

Bundle Digital Information and Governance Committee 21 November 2019

To be held in the Board Room, Block 5, Carlton Court, St Asaph Business Park, LL17 OJG from 9:30am - 1pm

- 1 09:30 - DIG19/22 Chair's opening remarks
- 2 09:30 - DIG19/23 Apologies
*Apologies received from:
Andrew Davies - NWIS, Helen Thomas - NWIS and Melanie Maxwell - BCUHB.*
- 3 09:30 - DIG19/24 Declarations of Interest
- 4 09:30 - DIG19/25 Draft minutes of the previous meeting held on 29th September 2019, matters arising and summary action plan
DIG19.25 a Minutes DIGC 29.9.19 v0.3.docx.pdf
DIG19.25 b 20191112 DIGC Summary Action Log Public (Live version).doc
- 5.0 Governance Matters
- 5.1 09:35 - DIG19/26 Terms of Reference Review
*Dr David Fearnley
The Committee is asked to note the revised Terms of Reference and submit to the Audit Committee for ratification on behalf of the Board.*
DIG19.26a Coversheet Terms of Reference Review Revised DIGC ToR.docx
DIG19.26b Committee ToR V2.01_DIGC for agreement 21.11.19.docx
- 5.2 09:40 - DIG19/27 Cycle of business review
*Dr David Fearnley
The Committee is asked to review the Cycle of Business.*
DIG19.27a COB Coversheet.docx
DIG19.27b IGI Cycle of Business 2019_20 v2.01 for discussion Nov 2019 meeting.docx
- 5.3 09:45 - DIG19/28 Review of Corporate Risks allocated to the Committee
*Dr David Fearnley
The Committee is asked to:*
 - *consider the relevance of the current controls.*
 - *review the actions in place and consider whether the risk scores remain appropriate for the presented risks.*DIG19.28 Coversheet and Review of Corporate Risks allocated to the Committee.docx
- 5.4 10:00 - DIG19/29 Annual plan 2019/20: monitoring of progress against actions
*Dr David Fearnley
The Committee is asked to note the report and to assist in addressing the governance issues raised.*
DIG19.29a Coversheet APPMR.DOCX
DIG19.29b Annual Plan Progress Monitoring Report - September FINAL3.pdf
- 6.0 Digital
- 6.1 10:15 - DIG19/30 NWIS Update report
David Sheard (NWIS) in attendance to provide verbal update.
- 6.2 10:30 - DIG19/31 Development of Digital Strategy update
*Dr David Fearnley
Mr Dylan Williams in attendance.
The Committee is asked to note the report and seek further assurance to enable the strategy to be considered by the health board in December 2019.*
DIG19.31 Development of Digital Strategy update A digitally enabled clinical strategy for BCUHB a blueprint for better outcomes.docx
- 6.3 10:45 - DIG19/32 Transformation Fund allocation and planning for future Transformation fund opportunities
*Dr David Fearnley
Dylan Williams in attendance to provide verbal update.*
- 6.4 11:00 - DIG19/33 Digital quarterly assurance report
*Dr David Fearnley
Dylan Williams in attendance
The committee is asked to:-*
 1. *Note compliance with legislative and regulatory responsibilities which relate to the Informatics Services and*
 2. *To advise the service of any additional metrics required to improve assurance.*DIG19.33 Informatics Quarterly Assurance Report.docx
- 6.5 11:15 - DIG19/34 Digital operational plan quarterly update

Dr David Fearnley
Dylan Williams in attendance

The committee 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.*

DIG19/34 c - The committee is asked to note the briefing paper for information.

DIG19.34 a Informatics Operational Plan 2019/20 Progress Monitoring Report.docx

DIG19.34 b Informatics Operational Plan 2019/20 Progress Monitoring Report (Powerpoint).pptx

DIG19.34 c WEDS Briefing paper November 2019.docx

6.6 11:30 - DIG 19/35 Chair Assurance report - Improvement Group replacing Digital Information Group

Dylan Williams

The committee is asked to receive the summary report and note.

DIG19.35 Cover Sheet DIGC Chairs Report.docx

7.0 11:35 - Comfort break

8.0 Information Governance

8.1 11:40 - DIG19/36 ICO Data protection follow up audit report

Justine Parry in attendance

The Committee is asked to:

- Note the improvements and compliance achieved since the initial audit report;*
- Note the outstanding actions will be captured within the Information Governance and Health Records work programmes and will be monitored by the Information Governance Group.*

DIG19.36a Coversheet ICO Audit report.docx

DIG19.36b Betsi Cadwaladr University Health Board Draft Audit Follow - Up Report v2.0.pdf

8.2 11:55 - DIG19/37 Information Governance Quarterly Assurance report (KPI and compliance report)

Justine Parry in attendance

The committee is asked to receive and note the improvements in compliance with the Data Protection and Freedom of Information Legislation contained within the 2019/20 Quarter 2 Report.

DIG19.37 Information Governance KPI Report Qtr 2 2019-20 Approved v1.0.docx

8.3 12:10 - DIG19/38 Chair Assurance report - Information Governance Group

Dr David Fearnley

The committee is asked to note issues of significance from the Information Governance Group.

DIG19.38 Chair Assurance report - Information Governance Group.docx

9 12:15 - DIG19/39 Summary of InCommittee business to be reported in public

Dr David Fearnley

The committee is asked to note the report.

DIG19.39 InCommittee items reported in public.docx

10 12:20 - DIG19/40 Issues to inform the Chair's Assurance report

11 DIG19/41 Date of next meeting - 13.2.20

12 DIG19/42 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
Draft minutes of the meeting held on 29.9.19
in the Boardroom, Carlton Court, St Asaph

Present:

Mr John Cunliffe	Independent Member– Committee Chair
Prof Nicky Callow	Independent Member
Mrs Cheryl Carlisle	Independent Member
Ms Lucy Reid	Independent Member

In Attendance:

Dr David Fearnley	Executive Medical Director
Dr Melanie Maxwell	Caldicott Guardian
Mrs Justine Parry	Assistant Director Information Governance and Assurance
Mr Dylan Williams	Chief Information Officer
Ms Diane Davies	Corporate Governance Manager

Agenda Item Discussed	Action By
DIG19/1 Chair's Opening Remarks The Chairman welcomed everyone, including Prof Nicky Callow to her first meeting as a member of the Committee and Dr David Fearnley as recently appointed Executive Medical Director and Lead Director of the Committee.	
DIG19/2 Apologies for Absence Apologies were received from Mrs Dawn Sharp.	
DIG19/3 Declarations of Interest None were received.	
DIG19/4 Draft minutes of the previous meeting held on 9.5.19 and Summary Action Log The minutes were approved as an accurate record Updates were noted to the summary action log including: IG19/19 – action to be reopened until completion WCCIS – The Committee questioned whether there was an option for BCU to explore additional functionality should the national programme not deliver. The Chief Information Officer advised that this could be addressed following evaluation of the benefits provided,	

<p>however a strategic view would need to be sought from Welsh Government via the Executive Medical Director.</p>	
<p>DIG19/5 DIGC Terms of Reference (ToR)</p> <p>DIG19/5.1 The Committee discussed the Terms of Reference, following the amendment to name of the Committee and a number of suggestions were put forward for consideration at the next meeting. These included</p> <ul style="list-style-type: none"> • Amend references to Informatics throughout the ToR to 'Digital' • Include reference to the SIRO 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>DIG19/5.2 It was also agreed that clarity be sought on the Director whom fulfilled the SIRO role, understanding that the Chief Information Officer was currently deputising this duty until such time as this was agreed within Executive Team portfolio discussion.</p> <p>It was resolved that the Committee sought clarity on the points raised for consideration at the next meeting.</p>	<p>DD/DF</p> <p>DF</p>
<p>DIG19/6a Revised Informatics Operational plan</p> <p>DIG19/6a.1 The Chief Information Officer presented this item. He drew attention to issues in moving forward delivering WCCIS health functionality and confirmed that no commercial decision had been taken to date.</p> <p>With respect to WEDS, in response to the Committee Chair's question as to the operational impact on BCU, he advised that various options for the Emergency Department system were being discussed by the Board during the current week. It was emphasised that the new ED facility at Ysbyty Gwynedd would need to be prioritised. The Chief Information Officer also outlined downstream effects being encountered at Wrexham Maelor. The Committee requested a briefing be provided at the next meeting.</p> <p>DIG19/6a.2 A discussion ensued on digital solution involvement with the organisation's Improvement groups which included a disconnect with plans. The Chief Information Officer confirmed that work was in hand to address moving forward the health record storage facility in redevelopment of the Ablett unit. He also advised that whilst there was technical ability within the directorate to deal with digital mobile workforce plans, there were issues in relation to rollout capacity to be addressed. The Executive Medical Director also advised that this area needed to be more considered more within core business discussion.</p> <p>DIG19/6a.3 The committee chair also raised a number of additional questions:</p> <ul style="list-style-type: none"> - the delivery timescale for SKYPE for GP's by NWIS, - the potential disconnect in timescales for the redevelopment of Ablett with proving a solution for storage of health records, and the additional cost pressures from the new national negotiation for Microsoft licences. 	<p>DW</p>

<p>It was resolved that the Committee noted the report</p>	
<p>DIG19/6b Informatics Operational plan 2019/20 progress monitoring report</p> <p>DIG19/6b.1 The Chief Information Officer presented this item, highlighting the key issues within the report. The Executive Medical Director invited discussion on the 'RAG' status of WCCIS reporting. Following feedback from the Committee, the Chief Information Officer agreed to provide more consistency in the completion of all status reports moving forward.</p> <p>DIG19/6b.2 The Committee also questioned progress and decisions taken regarding CHAI, internet protocol telephony and office 365.</p> <p>It was resolved that the Committee noted the report and financial implications highlighted</p>	
<p>DIG19/7 Informatics quarter 2 assurance report</p> <p>DIG19/7.1 The Chief Information Officer presented this item which provided updates on National Audit Office Report: review of Information Communication Technology (ICT) Asset Management and Compliance assurance reporting on</p> <ul style="list-style-type: none"> • Clinical Coding National targets • Patient Records • System Management • ICT Security • ICT Service Desk • National and Local Systems Availability • Data Standards Change Notices (DSCN) <p>The continued positive improvement in clinical coding was acknowledged</p> <p>DIG19/7.2 The Chief Information Officer drew particular attention to Health Record activity, including the effect of the National Infected Blood Inquiry and significant storage issue due to the embargo on the destruction of any case note types for the period of the inquiry (est. 5 years). It was noted that Year 1 costs would be met within the Health Records and Informatics budgets, with 2-5 year cost pressures to be addressed with the Finance and Performance Committee (F&PC). The Committee stressed the need to digitise health records at the earliest opportunity, in the discussion which followed the Chief Information Officer agreed to circulate work that had been shared with the F&PC on the cost effectiveness of scanning.</p> <p>DIG19/7.3 Following discussion regarding national system outages, the Committee acknowledged the Executive Medical Director's assurance that the testing of disaster recovery plans would need to be addressed by the SIRO, including accountability and clinical risks. He provided examples of current services which were utilising their plans effectively.</p> <p>DIG19/7.4 A discussion ensued on the consideration, prominence and integration of IT within operational plans, in which the committee questioned whether Clinician feedback could also be acquired through focus groups which the Chief Information Officer agreed to follow up along with the suggestion of developing a Digital Impact Assessment.</p>	<p>DW</p> <p>DW</p>

<p>It was resolved that the Committee noted the assurance report</p>	
<p>DIG19/8 Draft informatics section of 3 year forward plan</p> <p>In discussion of the draft section, the Committee emphasised the need to demonstrate how informatics contributes to improving Referral to Treatment (RTT), unscheduled care and financial performance. The Chief Information Officer agreed to feedback the Committee's comments to his team and ensure that benefits were also reflected within the plan.</p> <p>It was resolved that the Committee noted the draft plans</p>	
<p>DIG19/9 Chair assurance report : Digital Transformation Group</p> <p>DIG19/9.1 Whilst the Chief Information Officer reported that there had been attendance issues, it was acknowledged that the group was being superseded by an Improvement Group. Positive developments with local authorities in respect of Clare Closer to Home were highlighted, noting that integration within Primary Care required further work. Budgetary planning feedback was also noted.</p> <p>DIG19/9.2 The Executive Medical Director explained information governance restrictions which had been highlighted in the integration of pharmacy with some GP practices.</p> <p>It was resolved that the Committee noted the report</p>	
<p>DIG19/10 IT change management policy</p> <p>The Committee was disappointed to note continuing typographical errors within the policy which had been re-presented following similar feedback at the previous meeting. The monitoring and escalation arrangements section of the policy was discussed and amendments were agreed.</p> <p>It was resolved that the Committee amend the policy as discussed take chair's action to approve the policy document following the amendments agreed</p>	DW
<p>DIG19/11 Wales Audit Office 2014 and 2018 Clinical Coding Audit management response</p> <p>Questions were raised regarding some management responses not fully addressing the recommendations. However, it was noted that the actions within the report provided had been updated as at July 2019 in preparation for the August postponed DIGC meeting. Therefore it was agreed that the Chief Information Officer would update the response, along with other positive work that he outlined within the meeting, following which the revised and updated report would be provided to the Committee Chair for consideration before submission to the Audit Committee.</p> <p>It was resolved that the Committee</p>	DW


<p>Agreed that the management response be further updated before submission to the Audit Committee.</p>	
<p>DIG19/12 NWIS update</p> <p>DIG19/12.1 The Committee discussed the report and agreed that it would be preferable for a template to be developed by the Chief Information Officer and Executive Medical Director in order that future reports provided information that was contextualised for BCU and provided a more balanced overview.</p> <p>DIG19/12.2 The Committee raised concern regarding the national data centre outage, including further detail provided by the Chief Information Officer on BCU impact. He agreed to circulate a further updated report following the meeting.</p> <p>It was resolved that the Committee noted the update</p>	<p>DW/DF</p> <p>DW</p>
<p>DIG19/13 Information Governance annual report 2018/19</p> <p>DIG19/13.1 The Assistant Director Assurance and Risk presented the annual report. She highlighted information provided within the following sections: IG operational plan; caldicott & confidentiality; SIRO (including information security issues and Serious IG incidents); complaints, concerns and outcomes; audits; requests for information; training and achievements.</p> <p>The Committee requested further detail on how many of the 20 complaints detailed within section 6 of the report were upheld. It was noted that the decline in Freedom of Information (FOI) compliance had been mainly due to enquiry complexity however, process mapping was being undertaken with Leads to make improvements.</p> <p>DIG19/13.2 The Assistant Director Assurance and Risk took onboard feedback relating to quarterly reporting dates and readability of graphs for future reporting. She also agreed to provide a briefing note on the digitalisation of personnel records following a discussion on non-compliance.</p> <p>It was resolved that the Committee noted and ratified the annual report 2018/19</p>	<p>JP</p> <p>JP</p>
<p>DIG19/14 Information Governance quarterly assurance report</p> <p>In discussion of lessons learned regarding FOIs, the Assistant Director Assurance and Risk agreed to provide further information in respect of Exemptions</p> <p>It was resolved that the Committee noted and ratified the IG Quarter1 assurance report</p>	<p>JP</p>
<p>DIG19/15 Chair Assurance report : Information Governance Group</p> <p>It was resolved that the Committee noted the report</p>	

<p>DIG19/16 Caldicott : Principles into Practice ~ Outturn report 2019 and Improvement Plan 2019/20</p> <p>The Caldicott Guardian presented this item which provided a work programme to assess compliance with the Caldicott Principles on an annual basis. The Committee questioned partial compliance with G9 – formal contractual arrangements with all contractors and support organisations that include their responsibilities in respect of information governance and confidentiality. The Assistant Director Risk and Assurance undertook to clarify timescales in relation to the national procurement team in this regard.</p> <p>It was resolved that the Committee noted the report and actions taken within the workplan</p>	JP
<p>DIG19/17 Summary of InCommittee business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>DIG19/18 Issues of Significance to Inform the Chair’s Assurance Report</p> <p>To be agreed outside of the meeting.</p>	
<p>DIG19/19 Date of next meeting</p> <p>9.30am on 21.11.19 in the Boardroom, Carlton Court</p>	
<p>Resolution to Exclude the Press and Public</p> <p>That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.”</p>	

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	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. 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.	Await NWIS feedback at DIGC November 2019
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 Fearnley	DIG19/5.1 ToR amendments References to 'Informatics' to be amended to 'Digital' Delete role with SIRO Insert paragraph re Chair / Vice Chair	8.11.19	Amendments made to Terms of Reference. To approve at DIGC November 2019	21.11.19

	Clarify Information Governance Lead Director			
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
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.	Action to be 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.	13.2.2020
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.	Action to be closed
Dylan Williams/ John Cunliffe	DIG19/10 IT change management policy Arrange for amendments discussed to IT Change management policy and follow up with Chair's action to approve the policy	8.11.19	Amendments and impact assessment made and emailed to Chair on 7 October 2019 for approval	
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	Action to be closed

			his role as lead for Clinical Audit.	
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	Initial discussion with Helen Thomas interim CEO of NWIS started via email headings including <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 <p>Interim CEO unable to attend this DIGC but committed to support developing a better report for both NWIS and BCU</p>	13.2.2020
Dylan Williams	DIG19/12 NWIS Circulate technical update on outage to members for information	8.11.19	Latest report circulated	Action to be closed
Justine Parry	DIG19/13 IG Annual report Provide detail on S6 upheld reports	8.11.19	Email to members 14.10.19	Action to be 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	Action to be closed

Digital and Information Governance Committee		GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
21.11.19	To improve health and provide excellent care		

Report Title:	Revised Digital and Information Governance Committee Terms of Reference
Report Author:	Ms Diane Davies, Corporate Governance Manager
Responsible Director:	Dr David Fearnley, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	<p>At the Digital and Information Governance Committee held on 29.9.19 the following amendments were put forward by the Committee:</p> <p>DIG19/5.1 The Committee discussed the Terms of Reference, following the amendment to name of the Committee and a number of suggestions were put forward for consideration at the next meeting. These included</p> <ul style="list-style-type: none"> • Amend references to Informatics throughout the ToR to 'Digital' • Include reference to the SIRO 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
Approval / Scrutiny Route Prior to Presentation:	DIGC discussion held on 29.9.19
Governance issues / risks:	The amendment strengthens BCU governance structures.
Financial Implications:	Not applicable
Recommendation:	The Committee is asked to note the revised Terms of Reference and submit to the Audit Committee for ratification on behalf of the Board.

Health Board's Well-being Objectives (indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)	√	WFGA Sustainable Development Principle (Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)	√
1.To improve physical, emotional and mental		1.Balancing short term need with long	

health and well-being for all		term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<i>(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see http://howis.wales.nhs.uk/sitesplus/861/page/47193)</i>			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

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.

