

Bundle Digital Information and Governance Committee 13 February 2020

To be held from: 9:30am - 12:00pm in the Boardroom, Carlton Court, St Asaph LL17 0JG

- 1 09:30 - DIG20/48 Chair's opening remarks
- *Mrs Jackie Hughes in attendance*
- 2 09:32 - DIG20/49 Apologies
- *Apologies received from Professor Nicola Callow and Medwyn Hughes.*
- 3 09:34 - DIG20/50 Declarations of Interest
- 4 09:36 - DIG20/51 Draft minutes of the previous meeting held on 21st November 2019, matters arising and summary action plan
Recommendation:
- *Draft Minutes for approval.*
- *Summary Action Plan for update.*
DIG20.51.a Public - Draft Minutes DIGC 21.11.19 v0.4 - JC DW DD.docx
DIG20.51.b 20191112 DIGC Summary Action Log Public (Live version).doc
- 5 Governance Matters
- 5.1 09:51 - DIG20/52 Performance against the Board approved 2019/20 annual plan
- *Dr David Fearnley, Executive Medical Director*
Recommendation - The Digital & Information Governance Committee is asked to note the report.
DIG20.52.a Coversheet DIGC - APPMR December 2019 FINAL.docx
DIG20.52.b Annual Plan Progress Monitoring Report - December 2019 FINAL.pdf
- 5.2 10:01 - DIG20/53 Corporate Risk Register and Assurance Framework Report
Dr David Fearnley, Executive Medical Director
Mrs Justine Parry, Assistant Director of Information Governance and Risk in attendance.
Recommendation - The Digital and Information Governance Committee is asked to:
1) *Consider the relevance of the current controls;*
2) *Review the actions in place and consider whether the risk scores remain appropriate for the presented risks.*
3) *Note that further updates will be undertaken following the scrutiny at the Risk Management Group.*
4) *Approve the increase in the current risk score for 10b.*
DIG20.53 Corporate Risk Register and Assurance Framework Report - CRAF Report to DIGC Final - 13-02-2020.pdf
- 5.3 10:11 - DIG20/54 Draft Committee Annual Report 2019/2020
- *Dr David Fearnley, Executive Medical Director*
Recommendation - The Committee is asked to:
1. *Review the draft Annual Report for 2019-20 and confirm the overall Red, Amber, Green (RAG) Status.*
2. *Provide comments and feedback as necessary.*
3. *Review Terms of Reference (Appendix 1.)*
4. *Review and approve Cycle of Business 2020/21 (Appendix 2.)*
5. *Approve that Chair's Action can be taken to agree the final version for submitting to Audit Committee.*
DIG20.54.a Draft Committee Annual Report -Coversheet - Committee Report Template V1.0 December 2019.docx
DIG20.54.b Draft DIG Committee Annual Report v0.05 2019-2020 jc.docx
- 6 Digital
- 6.1 10:21 - DIG20/55 Approval of Informatics – Operational Plan
Dr David Fearnley, Executive Medical Director
Mr Dylan Williams, Chief Information Officer in attendance
Recommendation -
The Digital and Information Governance Committee is asked to review the draft operational plan and:-
1. *Provide comments to support further iterations and future approval*
2. *Approve it pending further updates as an operational plan is required from 01.04.20*
DIG20.55.a DIGC Feb Informatics Operational plan 2020 2021 Cover sheet.docx
DIG20.55.b 2020 2021 Operational plan DRAFT.docx
- 6.2 10:31 - DIG20/56 Digital Annual Operational Plan Update

Dr David Fearnley, Executive Medical Director
Mr Dylan Williams, Chief Information Officer in attendance
Recommendation - This report is presented to the Digital and Information Governance Committee, to support its remit to receive and gain assurance on the delivery of the Informatics Operational plan.

The DIGC are asked to:-

- 1. Receive this report and scrutinise its content to gain assurance on progress against the operational plan*
- 2. Provide assurance to the Board that summary data provided to them is justified*
- 3. Note the financial implications highlighted and provide support as appropriate*

DIG20.56.a 2019 2020 QTR3 APLAN Monitoring Cover Sheet (002).docx

DIG20.56.b 2019 2020 Qtr 3 Annual Plan Progress Monitoring Report - v0.1.pptx

6.3 10:41 - DIG20/57 Informatics Quarterly Assurance Report

Dr David Fearnley, Executive Medical Director

Mr Dylan Williams, Chief Information Officer in attendance

Recommendation - The Committee is asked to:- To note compliance with legislative and regulatory responsibilities which relate to the Informatics

Services and to advise the service of any additional metrics required to improve assurance.

DIG20.57 2019 2020 QTR 3 DIGC Assurance Report Informatics v2.1.docx

6.4 10:51 - DIG20/58 NWIS update report

- Helen Thomas, NWIS Interim Director in attendance

Recommendation - Helen Thomas to update the Committee via skype.

6.5 11:11 - DIG20/59 Chair Assurance report : Digital Transformation Group/Improvement Group

Dr David Fearnley, Executive Medical Director

Mr Dylan Williams, Chief Information Officer in attendance

Recommendation - The Committee is asked to note the report.

DIG20.59 DIGC Feb 2020 Digital Improvement Group Chair Assurance Report.docx

7 DIG20/60 Information Governance

7.1 11:16 - DIG20/61 Chair Assurance report - Information Governance Group

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

Recommendation - To note the Summary of business discussed.

DIG20.61 Information Governance Group - Committee Chair's Assurance Report - IGG 23-Jan-2020.docx

8 11:21 - DIG20/62 Summary of InCommittee business to be reported in public

- Dr David Fearnley, Executive Medical Director

Recommendation - To note the Summary of Business reported in public.

DIG20.62 DIGC Private session items reported in public.docx

9 11:23 - DIG20/63 Issues to inform the Chair's Assurance report

- John Cunliffe, Chair

Recommendation - To agree the Issues.

10 11:28 - DIG20/64 Date of next meeting

Please note: the meeting due to be on the 29th May has been cancelled.

- The next meeting will be held on: 19th June, 2020 - Meeting Room 1, Carlton Court, St Asaph Business Park.

11 11:29 - DIG20/65 Exclusion of the Press and Public

Resolution to Exclude the Press and Public

"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."



**Digital and Information Governance Committee
Minutes of the Meeting held on 21.11.19
in the Boardroom, Carlton Court, St Asaph**

Present:

Mr John Cunliffe	Independent Member– Committee Chair
Professor Nicky Callow	Independent Member
Ms Lucy Reid	Independent Member

In Attendance:

Dr David Fearnley	Executive Medical Director
Mr Dylan Williams	Chief Information Officer
Mrs Gaynor Gould	Information Governance Manager
Mr Andrew Strong	Wales Audit Office, Senior Auditor
Mr David Sheard	Deputy Director of Programmes, (NHS Wales Informatics Service)
Mrs Danielle Edwards	Head of Digital Records
Mrs Jody Evans	Corporate Governance Officer

Agenda Item Discussed	Action
DIG19/22 Chair's Opening Remarks	
DIG19/22.1 The Committee Chair welcomed everyone to the meeting.	
DIG19/23 Apologies for Absence	
DIG19/23.1 Apologies received from Dr Melanie Maxwell, Justine Parry Cheryl Carlisle, Andrew Davies and Helen Thomas.	
DIG19/24 Declarations of Interest	
DIG19/24.1 None were received.	
DIG19/25 Draft minutes of the previous meeting held on 29.9.19 and Summary Action Log	
DIG19/25.1 The Minutes of the last meeting held on 29.9.19 were confirmed as a correct record subject to: <ul style="list-style-type: none"> Page 1: Prof Nicky Callow (title) to be presented in full: Professor Nicky Callow. The Corporate Governance Officer agreed to action within version 1.0 of Committee Minutes.	JE
DIG19/25.2 Updates to the summary action log were also recorded therein and the Committee members reported the need to carefully	

consider future timescales of actions being taken, in order to avoid slippage of timelines for completion.	
<p>DIG19/26 DIGC Terms of Reference (ToR)</p> <p>DIG19/26.1 The Committee discussed the Terms of Reference and the various amendments had been noted, <i>as follows</i>;</p> <ul style="list-style-type: none"> • Amendments to references to Informatics throughout the ToR to 'Digital'. • Include reference to the Senior Information Risk Officer only, (not named director role.) • Include Lead Director of Information Governance department in attendance (following Director Portfolio changes.) • Include section relating to Chair and Vice Chair appointments in line with other Board Committees' ToR. <p>DIG19/26.2 It was agreed that the Director of Finance (SIRO,) be invited to future DIG Committee Meetings, via the Office of the Board Secretary.</p> <p>DIG19/26.3 The Committee agreed to note the revised Terms of Reference and agreed to submit to the Audit Committee for ratification on behalf of the Board.</p> <p>It was resolved that the Committee Approve the Terms of Reference.</p>	<p>JE</p> <p>JE</p>
<p>DIG19/27 Cycle of Business Review</p> <p>DIG19/27.1 The Committee Chair provided the Committee with the opportunity to review the updated Cycle of Business and sought the advice of any additional items to be included from the Committee members.</p> <p>DIG19/27.2 Discussion ensued with regards to primary data relating to Digital within the Annual Plan, which had been debated upon at the recent Quality, Safety and Executive Committee. The presentation of the annual plan summary was queried. The Committee was advised that it had been suggested that all Annual Plan summaries should be submitted to all Board Committees in the first instance, prior to Health Board Meetings. Differences within the Annual and Digital Operational Plan were also raised. It was agreed for the Committee Chair to discuss outside of the Committee with the Executive Director of Planning and Performance, in order to gain a clear understanding of the context regarding the wider plan. It had also been noted to add the Annual Plan upon the current cycle of business.</p> <p>It was resolved that the Committee review the agreed the Cycle of Business</p>	<p>JC</p> <p>JE</p>

DIG19/28 Corporate Risk Register and Assurance Framework Report

DIG19/28.1 The report had been presented to the Committee and it was noted that the risks had previously been presented to the Board on the 7th November 2019, however due to a timing issue any updates from the Board meeting had not been captured within the version being presented. The Committee considered the relevance of the current controls and reviewed the actions in place and therefore considered the risk scoring for the presented risks, namely;

DIG19/28.2 CRR10a National Infrastructure and Products.

Key progress: There had been no further updates since the previous submission to the Committee. The status of the Service Level Agreement with NWIS was discussed and the Committee asked if escalation was needed in order to achieve target risk scoring. It had been reported by the Chief Information Officer that the issue was ongoing and clarified that the team were not in the position to immediately produce the viable SLA, but progress was ongoing in order to resolve.

DIG19/28.3 CRR10b Informatics - Health Records

Key progress: There had been no further updates since the previous submission to the Committee. The Committee Chair drew attention that the title of the risk had been changed and that the risk should also reference "Community". The Committee asked for the original title of the risk to be reinstated to ensure the risk covered all health records. The typographical error within the paragraph of "risk explanation" (here should read There) was also raised. The scoring of the risk was discussed and the Chief Information Officer and the Executive Medical Director would arrange to meet Head of Risk Management to discuss further with regards to scoring updates.

JP

DW/DF

DIG19/28.4 CRR10c Informatics infrastructure capacity, resource and demand.

Key progress: There had been no further updates since the previous submission to the Committee. The movement in the current risk rating had been noted and a discussion took place, it was agreed that there was no further action to be taken at present to change the aligned targets.

DIG19/28.5 Further discussion ensued with regards to a future workshop being held on the 2nd December 2019, and that the workshop would further align and discuss the target risk ambitions regarding long term actions to achieve target risk scores therein. It had been also raised that the risks presented to the Committee had underlying data attached with regards to the detail relating to specific ratings within Datix. Risk Escalation mechanisms were also discussed with regards to visibility to the Board and clear links through the hierarchy mechanisms. Procurement of Datix and modules currently being used with regards to functionality and actual day to day requirements had also been discussed. Clarity in relation to where Risk Management sits, (as a

GG/JP

<p>Committee) within BCUHB was also raised. The Information Governance Manager agreed to clarify.</p> <p>It was resolved that the Committee considered the relevance of the current controls and reviewed the actions in place.</p>	
<p>DIG19/29 Annual Plan Progress Monitoring Report (APPMR)</p> <p>DIG19/29.1 The report provided the Committee with the summary of progress against the Key Actions within the Annual Plan. It was noted that the paper had been scrutinised by the Executive Team, approved by the Executive Directors and had also been presented at Board Level.</p> <p>DIG19/29.2 Further to the earlier discussion within item DIG19/27.2. It was agreed to invite the Executive Director of Planning and Performance to the Committee, in order to discuss the expectations of the DIG Committee.</p> <p>It was resolved that the Committee noted the report.</p>	<p>JC/JE</p>
<p>DIG19/30 NWIS Update report Mr David Sheard, Assistant Director Service Transformation (NWIS) in attendance via Skype.</p> <p>DIG19/30.1 The Committee Chair welcomed the Assistant Director for Service Transformation to the Committee and introductions were made. The Assistant Director for Service Transformation provided a verbal presentation regarding the National Update report, outlining progress and planning <i>in relation to</i>; Welsh Patient Administration Systems, Electronic Test requesting, Welsh Clinical Portal, eforms, Emergency Department Systems, Hospital Pharmacy Replacement System, National Data resources and the Special Health Authority. The Committee was also briefed regarding the Blaenavon Data Centre Incident and of the recommendations made.</p> <p>DIG19/30.2 The Committee commented upon the roll out of the Welsh PAS system across Primary Care and commented on the 2 year delay. It had been noted that the delay had been in relation to process mapping, functionality and data migration quality issues. It was highlighted that within Primary Care; the system would be rolled out practice by practice. It was also noted that the benefits of the system would be measured and mapped out by next November, it was clarified that the system would be key to single integrated pathways.</p> <p>DIG19/30.3 The Assistant Director of Service Transformation reported that with regards to electronic test requests (WCP and GPTR,) it was explained that the BCUHB were the highest user within NHS Wales. Improved functionality planning and test sets were also being introduced. Overall with regards to WCP and GPTR it was confirmed that good progress was being made. With regards to MTED and the number of discharges made in October, Independent Member - LR commented upon the low number compared to actual discharges. The</p>	

<p>limited ability to roll out the system was discussed and the Chief Information Officer confirmed that the business case had been produced and was currently under review.</p> <p>DIG19/30.4 Welsh Hospital Electronic Prescribing Pharmacy Medicines Administration (WHEPPMA) had also been reported upon and it had was noted that the system was now subject to being signed off in relation to the capital monies.</p> <p>DIG19/30.5 Microtest GP systems was raised by the Committee in relation to the forward plan and existing legal contracts. The need to ensure the seamless replacement via procurement had been stressed. It was noted that discussions were taking place to look at options.</p> <p>DIG19/30.6 It was agreed (as previously stated,) to develop a more focused template for reporting.</p> <p>It was resolved that the Committee noted the update.</p>	<p>NWIS/DW/DF</p>
<p>Comfort break</p>	
<p>DIG19/31 A Digitally Enabled Clinical Strategy for Betsi Cadwaladr University Health Board – a blueprint for better outcomes.</p> <p>DIG19/31.1 The Executive Medical Director presented the Digital Strategy update and informed the Committee of the detail that the report set out, which included the case for the wide-ranging redesign of clinical services across the Health Board, based explicitly upon:</p> <ul style="list-style-type: none"> • a deeper understanding of population health • partnerships • evidence based pathways • professional networks • a new digital platform • a learning health system • value-based health care • co-production <p>DIG19/31.2 The Executive Medical Director summarised that the strategy focused on better outcomes by adoption of effective person centred care, supported by professional networks and of digital health care technology. The paper also summarised discussions held at the Health Board, DIG Committee, Strategy, Partnerships and Population Health Committee, and other meetings with clinicians and partners since September 2019. The paper was noted as being the first report of the proposed new strategy. A discussion ensued regarding the way forward. It was agreed that the plan was to be driven by the strategy and the relevant sense checks would be made with regards to capacity and relevance, whilst paving the way for sustained investments. The Committee noted the report and it had been agreed to seek further</p>	<p>DF</p>

<p>assurance to enable the strategy to be considered by the Health Board. The Executive Medical Director agreed to continue and take forward.</p> <p>It was resolved that the Committee note the update.</p> <p>It was resolved that the strategy be considered by the Health Board.</p>	
<p>DIG19/32 Transformation Fund allocation and planning for future Transformation fund opportunities</p> <p>DIG19/32.1 The Chief Information Officer provided the latest update on national digital funding allocations. At the time approximately £24 million and £20 million capital and revenue had been allocated across Wales. The local share of the bids were £1.75million and £0.7million capital and revenue respectively, both of which are non-recurring. The Chief Information Officer explained that the original bids were multi-year bids focussed in particular on cyber security and Office 365 implementation and the non-recurrent nature of the funding meant it was a challenge to establish sustainable resource. The Chief Information Officer also outlined potential future bids relating to digital health record ecosystems, digital enablers, community team support and pathway management. Alternative models for funding were suggested, including 'fair shares' based population or a sustained uplift over five years to the budget would be a real enabler for change.</p> <p>DIG19/32.2 The Chief Information Officer highlighted the impact of the costs savings applied to the underlying budget for Informatics and that, whilst the in-year savings target would be achieved, the stretch target and non-funding of cost pressures would mean that the budget would be overspent by circa £40k per month in the new financial year. It was further illustrated that the recent 'stretch target' of £470 means the Chief Information Officer was not being able to set up a permanent cyber and Office 365 team.</p> <p>DIG19/32.3 The Chief Information Officer updated the Committee on the Digital Opportunities discussion from the Digital Improvement group who would prioritise a digital core bundle for future investment.</p> <p>It was resolved that the Committee note the update.</p>	
<p>DIG19/33 Informatics Quarterly Assurance Report</p> <p>DIG19/33.1 The Chief Information Officer provided the report and updated the Committee on key performance indicators.</p> <p>The report summarised updates relating to the</p> <ol style="list-style-type: none"> 1. National Audit Office Reports and Compliance Measures for service areas against mandated National Targets and local targets. 2. Compliance measures for several service areas against mandated National Targets and local targets. The report highlighted compliance with coding completeness and patch management. 	

<p>The report also highlighted increased requests for access to Health Records.</p> <p>DIG19/33.2 Following the summary and discussion, the following actions/notes had been agreed:</p> <ul style="list-style-type: none"> • The Chief Information Officer agreed to amend the wording of the report from “Welsh” to “Wales” within the term “Welsh Audit Office”. • It was noted that the report in relation to coding had not been discussed at the recent Quality Safety Experience Committee, but would subsequently be taken to the next Committee. • In relation to the status recommendations from 2014; The Chief Information Officer agreed to circulate the detail of the “in progress and overdue” actions. • The Committee Chair referred to item 2.2.6 and 8 in relation to additional areas/locations where notes are held. Further to this; it had been confirmed that funding had been made available to recruit a project manager to progress the work. • The Chief Information Officer further agreed to provide within future reports the “legend and title” of the table within item 2.3.4. • It was also confirmed that the information team had been working to review and amend processes to improve reporting compliance. <p>It was resolved that the Committee noted the update and advised the service of additional metrics required.</p>	<p>DW</p> <p>DW</p> <p>DW</p>
<p>DIG19/34 Informatics Operational Plan 2019/20:Progress Monitoring Report</p> <p>DIG19/34.1 The report was presented by the Chief Information Officer to provide assurance on the delivery of the Informatics Operational plan. The report presented the following:-</p> <ol style="list-style-type: none"> 1. Summary data to highlight progress against Informatics Strategic Principles (page 4) which are detailed with the 2019/20 operational plan. 2. Summary data reported directly to the board and used by them to monitor progress against the annual plan (page 5) for core Informatics Projects (i.e. Digital Health Programme). More detailed performance updates against the Milestones of the projects (page 6 to 8) which was used to attribute status and is not subject to standard submission / scrutiny by the board. 3. The Revenue and Capital position at the end of Quarter 2 <p>DIG19/34.2 The Committee received the report and scrutinised the content and provided assurance regarding the data provided. Backlog management had been raised in relation to the recent discussions at the Quality Safety and Experience Committee. The National System for Cancer Tracking had also been discussed in relation to WPAS reporting and it was explained that the continued support and tracking via SharePoint would continue for the foreseeable future.</p>	

<p>DIG19/34.3 BCU Symphony / National Welsh Emergency Department System (WEDS) Briefing paper</p> <p>DIG19/34.3.1 The Chief Information Officer provided the briefing paper following action DIG 19/6a.1 ED YG, and presented the overview in relation to the current status of the BCU Symphony / National WEDS project, which included the detail of how the plan contributed to organisational effectiveness.</p> <p>DIG19/34.3.2 The Committee Chair queried if the WEDS module could in future be utilized at all 3 sites. It was clarified that there would need to be further input from the project board. The differences in the range of systems used within BCU Emergency Department's had then been discussed along with the clarity of being a national integrated system. Functionality and version issues were also raised and noted. Local approaches were discussed along with a summary of brokering of funding past April 2021.</p> <p>It was resolved that the Committee received the reports, noted and scrutinised the content.</p>	
<p>DIG19/35 Digital Information Group (DIG) Chair's Report</p> <p>DIG19/35.1 The Committee received the summary report and noted the issues.</p> <p>It was resolved that the Committee received the Chairs report and noted the issues of significance raised.</p>	
<p>DIG19/36 Information Commissioners Office Data Protection Follow Up Audit Report</p> <p>DIG19/36.1 In the absence of the Assistant Director of Information Governance and Risk; the Information Governance Manager presented the follow up Audit Report to the Committee. The Information Governance Manager reported that the Information Commissioners Office (ICO) Follow Up Audit Report had been submitted to highlight the significant progress being made following the initial audit undertaken in June 2018 and the Committee were asked to note the areas requiring further attention. The Committee noted the three scoping areas, two had been reported as reasonable assurance and one was limited assurance, which related to requests for personal data. It was also raised that the Health Board were required to provide evidence to support compliance with the original 58 recommendations and the ICO had confirmed the Health Board had responded positively.</p> <p>DIG19/36.2 The Information Governance Manager explained that there remained areas requiring full completion, in relation to:</p> <ul style="list-style-type: none"> Recording of all processing activity on the Asset Register; The Information Governance Manager reported that the issue is ongoing, due to staffing issues. 	

