of decision making in a timely and user friendly manner. Providing insights to inform effective decisions through synthesising information from a variety of sources.	G				<b>5 Projects detailed within the original 2020/21 plan.</b> 2 projects are on hold due to COVID-19 1 project is reported as on track 1 projects are due to commence later in the financial year <b>QTR1 Position = 1 project is currently active.</b>
 <b>Underpinning Service Transformation</b>	Supporting services to combine technological opportunities with new business processes, that enable us to meet our Local and National responsibilities.	A				<b>7 Projects detailed within the original 2020/21 plan.</b> 1 project is reported as "experiencing issues" (Amber), Records Management 1 project is on hold due to the Technical Lead moving posts. 2 projects are on hold due to COVID-19 3 projects are due to commence later in the financial year <b>QTR1 Position = 1 project is currently active.</b>
 <b>Digital Mobile Workforce</b>	Providing digital tools to support staff to undertake duties, work together and communicate effectively from a variety of locations - reducing overheads, supporting strategies and enabling "time to care".	G				<b>1 Project detailed within the original 2020/21 plan.</b> 1 project is reported as "on track" (green). <b>QTR1 Position = 1 project is currently active</b>
 <b>Managing Innovation &amp; Emerging Technologies</b>	Learning and Innovating by providing accelerators of digital transformation. Collaborating with innovators and entrepreneurs and suppliers to encourage innovation.	G				<b>2 Projects detailed within the original 2020/21 plan.</b> 1 Reported as on track 1 project is not due to start until later in the financial year. <b>QTR1 Position = 1 Project remains active</b>
 <b>Digital Infrastructure</b>	Providing, developing and maintaining a secure, flexible and robust infrastructure to enable a digital future.	G				<b>9 projects detailed within the original 2020/21 plan.</b> 2 projects are reported as "experiencing issues" (Amber); Wide area network transformation and core telephony replacement 2 projects are on hold due to COVID-19 5 projects are reported as on track <b>QTR1 Position = 7 projects remain active</b>
 <b>Workforce Development, Transparency, Sustainability &amp; Standards</b>	Nurturing a digital culture throughout the organisation to enable staff to tell us how they want to work. Supporting staff to develop and provide services that meet the efficiency, quality and sustainability challenges that we face. Adopting evidence based best practice and meeting our legislative requirements	G				<b>3 projects detailed within the original 2020/21 plan.</b> 1 project is on hold awaiting new Head of Service 1 project is on hold due to COVID-19 1 project is reported as on track <b>QTR1 Position = 1 project remains active</b>

Quarter 1

## Informatics Operational Plan 2020/21 - Monitoring of Progress against Actions and Milestones

Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate openly and honestly



# Digital Health Programme – High Level Matrix<sup>5</sup>

Progress against the following projects is reported to the Board as part of annual plan progress monitoring.

Programme	Strategic Objective	Exec Lead	Apr-20	May-20	Jun-20
<b>WPAS</b>	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			
<b>WCCIS</b>	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	MD			
<b>WEDS</b>	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			
<b>Digital Health Record</b>	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	MD			
<b>YGC Records Library</b>	Support the identification of storage solution for Central Library	MD			
<b>Good Record Keeping Management</b>	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	MD	<b>Pre-Formal Start</b>		
<b>Information Flow</b>	Delivery of information content to support flow/efficiency	MD	<b>On hold / pre-formal start</b>		
<b>Digital Infrastructure</b>	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			

# Digital Health Programme Milestone Summary Matrix .6

Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
<b>WPAS</b>						
Ways of Working / Standardisation Activity Data Migration Event 5 started (paused due to COVID-19) User Acceptance Testing Preparation started Training Plan Preparation started	Q1	G				The WPAS project restarted in June after a period of suspension due to the COVID priorities impact. Data Migration Event 5 started against the revised plan working towards a May 2021 go-live. Work was also undertaken on the remaining Ways of Working gaps. Additionally, the Go-Live, Training and User Acceptance Testing strategies were drafted.
<b>WCCIS</b>						
Planning and configuration for prototype; defining new ways of working; development of reports / workflows etc. Testing of v5.2.15 Correction Planning for wider implementation.	Q1	R				Project paused. Objectives not achieved due to re-deployment of team to cover COVID 19 requirements. Also, re-deployment of Local Authority colleagues involved in the Prototype
<b>WEDS</b>						
Non-Integrated WEDS (BCU Symphony) Sequencing Approved Correction Plan Approved Revenue Business Case Approved West Data Migration completed West User Acceptance Testing completed West End-user training started	Q1	A				The Correction Plan needs revising due to the change in Go Live date with the Revenue Business Case to be presented to Finance & Performance Committee at the end of July and to the Board at the end of September (via Health Board Review Team - date TBC). Data Migration testing is almost complete and is awaiting sign off. End user training for staff in the Emergency Department West is now 65% complete however, refresher training will now be required due to the Go Live date delay moving from July 2020 to a date in the Autumn yet to be finalised. User Acceptance Testing of the system is ongoing.

Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
<b>Digital Health Record</b>						
Project workstream (WS) 1; WS2; WS3 have been defined and planned to deliver within a 18 month period i.e. ETR, 4 steps to results management all delivered by Sept 2021	Q1	A				Due to Covid crisis this project was put on hold, but restarted in May. Reviewed impact of the crisis that led to stopping printing results (in scope). Interim measures to re-start printing for those areas that require it is being implemented between Pathology and Informatics (from 6th July). Workstream (WS)1 (to request, notify, view and action) is being accelerated to deliver October 2020, with Secondary Care Medical Director identifying resources to enable Informatics to achieve this date. WS2 Mobile Application pilot of new version successful and resources being explored to roll out. WS3 (ETR) NWIS have requested leads from BCU to join national advisory group to drive the future of the test requesting forms. WS4 (Radiology) approach options are being appraised to identify the optimal development.
<b>YGC Records Library</b>						
Working with support from the Hospital Management Team, Planning and Estates department to identify an appropriate solution, development and approval by the Health Board of a single stage business case that specifies the storage and logistics requirements for long-term storage of acute patient records in Central	Q1	G				The preferred option for MH is now a complete new build and not using the existing land occupied by MH currently. Work is underway to prepare a report on the cost and suitability of locating the portacabin file library (and possible off-site storage e.g. Abergele and BYN) into the Ablett to see if this would be a viable option, and to have it ready when the decision on a new build for MH is clear.
<b>Good Record Keeping Management</b>						
To begin the baseline of the; storage, processes, management arrangements and standards compliance to work towards PAN-BCUHB Patient Records Compliance with legislation and standards in patient records management across all casenote types.	Q1	A				Pre Covid, the post of Project Manager was advertised as a 12 month secondment, however no candidates met the essential skills. The approach has been 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. Work is expected to commence in Q2 with the aim to make up as much time as possible within the constraints.

**Revenue:** The year to date overspend as of the 30th June 2020 is £258,000, as outlined in the table below, is due to unachieved savings and the shortfall of funding on the Office 365 licence cost increase. The shortfall on funding for the licence fee was addressed in the July report by means of non recurrent funding for this year. The position includes costs of £179K related to Covid costs which is currently funded on basis that all Covid costs will be funded by Welsh Government, however there remains a risk that not all costs will be recovered, which would be a further cost pressure. The WCCIS project is currently on hold and funding for Office 365 rollout has recently been agreed.

Revenue	Annual Budget £'000	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance £'000	Year End Forecast £'000		Risk
Achievement against Revenue Resource Limit	17,949	4,621	4,879	258	1,000		Red
Cost Improvement Programme		2019-20 Savings Target b/f £'000	2019-20 Additional Savings Target B/f £'000	2020-21 Savings Target £'000	2018-19 Recurring Savings plans £'000	2018-19 Non Recurring Savings plans £'000	Risk
Savings Plans		-620	-447	-785	30	0	Red

**Capital:** The discretionary capital programme has only recently been agreed with Informatics allocated £1.5m for 2020/21. This is a significant decrease from previous years where average allocations were circa £3m. This decrease is principally due to Covid-19 whereby the Health Board may be required to pay for elements of expenditure to date.

Appendix A, overleaf, reflects the current agreed schemes within the programme with business cases now being completed. Pre-sales and procurement activities have already commenced where required.

Due to the late nature of approval for the overall capital programme, a more detailed update will be provided in Q2.



DIGITAL ROADMAP						Approved Budget £
WPAS West Implementation	G	G	G	G	G	TBC
Digital Health Record System (DHR)	G	G	G	G	G	£794,000
DIGITAL INFRASTRUCTURE						
Hardware Replacement	G	G	G	G	G	£100,000
Cardiology System Upgrade	G	G	G	G	G	£175,000
IP Telephony System Replacement	G	G	G	G	G	£150,000
WiFi Access Point Upgrades & Expansion	G	G	G	G	G	£25,000
Local Full Fibre Network (LFFN)	G	G	G	G	G	£25,000
PSBA Wide Area Network Upgrades	G	G	G	G	G	£15,000
UPS YGC Data Centre 1	G	G	G	G	G	£80,000
ICT Service Desk Accreditation Review	G	G	G	G	G	£10,000
ILO Switches	G	G	G	G	G	£25,000
DMZ Implementation	G	G	G	G	G	£28,000
Cisco ISE Implementation	G	G	G	G	G	£35,000
ICT Portal Review	G	G	G	G	G	£15,000
Contingency - Repairs & Replacements	G	G	G	G	G	£40,000
UNDERPINNING SERVICE TRANSFORMATION						
Health Records mobile racking replacement	G	G	G	G	G	£45,000
TOTAL						£1,562,000

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Digital and Information Governance Committee 25.09.2020</b>					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Informatics Quarterly Assurance Report; Quarter 1					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Dr David Fearnley, Executive Medical Director					
<b>Awdur yr Adroddiad Report Author:</b>	Dylan Williams, Chief Information Officer, <i>et al.</i>					
<b>Craffu blaenorol: Prior Scrutiny:</b>	Chief Information Officer and Executive Medical Director					
<b>Atodiadau Appendices:</b>	<b>Informatics Quarterly Assurance Report</b>					
<b>Argymhelliad / Recommendation:</b>						
<p>The DIGC is asked to:-</p> <ol style="list-style-type: none"> <li>1. Note compliance with legislative and regulatory responsibilities which relate to the Informatics Services and</li> <li>2. To advise the service of any additional metrics required to improve assurance.</li> </ol>						
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)						
<b>Ar gyfer penderfyniad /cymradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	<b>x</b>	<b>Er gwybodaeth For Information</b>
<b>Sefyllfa / Situation:</b>						
<p>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.</p> <p>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.</p> <p>This is the first Assurance report of 2020 2021.</p> <p>The purpose of this report is to:</p> <ol style="list-style-type: none"> <li>1. 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.</li> </ol>						

2. Recommend that a workshop is run for Members to discuss the future purpose and content of this report

### **Cefndir / Background:**

This is the first report for the 2020/21 financial year, and highlights the impact of Covid-19 upon Informatics core business. The true impact of the pandemic will require further work and analysis during the coming months. It is evident, however, that Covid has and continues to create further demand for Informatics services over and above what was in current operational plans and priorities

Overall informatics has maintained a level of compliance with existing measures and actions. However, there are some issues of significance that have affected performance:

- Clinical coding have 2 overdue audit recommendations due to Covid and its impact on staffing.
- The National Coding Targets for completeness was 91.6% at the end of June 2020. This does not meet the national target of 95%. Again, this is due to Covid and its impact on staffing. This is expected to increase as we move into business as usual.
- The National Target for Compliance Audit has been postponed to 2021 to due to Covid. There is a possibility that there will be an external audit on Electronically Coded Data during 2020.
- The Digital Health Record Business Case has been finalised and has been through the Health Board Review Team and reporting through the Exec Team and DIGC. The Funding route has been agreed. Due to go to the Health Board in July and if approved on to the WG via a Ministerial Brief.
- Due to covid pressures clinical leadership took a decision to stop printing paper test results across the organisation, this project re-started in May 2020.
- Covid has impacted on the delivery of a significant amount of projects.
- 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 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 the financial impact.
  - WCCIS remains a high-risk project and a Tier 1 Risk is just being drafted. It has been noted that system that had been delivered to time and scope would have been highly beneficial during the covid crisis.
- There has been a rapid deployment of Attend Anywhere from April 2020.
- ICT Service Desk; Calls logged with Informatics increased in quarter 1 to 25,655 which is an increase of 8.94% on the previous quarter and an increase of 21% from the same time last year.

### **Asesiad / Assessment & Analysis**

**Strategy Implications**

This Operational Plan enables the Living Healthier, Staying Well by providing assurance on the work of Informatics.

**Options Considered**

N/A

**Financial Implications**

Each audit recommendations and projects will have their own financial implications.

**Risk Analysis**

The risk of not providing appropriate level of assurance to DIGC.

**Legal and Compliance**

This report provides assurance in meeting legal and compliance related requirements as detailed in the report.

**Impact Assessment**

No impact assessment has been undertaken.

## Informatics Quarterly Assurance Report – 2020/21 Quarter 1

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 recommendations provided and classifies their position over the past four quarters.

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

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

Latest Update; All Standard Operating Procedures which supplement the policy are currently being finalised. 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

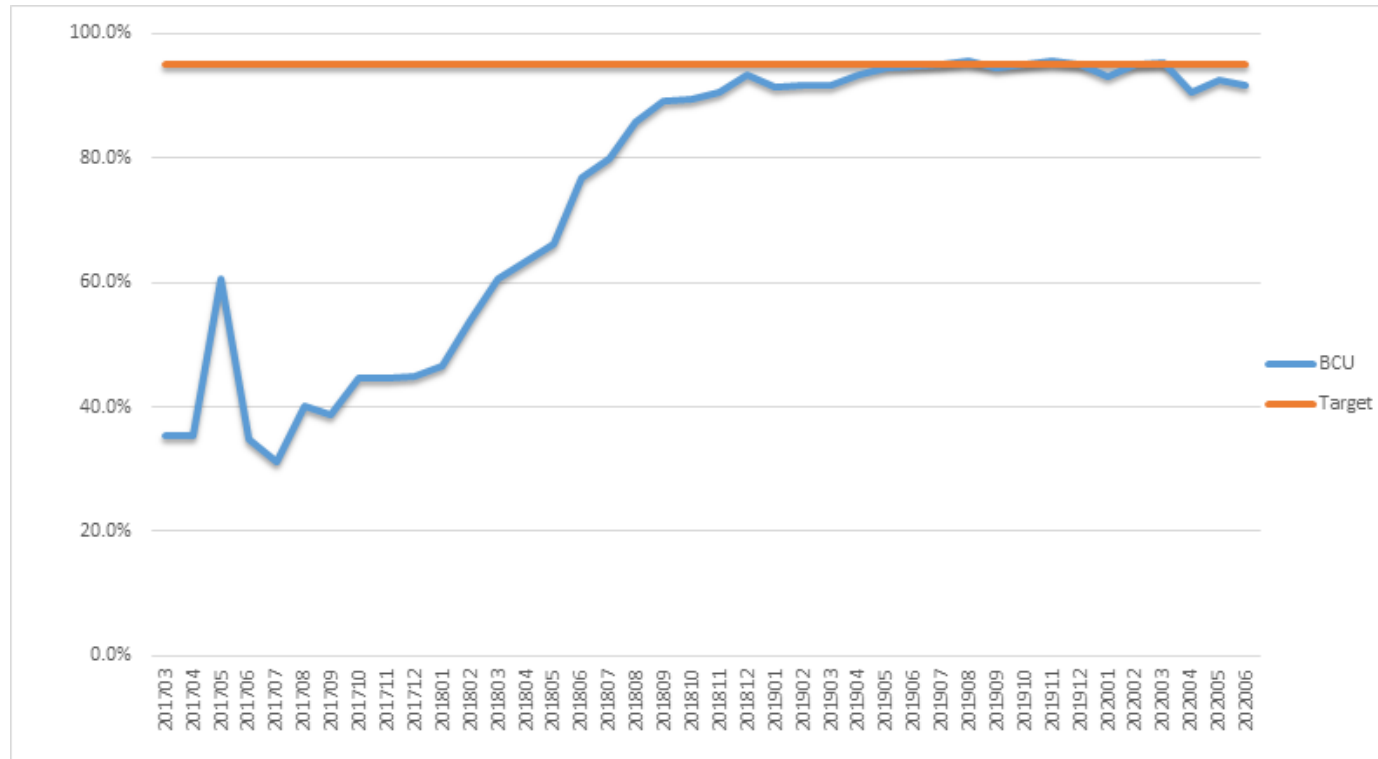
**2.1 Clinical Coding;** National Coding Targets exist for clinical coding completeness and clinical coding accuracy. They form part of the Welsh Government NHS delivery framework, this details how NHS Wales will measure and report performance.

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 June 2020 was 91.6% 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



Failure to achieve target this quarter is reported as due to a number of staff shielding due to COVID-19. It is anticipated that as we return to Business as Usual the coding completeness will increase.

d, the second National Target of Coding an improvement in the accuracy score attained Clinical Audit Program. The National Audit y which is conducted by NWIS to review nce with National coding standards eduled reviews in BCU at the end of Qtr.2 in ncluded that the Health Board achieved the Tier mproving the overall accuracy scoring. The acy increased by 3.41% to 93.03% in the 2019 ith 89.62% accuracy scoring in 2018. The 2020 oned due to COVID, and it has been confirmed atics Service that the national coding audit n 2021. It is anticipated that there will be an tronically coded data during 2020 however this tier 1 target audit.

**hitting one of the two Tier 1 targets due to e 2020 audit being postponed the second plicable at this time.**

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.

**COVID-19 Coding:** As of the 30<sup>th</sup> June 2020, the coding department have coded 82% of COVID related discharges.

**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 DHR full business case (FBC) has been presented to the Health Board Review Team, who unanimously determined it as an approvable business case. Subsequent presentation to Exec Team and DIGC gave unanimous support. Funding route has been agreed with the Executive Director of Finance prior to the FBC being presented to the Finance & Performance Committee in early July. Project on track to take the FBC to Health Board on the 23<sup>rd</sup> July; if approved on to the WG via a Ministerial Brief.

**2.2.2 Results Management Project: Status (Green)** – *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.*

Due to Covid crisis this project was put on hold, but restarted in May. Reviewed impact of the crisis that led to stopping printing results (in scope). Interim measures to re-start printing for those areas that require it is being implemented between Pathology and Informatics (from 6<sup>th</sup> July). Workstream (WS)1 (to request, notify, view and action) is being accelerated to deliver October 2020, with Secondary Care Medical Director identifying resources to enable Informatics to achieve this date. WS2 Mobile Application pilot of new version successful and resources being explored to roll out. WS3 (ETR) NWIS have

requested leads from BCU to join national advisory group to drive the future of the test requesting forms. WS4 (Radiology) approach options are being appraised to identify the optimal development.

**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 at the end of quarter 4 2019/20, which impacted the procurement route planned. The incumbent supplier is on the framework and the revised profile completed. Project Board have agreed the contract detail and costs which have been resubmitted to and agreed by the Welsh Government Invest to Save. In the meantime the upgrades to the product in use by the pilot users is underway and on track for September 2020.

**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.*

Pilot was interrupted due to the Covid crisis. Evaluation of the pilot prior to ceasing has been prepared by the Nursing Lead to be presented to the internal WNCR Project Board in July.

**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 has been 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. Work is expected to commence in Q2 with the aim to make up as much time as possible within the constraints.

### **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).*

Dr Arpan Guha, deputy Medical Director is leading a panel to review concerns by patients and that health records are providing appropriate support.

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.*

The preferred option for Mental Health is now a completely new build and not using the existing land currently occupied. Work is underway to prepare a report on the cost and suitability of locating the portacabin file library (and possible off-site storage e.g. Abergele and Bryn Y Neuadd) into the Ablett to see if this would be a viable option, and to have it ready when the decision on a new build for Mental Health is clear.

## **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.*

The WPAS project restarted in June after a period of suspension due to the COVID priorities impact. Data Migration (DM) Event 5 started

against the revised plan, and an additional DM event was approved to address DM and COVID issues. WPAS revised go live date of **May 2021** has been approved by the programme board. Work has also been undertaken on the remaining Ways of Working gaps. Additionally, the Go-Live, Training and User Acceptance Testing strategies have been drafted.

**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 (BCU Symphony) 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.*

The Correction Plan needs revising due to the change in Go Live date with the Revenue Business Case to be presented to Finance & Performance Committee at the end of July and to the Board at the end of September (via Health Board Review Team - date TBC).

Data Migration testing is almost complete and is awaiting sign off. End user training for staff in the Emergency Department West is now 65% complete however, refresher training will now be required due to the Go Live date delay moving from July 2020 to a date in the Autumn yet to be finalised. User Acceptance Testing of the system is ongoing.

### **2.3.3 Welsh Community Care Information System (WCCIS): Status (Red)**

The WCCIS project endured a temporary suspension period during April, with key resources across Informatics, Operational Services and Local Authority partners being diverted to work on COVID-19 priorities. This means that the planned Go Live for the prototype is no longer a viable prospect. Discussions on the next steps will take place

as resources become available. The WCCIS Prototype workstream was on target prior to COVID-19.

**2.3.4 Attend Anywhere:** *The BCU Attend Anywhere project builds on the TEC Cymru National Video Consultation Service programme, delivering a robust local configuration and a managed rollout for remote clinics across community and secondary care.*

The Attend Anywhere project was initiated in April to support remote video consultations as part of the COVID response. A project board was convened, expressions of interest sought, configuration and testing undertaken, and a rapid deployment plan agreed.

**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.*

**2.4.1 Cyber Security.** Whilst there have been no major incidents affecting the organisation in quarter one, email phishing attempts targeted at NHS Wales email addresses continue to be a concern. These attacks try to maliciously scam the user out of private information but clicking any links can put the organisation at risk from ransomware which is the greatest concern. A series of communications have been developed and sent to BCUIHB staff highlighting the various threats as well as staff responsibilities in understanding them. Advice and guidance has been provided on how to identify various scams together with advice on how to stay safe online.

Ripple20: During June a vulnerability was identified by Israeli Cyber Security firm JSOF. The vulnerability related to common code from a company called TRECK which provided network software for a wide range of products from many companies across the globe

including all the leading technology providers. The code is also used in Internet of Things (IoT) devices, medical devices, printers, building management systems and so on. ICT has had to use a tool provided by the National Cyber Security Centre (NCSC) to check for this vulnerability against many thousands of devices connected to the BCU network. Nothing has given cause for concern yet though the outcome of this work is not yet known and will be reported in the Q2 update.