Previous date of approval by the Board 25.7.19

V2.1

Digital and Information Governance Committee

21.11.19


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**To improve health and provide
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Report Title:	Cycle of Business Review
Report Author:	Diane Davies Corporate Governance Manager
Responsible Director:	Dr David Fearnley Executive Medical Director
Public or In Committee	Public
Purpose of Report:	To provide the Committee with an opportunity to review the current Cycle of Business and advise of any additional items to be included.
Approval / Scrutiny Route Prior to Presentation:	None
Governance issues / risks:	To strengthen governance
Financial Implications:	Not applicable
Recommendation:	The Committee is asked to review the Cycle of Business

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

5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<i>(If no EqlA carried out, please briefly explain why. EqlA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqlA – see http://howis.wales.nhs.uk/sitesplus/861/page/47193)</i>			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

DIGITAL and INFORMATION GOVERNANCE COMMITTEE CYCLE OF ANNUAL BUSINESS AND FORWARD PLANNER
2019/20 v1.02 draft last updated 11/11/2019 13:47

Part 1 – Annual Recurring Business

Agenda Items	Notes	May	Aug	Nov	Feb
Apologies	Standard Committee item	x	x	x	x
Declarations of Interest	Standard Committee item	x	x	x	x
Draft minutes of previous meeting, matters arising and review of Summary Action Plan	Standard Committee item	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			
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
Policies (compliance with national policy and development of organisational policy) – <i>as arise</i>	ToR	x	x	x	x
Periodic updates on Limited Assurance Audit reports	As advised by Audit Committee				
Digital					

DIGITAL and INFORMATION GOVERNANCE COMMITTEE CYCLE OF ANNUAL BUSINESS AND FORWARD PLANNER

2019/20 v1.02 draft last updated 11/11/2019 13:47

Agenda Items	Notes	May	Aug	Nov	Feb
Digital Strategy – annual review	ToR 3.1.1			x	
Approval of Informatics – Operational Plan	ToR 3.1.2/10				x
Digital Operational plan – quarterly update incl National Infected Blood Inquiry update		x	x	x	x
System Demonstrations (ad hoc as relevant)					
Partner organisation arrangements – other partners to be identified / advised	ToR 3.5				
NWIS update report NWIS Director in attendance		x	x	x	x
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
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
Implications of internal and external reviews and reports (as arise)	ToR				
Strategy / plan development (as arise)	ToR				
Closing Business (standing items)					

DIGITAL and INFORMATION GOVERNANCE COMMITTEE CYCLE OF ANNUAL BUSINESS AND FORWARD PLANNER

2019/20 v1.02 draft last updated 11/11/2019 13:47

Agenda Items	Notes	May	Aug	Nov	Feb
Summary of InCommittee business to be reported in public (if applicable)	Standard Committee item	x	x	x	x
Issues of significance to inform Chair assurance report	Standard Committee item	x	x	x	x
Date of next meeting	Standard Committee item	x	x	x	x
Exclusion of press and public (if applicable)	Standard Committee item	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

**Digital and
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21/11/2019

Report Title:	Corporate Risk Register and Assurance Framework Report
Report Author:	Mrs Justine Parry, Assistant Director of Information Governance and Assurance Mr David Tita, Head of Risk Management
Responsible Director:	Mr David Fearnley, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	<p>Over the last few months, the Risk Management team has been supporting Directorates, Divisions and Area teams in timely updating and refreshing risks on their risk registers as engagement and staff capacity building in risk management are critical in embedding risk management. The Health Board recognises that it is on a risk management improvement journey which in the next few years will culminate in the implementation of an Enterprise Risk Management (ERM) Model.</p> <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 (DIGC).</p> <p>These risks were also presented to the Board on the 7th November 2019, however due to a timing issue any updates from the Board meeting have not been captured in this version being presented to the DIGC.</p> <p>CRR10a National Infrastructure and Products. Key progress: There have been no further updates since previous submission to the Committee.</p> <p>CRR10b Informatics - Acute Health Records Key progress: There have been no further updates since previous submission to the Committee.</p> <p>CRR10c Informatics infrastructure capacity, resource and demand. Key progress: There have been no further updates since previous submission to the Committee.</p> <p>The Audit Committee agreed on the 16th October, that commencing in 2020/21 all corporate risks will be presented at each Committee</p>

	meeting. Therefore these risks will next be presented to the Committee in April 2020.
Approval / Scrutiny Route Prior to Presentation:	The full Corporate Risk Register 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.
Governance issues / risks:	The report provides for the identification of the risk, the arrangements in place presently to control the risk and further mitigation action/s required.
Financial Implications:	These are identified through the development of business cases and plans required as part of the further actions to achieve the target risk score, as detailed in each risk register entry.
Recommendation:	The Committee is asked to: <ul style="list-style-type: none"> • consider the relevance of the current controls: • review the actions in place and consider whether the risk scores remain appropriate for the presented risks:

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

Special Measures Improvement Framework Theme/Expectation addressed by this paper

Governance Theme – To ensure an effective approach to the management of risk.

Equality Impact Assessment

Due to the nature of this report an Equality Impact Assessment is not required.

Key to abbreviations within the attached register.

Strategic Goals

- 1) Improve health and wellbeing for all and reduce health inequalities.
- 2) Work in partnership to design and deliver more care closer to home.
- 3) Improve the safety and outcomes of care to match the NHS' best.
- 4) Respect individuals and maintain dignity in care.
- 5) Listen to and learn from experiences of individuals.
- 6) Support, train and develop our staff to excel.
- 7) Use resources wisely, transforming services through innovation and research.

Principal Risks

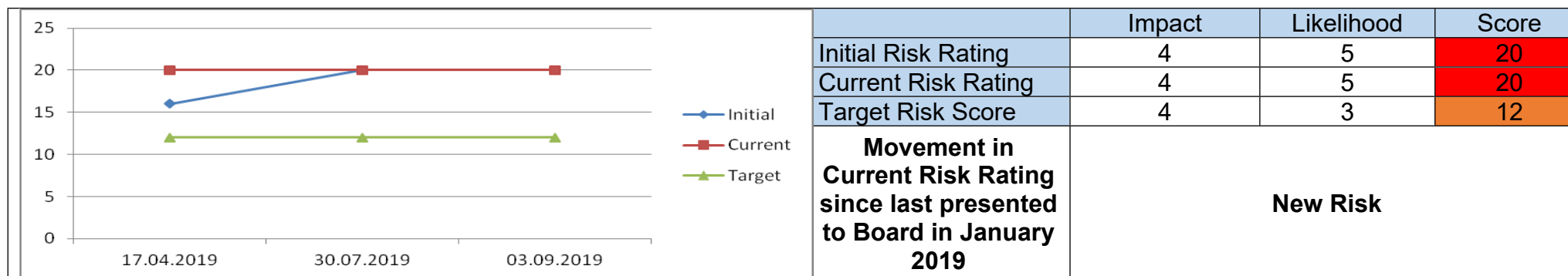
The Health Board has determined its principal risks to achieving its strategic goals as follows:-

- Principal Risk 1: Failure to maintain the quality of patient services.
- Principal Risk 2: Failure to maintain financial sustainability.
- Principal Risk 3: Failure to manage operational performance.
- Principal Risk 4: Failure to sustain an engaged and effective workforce.
- Principal Risk 5: Failure to develop coherent strategic plans.
- Principal Risk 6: Failure to deliver the benefits of strategic partnerships.
- Principal Risk 7: Failure to engage with patients and reconnect with the wider public.
- Principal Risk 8: Failure to reduce inequalities in health outcomes.
- Principal Risk 9: Failure to embed effective leadership and governance arrangements.

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

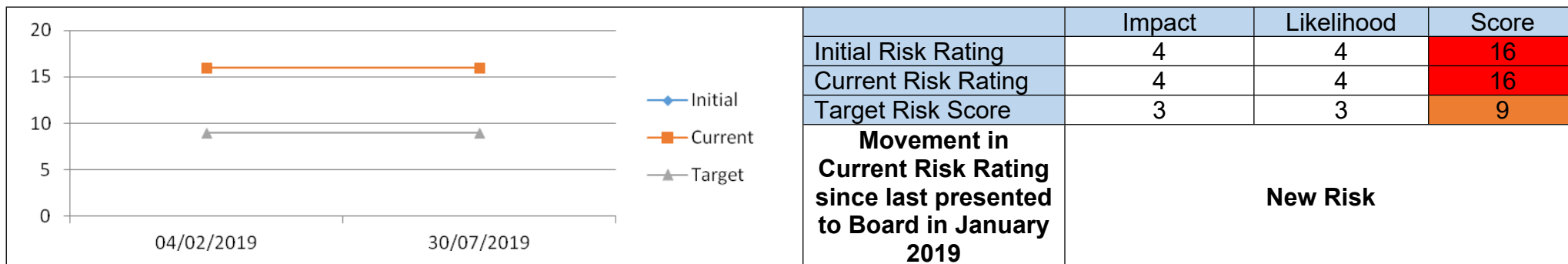
CRR10a	Director Lead: Executive Medical Director	Date Opened: 28 March 2019
	Assuring Committee: Information Governance & Informatics Committee	Date Last Reviewed: 3 September 2019
	Risk: National Infrastructure and Products	Target Risk Date: 28 December 2020
<p>There is a risk that the national infrastructure, technical architecture and products are not fit for purpose and do not allow the organisation to deliver benefits when planned. This may be caused by</p> <p>a) a one size fits all approach.</p> <p>b) products which are not delivered as specified (e.g. time, functionality and quality).</p> <p>c) the approach of the National Programme to mandate/design systems rather than standards.</p> <p>d) poor resilience and a "lack of focus on routine maintenance".</p> <p>e) Supplier capacity leading to commitment or delivery delays.</p> <p>f) Historic pricing models that are difficult to influence / may not be equitable.</p> <p>This could result in negative impacts in several key areas including:- Patient outcomes. An inability to support the strategic direction of the Health Board. Delays to delivery of transformational change. Inefficient work flows, poor system usage. Increased costs as we maintain multiple systems / pay inequitable prices. Delays with the delivery of cost saving schemes.</p>		



Controls in place	Further action to achieve target risk score
1. Scrutiny of NWIS by D&IGC. 2. Project Governance.	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		
1. Public Accounts Committee Review of NWIS 2. Reports from the Digital Transformation Group to IGIC / EMG 3. WAO - review 4. National Architecture and Informatics Governance Reviews	Strategic Goals	Principal Risks	Special Measures Theme
	7	PR6	Not Applicable

CRR10b	Director Lead: Executive Medical Director	Date Opened: 28 March 2019
	Assuring Committee: Information Governance & Informatics Committee	Date Last Reviewed: 19 July 2019
	Risk: Informatics - Acute Health Records	Target Risk Date: 31 December 2019
here 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.		

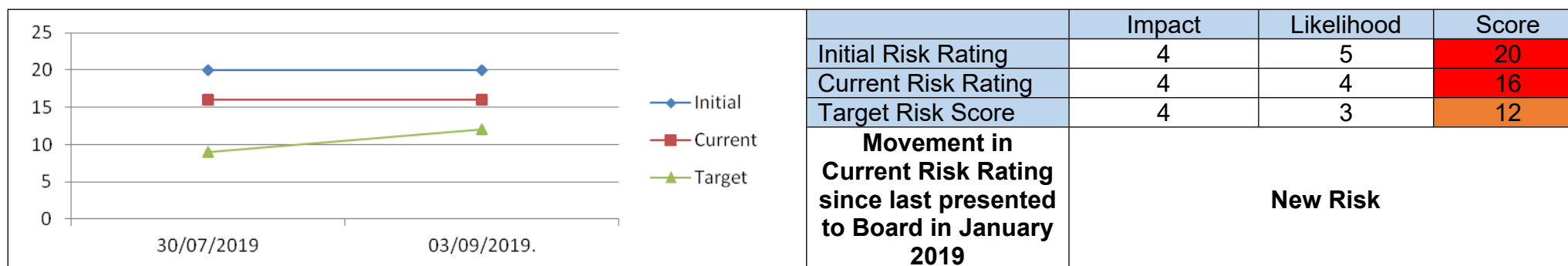


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Corporate and Health Records Management policies and procedures are in place pan-BCUHB. 2. iFIT RFID casenote tracking software and asset register in place to govern the management and movement of patient 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: Information Governance & Informatics Committee	Date Last Reviewed: 3 September 2019
	Risk: Informatics infrastructure capacity, resource and demand.	Target Risk Date: 31 December 2019
<p>There is a risk that digital services within the Health Board are not fit for purpose. This may be due to:</p> <p>(a) A lack of capacity and resource to deliver services / guide the organisation.</p> <p>(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).</p> <p>(c) the moving pace of technology.</p> <p>This could lead to failures in clinical and management systems, and a failure to support the delivery of the Health boards strategy / plans impacting negatively on patient safety/outcomes. It may also pose a greater risk to the Health board of infrastructure failures and cyber attack.</p>		



Controls in place	Further action to achieve target risk score
1. Develop associated business cases 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.	

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 IGIC (for Governance).	Strategic Goals	Principal Risks	Special Measures Theme
	2 3 4 5 6 7	PR6 PR5 PR2	Not Applicable

Digital & Information Governance Committee	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board <i>To improve health and provide excellent care</i>
21.11.19	

Report Title:	Annual Plan Progress Monitoring Report (APPMR)
Report Author:	Mark Wilkinson, Executive Director of Planning & Performance
Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance
Public or In Committee	<i>Public</i>
Purpose of Report:	This report provides the committee with a summary of progress against the key Actions within the Annual Plan
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised by the Executive Team and approved by the Executive Director of Planning and Performance.
Governance issues / risks:	N/A
Financial Implications:	N/A
Recommendation:	The Digital & Information Governance Committee is asked to note the report and to assist in addressing the governance issues raised.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
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4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√

5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper This paper supports the revised governance arrangements at the Health Board and supports the Board Assurance Framework by monitoring the progress in implementation of the Board's operational plan with increased scrutiny on progress from the executive team.			
Equality Impact Assessment The Health Board's Operational Plan has an equality impact assessment completed. This report provides evidence of progress against this plan.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



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September 2019

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Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

September 2019

This report presents performance 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 and estates.

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the executive team. Additional assurance will be provided on a quarterly basis with narrative in support of the rating given to a random selection of plan actions. Where a red rating is applied in any month, a short narrative is provided to explain the reasons for this and actions being taken to address.

As it is the end of the second Quarter 2019/20, this report includes a sample of evidence for two of the Actions within each programme. Lead Executives have compared their rating in light of the Q2 milestones. The sampling aims to provide a consistency check on the application of the RAGP rating and additional evidence to provide assurance that the rating is appropriate.

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.

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	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

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

September 2019

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
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	G	G	G	G	G	G						M
AP002	Healthy weight services increased	Executive Director of Public Health	G	G	G	G	G	G						
AP003	Explore community pharmacy to deliver new lifestyle change opportunities	Executive Director of Public Health	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						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						M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	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			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						M

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

September 2019



Quarter 2 Sample Report: AP001 - Smoking cessation opportunities increased through Help Me Quit

Milestones due to be met in Quarter 2:

There are no milestones to meet in Quarter 2 for this Action.

Summary of Position

- Uplift (65%) in smoking cessation staff for Help Me Quit in Hospital
- Following transfer of Stop Smoking Wales service to Health Board, developing closer integration of cessation services and healthcare services to utilise all elements of the system to their best effect – pooling expertise and experience.
- Review of Level 3 Pharmacy service practices in order to enhance smoking cessation offer and recording of validated quit rates.
- Implementation of a rolling programme of Help Me Quit in Primary care.
- Supporting GP Clusters to prioritise tobacco control in Cluster IMTPs.
- Smoke Free Premised Task and Finish Group coordinating actions in support of planned introduction of Regulations in 2020.

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

September 2019



Quarter 2 Sample Report: AP008 - Partnership plan for children progressed with a strong focus on adverse childhood experiences (ACE)

Milestones due to be met in Quarter 2:

There are no milestones due for Quarter 2 for this Action, However, achievement of the Milestone for Quarter One, “AP008A - Review of the Neurodevelopment Pathway” is yet to be confirmed.

Summary of Position

Following the two successful bids in August to Welsh Government for Neurodevelopment Services; Recurrent funding to close capacity and demand gap; Non recurrent funding to address current waiting list position a Regional Neurodevelopment Steering Group has been set up to roll out the bids and address 6 key work-streams:

1. Plan of Action
2. Data recording and reporting
3. Development of a North Wales Service Specification
4. Workforce opportunities
5. Waiting List Recovery
6. Communication.

Work streams 1 & 2 have been completed, Work-stream 3 has identified in practice all three health economies are now using the All Wales Standard for referrals, though the workforce applying them differ slightly. Work stream 5 has developed a tender to go out in the next month. Work-stream 5&6 in development. Initial findings suggest the timeframe for workforce recruitment to close capacity – demand gap is likely to be 9-12 months, during which the demand will exceed capacity and therefore add an additional 150-200 onto the Waiting list recovery work-stream. Once the tender is public we will be in a better position to estimate how many suppliers and by inference the length of time to clear the 1200(+150-200) currently waiting beyond the target

Improved partnership working is taking place across children's services. All services are gradually focusing their work with an 'ACE aware and trauma informed' approach. This particularly takes place within our services for Children who are Looked After (LAC) where there is significant multiagency team work to enable earlier intervention. This is as a result of the Children's Transformation Bid investment. Partnership working is also evident for the implementation of the Additional Learning Needs (ALN) Act, with work taking place to develop the role of the DECLO. More recently a multi- disciplinary arrangement has been agreed between the health board and third sector partners in the development of an On-call rota for the provision of care to children at the End of their Life, as expected within the palliative care standards.

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Programme Care Closer to Home Matrix

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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
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						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			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						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						M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care		G	G	G	G	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						M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD		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						M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	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									M
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	A	A	A	A	A	A			M			

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Quarter 2 Sampled Report: AP010 - Put in Place Community Resource Team Maturity Matrix and support to progress each CRT

Milestones due to be met in Quarter 2

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

- Integrated/ partnership elements of the Care Closer to Home project have been incorporated within the Community Services Transformation Programme. A key element of this work is the establishment of 14 integrated health and social care Localities, based on the geography of GP clusters. The development and expansion of Community Resource Teams (CRTs) is central to this work.
- To support this work, a **Localities Road Map** is now in place to guide Area Integrated Service Board's (AISBs) in the development of integrated health and social care Localities. This Road Map is supported by an agreed **Project Workbook** which provides a number of practical tools to support development, including:
 - Glossary of terms
 - **Maturity matrix**
 - Mobilisation plan
 - Stakeholder analysis
 - Communications plan
 - Risk register
- Area ISBs are applying the **Maturity Matrix** in order to establish a baseline, and then again at 6 and 12 months, as a way of evidencing distance travelled.
- Conversations are being had across Areas to agree **Locality Leadership/** management structures for the new integrated health and social care Localities, with the Central Area holding a facilitated session in early September 2019. Similar conversations in the other Areas are expected to take place over the coming months.
- Working collaboratively with Public Health Wales, work has started to develop a regional template for **Locality Population Needs Assessments**. The data developed as a result of these assessments will inform and support the development of CRTs, by providing the evidence base from which to make decisions about resource allocations and service development priorities.

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Quarter 2 Sampled Report: AP017 - Develop and Implement a Social prescribing model for North Wales

Milestones due to be met in Quarter 2

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

- There are a plethora of predominantly county-based social prescribing programmes across North Wales, commissioned through short-term funding streams. All are focused on the 3rd sector, and respond to locally-identified needs.
- BCUHB is now working to commission the Elemental software package that will allow for greater co-ordination, tracking and measuring of outcomes between the various programmes.
- At a North Wales level, a Community of Practice (COP) has been established as a partnership between BCUHB and Wrexham Glyndwr University, to enable practitioners to network, share good practice, identify learning and training needs, and identify opportunities for research and evaluation. The COP meets on a quarterly basis, and is attended by over 80 participants on each occasion.
- BCUHB has also worked with Bangor University to identify research funding, which aims to enhance the local evidence base. On an All Wales basis, BCUHB is a partner in the Wales institute for Social Prescribing Research, working with a number of academic institutions, and looking to access significant research monies to build the academic infrastructure around social prescribing in Wales.
- Proposals are currently being formulated to ensure the continued funding for 2019-20 programmes so that the current good practice can be continued.

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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						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						
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						
AP024	Rheumatology service review	Executive Director of Primary & Community Care	G	G	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						
AP025	Implement year one plans for Endoscopy	Executive Director Health Sciences	G	G	A	R	R	R						
AP025	Systematic review and plans developed to address diagnostic service sustainability	Executive Director Health Sciences	G	G	A	R	R	A						M
AP025	Systematic review and plans developed to address service sustainability	Executive Director Nursing & Midwifery	G	G	A	A	A	A						M
AP026	Fully realise the benefits of the newly established SURNICC service	Executive Director Primary and Community Care		G	A	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						
AP028	Develop Rehabilitation model for people with Mental Health or Learning Disability	Executive Director of Mental Health & Learning Disabilities		G	G	G	A	A						M

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AP021. Implement preferred model for acute urology services.

The preferred service model is being reviewed against the overarching Health Board Strategy to ensure it remains aligned. This is as a result of the uncoupling of the Robotic Assisted program and the potential of introducing a new model of care which could enhance day case surgery. This model may form part of the planned care strategy rather than being specific to Urology, this will be explored in a further and final workshop, scheduled for 25th October 2019.

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AP025 - Implement year one plans for Endoscopy

Milestone 1/June 2019 - Put in place in year service delivery plan

There is an in year service delivery intention which is awaiting confirmation of funding from WG. Delivery of this plan has been hindered by the delay in the Vanguard unit being commissioned and the rooms in Wrexham coming fully on stream. YG and YGC have insourced additional capacity regularly at the weekend as agreed.

Milestone 2/September 2019 – Endoscopy deliver sustainable delivery plan including staffing and estate.

The North Wales Endoscopy Group has been established with workstreams including Workforce, Estates, Capacity & Demand and Pathways. These mirror the National Endoscopy Programme Board; with which the H Board is fully engaged, workstreams;. The H Board has undertaken Capacity and Demand modelling with the DU and this is to be further refined during November and will inform our plan going forwards. The H Board have continued to insource activity as above and await a decision on funding.

Milestone 3/March 2020 - Endoscopy develop JAG accreditation timetable/plan

The National Endoscopy Programme Board has commissioned a JAG preparation visit for all Health Boards which is currently being arranged. This will inform the planning process to achieve full accreditation.

AP025 - Systematic review and plans developed to address diagnostic service sustainability

Milestone 1/June 2019 – Ensure capacity plan for in year demand is in place.

Insourcing for CT, MR and Non Obstetric Ultrasound has been agreed for the Radiology Service until the end of December 2019 with RMS. Insourcing will be required until March 2020 and additional funding for Radiology has been requested from Welsh Government.