<ul style="list-style-type: none"> • Formal attribute and confirmation of ownership for staff and corporate records; the Information Governance Manager stated that the report would be prepared and offered to the February Committee for consideration. • Formally implement the updates to the Confidential Waste Contract; the Information Governance Manager asked the group to note that the contract had ran out in September 2018, which had then been extended to March 2019. The Information Governance Manager confirmed that the team were working with procurement to ensure sign off of the contract. • Implement and comply with Standard Operating Procedures for verbal access to Health Records subject access requests; The Information Governance Manager stated that comment would be fed back to the Committee regarding the position, in order to capture non clinical requests for information. • Implement and comply with the quality assurance process for processing Access to Health Records subject access requests. It had been recognised that this would be taking place within in the centralised service and due to resource issues. The Information Governance Manager confirmed that it would then be built into health records procedures ensuring a robust and improved process. <p>DIG19/36.3 The Information Governance Manager confirmed that all actions had been transferred into the appropriate work programmes and would be monitored by the Information Governance Group. –The Committee referred to the partially completed recommendations; the Information Governance Manager agreed to clarify the position and feedback following the meeting.</p> <p>It was resolved that the Committee received the update and noted the improvements achieved. Outstanding actions had also been discussed.</p>	<p>GG</p> <p>GG</p> <p>GG</p>
<p>DIG19/37 Information Governance Quarter 2 Key Performance Indicators (KPI) Report 2019/20</p> <p>DIG19/37.1 The Information Governance Manager presented the quarter 2 KPI report for 2019/2020, which included:</p> <ul style="list-style-type: none"> • Freedom of Information Profile • Data Protection Act – Subject Access Request Profile • Information Governance Incidents • Information Governance Training • Information Governance Servicedesk (portal) • National Intelligent Integrated Auditing Solution notifications • Audits • Sharing of information • Data Protection Impact Assessments (DPIAs) <p>DIG19/37.2 The Committee noted that the report provided a high-level analysis, highlighting the trends and issues of significance along with Actions taken to address the issues of significance. The Information</p>	

<p>Governance Manager reported the predicted dip in progress for the next quarter, due to staffing issues raised, however work is ongoing with leads.</p> <p>DIG19/37.3 The Committee queried that there had been an open FOI from the Month of September. The Information Governance Manager agreed to feedback on specifics for clarity.</p> <p>DIG19/37.4 It was also discussed regarding the need to recognise the high importance of Freedom of Information requests. The Committee also reiterated the significant links between the delays in responding and subsequent media attention. A discussion took place with regards to initial responses being delayed due to FOI pathways being bypassed. The Committee also recognises the need to promote and build confidence with stakeholders, staff and the public in relation to the information governance process.</p> <p>It was resolved that the Committee received the update and noted the improvements with compliance.</p>	GG
<p>DIG19/38 Information Governance Group - Chairs report</p> <p>DIG19/38.1 The report provided the update regarding the issues of significance from the Information Governance Group meeting held on 22nd October 2019.</p> <p>It was resolved that the Committee noted the issues of significance.</p>	
<p>DIG19/39 Summary of In-Committee business to be reported in public</p> <p>DIG19/39.1 The BCU Digital Strategy update had been considered at the Information Governance and Informatics Committee held in private session on 27.9.19</p> <p>The Committee is asked to note the report</p>	
<p>DIG19/40 Issues of Significance to Inform the Chair's Assurance Report</p> <p>DIG19/40.1 To be agreed outside of the meeting.</p>	
<p>DIG19/41.1 Date of next meeting</p> <p>DIG19/41.1 9.30am on 13.2.19 in the Boardroom, Carlton Court.</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
9.5.19				
Andrew Griffiths	WCCIS Liaise with BCU WCCIS Project Manager to provide support	19.7.19	<p>We were advised by the National Commercial Team to defer planned meetings to negotiate small scale pilot in North Wales pending functional development roadmap – which remains an outstanding output.</p> <p>Note: CareWorks have been acquired Advanced and impact of the acquisition remain to be clarified but WCCIS Programme Director has indicated there will be no impact on the contracts.</p> <p>NWIS are planning to have and exec-exec meeting in March 2020 where the WCCIS project will be discussed further.</p>	<p>Await NWIS feedback at DIGC November 2019</p> <p>Feedback at April DIGC</p>
Dylan Williams	IG19/19 IOP 2018/19 End of Year plan In future reports include: <ul style="list-style-type: none"> Summaries of work not delivered Provide greater detail on timelines re performance delivery expectation Include Tier 1 risks and mitigation detail 	May 2020	The next iteration of the Informatics Operational Plan End of Year Review will incorporate suggestions.	May 2020
29.9.19				
Diane Davies / David	DIG19/5.1 ToR amendments References to 'Informatics' to be	8.11.19	Amendments made to Terms of Reference. To approve at DIGC November 2019	21.11.19 Closed

Fearnley	amended to 'Digital' Delete role with SIRO Insert paragraph re Chair / Vice Chair Clarify Information Governance Lead Director		21.11.19 Agenda Item.	
David Fearnley	DIG19/5.2 ToR amendments Provide clarification on whom will fulfil SIRO role substantively	8.11.19	Health Board (7.11.19) Standing Orders approved SIRO (Director of Finance).	21.11.19 Closed
Dylan Williams	DIG19/6a.1 ED YG Circulate briefing note to members, including detail of how plan will contribute to organisational effectiveness	8.11.19	Briefing note done prepared and included within DIG agenda for the meeting on the 21 st November 2019 against Digital Operational Quarterly update.	Closed
Dylan Williams	DIG19/7.4 Informatics Q2 Follow up suggestions of clinician focus groups and Digital Impact assessment	8.11.19	CCIO leading the work in developing a digital clinical network which is linked to the emerging digital strategy. The aim is to build on the existing exemplar CCIO, MIO model. To be reviewed as part of the digital strategy development.	19.06.20
Dylan Williams	DIG19/5.1 Informatics Q2 Circulate paper regarding scanning records as provided to F&P Committee for member information with IT/ forward plan and Clinical Services strategy element.	8.11.19	Email circulated with F&P paper and further explanation of all Wales view.	Closed
Dylan Williams/ John Cunliffe	DIG19/10 IT change management policy Arrange for amendments discussed to IT Change	8.11.19	Amendments and impact assessment made and emailed to Chair on 7 October 2019 for approval.	Action to be closed

	management policy and follow up with Chair's action to approve the policy		<p>21.11.19 Amendments considered by Chair – Item ongoing for approval.</p> <p>10.01.20 Updated policy reviewed and agreed. Chair's action form issued to DW on 7.1.20 to progress.</p> <p>16.01.20 "IT Change Management Policy" has now been published</p>	
Dylan Williams/ John Cunliffe	DIG19/11 Clinical Coding Audit Ensure that Audit recommendations and management responses are matched before submission to Audit Committee	8.11.19	Coding actions reviewed and updated as requested – Further discussion required on how coding information is utilised i.e. this is outside of the remit of the coding department and further consideration of this to be reviewed by Prof Arpan Guha, Deputy Medical Director, linked to his role as lead for Clinical Audit.	Closed
Dylan Williams/ David Fearnley	DIG19/12 NWIS Work up a standard template for NWIS reporting to Committee, and circulate to members for feedback. Following which liaise with secretariat/NWIS Director for completion going forward.	8.11.19	<p>Initial discussion with Helen Thomas interim CEO of NWIS started via email headings including</p> <ol style="list-style-type: none"> 1. Major current schemes on BCU Operational Plan 2. Initiatives that BCU wish to implement but there are local, national, design or architecture 3. Pipeline of systems: <ol style="list-style-type: none"> a. NDR b. LINC 4. Update on governance and architecture review and implications for NWIS i.e. discussion about SHA and how it might impact us? 5. Risks – what are the top risks for NWIS (which will have an impact on BCU) e.g. data centre outage 	Action to be closed

			<p>6. Interim CEO unable to attend this DIGC but committed to support developing a better report for both NWIS and BCU.</p> <p>Exec-exec NWIS meeting is planned for March 2020.</p>	
Dylan Williams	DIG19/12 NWIS Circulate technical update on outage to members for information	8.11.19	Latest report circulated	Closed
Justine Parry	DIG19/13 IG Annual report Provide detail on S6 upheld reports	8.11.19	Email to members 14.10.19	Closed
Justine Parry	DIG19/13 IG Annual report Provide briefing on digitalisation of personnel records	8.11.19	Briefing to be provided to February DIGC	13.2.2020
Justine Parry	DIG19/14 IG quarterly report Provide further detail of exemption utilisation within quarterly report	8.11.19	Emailed to members 14.10.19	Closed
21.11.19				
Jody Evans	DIG19/25.1 The Minutes of the last meeting held on 29.9.19 were confirmed as an correct record subject to: <ul style="list-style-type: none"> Page 1: Prof Nicky Callow (title) to be presented in full: Professor Nicky Callow. 	27.11.19	Complete.	Action to be closed
Jody Evans	Terms of Reference DIG19/26.2 It was agreed that the Director of Finance (SIRO,) be invited to future DIG Committee Meetings via the Office of the Board Secretary.	11.12.19	Complete.	Action to be closed


Jody Evans	Terms of Reference DIG19/26.3 The Committee agreed to note the revised Terms of Reference and agreed to submit to the Audit Committee for ratification on behalf of the Board.	04.12.19	Complete.	Action to be closed
John Cunliffe	Cycle of Business Review DIG19/27.2 Discussion ensued regarding primary data relating to Digital within the Annual Plan, which had been debated upon at the recent Quality, Safety and Executive Committee. JC to contact the Executive Director of Planning and Performance, in order to discuss further and align the context of discussions.	11.12.19	<p>The Committee Chair had met with the Executive Director of Planning and Performance to align the context of discussions whilst reviewing the discrepancies between the documents.</p>	
Jody Evans	It had also been noted to add the Annual Plan upon the current cycle of business.		To be discussed and agreed regarding frequency at the February meeting.	
Justine Parry/Gaynor	DIG19/28.3 CRR10b Informatics - Health Records Updates: <ul style="list-style-type: none"> Title update: to revert to the original title to ensure it covers other areas of 	11.12.19	To be discussed and noted at the February Meeting.	

Gould	<p>service, such as community.</p> <ul style="list-style-type: none"> • Typographical error within the paragraph of “risk explanation” (here should read There. 			
Dylan Williams/David Fearnley	<p>DIG19/28.3 CRR10b Informatics - Health Records</p> <p>Updates to scoring. DW and DF to meet Head of Risk Management to discuss further.</p>	11.12.19	Email of clarity received and forwarded to members on 26.11.19.	
Justine Parry/Gaynor Gould	<p>DIG19/28.5</p> <p>Clarity in relation to where Risk Management sits (as a committee) within BCUHB to be explored.</p>	11.12.19	Email of clarity received and forwarded to members on 26.11.19.	Action to be closed
John Cunliffe	<p>DIG19/29.2 Annual Plan Progress Monitoring Report (APPMR)</p> <p>To invite the Executive Director of Planning and Performance to the committee, in order to discuss the expectations of the DIG committee in relation to the Annual Plan.</p>	11.12.19	The Executive Director of Planning and Performance is unable to attend the February Meeting; therefore, JC had met with the Executive Director to discuss the expectations.	
David Fearnley	<p>DIG19/31.2 Digital Strategy - Strategy to be considered by the Health Board.</p>	March 2020	DF and DW presented a report on the digitally enabled clinical strategy to the board in December 2020. Further engagement and revision to the strategy will take place before March 2020. A report to January board on the national digital plans was requested as an	

			action from the board meeting.	
Dylan Williams	DIG19/33.2 Informatics Quarterly Assurance Report <ul style="list-style-type: none"> To amend the wording of the report from “Welsh” to “Wales” within the term “Welsh Audit Office”. Coding Report to be discussed at the QSE Committee. Status recommendations 2014: to circulate the detail of the “in progress and overdue” actions. To provide within future reports the “legend and title” of the table within item 2.3.4. 	11.12.19	Corrections made and paper submitted to QSE.	Actions to be closed
Justine Parry/Gaynor Gould	DIG19/36.2 & 3 Information Commissioners Office Data Protection Follow Up Audit Report <ul style="list-style-type: none"> Formal attribute and confirmation of ownership for staff and corporate records; the report would be prepared and offered to the February DIGC for consideration. Implementation and compliance with SOPS for verbal access to Health Records subject access requests; comment to be fed back regarding the position, in order to capture non-clinical 	13.2.20 11.12.19		

	requests for information. • Partial completion of the recommendations - to clarify the position and feedback following the meeting.	11.12.19	Email of clarity received and forwarded to members on 26.11.19.	Action to be closed
Gaynor Gould/Justine Parry	DIG19/37.3 Q2 Report Open FOI - September. Feedback required regarding specifics for clarity.	11.12.19	Email of clarity received and forwarded to members on 26.11.19.	Action to be closed



Cyfarfod a dyddiad: Meeting and date:		Digital & Information Governance Committee					
		13.02.2020					
Cyhoeddus neu Breifat: Public or Private:		Public					
Teitl yr Adroddiad Report Title:		Annual Plan Progress Monitoring Report (APPMR)					
Cyfarwyddwr Cyfrifol: Responsible Director:		Mark Wilkinson Executive Director of Planning & Performance					
Awdur yr Adroddiad Report Author:		Dr Jill Newman, Director of Performance					
Craffu blaenorol: Prior Scrutiny:		This paper has been scrutinised and approved by the Executive Team and the Executive Director of Planning and Performance.					
Atodiadau Appendices:		None					
Argymhelliad / Recommendation:							
The Digital & Information Governance Committee is asked to note the report.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*		Er gwybodaeth For Information*	
Sefyllfa / Situation:							
This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2019/20 Operational plan.							
Cefndir / Background:							
The operational plan has a number of key actions required to be delivered during 2019/20. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Where an action is complete this is RAG rated purple, where on course to deliver the year end position the rating is green. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery is no longer likely to be achieved. For Amber and Red rated actions a short narrative is provided.							
Asesiad / Assessment							
Strategy Implications Delivery of the operational plan actions is key to implementation of the Boards strategy							
Financial Implications Delivery of the operational plan within the budget set by the Health Board is part of ensuring resources are well-managed and care effectively provided within the allocated resources.							
Risk Analysis The RAG-rating reflects the risk to delivery of key actions							
Impact Assessment The operational plan has been Equality Impact Assessed.							



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December 2019

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This report presents performance as at the end of December 2019 against the 2019/20 Annual Plan actions, and is presented in the same order as the plan i.e. health improvement and health inequalities, care closer to home, planned care, unscheduled care, workforce, digital, estates and finance.

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the lead executive.

Where a red or amber rating is applied in any month, a short narrative is provided to explain the reasons for this and 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. Future milestone markers are included as M in the matrix to indicate when elements of actions contained in the report were due for completion. Many of the actions have multiple milestones to support delivery of the year end position. Only when all milestones are complete can the action be achieved.

Feedback is welcomed on this report and how it can be strengthened. Please email Jill.Newman@Wales.NHS.UK.

RAG	Every month end	By year end	Actions depending on RAG rating given
Red	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
Amber	Some risks being managed	N/A	Where RAG is Amber: Please provide some short bullet points explaining why and what is being done to get back on track
Green	On track, no real concerns	Achieved	Where RAG is Green: No additional Information required
Purple	Achieved	N/A	Where RAG is Purple: No additional Information required

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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	G	G	G	G	G	G	G	G	G			M
AP002	Healthy weight services increased	Executive Director of Public Health	G	G	G	G	G	G	G	G	A			
AP003	Explore community pharmacy to deliver new lifestyle change opportunities	Executive Director of Public Health	G	G	G	G	G	G	G	G	G			M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	G	G	G	G	G	G	G	G	G			M
AP005	Implement the Together for Children and Young People Change Programme	Executive Director of Primary and Community Care	A	A	G	G	G	M	G	G	G			M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	G	G	G	G	G	G	G	G	M			M
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities	Executive Director of Public Health.	G	G	G	G	G	G	G	G	M			M
AP008	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Executive Director Primary and Community Care		R	A	A	A	A	A	A	A			M

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Programme

Health Improvement & Health Inequalities Exception

5

AP002 Improve access to Children's weight management specialist services

Tier 3 business case by Q1 2020/21. Delay due to review of delivery models elsewhere to better inform the business case development.

AP008 Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences

Work is continuing to progress positively, but has not yet reached the point of full implementation of the All Wales Neurodevelopment Pathway. As the milestone achievements have been delayed in full, but continuing to progress, this has been graded amber.

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Programme Care Closer to Home Matrix

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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Executive Director Primary & Community Care	G	G	A	A	A	M	G	G	G			M
AP010	Put in place Community Resource Team maturity matrix and support to progress each CRT	Executive Director Primary & Community Care	G	G	G	G	G	G	G	G	M			M
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	G	G	G	G	G	G	G	G	G			M
AP012	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Executive Director of Primary and Community Care	A	A	G	G	G	M	G	G	G			M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care		G	G	G	G	G	A	G	M			M
AP014	Model for health & well-being centres created with partners, based around a 'home first' ethos	Executive Director of Primary and Community Care	A	A	A	A	A	M	A	A	A			M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD		G	G	G	G	G	G	G	G			M
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	G	G	A	A	A	A	A	A	G			M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	G	G	G	G	G	G	G	G	G			M
AP018	Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Executive Director of MH & LD	G	G	P									
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	A	A	A	A	A	A	G	G	M			

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Exceptions

AP014 Model for Health & Wellbeing Centres

This work is progressing but is not as far progressed as was originally intended. Work is ongoing to make up lost time.

Quarterly assurance sampling

AP010 – Put in place Community Resource Team maturity matrix and support to progress each Community Resource Teams (CRT)

Maturity matrix has been agreed, and is now being reported albeit at an early stage.

AP013 – Develop and implement plans to support Primary care sustainability

Business case approved to further develop the professional healthcare workforce in medicines management Approved and being progressed

Workforce plan for Primary care developed First version of local workforce modelling tool has been populated, creating an initial workforce plan. More extensive work is now being undertaken to further refine and extend the modelling, incorporating national datasets and new ways of working. This will be a live plan, and will be coordinated within the PC Academy. Plan and business case developed for Clinical Triage by phone Initial local work on this has been completed, and a business case paused due to the need to align with similar work underway nationally, and greater BCU coordination of managed practices.