During the first quarter an Internal Audit was undertaken in relation to Cyber Security. The draft report concluded that although many industry best practice processes are in place and ICT take Cyber Security seriously and have measure in place to protect the organisation, there were 2 key recommendations rated Red that required immediate attention. Firstly that, in line with other public sector organisations, Cyber Security Threats are recorded on the Corporate Risk Register. Secondly that the proposed Cyber Security team be put in place in line with Welsh Government objectives in order that the organisation can meet its responsibilities in relation to Cyber Essentials Plus and ISO27001 accreditations as well as the statutory requirements in relation to NIS-D legislation.

**2.4.2 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.

**2.4.3 Windows 10 Migration:** Please note: This is the previous update from Q4 2019/20 as progress on this project had to be paused to allow the resources to be targeted at COVID response. The project will re-start in July and an update provided in the Q2 report. As a result of the deployment of a significant number of laptops the position will likely still be improved over the Q4 figures though the completion date will move from December 2020 to within the lead up to March or April 2021.

“On the 14<sup>th</sup> 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 quarters 3 and 4 from the 2019/20 financial year and quarter 1 of the current financial year which demonstrates the progress of this project.”

Operating System	QTR 3	QTR4	QTR1
XP	20	19	16
Windows 7	6,669	4,469	4235

Windows 10	6,119	8,799	9167
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**2.4.4 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 14<sup>th</sup> 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. Please note that due to the current COVID pandemic there are large numbers of machines that are not seen on the network for periods of time. This leads to them being outside of compliance with the updates. Once machines are turned back on they are updated within a small number of hours.

Table 2; June 2020 Operating System data.

Operating System	Device Count	% Compliant	% Target
Windows 7	4,471	93.6%	90%
Windows 10	9,107	72.8%	90%
Office 2007	4,830	94.6%	90%
Office 2010	30	98.5%	90%

Office 2013	457	87.7%	90%
Office 2016	7,347	57.3%	90%
Servers	798	89.5%	90%
Average Desktop OS		83.2	90%
Average Office apps		84.5%	90%
Average all platforms		93.9%	90%

**2.5 ICT Service Desk;** Calls logged with Informatics increased in quarter 1 to 25,655 which is an increase of 8.94% on the previous quarter and an increase of 21% from the same time last year.

Increases are linked to the Coronavirus pandemic. Staff continue to work from home in accordance with guidance.

## 2.6 National and Local System Availability

**2.6.1 National Systems;** During the 3 months April to June 2020 there have been 2 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:

- 2 Welsh Clinical Portal (WCP) failures:
  - Central area unable to make requests
  - Very slow response times
- 1 WelshPAS (WPAS) failure:

- 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 1 hour 20 minutes approx.
- WCP was unavailable for a total of 2 hours 35 minutes approx (excluding the slow response time issues).

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 (April – June 2020), there have been 11 incidents of user affecting unplanned outages.

- 6 Network connectivity incidents. The majority of these have been down to power outages to the site.
- 5 Telecoms incidents. Which reported a partial loss of telephony in a number of areas of the Health Board.

**\*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) and Impact Assessments (IA)**

### **DSCN New Releases**

There was one DSCN issued in quarter 1 2020-21

DSCN 2020/06 Core Reference Data Standards seeks to standardise data relating to patient demographics and reference codes across national and local systems. National compliance will be delivered by NWIS. Information will share the DSCN with colleagues in services where systems are used outside of Information.

## **DSCN Progress Report**

Progress has been made on x2 DSCNs issued prior to quarter 1, please see the table below for details of these:-

Qtr	DSCN	Date	Update	Status
Q3 2019-20	2019/08		We are now compliant in terms of reporting the additional fields introduced via this DSCN; an Information analyst will work closely with the project manager and the EDQDF project leads on each site to ensure what we report in this field is accurate	Compliant
Q4 2019-20	2020/05 Mental Health (Wales) Measure 2010 Data Collection (AMD)	12/03/2020	This DSCN resulted in a slight change to the MHM submission to WG where we are now required to break down the Part 2 data further into age for Learning Disability specialty. This has been incorporated in the monthly process and we have submitted data in this new format since May 20 (April 20 data) as requested	Compliant

## **Impact Assessments (IA)**

There was one IA issued during quarter 1 2020-21; it relates to Sitreps reporting and aims to take the existing mechanism through the NWIS standards assurance process to ensure national standardisation.

Sitreps reporting was introduced at the start of the Covid- 19 pandemic and will remain in place for the foreseeable future. The Performance team oversee the Sitreps reporting process (Previously managed by the Health Care Emergency Control Centre (HECC)) and will liaise with the reporting leads for each site and area to engage with this IA.

Information account managers will continue to work closely with site leads to ensure that we provide reports and dashboards that support them in the task of completing the Sitreps report

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



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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>Digital and Information Governance Committee</b>						
	<b>25.09.2020</b>						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Digitally Enabled Clinical Strategy Update						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Dr David Fearnley, Executive Medical Director						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Dylan Williams, Chief Information Officer, <i>et al.</i>						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Chief Information Officer and Executive Medical Director						
<b>Atodiadau</b> <b>Appendices:</b>	Appendix 1 - Draft Digitally Enabled Clinical Strategy						
<b>Argymhelliad / Recommendation:</b>							
<p>The DIGC is asked to:-</p> <ol style="list-style-type: none"> <li>1. To provide feedback on the strategy prior to consultation.</li> <li>2. To recommend who should be consulted on to inform the engagement plan.</li> </ol>							
Please tick one as appropriate							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>	x	<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	
<b>Sefyllfa / Situation:</b>							
<p>The purpose of this report is to provide the Digital Information Governance Committee with an updated strategic overview that has been developed from a review of the original draft Digitally Enabled Clinical Strategy presented to the Board in December 2019 and the lessons learnt from Covid that were presented to EMG on the 2<sup>nd</sup> September 2020.</p>							
<b>Cefndir / Background:</b>							
<p>This Draft Digitally Enabled Clinical Strategy combined the previous work undertaken on the Strategy by David Fearnley. A draft digital strategy that was produced for the Executive Team and discussed at previous DIGC and Board Development Session. This strategy also takes into account the learning from Covid.</p> <p>This strategy will be made of key three documents:</p> <ol style="list-style-type: none"> <li>1. A Strategy on a Page - which will be an infographic and based on this two page overview</li> <li>2. The Strategy – a clear and concise strategy that patients and staff can identify with</li> <li>3. A Technical Document – which will contain all the more technical information including the Clinical Pathways</li> </ol> <p>This is only a very draft strategy as we want to engage widely to ensure that it takes into account the views of our key stakeholders and to gain staff buy in. There is an engagement plan currently being developed and this will take place over 6 weeks during</p>							

October/November. We are looking at new ways to engage digitally but will also continue to use more traditional methods.

The strategy will eventually include a road map for delivery but this will be developed after the consultation.

## **Asesiad / Assessment & Analysis**

### **Strategy Implications**

This Digitally Enabled Clinical Strategy enables the Living Healthier, Staying Well Plan and has been developed to ensure alignment and once completed a matrix will be completed on how it links to this plans priorities.

#### **Wellbeing and Future Generations – the 5 ways of working:**

This Strategy will deliver on the 5 ways of working:

**Long Term** – The plan is a medium term plan and the work undertaken on innovation will ensure we plan for the longer term

**Integration** – This plan will integrate with all the key national strategies and our local plans and strategies

**Involvement** – Patients, Staff and key stakeholders will be involved in developing the strategy

**Collaboration** – To deliver this strategy we will have to work collaboratively internally and externally

**Prevention** – This strategy will support the prevention agenda through digital solutions and better use of data.

#### **Options Considered**

N/A

#### **Financial Implications**

Full financial implications will be developed alongside this developing strategy. Sustainable investment will be required.

#### **Risk Analysis**

The key risks of developing this strategy are:

- It can raise expectations of patients and staff
- Delivery is dependent on increased funding
- Delivery is dependent on changing working practices
- Delivery is dependent on partners and suppliers

#### **Legal and Compliance**

Compliance with GDPR, Security and Welsh Government Policies.

#### **Impact Assessment**

No overall equality impact assessment has been undertaken on the Strategy. A full assessment will be undertaken.

Early work has been undertaken in relation to digital inclusion with Digital Communities Wales to ensure inclusion from the outset.



# A Digitally Enabled Clinical Strategy

## Our Digital Future – Improving care through digital ways of working

### Vision

**“Patients can actively participate in their care and are provided with patient centred care by staff having access to the right information at the right time in the right place”**

### Strengthened Digital Foundations

Getting our ICT infrastructure, systems, devices and the service fit for the future. Improving the usage and benefits of our existing systems. Strong information security and governance. Getting the best out of our suppliers.

Active Patient/Carer	Connected Staff	Digital Organisation
Patients and their carers can actively participate in their care and receive high quality and safe care. They trust that their data is safe.	Staff have access to right information at the right time in the right place with the appropriate digital skills delivering patient centred care.	<p>Improving our digital maturity.</p> <p>Using our data to make better decisions, improve services, identify trends, and service planning. Being innovative so we are one-step ahead.</p> <p>Driving standards for working together with partners.</p>

### Experiences

Patients	Staff	Organisation
<ul style="list-style-type: none"> <li>I can access and contribute to my health information whenever I want and update it so the person who provides my care knows more about me, including managing appointments</li> <li>I can receive reminders</li> <li>I can choose how I would like to communicate</li> <li>I can be actively involved in the management of my care</li> <li>I don't have to keep repeating my details</li> <li>I receive consistent quality of care and communication</li> <li>It is easier for me to move between services</li> <li>I trust that my digital information is safe</li> <li>I won't be disadvantaged if I cannot access digital services</li> </ul>	<ul style="list-style-type: none"> <li>I can access patient information in a single place which supports me to make better decisions</li> <li>I have choice over how I communicate with my patients</li> <li>I can work effectively as part of a multi-disciplinary team</li> <li>I am actively involved and influence any changes to the way I work digitally</li> <li>I am supported to have the skills to work digitally</li> <li>I rely less on paper now</li> <li>I have the equipment that allows me to do my job efficiently</li> <li>I have easy access to relevant data and information</li> </ul>	<ul style="list-style-type: none"> <li>We will make use of our data to improve services, identify and respond to trends.</li> <li>We will make our digital readiness and maturity a priority</li> <li>We will match our investment to the digital needs in line with recommended standards</li> <li>We will include digital needs in all our services planning</li> <li>We will have an infrastructure that will be fit for now and the future</li> <li>We will focus our digital work on meeting our local and national strategic priorities.</li> <li>We will measure the benefits from the digital strategy (i.e social benefits, efficiencies, cost savings, environmental impact etc)</li> </ul>

<ul style="list-style-type: none"> <li>• I can provide feedback easily</li> <li>• I am listened to</li> </ul>	<ul style="list-style-type: none"> <li>• I can now log on once and be connected to everything that I need to do my job</li> <li>• I can meet my work colleagues virtually so spend less time having to travel to meetings</li> <li>• I am enabled to work from any location</li> </ul>	<ul style="list-style-type: none"> <li>• We will keep data and information safe</li> <li>• We will ensure that regulatory requirements are met</li> <li>• We will invest in innovative research and development around digital</li> <li>• We collaborate with partners and suppliers to deliver this strategy</li> </ul>
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Our 6 Principles of Digital Working		
Digital Leadership	Think Digital	Once for the Patient
Strong professional digital leadership by the Board, everyone can be a digital leader to improve our digital maturity	Everyone needs to think digital in their planning whilst ensuring digital inclusion	We will adopt standards and technologies that will ensure we provide safe care for every patient
Co-production	Evidence Driven	Innovative
Working as equal partners in developing new ways of working – Patients, Staff , Key Partners and Suppliers	Understanding the need for digital health interventions and what challenges it will solve and what benefits they will bring	Focusing on new ideas and ways of working that are scalable as to be one step ahead

Our 4 Key Challenges	
Our Population	Pace of Change and Increasing Demand
<ul style="list-style-type: none"> <li>• The population in North Wales will increase due to more babies being born and people living longer – an ageing population will need more care and we have an ageing workforce that will have to deliver the care.</li> <li>• There is an Increasing number of people who have more than one health need so health needs are becoming more complex</li> <li>• 30.8% of people in North Wales speak Welsh</li> <li>• 11% (10%?) of people in Wales are digitally excluded, they are likely to be older, less educated and in poorer health.</li> </ul>	<ul style="list-style-type: none"> <li>• The pace of technological change and innovation moves fast;</li> <li>• Demand for digital services and more flexible ways of working is increasing from both staff and patients;</li> <li>• Digital skills of staff and patients may not always keep up with the pace of change.</li> <li>• We have some unconnected systems and processes across BCU;</li> </ul>
Reducing Finances and Increasing Short Term Funding	Working Together
<ul style="list-style-type: none"> <li>• Over the last 3 years we have had to make x amount of savings and we have to still make more</li> <li>• Increasing costs for technology</li> <li>• Increasing short term grant funding and decreasing budgets</li> </ul>	<ul style="list-style-type: none"> <li>• We work together with a range partners to deliver what is best for our patients and staff, it brings the best results but it can be more difficult due to different systems and can take more time.</li> <li>• We work with other Health Boards facilitated by NWIS to develop solutions for Wales, these don't always meet our needs</li> </ul>

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<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Digital and Information Governance Committee 25<sup>th</sup> September 2020</b>			
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public			
<b>Teitl yr Adroddiad Report Title:</b>	Information Governance Quarter 1 2020/21 Key Performance Indicators (KPI) Report			
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery			
<b>Awdur yr Adroddiad Report Author:</b>	Carol Johnson, Head of Information Governance			
<b>Craffu blaenorol: Prior Scrutiny:</b>	Reviewed and approved by <ul style="list-style-type: none"> <li>• Deputy CEO</li> <li>• Data Protection Officer</li> <li>• Information Governance Group</li> </ul>			
<b>Atodiadau Appendices:</b>	Appendix 1 - Key Performance Indicators: Quarter 1 - April 2020 to June 2020			
<b>Argymhelliad / Recommendation:</b>				
The Digital and Information Governance Committee is asked to: <ul style="list-style-type: none"> <li>• Receive and note the assurance provided in compliance with the Data Protection and Freedom of Information Legislation.</li> </ul>				
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)				
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>	✓	<b>Ar gyfer sicrwydd For Assurance</b>
			✓	<b>Er gwybodaeth For Information</b>
<b>Sefyllfa / Situation:</b>				
<p>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.</p> <p>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 to move to more dynamic and different ways to working.</p>				
<b>Cefndir / Background:</b>				
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**

### **Strategy Implications**

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 (NIAS) 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.

### **Options Considered**

No other options have been considered as compliance is a legal requirement.

### **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 1 - April 2020 to June 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

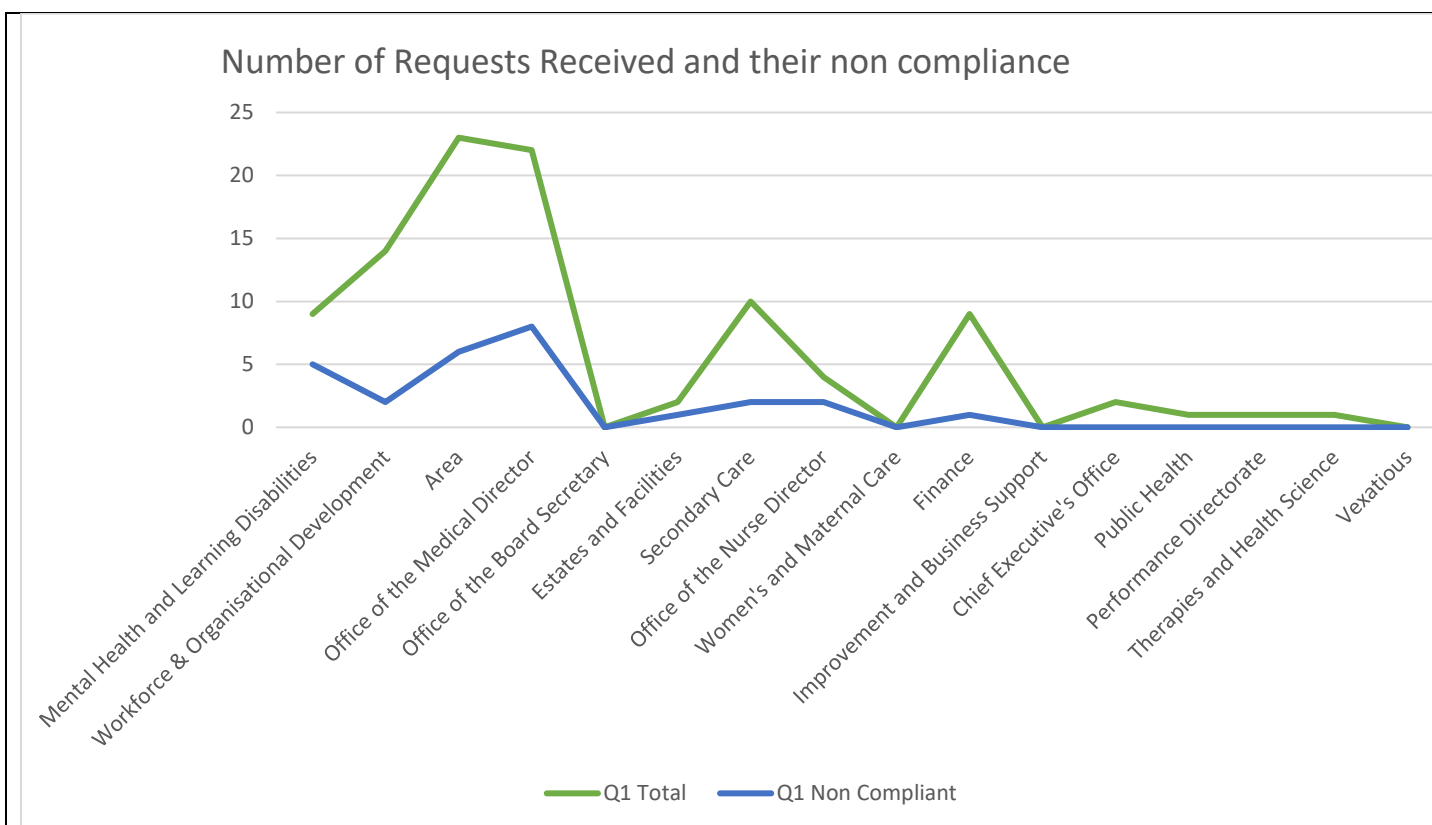
The compliance level for responding to a request within the standard of 20 days has increased this quarter from 70% to **72%**.

There was a considerable drop in the number of requests in quarter 1, down from 171 to 98 requests. 4 were withdrawn by the requestor following receipt of their acknowledgement email respectfully asking them to consider if the request is urgent or whether it could be resubmitted in the future. It is anticipated that this will have an impact on the volume of future requests as the pandemic subsides, and we expect to see a significant rise in the number of requests received in quarter 2.

The overarching reason for the delay in responding to requests, continues to be receipt of responses within the given timeframes from the FOI 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. All FOI leads have been contacted and asked to confirm whether they are still the correct contact for their area. A virtual workshop will be arranged during Quarter 2 to improve understanding of the legislative requirements and timeframes.

Through this period FOI leads continued to advice due to staff availability, absence and/or redeployment, there was not sufficient resources available to respond to all the requests. The Information Governance team had acted proactively by advising the requestors that there may be a delay in the responses 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 the Information Commissioners Office (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 may continue to affect the figures into the next quarter as we return to business as usual.

Total number of requests received in Q1: **98**    Total number of requests delayed in Q1: **23**



Below is the list of reasons for the delays:

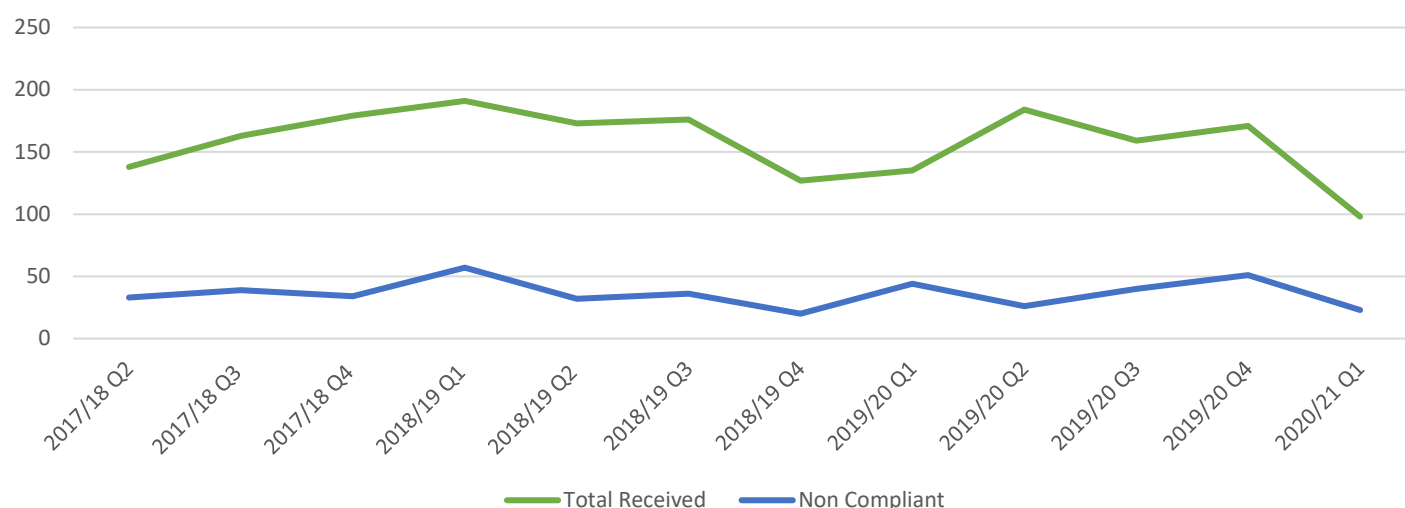
- 12 delays in obtaining/receiving information from FOI Leads
- 3 delays due to the non-approval of response by Executive Lead
- 1 delay due to the late approval by Executive Lead
- 1 delay due to late receipt of request by Information Governance
- 2 delay due to formulation of final response by Information Governance
- 4 delays due to COVID-19

Of the 3 partial responses issued due to COVID-19 during the last quarter, 2 remain part responded to and efforts are being made to complete and send these responses in full as soon as possible.

