




**A meeting of the Aneurin Bevan University Health Board's
Information Governance Committee
will be held on Thursday 6 June 2019, commencing at 9.30am
in the Executive Meeting Room, Health Board Headquarters,
St Cadoc's Hospital, Caerleon**

A G E N D A

1	Preliminary Matters			09.30
1.1	Welcome and Introductions		Chair	5 mins
1.2	Apologies for Absence		Chair	
1.3	Declarations of Interest		Chair	
2	Information Governance Assurance			09.35
2.1	Information Governance Health Board Performance Report	Attachment	Data Protection Officer & Head of Information Governance	10 mins
2.2	Freedom of Information Act Report	Attachment	Board Secretary	5 mins
2.3	Risk Register	Attachment	Data Protection Officer & Head of Information Governance	15 mins
3	Local and National Strategy			10.05
3.1	Welsh Community Care Information System (WCCIS) - General Update and Opportunities and Challenges of Information Sharing	Attachment	Assistant Director of Informatics	20 mins
3.2	National Convergence – Update	Verbal	Assistant Director of Informatics	15 mins
4	Minutes and Actions			10.40
4.1	Draft Minutes of the IGC – 14 February 2019	Attachment	Chair	5 mins
4.2	Action Log – to review actions from the previous meeting – 14 February 2019	Attachment	Chair	5 mins
5	Final Matters			10.50
5.1	Any Other Business		Chair	5 mins
5.2	Items for Board Consideration – to agree agenda items for Board consideration		Chair	

6	Date of Next Meeting			10.55
	Thursday 10 October 2019 at 9.30am in the Executive Meeting Room, Headquarters Building, St Cadoc's Hospital, Caerleon.			

 <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Aneurin Bevan University Health Board 6 June 2019 Agenda Item: 2.1</p>
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Aneurin Bevan University Health Board
Information Governance Committee – Compliance Dashboard Report

Executive Summary	
<p>This dashboard report provides the Information Governance (IG) performance reporting requirements for IGC, providing assurance about the way in which the Health Board manages its information about patients and staff and highlights compliance with IG legislation and standards.</p> <p>The report provides an annual report for the financial year 2018-19 the Health Board.</p> <p>The Health Board's relationship with the Information Commissioners Office (ICO) remains strong with all complaints to the ICO being reviewed and no action taken against the Health Board. This also indicates that the Health Boards internal processes are at a level that satisfies the ICO's requirements.</p>	
The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	
Executive Sponsor: Nicola Prygodzicz, Director Planning & Performance	
Report Author: Richard Howells, DPO and Head of IG	
Report Received consideration and supported by :	
Executive Team	Committee of the Board [Committee Name] Transformation to Digital Delivery Board (T2D)
Date of the Report: 17/05/2019	
Supplementary Papers Attached: none	

Purpose of the Report

This dashboard report provides the mandatory and legislative reporting requirements and provides assurance about the way in which the Health Board manages its information about patients and staff and highlights compliance with IG legislation and standards.

Background and Context

The IGC is provided with performance information regarding the Health Boards compliance with the General Data Protection Regulation (GDPR) and Data Protection Act (DPA) (2018). Although the expectations within the regulation or law is 100% compliance, it is accepted that this will never be reached, due a variety of reasons (staff absence, misjudgement, new technology etc.). However, there is an expectation that the Health Board will monitor its performance against the regulations and be assured that it is achieving an agreed and acceptable standard and have in place procedures and process in order to achieve that standard.

Link to IMTP

The Informatics Integrated Medium Term Plan (IMTP) details the technical infrastructure and information required to deliver a digital health programme during the next 3 years. The Information Governance plans are included to improving the governance of information, its accuracy and confidentiality.

Reports, Assessment and Conclusion

Complaints received by the Information Governance Unit for the Financial year 2081-19: **60**

	Total No. of Complaints (for the year)
Upheld – Evidence was found to substantiate the complaint and the matter is being taken further	10
Ongoing – Currently awaiting the outcome of investigations	12
No Further Actions – No evidence was found to substantiate complaint and no further action is to be taken	38

Reports to the ICO:

During the year the Health Board reported 4 incidents to the Information Commissioners Office; all were regarded as breaches of confidentiality where there was possible harm to the Data Subject. The ICO has reviewed all 4 and no further actions were required; the ICO was confident that the Health Board had undertaken the correct process to understand and mitigate any future concerns.

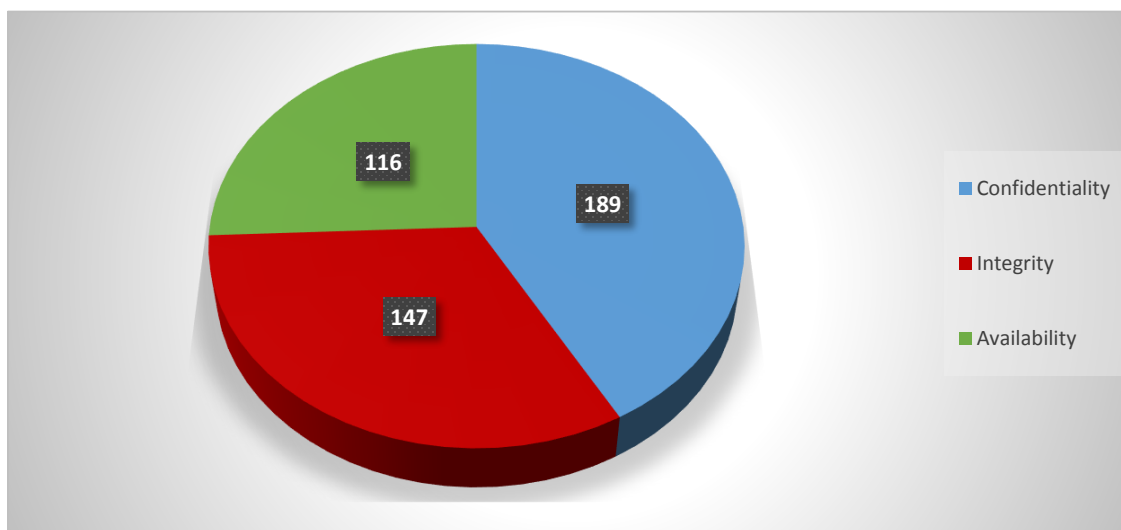
The Health Board was reported on 3 occasions to the ICO by patients or the public. Each was different varying from not receiving records to receiving other patient's information. The ICO reviewed each complaint and no action was required by the Health Board as the ICO was satisfied with the way in which we had undertaken our decision making.