AP019 Establish a local Gender Identity Team

National programme, including Direct Enhanced Services (DES), implemented

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Programme Planned Care Matrix

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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP020	Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Executive Director of Nursing & Midwifery	P											
AP021	Implement preferred service model for acute urology services	Executive Director of Nursing & Midwifery	G	G	A	R	R	M	R	R	R			M
AP022	Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	Executive Director of Nursing & Midwifery	G	G	A	A	A	M	A	A	A			
AP023	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Executive Director of Nursing & Midwifery	A	A	A	R	R	M	R	A	A			
AP024	Rheumatology service review	Executive Director of Primary & Community Care	G	G	A	A	A	A	A	A	M			
AP025	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	Executive Director of Nursing and Midwifery	G	G	A	A	A	M	A	A	A			
AP025	Implement year one plans for Endoscopy	Executive Director of Therapies & Health Sciences	G	G	A	R	R	R	R	A	A			
AP025	Systematic review and plans developed to address diagnostic service sustainability	Executive Director of Therapies & Health Sciences	G	G	A	R	R	A	A	A	A			M
AP025	Systematic review and plans developed to address service sustainability	Executive Director Nursing & Midwifery	G	G	A	A	A	A	A	G	A			M
AP026	Fully realise the benefits of the newly established SURNICC service	Executive Director Primary and Community Care		G	A	G	G	G	G	G	M			
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	A	R	A	G	G	G	G	G	G			
AP028	Develop Rehabilitation model for people with Mental Health or Learning Disability	Executive Director of Mental Health & Learning Disabilities		G	G	G	A	A	G	G	G			M

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AP021 Implement preferred service model for acute urology services

No further update.

AP022 Orthopaedic Plan enabling works (Estates)

Orthopaedic Plan went to Finance & Performance Committee in December 2019 and will go to Board on 23rd January 2020

AP023 Transform Eye Care Pathway

Successful tender evaluation has enabled contracts to be awarded to 6 primary care ODTs until the end of March 2020. However there are significant risks in delivering this development given the non-recurrent funding and the need for this to extend as a sustainable service change. The digital eye care procurement has been confirmed during December 2019 and work is moving to the implementation phase. However, capital allocation to support this is awaiting sign off of full business case by Welsh Government. The e-referral element is in the process of completing an options appraisal.

AP024 Rheumatology service review

Review now completed, and recommendations being progressed to implement.

AP025 Systematic Review and Plans developed to address sustainability for all planned care specialties:

Now being established as part of the Planned Care Improvement Group (PCIG). Recruitment is on-going on specific specialties and 3 consultants have been appointed in orthopaedics. RTT taskforce being reviewed and monitored through PCIG. Implementation of National Planned Care Delivery Programme recommendations being monitored through PCIG. OPD follow up capacity is still challenging to establish in some key specialties to reduce backlog, scrutiny is on-going on how it can be achieved

AP025 Endoscopy

Work is on-going to improve both theatre and outpatient utilisation

Quarterly Assurance Sampling

AP026 Fully realise the benefits of the newly established SURNICC service

Benefit Realisation has been undertaken

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AP029	Demand Improved Urgent care out of hours / 111 service	Executive Director Nursing and Midwifery	G	G	G	G	G	G	G	G	M			
AP030	Demand Enhanced care closer to home / pathways	Executive Director Primary and Community Care	G	G	G	A	A	M	A	A	M			M
AP031	Demand Workforce shift to improve care closer to home	Executive Director Nursing and Midwifery	G	G	G	A	R	M	R	R	A			
AP032	Demand Improved Mental Health crisis response	Executive Director of MH & LD	G	A	A	A	A	M	G	G	G			M
AP033	Demand Improved Crisis intervention services for children	Executive Director Primary and Community Care	A	A	G	A	A	A	A	A	A			M
AP034	Flow Emergency Medical Model	Executive Director Nursing and Midwifery	G	G	A	G	A	M	A	A	A			
AP034	Flow Management of Outliers	Executive Director Nursing and Midwifery	Grey	Grey	Grey	G	A	M	A	A	A			
AP035	Flow SAFER implementation	Executive Director Nursing and Midwifery	G	A	A	A	A	M	A	G	M			
AP036	Flow PICU for Mental Health	Executive Director of MH & LD	G	A	A	A	A	G	G	G	G			M
AP037	Flow Early Pregnancy Service (emergency Gynaecology)	Executive Director of Public Health	G	G	G	G	G	M	G	G	M			
AP038	Discharge Integrated health and social care	Executive Director Nursing and Midwifery	A	A	A	A	A	M	A	A	A			M
AP039	Stroke Services	Executive Medical Director	A	A	R	A	R	R	R	R	R			

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AP030 Demand: Enhanced Care Closer to Home Pathways

Improvements are being made in Emergency Departments (EDs) to provide timely care although slower than planned. New ED escalation triggers and action cards implemented across all sites. Targeted gold level command and control work has commenced across all three EDs to improve patients access to timely ED care. AMBER Individuals in post and progressing well on training programmes. Marked amber as should not be described as 'embedded' yet, although is progressing well.

AP031 Demand: Workforce shift to improve Care Closer to Home

Community Resource Teams (CRT) and Admission, Transfer, Discharge (ADT) in EDs across all three sites. Work continues through financial recovery works to improve the impact of these services to provide more care closer to home

AP033 Demand Improved Crisis intervention services for children

No Update

AP034 Flow: Emergency Medical Model

Milestone hit at Ysbyty Glan Clwyd (YGC) and Ysbyty Wrecsam Maelor (YMH). Ysbyty Gwynedd (YG) has opened the new ED unit but models of care are still being finalised to fully operationalise the space. Plans for these were implemented in December 2019.

AP034 Flow: Management of Outliers

Work to reduce outliers in Wrexham has been successful through achievement of new acute floor (AP034). Part of the gold level command and control has been focused on ensuring the patient is in the right bed, first time and supporting teams through making bed allocation decisions. Strategic plans in place to look at how we can use the Christmas period to re-balance patients in the Hospital as we are likely to be the lowest occupied on Christmas Eve.

AP038 Discharge Integrated Health & Social Care

AP038a – Ongoing work with local authorities, recognition there is a shortage in provision of package of care. RPB winter funding to support.

AP038b – Home First principles being embedded through financial recovery work, delays impacted by resource

AP038c – Long length of stay reviews in Acute and Community Hospitals is multi-agency and is identifying areas where community beds are inappropriately used and work is underway to ensure Home First approach is maximised as part of financial recovery work. Commenced in West late November.

AP038d – What matters conversations are happening but not consistently within 24 hours and further work is needed on discharge planning.

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Quarterly Assurance Sampling

AP035 SAFER Implementation

SAFER principles in community hospitals is ongoing. Current focus on 'R' for review and long length of stay reviews have commenced in all community hospitals. Engaged with National 'Every Day Counts' work although delay to National agreement on discharge pathways and engaging with social care.

AP037 – Flow Early Pregnancy Service (emergency Gynaecology) Update

Service development will require submission of both a Revenue business and a Discretionary Capital Business case.

Discretionary capital case to be completed by March 2020 for consideration for 21/22 funding to secure funding for structural alterations required to East EGU

Revenue Business case – preferred options being completed which demonstrate need for additional revenue. Draft business case to be submitted to Womens F&P and Women's Board in February 2020.

AP039 – Stroke

There has been no change from what was reported in the previous APPMR of November 2019.

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AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director Workforce & Organisational Development	G	G	G	G	G	M	G	G	G			
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director Workforce & Organisational Development	G	G	G	G	G	M	G	G	G			M
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director Workforce & Organisational Development	A	A	A	A	A	M	A	A	A			M
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Executive Director Workforce & Organisational Development	G	A	A	A	A	M	A	A	M			M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Executive Director Workforce & Organisational Development	A	G	G	G	G	M	G	G	M			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director Workforce & Organisational Development	G	G	A	G	G	M	G	G	G			
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director Workforce & Organisational Development	G	A	A	A	A	M	G	G	M			M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director Workforce & Organisational Development	G	G	G	A	A	G	G	G	M			M
AP049	Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Executive Director Workforce & Organisational Development	A	A	A	A	A	M	A	A	A			M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	Executive Director Workforce & Organisational Development	A	G	G	G	G	M	G	G	M			M

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AP043 - Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds - Progress has been achieved in areas such as Retention Improvement Plan in place and actions progressing, N&M bank capacity increased through revised rates and auto-enrolment, Establishment Control (EC) system via electronic portal enabling effective vacancy control, Workforce Optimisation Programmes and associated PIDs are in place and overseen by the Workforce Improvement Group (WIG). However this objective remains Amber as whilst work programmes are all being vigorously pursued and some schemes are green there are still programmes in early stages of development. Next Steps: Continued oversight and delivery of all Workforce Optimisation programmes including: Medical Productivity & Efficiency, Nursing; Midwifery and AHP Productivity & Efficiency, Non Clinical Productivity & Efficiency and Overarching / T&Cs Application.

AP044 - Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture The gap analysis of legislative compliance has been completed in Q2. This objective remains amber as the review of 31 pieces of legislation indicated there was a lack of compliance in 15 pieces of legislation, partial compliance with 13 and fully compliant with only 3. Next Steps: comprehensive set of action plans has been developed to address the shortfalls in key areas of risks described above. The most significant risks are on the risk register and will be monitored by the Strategic Occupational Health & Safety Group. Plans to develop an accredited Occupational Health Service are underway through the Safe Effective Occupational Health Standards (SEQOSH), this will be implemented in June 2020. A comprehensive set of policies will form the basis of the next 12 months work that are realistic and clear on roles and responsibilities. Action plans are being completed as scheduled and Q3 report provided to QSE in January 2020 to track progress.

AP045 - Integrated Learning Programme: Establish strong links with HEIW to support the alignment of national and local education improvement programmes The Workforce Modernisation Manager is a member of the HEIW all Wales Learning and Development Framework group, aims are to develop a single framework which will include the definition, educational level and competence of the workforce from support worker to consultant level practice. The group will develop a single, NHS Wales Learning and Development Framework for NHS Wales.

Attended HEIW N/W stakeholder event and established links and input to HEIW's IMTP and work related to the HEIW Workforce Strategy. Learning from this distributed within BCU to Heads of HR and to OD leads and will be shared at the BCU Education Governance group.

Workforce Modernisation Manager also sits on a number of other HEIW groups including: the Clinical Modernisation Group, All Wales Apprenticeship group, All Wales Careers group and the All Wales Primary Care Development band 1-4 group.

New BCU educational governance group set up, first meeting to be held on 20/1/20. Leads from HEIW identified and will be invited when required.

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AP045c- Integrated Learning Programme: Develop an Apprenticeship Improvement Plan to enhance utilisation of apprenticeships across the organisation
Plan is developed and in progress, outcomes are well supported and many are completed (but they are an ongoing due to the nature of the work). Apprentices in the organisation have increased over recent months to 34, with several more in recruitment control.

AP045d - Integrated Learning Programme: Develop a plan to expand the Step into Work Scheme across the health and social care sector

Plan is in place:

- Placements commence Jan/Feb 2020
- 12 week placement (1 day per week)
- Participants to rotate (6 weeks) with a primary placement in either acute, community, managed practice, local nursing home (then rotate in all other areas)
- Agreement for placements from community hospital, acute hospital, managed practice
- Confirmed rotation with Clwyd Alyn/Pennaf

AP047a Year 1 Leadership Development Programme: Develop a robust succession planning programme that identifies future leaders within the organisation

Draft Matrix tool adopted from NHS Leadership Academy and is ready to be sent out for consultation.

Senior Director of Leadership from HEIW invited to next Senior Organisational Development Meeting to update on national process to ensure alignment.

AP047c Year 1 Leadership Development Programme: Develop a culture of compassionate, accountable and quality focused leadership and management capability at all levels including clinical leadership

A number of programmes implemented, supporting leaders at all levels in understanding and developing a compassionate leadership style and approach, including - ILM management programmes, A Step Into Management Programme, Ward Managers Programme and the Leading for Transformation Programme for Senior Leaders. The Executive team are now fully engaged with various initiatives that provide consistent opportunities to communicate our purpose and vision into the organisation. These include participating in Seren Betsi Star staff recognition awards, taking part in Better Care Spending Well events designed to engage staff in effectiveness and efficiency conversations, contributing to the 'My Week' newsletter, engaging in leader walkabouts, acting as sponsors for our senior leadership development programme, Leading for Transformation, and actively participating in the programme's Dragons Den innovation events.

Senior Leadership Network launched - first session held in December 2019 - including executive representation and leaders at band 8D and above - session well received and focused on developing key relationships and networks at senior level. This programme will continue in 2020 on a quarterly basis

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AP048b - Develop an integrated workforce development model for key staff groups with health and social care partners: Develop New Roles

W&OD dept are working closely with divisional leaders to develop staff in alternative roles and to develop and introduce new roles. OD department have developed a toolkit to support alternative roles. This has been used most recently to support the Cancer Clinical Nurse specialist competence review resulting in a competence framework for Cancer Clinical Nurse Specialists. BCUHB in association with Bangor University have been offering temporary development roles to newly qualified Physicians Associates. Towards the end of 2019 deputy medical director supported by W&OD colleagues has helped divisional managers towards securing permanent AP posts. This has been as part of M&D optimisation programmes and is providing a permanent solution to junior and middle grade M&D gaps.

AP049 - Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services

A number of aspects of this objective have been achieved (e.g. further developing guidance to assist managers to take ownership of actions, increasing organisational capacity in regards to Equality Impact Assessment knowledge and understanding). However this objective remains amber as whilst teams across W&OD have deployed a multi team intervention model in support reconfiguration/ workforce redesign in areas such as sickness management and in support of various workforce PIDS this model has not been formalised and publicised. Next Steps: W&OD will continued multi team support to Workforce Optimisation programmes and will document this approach in order to develop this into an 'offer' which can be publicised to areas planning significant change

Quarterly Assurance Sampling

AP050 – Develop and deliver year one of the Communications Strategy

Strategy has been developed and is awaiting sign off from the Board

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Programme Estates Strategy Matrix

17

Plan Ref	Actions	Executive strategic Lead	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP062	Statutory Compliance / Estate Maintenance	Executive Director Planning and Performance	G	G	G	G	G	G	G	G	G			M
AP063	Primary Care Project Pipeline	Executive Director Planning and Performance	G	G	G	G	G	G	G	G	G			M
AP064	Well-being Hubs	Executive Director Planning and Performance	G	G	A	A	A	A	A	A	A			M
AP066	Ruthin Hospital	Executive Director Planning and Performance	G	G	G	G	P							M
AP067	Vale of Clwyd	Executive Director Planning and Performance	G	G	G	G	G	G	R	Removed				
AP068	Orthopaedic Services	Executive Director Planning and Performance	G	G	G	G	G	G	G	G	G			M
AP069	Ablett Mental Health Unit	Executive Director Planning and Performance	G	G	G	G	A	R	R	G	G			M
AP070	Wrexham Maelor Infrastructure	Executive Director Planning and Performance	R	R	R	R	P	M						
AP071	Hospital Redevelopments	Executive Director Planning and Performance	G	G	G	G	A	A	A	A	A			M
AP072	Central Medical Records	Executive Director Planning and Performance	G	G	G	G	A	A	R	G	G			M
AP073	Residencies	Executive Director Planning and Performance	G	G	G	G	G	G	A	A	R			M
AP074	Integrated Care Fund (ICF) Schemes	Executive Director Planning and Performance	G	G	G	G	A	G	G	G	G			

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AP073 Residencies has moved from amber to red:

A useful meeting was held just before Christmas and the scope for a possible collaboration continues to be explored.

A draft business case has now been produced and is receiving its first review. There are a number of key issues to be resolved including:

- Given the previous procurement exercise, what is the current status of housing providers as preferred partners.
- Asset ownership.
- Balance sheet issues.

This is a proposed ground breaking partnership and an innovative financing approach. It will in all likelihood not be possible to progress a business case to Board by the end of March.

Plan Ref	Actions	Executive strategic Lead	submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019								
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP051	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	Executive Medical Director	G	G	G	G	G	M	G	G	G			M
AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Executive Medical Director	A	A	R	R	R	M	R	R	Moved to 2021/22			
AP053	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	Executive Medical Director	G	G	G	G	G	M	G	G	G			M
AP054	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	Executive Medical Director	G	G	G	G	G	M	G	G	G			
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	A	A	A	A	A	M	G	G	G			
AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	G	G	A	A	A	A	A	A	A			M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	A	A	G	G	G	M	G	G	G			M
AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Executive Medical Director	G	G	A	A	A	A	A	A	A			M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	A	A	A	A	A	A	A	A	A			M
AP060	Support Eye Care Transformation	Executive Medical Director	G	G	G	G	G	G	G	G	G			M
AP061	Implement Tracker 7 cancer module in Central and East.	Executive Medical Director	A	A	G	G	A	M	A	A	A			

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AP056: Good Record Keeping/Management

Deputy Head of Health Records post (8b) has been recruited to internally and took up post in October. The Band 7 Project Manager requirement has been confirmed in principle and funding is being secured through the HASCAS & Ockenden Board. As soon as able to start the work, Mental Health Services will be the priority area - aim to complete this section by March 2020.

AP058: Deliver Capital Programme for 2019 2020 as defined within plans

The discretionary programme is progressing as planned with progress being made in all expected areas. The programme was subject to change control at the end of Quarter 2 via the Capital Programme Management Team to reflect the removal of the paging systems replacement project and emerging priorities for spend which include Health Records racking and Telephone Switches.

AP059: Provision of infrastructure and access to support Care Closer to Home

The group lead by BCU to facilitate standard access to "home networks" for community resource teams have identified 6 Work streams for the provision of ICT infrastructure; • Formalising IT Service Desk call logging procedures and service agreements • Federating Active Directory across 6 Local Authorities and implementing trust relations with BCUHB Nadex • Implementation of Wide Area Networks, Local Area Networks and Govroam wireless networks into required sites • Implementation of telephony solutions for each of the identified sites e.g. Interactive Voice Response call routing & Contact Centres as required • Implementation of shared managed print solutions for all partner organisations at sites • Deployment of Office 365 and MS Teams to enable collaborative working for the various partner organisations. A capital business case is under development to enable work, data from CRT teams is required to complete. This is taking longer to gain than anticipated.

AP061: Cancer Tracker

The updated product is available within the organisation however this does not fully satisfy the requirements of Cancer Services, and appears to offer lower functionality than is presently in use. National discussions are continuing to increase the functionality of the product. At this time Cancer Services have declined to adopt the current version available.

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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP075	Governance	EDN&M & Deputy CEO	Grey	Grey	M	A	A	M	A	A	A			
AP076	Grip and Control	Executive Director of Finance	Grey	Grey	M	A	G	M	A	A	A			
AP077	Planning	Executive Director of Finance	Grey	Grey	M	A	A	M	A	A	A			
AP078	Procurement	Executive Director of Finance	Grey	Grey	M	A	G	M	A	A	A			
AP079	Risk Management	Deputy CEO	Grey	Grey	Grey	Grey	Grey	M	G	G	G			

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AP075 Governance

Work is continuing on developing the Governance framework of the Health Board, the revised draft Clinical Risk Strategy is on target for implementation in April 2020. The work to date has highlighted a number of issues to be addressed and posed 6 emergent risk management themes which need to be considered in order to align with the work on the overall governance framework.

AP076 - Grip and control

Progress is being made against the Financial Recovery Action Plan, but this has not delivered a reduction in the expenditure run rate to allow progress towards the Control total of £25m deficit.

The Health Board has identified further areas to scrutinise discretionary expenditure for the last quarter of the year, and to increase the levels of financial governance and control within the organisation.

AO077 - Planning

Performance against in-year financial plan (including savings programme) is being tracked.

Accurate forecasting and delivery of financial recovery actions are critical in driving the required reduction in expenditure by divisions over the last quarter of the year.

Planning cycle for future years is underway.

We are learning lessons from current year planning, in-year performance to date, and from the Financial Recovery programme to better inform future planning.

AP078 - Procurement

Efficiency framework and other opportunities are being scoped and accessed.

Conformance with procurement requirements is being monitored and any deviations reported.

Lessons from this year show that utilising national frameworks and All-Wales approaches via NWSSP is not sufficient to guarantee meeting the Health Board's financial targets. Engagement with NWSSP on All-Wales approaches has begun between the DOF and new Director of Procurement, to identify any potential opportunities which can deliver at scale.

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The Annual Plan is included on page 423 of the March 2019 Health Board papers.