Milestone 2/March 2020 – Develop capacity plan for future demand (equipment and staff)

Kendall Bluck are currently conducting a review of Radiology Services and this will be used to inform the basis of the proposal for sustainable radiology services in time for the Milestone date.

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Quarter 2 Sample Report: AP022 - Business case, implementation plan and commencement of enabling works for orthopaedics

Milestones due to be met in Quarter 2:

AP022A - Finalise Orthopaedic Plan

AP022B - Commence implementation plan and enabling works for Orthopaedic Services

Summary of Position

The 3 funded elements of the Orthopaedic Plan are progressing well;

1. Consultant recruitment the HB has received an excellent response to the adverts for ortho cons with over 50 applications. Interviews scheduled for October 2019. However RAG remains amber as there will be a time lag before the posts are filled and they will impact upon additional activity for this year.
2. Outsourcing 750 cases to NHS England providers. Transfer of patients has begun to take place to Agnes Hunt and Countess of Chester in accordance with the plan. Treatment has commenced and we do not anticipate any issues in delivering the planned 750 cases. Further outsource capacity is being sought from other providers to support delivery of the backlog reduction. Contracts not yet finalised hence rating remains amber
3. Estate – capital planning work is progressing with costed returns expected by the end of December 2019.

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Quarter 2 Sample Report: AP026 - Fully realise the benefits of the newly established SURNICC service

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

- The North Wales Neonatal Service underwent it's final Transition in November 2018.
- Babies under 26 weeks gestation and those requiring Surgical or Cardiac care are transferred to England.
- Transfer pathways are in place and are working well.

Medical Staffing

Representation from the Wales Deanery visited YGC in February 2019, it was agreed that Neonatal Trainees would be returning to YGC from March 2020, we are expecting 4 Trainees. All the Neonatal Consultants have agreed to become Educational Supervisors. We are now fully recruited to our Neonatal Consultant posts, there is cross cover at Tier 2 Registrar Level with the Paediatric Team and there are 2 SHO's due to commence soon.

Nurse Staffing

Recruitment is ongoing, 1 WTE B6 and 2 WTE Band 5 are due to commence in post in October 2019. Over recruitment of Band 5 Nursing Staff to address difficulties in recruiting band 6, to undertake QIS – Quality in Speciality Course in Conjunction with Bangor University.

01.12.18 - 30.09.19 North Wales Activity

24 babies were cared for at YGC between the gestational age of 26 Weeks and 31+6 Weeks who were booked in WMH
4 babies were cared for at YGC between the gestational age of 26 Weeks and 31+6 Weeks who were booked in YG
5 Babies were cared for in WMH between the gestational age of 30 Weeks and 31+6 Weeks
2 Babies were cared for in YG between the gestational age of 31 Weeks and 31+6 Weeks

Posts	Central - WTE	Current Position
Consultant Neonatologists	7	Fully recruited
Band 5	37.12	38.12 (0.92 WTE Over Recruited)
Band 6	16.5	13.08 WTE (Under Recruited)
Band 3	5.5	5.1 WTE (0.4 WTE Under Recruited)
Total WTE	66.12	56.3

CARE DAYS	YGC Q1 Total	YGC Q2 Total	YGC Total	WMH Q1 Total	WMH Q2 Total	WMH Total	YG Q1 Total	YG Q2 Total	YG Total
Total Intensive Care Days	106	98	204	10	14	24	5	6	11
Total High Dependency Care Days	313	175	488	41	77	118	58	46	104
Total Special Care Days	484	406	890	444	668	1112	305	287	592
Total Normal Care Days	1	0	1	0	1	1	23	37	60
Cannot calculate care level total	0	1	1	4	7	11	0	0	0
Total Patient Care Days	904	680	1584	499	767	1266	391	376	767

01.04.17-30.09.19 26W - 26W+6D

11 Babies 26w - 26w+6d gestation were cared for in YGC from 01.04.17 to 30.09.19

IC Days	HD Days	SC days
85	473	323

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

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AP031. Workforce shift to improve care closer to home

This action required the recruitment of advanced nurse practitioners, which has not been successful to date. We have been out to agency with limited success and are continuing to try and recruit to the posts. We have significant gaps at Wrexham in both nursing and medics, hence the highlighted Red position.

AP039. Stroke Services

The business case could not be approved at the present time as the proposed clinical model did not have a financial pipeline to support the revenue costs. Therefore further work is being undertaken to revise the case and develop the clinical pathway.



Quarter 2 Sample Report: AP032 - Demand - Improved Mental Health Crisis response

Milestones due to be met in Quarter 2:

AP032A – Implement alternative crisis pathway

Summary of Position

- Integrated ICAN Pathway has been developed and agreed will support people of all ages and will focus on ensuring that people receive the right support, in the right place, at the right time.
- ICAN Centres have been tested both in the community and within unscheduled care.
- The ICAN Mental Health Urgent Care Centres, support people in crisis who present at our Emergency Departments between the hours of 7pm and 2am but do not require medical treatment or admission to a mental health facility.
- Since launching in January, the service has supported over 1,400 people in crisis.
- An evaluation report will be provided within the next reporting period.
- A recent social return on investment analysis found that for every £1 invested, more than £5 of social value was created.
- We have identified our First ICAN Community Hubs. Community Hubs will offer a local one stop shop of resources to better support people in their communities, ensuring people get the right help and support at the right to prevent problems from escalating.
- We have identified our first ICAN Primary Care test sites.
- We have tested ICAN Volunteers operating from Ambulance control with a view of implementing a pilot study
- ICAN Training has been accredited and launched. We **will be starting to deliver the training across organisations and communities in North Wales**

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Quarter 2 Sample Report: AP036 - Flow – Ablett/PICU for Mental Health

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Positon

Actions	Outcomes	Timeline
Meetings progressing well with plan	Scoping work and data analysis to be undertaken	With sustained focus, the T&F & Board are on track to deliver the programme. There is however; a significant amount of work to be undertaken. To progress this work, Ward Manager needs to be released and backfilled for the agreed period of 3 months.
Clinical and Operational Pathways drafted	Further evidence base sourced	
Transport options scoped, to remain the same by offering a blend of using our own transport & for those patients presenting a higher risk, 365 will be commissioned	Teams informed and engaged, communication plan drafted	
Detailed data analysis undertaken including demand and capacity exercise	Detailed programme plan agreed	
Engagement with CHC and partners underway with clear plan to progress	PID agreed & CAMMS updates up to date	
EQIA, DIPA & HIA complete	Pathway drafted	
Seclusion options have been worked through and the group agreed the need for Tryweryn to have extra care area. A bid will need to be completed for the enabling works	Transport arrangements agreed	
Seclusion Policy to include the use of extra care facility	Consensus agreed on Seclusion	
Further evidence base sourced, literature search complete and informed any decisions made thus far		
ECT arrangements are under review		
Decommissioning of Taliesin and future plans requires further discussion		

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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						
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						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						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			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			M			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director Workforce & Organisational Development	G	G	A	G	G	M						
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director Workforce & Organisational Development	G	A	A	A	A	M			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			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						M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUBH reputation	Executive Director Workforce & Organisational Development	A	G	G	G	G	M			M			M

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Programme

Workforce Integrated Learning & Improvement

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Quarter 2 Sample Report : AP045 - Develop an integrated multi professional education and learning improvement programme in liaison with HEIW

Milestones due to be met in Quarter 2:

AP045A - Enhance working relationships with local education providers to develop stronger academic links

AP045E - Improve attraction

Summary of Position

AP045A - Enhance working relationships with local education providers to develop stronger academic links:

An Education Improvement plan is in place to develop relationships and promote joint working between BCUHB, Higher Education partners, Further Education partners and Local Authority Education leads.

A new Multi-Professional Educational Governance Group has been established, the objectives of which are to strengthen relationships and partnerships with education providers including Health Education Improvement Wales (HEIW), to support and develop education pathways to build a competent, sustainable and flexible workforce. Draft Terms of Reference for the group have been updated to reflect new contacts with education partners and Health Education Improvement Wales (HEIW). The draft Terms of Reference build on those established for the existing 'Training and Education' sub group, which were developed to support the delivery of the Recruitment Strategy.

Mapping of local and national education provision has been completed in readiness for the first meeting. The first meeting will be held on the 21st October 2019

AP045E - Improve attraction:

A scoping exercise has been conducted to map all events, the target groups, age range of targeted groups, and event type in order to ensure appropriate engagement between the Health Board and external partners in order to attract the local population to consider careers within the NHS. 38 events were supported in the 2018/19 school year, 15 events have been planned or already supported in this academic year to date (September-November). A Careers advisor event is being organised by HEIW, BCUHB are represented, the event provides local career advisors with information about health careers. A meeting has taken place with a small local company who delivers careers advice to primary schools WOW (World of Work) sessions are delivered in a fun and interactive way to encourage children to start to think about the types of work available.

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Quarter 2 Sample Report: AP046 - Develop a strategic equality plan for 2020-2024

Milestones due to be met in Quarter 2:

AP046E - Aligned the objectives to:-

- Living Healthier Staying Well (LHSW) priorities, the Clinical Services Strategy and Workforce Strategy
- The seven partnership well-being objectives, developed in accordance with our duties under the Well-being of Future Generations Act 2015
- The objectives aligned to the Regional Population Needs Assessment and BCUs North Wales Area Plan priorities in response to the Social Services and Well-being (Wales) Act 2014

AP046F - Developed draft SEP 2020- 2024 in line with the duties and undertaken external consultation prior to presentation to Board

Summary of Position

The Strategic Equality Plan has been developed to meet our statutory requirements following extensive research and engagement with a broad range of Stakeholders between January and July 2019. This has included our Equality Stakeholder Group comprising individuals representing people with protected characteristics; the Gwynedd Older People's Forum; the Centre for Sign Sight Sound; Local Partnership Forum, Local Negotiating Committee and Healthcare Professionals Forum; Betsi Cadwaladr University Health Board Stakeholder Reference Group; staff groups and a range of individuals both within and outside the organisation.

The Corporate Engagement Team have also been involved in distributing questionnaires at events they have attended over the last few months. This work has informed the development of a number (8) of strategic equality objectives that will be aligned to the development of the Integrated Medium Term Plan so that they become embedded within operational plans for the organisation. The Plan was approved by the Equality and Human Rights Strategic Forum in August 2019 and was submitted to Strategy Partnerships and Population Health (SPPH) Committee on 1st October 2019 where approval was given for a period of public consultation. The Plan will now be widely circulated and published on our website for public consultation. The final draft will return to SPPH in December 2019 before going to Board for final approval.

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Programme Estates Strategy Matrix

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AP062	Statutory Compliance / Estate Maintenance	Executive Director Planning and Performance	G	G	G	G	G	G						M
AP063	Primary Care Project Pipeline	Executive Director Planning and Performance	G	G	G	G	G	G						M
AP064	Well-being Hubs	Executive Director Planning and Performance	G	G	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						M
AP068	Orthopaedic Services	Executive Director Planning and Performance	G	G	G	G	G	G						M
AP069	Ablett Mental Health Unit	Executive Director Planning and Performance	G	G	G	G	A	R						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						M
AP072	Central Medical Records	Executive Director Planning and Performance	G	G	G	G	A	A						M
AP073	Residencies	Executive Director Planning and Performance	G	G	G	G	G	G						M
AP074	Integrated Care Fund (ICF) Schemes	Executive Director Planning and Performance	G	G	G	G	A	G						

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AP069 Ablett Mental Health Unit.

Following appointment of the Supply Chain Partner, the Project Board has reviewed the programme

- The outline business case is the key document in that it defines the case for change and sets the project programme and budget envelope
- The Project Board have noted that the timescale for completion of the OBC is dependent upon 2 critical factors:
 1. The consultation/engagement in support of the relocation of services from Bryn Hesketh
 2. Together with the SCP the Project Board have undertaken further work to assess the risks and deliverability of the current preferred option (partial demolition, rebuild and refurbishment of the existing unit) This review has indicated that consideration should be given to the benefits/consequence of an alternative option to develop a new build solution on the YGC site (to mitigate the risks of the interface with operational services and expected planning objections)
- Together these factors have indicated the need to extend the period of development of the OBC from Jan 20 to May 20.
- By ensuring the OBC is robust and comprehensive the Project Board believe that the planned completion of the FBC and commissioning of the new facility will not change from the original programme.

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Quarter 2 Sample Report: AP062 - Statutory Compliance/Estate Maintenance

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

Estate condition and performance summary report 2017/18 (2018/19 Report available in November 2019)

- Agreed programme of discretionary capital investment across BCU 19/20
- Estates & Facilities budget £3m
- Project delivery reported through to the Capital Programme Management Team
- Projects delivered on priority and based on Estates & Facilities Risk Register
- Pan BCU Projects - Fire Management and Asbestos Removal
- All projects currently on target for delivery by 31st March 2020 and draft bids for 20/21 currently being developed from Estates & Facilities Risk Register

High Risks (£m)	Significant Risks (£m)	Moderate Risks (£m)	Low Risks (£m)	Risk Adjusted Cost (£m)
28.6	20.1	54.5	38.6	53.4

WG Indicator	Definition	BCU Performance	NHS Wales Average
Physical condition	A minimum of 90% of the estate should be sound, operationally safe and exhibit only minor deterioration	74%	81%
Statutory compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	78%	87%
Fire Safety compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	79%	90%
Functional suitability	A minimum of 90% of the estate should meet clinical and business operational requirements with only minor changes required.	85%	82%
Space utilisation	A minimum of 90% of the estate should be fully used	88%	91%
Energy Performance	The estate should consume no more than 410kWh/m2	<421 kWh/m2	<409kWh/m2

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**Quarter 2 Sample Report: AP074 - Integrated Care Fund (ICF) schemes****Milestones due to be met in Quarter 2:**

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

Proposals have been reviewed across the Health Board and Councils to provide integrated joint office accommodation (CRT's) and schemes that support dementia services. The following details progress to date.

- OPMH Dementia Unit, Bryn Beryl. Is a new build extension to provide day care accommodation for Older / Adult Mental Health. The scheme has been procured with planning approval received, and is now at business case stage. **AMBER**
- Tywyn Community Resource Team. Work has been completed to provide integrated joint office accommodation, with the Hospital in Tywyn **GREEN**
- LlanfairPG Community Resource Team. Feasibility to provide accommodation for an integrated joint office is complete up to planned permission stage. However as number of ecological and planning issues have been raised, which need resolution before the scheme can progress any further. **RED**
- Cefni Garden will provide a dementia friendly garden within a courtyard on the Cefni Hospital Site, design is complete with procurement ongoing. It is anticipated the scheme will be completed before March 2020. **GREEN**
- Amlwch Community Resource Team. Procurement is complete to provide integrated joint office accommodation within the Health Centre at Amlwch. Subject to approval, the scheme will be completed by December 2019. **GREEN**
- Denbighshire Community Resource Team. Design and procurement have been completed for integrated joint office accommodation on the Denbigh Hospital Site. Subject to approvals, the scheme will be complete by January 2020. **GREEN**
- Conwy CRT's at Prestatyn and Abergele Clinics. Scoping and feasibility is ongoing to provide integrated joint office accommodation on the Prestatyn and Abergele clinic sites. Once design is signed off procurement can progress, subject to approvals the schemes will be finished April 2020. **AMBER**

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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						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			M			M
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						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						
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	A	A	A	A	A	M						
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						M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	A	A	G	G	G	M						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						M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	A	A	A	A	A	A						M
AP060	Support Eye Care Transformation	Executive Medical Director	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						

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Quarter 2 Sample Report: AP055 - Support the identification of storage solution for central library

Milestones due to be met in Quarter 2:

AP056A - 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.

Summary of Position

Agreed Business Case to be aligned with Mental Health Case timescales i.e. vacating the current casenotes housed in the 2nd store by March 2021.

Draft Ministerial Brief prepared for sign off at next meeting on the 23/09. This meeting will focus on the available options/models for housing the YGC file library, including in scope those housed in the primary library. Following this meeting work will commence on the YGC Single Stage Business Case.

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Betsi Cadwaladr
University Health Board

Programme

Digital Health Good Record Keeping

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Quarter 2 Sample Report: AP056 - Transition programme to review the management arrangements for ensuring good record keeping across all patient record types

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

New Deputy Head of Health Records has started in post as of 1st October 2019. The B7 Project Manager has been confirmed in principle and funding is being secured through the HASCAS and Ockenden Programme Board. Once in place the baselining work can commence, Mental Health Services will be the priority area. Original aim to complete this work by March 2020 is at risk due to the delays on the Project Manager post.

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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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21 November 2019

Report Title:	A digitally enabled clinical strategy for Betsi Cadwaladr University Health Board – a blueprint for better outcomes.
Report Author:	Dr David Fearnley, Executive Medical Director.
Responsible Director:	Dr David Fearnley, Executive Medical Director.
Public or In Committee	In Public.
Purpose of Report:	This report sets out a digitally enabled clinical strategy for the Health Board.
Approval / Scrutiny Route Prior to Presentation:	This strategy summarises discussions at the Health Board, DIGC, Strategy, Partnerships and Population Health Committee, and other meetings with clinicians and partners since September 2019. It is the first report of the proposed new strategy.
Governance issues / risks:	<p>This report sets out the case for a wide-ranging redesign of the 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>It focuses on better outcomes by adopting effective and person centred care, supported by professional networks and digital health care technology.</p>
Financial Implications:	Investment will be required to accelerate the deployment of a bundle of essential digital solutions, engagement with partners, co-design and assurance of change, a new infrastructure to support the new pathways, networks, and new digital capabilities.
Recommendation:	The Committee is asked to note this report and seek further assurance to enable the strategy to be considered by the health board in December 2019.

Health Board's Well-being Objectives <i>(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper This report provides a new approach to support the Special Measures Improvement Framework http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment <i>This report proposes a new approach and will require a full Equality Impact Assessment (to be conducted before approval) and is designed to have a positive impact and reduce health inequalities.</i> http://howis.wales.nhs.uk/sitesplus/861/page/47193)			

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

A digitally enabled clinical strategy for Betsi Cadwaladr University Health Board – a blueprint for better outcomes

1. Introduction

This report sets out a digitally enabled clinical strategy for the Health Board, based upon an understanding of the population's needs, national digital health and social care policy, and a move towards evidence based pathways and professional networks. This report is designed to be shared widely with all stakeholders so that by March 2020 a more detailed report can be produced which will set out the three year implementation plan for the new strategy.

It proposes an ambition for North Wales to become an exemplar for digitally enabled health and social care. This will require extensive partnership working across and beyond the region, sharing approaches, joining pathways and ensuring that digital systems across North Wales work together to improve the health and wellbeing of the population.

2. The health of the population of North Wales

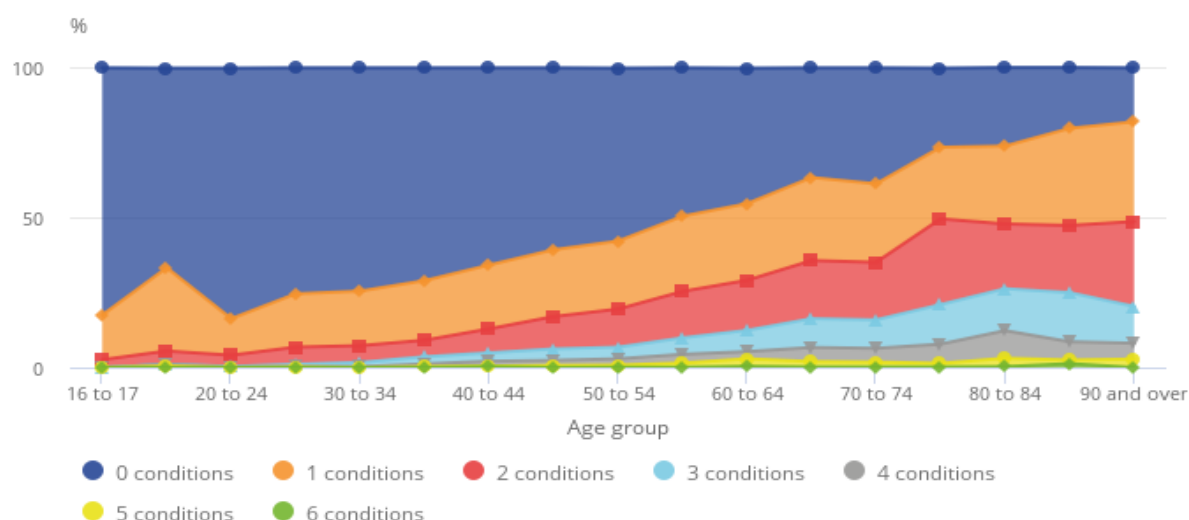
This digitally enabled clinical strategy will only succeed if it is informed by the health needs of the population of North Wales. Much is already known about the inequalities within the population that drive poorer health outcomes, and service planning has been based upon this information for many years. The Health Board's Strategic Equality Plan (due December 2019) will identify further actions to reduce inequalities.