In quarter 1, one request was made under the Environmental Information Regulations (EIR) and is included in the figures above, noting that it breached due to the formulation of the final response. This was due to the volume of redaction required which cannot be taken into consideration under the Act

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

Previous FOI Quarterly 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 1, please see table below for this detailed breakdown, please note that two internal reviews were carried out where an exemption was not used:

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 21 - Information accessible by other means	Absolute – No Public Interest Test required	2	0	N/A
Section 21 & Section 22 – Information intended for future public release	Class based	1	0	N/A
Section 40 - Personal Information	Absolute – No Public Interest Test Required	2	0	N/A
Section 41 – Information provided in confidence	Absolute – No Public Interest Test Required	1	0	N/A
Section 43 - Commercial interests	Class Based, so Public Interest Test assessed	1	1	1 x Overturned
No exemption used			2	1 x Upheld 1 x Overturned
<b>Total</b>		<b>7</b>	<b>3</b>	

### Information Commissioners Office – FOI Complaints

During Quarter 1, the Health Board received 1 complaint from the ICO. The complaint related to a response to an internal review not being received by the applicant. The outcome of this complaint is still awaited.



## Information Commissioners Office - Information Decision Notices

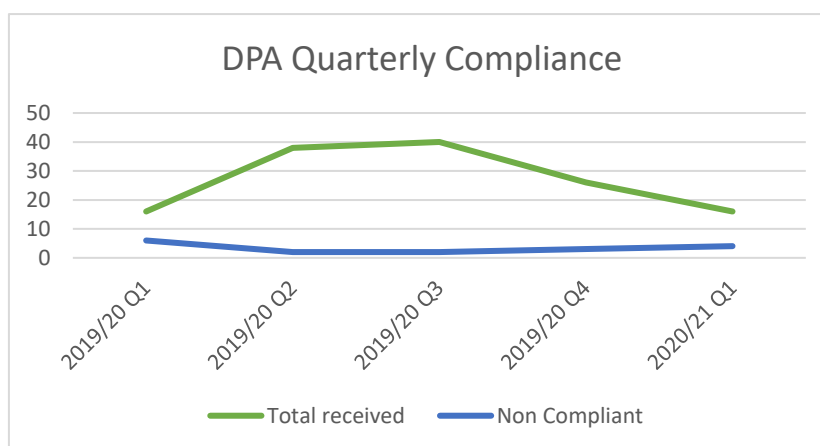
The outcome of an ICO Decision Notice for a request received in 2019/20 was received during quarter 1. The decision was to disclose the Robin Holden report to the requestor, however the Health Board have appealed the ICO decision and have notified the Information Tribunal of our intentions. This is now progressing through the courts.

## 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 84% to 69%. On this occasion this decrease in compliance was attributed to the effects on the teams during the pandemic.

Requests	Total
SAR	7
Verbal SARs	0
<b>Total</b>	<b>7</b>
<b>Requests from 3<sup>rd</sup> Parties</b>	
Solicitors / Local Authority	0
Police	6
<b>Total</b>	<b>6</b>
<b>Total Requests Received</b>	<b>13</b>
<b>Total number of breaches</b> (dealt with outside 28 day timeframe)	<b>4</b>



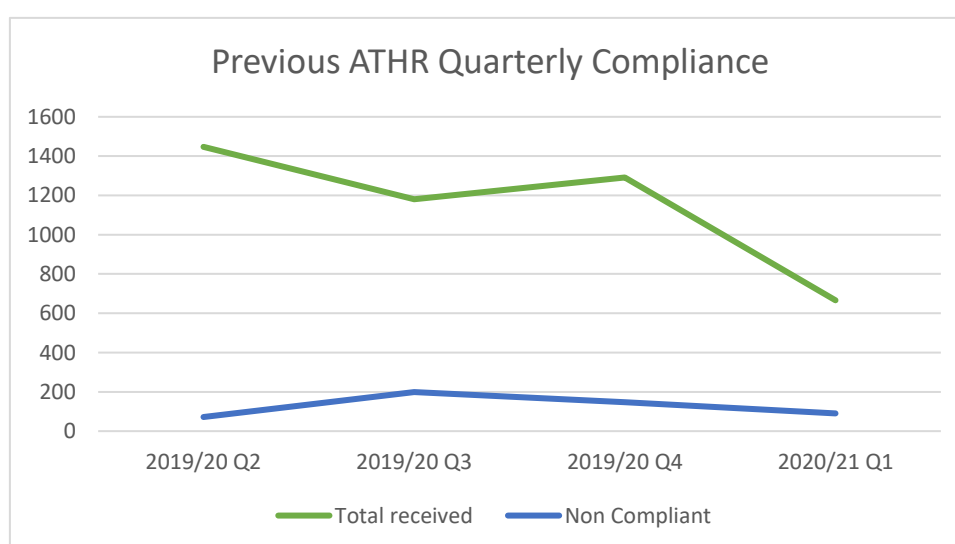
### Subject Access Requests (SAR's) for clinical information and requests from third parties

During Quarter 1 the COVID-19 pandemic put in place additional constraints on the Service with regards to staff needing to self-isolate and implementing different ways of working to enable staff to work from home imposed by the social distancing requirements. There were also additional pressures placed on Health Professionals causing added delays in obtaining casenotes and clinical authorisation for release of information in a timely manner. There was a slight impact on our compliance rates for SARs during this quarter due to the constraints stated above. Although SAR requests decreased during this quarter, requests from third parties had increased, particularly from the Courts and Police.

Work continues to streamline and improve the efficiency of the Service within the confines of its current resources. A decision has been taken to carry out a pause and review to ensure we are getting the best value from our current resources and therefore enabling the move into full operation

of the Service across East, Central and West. The outcome of this review will be reported during the next quarter.

Access to Health Records (ATHR) Requests	Total
<b>Type of SAR</b>	
Data Protection Act (Live Patients)	497
* Access to Health Records Act (Deceased Patients)	21
<b>Total</b>	<b>518</b>
<b>Requests from 3<sup>rd</sup> Parties</b>	
Court	32
Police	116
GMC	0
<b>Total</b>	<b>148</b>
<b>Total Requests Received</b>	<b>666</b>
<b>Total number of breaches</b> (dealt with outside 28 day timeframe)	<b>90 (18%)</b>

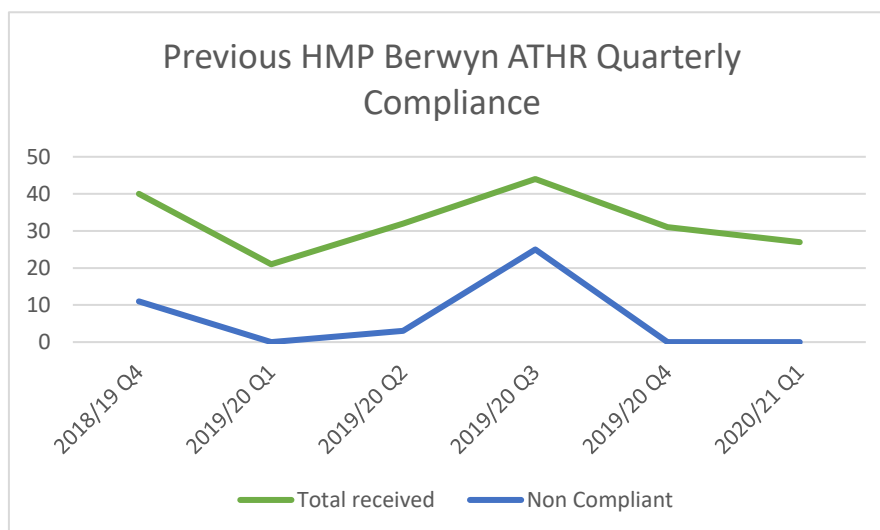


### Complaints and lessons learnt

- Concern from solicitors that they had not received response to their SAR submitted Oct-19. Upon investigation found SAR had been completed Nov-19 and advised solicitors of Recorded Delivery reference.
- Concern from patient not received information requested in Sep-19. Upon investigation no SAR received into ATHR for patients own records. Request processed for patient.
- Concern from patients father not received response to SAR submitted Sept-19. Upon investigation unfortunately SAR was on hold as unable to access records due to patient being long term inpatient and also on COVID confirmed ward.
- Solicitors concerned not received ED Card as part of SAR. Upon investigation no ED Card was accessible. Therefore at disclosure of request an extract of ED attendance information from WPAS was provided.

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	18
Patient Requests	9
<b>Total Requests received</b>	<b>27</b>
<b>Total number of breaches</b> (dealt with outside 28 day timeframe)	<b>0 (0%)</b>
<b>Requests from third parties</b>	
Police	4
Court ( <i>Date Req. Set by Court</i> )	0



### GP Managed Practices

14 of the 16 GP Managed Practices returned data to be included in this report, work is continuing with the remaining 2 practices to ensure the information is captured in future reports.

GP Managed Practices Requests	Total
<b>Type of SAR</b>	
Data Protection Act	160
<b>Requests from 3<sup>rd</sup> Parties</b>	
Solicitors	78
Police	22
GMC	0
Other (Armed forces, DVLA, medical reports, insurance, DWP/Capita)	25
<b>Total</b>	<b>125</b>
<b>Total Requests Received</b>	<b>285</b>
<b>Total number of breaches</b> (dealt with outside 28 day timeframe)	<b>1 (0%)</b>

Please note a graph will be included from next quarter to show comparative data.

### 3) Incidents and Complaints

All incidents are reported using the Health Board's Datix system. There has been a drop of almost 50% (46% actual) in reported incidents this quarter, down to **43** compared to 80 last quarter, but complaints have increased slightly from 3 to **5**. 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, 1 incident was risk assessed as category 2 level or above.

Category	Sub Category	Number of incidents	Self-Reported to ICO / WG	Number of complaints
Non-compliance with policy/ procedure	IG02 Records Management	3	0	0
	IG15 Safe storage & transport of PPI	4	0	0
	IG08 Email Procedure	2	0	0
Confidentiality Breach (External)	External Mail	7	1	0
	Email	12	0	3
	Other	3	0	0
	Records	1	0	0
	Confidentiality Breach (Internal)	0	0	1
	IG16 Disclosing PPI	0	0	1
IM&T Security	Email	2	0	0
	Internal mail	2	0	0
	Other	1	0	0
	Confidentiality Breach (Internal)	4	0	0
	Records	2	0	0
<b>Total</b>		<b>43</b>	<b>1</b>	<b>5</b>

### Self-reported incidents to the ICO

One incident has been self-reported to the ICO this quarter.

A patient received a letter along with 5 other letters for 5 different patients. Whilst the ICO has closed this incident with no further action, two recommendations have been issued:

- *Ensuring the verification and checking measures you have in place are sufficiently robust in order to mitigate a future occurrence.* The incident has been shared with the speciality manager for where the letters were generated to ensure that these measures are checked.
- *Reviewing the content and delivery of data protection training to ensure staff fully understand the need to take care when dealing with personal information. Training should be interactive, role specific and contain practical examples. This incident, suitably redacted, could make a useful training tool.* This is covered in the current training package but will be reviewed to include more recent lessons learnt.

### Previous self-reported incidents to the ICO

There is no further update to the continued inappropriate access incident reported in quarter 3 from 2019/20. This will be provided when received.

### Complaints

5 data protection complaints were received during quarter 1 as detailed below, all of the complaints have been investigated and closed:

- A patient received a telephone call from BCU staff member and was concerned about the level of detail known by the staff member.
- Information sent to several patients by email using 'to' field instead of 'bcc' field.
- A self-help booklet was printed and given to a patient who found an email about another patient inside the booklet.
- Complaint response letter shared with another Medical Professional.

- Disclosing information to non-relevant staff via email.

### **Lessons Learnt/Actions Taken**

- All staff have been informed that they must always use the secure print functionality. Guidance has been distributed to all staff in the department and posters placed above all printers. This will also go out as a reminder in the next IG Bulletin.
- Staff have been reminded of their responsibilities under the Data Protection Act 2018.
- All staff have been reminded of the importance of checking documents before they are posted, so that only the information for the intended recipient is enclosed in the envelope.
- All staff continue to be reminded of the importance of keeping up to date with their mandatory Information Governance training, which is mandated every two years for all staff.
- Staff should use the 'bcc' field when sending emails and a reminder will go out in the next IG Bulletin.

### **Personal Injury Claims**

We have received two personal injury claims in Quarter 1.

- Disclosure of patient information to an unauthorised person outside the Health Board.
- Disclosure of personal information to unauthorised parties within the Health Board.

There continues to be three personal injury claims ongoing from previous quarters.

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

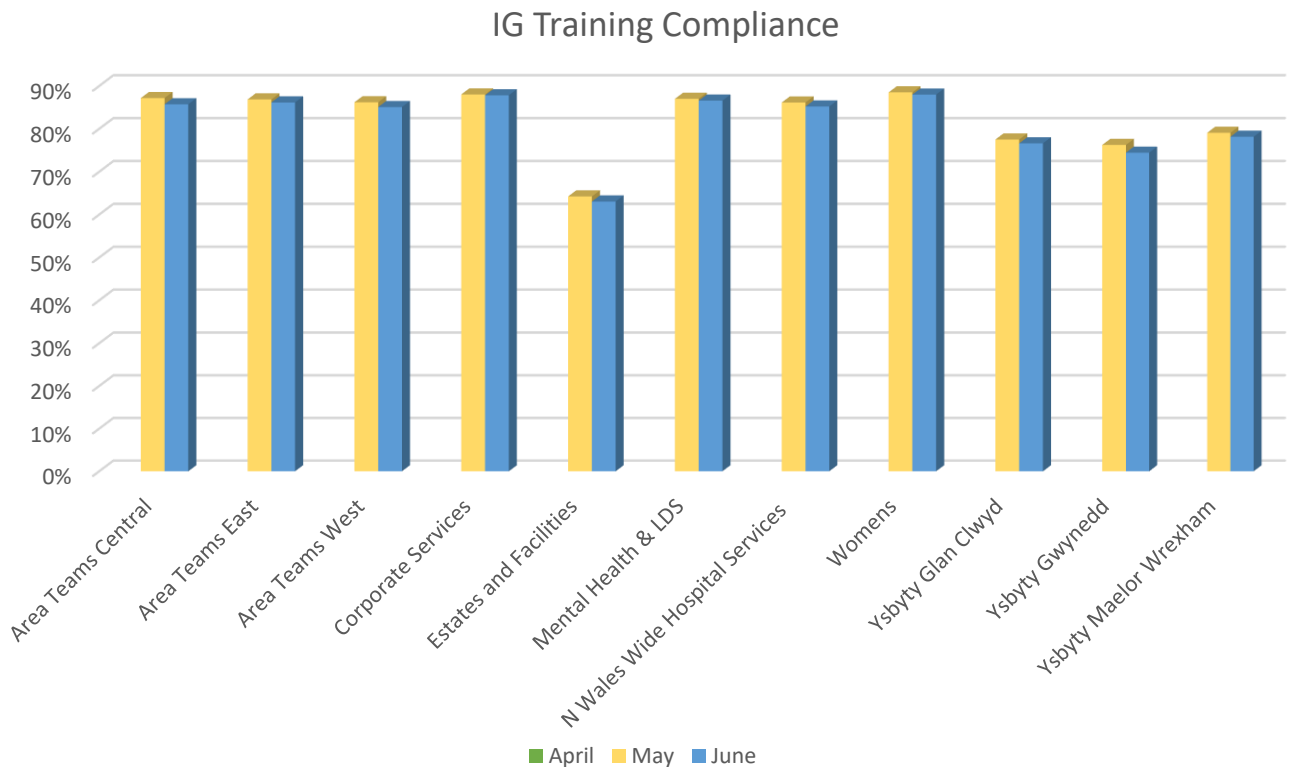
### **4) IG10 – Process for requesting, approval and review of information systems accessed by an employee**

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 **8** IG10 requests. A total of 10 systems were accessed as some of the requests stated multiple systems, these consisted of the following audits / access:

- 2 access to Clinical systems
- 2 access to email
- 3 access to Internet
- 1 access to swipe cards

### **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.



The compliance figures are provide by Workforce and OD, and there were no figures provided for April therefore only May and June compliance rates are included this quarter.

There have been no face to face training sessions this quarter due to Covid-19. However, **2098** staff have completed their training via E-Learning. A training session has been recorded on video by a member of the IG Team as an alternative to e-learning whilst we are unable to hold face to face training sessions.

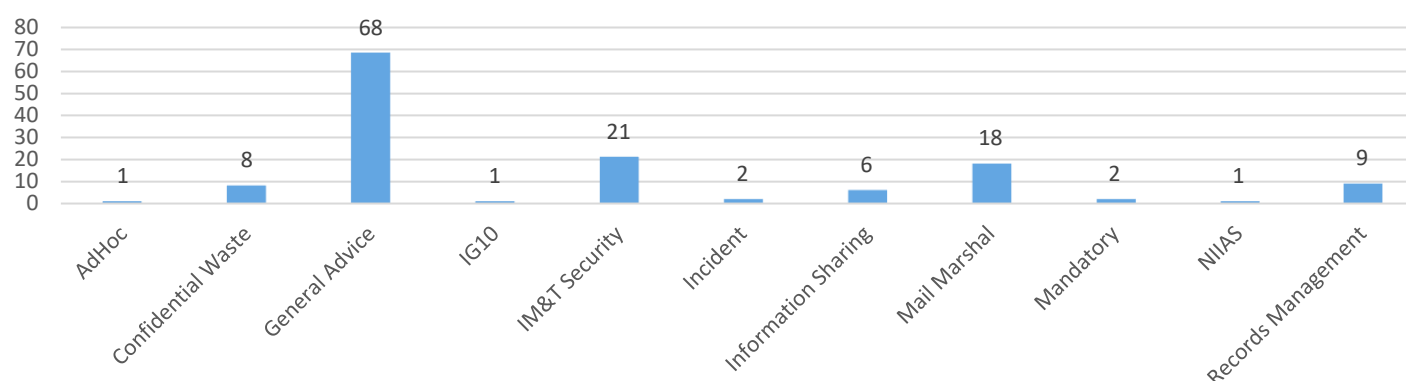
Targeted reminders have been issued to divisions to encourage further uptake of the mandatory training and this is being monitoring via the Integrated Quality and Performance Report.

The current compliance of mandatory IG training across BCUHB remains at **81%** for this quarter.

#### **6) Service Desk – IG Portal**

During Quarter 1 2020/21 the number of calls received into the Information Governance Service Desk increased from 107 to **137**.

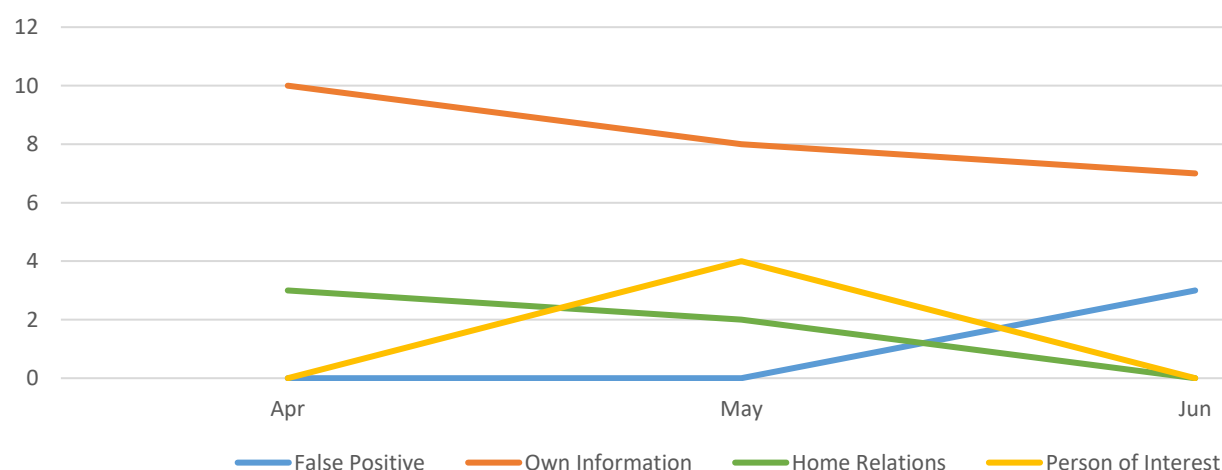
Service Desk Enquiries



### 7) NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 1 of 2020/21 the number of NIIAS notifications received dropped significantly to 37 down from 92, last quarter. There were 25 incidents of accessing own health information, 5 accessing relatives information, 4 accessing a person of interest and 3 false positives. The IG Team will continue to work with WOD and line managers to address these notifications through the appropriate channels.

NIIAS notifications received Q1 2020-21



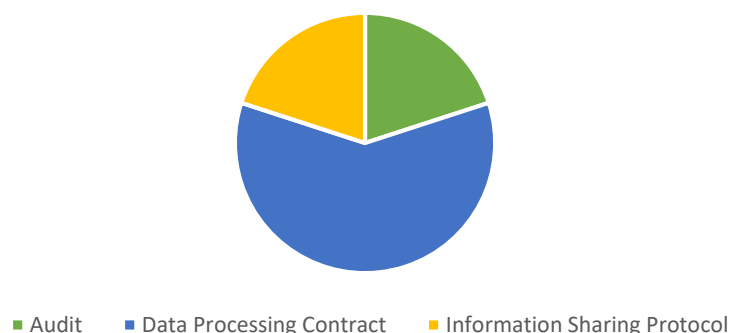
### 8) Information Governance Compliance Audit Findings

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, there have been no compliance checks undertaken due to the Covid-19 situation. It is envisioned that the compliance checks will resume when it is safe to do so and as instructed by the Health Board. The Information Governance Department are exploring alternative ways of auditing in the interim.

### 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 **5** 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.

It should be noted that 20 DPIA's were carried out during the whole of 2019/2020, whilst 33 requests for DPIA's were received for Q1 2020/21 alone. Of the 33 received, 2 requests were declined, 3 were no longer required, 6 are currently under review, and 2 are awaiting the return of the DPIA.