The link to these papers is shown below:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2028.3.19%20%20V2.0%20updated%2022.3.19-min.pdf>

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Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 13 th February 2020					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Corporate Risk Register and Assurance Framework Report					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr David Fearnley, Executive Medical Director					
Awdur yr Adroddiad Report Author:	Mrs Justine Parry, Assistant Director of Information Governance and Risk Mr David Tita, Head of Risk Management					
Craffu blaenorol: Prior Scrutiny:	The full Corporate Risk and Assurance Framework (CRAF) is scrutinised by the Health Board twice per year and is published on the Board's external facing website. Individual risks are allocated to one of the Board's Committees for regular consideration and review. This report has been approved for submission to the Committee by the Executive Medical Director.					
Atodiadau Appendices:	1					
Argymhelliad / Recommendation:						
<p>The Digital and Information Governance Committee is asked to:</p> <ol style="list-style-type: none"> 1) Consider the relevance of the current controls; 2) Review the actions in place and consider whether the risk scores remain appropriate for the presented risks. 3) Note that further updates will be undertaken following the scrutiny at the Risk Management Group. 4) Approve the increase in the current risk score for 10b. 						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
<p>The attached report has been produced from the web-based Datix system and details the risk entries allocated to the Digital and Information Governance Committee.</p> <p>On the 12th December 2019, the Audit Committee requested a further review of the risks assigned to each committee. The Corporate Risks assigned to the Digital and Information Governance Committee will be presented to the next meeting on the 29th May 2020.</p>						
Cefndir / Background:						
The Health Board has undertaken a complete review of its risk management strategy which is underpinned by a risk management vision statement clearly setting the Board's vision and direction of travel regarding risk management. The new strategy underlines the powerful intention and firm commitment of the Health Board to embark on the implementation and embedding of an Enterprise						

Risk Management (ERM) Model across the entire organisation from 'Ward to Board' in 2020/21 and will be presented to the Board on the today for ratification and implementation from 1st April 2020.

The renewed energy for the management of risk across the Health Board has created a positive culture of risk awareness and momentum across the Health Board that is providing focus for ongoing debates and conversations around how best to capture, strengthen and monitor the effective management of the Health Board's principal risks. This will over the next few months enable us:-

- To appropriately identify, assess and capture the Health Board's principal risks which are aligned to the achievement of its objectives as defined in its 3 Year Plan and emergent clinical strategy.
- To align this to an assurance framework and widening our understanding of our key principal strategic risks as well as providing assurance that there are systems, processes and governance arrangements in place to robustly identify, assess, monitor and manage them, fostering a better understanding of the Health Board's strategic and extreme operational risks.

Defining the principal risks will enable the Health Board to appropriately frame and inform agendas. It will enable a timely response to any gaps in controls and assurance in a more dynamic way.

The Risk Management Team continue to support all Divisions to review their risks, advising on escalation/de-escalation or closure of the risk where sufficient mitigating controls are now firmly embedded. A newly established Executive Risk Scrutiny panel meets every week to review all Tier 2 risks and those currently rating Extreme. Feedback is also provided to each Division to support the future management of the risk.

The results of the recent Risk Management Gap and Training Needs Analysis undertaken by the risk management team across the Health Board also indicate a commitment by colleagues to regularly review and update their risks. In response, whilst the Risk Management Strategy clarifies the governance and escalation process for risks from 'Ward to Board', a training pack has been developed as well as targeted support being provided to ensure that staff are sufficiently empowered and confident in raising, capturing and discussing risks at their local Governance and Quality and Safety meetings.

Asesiad / Assessment & Analysis

Following a review of the full Corporate Risk and Assurance Framework on the 12th December 2019 by the Audit Committee, a further review of the risks assigned to the Digital and Information Governance Committee was requested.

In summary, following review and scrutiny, the following changes have been made to the below risks since the last report was received by the Digital and Information Governance Committee-

CRR10a National Infrastructure and Products.

A reminder was issued on the 16th December 2019 to update this risk in line with the feedback from the Audit Committee which included a requirement to update the controls and further actions, however an in depth review of this risk was undertaken at the Risk Management Group on the 30th January with further updates to be reflected within the risk for the next submission.

CRR10b Informatics - Acute and Community Health Records

A reminder was issued on the 16th December 2019 to update this risk in line with the feedback from the Audit Committee which included a requirement change the risk title, however an in depth review of this risk was undertaken at the Risk Management Group on the 30th January proposing an increase of the current score to 20.

CRR10c Informatics infrastructure capacity, resource and demand.

Key progress: Controls have been updated to remove an action which was not a control and the target risk date has been amended to reflect a realistic date to implementing the further actions required to achieve the target risk score. Following the in depth review of the risk at the Risk Management Group on the 30th January, further updates will be reflected.

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5				CRR10a	
	Likely - 4				CRR10b CRR10c	
	Possible - 3					
	Unlikely - 2					
	Rare - 1					

Strategy Implications

In line with the Health Board's Risk Management Strategy, all corporate risks are reviewed by a dedicated Committee of the Board which provides a structure and framework to consistently manage both strategic and operational risks as drivers for better decision making. These risks will identify the risks associated with the delivery of the Health Board's objectives as defined in the 3 year plan and annual plans.

Financial Implications

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

Risk Analysis

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

Legal and Compliance

Due to the nature of this report, legal and compliance issues are addressed as part of the risk assessment for each risk entry.

Impact Assessment

Due to the nature of this report, Impact Assessments are not required.

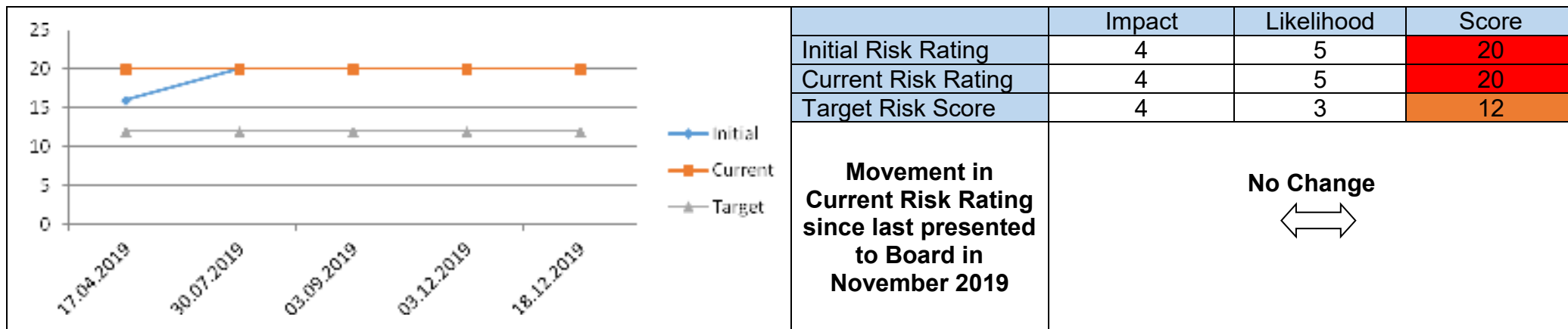
Appendix 1

CRR10A	Director Lead: Executive Medical Director	Date Opened: 28 March 2019
	Assuring Committee: Digital and Information Governance Committee	Date Last Reviewed: 18 December 2019
	Risk: National Infrastructure and Products	Target Risk Date: 28 December 2020

There is a risk that the national infrastructure, technical architecture and products are not fit for purpose and do not allow the organisation to deliver benefits when planned. This may be caused by

- a one size fits all approach.
- products which are not delivered as specified (e.g. time, functionality and quality).
- the approach of the National Programme to mandate/design systems rather than standards.
- poor resilience and a "lack of focus on routine maintenance".
- Supplier capacity leading to commitment or delivery delays.
- Historic pricing models that are difficult to influence / may not be equitable.

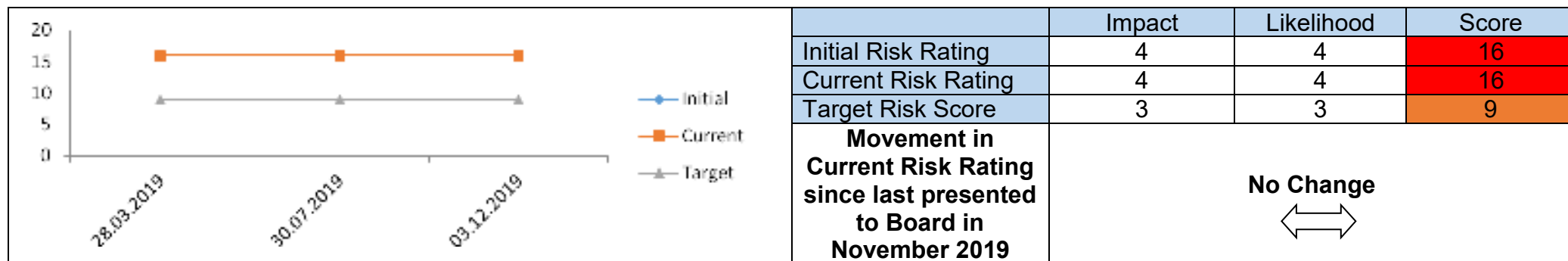
This could result in negative impacts in several key areas including:- Patient outcomes. An inability to support the strategic direction of the Health Board. Delays to delivery of transformational change. Inefficient work flows, poor system usage. Increased costs as we maintain multiple systems / pay inequitable prices. Delays with the delivery of cost saving schemes.



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Scrutiny of NWIS by DIGC. 2. Project Governance. 	<ol style="list-style-type: none"> 1. Viable SLA. 2. Development and approval of local Digital Record. 3. Implementation of recommendation's from Architecture and Governance Reviews (due in May 19).

Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1. Public Accounts Committee Review of NWIS. 2. Assurance Reports from Informatics to DIGC / EMG. 3. WAO - review. 4. National Architecture and Informatics Governance Reviews.	7	PR6	Not Applicable

CRR10b	Director Lead: Executive Medical Director	Date Opened: 28 March 2019
	Assuring Committee: Digital and Information Governance Committee	Date Last Reviewed: 03 December 2019
	Risk: Informatics - Acute and Community Health Records	Target Risk Date: 31 December 2019
There is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Corporate and Health Records Management policies and procedures are in place pan-BCUHB. 2. iFIT RFID casenote tracking software and asset register in place to govern the management and movement of patient records. 3. Escalation via appropriate committee reporting. 4. Key performance indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group). 	<ol style="list-style-type: none"> 1. Enable actions to meet the regulatory recommendations from the ICO, HASCAS/Ockenden and Internal Audit reports. 2. (Project) Development of a local Digital Health Records system to digitise the 'acute general' patient record. 3. (Project) Improve the assurance of Results Management (stop printing results). 4. (Project) Digitise the clinic letters for outpatients through implementation of Digital Dictation, and as appropriate Speech Recognition software. 5. (Project) Digitise nursing documentation through the implementation of CHAI Paediatrics, and Adults National Nursing systems. 6. (Project) Baseline the; storage, processes, management arrangements and standards compliance, and present the

	<p>recommendations and funding requirements to work towards PAN-BCUHB Patient Records Compliance with legislation and standards in patient records management across all casenote types.</p> <p>7. Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.</p>
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1.Chairs reports from Patient Record Group. 2.ICO Audit. 3.HASCAS Audit.	7	PR1	Not Applicable

CRR10C	Director Lead: Executive Medical Director	Date Opened: 28 March 2019
	Assuring Committee: Digital and Information Governance Committee	Date Last Reviewed: 18 December 2019
	Risk: Informatics infrastructure capacity, resource and demand.	Target Risk Date: 15 December 2021

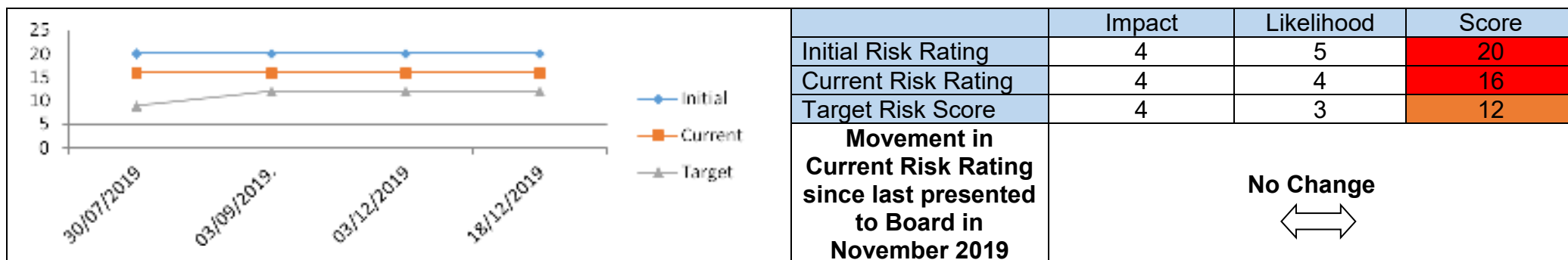
There is a risk that digital services within the Health Board are not fit for purpose. This may be due to:

(a) A lack of capacity and resource to deliver services / guide the organisation.

(b) Increasing demand (internally from users e.g. for devices/ training and externally from the public, government and regulators e.g. growing need for digital services).

(c) the moving pace of technology.

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



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Governance structures in place to approve and monitor plans. Monitoring of approved plans for 2019 2020 (Capital, IMTP and Operational. Approved and established process for reviewing requests for services. 2. Integrated planning process and agreed timescales with BCU and third party suppliers. 3. Key performance metrics to monitor service delivery and increasing demand. 4. Risk based approach to decision making e.g. Local hosting v's National hosting for WPAS etc. 	<ol style="list-style-type: none"> 1. Develop associated business cases and secure funding for resource required based upon risks and opportunities e.g. Digital Health Record. 2. Review workforce plans and establish future proof informatics/digital capability and capacity. 3. Review governance arrangements e.g. DTG whose remit includes review of resource conflicts has not been replaced (April 2020).

Assurances	Links to		
1. Annual Internal Audit Plan. 2. WAO reviews and reports e.g. structured assessments and data quality. 3. Scrutiny of Clinical Data Quality by CHKS. 4. Auditor General Report - Informatics Systems in NHS Wales. 5. Regular reporting to DIGC (for Governance).	Strategic Goals	Principal Risks	Special Measures Theme
	2 3 4 5 6 7	PR6 PR5 PR2	Not Applicable



Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee		
	13 th February 2020		
Cyhoeddus neu Breifat: Public or Private:	Public		
Teitl yr Adroddiad Report Title:	Draft Committee Annual Report 2018/19		
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr David Fearnley, Executive Medical Director		
Awdur yr Adroddiad Report Author:	Jody Evans, Corporate Governance Officer		
Craffu blaenorol: Prior Scrutiny:	None.		
Atodiadau Appendices:	<ul style="list-style-type: none"> • Terms of Reference (Appendix 1) • Cycle of Business 2020/21 (Appendix 2) 		
Argymhelliad / Recommendation:			
<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1. Review the draft Annual Report for 2019-20 2. Provide comments and feedback as necessary 3. Review Terms of Reference (Appendix 1) 4. Review and approve Cycle of Business 2020/21 (Appendix 2) 5. Approve that Chair's Action can be taken to agree the final version for submitting to Audit Committee. 			
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)			
Ar gyfer penderfyniad /cymradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>
		Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>
		Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:			
<ul style="list-style-type: none"> • To seek Committee input to the draft annual report for 2019-20, which has been prepared on a BCU-wide template. • The draft report will require further amendment to incorporate input from the February Committee meeting and will be submitted to a workshop of the Audit Committee within May 2020. 			
Cefndir / Background:			
The Committee Annual Report is produced as per standing order requirements.			

Asesiad / Assessment & Analysis**Strategy Implications**

None identified.

Financial Implications

None identified.

Risk Analysis

None identified.

Legal and Compliance

None identified.

Impact Assessment

Equality impact assessment is not considered necessary for this paper.

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Digital and Information Governance Committee Annual Report 2019-20

1. Digital and Information Governance Committee

At the meeting held on 29th 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	13.2.19
Mr John Cunliffe (Chair)	P	P	P	
Cllr Cheryl Carlisle (Vice Chair)	A	P	A	A
Ms 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
Dr David Fearnley Executive Medical Director (Lead Director)	◆	P	P	
Dr Evan Moore Executive Medical Director (Lead Director)	P	◆	◆	◆
Dr Melanie Maxwell Senior Associate Caldicott Guardian	P	P	A	
Dylan Williams Chief Information Officer	A	P	P	
Grace Lewis Parry Board Secretary/Senior Information Risk Owner (SIRO)	P	◆	◆	◆
Justine Parry Assistant Director Information Governance and Assurance / Data Protection Officer (DPO)	P	P	A	
Sue Hill Executive Director Of Finance/ Senior Information Risk Owner (SIRO)	◆	◆	◆	

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 – To be confirmed.**

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 (Please provide detail for all actions showing amber or red assurance levels in terms of actions being taken to address these issues).
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"> • Draft operational and finalised plans submitted to the Committee. • Extracts from the overall IMTP for informatics assured by the Committee. • Strategic updates provided regularly including early draft of the Digital Enabled Clinical Strategy. • The Committee has received updates on key

		<p>projects such as the Digital Health Record business case and WCCIS.</p> <ul style="list-style-type: none"> • Regular operational plan and assurance reports provided. • Regular Chair Reports from the Digital Improvement Group.
Oversee the direction and delivery of the Health Board's informatics 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	Corporate risk relating to digital and health records are on the cycle of business.
Consider the information governance and informatics implications for the Health Board of internal and external reviews and reports;	Green	<p>External reviews presented from internal audit and Wales Audit Office including:</p> <ul style="list-style-type: none"> • Clinical coding review. • Asset Management Review. <p>Updates on national system outages have been provided – including national data centre outage reports by NWIS.</p>

		Quarterly IG assurance reports received.
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).	Green	(Good progress made re GDPR and regular reports received on incidents etc.)
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	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 line with best practice.
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"> there is clear, consistent strategic direction, strong leadership and transparent lines of accountability; 	Amber	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.
<ul style="list-style-type: none"> there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology; 	Amber	New Digital strategy in development will enhance this.

<ul style="list-style-type: none"> the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards; 	Amber	Some gaps identified with respect to system owners and change control which is being addressed.
<ul style="list-style-type: none"> 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; 	To be discussed at February Meeting.	
<ul style="list-style-type: none"> 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); 	Green	Data shared in an appropriate manner and is covered by agreements where necessary to protect personal information.
<ul style="list-style-type: none"> the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation; 	Green	The Committee has received assurances regarding protection of information.
<ul style="list-style-type: none"> 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; 	Green	Regular reports received to provide assurance plus partnership with ICO to assess and make recommendations for improvement
<ul style="list-style-type: none"> The Health Board is safeguarding its information, technology and networks 	Amber	Regular assurance report received

through monitoring compliance with the Security of Network and Information Systems regulations and relevant standards;		<p>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"> 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"> 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. 	Green	Assurances provided that all reasonable steps to protect information are taken. Breaches are reported but could be enhanced.
<ul style="list-style-type: none"> receive assurance on the delivery of the informatics and information governance operational plans including performance against the annual Informatics Capital Programme; 	Green	Part of operational plan and regular assurance reports.
<ul style="list-style-type: none"> seek assurance on the effectiveness and impact of the Health Board's Digital Transformation Plans; 	Amber	Plans assured by the Committee and regular monitoring reports provided.
<ul style="list-style-type: none"> seek assurance on the performance and delivery of the rollout of the core national IT systems which could have 	Red	National rollout plans included within operational plan and NWIS provide

significant impact on the Health Board's operational services and escalate to the Board as appropriate.		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	NWIS in attendance and outputs of national reviews provided to the Committee. Further work needed for NWIS to demonstrate alignment with BCU objectives.

***Key:**

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

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:

Meeting Date	Key risks including mitigating actions and milestones
09/05/2019	<ul style="list-style-type: none"> • 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. • 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. • Risks from continued (and unavoidable) use of obsolete operating systems. • Lack of change management for 200+ system owners outside of Informatics management.

	<ul style="list-style-type: none"> 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.
27/09/19	<ul style="list-style-type: none"> Continued Delay in progress with the national WCCIS and other national systems. Further concern regarding business continuity following another major national data centre failure/outage. Capacity to roll out digital mobile workforce plans. Paper health records storage
21.11.19	<ul style="list-style-type: none"> Progress against Informatics Operational Plans. BCU's Digital strategy continuing to be developed and taken forward. Continued progress on good Information Governance.
13/02/20	To be confirmed at February Meeting.

9. Focus for the year ahead:

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

To be confirmed at February Meeting.