However, there are new and emerging methods to analyse large health databases and this can improve service design and allocation of resources. For example, the Health Board invested in a collaborative research programme that reviewed the two major approaches to population health assessment, based upon primary care clusters. The findings tentatively suggest that age may be a less effective indicator of need than comorbidity, potentially having implications for how services are planned (Population Health Management in Cwm Taf Morgannwg, 2018).

Comorbidity is an important factor in this clinical strategy because it increases complexity and risk when providing care and requires reliable and effective health record systems to drive better outcomes. Figure 1 shows the trend for people to have multiple conditions as they age, and illustrates the importance of connected digital health and care systems to ensure good outcomes. Extending the population health management study to the Health Board would be just one opportunity to learn more about health trends in Wales.

A population health approach underpins this clinical strategy, including health improvement, health service improvement, and health protection. These aspects are contained within the Health Board's *Living Healthier, Staying Well* strategy. Evidence based pathways exist to enable improvement in all of these areas of population health and are crucial to this digitally enabled clinical strategy.

Figure 1: Long term conditions increase in each decade of life (Office for National Statistics, 2018)



Source: Health Survey for England, NHS Digital

3. Key national digital, health and social care policies – a ‘wellness’ system.

There are many policies that guide this digitally enabled clinical strategy. In 2015, *Informed Digital Health - A Digital Health and Social Care Strategy for Wales* was published (Welsh Government, 2015) which set out a vision that included supporting people and professionals to use information.

In 2018 *A Healthier Wales: A Plan for Health and Social Care* set out the following:

“Our vision is that everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible.

There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives. It will be a ‘wellness’ system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

This whole system approach will be equitable. Services and support will deliver the same high quality of care, and achieve more equal health outcomes, for everyone in Wales. It will improve the physical and mental well-being of all, throughout their lives, from birth to a dignified end.

When people need support, care or treatment, they will be able to access a range of services which are made seamless and delivered as close to home as possible. Services will be designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes.

People will only go to a general hospital when that is essential. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital-based care is needed, it can be accessed more quickly.

Because of its emphasis on driving change and improvement, its emphasis on wellbeing, prevention and early intervention, and on using technology to support high quality services, this whole system approach will be more effective, efficient and equitable, so that it is sustainable for future generations in Wales.”

The 10 year strategy identified a ‘quadruple aim’:

- Improved population health and wellbeing
- Better quality and more accessible health and social care services
- Higher value health and social care
- Motivated and sustainable health and social care workforce

The report also suggested the use of design principles, which will be adopted in the further development of this strategy. It also recognised digital healthcare technology as a key enabler of transformational change, whilst also acknowledging the challenges of driving digital change at pace and scale across health and care in Wales. It recommended the following:

- Accelerate progress towards a fully integrated national digital architecture, the roll out of the Wales Community Care Information System, and creating an online digital platform for citizens, alongside other nationally mandated services.
- Invest in the future skills we need within the health and social care workforce, and in the wider economy, to accelerate digital change and maximise wider benefits for society and the Welsh economy.
- Develop an ‘open platform’ approach to digital innovation, through publishing national standards for how software and technologies work together, and how external partners can work with the national digital platform and national data resource.
- Significantly increase investment in digital infrastructure, technologies and workforce capacity, supported by stronger national digital leadership and delivery arrangements.
- Establish a national data resource which allows large scale information to be shared securely and appropriately.

Other reports such as *Informatics Systems in NHS Wales* (Public Accounts Committee, 2018) identified challenges in delivering digital transformation. For example, the Chair’s foreword stated:

'In 2003 the iPhone was yet to be invented and Google Gmail and Skype were yet to take off. It was in this same year that the Informing Healthcare strategy was launched, with an electronic patient record for Wales at its heart. The other technological innovations of that year have not only been realised, but leapfrogged several times, and yet NHS Wales remains far away from a seamless electronic portal for patient records.'

Further concerns about the pace of change were identified in *Informatics systems in NHS Wales* (Wales Audit Office, 2018). This report identified concerns about the electronic patient record in Wales, highlighting delays and problems with functionality, which persist in the Health Board to this day.

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 who will define national standards and services, as part of moving to an open digital architecture, across all digital systems; 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
- 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.

Additional funding of £50 million will also be available to support a portfolio of transformational programmes, covering five strategic themes:

- Transforming digital services for patients and public
- Transforming digital services for professionals
- Investing in data and intelligent information
- Modernising devices and moving to cloud services
- Cyber-security and resilience

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 similarly developing digital solutions and a joint regional approach offers wider benefits.

The Health Board's strategy *Living Healthier, Staying Well* was produced in 2018 after widespread consultation and distilled the strategic goals into three key areas across the life span:

- Improving health, reducing health inequalities
- Care closer to home
- Acute hospital care

This led to an annual plan for 2019-20 with 42 separate actions linking to these three goals and a further 30 relating to enablers such as workforce and estate. The actions have been reviewed throughout the year and plans for 2020-21 will take account of this digitally enabled clinical strategy.

4. Integrated pathways – an ambitious redesign

There are many evidence based pathways, but a particularly useful source is provided by the National Institute for Health and Care Excellence (NICE) (<https://pathways.nice.org.uk/>). These pathways are based upon the highest standards of evidence. Many are already used across the Health Board, but it is suggested they become the clear delivery approach of this digitally enabled clinical strategy. This means moving away from a focus on structures and the associated organisational boundaries (e.g. surgeries, care homes, hospitals, clinics, sites, services and departments) towards Health Board wide functional pathways that draw upon digital systems to continually measure and improve outcomes.

The NICE Pathways are categorised in the following six domains:

- Conditions and diseases
- Health protection
- Lifestyle and wellbeing
- Population groups
- Service delivery, organisation and staffing
- Settings

It is proposed that adoption of these pathways will also enable improved outcomes by supporting participation in each of the 43 National Clinical Audit and Outcome Review Plans that are in the Health Board's 2019-20 clinical audit plan. These signify areas of national focus and priority – they are mandatory clinical audits.

Appendix 1 lists the NICE Pathways and aligns the relevant National Clinical Audit and Outcome Review Plan (NCAORP) and the six National Pathways under consideration (these include heart failure, stroke, cataracts, knee surgery, colorectal, and lung cancer). In addition, Appendix 1 links some of the 42 actions in the health board's annual plan 2019-20 that involve pathways (although only 2 pathways are specifically referred to in the plan). This framework will require wider engagement to prioritise the design and implementation of pathways across the Health Board. Tier 2 clinical audits (local Health Board priorities) will be included in the next phase of the development of this strategy.

The annual planning process can be used to phase the redesign of the pathways to ensure that the following priorities are satisfied:

- Special Measures Improvement Framework
- National Pathways
- National Clinical Audit and Outcome Review Plan
- Health Board clinical audit priorities
- Current business cases

- Quality, safety and patient experience concerns
- Regional Partnership Board priorities

Therefore, over the next three years, over 75 key pathways will be reviewed and developed further to ensure that the health board is not only delivering care based upon evidence based pathways but that it is doing so in a comprehensive and consistent manner.

A series of workshops will be established to enable the design principles of *A Healthier Wales* to be used to reorganise existing services into pathways and develop further existing pathways. This will include the use of digital healthcare technology and the formation of professional networks to support the pathways. This will involve people who use the services so that co-design is an integral part of the new pathway development.

5. Networks

Pathways will provide standards and consistency, reducing unwarranted variation in planning and delivery of care. However, the workforce requirements are for **integrated professional networks**, overcoming organisational boundaries and building expertise and resilience. Networks are a key aspect of large scale change programmes (NHS England, 2018) and exists in various forms across the health board and nationally. This digitally enabled clinical strategy requires a renewed focus on developing networks so that unwarranted variation is reduced, and resources can be distributed more effectively within networks rather than just based on structural arrangements.

Outstanding leadership of pathways and networks is required to ensure development and delivery of care against standards and best practice. Further workforce development will be required for individuals, teams, and the Health Board (with a focus on digital readiness and digital maturity). A key aspect of this strategy will be digital literacy (Health Education England, 2019) and rethinking the ambition for our workforce and population to be skilled and confident users of digital technology.

6. The digital architecture required to enable delivery of the clinical strategy

The health board has continued to develop digital solutions to health and social care services in collaboration with the NHS Wales Informatics Service (NWIS). However, as set mentioned above there has been delay and lack of progress with digital healthcare technology development within the Health Board. This is a key strategic issue. Not only do single pathways require digital health records (which do not exist across the Health Board) to be safe and effective, but a growing number of people within North Wales have multiple long term conditions and are on many pathways at any one time (see Figure 1). This level of comorbidity and complexity requires extensive and highly connected digital systems across the entire health board and across all partners in the region to deliver safe and effective care.

It is proposed that a '**core digital bundle**' is prioritised during next three years. This will include health board wide full deployment of five key digital solutions:

- **digital health record** (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 rationale of a single Welsh solution. However, the delay is no longer clinically tenable.

7. Timeline for development and delivery of the new clinical strategy

This report summarises the key strategic issues facing the Health Board. This strategy will be discussed at the Health Board workshop on 5 December 2019, with period of three months to engage more widely and refine the proposals. Developing the strategy alongside the annual planning process will be an opportunity to focus on key milestones for the first year of the strategy.

Resources will be required for delivery of this ambitious strategy. This will include investment in digital systems and supporting all staff, new workforce skills and capabilities, organisational development support, and a steering group to oversee the development of the strategy, with strong communications and engagement emphasis to ensure co-production is achieved. It is recommended that the Programme Steering Group reports to SPPH for governance purposes.

8. Conclusion

This digitally enabled clinical strategy sets out the case for a wide-ranging redesign of the clinical services across the Health Board, based explicitly upon:

- 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

It focuses on better outcomes by adopting effective and person centred care, supported by professional networks and digital health care technology. National policy

on health and social care highlights a desperate need for greater use of digital healthcare technology – the health board can lead a transformation in partnership across North Wales.

This strategy moves away from a reliance on structural forms towards functional pathways and networks, underpinned and fully enabled by digital healthcare technology. By redesigning services along evidence based pathways, there will be an opportunity to identify more clearly how digital healthcare technology can be utilised especially across pathways for people with multiple long term conditions. Focus on a 'core digital bundle' will provide professional networks with credible timescales for change and co-design with people who use services.

9. Recommendation

The Committee is asked to note this report and seek further assurance to enable the strategy to be considered by the Health Board in December 2019.

10. References

A Healthier Wales: Our Plan for Health and Social Care (2018). Welsh Assembly Government. <https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

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The King's Fund, Adoption and spread of innovation in the NHS, January 2018 Population Health Management in Cwm Taf Morgannwg. Using Segmentation and Risk Stratification to generate a novel quantitative evidence base for new models of care

Appendix 1.

Table listing NICE Pathways, related National Clinical Audit and Outcome Review Plan (NCAORP), prominence in the Annual Plan 2019-20 and template for prioritisation over the next three years (after wider engagement). Tier 2 (Health Board priority clinical audits will be included during next stage of development)

NICE Pathway	Related National Clinical Audit and Outcome Review Plan (NCAORP)	Annual plan priority (to be developed further by wider engagement)			
		19/20	20/21	21/22	22/23
1. Conditions and diseases					
Digestive tract conditions (Colorectal in National Plan)	National Emergency Laparotomy Audit (NELA)				
Diabetes and other endocrine, nutritional and metabolic conditions	National Diabetes Foot Care Audit Diabetes Inpatient Audit (NaDia) Pregnancy in Diabetes Audit Programme National Core Diabetes Audit: <ul style="list-style-type: none"> Core Report 1 –Care Processes and Treatment Targets Insulin Pump National Diabetes Transition Report National Paediatric Diabetes Audit (NPDA)				
Blood and immune system conditions					
Breast conditions	National Audit of Breast Cancer in Older Patients (NABCOP)	Yes			
Cancer (Lung cancer in National Plan)	National Lung Cancer Audit National Gastrointestinal Cancer Audit Programme: <ul style="list-style-type: none"> Oesophago-gastric Bowel National Prostate Cancer Audit	Yes			
Cardiovascular conditions (Stroke and Heart Failure in National Plan)	Cardiac Rhythm Management PCI Audit (previously Coronary Angioplasty Audit) National Vascular Registry Audit (incl. Carotid Endarterectomy Audit) Cardiac Rehabilitation Sentinel Stroke National Audit Programme (SSNAP) National Heart Failure Audit Comparative audit of critical care unit adult patient outcomes (case mix) (INNARC)	Yes			

	Myocardial Ischaemia National Audit Project (MINAP)				
Injuries, accidents and wounds	Trauma Audit & Research Network (TARN) Falls & Fragility Fractures Audit Programme: <ul style="list-style-type: none">• National Hip Fracture database• In-patient Falls Audit• Fracture Liaison Service				
Ear, nose and throat conditions	All Wales Audiology Audit				
Fertility, pregnancy and childbirth	National Neonatal Audit Programme (NNAP) National Maternity & Perinatal Audit <ul style="list-style-type: none">• Organisational report• Clinical report				
Infections					
Genetic conditions					
Chronic fatigue syndrome myalgic encephalitis					
Respiratory conditions	National Asthma & COPD Audit Programme (NACAP): <ul style="list-style-type: none">• Children and Young People Asthma• Adult Asthma• COPD• Pulmonary Rehabilitation				
Kidney conditions	Renal Registry				
Liver conditions					
Mental health and behavioural conditions	National Clinical Audit of Psychosis National Dementia Audit	Yes			
Multiple long term conditions	National Audit of Care at the End of Life (NACEL)				
Musculoskeletal conditions (Knee surgery in National Plan)	National Early Inflammatory Arthritis Audit (NEIAA) National Joint Registry (NJR)	Yes			
Neurological conditions	Epilepsy 12 -Clinical				
Oral and dental health					
Skin conditions					
Urogenital conditions		Yes			
Eye conditions (Cataracts in National Plan)		Yes			
2. Health protection					
Communicable disease					
Drug misuse					
Environment					
3. Lifestyle and wellbeing					
Air pollution					
Alcohol					
Behaviour changes					
Cardiovascular disease: identifying and supporting people most at risk of dying early					
Community pharmacies: promoting health and wellbeing		Yes			

Diet, nutrition and obesity	Yes				
Drug misuse					
Mental health and wellbeing	Yes				
Oral and dental health					
Physical activity					
Sexual health					
Smoking and tobacco	Yes				
Suicide prevention					
Sunlight exposure					
4. Population groups					
Behaviour change					
Black and minority ethnic groups					
Children and young people	Yes				
Infants and neonates	Yes				
Older people					
People with learning disabilities	Yes				
Vulnerable groups	Yes				
5. Service delivery, organisation and staffing					
Acute and critical care	Yes				
Adult social services					
Contraception					
End of life care					
Maternity Services					
Medicines management					
Oral and dental health					
Organ and tissue transplantation					
Patient and service user care					
Safeguarding	Yes				
Service transition	Yes				
Staffing	Yes				
Suicide prevention					
Surgical care					
6. Settings					
Accident and injury prevention	Yes				
Care homes	Yes				
Communities	Yes				
Community engagement	Yes				
Community pharmacies: promoting health and wellbeing	Yes				
Drug misuse					
Environment					
Home					
Hospitals					
Prisons and other secure settings					
Schools and other educational settings					
Transport					
Workplaces					

**Digital and
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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

21/11/2019

Report Title:	Informatics Quarterly Assurance Report
Report Author:	Tracy Williams, Head of Informatics Programmes, Assurance and Improvement <i>et al.</i>
Responsible Director:	Mr Dylan Williams, Chief Information Officer
Public or In Committee	Public
Purpose of Report:	<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> <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 report summarises</p> <ol style="list-style-type: none"> 1. National Audit Office Reports; The current status of progress against recommendations made against the Welsh Audit Office 2014 and 2018 Clinical Coding Audit. These remain unchanged from the Committees' previous paper. The paper also advises that an annual review for coding accuracy and compliance with National Targets was undertaken at the end of quarter 2 and will complete at the start of quarter 3. Findings will be reported when available. 2. Compliance measures for several service areas against mandated National Targets and local targets. The report highlights compliance with coding completeness and patch management. The report also highlights increased requests for access to Health Records. <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>
Approval / Scrutiny Route Prior to Presentation	Chief Information Officer
Governance issues / risks:	Patient Records; are subject to a tier 1 risk. The control and mitigation of this risk is detailed within this paper at section 2.2. Progress is being made with the management of this risk, financial

	<p>implications are likely for the full management of this risk as noted in the section Financial Implications below.</p> <p>Additional work is required to identify and quantify or qualify the impact of software or hardware failure on the organisation for both National and Local Outages. This is likely to require research, process design, data capture and validation which will take some time to achieve. Initial discussions are scheduled to take place at the Informatics User Group and the System owners group in November 2019</p> <p>The output of this work will truly inform the risks to the organisation of failure of IT systems and processes. Once understood these will be articulated.</p>
Financial Implications:	<p>Access To Health Records:- A service to create a standardised response and digitise the process for access to Health Records is now live in Central and East with new processes and a digitised approach to collating and providing responses via secure web services. Capacity within the team is being evaluated prior to roll out to West as the number of requests have increased to 400 on the two sites per month, from 300 per over three sites month – this is in part due to it now being easier to make a request and partly due to drawing all requests made to BCU in through the new centralised service. It is expected however that additional resources will be required to complete the roll out and take on the next steps to be fully compliant with the ICO recommendations. Following review, resource requirements will be analysed and escalated as required.</p>
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.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	√

3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<i>EqlA is not required as a change of policy or direction is not envisaged and/or budgets are not being reduced.</i>			

Disclosure: Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v10.0

Informatics Quarterly Assurance Report – 2019/20 Quarter 2

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

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 - 2.3 ICT Security
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 - 2.5 National and Local Systems Availability
 - 2.7 Data Standards Change Notices (DSCN)

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

1. National Audit Office Reports

Progress against recommendations made against the **Welsh Audit Office 2014 & 2018 Clinical Coding Audit** which was reported as a separate paper in September's DIGC, is scheduled to be submitted to the Quality Safety and Experience Committee on 19th November for further assurance.

Whilst further progress has been made against a number of the recommendations, the status of recommendations remains unchanged. Figure 1 details

Figure 1; Status of 2014 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

As previously reported recommendations in progress or overdue are scheduled to be completed by QTR3 (2) and QTR4 (2). Progress to date is as planned.

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 which is also used for benchmarking against other Welsh Health Boards is due to complete at the start of Qtr.3 following assessments at our three acute sites.

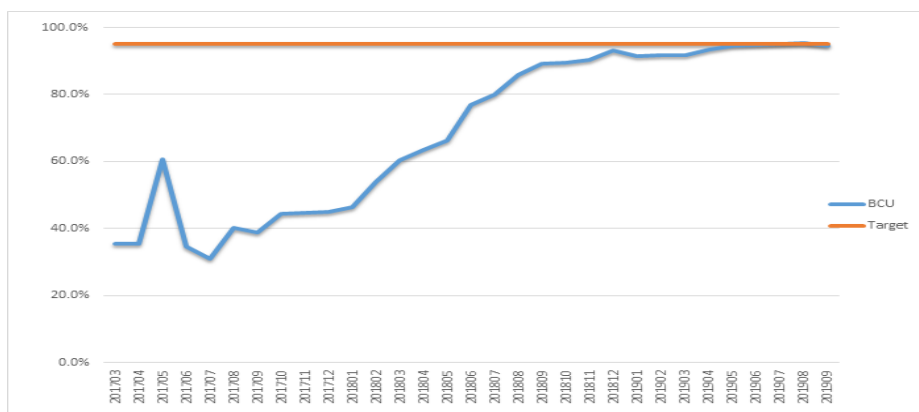
Summary findings and any recommendations will be provided to the committee when available.

2. Compliance

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

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

The coding completeness in BCU for September 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 July 2017 to reach National target 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 which is noted in section 1 and is underway will find on this.

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

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

2.2.1 Digital Health Record (DHR) Project: Status (Amber) – *The aim is for a single view of the patient record supporting integration with local and national systems in Wales and beyond.* Following the posting of the Pre-Qualifying Questionnaire (PQQ), 12 suppliers attended Showcase sessions across East, West and Central locations to share with stakeholders the possibilities for a DHR. The feedback from the clinical and non-clinical staff that attended the sessions is being incorporated into the tender specification due to be posted on OJEU (which is a publication for tenders) early December.

Note this project is marked as Amber from a capital perspective as project timescales are challenging in terms of outturn of spend against allocation within year. Progress is in line with expectations in all other areas.