During Quarter 1 – **20** DPIAs have been approved, please see the following table:

Name	Description	Outcome
Clinic. Co	Use of clinic.co web site for setting up virtual clinics for patients	Declined
Imaging appearances of Covid -19 in North Wales Patients	The plan is to review all of the imaging in the COVID-19 suspected and proven patients to help educate us in the appearances of this disease.	Approved
Addition of instant messaging features to StaffConnect app	Looking to extend the use of StaffConnect to add an instant messaging function.	Approved
EMIS Web Clinic	Enable community consultants to view patients in homes and offer advice and support. Also for homes liaison nurses.	No longer required
GMS Service's during the COVID-19 Outbreak	GMS clusters in East (Wrexham & Flintshire), Central (Conwy & Denbighshire) and West (Gwynedd & Anglesey) areas, along with Allied Health Professionals, will work together to meet the needs of its population to deliver essential care during the COVID-19 crisis.	Approved
Covid oncology digitally enable remote care	To monitor oncology patients remotely with digital tools (smartphone app and wearable biosensor) during the current Covid-19 outbreak and allow patients to report their health status and specific Covid-19 symptoms to a nominated clinical team.	Approved



MiCAD	Implementation of a property management software. No personal data involved.	Approved
DigiBete	App that gives diabetes patients access to educational information provided by the charity Digibete. Opportunity for clinics to send relevant local information to users, e.g. if there was a change in clinic location or information about education sessions.	Approved
TeleSexualHealth	All sexual health consultations have moved to telephone only with a minority of patients been seen face to face, but service may require a non-identifiable photograph, with consent, sent to a secure NHS email to avoid potentially missing/deferring a genital malignancy.	Declined
Robert Jones & Agnes Hunt (RJA) Trauma Pathway	Commissioning additional trauma capacity from RJA, through a pathway, which allows seven day a week transfer of patients, which meet RJA transfer criteria.	Approved
Covid oncology digitally enabled remote care	To remotely monitor family members of oncology patients in their home with digital tools during the current Covid-19 outbreak to protect oncology patients and provide resource to allow family members to report their health status and specific Covid-19 symptoms to a nominated clinical team.	Approved
Consultant Connect	Procured by WG for GPs to use to get expert advice from our consultants	Approved
Radios	DPIA is not required	No longer required
Teams (365)	National DPIA under review	Under review
Once for Wales Integrated Risk Management Project	Once for Wales Datix system for all modules	Under review
Attend Anywhere	Virtual clinics. National project roll out to primary care	Approved
V-Create	Video Diary for neonatal	Approved
Multi Agency Homeless & Vulnerable adults	Dedicated telephone and email to deal with issues/concerns/advice for the homeless and vulnerable cohort of patients due to the closure of the 'drop in' centre.	Awaiting DPIA
Virtual Therapy	Wanting to use Skype for Therapy session	Approved
General Movements Project in Neo Natal	Video of a baby to be recorded for observation and verify the video findings by neonatal and physiotherapy. Second aspect of the project will involve physiotherapists' videoing babies for their 3 month assessment, or parents will send a 3 month video of their baby.	Under review
CAHMS Central Casenotes	A number of staff will need to work from home. IT systems in place, however it is essential that clinicians are able at times to access patient case notes from doing their telephone or video clinic at home. This will involve some full casenotes being taken into the home, while others will have an extract from the casenote sent to the clinician	Approved
Contact Tracing	PHW are completing the DPIA with input from all organisations. This is a National DPIA and there are two	Approved

	streams, one for the contact tracing process and another for the NWIS digital solution	
Cochlear RemoteCare	Remote monitoring of patient's cochlear implant devices (via a phone app)	Approved
MyKitCheck	Quality assurance & governance system designed to record compliance with mandatory safety checks of resuscitation equipment across BCUHB. The system also supports staff carrying out these checks with guidance for each check, and how to get support if they cannot perform the check.	Approved
Laptop provision for staff whilst shielding	As shielding staff are unable to attend a BCU site and therefore can't dock and connect to the network, they are unable to reset their passwords on first use.	Approved
Radiology Reporting Services	Variation of existing contract which offers Radiology opinion to the medical team (BCU) managed the patient. This negates the need to contact the Radiology consultants by phone as the information will be done via a web based solution.	Approved
SBRI Application System	An electronic system that will aid in the management of SBRI applications.	Under review
BCU Symphony / National WEDS	Implementation of BCU Symphony system, leading to National WEDS, to Emergency Departments and Minor Injury Units across BCUHB.	Under review
Childrens Occupational Therapy - Observations via Email	Due to COVID observations of children, which would normally be done in school, are being photographed/videoed by a parent and sent to Paediatric Occupational Therapist.	Under review
HAVi hand vibration monitor	Monitors vibration (exposure data recording) of hand held power tools via a watch.	Awaiting DPIA
Cerebral Palsy Integrated Pathway / CP Register for Wales	Web based patient management system to allow clinicians to record and share clinical information to improve hip surveillance in children with Cerebral Palsy. It will enable improvements in the quality of information and communication between specialists involved in clinical care in accordance with NICE Guidelines for Cerebral Palsy.	Approved
Central Community Casenotes	A number of staff will need to work from home. IT systems in place, however it is essential that clinicians are able at times to access patient case notes from doing their telephone or video clinic at home. This will involve some full casenotes being taken into the home, while others will have an extract from the casenote sent to the clinician	Approved
OOH-111-Pharmacy Evaluation and Training	Access to voice recordings	No longer required

The increase in DPIA's in the main is due to the different ways of working which have been implemented at speed due to COVID-19. There has been a large increase in requests and the demands put on the Information Governance Department to manage the requests and to carry

out the necessary due diligence checks required to approve and support the systems and different ways of working.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Digital and Information Governance Committee 25<sup>th</sup> September 2020</b>					
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Please tick as appropriate						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	√	<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	√	<b>Er gwybodaeth For Information</b>
<b>Sefyllfa / Situation:</b>						
It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation.						
BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information. This report is to provide assurance across the key areas of information governance including, but not limited to, confidentiality, data protection, requests for information, information security and training. The report identifies areas of weaknesses, further actions and recommendations required to address the weaknesses, lessons learnt and good practice.						
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.						
<b>Cefndir / Background:</b>						
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.

The Information Commissioner is the UK's regulator for the Data Protection Act 2018 and can impose significant financial penalties for breaches of the Act.

The Information Commissioner is also the UK's regulator for the Freedom of Information Act 2000 and can issue enforcement action for non-compliance with the Act.

### **Asesiad / Assessment & Analysis**

#### **Strategy Implications**

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)

The report provides a high-level analysis, highlighting any trends or issues of significance in line with the Health Board's objectives and Information Governance Strategy. Action taken to address the issues of significance and drive continuous improvement in line with the Health Board's Digital Strategy is also summarised.

#### **Options considered**

No other options have been considered as compliance is a legal requirement.

#### **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. Information Governance Risks are recorded and reported to the Information Governance Group where they are regularly monitored in line with the Health Board's Risk Management Strategy and Policy. The majority of these risks are managed at the Tier 3 level with the exception of one Tier 2 risk below, which is reviewed and monitored as part of the Deputy Chief Executives Business Meeting:

There is a risk that the Health Board will fail to comply all of the requirements of the updated Data Protection Legislation due to insufficient resources to implement the new requirements which could lead to a financial penalty, negative publicity and loss of confidence from the public.

The current risk rating is 9 and further actions to achieve the target risk score have been identified and being progressed.

### **Legal and Compliance**

It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation. Quarterly key performance indicators are reported to the Information Governance Group and the Digital and Information Governance Committee.

### **Impact Assessment**

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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

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# **Betsi Cadwaladr University Health Board**

## **Information Governance Annual Report 2019/20**

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## 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.

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

- Data Protection Act 2018
- General Data Protection Regulation 2016
- Freedom of Information Act 2000
- Environmental Information Legislation 2004
- Public Records Act 1958
- Access to Health Records Act 1990
- Computer Misuse Act 2000
- Caldicott Principles in Practice (C-PIP)
- Welsh Information Governance (IG) Toolkit (pilot)
- Common Law duty of confidentiality
- Wales Accord to Share Personal Information (WASPI)
- Data Quality
- Information Security assurance - ISO 27001:2005 & 2013 Information security management (formerly BS7799)
- Records Management NHS Code of Practice
- Information Commissioners Codes of Practice
- NIS (Networks and Information Systems) regulations

A robust Information Governance Framework has been put in place to provide assurance against these which is monitored and administered via the Information Governance Team and ICT.

### 1.0 Purpose

BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect personal and corporate information.

The purpose of this report is to:-

Provide the Digital & Information Governance Committee (DIGC) with assurance on the progress and developments made within Information Governance throughout the Health Board in 2019/20. This report aims to clearly describe the Health Boards current position, the work undertaken along with the aims, objectives and the challenges ahead for the forthcoming year.

This report aims to provide assurance across the key areas of information governance including, but not limited to:-

- Confidentiality,
- Data Protection,
- Freedom of Information
- Subject Access Requests
- Individual Rights
- Information Security

The Information Governance teams overarching aim with this report is to:-

- Provide assurance to our key stakeholders that our information governance systems and processes are appropriate and effective.
- Inform BCUHB and key stakeholders in relation to BCUHB compliance rates with legislation and standards.
- Describe the achievements relating to Information Governance within BCUHB during the previous 12 months.
- Give an overview of our priorities and the plans being put in place to improve compliance rates for the next 12 months.

## **2.0 Accountability and Responsibilities**

**2.1 Chief Executive Officer** - The Chief Executive Officer takes overall responsibility for the Health Boards information governance performance and in particular is required to ensure that:

- The Health Board can demonstrate accountability against the requirements within the Data Protection Act.
- Decision-making is in line with the Health Boards policy and procedure for information governance and any statutory provisions set out in legislation;
- The information risks are assessed and mitigated to an acceptable level and information governance performance is continually reviewed;
- Suitable action plans for improving information governance are developed and implemented;
- Ensure IG training is mandated for all staff and is provided at a level relevant to their role.

To satisfy the above, the Chief Executive has delegated this responsibility to the Deputy CEO who will be accountable for the Boards overall information governance arrangements.

**2.2 The Deputy Chief Executive Officer (CEO)** has responsibility for ensuring that the Board corporately meets its legal responsibilities, and for the adoption of internal and external information governance requirements. They will act as the conscience for information governance on the Board and advises on the effectiveness of information governance management across the organisation.

**2.3 Senior Information Risk Owner (SIRO)** - The current SIRO (Director of Finance) and has been in the role since November 2019. This is noted in the revised Scheme of Reservation and Delegation ratified by the Board in

January 2020. The SIRO has overall ownership of the information risks and plays a key role in successfully raising the profile of information risks and embedding information risk management into the Health Board's culture. The SIRO has undertaken additional training specific to the role.

**2.4 Caldicott Guardian** - The Senior Associate Medical Director is the Health Board's appointed Caldicott Guardian and is responsible for protecting the confidentiality and reflecting patients' interests regarding the use of patient identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate, ethical and secure manner. The Caldicott Guardian remains the Chair of the Information Governance Group.

**2.4 Data Protection Officer** - The Assistant Director of Information Governance and Assurance undertakes the designated role of the Health Board's Data Protection Officer. She is responsible for providing the Health Board with independent risk-based advice to support its decision-making in the appropriateness of processing 'personal and Special Categories of Data' as laid down in the General Data Protection Regulation (GDPR) and any superseding Data Protection regulations. The DPO is required to provide advice and guidance on all data protection legislation queries to staff, patients and the board. The Health Board recognises its obligations and accountability responsibilities with the GDPR and Data Protection Laws.

The Information Governance structure sits within this area.

**2.5 Information Governance Team** - The Head of Information Governance is responsible for the development, communication and monitoring of policies, procedures and action plans ensuring the Board adopts information governance best practice and standards. This role will report to the Assistant Director of Information Governance and Assurance and will be supported by the Information Governance Team who will also work in collaboration with the Information Governance Leads and Information Asset Owners.

**2.6 Chief Information Officer** - The Chief Information Officer has overall responsibility for the technical infrastructure to ensure the security and data quality of the information assets and systems held within the Board. This role has been appointed as the Deputy SIRO.

**2.7 Head of ICT** - is the Health Board's identified IT Security Lead and provides expert technical advice on matters relating to IT Security and ensures compliance and conformance against the NHS Wales Code of Connection and NIS Directive.

**2.8 Head of Digital Records** - This role is responsible for the overall management and performance of the Health Records Service within BCUHB including the provision of organisation-wide access to health records.

**2.9 Executive Director/Secondary Care Director/Area Director** - Each Director is responsible for the information within their Division and therefore must take responsibility for information governance matters. In particular they must appoint an Information Governance Lead.

- 2.10 Information Governance Leads** - The IG Leads work with the IG Team to ensure compliance with corporate IG policies, procedures, standards, legislation and to promote best practice.
- 2.11 Information Asset Owners (IAO)** - their role is to understand what information is processed by their department i.e. what information is held, added, removed, how it is moved, who has access to it and why. As a result, they are able to understand and address risks to the information, to ensure that information is processed within legislative requirements.
- 2.12 Information Asset Administrator (IAA)** - will recognise actual or potential security incidents, consult with their IAO on appropriate incident management and ensure that information asset registers are accurate and up to date.
- 2.13 System Owners** - will be responsible for identifying and managing system risks; understand procurement requirements around contracts and licencing; put in place and test business continuity and disaster recovery plans, control access permissions and ensure the system asset record is regularly reviewed and updated on the asset register.
- 2.14 All Staff** - All employees, contractors, volunteers and students working for or supplying services for the Health Board are responsible for any records or data they create and what they do with information they use.

All staff have a responsibility to adhere to information governance policies and procedures and standards which are written into the terms and conditions of their contracts of employment and the organisations Staff Code of Conduct

### 3.0 Information Governance Operational Plan

The Information Governance Operational Plan was originally developed in 2011 and was built on the requirements detailed within the Caldicott Principles in Practice (C-PiP) Assessment.

The All Wales IG Toolkit pilot scheme was rolled out in 2019/20 and it was envisioned this would replace the C-PIP assessment this year. However due to delays with the new toolkit and the unprecedented pressures of COVID-19 the full implementation of the All Wales Information Governance Toolkit has been delayed. It is anticipated this will now be in September 2020.

In view of the above the operational plan has been developed based on the results of the pilot toolkit and the C-PIP assessment (2020).

The current plan details 5 information governance objectives for the health board as below:

- Objective 1: Information Governance Management;
- Objective 2: Confidentiality and Data Protection Assurance;
- Objective 3: Information Security Assurance;
- Objective 4: Clinical Information Assurance;
- Objective 5: Corporate Information Assurance;

As a Health Board we are committed to achieving the objectives and this is reflected in the Information Governance Operational Plan for 2020/21.

The plan includes:

- Incomplete actions from the 2019/20 Operational Plan
- Outstanding recommendations made by the ICO in their follow up report in July 2019.
- Any priorities identified as a result of the Welsh IG Toolkit (pilot) submission
- Any national programmes of work identified for implementation

#### **4.0 Caldicott and Confidentiality**

During 2019/20 the Health Board piloted the new All Wales IG Toolkit. A self-assessment tool which will enable the Health Board to measure their level of compliance against National Information Governance Standards and data protection legislation. The toolkit is still in its early stages of development and work is still progressing. BCUHB took part in the pilot and submitted its assessment in December 2019.

The Health Board will use the findings from this initial pilot toolkit submission and the C-PIP assessment as its assurance tools to measure compliance against information governance and the data security standards.

The recommendations within each C-PIP standard will continue to be monitored by the IGG with an annual report against the submission being presented to the DIGC during 2020/21 or until they are advised by Welsh Government that it is no longer required.

The Health Board has now reached the Class 5 star rating. This is as a result of improved compliance in a number of standards, which were previously partially compliant.

Full compliance has increased from 32 to 36 of the 41 standards self-assessed. There are now 5 standards that are partially compliant with work in progress to improve and no non compliant standards.

The increase in compliance relates to improvements made within the following areas:

- Governance arrangements with the contracts review and in line with GDPR
- Implementation of the Data Protection Impact Assessments (DPIA) and process
- Improved delivery of IG training
- Improvements made to privacy notices and informing our patients about how their information is used
- Continuous work and population of the information recorded on the Information Asset Register
- Business Continuity Policy and Disaster recovery testing

##### **4.1 Caldicott Guardian Authorisations**

As part of the role of the Caldicott Guardian (CG) there is a requirement for operational decisions or, as the delegated officer, to authorise information sharing on behalf of the Board where services or systems involve patient or information.

In 2019/20 the following information sharing was authorised by the Caldicott Guardian:

- 13 Data Processing Contracts/Agreements (DPC/A)
- 4 Information Sharing Agreement (ISA)
- 7 Data Disclosure Agreement (DDA)
- 3 Information Sharing Protocol (ISP)
- 7 Audits (Caldicott approval to contribute to a national or regional audit)

## 5.0 Senior Information Risk Owner

### 5.1 Information Security

During 2019/20, we have experienced an increased number of potentially harmful malware attacks with higher degrees of complexity, particularly targeting suppliers of essential services. Informatics continuously references the National Cyber Security Centres Cyber Assessment Framework as a means of self-audit and Network and Information Systems directive compliance. The Health Board is also actively working towards Cyber Essentials and ISAME industry standard accreditation and governance. Cyber security status continues to be monitored and reviewed by the DIGC.

### 5.2 Information Governance Incidents

There have been 302 incidents reported for this period against 282 in the previous year, an increase of 20 (7%). All were categorised and reported as information governance incidents.

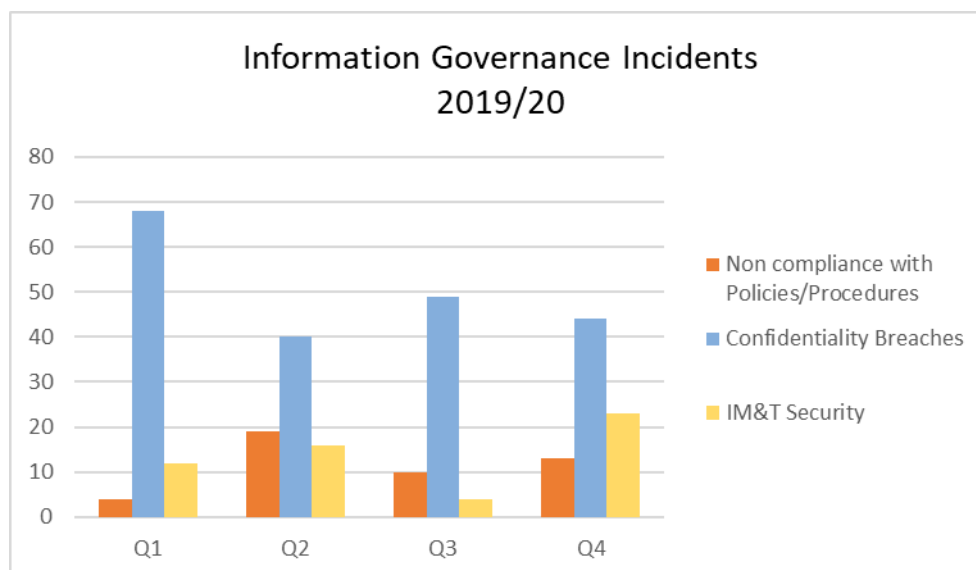
Whilst there has been an increase we have been unable to establish if this was as a result of improved staff understanding and awareness resulting in more incidents being logged than previously or if there has actually been more incidents. The Health Board actively promotes incident reporting in its training and awareness programme to enable trends and poor ways of working to be identified.

The Health Board has developed guidance on the Notification of Information Security Breaches which follows the Department of Health's Checklist for Reporting, Managing and Investigating Information Governance Serious Incidents. The guidance assists in categorising incidents to be scored appropriately in terms of the severity and the likely consequences of harm to the freedoms and rights of the individual affected. All incidents scored as 2 or above are notifiable to the Information Commissioners Office in line with new data protection laws within 72 hours of the incident taking place.

The number of incidents categorised 0 to 1 or 2 are broken down below:

Category 0 or 1	Category 2 or above – reportable to the ICO
296	7

These incidents are reported to the IGG and the DIGC on a quarterly basis and are broken down into 3 categories:



### 5.3 Serious information governance incidents

There were 7 serious incidents categorised as reportable to the ICO and Welsh Government during this year which related to:

- Loss of employee's personal file.
- Loss of community mental health records.
- Suspected continued inappropriate access to staff records by another member of staff.
- Theft from boot of car at staff home address containing 4 health records.
- Medical record sent to relative in error.
- Medical report posted to previous home address.
- Paperwork left at another patient's property.

A full investigation has been carried out into each of the incidents the remedial actions implemented to mitigate against any future occurrences. Any patients or staff members who had been affected by the incidents were informed in writing of the circumstances of the incident and the remedial actions put in place.

The ICO have been provided with a copy of our investigation reports and all of these incidents have been closed with no further action taken as they were happy with the outcome of the investigations and the remedial actions that had been put in place. They did however offer some recommendations and the IG team continue to work with the services to ensure that these recommendations have been implemented. IG compliance audits are programmed to support with the continuation of these recommendations.

It should be acknowledged that the Health Board was issued with a reprimand from the ICO for an incident that was reported in September 2018. All remedial actions have been put in place and this continues to be monitored.

### 5.4 Identified Incident Improvement Actions

Examples of the types of action undertaken as part of incident investigations include:

- Reminders have been issued to staff with regards to the importance of encryption and how to encrypt.

- A centralised service for the management of health records has been implemented which includes a strengthened quality assurance process.
- Reminders have been issued to clinical support staff regarding their responsibilities when filing information and good record keeping.
- Changes to processes have been implemented to strengthen the protection of identifiable information and is ongoing.
- Staff have been reminded about the safe print functionality to avoid future potential breaches when printing information.
- Staff have been reminded of the importance of reporting incidents promptly on Datix and of the legislative requirement to report applicable incidents within 72 hours.
- All staff continue to be reminded to complete their mandatory Information Governance Training.
- Reminders and guidance have been issued to staff regarding their responsibilities when transporting information and keeping it safe and secure, and when sending information by post, email or fax to provide support to try and reduce the risk of breaches of confidentiality.

### **5.5 Personal Injury claims**

During 2019/20, the Health Board received 2 personal injury claims, one relating to an alleged data breach of personal medical information causing distress and anxiety, and another in relation to allegations that a staff member obtained information about the patient from another Health Board. The Health Board's Legal and Risk Services are instructed on these matters and the claims are still ongoing.

### **5.6 Information Governance Risk Register**

The Health Board has a robust Incident Reporting system (Datix) and Policy in place. There is an established IG risk register within Datix which the Head of Information Governance monitors and updates and is reported through the Information Governance Group (IGG).