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

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**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 v1.03 draft

Part 1 – Annual Recurring Business

Agenda Items	Notes	Feb	June	Sept	Dec	Mar
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
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					
Digital						
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

Agenda Items	Notes	Feb	June	Sept	Dec	Mar
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
Information Governance						
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		
Caldicott report	ToR 3.3.5			x		
<i>To be determined:</i>						
Integrated Quality Performance monitoring report – relevant dimensions	ToR 3.4	x	x	x	x	x
Implications of internal and external reviews and reports (as arise)	ToR					
Strategy / plan development (as arise)	ToR					
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

Agenda Items	Notes	Feb	June	Sept	Dec	Mar
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



Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 13.2.2020						
Cyhoeddus neu Breifat: Public or Private:	<i>Public</i>						
Teitl yr Adroddiad Report Title:	DRAFT Informatics Operational Plan 2020/21						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr David Fearnley						
Awdur yr Adroddiad Report Author:	Dylan Williams Chief Information Officer						
Craffu blaenorol: Prior Scrutiny:	<p>The 3 year forward plan which forms the basis of the operational plan was discussed at:-</p> <ul style="list-style-type: none"> - The Informatics user Group on 08.07.19 and 20.11.19 - The System Owners Group on 24.07.19 - Execs; Discussions took place between the 26th August to 14th September on BCU Draft 3 year forward plan - Health Economy Leads – Circulated for comment by Assistant Director of Planning prior to 05.09.19 - The DIGC <p>The draft operational plan has been approved by Mr Dylan Williams, Chief Information Officer</p>						
Atodiadau Appendices:	<i>DRAFT Operational Plan 10 Pages</i>						
Argymhelliad / Recommendation:							
<p>The DIGC is asked to review the draft operational plan and:-</p> <ol style="list-style-type: none"> 1. provide comments to support further iterations and future approval 2. Approve it pending further updates as an operational plan is required from 01.04.20 							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:							
<p>The purpose of this report is to provide the Digital and Information Governance Committee with a DRAFT copy of the Informatics Operational Plan for 2020/21.</p> <p>The DRAFT plan is derived from the three year forward plan which has been submitted to this committee previously. It is presented for comment to support further engagement and revision. It is anticipated that the plan will be revised and resubmitted for approval once resources are known.</p> <p>An operational plan is required for 01.04.2020 to support reporting and monitoring.</p>							

Cefndir / Background:

The 3 year forward plan was discussed at:-

- The Informatics user Group on 08.07.19 and 20.11.19
- The System Owners Group on 24.07.19
- Execs – Discussions took place between the 26th August to 14th September on BCU Draft 3 year forward plan (this section was included)
- Health Economy Leads – Circulated for comment by Assistant Director of Planning prior to 05.09.19

Asesiad / Assessment & Analysis
Strategy Implications

The plan supports the core service priorities and highlights the potential priorities from the emerging digitally enabled clinical strategy. The operational plan will be amended as core digital priorities are agreed via the Digital Improvement Group

Financial Implications

Financial details are yet to be confirmed as indicated in the report.

Risk Analysis

The operational plan has been developed to mitigate corporate risks relating to digital and health records services

Legal and Compliance

None

Impact Assessment

Draft plan and impact assessment will be undertaken as part of BCUs overall plan



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



DRAFT Informatics Operational Plan

2020/2021

Dylan Williams, Chief Information Officer

Introduction

The Informatics Operational Plan for 2020/21 builds upon the “digital health” section of the Health Board’s Three Year forward Plan as such these documents should be considered in conjunction with each other.

The operational plan highlights the three year ambition whilst providing additional context and detail on what Informatics will do over the coming year to support the Health Boards long-term vision of becoming a ‘wellness service’.

The operational plan summarises the projected resources that are available to support the plan. It also details the monitoring and reporting arrangements, which are in place to ensure appropriate governance.

Strategic Context

It is acknowledged that the NHS and BCU will continue to face significant challenges in the provision of care and the delivery of services.

The most significant challenges are suggested to result from increasing demand, a growing and aging population, rising expectations of our population and the financial envelope that we operate within ^(1,2,3).

Whilst facing these challenges it is clear that we must maintain an absolute focus on the delivery of high quality health and well-being services and demonstrate best value for taxpayers’ money.

This is required whilst we support services who are re-configuring and whilst the Informatics service service re-engineers or introduces core infrastructure and products which can support a “whole system approach to health and social care” to deliver care closer to home ^(1,2,3,4).

Informatics itself is accepted as a crucial enabler in meeting healthcare challenges by bridging service divides and enabling change through digitally enabled care.

Digitally enabled care within BCU will be driven by a digitally enabled clinical strategy ^(3,4,5,6,7) which is scheduled to be completed by xxxxxxxxxxxx.

Whilst it is not finalised, it is suggested that the clinical strategy will support evidenced based pathways. Prioritisation of pathways will be clinically led and evidenced based to

enable “best value” in terms of greatest benefits to patients and the healthcare economy.

Agreement and enactment of the clinical strategy will arguably support an ambition for North Wales to become an exemplar for digitally enabled health and social care.

National Digital Services

In 2019, the Welsh Government reviewed the deployment of digital healthcare technology and proposed a new digital focus for Wales based upon a revised digital architecture and governance arrangements.

The Digital Governance Review proposed a Chief Digital Officer (CDO) for Health and Care. They will define national standards and services, as part of moving to an open digital architecture, across all digital systems. They will advise on future digital strategy, and act as a professional lead for the digital workforce; and be a champion for digital health and care in Wales. The review also proposed:

- a stronger emphasis on common technical standards
- new governance and decision-making structures. NWIS will move from a hosted service to a public health body in its own right. This will have an independent chair and a board appointed by ministers.
- shared services approach to core digital services.

The Digital Architecture Review described how systems should be strengthened and defined more clearly and consistently as an ‘open platform’ built on common standards and recommended targeted improvement options.

Whilst the impact of these changes will need to be reviewed over a period of time, the changing context of national digital services mean that BCU needs to review its approach to digital services and ensure its governance and capacity is well developed.

This will be essential to benefit from the changing landscape and emerging funding opportunities to directly support the emerging clinical strategy.

Opportunities – Digital Priorities Investment Fund

Plans to transform digital health and care in Wales will be supported by a 50 million pounds fund, evenly attributed to capital and revenue.

The Digital Priorities Investment fund is intended to drive improvement across 5 themes:

1. Transforming digital services for patients and public
2. Transforming digital services for professionals
3. Investing in data and intelligent information
4. Modernising devices and moving to cloud services
5. Cyber-security and resilience

Quarter 4 of 2019/20 heralded a £2.157 million award from this fund to BCU comprising of £1.75million Capital and £407k revenue. Plans for 2020/21 will feature the deployment of products and resources which have been funded to support the 5 themes.

Benefits from the allocations will need to be fully identified, mapped and monitored.

This national digital approach offers new opportunities for the Health Board to engage with partners within local authorities, the emergency services (police, fire and rescue, and ambulance), universities, industry, and the third sector.

Our partners are developing digital solutions and a joint regional approach offers wider benefits for transformation. Significant efforts will be required in 2020/21 to optimise opportunities and develop our partnerships.

Issues of Significance

A number of constraints in delivering digital transformation within the Health Board exist.

The constraints are historic, current and likely to affect our “digital future”. A digitally enabled clinical strategy will not be successful without:-

- Robust plans to deliver the strategy. These will need to include operational and workforce elements. It is acknowledged that this operational plan will require revision to ensure alignment once the clinical strategy is approved.
- Appropriate resource. The historic under investment in Informatics Services ^(8,9,10) both Nationally and Locally mean that constraints are faced with supporting transformation and service efficiency ⁽⁹⁾. This leads us to maintain an approach of “keeping the lights on”.

Whilst budgets for 2020/21 have not been set, the current budget is demonstrably insufficient to meet need. Any “final operational plan” will need to be based upon available resource and is likely to be constrained as a result.

- A change is how IT is perceived, championed and supported. “while it is natural to seek a short term financial return on investment from health IT, experience has shown that the short term return on investment is likely to come in the form of improvement on safety and quality than in raw financial savings” ⁽¹⁰⁾.

We still see IT as a means to save money and apply savings targets or seek return on investments accordingly. Creation of value is so much more, our expectations of IT are becoming bound by our picture of what it can deliver.

- NWIS. Many National systems have been significantly delayed. It is widely acknowledged and reported that there is a substantial way to go until “outdated IT systems are replaced” ⁽⁵⁾ and that required resilience and functionality is in place to support patient care and underpin service transformation ^(5,6,7). Despite clear failings to deliver, the Auditor General has found little reason to be optimistic that things are changing” ^(5,7).

- Successful Collaboration; the Health board has continued to develop digital solutions for health and social care services in collaboration with the National Welsh Informatics Service (NWIS). However, there has been delay and lack of progress with digital healthcare technology development within the Health Board. This is a key strategic issue.

Priorities

Whilst our plan remains consistent with the approach of preceding years, which is *to implement technology, to maintain and improve our existing infrastructure and systems whilst supporting patient care, service transformation and growing our capacity and capability* we are proposing that a **‘core digital bundle’** is prioritised during next three years to support patient pathways.

This will include health board wide full deployment of five key digital solutions:

- **digital health record ecosystem** (DHR) across primary, community, mental health and learning disability, and secondary care
- **digital prescribing**
- **digital results management**
- **digital dictation and speech recognition**
- **digital referrals management** (e.g. e-booking, e-letters etc.)

The health board is carrying significant risks to quality in the absence of these digital systems, relying instead on paper based and outdated forms of communication. It is less able to measure performance and quality in the absence of modern digital health technology.

The health board has had little if any autonomy in developing digital solutions due to the clear rational of a single Welsh solution. However, the delay is no longer clinically tenable.

The newly formed Digital Improvement Group will prioritise the many competing digital initiatives and finalise the ‘core digital’ bundle to

support integrated pathways together with the inevitable statutory and tactical digital programme of work for other corporate priorities.

Key Deliverables for Digital Health

Key deliverables for Digital Health from 2020 to 2023 are detailed on page 5. These are the most important outputs that we are seeking. As noted, they include the completion of phase three of the Welsh Patient Administration System Project and investment decisions on a local Digital Health Record in 2020/21 and rolling programmes of work to maintain/improve the digital infrastructure in all three years

2020/21 is more detailed than the subsequent years as this is the focus of the operational plan. Appendix 1 provides further detail on actions, milestones and measures which are reportable to the Health Board.

Our approach and pace to deliver considers resource availability, the national and legislative context and our previously published “guiding principles”.

Our continued need to “get the basics right” and focus on the delivery of objectives, will result in limited opportunities to introduce new or additional technology outside of those identified within this plan or emergent priorities, which are driven by legislative or safety requirements.

Any that are, will need to be agreed and prioritised against criteria aligned to strategic objectives, statutory compliance, service need, (e.g. by reducing risk or enhancing continuity), or the delivery of transformational/ financial benefits. They must also be delivered within the resource available to maintain financial sustainability

Three Year Ambition – Key Deliverables for Digital Health 2020/23

2020/21

Phase three of **Welsh Patient Administration Project (PAS)** will complete replacing the Commercial PAS system in the West and standardising processes relating to this system in other sites

Prototype in the West area to determine Community Resource Team requirements and inform wider planning of the **Welsh Community Care Information System**. Testing of new functionality and correction planning.

The **Welsh Emergency Department System** will be deployed within BCU. This will require an upgrade in the East and a “full deployment” in West and Central. The Project Board will define implementation plans and enact. This will be a multi-year project.

The Health Board will take a decision of the Full Business Case for a local **Digital Health Record** and for **Digital Dictation**, both of which will begin implementation to strengthen our investment and approach to the delivery of cohesive digital patient records and directly support the digitally enabled clinical strategy.

The organisation will improve its **Results Management** assurance and mover to digital processes for results management.

The **YGC File Library** business case will be approved identifying and securing long-term fit for purpose accommodation

Delivery of information content to **support flow / efficiency** including electronic outcomes.

Phase 1 of **digital patient services** which includes piloting electronic appointment letters and using technology to increase electronic appointment reminders.

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

Provision of **infrastructure and access to support care closer to home**

Reduction in transactional overheads via the wider deployment of solutions such as Office 365 and Single Sign on.

2021/22

Phase 4 of the Welsh Patient Administration System ends resulting in a **Single Patient Administration System**

Deployment of **Welsh Patient Referral** system (pending business case approval)

Phased Implementation to deliver solutions for community staff e.g. The Welsh Community Care Information System.
The BCUHB **Digital Health Record** and

Digital Dictation projects will continue rolling out across our acute services, establishing the transition from paper to digital patient records.

The **YGC File Library** will vacate the Ablett and Portacabin on the Central site and move into long-term fit for purpose accommodation

Phase 2 of **digital patient services** which continues programmes of work to increase the use of electronic appointment letters and electronic appointment reminders

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

Provision of **infrastructure and access to support care closer to home**

The wider deployment of **Single Sign On** completes providing a reduction in transactional overheads
Business cases for **Sexual Health** and **Telehealth** will be supported in production

2022/23

Phased Implementation to deliver solutions for community staff e.g. the Welsh Community Care Information System

Single instance of the **Welsh Emergency Department System (phase 4)** resulting in a single WEDS solution which is fully integrated to the WPAS system

The BCUHB **Digital Health Record** and **Digital Dictation** projects will continue rolling out across our acute services, establishing the transition from paper to digital patient records and directly supporting clinical pathways

Provision of **infrastructure and access to support care closer to home**

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

Pipeline of business cases such as **PACS** and **LIMS** are anticipated.

Benefits

Our plan will deliver a number of benefits as we move towards delivering our vision.

Section to be completed once further detail is available i.e. funding is clear.

Challenges or risks to the delivery of the plan

- Challenges posed by the National Programme e.g. National Infrastructure and Products which are not delivered as specified or on time.
- Balancing and improving the delivery of services whilst meeting increasing demand and implementing new systems or processes to support the needs of the Health board.
- Ensuring that equipment is fit for purpose. An infrastructure which is built upon aged systems proves difficult or impossible to integrate to support everyday working or service transformation in any meaningful way.
- Capacity to invest in and maintain our infrastructure and address critical risks resulting from aging IT equipment and 'unsafe' physical infrastructure.
- Ability to contain demand for services and products in light of emerging technology, service reconfiguration and wide spread estates schemes.
- Ability and capacity to effectively engage with the workforce and for the workforce to embrace change management processes required to leverage the benefits of technology.
- Healthcare professionals and leaders will need to reimagine and advise on how work will need to be done.

Governance

Approval of this operational plan is gained from the DIGC on behalf of the Health Board. In agreeing this document, the committee are confirming that:-

- They have provided scrutiny and assurance for the Informatics Operational Plan.
- The Operational Plan is an accurate reflection of the priorities that we need to deliver to support the visions and plans of the Health Board and its partner agencies e.g. the Welsh Assembly.
- The Operational Plan provides a comprehensive overview of all key factors e.g. challenges and opportunities relevant to the delivery of these plans.

Whilst the DIGC are responsible for approval and progress monitoring, progress against elements within the plans may also be provided to relevant committees upon request.

Progress against operational plans will be reported to the DIGC via quarterly reports. Updates against the plan will be by 'change or exception' and a year-end summary report will be produced.

Workforce Planning

During 2019/20 a review of management capacity within Informatics to support operational management and succession planning led to the creation of Deputy Head of service posts in Health Records, ICT and Programmes, Assurance and Improvement.

The posts were funded from vacant posts within a number of service areas which were stripped from budgets and centralised to ensure that "priority" post could be funded.

A Senior Business Analyst and an Assistant Business Analyst have also been funded in this way. 2020/21 will see the introduction of this resource which is intended to align people, process and technology more closely with strategy and vision to improve patient care and flow.

The Business Analysts will provide services to BCU, initial plans are to support work with eye care measures, Sexual Health and mobile working trials. They will also provide a service to Informatics focusing on cost savings, our mandate process and Agile working.

We will continue to invest in our staff to ensure that Informatics' Professionals are well placed to inform and enable safe and efficient health care. A review of Informatics training programmes which is linked to pay bands and informed by workforce data and Training needs Analysis findings will be used to inform training plans and provision for 2020/21

Professional training courses which were offered in 2019/20 such as Project Management are likely to remain a feature and will help to ensure a high level of professionalism within services with the numbers of qualified practitioners increasing to service our expanding portfolios. Training programmes and data bases for system owners will continue to be developed during 2020/21 based upon findings from training needs analysis.

Findings from initiatives such as Mentoring, the HWB and lessons learnt from setting up a "bank", to service the SBRI Centre of Excellence will be reviewed to inform workforce initiatives for 2020/21 which will include phase 2 of the mentoring programme.

January 2020 data shows that 82% of staff have received an appraisal to review their performance and support their development (BCU average of 75% target 85%) and that 95% of staff were fully compliant with their mandatory training (BCU average of 86% target of 90%). Established programmes of work will continue in 2020/21 to maintain and improve compliance by providing support to service areas with the lowest compliance rates.

Financial Plan

As Informatics fully acknowledges the requirement to operate within the limits of the funding, available our plans will be predicated on resources, which are available.

Discretionary Capital

.To be completed when data is available

Revenue

To be completed when data is available

References

No	Reference
1	The Welsh NHS Confederation (2016), <i>Public Health Challenges in Wales: A Briefing for AMs</i> .
2	(2017), The Annual Quality Statement for NHS Wales, Delivering high quality health services to the people of Wales 2016/2017 and 2017/2018.. https://gov.wales/topics/health/nhswales/?lang=en
3	Fearnley, D. (2019) "A digitally enabled Clinical Strategy for Betsi Cadwaladr University Health Board.
4	Welsh Government (2019) A Healthier Wales: our plan for Health and Social Care. https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf
5	(2018) National Assembly for Wales Public Accounts Committee, "Informatics Systems in NHS Wales, November 2018 www.assembly.wales
6	(2018) The Parliamentary Review of Health and Social Care in Wales. "A Revolution from Within: Transforming Health and Care in Wales. https://gov.wales/docs/dhss/publications/180116reviewen.pdf [Accessed 03.01.2019]
7	Auditor General for Wales (2018), Informatics Systems in NHS Wales. Published January 2018. https://www.audit.wales/system/files/publications/NHS_-_Informatics-2018%20-%20English.pdf [Accessed 03.01.2019]
8	(2015) Wales Audit Office, Diagnostic review of ICT capacity and resources, Betsi Cadwaladr University Health Board Doc Ref 552A2015
9	(2017) Wales Audit Office, Structured Assessment 2017- Betsi Cadwaladr University Health Board Doc Ref 285A2017-18
10	Wachter, R., M. <i>Making IT Work: Harnessing the Power of Health Information Technology to Improve Care in England</i>

Appendix 1

Actions	Milestones 2020/21		Measures	Lead	Outcome
Phase three of Welsh Patient Administration Project (PAS) will complete replacing the Commercial PAS system in the West and standardising processes relating to this system in other sites	Q1	Continuation of Data Migration, readiness for User Acceptance Testing and Training Hardware Survey Activity Started Develop solutions to address Functionality Gaps	Contribute to improved patient administration, flow through hospital and data quality	Executive Medical Director	I have timely access to services based on clinical need & am actively involved in decisions about my care To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
	Q2	Continuation of Data Migration Complete User Acceptance Testing Start Training Programme			
	Q3	Project Implementation; Complete Data Migration Activities. Complete Training Programme. Dress Rehearsal. Live Implementation. Post go-live Support			
	Q4	Project Close; Phase 3 Closure. Post Project Evaluation. Project Start; Phase 4. Planning for final data migration phase into Single Instance WPAS			
Prototype being developed in the West area to learn lessons around CRT requirements and inform wider planning of the Welsh Community Care Information System	Q1	Project prototype Implementation - Support for new ways of working; development of reports / workflows etc.	Support care closer to home / integrated working; evaluate product functionality		
	Q2/3	Prototype closure:Review & evaluation of prototype. Testing of new releases (bug fixes / Inpatient functionality / mobile). Correction Planning			
	Q4	Project Design / Start			
The Welsh Emergency Department System will be deployed within BCU. This will require an upgrade in the East and a “full deployment” in West and Central. The Project Board will define implementation plans and enact. This will be a multi year project.	Q1	TBA	Contribute to improved patient administration and flow through ED		
	Q2	TBA			
	Q3/4	TBA			
The Health Board will take a decision of the Full Business Case for a local Digital Health Record and for Digital	Q1	Development and approval by the Health Board of a full business case for the Digital Health Record which will inform the times scales for the project	Improved patient care, quality and safety		