2.2.2 Results Management Project: (Pre- Formal Start) – *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.* Following the 1st Project Board, the Terms of Reference and Project

Initiation Document are due to be signed off this week, with 4 clear workstreams to achieve the aim. Following a full review of the Welsh Clinical Portal (WCP) Results Notification application, BCU's showstoppers and enhancements have been provided to NWIS, and the Head of Digital Records is fully engaged with them to establish how these can be prioritised and through which national governance routes. In addition the National Data Resource (NDR) Programme Manager has engaged with BCU to pilot open access to our data to enable assurance reporting.

2.2.3 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 tender submissions have been evaluated and resource is being secured to progress to the next steps of delivering a Full Business Case.

2.2.4 (National) Welsh Nursing Care Record (WNCR) Project: Status (Amber) – *The admission form and 4 risk assessments have been successfully standardised across Wales. This project will initially (i) roll out these standardised forms and (ii) pilot the national application on adult wards.* Following User Acceptance Testing the pilot of the national WNCR application has been delayed until after Christmas whilst further development work is underway. The work to roll out the standardised paper forms is on track to meet the Circular deadline of May 2020, with workshops being held across North Wales.

2.2.6 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.* The Service is now live in Central and East with new processes and a digitised approach to collating and providing responses via secure web services. Capacity within the team is being evaluated prior to roll out to West as the number of requests have increased to 400 on the two sites per month, from 300 per over three sites month – this is in part due to it now being easier to make a request and partly due to drawing all requests made to BCU in through the new centralised

service. It is expected however that additional resources will be required to complete the roll out and take on the next steps to be fully compliant with the ICO recommendations.

2.2.7 iFIT Project: Status (Green) – *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.

2.2.8 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.

2.2.9 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 36,000 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. Scoping of potential sites on and off the main Central Hospital site is underway to inform the business case.

2.3 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.

2.3.1 Cyber Security; there have been no major incidents affecting the organisation in Qtr.2. Analysis of threats detected and dealt with in the last few months indicates a significant increase. The increase is mainly attributed to Active Threat Prevention Application White listing and reputation detecting files e.g. improved process that we have put in place to identify and mitigate threats.

2.3.2 Smoothwall Web Filtering software; which is designed to restrict what websites a user can visit on their computer is now fully operational in the West with partial deployments within Central (50% users) and East (70%). The staged roll out will continue over the next quarter. The deployment to date has made a number of detections of Malware which may have affected our estate.

2.3.4 Patch Management - 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. The following table details the patch management position at the end of Qtr.2. As indicated within the table all of the supported software operating systems meet the target compliance rate (detailed in the patch management procedure) with updates and software patches. Note the compliance rate for Office 2016 which was not attained in Qtr.1 has now been attained.

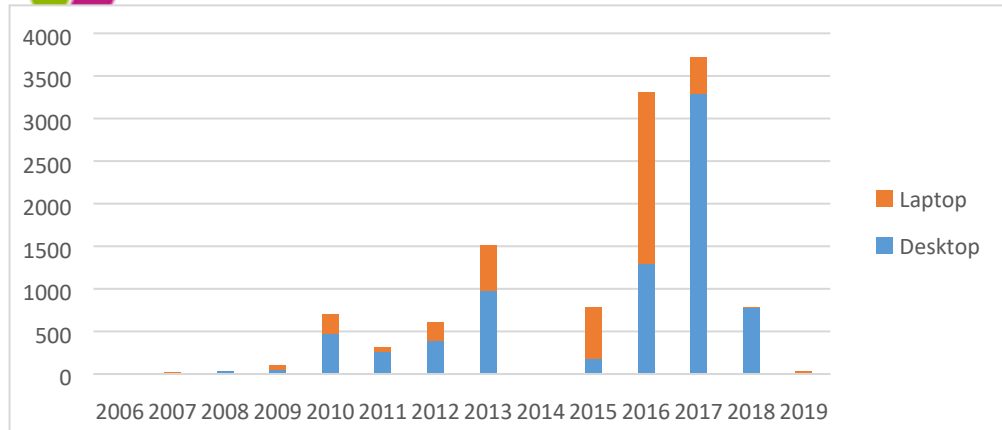
Software Operating System	Device Count	% Compliant	% Target
Windows 7	7003	89.90%	90%
Windows 10	5405	91.90%	90%
Office 2007	5549	95.60%	90%
Office 2010	42	97.20%	90%
Office 2013	630	96.40%	90%
Office 2016	5549	90.10%	90%
Servers	817	95.70%	95%
Average Desktop OS	12408	90.90%	90%
Average Office apps	11770	94.80%	90%
Average all platforms		93.80%	90%

2.4 ICT Service Desk; A total of 21,500 calls were logged with Informatics in the second financial quarter of the year, this was an 8.4% reduction on the previous year's call numbers. The trend of decreasing call levels can be partially attributed to the ongoing roll out of new hardware across the Heath Board.

Due to continued capital investment, the average age of the desktop/laptop and other related hardware has decreased, this has resulted in hardware becoming more reliable and improved performance.

With the recent upgrade of the radiology system in September we are now able to move over to a Windows 10 environment wherever practical. Forty percent of the desktop estate is currently running Windows 10 and plans are in place to upgrade the remaining 60% in line with the capital programme

Whilst we have seen a slight reduction in calls closed at first point of contact this quarter this remains at 87.8%. The reduction is suggested to be attributed to lower staffing level due to annual leave and sickness.



2.6 National and Local System Availability

2.6.1 National Systems; During the 3 months July – Sep 2019 there have been 6 incidents of national system failure that have affected BCU Operational and Informatics teams. To date no related known incidents or harm have been reported.

This is broken down into:

- ❖ 5 WCP failures including:
 - E-Discharges not being sent
 - Delays with accessing results
 - Patient lists being unavailable
 - GP Record access unavailable
- ❖ 1 Integration Failure
 - Systems not being updated

Systems Unavailability

- ❖ WCP has been unavailable for a total of 18 hours and 50 minutes approx.
- ❖ System updates unavailable for a total of 8 Hours approx.

There has been a total 2 datix's logged regarding the downtimes in the last 3 months. 1 Datix was raised by informatics via software major incident group. 1 Datix was in regard to local network failure INC197808 and 1 relating to WCP failure which had potential to effect patient care INC194382

2.6.2. Local Systems; with the advent of the security of Network and Information Systems Regulations (NIS Regulations*) in 2018, the way in which we record unplanned outages has changed and been adapted to assist with mandatory reporting under these regulations. In the last quarter (July to September 2019), there have been 12 incidents of user affecting unplanned outages.

- 7 Network connectivity incidents. These contain a network outage at Glan Clwyd, Mold & Tywyn hospitals totalling approx. 6.5 hours.
- 1 Telecoms incident. Which reported a partial loss of telephony in 2 area of the hospital.
- 3 Server related incidents. 2 incidents which required hardware replacements on affected servers. 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.
- 1 Environmental incidents (power loss)

Further detail of the above events is available on request.

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

2.7 Data Standards Change Notices (DSCN).

During qtr.2, progress was made in relation to DSCN 2019/06 and preparation made for DSCN 2019/07 which will be implemented in

October 2019 for qtr.3 reporting. Partial compliance has been achieved for both as outlined in the table below;

DSCN	Date	Compliance	Comments
2019/06 - Diagnostic & Therapy and Referral Times – Sleep Disordered Breathing	July 2019	Partial	This DSCN was developed to increase the scope of Diagnostic and Therapy service waiting times and Referral to Treatment times (combined). Returns to include additional diagnostic tests and treatments for sleep disordered breathing services. We are not able to comply with reporting requirements for the Paediatric service in the Centre as data is not captured using an electronic system.
2019/07 – Clinical Musculoskeletal Assessment and Treatment Services (CMATS) Metrics	Qtr 2 (Oct 19)	Partial	This DSCN mandated the reporting of waiting times and outcomes for all referrals to CMATS. Measures include numbers of referrals, triage times, waiting times, activity types, outcome of attendance, diagnostic tests, onward referrals and numbers of discharges from the service. BCU are not currently able to comply with the reporting requirements for two areas; <ul style="list-style-type: none"> • Triage time for paper referrals (these account for 5% of referrals to CMATS) • Multiple outcomes – we are required to report multiple outcomes for patients (i.e. referred for multiple diagnostic tests or onward referral to more than one specialty) our current processes allow for a single outcome to be captured.

The Information team are working with colleagues in the both services to review and amend processes to improve reporting compliance



**Digital and
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21.11.2019

Report Title:	Informatics Operational Plan 2019/20:Progress Monitoring Report
Report Author:	Tracy Williams, Head of Informatics Programmes, Assurance and Improvement.
Responsible Director:	Mr Dylan Williams, Chief Information Officer
Public or In Committee	Public
Purpose of Report:	<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. The report presents:-</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 that is 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 these projects (page 6 to 8) which is 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
Approval / Scrutiny Route Prior to Presentation:	<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).</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>
Governance issues / risks:	<p>The number of project and the focus of some projects has changed. As at Qtr2, 47 projects are scheduled for delivery. The majority of the changes were highlighted in Qtr1 report. Changes not previously escalated are made as part of plan review and assurance (e.g. they are not true projects)</p> <p>The majority of projects which are scheduled for progress in initial quarters (32) are on track with no real concerns.</p>

	<p>WCCIS remains subject to exception reporting, the consequence of the acquisition of Careworks Limited which was announced on 28th October is yet to be understood. This project underpins the Digital Roadmap and is a core component. Governance is supported through an established Programme Boards who are aware of current status.</p> <p>Page 10 of the report (Finance Quarter 2 continued) details 2019/20 bids that have been submitted against a Welsh Assembly Government Digital Priorities Investment Fund. As highlighted Timescales for bid submission were very challenging. The committee are therefore advised of the submission of these bids retrospectively. A comprehensive review of bids and plans would be required if funding was allocated as anticipated.</p>
Financial Implications:	<p>As highlighted within this report and the Qtr1 report a revised draft business case for the core telephony business case has highlighted that this project will overspend by circa £1.2 million and overrun by two years. The Project Board are providing required scrutiny to the business case which attributes increased costs and timescales to a second procurement, and increased scope in terms of units (e.g. 15% more handsets) and additional sites for deployment.</p> <p>The Digital Health Record project is marked as Amber from a Capital perspective as project timescales are challenging in terms of outturn of spend against allocation within year. Possible contingency schemes are being considered*. Progress is in line with expectations in all other areas with potential suppliers scheduled to attend showcase sessions to highlight the possibilities of a Digital Health Record.</p> <p>*Note Capital Programme Management Team have reallocated these monies in QTR3.</p> <p>A balanced revenue position is anticipated at the end of the financial year, 2020/21 cost pressures for Microsoft are highlighted.</p> <p>“overspend against revenue allocation” within month following the application of a “stretch target” is likely to result in revenue overspend in 2021/22 unless budget is returned or Informatics services /products are reduced.</p> <p>Following formal change control at the Capital Programme Management Team, Informatics Discretionary Capital plans for 2019/20 have been amended to support full outturn and emerging priorities. Plans will continue to be monitored and revised as required.</p> <p>A comprehensive review of bids and plans submitted against the WAG Digital Priorities Investment fund will be required – this will may highlight financial implications</p>
Recommendation:	<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
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Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
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http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<i>EqlA is not required as a change of policy or direction is not envisaged and/or budgets are not being reduced.</i>			

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Board/Committee Coversheet v10.

Informatics Operational Plan 2019/20: Progress Monitoring Report

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Quarter 2

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 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 these projects (page 6 to 8) which is 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 (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 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

Quarter 2

As at Quarter (Qtr) 2, the Informatics Operational Plan for 2019/20 has 47 projects which are linked to and intended to deliver 7 Strategic principles and objectives. The number of projects and the focus these have changed from the 49 noted in Qtr1 which were originally planned for delivery. Changes are highlighted as followed:-

- Two projects have been removed from our plan, these were escalated as change requirements in the Qtr1 report; The Paediatric Mobile Nursing Application known as CHAI and the Paging Systems Rationalisation Project.
- Two projects have been removed that have not been previously escalated; the Welsh Care Records Service Programme detailed on the plan as “a phased supply of local patient records” and the Welsh Results Reports Service detailed on the plan as “Support and communication”. These projects are Nationally led projects that we are or that we will support as part of business as usual as and when required. They are not true projects and have been removed as part of plan review and assurance.
- Two projects have been added to combat failing Library Infrastructure in East and West utilising part of the released capital from the Paging Systems Rationalisation Project. This was alluded to in the Qtr1 report.

High level progress with all projects and the strategic principles is detailed on page 4. As indicated the majority of projects which are scheduled for progress in initial quarters (32) are on track with no concerns. Projects for escalation remain as previously reported or include:-

The Welsh Community Care Information System (WCCIS). This programme will not be achieved as planned (Red status) and remains subject to exception reporting. A correction plan which details defect resolution remains outstanding. As previously highlighted engagement with Regional Local Authority Partners and Community Resource Teams continues and a pilot implementation is now anticipated in Qtr. 4 via local Authority agreements. Whilst anticipated to be positive, the consequence of the Acquisition of Careworks Limited (provider of the solution) by Advanced which was announced on the 28th October is yet to be understood.

Whilst achievement is forecast and work has commenced 5 projects are currently identified as Amber. Projects which are amber and of particular note are the Core telephony systems replacement (IPT) and the Digital Health Record. Core Telephony - A revised draft business case has highlighted that this project will overspend by circa £1.2 million and overrun by two years. The Project Board are providing required scrutiny to the business case which attributes increased costs and timescales to a second procurement, and increased scope in terms of units (e.g. 15% more handsets) and additional sites for deployment. The Digital Health Record – This project is marked as Amber from a Capital perspective as project timescales are challenging in terms of outturn of spend against allocation within year, possible contingency schemes are being considered. Progress is in line with expectations in all other areas with potential suppliers scheduled to attend showcase sessions to highlight the possibilities of a Digital Health Record.

A balanced revenue position is anticipated at the end of the financial year, 2020/21 cost pressures for Microsoft are highlighted along with an ability to operate within the anticipated cost envelope for 2020/21. Discretionary Capital plans have been amended to support full outturn and emerging priorities following formal change control. Plans will continue to be monitored and revised as required. Bids which have been submitted to support WAG Digital Priorities will require additional scrutiny and review.








Informatics Operational Plan 2019/20

Monitoring of Progress against Actions and Milestones

Quarter 2

Summary Progress against Strategic Principles

The Informatics Operational Plan details all of the projects that Informatics is aiming to further or deliver during 2019/2020 (47). As detailed within the plan, all projects are linked to strategic principles and objectives. These 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			13 Projects detailed within QTR2 plan. 7 Reported as on track 2 Closed and completed as scheduled in QTR 1 (WPAS East & MTED) 1 Due to commence in Qtr 3 2 Projects are currently reported as Amber - Digital Health Records (Unlikely to spend Capital but on track otherwise) Legacy Systems Archive 1 Project is currently reported as Red - WCCIS . 3 projects removed from Original plan - CHAI , Welsh Care Records Service Programme - Phased supply of local patient records, Welsh Results Reports Service - support and
 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			3 Projects detailed within the plan. 3 Reported as on track for achievement.
 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			4 Projects detailed within the plan. 3 Reported as on track 1 Project is currently reported as Amber - Transitioning Records management
 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			4 Projects detailed within the plan. 4 Reported as on track
 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			2 Projects detailed within the plan 1 Reported as in track 1 Due to commence in Qtr 3
 Digital Infrastructure	Providing, developing and maintaining a secure, flexible and robust infrastructure to enable a digital future.	G	G			13 Projects detailed within QTR2 the plan 10 Reported as on track 2 Due to commence in later quarters (1-Qtr3,1-Qtr4) 1 Project is currently reported as Amber - (Datacentre expansion and consolidation) 1 Project removed from Original Plan - Switchboard and Paging system rationalisation.
 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	A	A			8 Projects detailed within the QTR2 plan (2 Capital Schemes Added for Health Records Libraries) 4 Reported as on track 3 Due to commence in later quarters (3-Qtr3) 1 Project is currently reported as Amber - YGC Records Library

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

Quarter 2

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 reported against milestone achievement

Programme: Digital Health: High Level Summary

Financial Year 2019/20 - QTR2 Position

Plan Ref	Actions	Exec Lead	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP051	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	MD	G	G	G	G	G	G						Q4
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	R						Q4
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	G						Q4
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	G						
AP055	Support the identification of storage solution for Central Library	MD	A	A	A	A	A	G						
AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	MD	G	G	A	A	A	A						Q4
AP057	Delivery of information content to support flow/efficiency	MD	A	A	G	G	G	G						Q4
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						Q4
AP059	Provision of infrastructure and access to support care closer to home	MD	A	A	A	A	A	A						Q4
AP060	Support Eye Care Transformation	MD	G	G	G	G	G	G						Q4
AP061	Implement Tracker 7 cancer module in Central and East.	MD	A	A	G	G	A	Q2						

Informatics Operational Plan 2019/20

Monitoring of Progress against Actions and Milestones

Quarter 2

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 NWIS required for data migration activities to commence. Engage data migration supplier. Begin ways of working and standardisation.	Q1	G				Programme Board membership changed from East to West chaired by Kate Clark (Secondary Care Medical Director). TOR approved. Barry Williams (West Hospital Director) to chair West Project team. Project Manager Paul Marchant assigned to the project with Work Stream Leads assigned for Data Migration, Ways of Working, and Technical. Data Migration plan agreed with NWIS and DXC working towards a go-live in November 2020. Risk Log updated and reviewed at inaugural Project team meeting in June with monthly board reviews scheduled. Approved WG Capital budget of 1.2m for year 2019-20.
	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. 1. The Project Initiation document (PID) was approved at the July WPAS Programme Board providing the basis for the management of the project and detailing the objectives / criteria that will be used for the assessment of its overall success. 2. A review of the detailed plan has been completed to schedule and identify all required activities, tasks and task owners. The plan has been approved and standard project governance structures are in place for review and monitoring. 3. The Communication Strategy was completed to schedule and approved at the August Project Team meeting. Additional scrutiny from the project board for this is scheduled in Quarter 3. 4. Following an options appraisal, a Local Hosting Agreement was obtained at the July WPAS Programme Board for West. The business case has been revised to reflect this amendment. The Health Boards strategy for PAS hosting will require agreement at the end of this phase. 5. Ways of Working Process Mapping Activity is on-going - no issues are reported to date.
	51C	Continuation of Data Migration	Q3					
	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. The original go live for BCUHB was April 2017. In July 2019 the supplier has accepted that developments are required and has agreed to provide a roadmap for development of the system by the end of September. This will inform Aneurin Bevan's (AB) deployment of the product possibly in 2019/2020. Following these delays, the planned implementation of the BCUHB intended pilot could not commence prior to February 2020. The North Wales Regional Board have agreed to formulate a prototype option which will utilise Gwynedd and Anglesey system to learn the benefits to inform future integrated working across health and social care
	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. Note 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". The "buy-out" is due to be completed by the 8th November. In terms of the "product" negotiations to confirm a functional delivery roadmap continue - a further update will be provided in QTR3.
	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 2

Digital Health Programme All Milestones Summary Matrix 7

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. The inaugural project Board met on the 25th Sept 2019, providing Governance for the Project. The Board received a "deployment options paper and have requested further information and the investigation of additional options. These will be discussed further in the next Board on 27/11/20. Nominations for the Project Team are being received, the "full" project team will be convened following approval of project direction. A business case will be created / completed once direction and costs are clear. A supplementary paper has been provided to the committee that details how the plan will contribute to organisation effectiveness.
	53B	Project Design and Implementation activities to be agreed from QTR1 & QTR2 activities, and aligned to National plans and resources.	Q4					
Digital Health Record								
AP054	54A	Development and approval of a business case for the digital health record for the Board	Q2	G	A			Project Start up activities are on track following approval of the Outline Business Case by the Finance & Performance Committee to proceed to tender and Full Business Case. A Pre Qualification Questionnaire has been issued to potential suppliers following which supplier showcase days will be scheduled at the end October - with attendance from a range of clinical and non-clinical stakeholders This will inform the technical specification to take to tender which will then inform the Full Business Case (to Health Board May 2020). From a Capital perspective the scheme is currently marked as Amber and possible contingency schemes are being considered for the £300k allocation.
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			There is a clear requirement for the temporary Secondary File Library housed in the Ablett to being vacated in line with the Mental Health Business case by April 2021. YGC Hospital director is leading on work across stakeholders to develop a business case for the long-term provision for the paper records.
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			Update remains the same as QTR1; Deputy Head of HealthRecords post (8b) has been recruited to internally with formal start date of 1st October. The B7 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.
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					

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

Quarter 2

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			The discretionary programme (appendix A) is progressing as planned with progress being made in all expected areas. The programme was subject to change control at the end of QTR2 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.
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			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 BC UHB 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.
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			Assistant Business Analyst (Band 5) appointed in Qtr. 2. Start date of 4th November agreed for successful candidate.
Tracker 7 - Single Cancer Pathway								
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			WPAS upgrade to v19.2 was implemented in Central at the end of QTR2 and East in the first week of QTR3. Whilst some functionality is available within this system "tracker 7" is considered unfit for purpose by the service. Workarounds are in place (as previously reported e.g. Sharepoint site) and Cancer services are leading on a number of changes for WPAS that have national approval. It is anticipated that V20.1, scheduled for test in Jan 2020 will include required functionality.