Two additional risks were added this year as a result of Covid-19 which were initially highlighted by the Head of Information Governance, both risks have had mitigations put in place and are being managed by Health Records Department:

1. There may be a risk to the integrity of patients records which may be caused by the removal of infected records if they become contaminated. This could result in an incomplete patient record which could affect, clinical care, future treatment, and result in none compliance with DPA.
2. Risk of patients case notes being taken of site and not tracked securely as a result of new ways of working from different locations.

## **6.0 Complaints/Concerns & Outcomes**

During 2019/20 BCUHB received 14 complaints, 30% fewer than the previous year, involving:

- Alleged data loss
- Breaches in confidentiality such as:
  - inappropriate access to information
  - correspondence sent to incorrect address or recipient
  - information shared with staff bank without consent



All complaints were fully investigated and where evidence of a confidentiality breach was found immediate actions were identified and implemented including:

- informing and apologising to patients / staff whose information had been breached;
- completion of compliance spot checks;
- changing processes to avoid future similar incidents;
- ensuring any training needs were fulfilled;
- raising staff awareness of current policies and procedures.

Any lessons learned were disseminated throughout the Health Board via alerts and the IG Bulletin, and also used as examples within the mandatory IG training.

Of the 14 complaints, 9 were not proven, 3 complaints were all relating to information being shared with staff bank without consent which were found to be due to procedures not being followed, and an apology was issued to the 3 complainants. 2 investigations remain ongoing.

As requested by DIGC in the 2018/19 report, of the 20 complaints involving alleged breaches/losses for this period, none were found to be proven. One went to the Information Commissioner but they decided that no further action was required.

#### **6.1 Complaints to the Information Commissioners Office (ICO)**

There was a total of 9 complaints received from the ICO during 2019/20 which are detailed below. 7 of the 9 complaints have been dealt with and are now closed. The remaining 2 are still open and ongoing.

##### **Freedom of Information Requests**

During 2019/20 the Health Board received 2 complaints from the ICO regarding the handling of an FOI request.

1. The first complainant withdrew their complaint so this was subsequently closed.
2. As of the 31<sup>st</sup> March 2020, the ICO have not responded with their outcome to the second following the submission of our final response.

##### **Subject Access Requests**

There were two complaints received from the ICO regarding subject access requests during 2019/20, both were closed by the ICO with no action required.

1. The first was due to the response being outside of the legislative timescale and was closed by the ICO with no further action taken.
2. The second was again due to a late response, however upon investigation it was found Information Governance had responded within the timescale, it was ATHR who had provided the information outside of it.

##### **Ad-Hoc**

The remaining 5 complaints related to:

- breach of confidentiality;
- personal information sent to a previous address;
- concern over the handling of personal data and right to rectification;
- inappropriate access to medical records;
- data loss.

All of the above were closed by the ICO, 4 with no further action required, and 1 with an action to review the way requests for erasure are reviewed & processed when using vital interests as a legal basis, and this has been further strengthened in the Procedure for dealing with Subject Access Requests under Data Protection Legislation.

## **2018/2019**

During 2018/19 the Health Board received 1 complaint with regards to the application of an exemption in response to an FOI request. The outcome from the ICO, received in July 2019, was that the Health Board was to disclose the outstanding information.

## **7.0 Compliance Audits/ Assurance/Reporting**

Compliance is measured in a number of ways as follows:

### **7.1 Compliance checks**

This is the seventh year the Health Board has conducted Information Governance compliance spot checks. These checks support the Information Governance Framework by demonstrating compliance against legislation, national and local standards and are an essential monitoring mechanism to provide assurance that information is being safeguarded. Staff awareness of their responsibilities and their compliance with IG requirements is checked and monitored as part of this process.

Action plans are shared with the areas which are regularly reviewed for updates by the Information Governance Team. Any areas of good practice are also collated by the Information Governance Team and disseminated across the Health Board as part of the quarterly IG key performance indicator reports and the IG Bulletin.

During 2019/20: 20 Information Governance compliance spot checks were undertaken. This is a decrease on the previous year as many of those audits were carried out as part of the GDPR Transition Programme and as a result of the recommendations from the ICO. The Health Board aims to increase the number of compliance checks carried out in the coming year.

### **7.2 Internal Audit**

Internal Audit reviews are carried out by NHS Wales Shared Services Partnership. The overall objective of the annual review carried out in October 2019 was to establish the controls in place and to provide assurance to the Audit Committee that the ICO recommendations were being implemented.

The overall findings concluded that the Health Board provided "Reasonable Assurance" that arrangements to secure governance, risk management and internal control within the areas under review, are suitably designed and applied effectively.

### **7.3 External Audit**

The Information Commissioner carried out a follow up data protection audit in July 2019 on the previous audit carried out in June 2018.

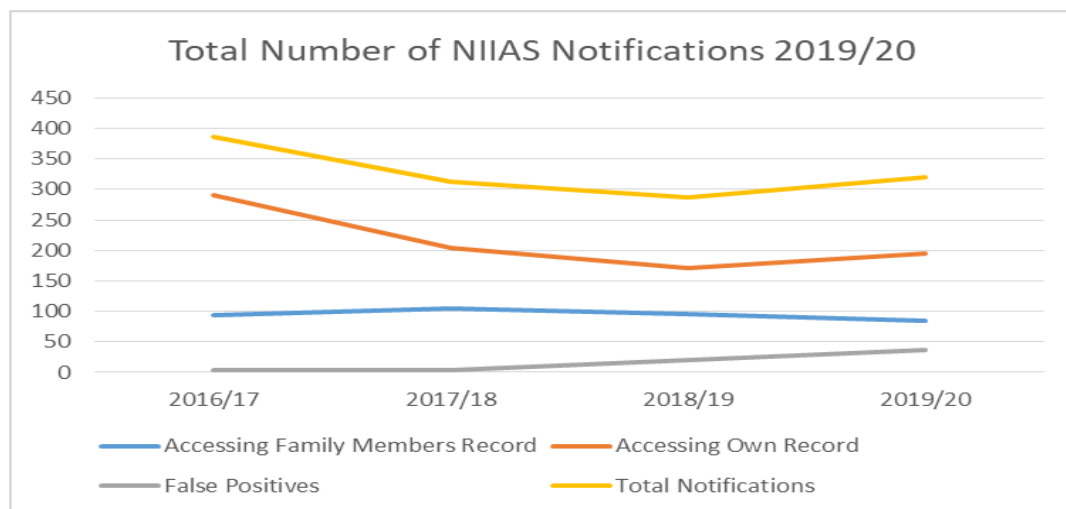
Of the 58 recommendations from the initial report the ICO found that 38 had been completed, 15 had been partially completed and 5 had not been implemented. The ICO conclusion was that some outstanding actions exist, but meaningful progress was being made with remaining actions in place to mitigate the risk on non-compliance.

#### 7.4 Welsh IG toolkit - Independent audits

It is anticipated that future auditing of the Information Governance Toolkit will be independently audited to provide further assurance for the Health Board.

#### 7.5 Auditing of systems

During 2019/20 National Intelligent Integrated Auditing System (NIIAS) generated 320 notifications of alleged inappropriate access to family records or own health records, this is a slight increase of 2.6% (312 notifications) compared to last year as per the graph below:



The number of notifications remained steady for the majority of the year, increasing slightly in February and March. It was noted that during these two months notifications were received for person of interest, which was investigated and found to be legitimate. It should be also be noted that the false positives have increased for this period.

#### 7.6 Reporting Responsibilities

There is a robust reporting framework in place which ensures there is accountability across the Health Board for accurate reporting and to ensure that compliance is being reviewed and met in every area.

The Patient Record's Group and the ICT Governance and Security Group report issues of significance into the Information Governance Group (IGG) who in turn report into the DIGC.

The Operational Information Governance Group (IGG) meets on a quarterly basis. The IGG is chaired by the Health Board's Caldicott Guardian and is attended by the DPO, Head of ICT, Head of Digital Records, Information Governance Team and representatives from Clinical and Corporate Divisions.

### 8.0 Data Sharing / Data Protection Impact Assessments DPIA Assurance

#### 8.1 Data Sharing Agreements

The Health Board has continued to see an increase in the number of Data Sharing Agreements being implemented. The Information Governance Department have been working closely with all departments to ensure the agreements have been reviewed and a legal basis has been identified. The use of the WASPI agreement

provides assurance for the secure and confidential sharing of information between the partner organisations that contribute to the wellbeing of patients and ensuring disclosure is in line with statutory requirements. There was 33 DSA's approved for this period.

## **8.2 Data Protection Impact Assessments (DPIA)**

A DPIA policy and relevant guidance is in place which clearly defines how the Health Board manages assurance in relation to privacy, data protection and confidentiality when developing and implementing policies, projects, systems and procedures.

DPIA assessments are being carried out in line with the Policy and being monitored through the Information Governance Department. DPIA's have increased and show engagement from various different departments when initially introducing projects. There was 20 DPIA's approved for this period.

## **9.0 Data Quality**

Data Quality is managed and monitored by the Informatics Department and will be reported through progress reports on delivery of the Informatics Operational Plan. The Information Governance Team will provide advice and support when necessary to ensure a consistent approach across the Health Board.

## **10.0 Policies and Procedures**

During 2019/20 the following Information Governance policies and procedures were reviewed in line with legislation:

- Procedure for Compliance with Freedom of Information Act 2000 and Environmental Info Regulations 2004
- Access to Information Policy
- Non clinical photography
- Confidentiality Code of Conduct
- NIIAS Guidelines
- All Wales Email Use Policy

Policies and procedures will continue to be developed or updated during 2020/21 to further support the Information Governance Framework.

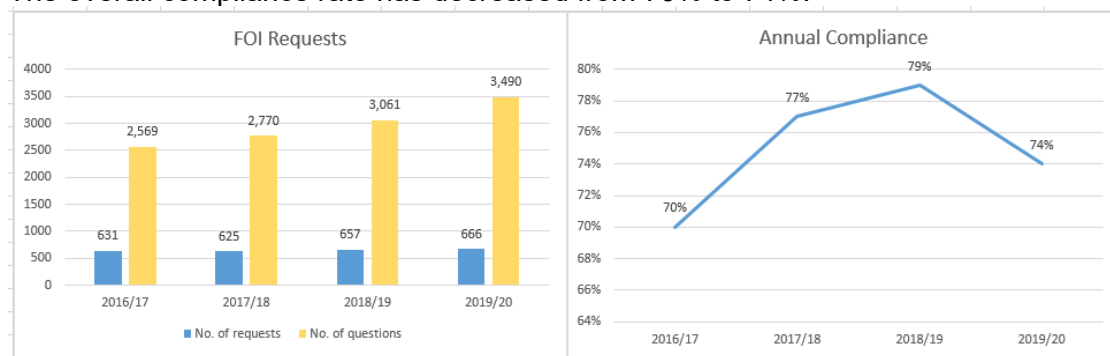
## **11.0 Requests for Information**

The BCUHB Access to Information Policy incorporates requests for information under the Freedom of Information Act, Environmental Information Regulations, Data Protection Act and Access to Health Records Act.

### **11.1 Freedom of Information Act 2000/Environmental Information Regulations 2004 Requests**

During 2019/20 BCUHB received and processed 666 Freedom of Information (FOI) requests, a slight increase on the previous year, but the number of questions within a request has increased by 14% from 3061 to 3,490. The requests are becoming more complex and are taking longer to complete within the timescales permitted. This coupled with resources within the IG team for Q4 may have contributed to a lower compliance rate than in the previous year.

The overall compliance rate has decreased from 79% to 74%:



In the spirit of openness and transparency and where appropriate, all finalised responses are published anonymously on the BCUHB Internet site under the FOI Disclosure log.

For accuracy and completeness it should be noted these figures include the figures previously not submitted to the DIGC in the quarter 2 KPI report. To ensure consistent KPI reporting all future data will be captured within the relevant report or an amendment made in the next report to avoid any inconsistencies in reporting.

## 11.2 Requests for Internal Reviews

There were 18 requests in total for an internal review received during 2019/20, an increase compared to the 13 received in 2018/19.

The internal reviews upheld 13 of the original responses, with one review being partially overturned therefore part of the initial request for information was provided, the remaining 4 were overturned.

7 of these requests had an exemption applied, 11 did not have an exemption applied. Please see breakdown in the FOI exemption table below (page 15).

## 11.3 Exemptions applied

Of the 666 Freedom of Information Requests 155 exemptions were applied to the requests. The below table breaks down the exemptions used and the overall decision taken by the Health Board and ICO.

\*Please refer to the table below for further details\*

### FOI Exemptions applied during 2019/20

Out of the 666 requests received the Health Board applied 155 were exemption from disclosure for the following reasons:

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned	ICO	Upheld/ Overturned
<b>Section 21</b> - Information accessible by other means	Absolute – No Public Interest Test required	45	2	1 x upheld 1 x overturned	-	-
<b>Section 21 &amp; Section 22</b> - Information intended for future public release	21 – Absolute 22 – Class Based, so Public Interest Test assessed	2	1	1 x overturned	-	-
<b>Section 21 &amp; 40</b> – Personal Information & <b>41</b> – Information provided 'in confidence'	Absolute – No Public Interest Test required	1	0	-	-	-
<b>Section 22</b> – Information intended for future public release	Class Based, so Public Interest Test assessed	1	0	-	-	-
<b>Section 22</b> - Information intended for future public release <b>Section 40</b> – Personal Information	22 – Class Based 40 – Absolute	1	0	-	-	-
<b>Section 29</b> – Likely to prejudice the economy	Class Based, so Public Interest Test assessed	1	0	-	-	-
<b>Section 32</b> – Information held 'only by virtue' (for the purposes of court)	Absolute – No Public Interest Test required	1	0	-	-	-
<b>Section 38</b> – Health & Safety <b>Section 31</b> – Law Enforcement	Prejudiced and Class based, so Public Interest Test assessed	1	0	-	-	-
<b>Section 40</b> - Personal Information	Absolute – No Public Interest Test required	14	1	1 x upheld	-	-
<b>Section 40</b> - Personal Information <b>Section 31</b> - Law Enforcement	40 – Absolute 31 – Prejudiced based, so Public Interest Test	1	1	1 x partially upheld	-	-
<b>Section 40 &amp; Section 41</b>	Absolute – No Public Interest Test required	2	0	-	-	-
<b>Section 41</b> - Information provided 'In Confidence'	Absolute – No Public Interest Test required	1	0	-	-	-
<b>Section 43</b> - Commercial interests	Class based, so Public Interest Test assessed	15	2	2 x upheld	-	-
<b>Section 17</b> – Refusal Notice	Section 12 – fee limit.	69	-	-	-	-
<b>Total</b>		<b>155</b>	<b>7</b>		<b>0</b>	<b>0</b>

### 11.3 Data Protection Subject Access Requests (DPA SAR)

During 2019/20 requests received into the Information Governance department increased from 64 to 85 and again this is reflected in the slight decrease in the compliance rate from 80% to 78%. There were 80 written requests and 5 requests were made verbally.

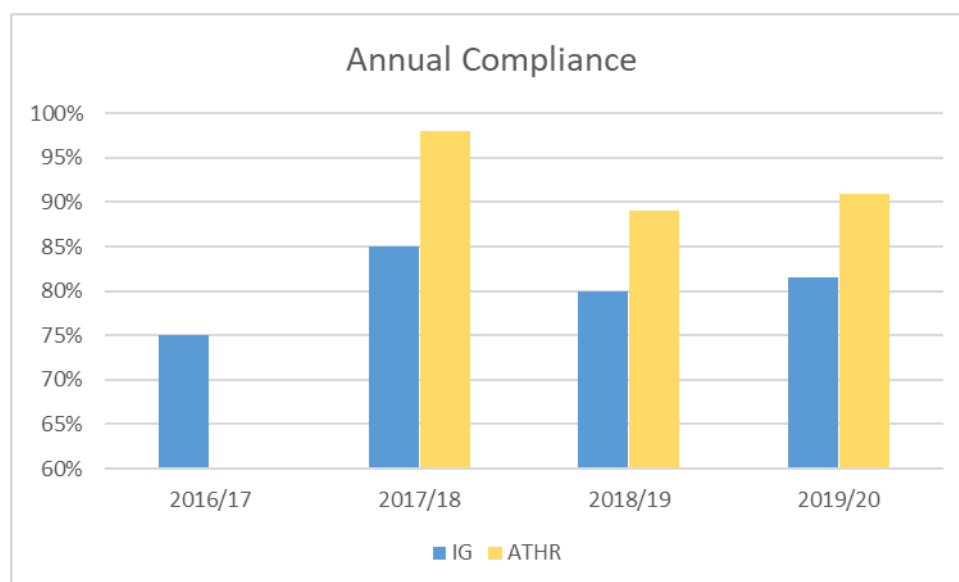
The Centralised Access to Health Record Service was established in August 2019 and are responsible for the management of processing all request for copies of medical records on behalf of the Health Board. This includes; Subject access requests, Police requests (including Medical Witness Statements) and Court requests. Compliance is reported to the Patient Records Group, in addition to quarterly performance reports submitted to the Information Governance Group (IGG).

The Centralised Access to Health Records (ATHR) Service consists of skilled and qualified professionals who are able to provide guidance and support to the Health Board on the management of subject access requests in line with the Data Protection legislation and Access to Health Records Act.

Please note the below figures for the ATHR service also include Mental Health and Learning Disability service requests along with HMP Berwyn requests.

Year	Information Governance	Access to Health (ATHR)
2016/17	33	N/A*
2017/18	38	1544*
2018/19	54	3555
2019/20	85	3921

\* Commenced reporting Quarter 3 of 2017/18



### 11.4 Third Party Requests

The following third party requests have been received into the Health Board during 2019/20:

Type of Request	ATHR	Information Governance
Police Requests (SA3)	570	40
Other (Solicitors, Local Authorities)	892	22

### 11.5 Infected Blood Inquiry

The Health Board continues to help and respond to requests as part of the Infected Blood Inquiry in line with its statutory obligations and the timescales put in place by the inquiry.

Work is still ongoing and it is anticipated this will be the case for the next few years.

The embargo on the destruction of all patient record types remains in place and continues to have an impact on the Health Board storage limitations which has been escalated to the Board.

## 12.0 Training

Information Governance training covers all aspects of Information Governance including information security, data protection and confidentiality and is provided via a number of sources:

- IG training (as part of the UK Core Skills for Health) is mandatory for all staff every 2 years and is embedded into the Workforce & Organisational Development & Clinical mandatory training days;
- Staff have access to the all Wales e-learning package which has additional local content;
- Formal training sessions are available to all staff across the organisation;
- Ad-hoc sessions to individual departments/teams to coincide with their training days / staff meetings etc. at a time and place convenient to them;
- Workbook available for facilities staff without supervisory responsibilities, who are unable to access IT facilities;
- Regular awareness raising and sharing lessons learnt via corporate newsletters, emails, security alerts;
- Regular distribution of guidance and updated policies and procedures.

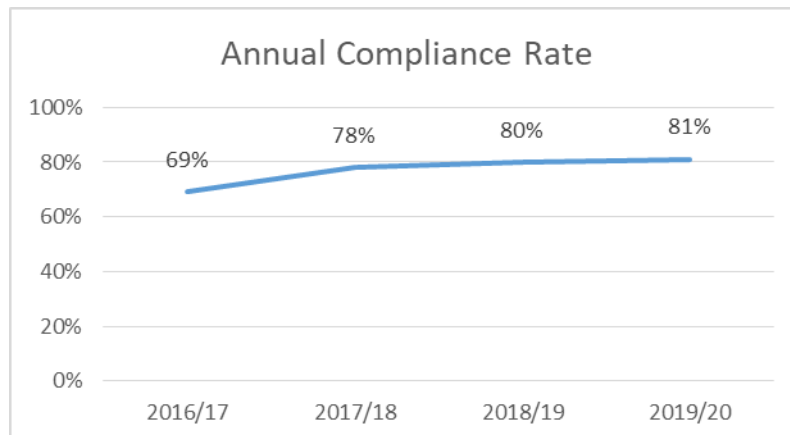
**12.1** During 2019/20 there were 53 face to face Information Governance training sessions held with a total of 2184 staff in attendance. From this 1388 staff completed evaluation forms which provided the following feedback: the majority of staff found the sessions to be useful; that the session was relevant to their job role and overall 90% of staff would recommend the sessions, a slight increase from 89% the previous year.

During March 2020, 6 face to face sessions and 1 orientation session were cancelled by Workforce and Organisational Development (WOD), due to Covid-19.

In addition to the face to face training a further 4009 staff undertook the e-learning package, and 152 workbooks were completed by estates and facilities staff. The overall compliance for staff attaining their mandatory IG training was 81% an increase from 80% in 2018/19.



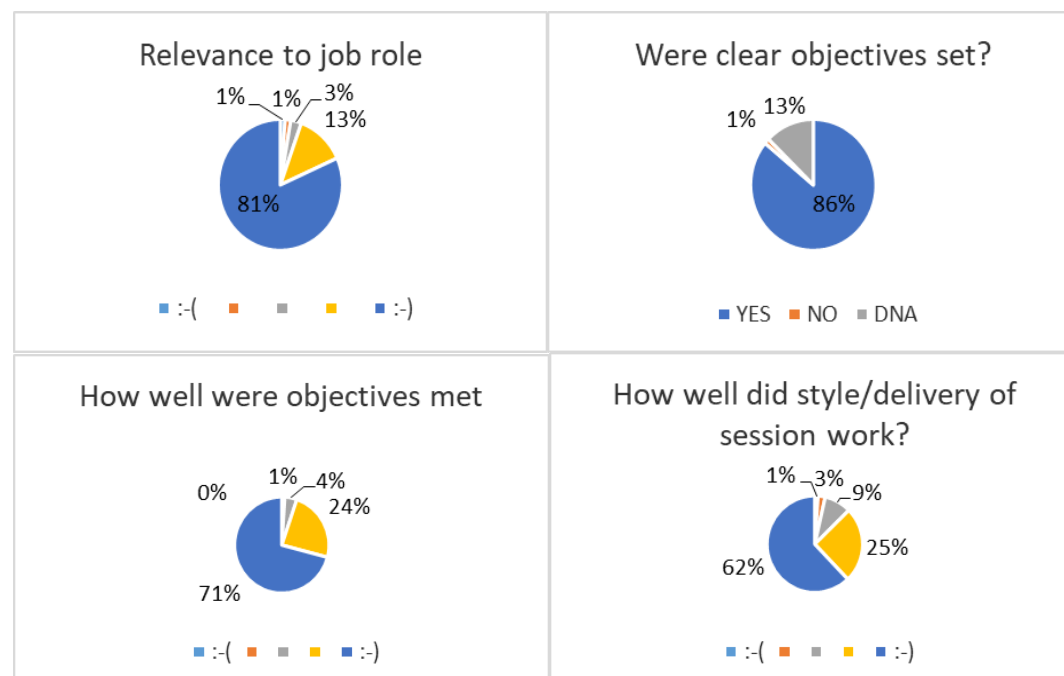
The national target for compliance remains at 85%. The Information Governance Team had reviewed their structure to enable more directed training across all sites of the Health Board and will update the IG Training Strategy and action plan to reflect this.