Dictation , both of which will begin implementation to strengthen our investment and approach to the delivery of cohesive digital patient records.		delivery			
	Q1	Development and approval by the Health Board of a full business case for Digital Dictation and Speech Recognition which will inform the times scales for the project delivery	Improved patient care, quality and safety		
The organisation will improve its Results Management and stop printing results	Q1 / QTR4	Project has been defined and planned to deliver within a 12 month period			
The YGC File Library business case will be approved identifying and securing long-term fit for purpose accommodation	Q1	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	To ensure resilient and timely access to support clinical services		
Delivery of information content to support flow/efficiency	Q1	Implement phase 1 of in house patient status board	Contribute to improved patient administration, flow through hospital and data quality		
	Q2	Review phase 1 and develop case for further rollout at each site			
	Q4	Increase operational use of BI technology in clinical areas			
phase 1 of digital patient services , which includes piloting electronic appointment letters and using technology to increase electronic appointment reminders.	Q1	Development of business case to scale up digital communications with patients – contingent on outcome of trails in 2019/20			
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	Q1	Prioritisation and formal approval of the Informatics discretionary Capital Programme for 2020 2021.	Ensuring service continuity and standards of service		
	Q2	Deliver Capital Programme for 2020 2021 as defined within plans			
	Q3	Deliver Capital Programme for 2020 2021 as defined within plans			
	Q4	Deliver Capital Programme for 2020 2021 as defined within plans			
Provision of infrastructure and access to support care closer to home	Q1	Project Start; including Development and approval of Business Case detailing project phasing e.g. Gov			

		Roam and Office 365*. Device testing for mobilisation of workforce with 170 pilot group Note future Qtrs are dependednt upon business case approval.	Support care closer to home / integrated Health and Social Care working; Expanding and improving access to shared networks and systems. Enabling a mobile and agile community workforce. Optimising community team capacity and standardising ways of working across the health economy.		
	Q2	Procurement / implementation of <ul style="list-style-type: none"> shared print solutions network solutions implementation of telephony solutions to support Community Resource Teams (CRT) sites as detailed within Business case			
	Q3	Tools/systems to support access to BCU domains for 6 local authority parters (a Federated Active Directory solution and trusted domain integration) Commence deployment of Office 365 to support Community Teams			
	Q4	Complete implementation of shared print solutions across all CRT sites			
Reduction in transactional overheads via the wider deployment of solutions such as Office 365 and Single Sign on	Q1	Evaluation of implementation of Single Sign On pilot projects in each ED of the 3 DGH sites, benefits measurement and lessons learned to inform future implementation roadmap			
	Q3	Development of Business Case, prioritisation and formal approval of wider implementation plans			



Cyfarfod a dyddiad: Meeting and date:	Digital Information Governance Committee 13/02/2020					
Cyhoeddus neu Breifat: Public or Private:	<i>Public</i>					
Teitl yr Adroddiad Report Title:	Informatics Operational Plan 2019/20: Progress Monitoring Report. Quarter 3.					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Dylan Williams, Chief Information Officer					
Awdur yr Adroddiad Report Author:	Tracy Williams, Head of Informatics Programmes, Assurance and Improvement, <i>et al.</i>					
Craffu blaenorol: Prior Scrutiny:	<p>The ratings which have been attributed to each of the Projects have been assessed by the relevant lead for the project or Milestones.</p> <p>All the ratings have been reviewed and approved by the Chief Information Officer (CIO) and the Executive Medical Director .</p> <p>Additional assurance is provided by the Informatics Performance and Improvement department. They will request rationale for the ratings given and sample test the anticipated verses achieved milestone deliverables.</p>					
Atodiadau Appendices:	<i>Progress Monitoring Report of 11 pages.</i>					
Argymhelliad / Recommendation:						
<p>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.</p> <p>The DIGC are asked to:-</p> <ol style="list-style-type: none"> 1. Receive this report and scrutinise its content to gain assurance on progress against the operational plan 2. Provide assurance to the Board that summary data provided to them is justified 3. note the financial implications highlighted and provide support as appropriate 						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information
Sefyllfa / Situation:						
The Informatics Operational Plan for 2019/20 was formally approved by this committee at the start of the Financial Year. The paper entitled "Informatics Operational Plan 2019/20: Progress Monitoring Report. This Quarter 3" report which has been designed to assist the committee in monitoring delivery against the approved plan. Where required this includes the escalation of issues and the rationale of any changes to plan.						
Cefndir / Background:						

Quarter 1 and 2 reports have been previously submitted to and reviewed by this committee. The paper submitted is the quarter 3 report which details the situation as at the end of December 2020

Asesiad / Assessment & Analysis

Strategy Implications

As noted within the executive summary; at the end of December (Quarter 3), the Informatics Operational Plan for 2019/20 has 43 projects which are linked to and intended to deliver 7 Strategic principles and objectives. The number of projects has reduced from the approved projects (47 noted in Qtr2 report).

Projects which have been removed are not considered to have strategic implications. Generally they have been removed as part of assurance activities e.g. they are now understood to be a dependency of other initiatives and therefore require rescheduling or they will be supported by, but not led by Informatics as such reporting lines have been amended.

As indicated within the report progress is being made against all strategic principles with the majority of projects such as Welsh Patient Administration System (WPAS) and Digital Health Record on track with no concerns (27).

Risk Analysis

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 West pilot will not be operational within 2019/20 due to external delays. Implementation is now envisaged for Q2/Q3 of 2020 due to ongoing configuration / security work and the availability of product version releases.

This project is largely “paused” pending required progress. Project / product “state” poses significant risk to the organisations plans as this is a community care system. To mitigate risks project staff are supporting community resource teams with a number of initiatives whilst we await a National Solution.

Financial Implications

As detailed within the executive summary; From a financial perspective, the Informatics revenue position predicts a £150k underspend at year end, this will support the overall deficit position.

“Current month” overspend continues to reflect trends with a reducing year to date variance since the application of “additional” savings targets in Month 6. In 2020/21 Informatics is predicted to overspend its allocated budget. It is recommended that the corporate risk relating to Informatics capacity, resource and demand should be updated to reflect.

The discretionary Capital programme allocation for 2019/20 has been reduced from £3 million to £2.7million following formal change control. Circa £957k of the allocation was spent at the end of Period 9. The majority of outstanding purchases will be made in January with the exception of Computer Hardware which will be made as scheduled in February. Going forward some slippage against schemes is likely as a result of pressures borne through the allocation of Digital Priorities funding in November. Full outturn will be prioritised.

As detailed within the summary report; on a Project Level:-

1. the impacts of the invest to save funding for Digital Dictation is likely to require further analysis.

2. Recurrent revenue circa £170k is required to fund a dedicated Cyber security team. Welsh Government “digital priorities funding” is “guaranteed for” the last quarter of 2019/20 and “likely” for two years thereafter. Permanent resource is required for recruitment. The Informatics budget cannot support this requirement without uplift.
3. An inaugural Office 365 Project Board Meeting is planned for Quarter 4 to discuss roles, requirements and high level product offerings. Product offerings and feasible productivity/ cash releasing savings will need to be comprehensively investigated as part of a formal Project and Team structure.

Legal and Compliance

Not Applicable

Impact Assessment

Not Applicable

Informatics Operational Plan 2019/20: Progress Monitoring Report

1



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Appendix A: Discretionary Capital Plan	11

Quarter 3



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 2019/20 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 tracy.williams3@wales.nhs.uk

RAG	Every Month End	By year end	Actions depending on RAG rating given
Red	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.
Amber	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
Green	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional information required
Purple	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 December (Quarter 3), the Informatics Operational Plan for 2019/20 has 43 projects which are linked to and intended to deliver 7 Strategic principles and objectives. Following plan review and standard assurance activities the number of projects has reduced from the 47 noted in Qtr2 report. Changes are highlighted as follows:-

- 2 Projects have been removed as they are not Informatics led projects; (1) Welsh Hospital Electronic Prescribing and Medicines Administrations System. This is a pharmacy led project that will be delivered with support from Informatics following National and Local agreement on scheduling. (2) Expanding on technology to track assets using Radio-frequency Identification. This would not be an Informatics led project, support would be provided but demand for the application of this technology is required to be driven from service areas.
- 1 Project has been removed and will be rescheduled on future plans; Welsh Patient Referral Service. This has been identified as a dependency of a single instance of a Patient Administration System unless National configuration is re-consider and enhanced and resourced to enable multiple PAS interfaces. This project is not feasible within year.
- 1 Project has been removed as it was not a project; Review of technological innovations and strategy roadmap.

High level progress with all projects and the strategic principles are detailed on page 4. As indicated, progress is being made against all strategic principles with the majority of projects such as Welsh Patient Administration System (WPAS) and Digital Health Record on track with no concerns (27). Since the previous report, 2 additional projects have completed; Perimeter Security and Skype for business. The closure of the perimeter security project completes a two year capital (and operational) project which upgraded core perimeter firewalls (boundaries between the Health Boards Local Area Network and the Public Sector Broadband aggregated network). This project was a core Digital Infrastructure scheme and its anticipated benefits include maintained and enhanced protection against cyber attacks from external networks. Skype for business which was a “digital mobile workforce” priority has become operational, it has 2100 users across the Health board enabling instant messaging, audio and video calls, online meetings and sharing capabilities which all aim to support agile/ modern working and thereby reduce overheads such as travel. Microsoft Teams which is part of the Office 365 procurement and whose “products” will be subject to 2020/21 plans will eventually replace Skype for Business. An inaugural Office 365 Project Board Meeting is planned for Quarter 4 to discuss roles, requirements and high level product offerings. Product offerings and feasible productivity/ cash releasing savings will need to be comprehensively investigated as part of a formal Project and Team structure

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 West pilot will not be operational within 2019/20 due to external delays. Implementation is now envisaged for Q2/Q3 of 2020 due to ongoing configuration / security work and the availability of product version releases.








10 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. Projects which are amber, which have not previously been reported and are of particular note are (1) Digital Dictation; BCU are in the process of evaluating the tender responses against the incumbent supplier to ensure the best value product. Whilst there has been a delay in this work due to resources, a revised plan has set a timescale for a options paper to be submitted to February’s Finance and Performance Committee with a preferred supplier and way forward which is mindful of dependencies. The impacts of the invest to save funding for this project is likely to require further analysis. (2) Cyber security gap review and roadmap of improvements and strategy. Whilst a gap review has been completed, resources to take the actions forward and create a strategy are dependent upon a dedicated resourced and substantive team. Welsh Government “digital priorities funding” is “guaranteed for” the last quarter of 2019/20 and “likely” for two years thereafter. However posts (circa £170k) are required substantively and support for these will be essential.

From a financial perspective, the Informatics revenue position predicts a £150k underspend at year end, this will support the overall deficit position. “Current month” overspend continues to reflect trends with a reducing year to date variance since the application of “additional” savings targets. In 2020/21 Informatics is predicted to overspend its allocated budget. The corporate risk relating to Informatics capacity, resource and demand should be updated to reflect. The discretionary Capital programme allocation for 2019/20 has been reduced from £3 million to £2.7million following formal change control. Circa £957k of the allocation was spent at the end of Period 9. The majority of outstanding purchases will be made in January with the exception of Computer Hardware which will be made as scheduled in February. Going forward some slippage against schemes is likely as a result of pressures borne through the allocation of Digital Priorities funding in November. Full outturn will be prioritised.

Summary Progress against Strategic Principles

4

The Informatics Operational Plan details all of the projects that Informatics is aiming to further or deliver during 2019/20 (43). 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
 Digital Roadmap	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	A	A		16 Projects detailed within the original 2019/20 plan. 2 Closed and completed as scheduled in QTR 1 (WPAS East & MTeD) 5 Reported as on track 3 Projects are "experiencing issues" (Amber) ; Welsh Nursing Care Record (Digitisation of Nursing Documents). Digital Dictation (approval and funding) and Legacy Systems Archive 1 Project remains reported as "will not be met" (Red) - WCCIS 3 projects formally removed from plan in QTR 2 report - CHAI , Welsh Care Records Service Programme , Welsh Results Reports Service. 2 Projects to be removed from plan in QTR3. Welsh Hospital Electronic Prescribing and Medicines Administrations System. This is a pharmacy project with Informatics support. Welsh Patient Referral Service. This is not an active project QTR3 Position = 11 Projects remain active or have completed as planned
 Data Driven Decision Making	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	G	G		3 Projects detailed within the original 2019/20 plan. 3 Reported as on track for achievement. QTR3 Position = 3 Projects remain active as planned
 Underpinning Service Transformation	Supporting services to combine technological opportunities with new business processes, that enable us to meet our Local and National responsibilities.	A	A	A		4 Projects detailed within the original 2019/20 plan. 3 Projects are "experiencing issues" (Amber); Leveraging the value of National Systems via integration etc. Implementing Cancer Tracker seven Module and Transitioning Records management. 1 Project to be removed from plan in QTR3. Expanding on technology to track assets using RFID. This would not be an Informatics led project. Demand would need to come from service areas. QTR3 Position = 3 Projects remain active
 Digital Mobile Workforce	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	G	G		4 Projects detailed within the original 2019/20 plan. 3 Reported as on track. 1 project (portal development) is scheduled to be formally closed next quarter as it moves to business as usual. 1 Project has completed. SKYPE for business has 2100 users and is recognised as business as usual. QTR3 Position = 4 Projects remain active or have completed as planned
 Managing Innovation & Emerging Technologies	Learning and Innovating by providing accelerators of digital transformation. Collaborating with innovators and entrepreneurs and suppliers to encourage innovation.	G	G	G		2 Projects detailed within the original 2019/20 plan. 1 Reported as on track 1 Project to be removed from plan in QTR3 - Review of technological Innovations and strategy road map. This is not a project. QTR3 Position = 1 Project remains active
 Digital Infrastructure	Providing, developing and maintaining a secure, flexible and robust infrastructure to enable a digital future.	G	G	G		13 Projects detailed within the original 2019/20 plan. 1 Closed and completed as scheduled in QTR 3 - Perimeter Security Upgrade 9 Reported as on track 2 Projects are reported as "experiencing issues" (Amber); Cyber Security Gap Review (including Roadmap of improvements and Strategy) and Core Telephony Replacement. 1 Due to commence in Qtr4 QTR3 Position = 13 Projects remain scheduled, active or have completed as planned
 Workforce Development, Transparency, Sustainability & Standards	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	G	G		6 Projects detailed within the original 2019/20 plan. 2 Added in Qtr2. 6 Reported as on track 2 Reported as Experiencing issues (Amber) ; Review of Performance and Assurance Framework, activities have been delayed due to resource constraints. Library Infrastructure East, asbestos has delayed the installation of the 2nd phase of the racking. Further discussions are required to assess feasibility of the scheme. QTR3 Position = 8 Projects remain active

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

Quarter 3

Digital Health Programme – High Level Matrix⁵

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

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

Digital Health Programme Milestone Summary Matrix .6

Plan Ref	Milestone Ref	Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
WPAS								
AP051	51A	Project Start - Formal commitment from NVMS required for data migration activities to commence. Engage data migration supplier. Begin ways of working and standardisation.	Q1	G				Project Start activities for this project have completed as planned. See Qtr. 1 Report for additional detail.
	51B	Project Design - Programme Board approval of standardisation plans. Start data migration	Q2		G			Project design activities scheduled for this quarter have been completed as planned. See Qtr1 & Qtr. 2 report for additional detail
	51C	Continuation of Data Migration	Q3			G		Project implementation activities scheduled for this quarter have been completed as planned. 1. Revised Business Case has been approved by the board, the revision captured the changes in the hosting requirements for the WPAS West system from National to Local. 2. Data Migration events 1 and 2 have been completed enabling mapping of the key demographic and system data fields within the PIMS system to WPAS. Data Migration event 3 commenced as planned with a focus on Consultants, Specialities and locations fields. 4. Ways of Working process mapping has been completed for all of the core clinical and operational areas. Functionality gaps have been captured and are being reviewed and actions agreed by operational Task and finish groups.
	51D	Continuation of Data Migration, readiness for testing and training	Q4					
WCCIS								
AP052	52A	Project Implementation - Pilot Studies in the West	Q1	R				WCCIS has been subject to exception reporting for some time due non-delivery of health functionality and user acceptance testing failures. See Qtr. 1 Report for additional detail.
	52B	Project Close - Formal review of pilot phases and completion of lessons learnt	Q2		R			The WCCIS project remains problematic at a national level. A correction plan is outstanding and dependent on a Functional Roadmap agreement to understand planned defect resolution. Engagement with Regional Local Authority Partners and Community Resource Teams Development Teams continues, Pilot / Prototype has been re-scoped and implementation is now anticipated in Q4 via Local Authority agreements.
	52C	Project design. Design future phases of roll out based upon lessons learnt, product suitability and Programme Board approval	Q3			R		This deliverable is no longer feasible - Ref QTR1 and QTR2 reports. This project will be re-scoped / redefined following pilot. Implementation of the pilot has not taken place due to planning delays from the West Community Resource Team (CRT) transformation team. A Project Initiation Document, Stakeholder Plan, Project Plan and a work package brief to address the WCCIS elements of the project, and to aid implementation have recently been produced for consultation. The West CRT Prototype will not be operational within 2019-2020 due to external delays, and implementation is now envisaged for Q2 / Q3 of 2020 due to ongoing config / security work and the availability of product version releases. As previously reported on 28th October 2019 a WCCIS briefing note advised the Acquisition of Careworks Limited (the provider of the solution) by Advanced who are "the UK's third largest provider of business software and services". "Product" negotiations to confirm a functional delivery roadmap continue.
	52D	Design and Implementation activities to be agreed.	Q4				R	This deliverable is no longer feasible - Ref QTR1 and QTR2 reports. This project will be re-scoped/ redefined following pilot

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

Quarter 3

Digital Health Programme Milestone Summary Matrix

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Plan Ref	Milestone Ref	Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
WEDS								
AP053	53A	Project Start:- Review Project to date. Create Governance structure for programme. Revisit business case and revise all plans e.g. PID etc. Gain approval of plans	Q2	G	G			Project Start Up activities are underway as planned. A business case will be created / completed once direction and costs are clear. See Qtr. 1 Report for additional detail.
	53B	Project Design and Implementation activities to be agreed from QTR1 & QTR2 activities, and aligned to National plans and resources.	Q4			G		Qtr 3 Update; Project Start Up activities continue as planned. The September Project Board requested investigation of additional scheduling / implementation options for this product. These were subsequently discussed in the November Board Meeting. The Board agreed on a hybrid of options presented and have requested further data e.g. high level plans and costs etc. which would be used to inform a local business case. Revenue costs will need to be secured to support this project before it could be progressed. Capital funds via Welsh Assembly Government funding are currently available.
Digital Health Record								
AP054	54A	Development and approval of a business case for the digital health record for the Board	Q2	G	A	G		The project remains on track and is performing to expectations. The Digital Health Record tender was posted in Quarter 3 as planned and has now closed with the evaluations underway. The Full Business Case is progressing to plan as is scheduled for the Health Board in May 2020.
YGC Records Library								
AP055	55A	Specify the storage and logistics requirements for long term storage of acute patient records in Central Support the Hospital Management Team, Planning and Estates department to identify and appropriate solution.	Q2	A	G	G		The work to develop the Business Case continues with the next Project Board planned for the end of January to review the possible site options.
Good Record Keeping Management								
AP056	56A	Appointment of health records roles to baseline and scope the transition programme and secure project support to complete actions from various review recommendations	Q4	A	A	A		Funding has been secured via the HASCAS and Ockenden Board for the recruitment of a Project Manager. The delay lies currently with the translation of the recruitment papers. The project will start a 12 month plan from the date of recruitment.
Information Flow								
AP057	52A	Implement phase 1 of in house patient status board	Q1	G				Live data streams are now available to support Unscheduled Care and Bed Management, but rely on real-time data input from the services.
	57B	Review phase 1 and develop case for further rollout at each site	Q2		G			Live data streams are now available to support Unscheduled Care and Bed Management on software in use in some areas in Central known as Stream. This requires real-time data input from the services. A discharge button to support information flow is scheduled to be tested in QTR3. A presentation to the Hospital Management Team is planned for the end Of October, with roll out dependent on adoption plan by the service.
	57C	Increase operational use of BI technology in clinical areas	Q4			G		Qtr3 Update: Power BI is well embedded within our Information Service provision with multiple dashboards published during the last quarter. Within the team we have number of Power BI champions who are working with colleagues both within Information and externally to share this skill. Most recent developments include the launch of the Nursing Information Intelligence Portal (NIIP) and a consultant dashboard as part of the real time analytics project. A report compatible with mobile phones is in development for Consultants to identify locations and details of current inpatients.