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

Quarter 2

Revenue: The recurring budget for Informatics has been reduced at the end of QTR2 following the application of an “additional Savings stretch target” of £447k, for this financial year £200k of this has been applied to WCCIS. Adjustments result in a budget of £17,505,00 as indicated in below

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	17,505	8,683	8,374	-309	0		Amber
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

Whilst a month 4 budget award of £1million to offset the Microsoft contract price increase “uplifts” the recurrent budget from those previously reported, a more detailed analysis shows that the cumulative impact of cost savings and pay awards which have been applied over the past two years have virtually negated the significant budget increase that was applied in 2018/19. This was applied for service pressure and to support service growth (circa £54k remaining).

As noted above the overall position at the end of P6, shows a cumulative underspend of circa £309k. The current monthly trend (**overspend in month** due to savings plans applied) will reduce the underspend to a balanced position by year end.

Although savings plans have been achieved this year, only £75k has 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). Microsoft Increases circa £400k are a known cost pressure for 2019/20 as full year effect of the contract cost increases will be required.

Capital: Following formal change control at the Capital Programme Management Team the discretionary programme has been amended. Amendments include :-

- Removal of funds from the paging systems replacement project £180k. As previously highlighted this will now become a 2020/21 capital priority
- The addition of two Health Records Library Infrastructure schemes £63k. Whilst this was not a 2019/20 or 2019/21 draft priority, components within Health Records Racking within the East (Main file) and West (Second file) library were failing. Replacement units and components are required to “house” medical records or create additional storage. This is essential to maintain safe access to records and enable provision of them for Healthcare.
- Additional spends of £75.5k to an existing scheme to procure local area network switch equipment. This spend will predominately be used within the East to replace obsolete equipment. This is an ongoing hardware replacement scheme and “brings forward” spends from 2020/21. This provides a scheme total of £525.5k.
- Additional spends of £28k to an existing Server Virtualisation Scheme. This additional spend will be used to offset storage pressures in Cardiology and support critical upgrades to the VMware. This brings forward a 2020/21 priority. This provides the server virtualisation and refresh project with a scheme total of £178k

All amendments are reflected in appendix A which also depicts progress against projects. Projects “not on schedule” are indicated in amber. Ongoing discussions with suppliers and delays in placing orders (due to annual leave) have affected planned progress with projects for Resilient server load balancers, Radiology Cabinet refresh and Wireless network expansion. Whilst projects are delayed, schemes are anticipated to deliver as planned and are of no real concern. Projects which are amber and are particularly highlighted are:-

- Digital Health Record – Whilst tenders are due to be sent out project timescales are challenging in terms of spend allocation. From a capital perspective the scheme is currently marked as Amber and possible contingency schemes are being considered.
- Core telephony systems replacement – This will increase from a 5 to 7 year project with an additional £1M of expenditure. It is anticipated that the £390K allocation will be spent, however the scheme is over-running both in terms of time and budget.
- Completion of Data Centre for YGC build – Costs are currently being reviewed which may not reach the allocated £200K.

Welsh Assembly Government (WAG) Additional : On the 30th September 2019 the Health and Social Services Minister announced plans to transform digital health and care in Wales. Plans were highlighted in a recently published article* which noted that that this will be supported by:-

- a £50 million pounds fund. Evenly attributed to capital and revenue,
- the creation of a “chief Digital Officer for Health and Care”
- and the transition of NWIS to a new stand alone NHS Wales organisation, which will have an independent chair and board appointed by ministers.

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

- Transforming digital services for patients and public
- Transforming digital services for professionals
- Investing in data and intelligent information
- Modernising devices and moving to cloud services
- Cyber-security and resilience

2019/20 bids for the specific items/projects noted in the first column of the following table have been invited from NHS organisations. These are intended to support improvement across the previously noted 5 themes.

The table also details Capital and revenue bids that BCUS has submitted for consideration.

	Capital	Revenue	Total
Modern User Devices	435,000	78,971	513,971
Modern Mobile Information - WiFi Everywhere	603,000	161,739	764,739
Modern Network Infrastructure - More Bandwidth	162,000	48,000	210,000
Modern Datacentre Infrastructure	550,000	71,485	621,485
Cyber Security Team	0	187,881	187,881
O365 National Rollout	0	206,916	0
Total	1,750,000	754,992	2,298,076

Any capital monies awarded would need to be “spent” within year, acceptance would be subject to an agreement that this can be achieved.

Timescales for bid submission were tight. The committee are therefore advised of the submission of these bids retrospectively.

A comprehensive review of bids and plans would be required if funding is allocated. At a minimum the following would need careful consideration / possible escalation and support:-

- Revenue funding for “essential posts” e.g. cyber security to enable substantive recruitment (where two year funding is provided)
- Support for specialist services to deploy technology at pace (where skills are not locally held and budget is available i.e. the use of contractors)
- True costs for the employment of staff which may not be supported by the bid criteria / bids submitted e.g. travel, training etc.
- How increased revenue for WAG provided priorities may affect cost improvement targets set by the organisation for informatics e.g. would additional budget equate to additional savings targets

Any funding awards will be subject to Executive approval.

*<https://gov.wales/ps50-million-and-new-body-transform-digital-health-and-care-services-wales>

Betsi Cadwaladr University Health Board DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN (From: April 2019)													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	
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 Implementation Close	D = Design I = C = Project												
DIGITAL ROADMAP											Planned/Actual Prog													
Welsh Patient Administration System - Phase 3 of 4 Re-provision of funding to all Wales project.	G	G	G	G	G	£225,000	£225,000	£0	01.04.19	31.03.20	Planned													
Digital Health Record Project	G	A	G	G	G	£300,000	£300,000	£0			Actual													
DATA DRIVEN DECISION MAKING											Planned													
Auditbase - Clinical Outcomes	G	G	G	G	G	£16,000	£16,000	£0	TBA	TBA	Actual													
UNDERPINNING SERVICE TRANSFORMATION																								
VC Unit Aberystwyth Hospital	G	G	G	G	G	£0	£8,000	-£8,000	01.09.19															
DIGITAL INFRASTRUCTURE																								
Hardware Replacement Programme	G	G	G	G	G	£486,500	£483,500	£3,000		01.03.20	Planned													
Single Sign On Expansion	G	G	G	G	G	£90,000	£90,000	£0	01.09.19	28.02.20	Planned													
Core Telephony Systems Replacement (Yr. 3 of 7)	G	A	A	G	G	£390,000	£390,000	£0	01.04.19	28.02.20	Planned													
FMS Critical Monitoring Systems (Pharmacy)						£7,500	£7,500	£0	01.04.19	30.6.19	Planned													
Access Control System Replacement (User and device authentication)	G	G	G	G	G	£225,000	£225,000	£0	01.12.19	01.01.20	Planned													
Perimeter Security Upgrade (firewalls) - Phase 2 of 2	G	G	G	G	G	£80,000	£57,000	£23,000	01.05.19	31.01.20	Planned													
Resilient Server Loads Balancers	G	A	G	G	G	£20,000	£20,000	£0	01.07.19	31.09.20	Planned													
Server Virtualisation Expansion and Refresh (inc. migration from Windows 2003 servers)	G	G	G	G	G	£150,000	£178,000	-£28,000	01.06.19	28.02.20	Planned													
											Actual													
YG Radiology Network Cabinet refresh and comms room build	G	G	G	G	G	£55,000	£55,000	£0	TBA	TBA	Planned													
Preswifta site Network Infrastructure replacement	G	G	G	G	G	£80,000	£80,000	£0	01.07.19	31.10.19	Planned													
Wireless Network Capacity Expansion	G	G	G	G	G	£50,000	£50,000	£0	01.04.19	28.02.20	Planned													
											Actual													
Completion of Data Centre 1 YGC build (Secondary UPS and Cooling resilience)	G	G	G	G	G	£200,000	£200,000	£0	01.06.19	TBA	Planned													
Wide Area Network Data Circuit Upgrades	G	G	G	G	G	£40,000	£40,000	£0	01.07.19	28.02.20	Planned													
											Actual													
Paging System Replacement (Bangor)	G	G	G	G	G	£180,000	£0	£180,000	01.11.19	28.02.20	Planned													
											Actual													
Data Centre & Hub room(s) UPS and Aircon Maintenance and replacement	G	G	G	G	G	£25,000	£25,000	£0			Planned													
											Actual													
Local Area Network Switch Upgrades (DGH & Community sites)	G	G	G	G	G	£450,000	£525,500	-£75,500		28.02.20	Planned													
											Actual													
Web Filtering - Late Receipt							£8,000	-£8,000		01.05.19														
Backup Portable Air Conditioning Units							£7,500																	
UNDERPINNING SERVICE TRANSFORMATION																								
Health Records Library Infrastructure East	G	G	G	G	G	£0	£37,000	-£37,000																
Health Records Library Infrastructure East	G	G	G	G	G	£0	£26,000	-£26,000																
TOTAL						£3,000,000	£3,000,000	£0																

Quarter 2

**Digital and Information
Governance Committee**

21st November 2019



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	BCU Symphony / National Welsh Emergency Department System (WEDS) Briefing paper
Report Author:	Mrs Fiona Mash, Project Manager / Mrs Angela Wilson, Assistant Project Manager
Responsible Director:	Mr Dylan Williams, Chief Information Officer
Public or In Committee	Public
Purpose of Report:	<p>This briefing paper is provided to the Digital Information Governance Committee (DIGC) following action DIG 19/6a.1 ED YG</p> <p>The purpose of this report is to update DIGCfi on the current status of the BCU Symphony / National WEDS project, including detail of how the plan contributes to organisational effectiveness.</p>
Approval / Scrutiny Route Prior to Presentation:	<p>A paper to agree interim options pre National WEDS for each site was taken to the BCU Symphony / National WEDS Project Board on 25th September 2019; with the outcomes detailed within this briefing paper. A further options paper is scheduled for discussion at the November Project Board.</p> <p>This paper was approved by the Chief Information Officer and Executive Medical Director.</p>
Governance issues / risks:	<p>The following key risks have been identified and may affect the objectives, plans and service delivery.</p> <ol style="list-style-type: none"> 1. Welsh Government (WG) have confirmed the remaining funding (£701k) can be brokered for use in 2020/21 only. If the project extends beyond April 2021 as expected, other sources of funding from within BCU would need to be secured. 2. Double registration in the West was raised as a risk during the Project Board meeting in September. The possibility of a demographic data migration is currently being explored to mitigate this risk. 3. There is a risk that key resources may not be available should BCU Symphony be implemented in the West around the same time as WPAS (November 2020). To mitigate this, the possibility

	of implementing the West earlier or alongside an East upgrade is being explored.
Financial Implications:	The current financial situation for 2019/20 is that all capital funding has been returned to WG. They have confirmed the remaining funding (£701k) can be brokered for use in 2020/21, but will not agree to broker across further years. The current plan for a National WEDS solution indicates an implementation post April 2022, and therefore, other sources of funding from within BCU would need to be secured.
Recommendation:	The DIGC is asked to note the briefing paper for information.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment EqIA is not required as a change of policy or direction is not envisaged and/or budgets are not being reduced.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Current Situation

The revised BCU Symphony / National WEDS Project Board met for the first time in September 2019. The following proposed phased approach and options were reviewed by the Project Board members:

		Proposed Next Step	PHASE 2			
Current System		PHASE 1 Upgrade BCU Symphony East	OPTION A Wait for National WEDS & <u>West</u> Remains on PIMS	OPTION B Wait for National WEDS & <u>West</u> Moves to WPAS ED Module	OPTION C Implement BCU Symphony West	End Point for All Options
EAST	Symphony 2.29	Upgrade to Symphony 2.38	Remain on Symphony 2.38	Remain on Symphony 2.38	Remain on Symphony 2.38	National WEDS Q3/Q4 2021/22
CENTRAL	WPAS ED Module	<i>No further activity taken in the other 2 sites until the upgrade to EAST Symphony is completed</i>	Remain on WPAS ED Module	Remain on WPAS ED Module	Remain on WPAS ED Module	
WEST	PiMS ED Module		Remain on PiMS	Move to WPAS ED Module	Move to Symphony 2.38	

During the meeting, it was agreed in principle that:

- East ED upgrade to Symphony 2.38, which will provide Manchester Triage 3 functionality to support improved efficiencies in the practice of Emergency Care.
- West ED to implement Symphony 2.38 as soon as possible, with a request to explore the possibility of implementing ahead of the East upgrade.
- Central ED preference to wait for the availability of National WEDS and remain on WPAS (Welsh Patient Administration System) ED module until this time.

Background

In 2015, NHS Wales Informatics Service (NWIS) managed a procurement on behalf of NHS Wales Health Boards to establish an appropriate contractual arrangement to enable the phased implementation of a WEDS, formerly known as the Emergency Department Clinical Information Management System (EDCIMS). Delivering a common solution to enable Health Boards to procure and implement a new suite of applications, hardware and services to support the ongoing delivery of Emergency Services.

The Full Business Case (FBC), led by NWIS, justified the proposed investment for four Health Boards over an eleven-year period. The Evaluation Team recommended Ascribe Ltd be awarded the Master Services Agreement (MSA) for a period of seven years with an option to extend for a further four years (in increments of one year). The Ascribe product, Symphony, was already in use in BCU East, albeit an earlier version (v2.29). A Deployment Order to provide the system was executed between Ascribe, trading as EMIS, and BCUHB on 12th May 2015. This is now under further discussion.

BCUHB participated in the National procurement and following the award the Health Board was actively involved with Swansea Bay HB (SBHB) in the configuration and testing to support the working practices of the future for BCUHB.

Early 2017, SBHB raised concerns about the progress being made with their implementation, particularly around the ability to interface to other National systems. As a result, commercial and contractual discussions began with the supplier to find a way forward. These have now been resolved and EMIS and NWIS are re-engaging with the Health Boards. Aneurin Bevan HB (ABHB) upgraded to v2.38, the latest version of Symphony, in November 2018, hosted locally with plan to integrate to full WEDS in 2020.

The current National plan is for CTMHB (Cwm Taf Morgannwg) to implement full WEDS early 2020. ABHB will follow soon after, with SBHB and BCUHB dates to be confirmed.

The BCUHB project has currently spent 548k of the 1.2M original allocation. All WG Capital monies for 2019/20 have been returned following confirmation that WG will broker the 701K remaining Capital allocation in 2020/21.

As an interim measure whilst awaiting BCU moving onto a single instance of PAS*, the Project Board in November 2017 agreed to a preferred option of upgrading Symphony in BCU East and implement standalone systems into the Central and West areas without interfaces to National systems. At a further meeting between NWIS, EMIS and the HB, EMIS suggested the current system in East could be extended to take on the Emergency Departments in West and Central.

**full WEDS will only be available once BCU have a single instance of PAS. Currently BCU have WPAS in Central and East and a plan is in place to implement in West (November 2020). The Board approved in October 2019 to move to a BCU WPAS single instance following the West implementation. This is reflected in both BCU and NWIS IMTP's from 2021 Q4 onwards.*

Assessment

A further paper is now being written to outline options to the Project Board, who will meet again at the end of November, to make decisions on the following:

1. Hosting of the application (National v's Local)
2. Environment (single BCU environment v's separate instances)
3. Implementation Sequencing (East > West or West > East)
4. Demographic data migration (West only)

The key drivers for implementing the interim BCU Symphony include:

1. West will be using a dedicated ED clinical system
2. East area will be using the latest version of Symphony (currently using an unsupported platform), and will be able to benefit from using Manchester Triage 3 functionality and processes. This will support improved efficiencies in the practice of Emergency Care bringing them in line with the other 2 areas
3. Rolling out a dedicated ED Clinical System with standardised processes across 2 areas of BCU is a step towards the benefits defined within the National WEDS Business Case, as shown below:
 - *Support of policy initiatives*
 - *Provision of a single view of the patient record for ED*
 - *Easier sharing of information generally and particularly concerning children and vulnerable adults/ repeat attendees across EDs and MIUs in Wales*
 - *A combined information strategy for the ED environment*
 - *ED staff trained on a single solution therefore allowing for easier transition when working at different ED sites*
 - *Stronger approach to application development and influence within the supplier user groups*
 - *Scalable to all for common use across Wales*
 - *The opportunity for future deployment to Admission areas and G.P. OOHs integration*
 - *If the implementation of the EMRTS (Emergency Medical Retrieval Transport Service) goes ahead, there will be an increased need to share patient information*

Further clarity on how the plan will contribute to organisational effectiveness can only be reached when the Project Board have made a decision on preferred options and plan. A local Business Case will be produced in Q4 2019/20 reflecting BCU's approach for the interim BCU Symphony solution and National WEDS.

Recommendation

The DIGC is asked to note the briefing paper for information.

**Digital Information
and Governance
Committee**



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

21/11/2019

Report Title:	Digital Information Group (DIG) Chair's Report
Report Author:	Mr Dylan Williams, Chief Information Officer
Responsible Director:	Mr Dylan Williams, Chief Information Officer
Public or In Committee	Public
Purpose of Report:	To provide the DIG Committee with a report from the Chair of the Digital Improvement Group.
Approval / Scrutiny Route Prior to Presentation:	No prior approval or scrutiny. The paper has been approved by David Fearnley, Executive Medical Director and Chair of DIG.
Governance issues / risks:	None.
Financial Implications:	None – for information only.
Recommendation:	<i>The Committee is asked to:</i> Receive this summary report and note.

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

5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<i>No EqIA has been carried out as a change of policy or direction is not envisaged</i>			

Disclosure: Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v1

DIG Chair's Report to DIGC

Dates

20th September 2019

3rd October 2019

18th October 2019

31st October 2019 – cancelled

18th November 2019 – cancelled

2nd December 2019

Issues of significance

1. Arranging DIG meetings for every two weeks has been challenging and a series of half hour meetings have been taking place to maintain momentum. The members have recognised that such a strategic forum does require more dedicated time for discussion in future.
2. A revised terms of reference has been agreed to cover the short-term objectives of the financial recovery work in year. It is recognised by the group that a further revision of the Terms of Reference will be required in the new financial year to support more strategic digital improvement initiatives together with the emerging digitally enabled clinical strategy. The membership of the group has been extended to colleagues from primary care, pathology and obstetrics & gynaecology.
3. The group has highlighted the need for a corporate or Financial Recovery Group prioritisation criteria to be developed by the FRG/Board to decide which schemes can proceed.
4. The group has discussed the emerging digital strategy and will continue to be used as a reference group as the is developed further
5. Options for in-year savings are limited to date. Limited benchmarking information available but Informatics and Finance are continuing further analysis for opportunities.
6. A digital opportunities register has been developed which will provide a merit order of all digital schemes for prioritisation and approval to underpin the emerging digital strategy. The register will quantify cost and benefits and will allow DIG to rank schemes based on cost, service impact etc
7. Draft Health Economy Plans are scheduled to be reviewed at the next group meeting.

**Digital and
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To improve health and provide excellent care

21st November 2019

Report Title:	Information Commissioners Office Data Protection Follow Up Audit Report
Report Author:	Mrs Justine Parry, Assistant Director of Information Governance and Risk / Data Protection Officer
Responsible Director:	Mrs Gill Harris, Deputy Chief Executive / Executive Director of Nursing and Midwifery
Public or In Committee	Public
Purpose of Report:	<p>The Information Commissioners Office (ICO) Follow Up Audit Report - is submitted to highlight the significant progress being made following the initial audit undertaken in June 2018 and to note the areas requiring further attention to be actioned by the Health Board.</p> <p>There were 3 scope areas, two were reported as reasonable assurance and one was limited assurance which relates to requests for personal data.</p> <p>The Health Board were required to provide evidence to support compliance with the original 58 recommendations and the ICO have confirmed the Health Board has responded to these positively.</p> <p>There remains 5 areas requiring full completion and these are in relation to:</p> <ul style="list-style-type: none"> • Recording all processing activity on the Asset Register; • Formal attribute and confirmation of ownership for staff and corporate records; • Formally implement the updates to the Confidential Waste Contract; • Implement and comply with Standard Operating Procedures for verbal access to Health Records subject access requests; • Implement and comply with the quality assurance process for processing Access to Health Records subject access requests. <p>All actions have been transferred into the appropriate work programmes and will be monitored by the Information Governance Group.</p>

Approval / Scrutiny Route Prior to Presentation:	Agreed with the Chair of the Information Governance Group and Assistant Director of Information Governance & Risk. Approved for submission by the Interim Executive Director of Nursing and Midwifery.
Governance issues / risks:	<p>There is a statutory requirement to comply with the Data Protection Legislation.</p> <p>Non-compliance with the legislation could lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.</p> <p>Current Tier 2 Risk Rating = 6 IG13 – There is a risk the Health Board could fail to comply with all the requirements of the updated Data Protection Legislation.</p>
Financial Implications:	Non-compliance with the Data Protection Legislation can lead to significant fines imposed by the Information Commissioner.
Recommendation:	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Note the improvements and compliance achieved since the initial audit report; • Note the outstanding actions will be captured within the Information Governance and Health Records work programmes and will be monitored by the Information Governance Group.