**12.2 Information Asset Owner (IAO) and Information Asset Administrator (IAA) training** provides more in-depth content covering risk, records management and what their roles and responsibilities are.

During 2019/20 there were three IAO/IAA training sessions delivered with a total of 48 IAOs and IAAs in attendance. Further sessions will be arranged for 2020/21 to ensure that any IAOs and IAAs who have not attended the training will have the opportunity to do so.

### 12.3 Mandatory Training Evaluation Feedback



## 13.0 Information Governance within Primary Care

During 2019/20 NHS Wales Informatics Service (NWIS) will continue to offer support to practices to address areas identified for improvement and will offer a Data Protection Package to non BCUHB Managed GP Practices, however only 55 BCUHB practices have subscribed to the DPO Service, but 32 have not. The other 16 are managed by BCUHB so are covered by the Health Board's DPO.

It should be noted that over previous years the agreed date for Managed Practices to submit their IG Toolkit returns was 31<sup>st</sup> March. However, with effect from the 2019/20 edition, the required submission date has changed to reflect the introduction of the "Quality Assurance and Improvement Framework" (QAIF) as part of the GMS Contract reform in 2019. The current and future editions are required to be submitted by 30<sup>th</sup> September.

The IG Toolkit Team will therefore provide an initial report following the end of the fiscal year and endeavour to provide the Health Board with a final annual report in October.

Those GMPs who are subscribed to the NWIS Data Protection Officer Support Service will be audited following the Toolkit closing throughout October – December 2020 to measure their compliance. Non-subscribed practices and Health Board Managed practices will be required to make alternative arrangements.

Therefore, the figures below, broken down by cluster, are correct at 1<sup>st</sup> June. Further reports will be produced by NWIS in early October for final submissions.

Cluster	Number of Practices	Submitted		Started but not submitted		Not Started	
Anglesey	11			3	27.27%	8	72.73%
Arfon	10			7	70%	3	30%
Central and South Denbighshire	8			5	62.5%	3	37.5%
Conwy East	5			3	60%	2	40%
Conwy West	12			8	66.7%	4	33.33%
Deeside, Hawarden and Saltney	7			3	57.14%	4	42.86%
Dwyfor	5			4	80%	1	20%
Holywell and Flint	7			4	57.14%	3	42.86%
Meirionydd	6	1	16.67%			5	83.33%
Mold, Buckley and Caergwle	7			2	28.57%	5	71.43%
North Denbighshire	6			4	66.67%	2	33.33%
South Wrexham	8			6	75%	2	25%
West and North Wrexham	5			1	20%	4	80%
Wrexham Town	6	1	16.67%	1	16.67%	4	66.66%

Random validation of the submissions of one practice per GP cluster will be carried out by NWIS and a report provided to the Health Board once this has been completed.

The Health Board will validate submissions of GP Managed Practices and these will be monitored by the IGG.

## **14.0 Achievements**

Whilst this was a very challenging year there was a number of achievements made which include:

- Improved scores against the C-PiP Assessment for 2019/2020 reaching the 5 star rating and score of 95%.
- The successful implementation and submission of the new Pilot Welsh Information Governance Toolkit.
- Improved IG Training Compliance from 80% to 81% with an aim to reach the national target of 85% in 2020/21.
- ICO follow up audit report recognising the work undertaken to meet the majority of the previous recommendations
- Internal Audit – reasonable assurance received after an internal review of the progress made against the ICO audit.
- Continued use and population of the Information Asset Register enabling the Health Board to monitor the lifecycle of its Information Assets and data flows
- Embedding in of the Data Protection Impact Assessment Process into all new processes and systems acquired to be reviewed and risk assessed in line with legislation.
- Keeping our patients and service users informed with appropriate Privacy Notices and information leaflets
- The introduction of a centralised service for the management of health records has been implemented which includes a strengthened quality assurance process.
- Reduction in complaints received into the Information Governance Department
- Continued participation in local and national meetings to ensure the Health Board is kept fully informed of changes in practices, policies and legal requirements.

## **15.0 Conclusion**

There has been continued improvement over the last year. There is a strengthened understanding in key areas of the organisation in relation to our legal and statutory duties. The Information Governance team will continue to work closely with staff to drive the IG agenda forwards in all areas.

The Health Board has successfully improved against the standards set in in the C-Pip Assessment. This along with the anticipated full introduction of the new Welsh Information Governance Toolkit aims to provide additional assurance that the Health Board is committed to meeting its statutory and regulatory obligations.

Improving staff training and awareness will continue to be driven forward by the IG Department. The 81% achievement should be acknowledged against the previous year which was gained through consistent hard work by the IG department and is a credit to everyone involved. The Health Board will continue to look at ways to meet the 85% national target.

The Information Governance Department continues to have robust monitoring & reporting arrangements in place which allows gaps to be identified and actions to be

taken where necessary. The department's work flows have increased significantly in every area for this period with additional pressures being placed on the department as a whole as a result of new initiatives and improved processes being put in place. The overall results within this report should be seen as an achievement; however it is accepted that there are areas for improvement. Whilst there are still challenging times ahead, the Health Board is in a good position to improve consistency and to adopt and deliver its duties provided the support continues to be in place to deliver the Information Governance Agenda.

## 16.0 Looking forward

The main emphasis for 2020/21 will be to ensure there is continued improvements made throughout the Health Board.

The department will continue to strive to make improvements and are already planning ahead for the following:

- Implementation and successful submission of the new Wales IG Toolkit
- Continued improvement of the C-PiP submission and Outturn Report
- Review of the FOI process with the aim to improve compliance rates and a reduction in complaints.
- Continue to aim for the 85% national training target and introduce new ways of training to increase compliance.
- Continue to work with ICT to develop the Asset Register to include the DPIA process and to streamline the process whilst capturing the full lifecycle of a record, process or system.
- Review training capacity to provide additional training for :
  - Information Asset Owner
  - Information Asset Administrator
  - System Owner
  - Records management
- Continue to support the Health Boards move towards its 'Digital Future' by working with the Patient Record Transition Programme.
- Look at new ways of working and streamline internal processes whilst still meeting regulatory requirements.
- Continue to be involved in national and local projects.
- Work with ICT and the O365 Project Board to progress the implementation of Office 365.
- Continue to help improve staff knowledge and skill mix by sharing best practice.
- Explore options to introduce patient satisfaction survey in order to determine patient's confidence in how the Health Board manages, shares and protects their information.



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>Digital and Information Governance Committee</b> <b>25<sup>th</sup> September 2020</b>						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Caldicott Outturn Report 2020						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	David Fearnley, Executive Medical Director						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Carol Johnson, Head of Information Governance						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Reviewed and approved by: <ul style="list-style-type: none"> <li>• Caldicott Guardian</li> <li>• Data Protection Officer</li> <li>• Information Governance Group</li> </ul>						
<b>Atodiadau</b> <b>Appendices:</b>	Appendix 1 – Caldicott Outturn Report 2020 Version 1.0 Final						
<b>Argymhelliad / Recommendation:</b>							
The Digital and Information Governance Committee is asked to: <ul style="list-style-type: none"> <li>• Receive and note the assurance provided within the report on compliance with the Caldicott Principles and the actions set out in the action plan to drive continuous improvement;</li> <li>• Ratify the report and escalate areas of good practice or concerns to the Board.</li> </ul>							
Please tick as appropriate							
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>	√	<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	√	<b>Er gwybodaeth For Information</b>	
<b>Sefyllfa / Situation:</b>							
The Caldicott Outturn report 2020 is submitted to provide assurance to the Committee on the Health Board's processes and systems to enable compliance with the Caldicott Standards and Data Protection laws. The Health Board has improved its 4 star rating with an increase in compliance to 95% and reaching a 5 star compliance rating. The report and improvement plan have been approved by the Caldicott Guardian and all actions from the improvement plan have been transferred to the Information Governance Operational Work plan for 2020/21.							
<b>Cefndir / Background:</b>							
The Caldicott review and Data Protection legislation enforce strict legal guidelines for the storage, maintenance and access to patient information. The Freedom of Information Act 2000 and the Information Governance initiative both support the need to maintain the principles of effective confidential data control. The review committee, chaired by Dame Fiona Caldicott, into the use of patient information in the NHS recommends seven principles to improve the handling and protection of these records. The Health Boards Caldicott Guardian oversees this process.							

## **Asesiad / Assessment & Analysis**

### **Strategy Implications**

As part of the Caldicott Annual Programme of Improvement, the Health Board has, self-assessed itself against the Caldicott standards. The self-assessment allows a simple and effective assessment of organisational performance by rating current performance in percentage against the standards to construct an organisational profile.

### **Options considered**

No other options have been considered as completing and reporting on the Health Board's compliance with the Caldicott Standards is a statutory requirement from Welsh Government.

### **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. Quarterly key performance indicators are reported to the Information Governance Group and the Digital and Information Governance Committee.

### **Impact Assessment**

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

## **‘PROTECTING AND USING PATIENT INFORMATION’**

### **CALDICOTT: PRINCIPLES INTO PRACTICE**

#### **OUT-TURN REPORT 2020**

#### **IMPROVEMENT PLAN 2020/21**

<b>Date to be reviewed:</b>	n/a	<b>Version</b>	1.00 Final
<b>Author(s):</b>	Carol Johnson	<b>Author(s) title:</b>	Head of Information Governance
<b>Responsible dept. / director:</b>	Information Governance Deputy CEO		
<b>Approved by:</b>	Digital and Information Governance Committee		
<b>Date approved:</b>	25 <sup>th</sup> Sept 2020		

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## **1.0 EXECUTIVE SUMMARY**

### **1.1 Background**

The Caldicott review and Data Protection legislation enforce strict legal guidelines to the storage, maintenance and access to patient information. The Freedom of Information Act 2000 and the Information Governance initiative both support the need to maintain the principles of effective confidential data control.

The review committee, chaired by Dame Fiona Caldicott, into the use of patient information in the NHS recommends seven principles to improve the handling and protection of these records. Each NHS organisation should nominate a Caldicott Guardian and within the Health Board, this is the Senior Associate Medical Director.

The information management principles are not a legal requirement; however, they are essential to support the requirements of Data Protection legislation.

#### **The seven Caldicott principles are:**

1. Justify the purpose(s) of using confidential information
2. Only use it when absolutely necessary
3. Use the minimum that is required
4. Access should be on a strict need-to-know basis
5. Everyone must understand his or her responsibilities
6. Understand and comply with the law
7. The duty to share information can be as important as the duty to protect patient confidentiality

### **1.2 Work Programme**

There is a requirement for each organisation to develop a work programme to assess their compliance with the Caldicott Principles on an annual basis. The Health Board carried out its first baseline assessment in January 2010. From this, an improvement plan was developed and progress with the improvement is monitored by the Information Governance Group via the Information Governance improvement plan.

The following out-turn report provides a summary of the completed assessment and the improvement plan for 2020/21.

### **1.3 Action Required**

The Digital and Information Governance Committee (DIGC) approve this report on behalf of the Board.

## 2.0 REPORT SUMMARY

### 2.1 Caldicott: Principles into Practice (C-PIP)

The Caldicott Foundation Manual: Principles into Practice (C-PIP) provides Guardians and their support staff with updated knowledge about the legal background to their duties and aspects of Information Governance. The manual sets out what organisations need to do and the arrangements that need to be in place to ensure patient information is handled appropriately. The C-PIP Assessment consists of 41 Self-Assessment standards, which are in six sections. Against each question, there is a hierarchy of answers, which generate a score depending on the answers selected. Each organisation must then annually assess their compliance with the Caldicott Principles and produce a programme of work and continual improvement.

### 2.2 Caldicott Standards & Self-Assessment

As part of the Caldicott Annual Programme of Improvement, the Health Board has, self-assessed itself against the Caldicott standards. The self-assessment allows a simple and effective assessment of organisational performance by rating current performance in percentage against the standards to construct an organisational profile. The Health Board has completed the on line toolkit and below is a copy of the standards, the Health Boards response (whether fully or partially compliant), score and any additional comments:

Number	Assessment Standard	BCULHB Response	Score	Comments
Section 1 – Governance				
The organisation must assign Caldicott and Information Governance responsibilities				
G1	Has your organisation appointed a Caldicott Guardian who has received appropriate training and provides regular updates in regards to information governance	Compliant	2/2	Dr Melanie Maxwell, Senior Associate Medical Director fulfils the role of Caldicott Guardian within the Health Board; she is also the Chair of the Information Governance Group. She has been the Caldicott Guardian since January 2019 and has attended the Caldicott Guardians' National annual conferences in the past. She attended a Caldicott Guardian Training Masterclass in Feb 2020.
G2	Does your organisation have an Information Management Strategy that	Compliant	1/1	The Information Governance Strategy was presented to the IGI Committee in May 2019.

	has been approved by the Board or equivalent			
G3	Do staff responsible for Information Governance provide regular reports to the Board or equivalent?	Compliant	1/1	The DIG Committee receive issues of significant from the Information Governance Group with quarterly updates and an annual report.
G4	Is there an Information Governance work plan, sponsored by the Caldicott Guardian and approved by the Board or equivalent?	Compliant	1/1	The Information Governance Team monitors the Information Governance Work plan. The Information Governance Group (IGG) reviews the work plan by exception. The Chair of the IGG Group is the Caldicott Guardian. Issues of significance are escalated to the DIG Committee.
G5	Has the Records Management Policy been approved by the Board or equivalent; communicated to appropriate staff; reviewed on a regular basis.	Compliant	1/1	The Records Management Policy went to Board Committee in February 2019 and has been presented to the Information Governance Group (IGG) in July 2019. This is available for all staff to access on the Intranet. The Policy has two supporting procedures for Clinical and Corporate Records.
G6	Do mechanisms and guidelines exist to ensure that any decision taken by a patient or service user to restrict the disclosure of their personal information is appropriately respected?	Partial compliance	0.67/2	Conversations have previously taken place about how this could be recorded on the Health Boards PAS as part of the Alert System review; however, this has been hindered due to the delayed implementation of a single PAS for BCU.  Currently if a patient requested the HB to restrict disclosure to a third, party this would be recorded in the patient's case notes. Their wishes would be respected provided the request did not fall under the HB obligations to share Health Data for the wellbeing of the patient and if it was not exempt under a data subjects individual right.  Procedures are in place to protect individual's rights in line with GDPR. This includes, but is not limited to subject access and rectification rights.

				<p>There are a number of Privacy Notices available to both staff and patients detailing how their information is used and what their rights are. There is also contact details of the IG team and the DPO should a patient require more information.</p> <p>Plans are being developed to introduce a new patient survey that will provide an insight into how patients feel about whether we respect their wishes and protect their information whilst processing their data.</p>
G7	Is information risk management included in the organisation's wider risk assessment and management framework?	Compliant	2/2	<p>There has been a Risk Management Strategy and Policy in place since October 2010, which was formally approved by the Board. This continues to be reviewed annually with the latest review-taking place in December 2019.</p> <p>The launch of the new Risk Management strategy has been extended until 30th September 2020, due to COVID-19. A formal programme of IG compliance checks is built into the annual IG Work programme with outcome reports and recommendations to reduce/remove the likelihood of data security breaches being reported on a quarterly basis to the IGG and via issues of significance to the DIG Committee</p>
G8	Does the organisation have documented and accessible information security incident reporting, investigation and resolution procedures in place that are explained to all staff?	Compliant	2/2	<p>Yes and all staff can report incidents via Datix Web. IG incidents are reported via the quarterly IG KPI report, which goes to the Information Governance Group and DIG Committee via issues of significance.</p> <p>The HB follows "the Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation"</p> <p>The severity of an incident is assessed to determine if it needs to be externally reported to the ICO. The HB reports</p>

				aims to report reportable breaches to the ICO within 72 hours in line with data protection legislation.
G9	Does the organisation have formal contractual arrangements with <b>all</b> contractors and support organisations that include their responsibilities in respect of information security and confidentiality?	Compliant	2/2	Prior to June 2018, and as part of the GDPR review all contracts identified as a risk were contacted and assurances provided to NWSSP. Since June 2018 and in line with GDPR requirements all known contracts have now been reviewed by NHS Wales Shared Services Partnership - Procurement Services. The NHS Terms & Conditions for the Supply of Goods and provision of Services is used which contain all the necessary clauses and conditions in relation to DPA/GDPR and information Security. These will continue to be reviewed to ensure they comply with data protection laws and the WHC 2017(025) on cybersecurity.
G10	Does the organisation ensure that all new services, projects, processes, software and hardware comply with information security, confidentiality and data protection requirements?	Compliant	2/2	Data Protection Impact Assessment (DPIA) Procedure and template has been approved on an All Wales basis and has been firmly adopted by the Health Board. Awareness of this continues through updates and IG training awareness programme. Informatics, Procurement and the PMO have all built the requirement for this into their business activities to ensure all new systems, projects and processes are captured at the onset. The introduction of the Asset Register has further strengthened the process and assisted in ensuring compliance with legislation.
Section 2 – Management The organisation must have core policies in place for Caldicott and Information Governance.				
M1	Where staff have been assigned Information Governance roles, are they appropriately qualified & trained in: <ul style="list-style-type: none"> <li>Information Security &amp; Incident Reporting</li> <li>Corporate Records Management</li> </ul>	Compliant	5/5	All staff appointed to the Information Governance Structure are adequately qualified and trained.

	<ul style="list-style-type: none"> <li>• Clinical Records Management</li> <li>• Data Protection</li> <li>• Information Sharing</li> </ul>			
M2	Was the organisations last assessment of performance against the Caldicott Standards completed within the last year?	Compliant	1/1	Yes - Report was completed for 2019.
M3	Does the organisation have a comprehensive Records Management Policy for both corporate and medical records?	Compliant	1/1	The Records Management Policy was approved in July 2019 along with comprehensive procedures on the management of health records and Corporate records. These have been aligned to the GDPR requirements; and include the responsibilities of the Information Asset Owner and Administrator in relation to records management and the Information Asset Register.
M4	Does the organisation have an accurate and up to date Notification to the Information Commissioner under the Data Protection Legislation 2018?	Compliant	1/1	The Health Board has an up-to-date notification from the 1 <sup>st</sup> September 2019 to September 2020.
M5	Is Data Protection comprehensively addressed either in a dedicated policy or by its incorporation into another policy?	Compliant	1/1	The Health Board has adopted an All Wales Information Governance Policy as of July 2018 and has a comprehensive Confidentiality Code of Conduct, which has been reviewed and approved in May 2020. There is an IG suite of policies available on the intranet.
M6	Is Information Security comprehensively addressed either in a dedicated policy or by its incorporation in a wider security policy?	Compliant	1/1	An All Wales Information Management and IT (IM&T) Security Policy has been adopted in June 2018 and IM&T Security procedures have been reviewed and updated.
M7	Does the organisation have an up to date Business Continuity and Disaster Recovery Plan?	Partial compliance	1.5/2	We had an independent audit carried out from a BC expert and we follow the EPRR NHS England checklist as best practice. We have a BC Policy, in addition, each department has individual business continuity plans and disaster recovery is included within each of the separate

				plans. IM&T have specific disaster recovery plans. There is a programme of testing however, this has been suspended due to the response to Covid however, and the plans have been tested during exercises in the past 18 months for EU Transition and the Covid response.
M8	Is a comprehensive confidentiality statement included within all established staff and non-staff contracts?	Compliant	1/1	Confidentiality statements are included in all staff and non-staff contracts.
M9	Are personal responsibilities in respect of confidentiality, records management, information security, data protection and freedom of information in all job descriptions?	Compliant	2/2	All these personal responsibilities are included within a job description, except for Freedom of Information that has been included within the Staff Code of Conduct.
Section 3 – Information for Patients and Service Users The organisation must have an active information campaign in place to inform patients about the use of their information.				
IP1	Does the organisation have appropriate procedures for recognising and responding to patient and service users requests to access their own records?	Compliant	2/2	<p>The following policies and procedures have been approved and are regularly reviewed to cover this:</p> <ul style="list-style-type: none"> <li>• Access to Information Policy</li> <li>• Access to Health Records Procedure</li> <li>• Subject Access Procedure under the Data Protection Act.</li> </ul> <p>These have all been reviewed and updated during 2018 to incorporate the new requirements within GDPR.</p> <p>Following a recommendation from the ICO Audit carried out in June 2018, a centralised Access to Health Service has been developed which was implemented in August 2019.</p>
IP2	Do you tell patients and service users about the ways in which their information will or may be used?	Compliant	2.2	Your information your rights posters and leaflets have been reviewed and approved nationally in line with GDPR. These have been placed in patient and public access areas

				<p>across all sites, are available on the BCU website and have been posted on social networking sites.</p> <p>We now have a standardised service when dealing with subject access requests and all our response letters now include more information to the requestor on how we process their information. In addition, we also provide them with a link to our privacy notice. We have also updated our privacy notices in March 2020 to reflect COVID-19.</p>
<b>Section 4 – Training and Awareness</b> The organisation must assess Information Governance training needs and ensure that role specific information is provided to all staff.				
TA1	Does your organisation have a mechanism for addressing Information Governance for new staff at induction?	Compliant	2/2	Information Governance awareness is included within the staff Orientation Package. Comprehension of understanding is attained in both the e-learning and face-to-face training packages.
TA2	Have you conducted an analysis of information governance training needs?	Complaint	2/2	Training needs have been assessed for all staff groups; however, we are reliant on staff receiving their annual PADR to ensure their individual training needs are assessed by their line managers.
TA3	Do you provide information governance training to staff, other than at induction?	Compliant	2/2	Information Governance training is mandatory for all staff to complete every two years and this is provided either face to face or via e-learning. Ad hoc and specialised training is also provided to specific teams on request.
TA4	What percentage of your staff have undertaken an IG training session?	Compliant	1/1	A 3 year Training Strategy plan was reviewed and approved in 2018 and this has continued to help increase the uptake of training to 81% as at March 2020 compared to 80% at the same time last year.
<b>Section 5 – Information Management</b> The organisation must ensure that information is dealt with legally, securely, efficiently and effectively.				
IM1	Have information flows been comprehensively mapped and has	Compliant	2/2	Information flows have been mapped through ISP development using the WASPI guidance and templates.