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

Quarter 3

Digital Health Programme Milestone Summary Matrix

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Plan Ref	Milestone Ref	Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
Maintain/Improve Digital Infrastructure								
AP058	58A	Deliver Capital Programme for 2019/2020 as defined within plans	Q4	G	G	G		The discretionary Capital programme allocation for 2019/20 has been reduced from £3 million to £2.7million following formal change control. Circa £957k of the allocation was spent at the end of Period 9. The majority of outstanding purchases will be made in January with the exception of Computer Hardware which will be made as scheduled in February. Going forward some slippage against schemes is likely as a result of pressures Borne through the allocation of Digital Priorities funding in November. Full outturn will be prioritised.
Infrastructure and Access to support Care Closer to Home								
AP059	59A	A phased and targeted expansion of Skype for business Work will continue on the roll out of GovRoam across public sector sites in North Wales. Device testing for WCCIS is also planned pending delivery of a mobile Application from NWIS.	Q4	A	A	A		Project Brief presented to Regional Integrated Services Digital Transformation Board 9/1/20 and scope approved. Outline Business Case now in development to bid for capital and revenue funding identified
Eye Care Transformation								
AP060	60A	Informatics will employ a business analyst (BAND 5) to support the National Eye Care project. Qtr3 suggested start. Employment activities required which will start in QTR1.	Q4	G	G	G		Assistant Business Analyst (Band 5) is in post and is working with the Eye Care Measures Programme. This activity is now closed.
AP061	61A	Enhancements to the National Patient Administration System which are planned for QTR2/QTR3 will partly support the management of patients along a Single Cancer Pathway (via functionality referred to as Tracker 7).	Q2	G	A	A		WPAS Upgrade v19.2 has been completed as scheduled but it does not support service needs. The service have identified issues with functionality which increases workload and lengthen processes. A SharePoint site fulfils current requirements. When identified developments are delivered it will be implemented to the Service for User Acceptance Testing and implementation.

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

Quarter 3

Revenue: As at the end of September, the annual budget for Informatics has been uplifted from the £17,505 million reported at the end of Quarter 2 to £17,933 as depicted in table 1

Table 1; *Revenue Summary Position Month 9*

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	17,933	13,113	12,862	-251	-150		Green
Cost Improvement Programme		2019-20 Savings Target £'000	2018-19 Additional Savings Target £'000	2018-19 Recurring Savings plans £'000	2018-19 Non Recurring Savings plans £'000	2018-19 Balance	Risk
Savings Plans		-275	-447	200	275	-247	Amber

The uplift is primarily attributable to the allocation of Welsh Assembly Government Digital Priorities funding (£407k) which has been phased into the ICT budget in months 10 to 12 to match projected spend. Table x depicts predicted areas of spend which are generally confined to training and licencing. Staffing spends are likely to be refined further and restricted to agency and overtime which will be required to meet the objectives of the allocation.

As detailed in the table above, the Informatics position at the end of P9 shows a cumulative underspend of circa £251K. Whilst the year end underspend is predicted at £150k, it is important to highlight that “current month” overspend continues to reflect trends with a reduced year to date variance since the application of the additional savings target. This has resulted in “current month” overspend since Period 6 (Circa £41k P6, £45K P7, £4K P8, £4kP9). Whilst organisational wide controls intended to reduce the BCU deficit will inevitably influence the final position “in month overspend may rise as the effects of planned recruitment and essential spend take effect.

2020/21 Budget 2020/21 budgets remain at circa £17.427 million and do not currently reflect any potential uplifts from digital funding or 2020/21 cost pressures. As previously highlighted the current budget is demonstrably insufficient to meet needs. In 2020/21 Informatics will overspend its allocated budget. The corporate risk relating to Informatics Infrastructure capacity, resource and demand should be updated to reflect.

Capital: The Discretionary Capital programme allocation for 2019/20 has been reduced from £3 million to £2.70 million. The programme reduction results from the return and re-allocation of funds which had previously been provided for the Digital Health Record Project (£300k). This scheme has been formally removed from 2019/20 spends.

The Quarter 2 report had highlighted that this scheme was considered to be challenging in terms of spend allocation. Whilst progress with this project continues to be made, in the early stages of quarter 3 it became apparent that funds would not be spent as planned. The timely release of funds for Capital Programme Management Team (CPMT) re-allocation, has enabled the procurement of autoclaves to support patient treatment.

Appendix A reflects the reduced programme and a number of amendments. Of note:-

- emergent schemes have been added. These include Image Capture Boxes for endoscopy and funds to support the upgrade of Clinisys ICE which is used by blood sciences in the East. This system would not function from Jan 2020 without the upgrade.
 - A number of scheme values have been revised following programme review and or the completion of schemes and release of remaining allocation i.e. underspend. The Data Centre and Hub Room Maintenance project has been “closed” and released £25k as maintenance has not been required to date. Preswylfa site Network Infrastructure scheme has completed. It released £8k from its allocation. Programme revisions have been used to fund emergent or supplement existing schemes.
- In line with the procedure for Managing Capital Projects, formal changed control has been sought from CMPT where required. Appendix A details current schemes and allocations.

Circa £957k of the £2.7million allocation was spend at the end of P9. The majority of outstanding purchases which are required to reach full out-turn are scheduled to be made in January. The most significant exception to this is Computer hardware which will be procured in February (as planned) with stock placed in bonded warehouse for “call off” against deployment plans. Procurement against this scheme is traditionally delayed to enable full outturn as any unspent schemes will be swept into this to enable “informatics brokering”

As highlighted within Appendix A, schemes are:-

- Completed e.g. Resilient Load server Balancers, Preswylfa site Network Infrastructure replacement. Perimeter Security Upgrade (Oct). Note whilst full outturn against the perimeter security upgrade programme was achieved in previous months deployment in October has resulted in formal project closure. This means that Core perimeter firewalls (boundaries between the Health Boards Local Area Network and the Public sector broadband aggregated wide area network) which were end of life and out of support from the manufacture have been upgraded to the latest technology. Deployment of this technology aims to protect against the ever increasing and sophisticated cyber-attacks from third party external networks.
- Progressing to plan e.g. Access Control System Replacement (225k), Server Virtualisation expansion and Refresh (Scheme value 178k).
- Delayed or subject to exception reporting but projected to reach full outturn e.g. Single Sign On which is delayed due to Informatics resource constraints, YG Radiology Network Cabinet refresh and communication room build which has been delayed due to Estates resource constraints, Core Telephony (IPT) which is subject to exception reporting.

Welsh Assembly Government (WAG) Additional Funding: On the 19th November funding up to £2,157million was awarded to the Health Board from the Digital Priorities investment fund. The total was made up of £1.75million Capital and £407k revenue.

As previously highlighted within this report revenue budgets have been uplifted to reflect the additional allocation. Table 2 details planned spends against priority areas e.g. Modern User Devices. Whilst the funding award is most welcome, the "late allocation" of funding will inevitably cause pressures as discretionary plans will need to be revised to account for additional funding. Revenue spends will also be amended to reflect feasibility. Going forward, slippage against some projects from the Discretionary capital programme is likely to result e.g. Server Virtualisation Expansion and Refresh as the team will need to prioritise Capital full outturn.

Any amendments are likely to result in additional spends for hardware Infrastructure and re-allocation to scheme in 2020/21 (Informatics brokering).

This is required as the same team are responsible for all spends.

Capital business cases are scheduled to be completed by Mid-January to support full outturn. Tenders for Capital items are likely to be combined with those for discretionary items where they are the same e.g. Desktop Hardware, Switches and LAN controllers. Full capital outturn is anticipated.

Table 2; *Planned Spend against Digital Priorities Investment*

	Revenue	Capital
Maintaining Cyber Security & Resilience	47,000	0
Staffing Band 1 WTE band 8a (full year cost £64K-start date Jan 2020)	16	
Staffing Band 2 WTE Band 7 (full year cost £94K-start date Jan 2020)	24	
Staffing Band 1 WTE band5 (full year cost £30K-start date Jan 2020)	7	
Modern Data Centre Infrastructure	71,000	550,000
SSD Tier 1 240Tb Storage	0	224,000
6x SQL Server Hardware	0	178,000
Veam & VMWare SQL Licencing	0	68,000
Solarwinds PS	10,000	0
Solarwinds Training	10,000	0
Training	30,000	0
IBM SVC Storage Management Solution	0	80,000
Server Infrastructure Strategy	20,000	0
Total	70,000	550,000
Modern Mobile Information - WiFi Everywhere	162,000	603,000
8x Wireless LAN Controllers	0	300,000
PoE Cisco Switch's	0	250,000
Wireless Access Points	0	60,000
DGH Campus Wireless Surveys	18,000	0
Cisco Training	20,000	0
Training Other	40,000	0
3yr Cisco ISE S&M	65,000	0
Solarwinds Infrastructure Monitoring Licencing	25,000	0
Total	168,000	610,000
Modern Network Infrastructure - More Bandwidth	48,000	162,000
2x 1Gb Internet Circuits	0	20,000
LFFN/RO2	40,000	152,000
Firewall Training	10,000	0
Total	50,000	172,000
Modern User Devices	79,000	435,000
Desktop Hardware	0	435,000
Staffing - Agency/Overtime	79,000	0
Total	79,000	435,000
Total	407,000	1,750,000

												2019/20											
												Q1			Q2			Q3			Q4		
												30 April 2019	31 May 2019	30 June 2019	31 July 2019	31 August 2019	30 September 2019	31 October 2019	30 November 2019	31 December 2019	31 January 2020	28 February 2020	31 March 2020
Scheme	RAG Rating					Budget			Scheme Duration		Programme												
	Q	T	C	R	B	Approved Budget £	Estimated Outturn £	Variance £	Start Date	End SPEND Date	S = Project Start P = Procurement C = Project Close	D = Design I = Implementation											
DIGITAL ROADMAP											Planned/Actual Prog												
Welsh Patient Administration System - Phase 3 of 4 Re-provision of funding to all Wales project.	S	G	G	G	G	£225,000	£225,000	£0	01.04.19	31.03.20	Planned												
Digital Health Record Project	S	S	G	G	G	£300,000	£0	-£300,000			Actual												
DATA DRIVEN DECISION MAKING																							
Auditbase - Clinical Outcomes	S	G	G	G	G	£16,000	£21,000	£5,000	TBA	TBA	Planned												
											Actual												
UNDERPINNING SERVICE TRANSFORMATION																							
IC Unit Aberystwyth Hospital	S	G	G	G	G	£0	£8,000	£8,000	01.09.19	31.12.19													
DIGITAL INFRASTRUCTURE																							
Hardware Replacement Programme	S	G	G	G	G	£486,500	£507,800	£21,300	01.02.20	01.03.20	Planned												
											Actual												
Single Sign On Expansion	S	A	G	G	G	£80,000	£50,000	-£10,000	01.09.19	28.02.20	Planned												
											Actual												
Core Telephony Systems Replacement (Yr. 3 of 7)	S	A	A	G	G	£390,000	£390,000	£0	01.04.19	28.02.20	Planned												
											Actual												
CTIS Critical Monitoring Systems (Pharmacy)	S	G	G	G	G	£7,500	£3,700	-£3,800	01.04.19	30.6.19	Planned												
											Actual												
Access Control System Replacement (User and device authentication)	S	G	G	G	G	£225,000	£225,000	£0	01.12.19	01.01.20													
											Planned												
Perimeter Security Upgrade (firewalls) Phase 2 of 2	S	G	G	G	G	£80,000	£57,000	-£23,000	01.05.19	31.01.20	Planned												
											Actual												
Realtime Server Loads Balancers	S	A	G	G	G	£20,000	£30,000	£10,000	01.07.19	31.09.20	Planned												
											Actual												
Server Virtualisation Expansion and Refresh (inc. migration from Windows 2003 servers)	S	G	G	G	G	£150,000	£190,000	£0	01.06.19	28.02.20	Planned												
											Actual												
YG Radiology Network Cabinet refresh and comms room build	S	S	G	G	G	£55,000	£55,000	£0	TBA	TBA	Planned												
											Actual												
Presayfa site Network Infrastructure replacement	S	G	G	G	G	£60,000	£52,000	-£8,000	01.07.19	31.10.19	Planned												
											Actual												
Wireless Network Capacity Expansion	S	G	G	G	G	£50,000	£59,000	£9,000	01.04.19	28.02.20	Planned												
											Actual												
Completion of Data Centre 1 YGC build (Secondary UPS and Cooling resilience)	S	S	G	G	G	£200,000	£200,000	£0	01.06.19	TBA	Planned												
											Actual												
Wide Area Network Data Circuit Upgrades	S	G	G	G	G	£40,000	£40,000	£0	01.07.19	28.02.20	Planned												
											Actual												
Paying System Replacement (Banger)	S	G	G	G	G	£180,000	£0	-£180,000	01.11.19		Planned												
											Actual												
Data Centre & Hub room(s) UPS and Aircon Maintenance and replacement	S	G	G	G	G	£25,000	£0	-£25,000			Planned												
											Actual												
Local Area Network Switch Upgrades (DGH & Community sites)	S	G	G	G	G	£450,000	£525,500	£75,500			Planned												
											Actual												
Web Filtering - Late Receipt	S	G	G	G	G		£8,000	£8,000	01.05.19		Planned												
											Actual												
Backup Portable Air Conditioning Units	S	G	G	G	G		£13,200	£13,200			Planned												
											Actual												
Image Control Box	S	G	G	G	G	£0	£10,000	£10,000			Planned												
											Actual												
Op software upgrade	S	G	G	G	G		£10,800	£10,800			Planned												
											Actual												
UNDERPINNING SERVICE TRANSFORMATION																							
Health Records Library Infrastructure East	S	G	G	G	G	£0	£37,000	£37,000															
Health Records Library Infrastructure East	S	G	G	G	G	£0	£26,000	£26,000															
TOTAL						£3,000,000	£2,700,000	£300,000															

Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 13/02/2020						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Informatics Quarterly Assurance Report ; Quarter 3						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr David Fearnley, Executive Medical Director						
Awdur yr Adroddiad Report Author:	Tracy Williams, Head of Informatics Programmes, Assurance and Improvement, et al.						
Craffu blaenorol: Prior Scrutiny:	Chief Information Officer and Executive Medical Director						
Atodiadau Appendices:	Informatics Quarterly Assurance Report						
Argymhelliad / Recommendation:							
<p>The DIGC is asked to:-</p> <ol style="list-style-type: none"> 1. note compliance with legislative and regulatory responsibilities which relate to the Informatics Services and 2. to advise the service of any additional metrics required to improve assurance. 							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information	
Sefyllfa / Situation:							
<p>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.</p>							
Cefndir / Background:							
<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 third Assurance report of 2019 2020.</p>							

Asesiad / Assessment & Analysis

Legal and Compliance

As detailed within the report the majority of recommendations that were specified as part of the Wales Audit Office 2014 & 2018 Clinical Coding Audit have now been implemented. Two recommendations are overdue and have “new dates” for completion. Lessons learnt indicate that overdue recommendations are the result of competing priorities and over ambitious time scales for completion of tasks. These lessons learnt will be used to inform future timescales

National Coding Targets exist for clinical coding completeness and clinical coding accuracy. They form part of the Welsh Government NHS delivery framework which details how NHS Wales will measure and report performance. The coding completeness in BCU for December 2019 was 95% against the National target of 95%. (This target measures the percentage of clinically coded episodes within 1 month of episode end date).

The second National Target of Coding Compliance requires an improvement in the accuracy score attained in the annual National Clinical Audit Program. The Health Board has achieved the Tier 1 measure target of improving the overall accuracy scoring. The Clinical Coding accuracy increased by 3.41% to 93.03% in the 2019 audit in comparison with 89.62% accuracy scoring in 2018.

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

Since the last update, the Access to Health Records Service has identified the additional resource required and the Head of Service has submitted the cost pressure. 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 comingling (i.e. mixed records) are being picked up with the improved Quality Assurance process, which makes it difficult to meet the standards of the Quality Assurance itself.

On the 14th January 2020 Microsoft stopped updating or providing support for Windows 7, as such this operating system is considered “end of life”. Support has been extended for the NHS Wales until January 2021 for security patches releases only due to the high number of installations. A desktop replacement programme aims to ensure full migration from Windows 7 in line with these timescales. It is anticipated that Digital Priorities investment funding and 2020/21 discretionary Capital allocations will be used to fund the procurement of new devices.

Informatics Quarterly Assurance Report – 2019/20 Quarter 3

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. Blaenavon Data Centre - Technical Update Report
3. Compliance
 - 3.1 Clinical Coding National targets
 - 3.2 Patient Records
 - 3.3 ICT Security
 - 3.4 ICT Service Desk
 - 3.5 National and Local Systems Availability
 - 3.6 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 three quarters.

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

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

Progress continues but the table also highlights that two recommendations are overdue and that one is “in Progress” so scheduled for completion.

Recommendations which are overdue are to:-

1. “Revisit training materials and standardise across the Health Board, ensuring that the materials reflect the totality of the Health Boards coding not just site based”. This recommendation had an initial deadline of 01.01.2020 (2014 rec.2)

Latest update: A document which standardises training material is scheduled to be discussed at the Clinical Coding Management Meeting on the 06th February 2020. Adjustments / approvals to the document are scheduled to be completed at the meeting. Dissemination of document will follow via leads and standard communication processes.

2. "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 draft coding policy has been created. The consultation processes for the policy has resulted in significant amendments and has been lengthier than planned. A revised draft of the policy is due to be released WC 26.01.20 for further consultation. Whilst timescales for policy completion are dependent upon approvals, it is anticipated that the policy will be available for DIGC review before the end of March 2020.

Lessons learnt indicate that overdue recommendations are the result of competing priorities and over ambitious time scales for completion of tasks.

Recommendation which are scheduled for completion 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 address variations in practices across the three sites. Deadline of 31/03/2020 (2018 rec 2d)

Latest Update: All standard Operating Procedures which supplement the policy are scheduled for completion by the end of March 2020. Progress is reported to be "on track".

2. Blaenavon Data Centre Technical Update Report

The second technical report of the investigation into the outage of Blaenavon Data Centre which occurred on the 29th June 2019 has been published by the NHS Wales Informatics Service (NWIS).

The report highlights the impact at a high level i.e. Several services hosted or provided by NWIS to BCU (and other Health Boards) such as the Welsh Clinical Portal (WLIMS), Welsh Laboratory Information Management System (WLIMS), Hospital Pharmacy and GP systems were unavailable or subject to "backlogged results" / connectivity and processing issues between the 29th June and the 3rd July.

The report supports the Interim Technical Assessment and finds that the "fault" was due to the failure of air conditioning units within the Blaenavon Data Centre (BDC). The failure resulted in servers "shutting themselves down" as temperatures increased. Switchover of services to the Newport data centre followed.

Immediate recommendations around the BDC facility have been implemented e.g. chemical clean of all air conditioning units. Whilst not reflected within the report new infrastructure is also said to have been implemented and resilience improved.

Impact statements provided by a number of Health Boards following the incident led to a general assessment which identified good practice and areas for review / improvement. Areas for review/improvement include the reclassification of some "standard" services which support critical business process, communication processes in the event of incidents and the administration of them, identification of a number of services hosted which are not resilient and the management of responses within Health Boards.

The report provides 10 high level recommendations that have been made based upon the assessment. Recommendations relate to Service Resilience, Infrastructure Resilience, Communications and Process.

Invitations to tender to provide consultancy for an all Wales IT Infrastructure review for the IT infrastructure in Health Boards, Trusts and national services provided by NWIS have been issued. Tender evaluations are due to take place in January. This will address a number of the recommendations made.

The tender issued in December 2019 states it to be the first formal activity in developing the Technical Platform on which digital services will be delivered, resulting in architectural principles and considering requirements identified by other teams involved in the delivery of digital services. .

Other recommendations will be managed / delivered by NWIS internally. All recommendations will be managed through the National Informatics Management Board or through delegation to the National Service Management Board.