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

5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Not applicable.			
Equality Impact Assessment			
Not applicable.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Betsi Cadwaladr University Health Board

Follow-up data protection audit report

July 2019

Executive summary



Background

The Information Commissioner is responsible for enforcing and promoting compliance with the General Data Protection Regulation (GDPR), the Data Protection Act 2018 (DPA18) and other data protection legislation. Section 146 of the DPA18 provides the Information Commissioner's Office (ICO) with the power to conduct compulsory audits through the issue of assessment notices. Section 129 of the DPA18 allows the ICO to carry out consensual audits. The ICO sees auditing as a constructive process with real benefits for controllers and so aims to establish a participative approach.

The original audit took place at Betsi Cadwaladr University Health Board (the Health Board) premises in June 2018 and covered the following scope areas:

Scope Area	Description
Governance & Accountability	The extent to which data protection responsibility, policies and procedures, performance measurement controls, and reporting mechanisms to monitor DPA compliance are in place and in operation throughout the organisation.
Records Management	The processes in place for managing both electronic and manual records containing personal data. This will include controls in place to monitor the creation, maintenance, storage, movement, retention and destruction of personal data records.
Requests For Personal Data	There are appropriate procedures in operation for recognising and responding to individuals' requests for access to their personal data.

The audit was conducted following the Information Commissioner's data protection audit methodology. The key elements of this were a desk-based review of selected policies and procedures, on-site visits including interviews with selected staff, and an inspection of selected records.

Where weaknesses were identified recommendations were made, primarily around enhancing existing processes to facilitate compliance with the DPA.

58 recommendations were made in the original audit report. In order to assist the Health Board in implementing the recommendations each was assigned a priority rating based upon the risks that they were intended to address. The ratings were assigned based upon the ICO's assessment of the risks involved.

The Health Board responded to these recommendations positively, agreeing to formally document procedures and implement further compliance measures.

Follow-up process

The objective of a follow-up audit assessment is to provide the ICO with a level of assurance that the agreed audit recommendations have been appropriately implemented to mitigate the identified risks and thereby support compliance with data protection legislation and implement good practice.

For all Urgent and High priority recommendations made in the original audit report, the Health Board are required to provide an update on the actions they have taken with supporting documentation to evidence progress.

For all Medium and Low priority recommendations made in the original audit report, the Health Board are required to provide an update on the actions they have taken.

The updated Action Plan should be signed off at Board Level.

Follow-up audit summary

A desk based follow-up took place in July 2019 to provide the ICO and the Health Board with a measure of the extent to which the Health Board had implemented the agreed recommendations.

Summary of follow-up audit findings

Scope area	Recommendation Priority	Number of recommendations in each scope area from the original audit report	Number of accepted or partially accepted actions completed, partially completed and not implemented.
Governance & Accountability	Urgent	2 (2 accepted)	2 Complete
	High	1 (1 accepted)	1 Partially complete
	Medium	12 (10 accepted, 2 partially accepted)	11 Complete 1 Partially complete
	Low	4 (2 accepted, 2 partially accepted)	4 Complete

Records Management	Urgent	-	-
	High	6 (3 accepted, 3 partially accepted)	1 Complete 4 Partially complete 1 Not implemented
	Medium	12 (9 accepted, 3 partially accepted)	9 Complete 3 Partially complete
	Low	-	-
Requests For Personal Data	Urgent	1 (1 accepted)	1 Complete
	High	5 (4 accepted, 1 partially accepted)	2 Complete 2 Partially complete 1 Not implemented
	Medium	7 (6 accepted, 1 partially accepted)	4 Complete 2 Partially complete 1 Not implemented
	Low	8 (8 accepted)	4 Complete 2 Partially complete 2 Not implemented

- In the Governance & Accountability and Requests for Personal Data scope areas we note that all the urgent priority recommendations are completed.
- Across the three scope areas there are still a number of high priority recommendation actions that have not yet been implemented. In these instances there remains the residual risk of non-compliance with data protection legislation.

Key follow-up audit findings

Main improvements include:

- We were pleased to see that the Health Board has now developed a set of public awareness materials to inform individuals about fair processing and their rights under GDPR.
- We were also pleased to see that the Health Board have developed a formal QA and redaction procedure for SARs.
- The Health Board has introduced enhanced IG training specifically for IAOs that outlines their responsibilities within the role alongside key data protection principles.
- The Health Board has produced staff awareness materials relating to the handling of verbal requests for personal data.

Main risk areas still outstanding:

- The identification of processing activities, recording them via the integrated asset register and data flow mapping tool that has been developed in-house [information portal] remains an ongoing project. The Health Board should ensure that the information portal is kept up to date.
- Whilst we saw evidence that the Medical Director now officially has full responsibility for Health Records, we saw insufficient evidence to formally attribute / confirm the ownership of staff and corporate records. The

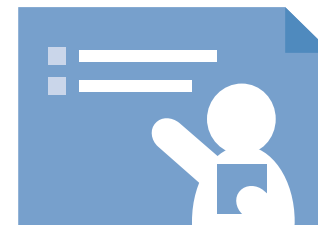
Health Board should ensure that responsibility for its entire data estate is clearly defined.

- It was unclear whether the Health Board tender documentation for waste services had been formally updated or implemented as it was still dated May 2014. The Health Board should ensure that the latest version is implemented across all contracts. Similarly, it was unclear whether a finalised taxi contract was in place for records transfers. The Health Board should ensure that a GDPR compliant contract is in place.
- We saw that updates to SAR SOPs in respect of verbal requests and extensions were in varying stages of completion, but no evidence that they were live and being used by staff. The Health Board should ensure that it completes the roll out of these changes.
- We also saw that a QA process has been developed for staff, but it was unclear from the evidence exactly how the various steps of the QA process would be logged centrally and as part of a SAR processing checklist in order to provide oversight of steps taken.

Follow-up audit conclusion

Some outstanding actions exist, but meaningful progress is being made with the remaining actions to mitigate the risk of non-compliance.

Credits



ICO Auditor

Fiona Mackenzie, Lead Auditor

Thanks

The ICO would like to thank Justine Parry [DPO], and Wendy Hardman [Head of Information Governance] for their help in the audit follow up engagement.

Distribution List

This report is for the attention of

Justine Parry - DPO

Wendy Hardman - Head of Information Governance

Disclaimer

The matters arising in this report are only those that came to our attention during the course of the follow up audit and are not necessarily a comprehensive statement of all the areas requiring improvement.

The responsibility for ensuring that there are adequate risk management, governance and internal control arrangements in place rest with the management of Betsi Cadwaladr University Health Board.

We take all reasonable care to ensure that our follow up audit report is fair and accurate but cannot accept any liability to any person or organisation, including any third party, for any loss or damage suffered or costs incurred by it arising out of, or in connection with, the use of this report, however such loss or damage is caused. We cannot

Betsi Cadwaladr University Health Board – ICO Data Protection Follow Up Audit Report – July 2019

accept liability for loss occasioned to any person or organisation, including any third party, acting or refraining from acting as a result of any information contained in this report.

This report is solely for the use of Betsi Cadwaladr University Health Board. The scope areas and controls covered by the original audit were tailored to Betsi Cadwaladr University Health Board and, as a result, this report is not intended to be used in comparison with other ICO follow up audit reports.



21/11/2019

To improve health and provide excellent care

Report Title:	Information Governance Quarter 2 Key Performance Indicators (KPI) Report 2019/20
Report Author:	Justine Parry, Assistant Director of Information Governance and Risk
Responsible Director:	Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery
Public or In Committee	Public
Purpose of Report:	<p>The KPI Report includes:</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>This report provides a high-level analysis, highlighting any trends or issues of significance. Action taken to address the issues of significance and drive continuous improvement is also summarised.</p>
Approval / Scrutiny Route Prior to Presentation:	Reviewed and approved by the Deputy CEO.
Governance issues / risks:	<p>It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation.</p> <p>Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.</p>
Financial Implications:	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.

Recommendation:	The Committee is asked to receive and note the improvements in compliance with the Data Protection and Freedom of Information Legislation contained within the 2019/20 Quarter 2 Report.
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Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Not applicable			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
Not applicable			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v10.0

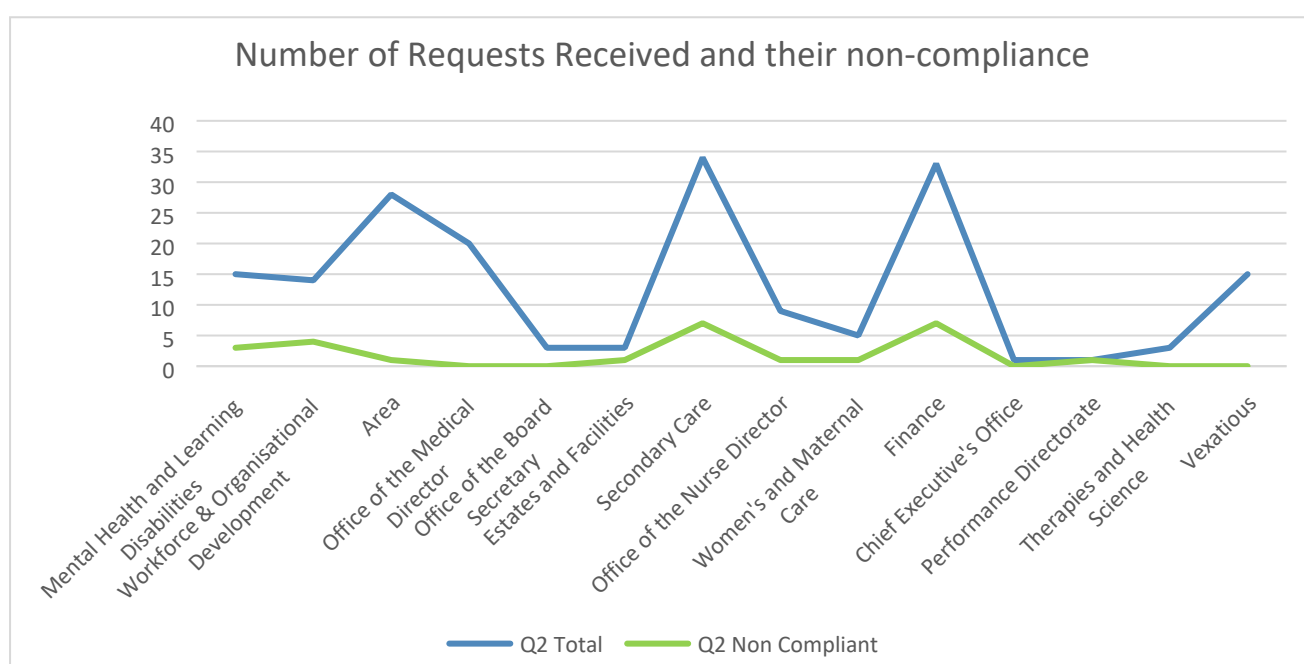
Key Performance Indicators: Quarter 2 - July 2019 - September 2019

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

1) Freedom of Information Requests

The compliance level for responding to a request within the standard of 20 days has increased to **86%** this quarter. We will continue to provide support to the Divisions to maintain and increase this level of compliance. For noting, one request remains open from September and continues to breach the timeframe.

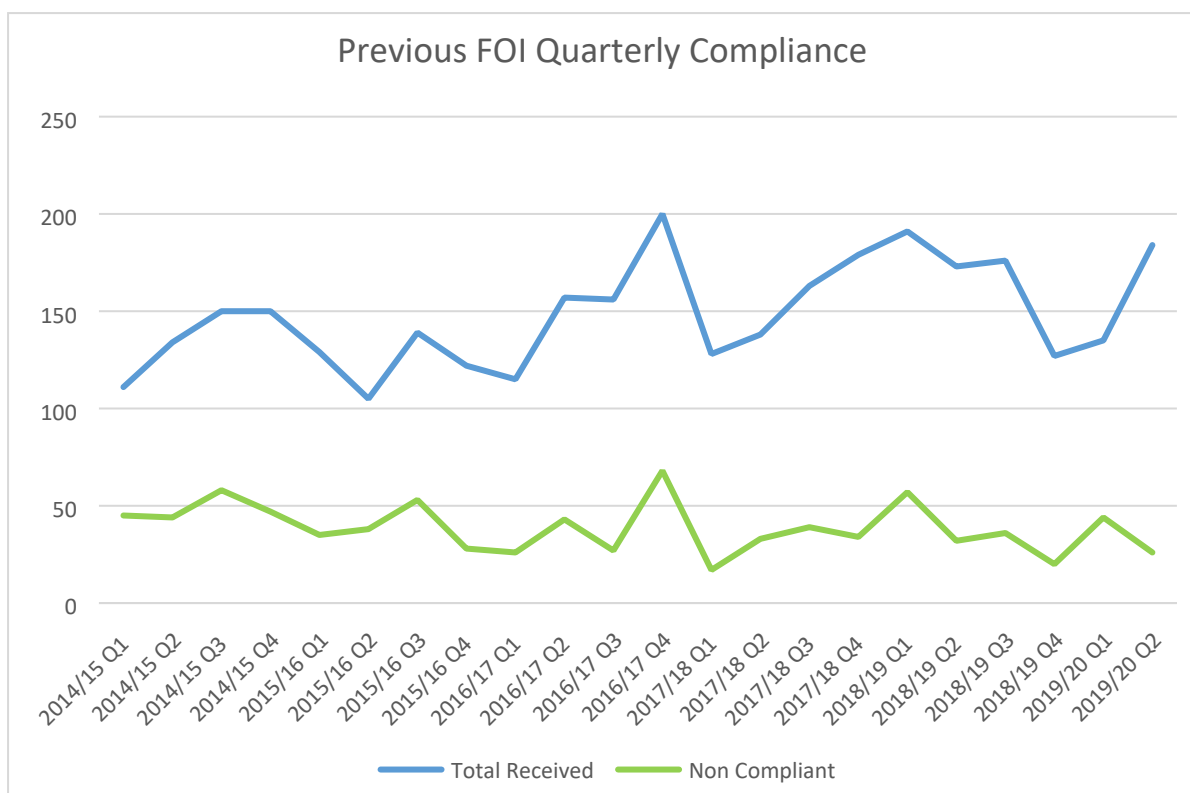
Total number of requests received in Q2: **184** Total number of requests delayed in Q2: **26**



Below is the list of reasons for the delays:

- 28 delays in obtaining/receiving information from FOI Leads
- 4 delays due to the non-approval of response by Executive Lead
- 3 delays due to the late approval by Executive Lead
- 1 delay whilst considering an exemption
- 1 formulation of final response from Information Governance

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



FOI Exemption and internal reviews

Following the feedback from D&IG in September a detailed breakdown of the exemptions and internal reviews applied during each quarter will now be included in this report. Please note due to the timeframe permitted under the Act for applicants to request an internal review some reviews may not be captured in time for this report, however they will be captured within the Information Governance Annual Report.

For quarter 2, please see table below for this detailed breakdown:

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

Exemption	Exemption Category	Total	Internal Review	Upheld/Overturned
S21 - Information accessible by other means	Absolute – No Public Interest Test required	22	3	2 x overturned 1 x upheld
Section 22 – Information intended for future public release	Class Based – Public Interest Test assessed	1	0	N/A
Section 21 & 22	21 – Absolute 22 – Class Based	1	1	1 x overturned
Section 32 – Court records	Absolute – No Public Interest Test Required	1	0	N/A

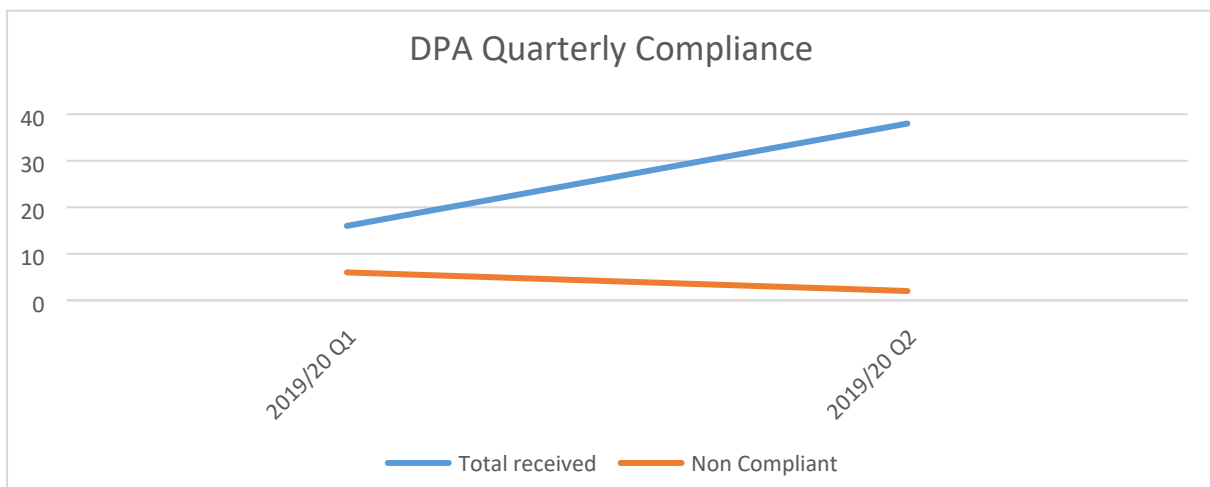
Section 40 - Personal Information	Absolute – No Public Interest Test Required	4	2	1 x upheld 1 x in progress
Section 40 & 41 – Information provided in confidence	Absolute – No Public Interest Test Required	1	0	N/A
Section 43 - Commercial interests	Class Based, so Public Interest Test assessed	4	2	1 x upheld 1 x in progress
No exemption used		1	1	1 x upheld
Total		35	9	

2) Data Protection

Subject Access Requests for non-clinical information

The compliance level for responding to a request within the standard of 28 days has increased to 89% this quarter. We will continue to provide support to the Divisions to maintain and increase this level of compliance.

Requests	Total
SAR	17
Verbal SARs	2
Total	19
Requests from 3rd Parties	
Solicitors / Local Authority	10
Police	9
Total	19
Total Requests Received	38
Total number of breaches (dealt with outside 28 day timeframe)	2 (5%)

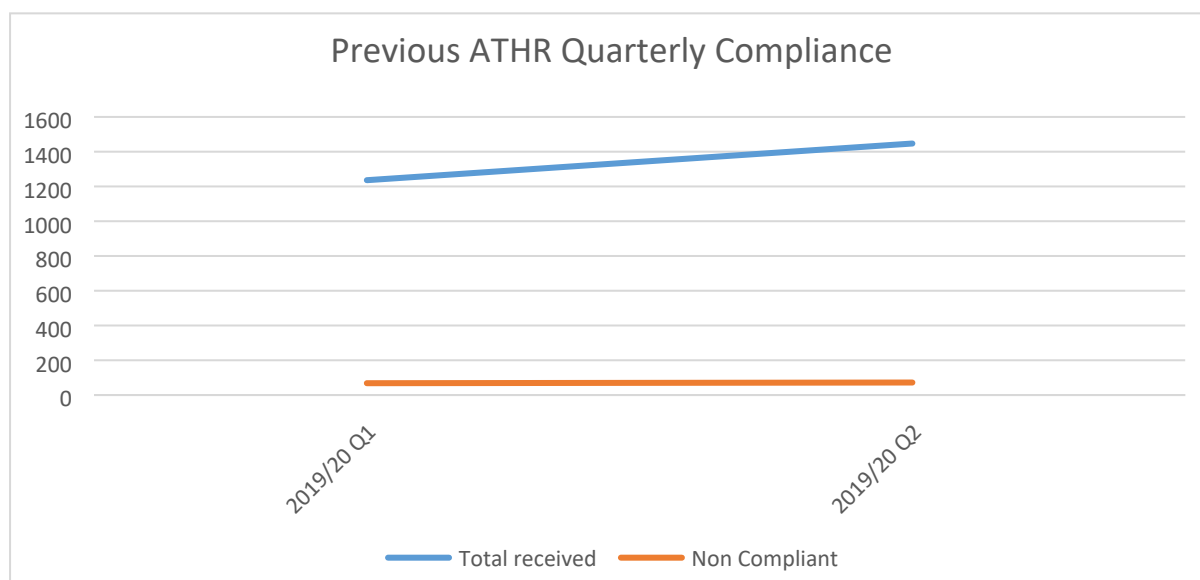


Subject Access Requests (SAR's) for clinical information and requests from 3rd parties

During quarter two, the new Centralised Access to Health Record (ATHR) Service was set up and all SARs and requests for copies of patient records from 3rd parties that were received in Central and East areas were taken over and managed by this new service. The next phase of implementation will be to take over the requests received in West area, including the Mental Health & LD Division (West) by the end of the year. The Centralised ATHR Service will then be responsible for the management of all ATHR requests received into the Health Board.