	ownership for information assets been established?			Information asset audits have also been carried out as part of the Information Asset Register work, which captures the information flows of each asset. The Asset owners for each recorded system on the Asset Register have been identified however, it has been acknowledged that this will always be work in progress as processing arrangements develop, change along with ownership and responsibilities. The tools are in place to manage this provided the register is maintained by the system owners.
IM2	Does the organisation have a policy and procedure in place to ensure the security of paper and electronic records in transit?	Compliant	2/2	Policy and procedures are in place and staff are regularly reminded of their responsibilities regarding this procedure. This procedure was updated and approved in September 2019.
IM3	Has the organisation made progress in implementing the Wales Accord for the Sharing of Personal Information (WASPI)?	Compliant	2/2	The Chief Executive of BCUHB signed the Accord in October 2009 and we are now using Version 5 of the WASPI guidance and templates to develop new ISPs and replace existing ones.
IM4	Is there awareness of the organisations responsibilities when transferring personal data outside of the EEA?	Compliant	1/1	Any transfers of data outside of EEA would be notified within our data protection notification and arrangements would be in place to recognise the requirements for that transfer. These procedures and processes have been reviewed in 2019 in readiness for Brexit. This requirement has been updated in the Confidentiality Code of Conduct. A review of the information flows recorded on the Asset register did not show any flows outside of the EEA.
IM5	Does the organisation have a strategy to ensure the correct NHS number is recorded for each active patient and that it is used routinely in clinical communications?	Partial compliance	1.33/2	This requirement is documented in HR1 – Health Records Procedure and HR5 – Standard Operating/Registering of Patients Procedures. Internal Audit carry out an annual corporate audit of case notes and within this they look at standards of record keeping and agreed at the PRG in June 2019 that they would incorporate a review of any commingling

IM6	Does the organisation have paper health records of a standard design?	Compliant	1/1	The legacy Health Records Group approved a standard design for paper health records in January 2015 that is now controlled by Patient Records Group. Assurance can be given that all 'acute' patient records use the standard design, however, this cannot be provided for other record types such as mental health, therapies, cancer and child health.
IM7	Does the organisation have documented procedures on the identification and resolution of duplicate or confused patient records?	Compliant	1/1	Procedures are in place and regular reports are produced and acted upon to take remedial action. However, as with IM6, full assurance can only be given around 'acute' patient records and further work is being done through the Patient Records Group with regards to the other patient record custodians.
IM8	Does the organisation have processes and procedures in place to enable it to regularly monitor, measure and trace paper health records?	Compliant	1/1	Procedures and processes for monitoring and measuring health record availability are in place. However, as with IM6, full assurance can only be given around 'acute' patient records and further work is being done through the Patient Records Group with regards to the other patient record custodians.
Section 6 – Controlling Access to Confidential Information The organisation must have arrangements in place to control and monitor access to information.				
CA1	Is there a Confidentiality Code of Conduct which provides staff with clear guidance on the disclosure of patient/service user identifiable information?	Compliant	2/2	Confidentiality Code of Conduct has been reviewed and was approved in May 2020. This has been disseminated to all Staff and will be included within the IG Mandatory Training.
CA2	Are processes in place to ensure that contractors understand their responsibilities regarding confidentiality and information security?	Compliant	1/1	Advice is given to all contractors on confidentiality and is included within our procurement processes which have been updated to comply with the GDPR and WHC 2017(025) requirements.
CA3	Has the organisation made progress with encryption of devices containing	Partial compliance	1.75/2	All portable computers containing personal data have been encrypted and software is in place to monitor and control

	person identifiable information (PII) in line with the Encryption Code of Practice for NHS Wales Organisations (2009)?			the use of removable media. Some desktop devices have been encrypted that are used in highly sensitive areas. Risk assessments have also been carried out regarding other high-risk devices containing personal data that for technical reasons cannot be encrypted.
CA4	What controls are in place to restrict staff access to patient/service user identifiable information?	Compliant	2/2	Staff groups have defined and documented access rights. Access is controlled, monitored and audited on key systems. This is carried out via NIIAS and is robustly monitored by the IG department.
CA5	Are there physical access controls in place for relevant buildings?	Compliant	2/2	Security controls deployed are proportionate to the sensitivity of the information held within those buildings.
CA6	What password management controls are in place for information systems that hold patient/service user identifiable information systems?	Partial compliance	0.8/1	Strong passwords are used on key systems and changes enforced on a regular basis. Users are also informed that passwords should not be shared.
CA7	Has the organisation established appropriate confidentiality audit procedures to monitor access to patient identifiable information?	Compliant	2/2	Procedures have been implemented and action is taken where confidentiality processes have been breached. These procedures are reviewed and updated as necessary. NIIAS has also been implemented allowing audits to be carried out on key systems. There are robust monitoring arrangements in place and the guidelines on the management of the notifications have been approved.
CA8	Does the organisation have appropriate policies in place to cover risks associated with off-site working using electronic and manual records containing PII?	Compliant	1/1	Procedure has been approved and implemented to cover the risks of working with personal data off site with the requirement to carry out risk assessments when the user is regularly working with personal data off site. This is regularly reviewed and staff are made aware of their responsibilities under this Procedure.

## 2.3 C-PIP Score

Star Rating	C-PIP Score	
*****	91-100%	Your responses to the assessment demonstrate an excellent level of assurance of information governance risks.
****	76-90%	Your responses to the assessment demonstrate a good level of assurance of information governance risks; but there is still work to be done.
***	51-75%	Your responses to the assessment demonstrate a satisfactory level of assurance of information governance risks although there are some significant weaknesses which you should address.
**	21-50%	Your responses to the assessment demonstrate an insufficient level of assurance of information governance risks and a number of significant weaknesses which need to be addressed.
*		Your responses to the assessment suggest an inadequate level of assurance of information governance risks should be addressed as a matter of urgency.

The Health Boards has increased its score of last year from 89% to 95%. This is due to the continued hard work carried out across the Health board to comply with the new changes in data protection legislation.

## 2.4 Yearly Score Comparison

The Health Board has now reached the Class 5 star rating. This is a result of improved compliance in a number of standards, which were previously partial compliance. Full compliance has increased from 32 to 36 of the 41 standards that have been self-assessed. There are now 5 standards that are partial compliance with work in progress to improve and no non-complaint standards.

The increase in compliance relates to improvements made within the following areas:

- Governance arrangements with the contracts review and in line with GDPR
- Implementation of the Data Protection Impact Assessments (DPIA) and process
- Improved delivery of IG training
- Improvements made to privacy notices and informing our patients about how their information is used
- Continuous work and population of the information recorded on the Information Asset Register
- Business Continuity Policy and Disaster recovery testing

## 2.5 Improvement Plan 2020/21

The improvement plan has been updated to reflect the work that still needs to be carried out to enable the Health Board to continue to improve its current compliance levels.

An Information Governance Workplan for 2020/21 has been developed and incorporates the outstanding requirements identified in the Caldicott improvement plan. The information governance workplan is regularly reviewed by the Information Governance Team and is reported up to the Information Governance Group (IGG) with issues of significance being reported to the DIG Committee.

The Patient Records Group and ICT Governance & Security Group have representatives at the IGG and provide regular updates. The areas for prioritisation this year will be:

- Continue to implement the Welsh IG Toolkit to replace the Caldicott: Principles into Practice
- Increase compliance level of IG Training to 85% in line with National target.
- Continue to audit, monitor and maintain an information and system asset register which will capture the whole lifecycle of an asset.
- Continue to provide support to enable effective and compliant partnership working, in particular with the Community Resource Teams.

Please refer to Appendix A for further information

## 2.6 Primary Care Contractor Assessments

During 2020/21 NWIS will continue to offer support to practices to address areas identified for improvement and will offer a Data Protection Offer Package to non BCUHB Managed GP Practices and these will be audited following their toolkit submission to measure their compliance for 2020. The table below breaks this down by GP Cluster:

Cluster	No. of Practices	Submitted		Started but not submitted		Not started	
Anglesey	11	1	9.09%	2	18.18%	8	72.73%
Arfon	10			7	70%	3	30%
Central and South Denbighshire	8			6	75%	2	25%
Conwy East	5			4	80%	1	20%
Conwy West	12	1	8.33%	8	66.67%	3	25%
Deeside, Hawarden and Saltney	7			4	57.14%	3	42.86%
Dwyfor	5			4	80%	1	20%
Holywell and Flint	7			4	57.14%	3	42.86%
Meirionnydd	6	1	16.67%			5	83.33%

Mold, Buckley and Caergwle	7			3	42.86%	4	57.14%
North Denbighshire	6	1	16.67%	3	50%	2	33.33%
South Wrexham	8			6	75%	2	25%
West and North Wrexham	6			2	33.33%	4	66.67%
Wrexham Town	7	1	14.29%	2	28.57%	4	57.14%

Please note that over previous years the agreed date for GMPs to submit their IG Toolkit returns was 31st March. However, with effect from the 2019/20 edition, the required submission date has changed to reflect the introduction of the “Quality Assurance and Improvement Framework” (QAIF) as part of the GMS Contract reform in 2019. The current and future editions are required to be submitted by 30th September.

The IG Toolkit Team will therefore provide an initial report following the end of the fiscal year and endeavour to provide the Health Board with a final annual report in October. Those GMPs who are subscribed to the NWIS Data Protection Officer Support Service will be audited following the Toolkit closing throughout October – December 2020 to measure their compliance. Non-subscribed practices and Health Board Managed practices will be required to make alternative arrangements.

The IG team will continue to work with NWIS to provide assurance in areas of concern.

### **3.0 IMPROVEMENT PLAN 2020/21**

#### **3.1 Responsibilities**

Implementation and progress of the Improvement Plan [Appendix A] is the responsibility of the Information Governance Group and the Caldicott Guardian.

Work is co-ordinated through the Information Governance Group and reported by exception to the DIG Committee. This will provide the appropriate organisational framework to progress work and to provide management with additional reporting and monitoring mechanisms.

#### **3.2 Timescale**

The Health Board will progress the Improvement Plan over the next financial year. The plan will be monitored via the Information Governance Group who will submit an annual report to the DIG Committee.

### **4.0 SUMMARY**

It was envisioned that the 2019/20 Outturn report against the C-PiP self-assessment would be the last one; however due to the new toolkit not having been officially

endorsed or mandated by Welsh Government this submission has been carried out retrospectively in addition to the piloted Welsh Information Governance toolkit.

The pilot was completed and our submissions were made to NWIS in December 2019. Priorities from pilot toolkit have been identified and have been included into the Information Governance Work plan for 20/21.

It should be noted of the 14 standards requiring actions in the previous report; only 9 remain with some of them having had some improvement but are accepted as they are work in progress.

There has been continued improvement over the last year. There is a strengthened understanding in key areas of the organisation in relation to our legal and statutory duties. The Information Governance team will continue to work closely with staff to drive the IG agenda forwards in all areas.

The recommendations within each C-PIP standard will continue to be monitored by the IGG with an annual report against the submission being presented to the DIG Committee during 2020/21 or until we are advised by Welsh Government that it is no longer required.

## Caldicott Improvement Plan 2020/21

Caldicott Standard	Proposed Action	Responsible Officer(s)	Timescale
<b>G6</b>	Strengthen procedures to ensure the rights of the data subject are complied with, and align with the new rights within data protection legislation and that effective communications are provided to staff on how to advise on and support these rights.	IG	March 2021
<b>G9</b>	Continue to strengthen this further by incorporating the DPIA into the Asset Register to complete the lifecycle of the asset from idea to decommissioning is to include: <ul style="list-style-type: none"> <li>• Initial business request</li> <li>• Data protection impact assessment</li> <li>• 3<sup>rd</sup> party hosting application</li> <li>• Review and sign off by IG and ICT</li> <li>• Notification to procurement that appropriate checks have been carried out</li> <li>• Contractual arrangements, data processing agreements</li> <li>• Regular review and audit of the asset</li> <li>• System asset ownership</li> <li>• Rolling programme of processor compliance checks</li> </ul>	IG ICT NWSSP	November April 2021
<b>M7</b>	Continue to monitor asset inventories to identify where local system business continuity and disaster recovery plans are in place.	IG ICT	March 2021
<b>IM1</b>	Information flows are continuing to be captured via the asset inventories and will be stored on the register. To ensure processes are in place that information asset owners regularly review their information flow as advised in the training they are receiving.	IG Information Asset Owners /Administrators	Ongoing
<b>IM5</b>	As part of the Patient Record Transition Programme, a Project will be implemented on the Management of Patient Records following the recommendations from Ockenden/HASCAS and the ICO. This will include base lines assessment of all patient record types across BCU based on the IG toolkit and the regulatory recommendations. This baseline should be completed by the end of March 2021.	Patient Records Group	March 2021



Caldicott Standard	Proposed Action	Responsible Officer(s)	Timescale
<b>IM6</b> <b>IM7</b> <b>IM8</b>	<p>1. The casenotes for the acute records has been following a standard for many years, with any changes requested requiring an evaluation and decision from the Patient Records Group (this process is controlled by the Health Records Service). The next Patient Records Group meeting will explore with the non-acute custodians the practicalities and appropriateness of adopting the same standard casenote folder.</p> <p>2. There is an existing procedure for the merger of duplicate casenotes (HR7 – Merging Duplicate Casenotes). HR1 is being reviewed and extended to cover commingling and rectification in line with Data Protection Legislation 2018, with the Good Record Keeping Training being updated to give guidance and signposting on these issues.</p> <p>3. The Health Records Service has completed the implementation of the iFIT RFID Intelligent Tracking Solution across the majority of patient record types.</p> <p>4. During this year a baseline assessment will be carried out of all patient records types across BCU which will ensure that they all using iFIT tracking or have a robust tracking solution in place.</p>	Patient Records Group	March 2021
<b>CA4</b>	<p>The National Intelligent Integrated Auditing Software tool has been implemented across all national systems and is actively monitored by the IG Team.</p> <p>Risk assessments are to be carried out on all other systems around their ability to comply with this standard via the asset inventory This is the next phase, which ICT will incorporate into their work plan.</p>	IG ICT	August 2021



## Chair's Report

<b>Name of Group:</b>	Information Governance Group
<b>Meeting date:</b>	25 <sup>th</sup> September 2020
<b>Name of Chair:</b>	Dr Melanie Maxwell Senior Associate Medical Director (Chair)
<b>Responsible Director:</b>	Dr David Fearnley Executive Medical Director
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"> <li>Information Governance Group (IGG) was quorate, however the Chair raised concerns again around the importance of full attendance and the contribution made to the meeting.</li> <li>A progress update was provided for the 20/21 Information Governance Work plan and actions due were reviewed. It was noted that some actions have carried over from the previous plan in addition to new actions being added. Target dates have been moved to reflect the disruption and delays caused by the Covid pandemic.</li> </ul> <p><b>Items for noting relate to:</b></p> <ul style="list-style-type: none"> <li>Completion of a tender exercise for Confidential Waste</li> <li>Agree and confirm ownership of Corporate Records responsibility</li> <li>Development of a Communications Plan (will be incorporated into new IG Strategy)</li> <li>Implementation of Office 365</li> <li>IG/Health Records to develop a joint records management training package which will include the Information Asset Register.</li> <li>WPAS use of keynotes/alerts in the West and existing arrangements in the East and Central</li> <li>IG KPI Quarter 1 was presented to the group. The Chair noted: <ul style="list-style-type: none"> <li>The slight improvement in Freedom of Information (FOI) compliance.</li> <li>The increase in Data Protection Impact Assessments (DPIAs) undertaken</li> <li>Decrease in complaints</li> <li>Noted training compliance rate</li> <li>Confirmed position on outstanding ICO reprimand actions</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ IG KPI Quarters 3 &amp; 4 reports were also shared for information, noting as they had both been presented to Committee in June 2020. (It should be noted this was due to no IGG meeting in May) All reports are now back on track for monitoring and completeness.</li> <li>○ IG Annual Report was presented and approved Improvements noted <ul style="list-style-type: none"> <li>○ Caldicott- Principles into Practice (C-PIP) went from 4* to 5*, up to 95%</li> <li>○ Completion of Wales IG Toolkit</li> <li>○ Improved IG training compliance</li> <li>○ Reduction in complaints</li> <li>○ Internal Audit provided reasonable assurance</li> <li>○ Information Asset Register population improved in 2019/20</li> <li>○ Improved processes embedded</li> </ul> </li> <li>○ Caldicott Outturn Report 2019/2020 presented and improvements noted, final score from 89% to 95%. Confirmation received this will sit alongside the IG Toolkit until WG inform otherwise.</li> <li>○ IG Risk Register – Nothing of significance to report.</li> <li>○ Information Asset Register- 1 developer managing the system, lack of available development time to progress with the improvements required to complete the register. Auditors commissioned to review the register.</li> <li>○ WPAS Alerts/Keynotes - SOP to be developed in the first instance by WH. Review of the data held requires clinical input. Ongoing issue nationally.</li> <li>○ Children's Health Records/ tracking requirements/ICO reprimand. Concerns remain around the lack of tracking capability for children's records, concerns raised in the east. Tracking solution required to manage the records. This will form part of the HR baselining exercise.</li> <li>○ Infected Blood enquiry – Project Board resumed to deal with the management of current inquiries, including publication of documents and witness statements.</li> <li>○ Management of Patient Records and Chairs Assurance Report from the Patient Record Group (PRG) presented.</li> <li>○ Issues of significance from Information Governance Management Advisory Group (IGMAG): <ul style="list-style-type: none"> <li>○ Office 365, update and deployment</li> <li>○ Once for Wales Concerns Management System</li> <li>○ IGMAG extended membership</li> <li>○ Recordings in Microsoft Teams</li> </ul> </li> <li>○ FOI compliance – Discussions took place around how to improve internal response rates.</li> <li>○ Information Governance policies/strategies updated and approved included:</li> </ul>
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	<ul style="list-style-type: none"> <li>○ Information Governance Strategy – Minor updates to reflect current position. Will be reviewed again before the end of the year.</li> <li>○ IG07 Procedure for dealing with subject access requests – Returned for changes to be confirmed</li> <li>○ IG03 Procedure for Compliance with Freedom of Information Act 2000 and Environmental Information Regulations 2004 - Returned for changes to be confirmed</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• Progress made with the Information Governance work programme</li> <li>• Improved C-PIP scores &amp; Welsh IG toolkit submission</li> <li>• Continued improvement against the actions from the Information Commissioners follow up audit and the internal audit programme of work.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>• Compliance with legislation. This is being monitored via the work programme and reported as part of the key performance indicator reports.</li> </ul>
<b>Special Measures Improvement Framework Theme/Expectation addressed</b>	N/A
<b>Issues to be referred to another Committee</b>	None
<b>Matters requiring escalation to the Board:</b>	<p>Information Asset Register – lack of development</p> <p>WPAS alerts – variation across BCU</p> <p>Child Health Records (ICO reprimand)- to note work in progress</p>
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The work of the Information Governance Group will help to underpin the delivery of the sustainable development principles by:</p> <ul style="list-style-type: none"> <li>• Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics.</li> <li>• Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services.</li> </ul>
<b>Planned business for the next meeting:</b>	<p>Range of regular reports plus</p> <ul style="list-style-type: none"> <li>• Quarter 2 Key Performance Indicator compliance</li> <li>• Quarter 2 Work programme Summary Report</li> <li>• Asset Register Compliance Report and Summary Findings</li> <li>• Information Governance Risk Register Review</li> </ul>
<b>Date of next meeting:</b>	16 <sup>th</sup> November 2020

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>Digital and Information Governance Committee</b> <b>25.9.20</b>						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Draft Committee Annual Report 2019/20						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	David Fearnley, Executive Medical Director						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Jody Evans – Corporate Governance Officer and the Digital and Information Governance Committee.						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	The Committee Annual Report has been scrutinised by the Committee Lead Executive, Chair of the Committee and Members of the Committee.						
<b>Atodiadau</b> <b>Appendices:</b>	The Draft Committee Annual Report 2019/20 which also incorporates the Draft Cycle of Business 2020/21 and current Terms of Reference.						
<b>Argymhelliad / Recommendation:</b>							
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• approve the Committee Annual Report for 2019/20</li> <li>• review and approve the Terms of Reference (appendix 1)</li> <li>• approve Cycle of Business 2020/21 (appendix 2)</li> </ul> <p>for submission to the Audit Committee.</p>							
Please tick one as appropriate (							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Sefyllfa / Situation:</b>							
The Committee is asked to approve the Committee Annual Report 2019/20							
<b>Cefndir / Background:</b>							
The Digital and Information Governance Committee Annual Report 2019/20 has been prepared on a BCU-wide template and will be submitted to the next meeting of the Audit Committee. Due to the Covid-19 pandemic submission of the report was delayed.							
<b>Asesiad / Assessment &amp; Analysis</b>							

**Strategy Implications**

Strategies discussed during the period are noted within the report.

**Options considered**

N/A

**Financial Implications**

N/A

**Risk Analysis**

Risks assigned to the Committee were discussed as per the Committee's Cycle of Business.

**Legal and Compliance**

All Committees are required to produce an annual report which forms part of a composite report to the full Health Board.

**Impact Assessment**

N/A

## DRAFT

# Digital and Information Governance Committee Annual Report 2019-20

## 1. Digital and Information Governance Committee

At the meeting held on 29<sup>th</sup> September 2019 the Committee updated the title of the Committee from:

- The Information Governance and Informatics Committee

*To the:*

- Digital and Information Governance Committee

## 2. Name and role of person submitting this report:

Dr David Fearnley, Executive Medical Director

## 3. Dates covered by this report:

01/04/2019-31/03/2020

## 4. Number of times the Committee met during this period:

The Committee was routinely scheduled to meet 4 times and otherwise as the Chair deemed necessary. During the reporting period, it met on 4 occasions.