References:

1 BCU (2019) Informatics Quarter 2 Assurance Report.

2 NWIS (2019), Interim Technical Report into Blaenavon Data Centre Outage.

Published 12.07.2019

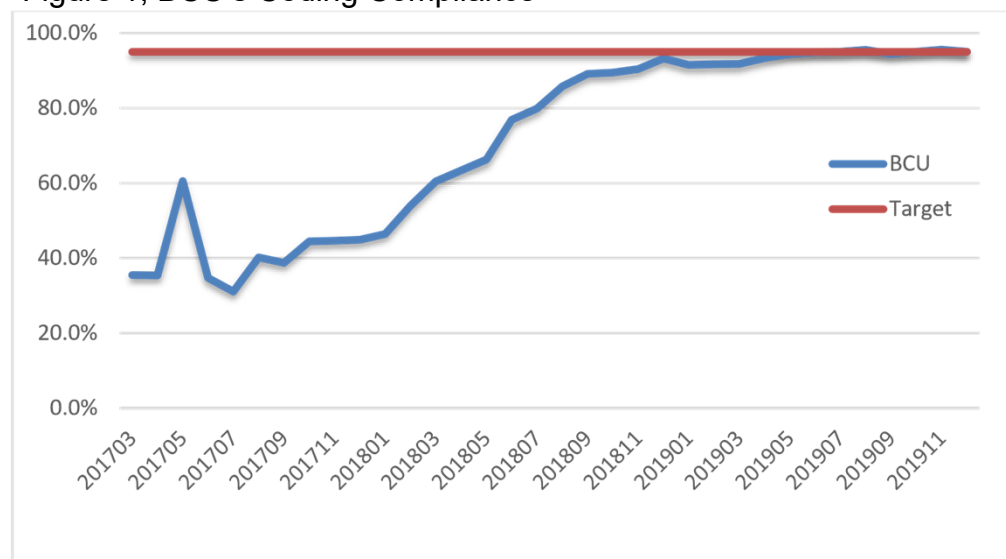
3. Compliance

3.1 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 December 2019 was 95% against the National target of 95%. (This target measures the percentage of clinically coded episodes within 1 month of episode end date). The following graph depicts how the Health Board has improved its compliance since March 2017 to reach National target compliance.

Figure 1; BCU's Coding Compliance



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

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

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

3.2 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:

3.2.1 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 ITT (formal tender) period has closed with evaluation currently underway. 4 suppliers have passed Tier 1 (desktop evaluation) onto Tier 2 (deep-dive into the product) - taking place week commencing 10th February. The final Tier 3 will be meetings with their reference sites to confirm what they are offering is live within other organisations. Preferred supplier to be selected 6th March. Project is on track for Full Business Case to the Health Board in May.

3.2.2 Results Management Project: (On Track) – *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.*

Workstream 1 – Welsh Clinical Portal (WCP) Desktop (stopping printing results) - WCP 3.11 has been through User Acceptance Testing (UAT) and will be deployed across BCU end of February. Whilst it contains some additional functionality for Results Management, it is version 3.12 (probably August for BCU) that will address the showstoppers that will enable the recording of the actions taken against results, and therefore support stopping printing results.

Workstream 2 –Increasing Electronic Test Requesting (ETR) – resources secured to baseline the take up across BCU and establish any issues preventing ETR in the clinical areas. In parallel, cellular pathology working with NWIS (reporting through the RM Project Board) to address issues in ETR for Cytology and Histology.

3.2.3 Digital Dictation/Speech Recognition (DDSR) Project: Status (Yellow) - *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.*

The ITT responses have now been evaluated against the incumbent supplier to evaluate the best approach for BCUHB and its patients, demonstrating value for money and minimising recurring revenue costs. The Project Board reviewed the findings and will make their recommendation to the Finance and Performance Committee. Once approved the ITT and incumbent supplier will be informed and a formal Phase 2 of the Project will commence.

Digital Dictation is a dependency for the Welsh Patient Administration System (WPAS) roll out to West (moving from Patient Information Management System ((PIMS)) clinic letters), with the intention to migrate users from PIMS to Digital Dictation by September 2020.

3.2.4 (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.*

Following initial user acceptance testing (UAT) findings placing the product back into System Integration Testing with NWIS to resolve a significant number of issues; UAT has been again undertaken across Wales. BCU (internal) Project Board have reviewed the 'showstoppers' and 'enhancements' agreeing 3 showstoppers and 40 enhancements – the showstoppers will be resolved prior to the live pilot, but a significant number of enhancements will require manual contingencies that will require careful planning and management. Further delays have been experienced as NWIS try and fix the showstoppers, pushing the start

dates of the live pilot in other Health Boards. Evaluation underway of the impact to BCU pilot planned for 24th Feb.

3.2.6 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.*

Since the last update, the Service has identified the additional resource required to fully implement, and the Head of Service has submitted the cost pressure. The thorough QA 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 QA process, which makes it difficult to reduce the standards of the QA itself.

3.2.7 iFIT Project: Status (Green – No Change) – *RFID tracking of casenotes.*

The upgrade has been successful and signed off, with additional functionality available in the product as a result. The team is now working with the company to develop in partnership the iAnalytics reporting tool. In addition, a pilot is being scoped by the company to explore the benefits that can be achieved through expanding the product to track and manage better utilisation of our assets e.g. portable scanners, infusion pumps, wheelchairs etc.

3.2.8 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.

The new Deputy Head of Health Records is now in post and funding has been made available to recruit a Project Manager to progress this work. This post is currently going through Establishment Control and TRAC.

3.2.9 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).

The processes for sending and managing casenote past their retention periods in off-site storage have been signed off by all custodians. To date over 60,000 casenotes have transferred, which is having an immediate positive impact across BCU environments and mitigating Health & Safety concerns.

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.

Possible sites are being evaluated by the Planning Team as more options are becoming available.

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

3.3.1 Cyber Security. Whilst there have been no major incidents affecting the organisation in quarter 3, there have been a number of email phishing attempts targeted at NHS Wales email addresses over the last few months. These attacks try to maliciously scam the user out of private information. These emails are prevented from reaching our

staff by a number of layers on our network e.g. perimeter security and email server scanning technologies.

3.3.2 Smoothwall Web Filtering Software: which is designed to restrict what websites a user can visit on their computer is now fully operational across all sites with all users migrated. As with any new system, there is a considerable amount of learning involved to ensure that service users experience and requirements are met. Website access lists are managed as part of business as usual.

3.3.3 Palo Alto Firewall: The Palo Alto next generation firewall implementation continues to be developed and is an effective part of BCNUHB's overall 'defence in depth' providing multiple layers of Cyber Security.

3.3.4 Security Information and Event Management (SIEM) System: The nationally hosted SIEM is now fully operational. The system has been particularly useful at alerting on potential malware events and solving a long-standing problem with security groups being changed incorrectly. As more Security systems are added, this will become the one stop shop for Security Alerting.

3.3.5 Operating Systems and Patch Management: Software which supports a computer's or servers basic functions such as scheduling of tasks is known as its operating system. BCNU has a several operating systems in use which are detailed in table 2. Table 2 also provides the number of devices using the operating system and where applicable our compliance with "testing and deploying" software updates released by the vendor to support "bug resolution" and security.

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

At the end of quarter 3 the number of Windows 7 devices continues to be reduced (7003 counted last quarter) and the number of Windows 10 devices are increasing (5403 reported last quarter) as the Windows 7 devices are being upgraded or replaced to move them to Windows 10. Whilst table 2 shows the current position, it is anticipated that circa 50% of the estate will be on Windows 10 by the end of quarter 4.

Table 2; *December 2019 Operating System data.*

Operating System	Device Count	% Compliant	% Target
XP	20		N/A
Windows 7	6669	92.5%	90%
Windows 10	6119	89.2%	90%
Office 2007	5402	93.1%	90%
Office 2010	41	98.6%	90%
Office 2013	598	97.5%	90%
Office 2016	5852	71.6%	90%
Average Servers OS		94.6%	95%
Average Desktop OS		94.9%	90%
Average Office apps		92.9%	90%
Average all platforms		95.2%	90%

In addition to the migration away from legacy operating systems, the current Windows 10 estate is being targeted to make sure it is running the same feature release, so we have a single supported Windows feature release reducing faults and improving Cyber Security.

Our monthly roll out of vendor software updates and security patches to enable systems to stay updated and help to mitigate vulnerabilities continues to take place. Table 2 also details the patch management position and the number of devices utilising which operating system at the end of Qtr.3. Windows updates continue to be deployed on a

monthly basis with the exception of emergency patches which are deployed as and when they are required according to urgency.

Office 2016 compliance (71.6%) is lower this quarter and below the target we aim to achieve. This is due to an increased amount of patches released by Microsoft and the time it is taking to deploy them. We fully anticipate compliance by the end of February

3.4 ICT Service Desk; Calls logged with Informatics increased in the third quarter to 22,400 which is an Increase of 3.5% on the same time last year. This increase is likely to be down to the merge of clinical systems support and service desk into a single support service. While it was anticipated that call volumes would initially increase this has been offset by some early service desk transformational work (i.e. Implementation of the new contact centre) and the seasonal reduction in calls over the Christmas period.

3.5 National and Local System Availability

3.5.1 National Systems; During the 3 months October – December 2019 there have been 9 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 :

- ❖ 1 Community Myrddin failure: A National team server reboot was needed
- ❖ 1 WPAS Central failure: This was the result of a National data centre failure
- ❖ 7 WLIMS and integration failures reported impacting Welsh Clinical Portal users:
 - WLIMS system down so no processing of results sent to WCP (Live and Testing)
 - Messaging between WPAS and WCP down
 - Messaging between EMPI and WCP down

Systems Unavailability has been categorised as

- ❖ PAS System (Community Myrddin and WPAS) was unavailable for a total of 7 hours 20 minutes approx.
- ❖ WCP (combined Live and Testing environment) was unavailable for a total of 78 hours 35 minutes approx.
 - WCP Live unavailable for a total of 6 hours 35 minutes approx.
 - WCP Testing unavailable for a total of 72 hours approx. (upgrade testing time lost).

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.

3.5.2. 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 (October to December 2019), there have been 29 incidents of user affecting unplanned outages.

- 15 Network connectivity incidents. The majority of these have been down to power outages to the site.
- 10 Telecoms incidents. Which reported a partial loss of telephony in a number of areas of the Health Board.
- 4 Server related incidents. 1 incident affecting 2 nodes of our virtual server estate in YGC resulting in 45mins of downtime for the affected services. These machines are being upgraded via our current year's capital program. This resulted in a total 5 hours of disruption. 1 incident affected a SharePoint server, which we are currently looking to migrate to SharePoint online.

***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

3.6 Data Standards Change Notices (DSCN).

Two DSCNs were implemented during quarter 3. We have achieved partial compliance with both as outlined in the following table.

Table3; *Implementation status at the end of Qtr 3 for DSCN notices*

DSCN	Date	Compliance	Comments
2019/07 – Clinical Musculoskeletal Assessment and Treatment Services (CMATS) Metrics	Qtr 2 (Oct 19)	Partial	The first submission in line with requirements set out in this DSCN was made in October. Further guidance was issued nationally in relation to DNA and Discharge. Compliance continues to vary across sites due to variation in systems and processes.
DSCN 2019 / 08 – Emergency	Nov 19	Partial	This DSCN introduced additional data items to the Emergency
Department dataset (EDDS) Revision – Phase 1		Partial	Department dataset. Some, but not all of these data items. Processes for national submissions are being revised to include new data items where available. The Information team are working with colleagues through the ED improvement group to identify areas for improved data collection to meet requirements of the DSCN.

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



Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 13 February 2020						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Digital Improvement Group Chair's Assurance Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr David Fearnley, Executive Medical Director						
Awdur yr Adroddiad Report Author:	Mr Dylan Williams, Chief Information Officer						
Craffu blaenorol: Prior Scrutiny:	No prior scrutiny – Approved by Dr David Fearnley						
Atodiadau Appendices:	None						
Argymhelliaid / Recommendation:							
<i>The Committee is asked to note the report.</i>							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
The paper is a summary of issues which are reported routinely to the Financial Recovery Group							
Cefndir / Background:							
The Digital Improvement Group is part of a portfolio of improvement groups to deliver overarching strategies. The focus for this year has been on financial recovery.							
Asesiad / Assessment & Analysis							

Strategy Implications

The group has received updates and contributed to the emerging digitally enabled clinical strategy and is developing a priority list of initiatives to deliver the 'digital core bundle'.

Financial Implications

The savings targets within year have been achieved predominantly via non-recurring schemes and therefore additional schemes will be required in the new financial year. Whilst major digital business cases are proceeding to plan the prioritisation and initiation of initiatives is proving challenging. Further investment will be required to deliver digital improvements and the group needs to work with other improvement groups to 'pump prime' investment.

Risk Analysis

Whilst longer term schemes such as the Digital Health Record are well understood in terms of cost and savings details relating to shorter or medium terms initiatives are less well developed or are limited by existing resource constraints.

Legal and Compliance

None

Impact Assessment

None required

DIGITAL IMPROVEMENT GROUP – Chair’s Assurance Report

February 2020

Meetings:

31 January 2020

3 February 2020

The purpose of the report is to highlight issues of significance to the Digital and Information Governance Committee. This update uses the Financial Recovery Group reporting template.

The group has continued to meet every two weeks where possible but attendance from the service has been variable. The group has recognised the need for a revised terms of reference and increased senior service representation; it is clear that benefits will only be released via service change and new ways of working.

1. What has gone well?

- 2019/20 schemes were identified at the start of the year to deliver the £275k Informatics savings target.
 - Workforce £75k
 - PSBA (Public Sector Broadband Aggregation) £200K means rationalisation of BCU’s Wide Area N
 - Network data circuits. In M4 £200k was released from the WCCIS project budget.
- Identified opportunities for savings by creating digital letters and in the booking centres. This needs further analysis and verification of costs. The booking centre initiative is more likely to be a Planned Care IG scheme.
- Identified long term projects that will deliver savings over the next five years e.g. digital health record (DHR) and digital dictation speech recognition (DDSR). Both schemes are proceeding to plan.

2. Support we need

- Resources remain focused on delivering the approved operational plan within budget.
- Addition and continued programme management office support is required for business case development.
- To identify business managers to help develop the PIDs and implementation plans.
- Identify criteria to prioritise schemes; the group needs to develop criteria to answer difficult prioritisation question such as “how would the group decide if it is more important to provide devices to pilot scheduling software in the community or rollout patient flow support in one of the acute hospitals?”

3. Where we need to focus

- Verify the estimated cost savings in the benchmarking data pack (discussed with DIG in September and October).
- Identify programmes where cost savings can be realised in 19/20 e.g. digital booking, and then in 20/21 e.g. patient flow, technology enhanced care (strategic investment opportunities).
- Ensuring schemes such as 'direct booking' are led by the service and not Informatics
- Create a plan for Microsoft Office 365. To date there are no cash releasing savings identified and therefore a risk mitigation and benefit plan to offset the licence and implementation costs is required urgently. These plans will need to be service led and supported by Informatics. Note: the first local Office 365 Project Board will take place in February 2020
- Further identification of sustainable resources to support for Neopost to be agreed.
- Benefits realisation for Digital letters to be undertaken.

4. Our key risks, issues and mitigations

- Although savings plans have been achieved this year - £75k has only been achieved non recurrently. This will be a pressure in future years until recurrent savings are made. In addition last year's savings achieved non-recurrently have rolled forward as a staff turnover factor (negative Budget).
- There is a need to ensure any projected savings from digital technology deployment is realised as reduction in specific budgets not necessarily managed by informatics.

Chair's Report

Name of Group:	Information Governance Group
Meeting date:	23 rd January 2020
Name of Chair:	Justine Parry, Assistant Director: Information Governance and Risk / Data Protection Officer (IGG Vice-Chair)
Responsible Director:	Gill Harris, Deputy Chief Executive Officer / Executive Director of Nursing and Midwifery
Summary of business discussed:	<ul style="list-style-type: none"> Information Governance Group was quorate, however poor attendance noted with no representation from Workforce, Prison Health, Strategy and Planning, Mental Health, Office of the Nursing Director or the Health Records Service. Progress continues with the 2019/20 Information Governance Workplan and actions due were reviewed. Out of the 49 identified actions, 71.4% are completed, 20.4% are amber and remain on track to complete within the target date, with 8.2% red and overdue. Incomplete actions relate to: <ul style="list-style-type: none"> Implementation for managing clinical verbal subject access requests Ensuring compliance with the CCTV Code of practice Development of frequently asked questions for staff regarding individuals new rights under the new data protection legislation Reviewing storage locations across the Health Board for archived clinical information IG KPI Quarter 2 report was shared for information, noting this had already been presented to DIGC in November 2019. Work is ongoing through the asset register to assess compliance with the legislation and to mitigate any areas of shortfall identified following the risk assessment. IG Toolkit Baseline submission was completed in time and submitted on the 27th December 2019. Awaiting feedback from national review on all organisations submission to agree on auditing and compliance achievement for each organisation. Whilst there was no IG KPI report for this meeting, following 2 closely reported incidents within the Community Mental Health Division and 2 within the Community Children's services, a full compliance audit will be undertaken with the service leads for the whole of the service within BCUHB.

	<ul style="list-style-type: none"> ○ Feedback was received from the National Information Governance Management Advisory Group and Wales Information Governance Board specifically around: <ul style="list-style-type: none"> ○ the use and implementation of Patient Portals and the need to ensure appropriate contractual arrangements to clearly articulate the data controller and data processor requirements. Further advice will be developed and shared across Wales to ensure a consistent and legal approach is maintained. ○ Office 365 and the need to undertake an appropriate impact assessment, nationally and locally depending on the modules used within each organisation. A National Programme Board has now been set up to address the implementation and roll out. ○ Confirmation has been received from the Once for Wales Concerns Programme that whilst initially the Request for Information Module was not within scope, this module would still be available for organisations to use and may come into scope with the programme at a later phase. ○ Information Governance policies updated and approved included: <ul style="list-style-type: none"> ○ IG17 Procedure for non-clinical photography or video / audio recording of patients and staff – update to include a section on covert recording and implications. ○ IG23 NIIAS Guidelines – minor updates to management procedures to include legal requirement to notify ICO of proven breach if appropriate within 72 hours. ○ All Wales Email Use Policy – updated to include Transport Layer Security (TLS) now in place in Wales. ○ The below policies were amended to reflect the new Senior Information Risk Owner and to include references to the new national policies: <ul style="list-style-type: none"> ▪ IG13 Confidentiality Code of Conduct ▪ IG1 Information Governance Strategy ▪ IG01 Records Management Policy ▪ IG02 Records Management Procedures ▪ IG04 Access to Information Policy ▪ IG11 Procedure for the Handling and Disposal of Confidential Waste ▪ IG14 Procedure the Information Management and Technology Security ▪ IG15 Procedure for the Storage and Transportation of Personal Data or Sensitive Information ▪ IG16 Guidance for Staff on Disclosing Personal Data
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	<ul style="list-style-type: none"> ▪ IG19 Permitted Persons Restricted Control Procedures ▪ IG24 Notification of Information Security Breach Procedure
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Progress with Information Governance work programme including outstanding actions from the Information Commissioners follow up audit • Follow up action to support learning lessons from reported incidents will commence and reported via future IG KPI reports.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • Compliance with legislation. This is being monitored via the work programme and reported as part of the key performance indicator reports.
Special Measures Improvement Framework Theme/Expectation addressed	N/A
Issues to be referred to another Committee	<ul style="list-style-type: none"> • Poor attendance at meetings to be raised with Executive Management Group for a review of identified divisional Information Governance Leads. • The requirements to comply with the CCTV Code of Practice to be addressed by the QSE as part of the Security Review Programme.
Matters requiring escalation to the Board:	
Well-being of Future Generations Act Sustainable Development Principle	<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"> • Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics. • Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services.
Planned business for the next meeting:	<p>Range of regular reports plus</p> <ul style="list-style-type: none"> • Quarter 3 and 4 Key Performance Indicator compliance • Quarter 4 Work programme Summary Report • Asset Register Compliance Report and Summary Findings • Information Governance Risk Register Review • Update on the Centralised Access to Health Records Service
Date of next meeting:	14 th May 2020



Cyfarfod a dyddiad: Meeting and date:	Digital and Information Governance Committee 13 th February 2020						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Summary of private business to be reported in public						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr David Fearnley, Executive Medical Director						
Awdur yr Adroddiad Report Author:	Jody Evans, Corporate Governance Officer						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to note the report.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
To report in public session on matters previously considered in private session							
Cefndir / Background:							
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.							
Asesiad / Assessment & Analysis							
To report in public session on matters previously considered in private session on 21.11.19: <ul style="list-style-type: none"> • Police Requests for Medical Statements • ICT Asset Management review 							
Strategy Implications							

None.

Financial Implications

None.

Risk Analysis

None.

Legal and Compliance

None.

Impact Assessment

None.