The figures below relate to all ATHR requests received within the new service and those currently managed within the West. There has been an increase in the compliance for requests closed within the legislative timeframe.

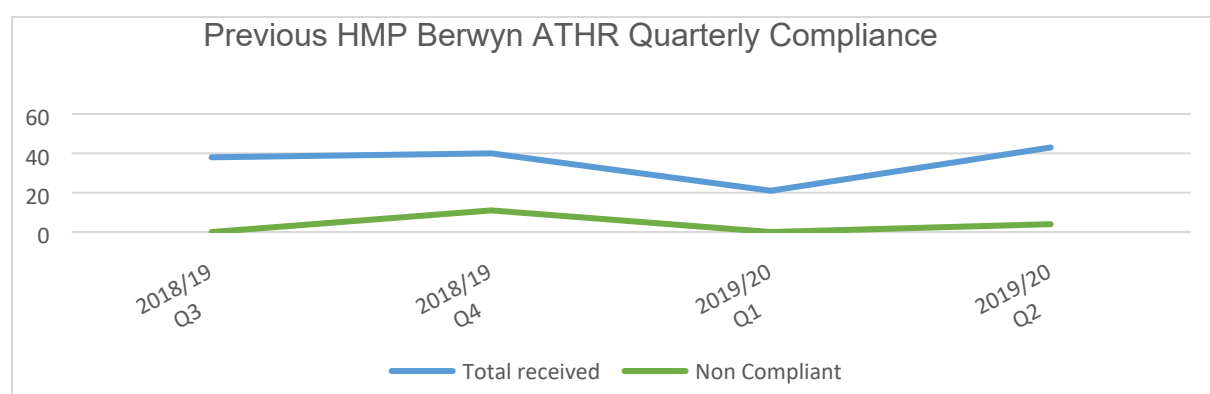
ATHR Requests	Total
Type of SAR	
Data Protection Act (Live Patients)	1,144
* Access to Health Records Act (Deceased Patients)	72
Total	1,216
Requests from 3rd Parties	
Court	53
Police	172
GMC	6
Total	231
Total Requests Received	1,447
Total number of breaches (dealt with outside 28 day timeframe)	72 (6%)



* Please note that due to the timeframe for producing this report the legislative timeframe of 40 days to respond to copies of deceased patient records had not elapsed.

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

HMP Berwyn	Total
Solicitors Requests	15
Patient Requests	17
Total Requests received	32
Total number of breaches (dealt with outside 28 day timeframe)	3 (9%)
Requests from 3rd Parties	
Police	1
Court (<i>Date Req. Set by Court</i>)	0



3) Incidents and Complaints

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

Category	Sub Category	Number of incidents	Self-Reported to ICO / WG	Complaints received from ICO
Non-compliance with policy/ procedure	IG02 Records Management	13	0	0
	IG15 Safe storage & transport of PPI	1	0	0
	IG14 IM&T Security Procedure	1	0	0
	IG13 Confidentiality code of conduct	3	0	0
	IG17 Non clinical photography	1	0	0
Confidentiality Breach	Mail	20	0	1
	Email / Fax	14	0	0
	Confidentiality breach	3	0	1

	Data loss/PPI in public place	9	2	0
IM&T Security	Inappropriate access	4	0	1
	Other	5	0	0
Total		74	2	3

Self-reported incidents to the ICO

This incident related to the loss of community primary care mental health records. These records were GP referrals into the community service and contained 2 sides of A4 minimal personal information. It has been established that these records were scanned and electronically filed and destroyed in line with the processes in place at the time. However, following thorough searches the information has been located. Initially it was identified that the information related to deceased, but following the investigation, it has become apparent that there could be live patient information. Whilst the ICO initially closed the reported incident due to deceased information not being covered by the data protection legislation, a further update will be submitted.

Information Commissioners Office (ICO) Complaints

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

- One complaint related to the way the Health Board processed an FOI request. The complainant has since withdrawn the complaint with the ICO.
- One related to personal information sent to a patient previous address. The Health Board previously self-reported this incident to the ICO in March 2019. Due to the level of actions immediately undertaken by the Health Board, the ICO required no further action to be undertaken.
- One related to the right to rectification. The Health Board have rectified the appropriate paperwork in line with the complainant's wishes. This has been closed by the ICO.

Lessons Learnt/Actions Taken

- A centralised service for the management of health records has been implemented which includes a strengthened quality assurance process.
- Reminders have been issued to clinical support staff regarding their responsibilities when filing information and good record keeping.
- Guidance has been issued to staff to provide support with solutions and mitigations to try and reduce breaches of confidentiality caused by Posting, Emailing and Faxing inappropriately.
- All staff have been reminded to complete their mandatory Information Governance Training requirement.
- Changes to processes have been implemented to strengthen the protection of identifiable information and is ongoing.

Personal Injury Claims

We have not received any personal injury claims in Quarter 2.

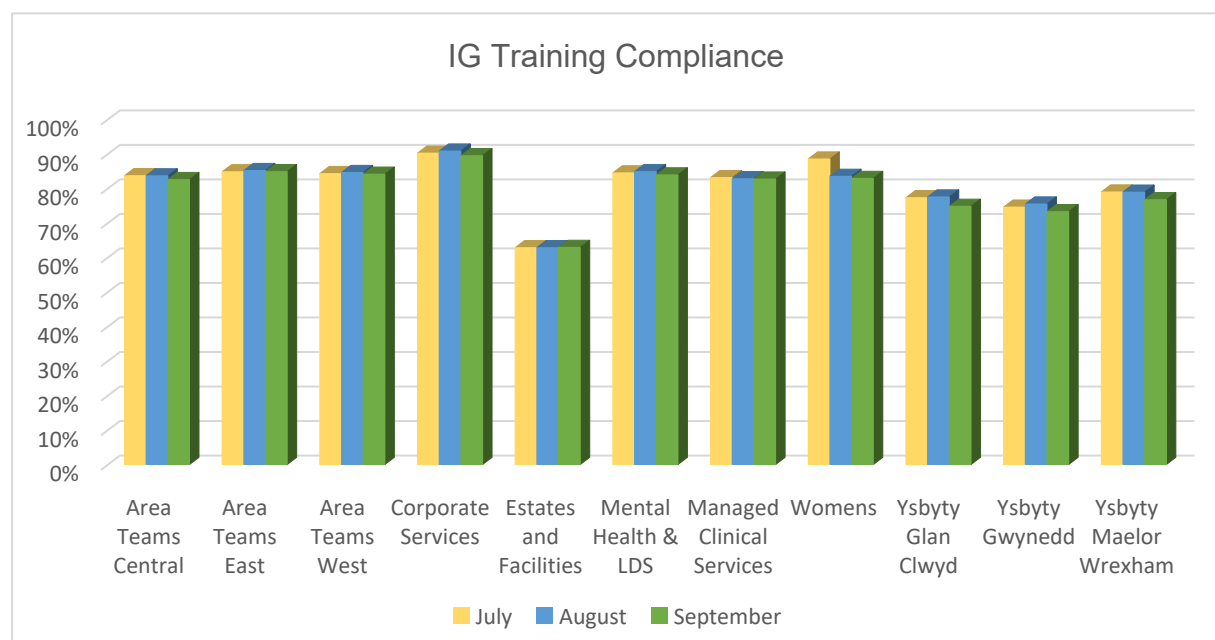
4) IG10 – Process for requesting, approval and review of information systems accessed by an employee

The IG10 procedure is to ensure that the correct and appropriate request and approval process is in place for access to information systems that are used by staff members as part of a serious untoward incident, investigation or a disciplinary matter. During the last quarter, the IG team approved **12** IG10 requests that consisted of the following audits / access as follows:

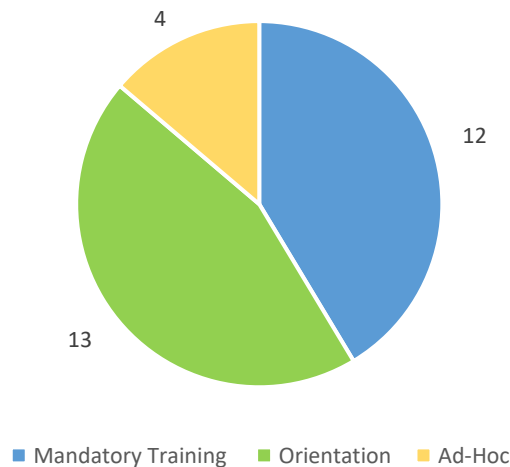
- 7 CCTV images
- 1 Shared Drive Access
- 4 Access to Clinical systems

5) Training

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



Total Number of Information Governance Training Sessions Q2 2019/20



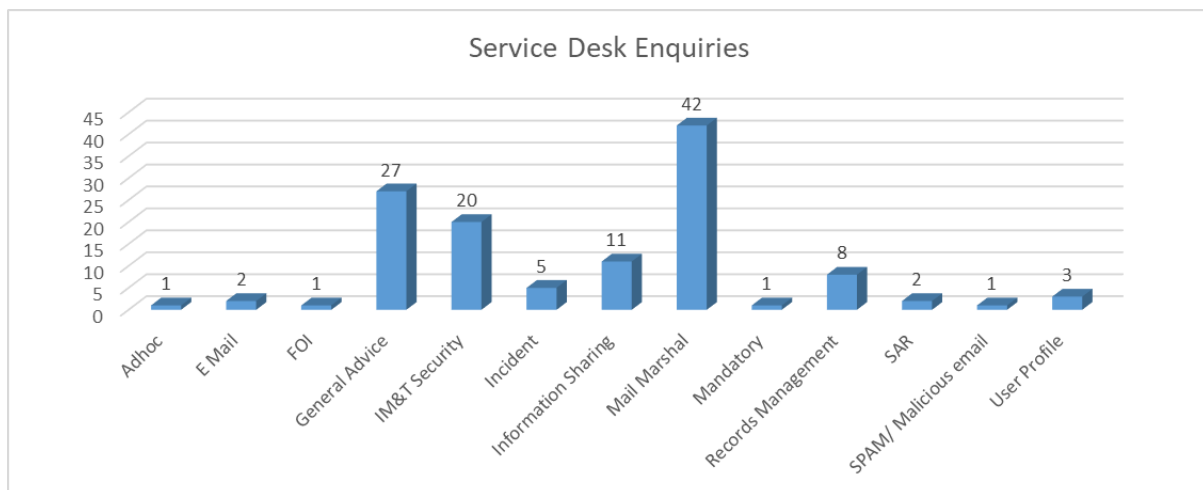
Total completed training via E-Learning, Face to face and completion of workbooks: **2,832.**

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

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

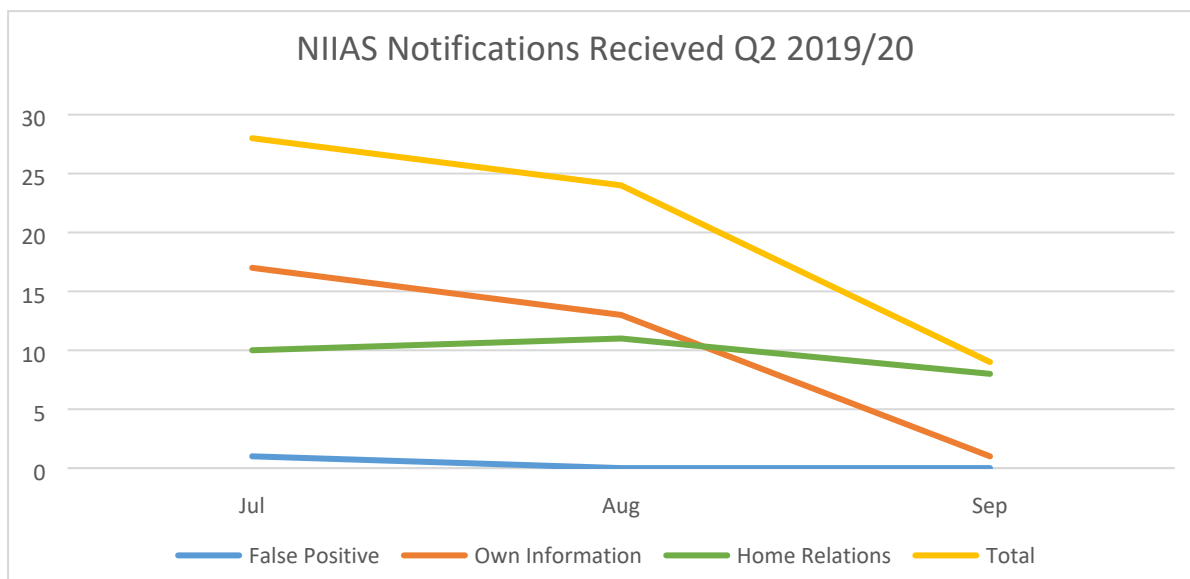
6) Service Desk – IG Portal

During Quarter 2 2019/20 there were **124** calls received into the Information Governance Service Desk.



7) NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 2 of 2019/20 there were **61** NIIAS notifications received. These notifications have decreased over the last financial year:

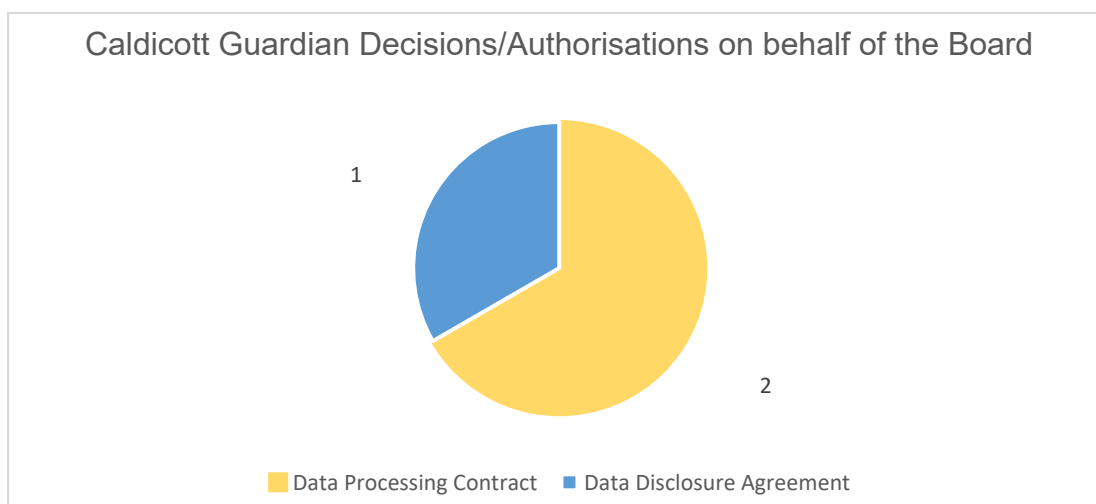


8) Information Governance Compliance Audit Findings

As part of the Health Board's requirement to ensure compliance with legislation, national and local standards, compliance checks are essential to provide assurance that the information is being safeguarded; areas of good practice are identified and areas of weaknesses are addressed via the production of an action plan. During this quarter, **1** compliance check was undertaken in a newly Health Board managed, Cambria GP Practice in Holyhead. Initial recommendations proposed were to review the reception area to ensure private information cannot be overheard; display privacy notice, leaflets and photography posters, and to strengthen secure storage facilities.

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

As part of the role of the Caldicott Guardian there is a requirement for operational decisions or, as the delegated officer, to authorise information sharing on behalf of the Health Board where services or systems involve patient information. During this quarter there have been **3** authorisations signed by the Caldicott Guardian.



10) Data Protection Impact Assessments (DPIAs)

Patients have an expectation that their privacy and confidentiality will be respected at all times, during their care and beyond. It is essential therefore, when considering or implementing any new initiatives, that the impact of the collection, use and disclosure of any patient information is considered in regards to the individual's privacy.

Carrying out a data protection impact assessment (DPIA) is a systematic way of doing this.

During Quarter 2 – **2** DPIAs have been approved:

1. Rocket - Software to manage Indwelling pleural catheter (IPC) drains and the training of district nurses.
2. Lumify – The Lumify diagnostic Ultrasound system consists of the lumify U/S application, a Lumify transducer, and an android tablet. It is intended for diagnostic U/S imaging on inpatients within the hospital.

**Digital and Information
Governance Committee**

21st November 2019



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Information Governance Group- Chairs report
Report Author:	Dr Melanie Maxwell Senior Associate Medical Director (Chair)
Responsible Director:	Dr David Fearnley Executive Medical Director
Public or In Committee	Public
Purpose of Report:	This report provides an update on issues of significance from the Information Governance Group meeting held on 22 nd October 2019
Approval / Scrutiny Route Prior to Presentation:	This paper was approved by the Senior Associate Medical Director.
Governance issues / risks:	Key risk is compliance with legislation. This is being monitored through the work programmes and reported as part of the key performance indicator reports
Financial Implications:	None
Recommendation:	The Committee is asked to note issues of significance from the Information Governance Group

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	x
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	x
5.To improve the safety and quality of all services	X	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	X		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper None http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment NA <i>(If no EqlA carried out, please briefly explain why. EqlA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqlA – see http://howis.wales.nhs.uk/sitesplus/861/page/47193)</i>			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Information Governance Group - Chairs report (22/10/19)

Agenda items included reviewing:

- Information Governance Workplan Q2 2019/20
- Terms of Reference
- IG Departmental Risk Register

Updates were received for:

- Network Information Security directive (NIS)
- Patient's requesting outcome letters
- National Mobilisation Strategy
- Digital Health Record
- Centralised Access to Health Records Service
- ICO Follow Up Audit Report

The following policies and procedures were reviewed:

- IG13 Confidentiality Code of Conduct (approved)
- IG07 Procedure for Dealing with Subject Access Request (Approved subject to minor amendments)
- IG17 Procedure for non-clinical photography or video / audio recording of patients & staff (requires additional work)

Issues of significance were reported from each of the subgroups. There are no issues that require escalation to DIGC at this time.

Progress continues with the 19/20 Workplan and actions due were reviewed. Work is in progress to develop a framework for taxi services to transport health records to ensure all necessary confidentiality agreements are in place.

Work is ongoing through the asset register to ensure all systems are able to deliver GDPR.


Additional updates are required to the Terms of Reference – with additional staff from primary and community care have been identified

Good progress is being made to mitigate risks with updates to be made following the meeting. It should be noted that the new centralised Access to Health Records (AHR) service has reduced the risk of failure to deliver to legislative timescales.

The roll out of the centralised AHR service pilot has been well received. However, the number of requests being dealt with are greater than anticipated. This is due to a rise in police requests and also a number of requests that were being managed within services recently identified; this has meant the service is almost at capacity and the roll out to West has not progressed on time. Work is on-going to identify additional resources with the expectation is the roll out will be completed by year end.

The ICO undertook an audit in 2017, a follow up table top review against recommendations has recently reported. Whilst concerns were raised about the audit process; progress was good. However, there are five outstanding areas being added to the work plan. The full report will be presented to DIGC.

Within “any other business” - a concern was raised that the national procurement of Datix does not include the functions to manage Freedom of Information or Subject Access Requests. Our current system is failing and accessibility issues are being experienced. A scoping exercise is starting to consider the options for replacement and this will require a business case to be presented.

Digital and Information Governance Committee	 GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
21.11.19	To improve health and provide excellent care	

Report Title:	Summary of In-Committee business to be reported in public
Report Author:	Diane Davies, Corporate Governance Manager
Responsible Director:	Dr David Fearnley, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	To report in public session that the following items were considered at the Information Governance and Informatics Committee held in private session on 27.9.19 <ul style="list-style-type: none"> BCU Digital Strategy update
Approval / Scrutiny Route Prior to Presentation:	The issues were considered by the Committee at its private in-committee meeting
Governance issues / risks:	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.
Financial Implications:	The financial implications were discussed at the meetings
Recommendation:	The Committee is asked to note the report

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

5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<ul style="list-style-type: none"> • Leadership and governance • Strategic and service planning 			
Equality Impact Assessment			
Not applicable for a paper of this nature			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board