Attendance at meetings is detailed within the table below:

Members of the Committee	9.5.19	29.9.19	21.11.19	13.2.20
Independent Members				
Mr John Cunliffe	P	P	P	P
Cllr Cheryl Carlisle	A	P	A	A
Mrs Lucy Reid	P	P	P	◆
Mr Medwyn Hughes	◆	◆	◆	A
Professor Nicky Callow	◆	P	P	A

Formally In attendance (as per Terms of Reference)	9.5.19	29.9.19	21.11.19	13.2.19
<b>Directors</b>				
Dr David Fearnley Executive Medical Director (Lead Director)	◆	P	P	P
Dr Evan Moore Executive Medical Director (Lead Director)	P	◆	◆	◆
Dr Melanie Maxwell Senior Associate Caldicott Guardian	P	P	A	A
Mr Dylan Williams Chief Information Officer	A	P	P	P
Ms Grace Lewis Parry Board Secretary/Senior Information Risk Owner (SIRO)	P	◆	◆	◆
Mrs Justine Parry Assistant Director Information Governance and Assurance / Data Protection Officer (DPO)	P	P	A	P
Ms Sue Hill Executive Director Of Finance/ Senior Information Risk Owner (SIRO)	◆	◆	◆	A

**Key:**

P - Present

P\* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Committee at this time.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee/Group/Forum. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>



## **5. Assurances the Committee is designed to provide:**

The Digital and Information Governance Committee is designed to provide assurance to the Board on the following key areas as set out in its Terms of Reference as follows:-

- oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- oversee the direction and delivery of the Health Board's digital and information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation through the use of information and technology;
- consider the information governance and digital implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;
- consider the information governance and digital implications for the Health Board of internal and external reviews and reports;
- oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).

The Committee will, in respect of its assurance role, seek assurances that information governance and the digital (including patient records) arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe healthcare across the whole of the Health Board's activities.

To achieve this, the Committee's programme of work will be designed to ensure that, in relation to information governance, digital and patient records:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology;
- the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards;
- there is effective communication, engagement and the workforce is appropriately trained, supported and responsive to requirements in relation to the effective handling and use of information (including IT Systems) –

- consistent with the interests of patients and the public;
- there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements);
- the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation;
- the Health Board is meeting its responsibilities with regard to the General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and Information Commissioner's Office Guidance;
- The Health Board is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and relevant standards;
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that:
  - Sources of internal assurance are reliable, and have the capacity and capability to deliver;
  - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
  - Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims; and
  - Training needs are assessed and met.
- receive assurance on the delivery of the digital and information governance operational plans including performance against the annual Digital Capital Programme;
- seek assurance on the effectiveness and impact of the Health Board's Digital Transformation Plans;
- seek assurance on the performance and delivery of the rollout of the core national IT systems which could have significant impact on the Health Board's operational services and escalate to the Board as appropriate.

The Committee will receive assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.

Maintain oversight of the effectiveness of the relationships and governance arrangements with partner organisations in relation to digital and information governance. This will include NHS Wales Informatics Service (NWIS).

During the period that this Annual Report covers, the Digital and Information Governance Committee operated in accordance with its terms of reference. For the term that this Annual Report covers there were three versions of Terms of Reference

in operation and all are appended. The terms of reference are appended at Appendix 1.

The work programmes, cycles of business and overall performance of each Committee/Group/Forum are reviewed by the Committee Business Management Group (CBMG) which meets quarterly. The CBMG oversees effective communication between Committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board's Governance framework.

The Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were no breaches of this nature

## 6. Overall \***RAG** status against Committee's annual objectives / plan: **RED/AMBER/GREEN –Amber**

The summary below reflects the Committee's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative ( <i>Please provide narrative against all red and amber including the rationale for the assurance status</i> )
Oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;	Green	<ul style="list-style-type: none"> <li>• Draft operational and finalised plans submitted to the Committee.</li> <li>• Approved the Information Governance Strategy</li> <li>• Approved the Information Governance Annual Report.</li> <li>• Approved the Caldicott Outturn Report.</li> <li>• Extracts from the overall Annual</li> </ul>

		<p>Plan for informatics assured by the Committee.</p> <ul style="list-style-type: none"> <li>• Strategic updates provided regularly including early draft of the Digital Enabled Clinical Strategy.</li> <li>• The Committee has received updates on key projects such as the Digital Health Record business case and WCCIS.</li> <li>• Regular operational plan and assurance reports provided.</li> <li>• Regular Information Governance key performance indicator reports provided.</li> <li>• Regular Chair Reports from the Digital Improvement Group and the Information Governance Group</li> </ul>
Oversee the direction and delivery of the Health Board's digital and information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation through the use of information and technology;	Amber	<p>As above and updates on national governance and architecture reviews and digital priorities funding.</p> <p>Amber - Due to progress of national programmes.</p>

Consider the information governance and informatics implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;	Green	<p>Corporate risks relating to National Systems,</p> <p>Local Digital and Health records are on the cycle of business.</p> <p>Regular updates on Information Governance Risks provided as part of the Chairs Assurance Report from the Information Governance Group.</p>
Consider the information governance and informatics implications for the Health Board of internal and external reviews and reports;	Green	<p>External reviews presented from the Information Commissioners Office, internal audit and Wales Audit Office including:</p> <ul style="list-style-type: none"> <li>• Data Protection Compliance follow up Audit review.</li> <li>• Clinical coding review.</li> <li>• Asset Management Review.</li> </ul> <p>Updates on national system outages have been provided – including national data centre outage reports by NWIS.</p> <p>Quarterly Information Governance assurance reports received.</p>
Oversee the development and implementation of a culture and	Green	Quarterly Information

process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).		<p>Governance Key Performance Indicator reports provided which include compliance with legislation, details of incidents, actions taken, outcomes and lessons learnt.</p> <p>Reports also include details of all Information Sharing Arrangements approved for implementation.</p>
The Committee will, in respect of its assurance role, seek assurances that information governance and the informatics (including patient records) arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe healthcare across the whole of the Health Board's activities.	Amber	<p>Outline business case for Digital Health Record reviewed by the Committee and regular operational plan and assurance reports developed and presented. We continue to refine the reports in in line with best practice.</p> <p>Storage implications due National Infected Blood Inquiry remain an ongoing concern.</p>
To achieve this, the Committee's programme of work will be designed to ensure that, in relation to information governance, informatics and patient records:		
<ul style="list-style-type: none"> <li>there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;</li> </ul>	Amber	During the year the transfer of responsibility for Information Governance moved

		<p>to the Deputy Chief Executive Office.</p> <p>Whilst the Executive Medical Director has the overall responsibility for Patient Records across the Health Board, a requirement to clearly identify responsibility for Corporate and Staff records remains outstanding.</p> <p>The operational plan is clear but the overall strategic direction is under development – alignment with clinical service strategy and national digital governance arrangements need clarifying.</p>
<ul style="list-style-type: none"> <li>there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology;</li> </ul>	Amber	<p>Implementation of the Data Protection Impact Assessment has identified risks to achieving this balance by ensuring appropriate mitigations are considered.</p> <p>New Digital strategy in development will enhance this.</p>
<ul style="list-style-type: none"> <li>the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards;</li> </ul>	Amber	<p>The continued review and embedding of the Information and Asset Register is</p>

		supporting compliance with standards. Some gaps identified with respect to system owners and change control which is being addressed.
<ul style="list-style-type: none"> <li>there is effective communication, engagement and the workforce is appropriately trained, supported and responsive to requirements in relation to the effective handling and use of information (including IT Systems) – consistent with the interests of patients and the public;</li> </ul>	Amber	Compliance with mandatory Information Governance Training has remained steady at just over 80% and is regularly reported as part of the Information Governance Key Performance Indicator reports.
<ul style="list-style-type: none"> <li>there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements);</li> </ul>	Green	<p>All appropriate information sharing arrangements remain in line with WASPI requirements and data is shared in an appropriate manner.</p> <p>Further requirements to safely share information are also considered and addressed as part of Data Protection Impact Assessment.</p>
<ul style="list-style-type: none"> <li>the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation;</li> </ul>	Green	The Committee has received assurances regarding protection of information, as part of the Quarterly



		Information Governance Key Performance Indicators and IT update reports
<ul style="list-style-type: none"> <li>the Health Board is meeting its responsibilities with regard to the General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and Information Commissioner's Office (ICO) Guidance;</li> </ul>	Green	Regular reports received to provide assurance plus partnership with ICO to assess and make recommendations for improvement.
<ul style="list-style-type: none"> <li>The Health Board is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and relevant standards;</li> </ul>	Amber	<p>Regular assurance report received which covers IT assurance.</p> <p>To be redesigned going forward as we undertake assessment such as Cyber Essentials.</p>
<ul style="list-style-type: none"> <li>all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that: <ul style="list-style-type: none"> <li>Sources of internal assurance are reliable, and have the capacity and capability to deliver;</li> <li>Recommendations made by internal and external reviewers are considered and acted upon on a timely basis;</li> <li>Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through</li> </ul> </li> </ul>	Green	Assurances provided that all reasonable steps to protect information are taken. Breaches are reported and currently the format of completed actions, outcomes and lessons learnt are being enhanced.

<p>reported incidents, complaints and claims; and</p> <ul style="list-style-type: none"> <li>• Training needs are assessed and met.</li> </ul>		
<ul style="list-style-type: none"> <li>• receive assurance on the delivery of the informatics and information governance operational plans including performance against the annual Informatics Capital Programme;</li> </ul>	Green	Part of operational plan and regular assurance reports.
<ul style="list-style-type: none"> <li>• seek assurance on the effectiveness and impact of the Health Board's Digital Transformation Plans;</li> </ul>	Amber	Plans assured by the Committee and regular monitoring reports provided.
<ul style="list-style-type: none"> <li>• seek assurance on the performance and delivery of the rollout of the core national IT systems which could have significant impact on the Health Board's operational services and escalate to the Board as appropriate.</li> </ul>	Red	National rollout plans included within operational plan and NWIS provide updates. This element will be developed further as NWIS become a special health authority.
The Committee will receive assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.	Amber	Included within assurance reports e.g., patch management and clinical coding performance.
Maintain oversight of the effectiveness of the relationships and governance arrangements with partner organisations in relation to informatics and information governance. This will include NHS Wales Informatics Service (NWIS).	Amber	<p>NWIS in attendance and outputs of national reviews provided to the Committee. Further work needed for NWIS to demonstrate alignment with BCU objectives.</p> <p>BCUHB Data Protection Officer is the current Chair of</p>

		the National Information Governance Group and in attendance at the Wales Information Governance Board.
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**\*Key:**

<b>Red</b>	= the Committee did not receive assurance against the objective
<b>Amber</b>	= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed
<b>Green</b>	= the Committee received adequate assurance against the objective

## 7. Main tasks completed / evidence considered by the Committee during this reporting period:

### Standing Items

- Digital Operational plan – quarterly update including National Infected Blood Inquiry update
- NWIS update report
- Information Governance - quarterly assurance report (KPI, Lessons learned and compliance report)

### Regular Items

- Digital and Information Governance Strategy reviews
- Informatics – Operational Planning
- Annual IG and Caldicott Report Reviews
- Integrated Quality Performance monitoring report – relevant dimensions
- Governance Matters/items
- Review of minutes and actions
- Approval of Committee terms of reference
- Approval of Cycle of Business
- Agreement and review of corporate risks assigned to the Committee
- Endorsement of annual reports 2018/2019
- Review performance against the Board Approved plan 2019/20
- Policies – approval of national and local and compliance with national policy and development of organisational policy) – *as arise*
- Improvement Group Updates

### Ad-Hoc

- CHAI digital nursing
- Digital Strategy
- Change management Policy
- WAO Clinical Coding

- Transformation Fund allocation and planning for future Transformation fund opportunities
- Information Commissioner's Office Follow up Data Protection Audit Report

#### In committee items

- Delivering an Acute Digital Health Record (DHR)
- Digital Strategy
- Transformation Fund allocation and planning for future Transformation fund opportunities
- Police Requests for Medical Statements
- ICT Asset Management review

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages

<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

#### **8. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:**

<b>Meeting Date</b>	<b>Key risks including mitigating actions and milestones</b>
09/05/2019	<ul style="list-style-type: none"> <li>• Of particular concern were the delays, functionality and prioritisation of National systems and programmes which were brought to the attention of the NWIS Director present.</li> <li>• Delays in progress with the national WCCIS System remained of great concern, the impacts of which were drawn to the attention of the NWIS Director present.</li> <li>• Risks from continued (and unavoidable) use of obsolete operating systems.</li> <li>• Lack of change management for 200+ system owners outside of Informatics management.</li> <li>• The Committee continued to raise a general point regarding the accurate completion of coversheets and that where risks or concerns were included within the accompanying narrative paper, these should also be highlighted on the coversheet.</li> </ul>
27/09/19	<ul style="list-style-type: none"> <li>• Continued Delay in progress with the national WCCIS and other national systems.</li> <li>• Further concern regarding business continuity following another major national data centre failure/outage.</li> <li>• Capacity to roll out digital mobile workforce plans and funding required for Office 365 implementation.</li> <li>• Paper health records storage</li> </ul>
21.11.20	<ul style="list-style-type: none"> <li>• Progress against Informatics Operational Plans.</li> <li>• BCU's Digital strategy continuing to be developed and taken forward.</li> </ul>

	<ul style="list-style-type: none"> <li>Continued progress on good Information Governance.</li> </ul>
13/02/20	<ul style="list-style-type: none"> <li>Major risks covered by CRR10a, 10b and 10c.</li> <li>There is significant financial risk from potential fines imposed by the ICO for poor health records management.</li> <li>The transition of NWIS to a SHA represents a risk that: <ul style="list-style-type: none"> <li>Governance and supplier relationship with BCU not clear.</li> <li>Transition not considering architecture review.</li> <li>“Lift and shift” of NWIS doesn’t address existing structural failings.</li> </ul> </li> </ul>

## 9. Focus for the year ahead:

The primary focus of the Committee over the next twelve months will be;

- To oversee the development and approval of the digitally enabled strategy with a particular focus on the core digital bundle including the Digital Health Record, Digital Dictation & Speech Recognition, a single patient administration system coupled with the accelerated rollout of Office 365 to support agile working for staff.
- Reviewing the learning from the impact of the coronavirus pandemic and influencing the prioritisation of technology that will aid virtual working – including technology enhanced care, virtual consultation and providing patient access to their own data.
- To ensure that digital priorities will mitigate the three corporate risk relating to health records, delivery of national solutions and the local capacity to provide digital services to support improved service delivery

The Committee has established a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board’s Corporate Risk and Assurance Framework. This is attached as Appendix 2

V6.0

**Betsi Cadwaladr University Health Board  
Terms of Reference and Operating Arrangements**

**DIGITAL AND INFORMATION GOVERNANCE  
COMMITTEE**

**1. INTRODUCTION**

The Board shall establish a committee to be known as the Digital and Information Governance Committee (DIG). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

**2. PURPOSE**

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

The Committee will seek assurance on behalf of the Board in relation to the Health Board's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of the Digital and Information Governance Strategies to drive continuous improvement and support IT enabled health care to achieve the objectives of the Health Board's integrated medium term plan.

**3. DELEGATED POWERS**

**3.1** The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to: -

- oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- oversee the direction and delivery of the Health Board's digital and information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation through the use of information and technology;

- consider the information governance and digital implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;
- consider the information governance and digital implications for the Health Board of internal and external reviews and reports;
- oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).

**3.2** The Committee will, in respect of its assurance role, seek assurances that information governance and the digital (including patient records) arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe healthcare across the whole of the Health Board's activities.

**3.3** To achieve this, the Committee's programme of work will be designed to ensure that, in relation to information governance, digital and patient records:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology;
- the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards;
- there is effective communication, engagement and the workforce is appropriately trained, supported and responsive to requirements in relation to the effective handling and use of information (including IT Systems) – consistent with the interests of patients and the public;
- there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements);
- the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation;
- the Health Board is meeting its responsibilities with regard to the General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national

Information Governance policies and Information Commissioner's Office Guidance;

- The Health Board is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and relevant standards;
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that:
  - Sources of internal assurance are reliable, and have the capacity and capability to deliver;
  - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
  - Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims; and
  - Training needs are assessed and met.
- receive assurance on the delivery of the digital and information governance operational plans including performance against the annual Digital Capital Programme;
- seek assurance on the effectiveness and impact of the Health Board's Digital Transformation Plans;
- seek assurance on the performance and delivery of the rollout of the core national IT systems which could have significant impact on the Health Board's operational services and escalate to the Board as appropriate.

**3.4** The Committee will receive assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.

**3.5** Maintain oversight of the effectiveness of the relationships and governance arrangements with partner organisations in relation to digital and information governance. This will include NHS Wales Informatics Service (NWIS).

## **4. AUTHORITY**

**4.1** The Committee may investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and



- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2** May obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 4.3** May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business;
- 4.4** Will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

## **5. SUB-COMMITTEES**

- 5.1** The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups carry out on its behalf specific aspects of Committee business.

## **6. MEMBERSHIP**

### **6.1 Members**

Four Independent Members of the Board

### **6.2 In Attendance**

Executive Medical Director (lead director)  
 Chief Information Officer, Digital  
 Senior Information Risk Owner (SIRO)  
 Caldicott Guardian  
 Lead Director of Information Governance Department  
 Assistant Director Information Governance & Assurance/ Data Protection Officer (DPO)

6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.2.2 Trade Union Partners are welcome to attend the public session of the Committee

### **6.3 Member Appointments**

- 6.3.1 The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver

the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

- 6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed to the Committee up to a maximum period of 8 years.

#### **6.4 Secretariat**

- 6.4.1 Secretary: as determined by the Board Secretary.

#### **6.5 Support to Committee Members**

- 6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

### **7. COMMITTEE MEETINGS**

#### **7.1 Quorum**

- 7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, this should include either the Chair or the Vice-Chair of the Committee. In the interests of effective governance it is expected that at least one of those named officers listed above will also be in attendance.

#### **7.2 Frequency of Meetings**

- 7.2.1 Meetings shall be routinely be held on a quarterly basis.

#### **7.3 Withdrawal of individuals in attendance**

- 7.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

### **8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 8.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall

responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

**8.2** The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

**8.3** The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

8.3.1 joint planning and co-ordination of Board and Committee business; and

8.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

**8.4** The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

## **9. REPORTING AND ASSURANCE ARRANGEMENTS**

**9.1** The Committee Chair shall:

9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report, the presentation of an annual report; and membership of the Health Board's committee business management group.

9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

**9.2** The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

**10.1** The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

## **11. REVIEW**

- 11.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

**Approved by Audit Committee 12.12.19**  
V2.02

DRAFT

**DIGITAL and INFORMATION GOVERNANCE COMMITTEE CYCLE OF  
ANNUAL BUSINESS AND FORWARD PLANNER 2020/21 v1.04 draft last updated  
17/09/2020 11:11**

**Part 1 – Annual Recurring Business**

<b>Agenda Items</b>	<b>Notes</b>	<b>Feb</b>	<b>June</b>	<b>Sept</b>	<b>Dec</b>	<b>Mar</b>
Apologies	Standard Committee item	x	x	x	x	x
Declarations of Interest	Standard Committee item	x	x	x	x	x
Draft minutes of previous meeting, matters arising and review of Summary Action Plan	Standard Committee item	x	x	x	x	x
<b>Digital</b>						
Digital Strategy – annual review	ToR 3.1.1					x
Approval of Informatics – Operational Plan	ToR 3.1.2/10	x				x
Digital Operational plan – quarterly update incl National Infected Blood Inquiry update		x	x	x	x	x
System Demonstrations (ad hoc as relevant)						
Partner organisation arrangements – other partners to be identified / advised	ToR 3.5					
NWIS update report NWIS Director in attendance		x	x	x	x	x
<b>Information Governance</b>						
Information Governance Strategy – annual review	ToR 3.1.1				x	
Information Governance quarterly assurance report (KPI, Lessons learned and compliance report)	ToR	x	x	x	x	x
Information Governance Annual Report	ToR 3.1.2 /10			x		

Agenda Items	Notes	Feb	June	Sept	Dec	Mar
Caldicott report	ToR 3.3.5			x		
<i>To be determined:</i>						
Implications of internal and external reviews and reports (as arise)	ToR					
Strategy / plan development (as arise)	ToR					
Governance matters						
Committee Annual Report (including annual review of ToR and cycle of business)	Submission to May Audit Committee prior to Board	x				x
Terms of Reference review	Annual review					x
Review of Corporate Risks allocated to the Committee	ToR 4.4		x		x	
Performance against the Board approved 2019/20 annual plan		x	x	x	x	x
Policies (compliance with national policy and development of organisational policy) – as arise	ToR	x	x	x	x	x
Periodic updates on Limited Assurance Audit reports	As advised by Audit Committee					
Closing Business (standing items)						
Summary of InCommittee business to be reported in public (if applicable)	Standard Committee item	x	x	x	x	x
Issues of significance to inform Chair assurance report	Standard Committee item	x	x	x	x	x
Date of next meeting	Standard Committee item	x	x	x	x	x

<b>Agenda Items</b>	<b>Notes</b>	<b>Feb</b>	<b>June</b>	<b>Sept</b>	<b>Dec</b>	<b>Mar</b>
Exclusion of press and public (if applicable)	Standard Committee item	x	x	x	x	x
InCommittee Business (if applicable)						
Draft minutes of previous InCommittee meeting, matters arising and summary action plan	Standard Committee item	x	x	x	x	x

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<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Digital and Information Governance Committee 25.09.2020</b>					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Summary of business considered in private session to be reported in public					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Dr David Fearnley, Executive Medical Director					
<b>Awdur yr Adroddiad Report Author:</b>	Jody Evans, Corporate Governance Officer					
<b>Craffu blaenorol: Prior Scrutiny:</b>	None					
<b>Atodiadau Appendices:</b>	None					
<b>Argymhelliad / Recommendation:</b>						
The Committee is asked to note the report.						
Please tick as appropriate						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b> ✓
<b>Sefyllfa / Situation:</b>						
To report in public session on matters previously considered in private session.						
<b>Cefndir / Background:</b>						
<p>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.</p> <p>The Digital and Information Governance Committee considered the following matters in private session on 19.06.2020:</p> <ul style="list-style-type: none"> <li>• Ombudsman Thematic Report</li> <li>• Track, Trace, Protect</li> <li>• Full Business Case for Delivering an Acute Digital Health Record</li> </ul>						



**Asesiad / Assessment & Analysis****Strategy Implications**

This report is purely administrative. There are no associated strategic implications other than those that may be included in the individual reports.

**Financial Implications**

This report is purely administrative. There are no associated financial implications other than those that may be included in the individual reports.

**Risk Analysis**

This report is purely administrative. There are no associated risk implications other than those that may be included in the individual reports.

**Legal and Compliance**

Compliance with Standing Order 6.5.3

**Impact Assessment**

This report is purely administrative. There are no associated impacts or specific assessments required.