Incidents received by the Information Governance Unit for the year 2018-19: **452**

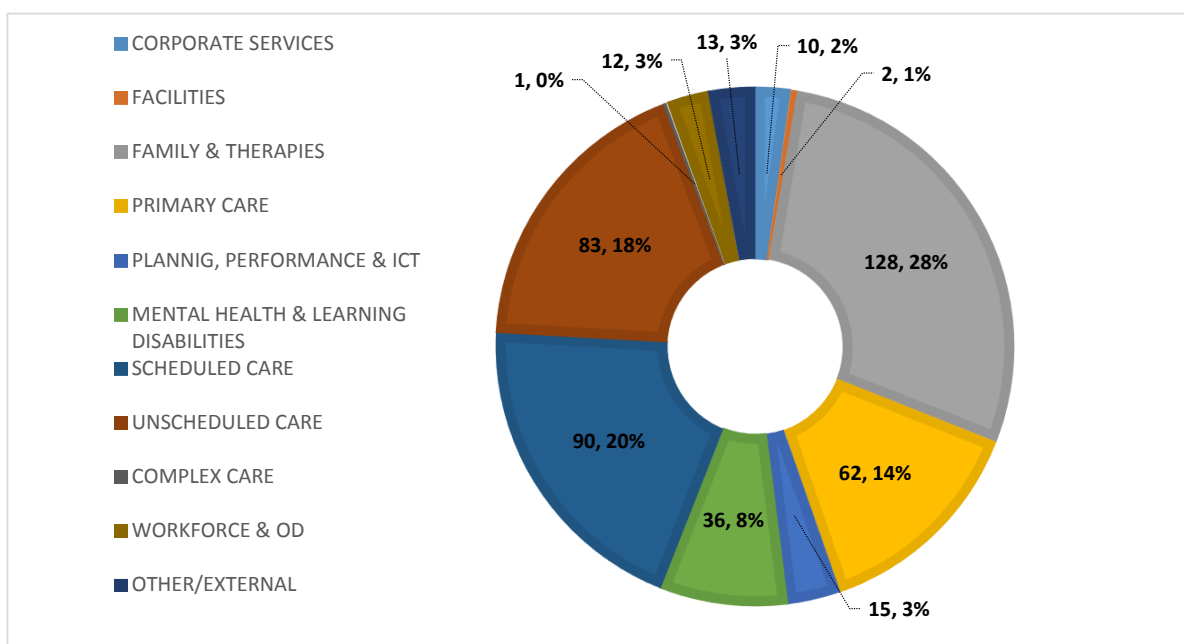
The figures have been divided into categories of Confidentiality, Integrity and Availability (CIA):

- Confidentiality – breach of patients' confidentiality, consent or communication.
- Integrity – changes to documentation or a mix of incidents not included in Confidentiality or Availability.
- Availability – health records missing, misfiled, illegible or believed lost. Many staff report records as lost when they are still in the system but are not provided in time e.g. at out-patient appointments.

Incidents reported to IGU for investigation

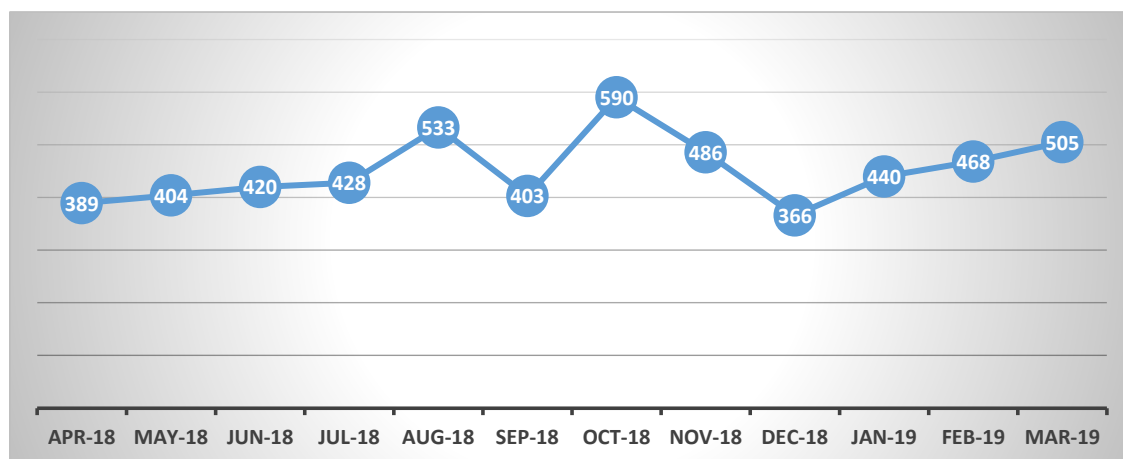


Root cause of incidents by Division



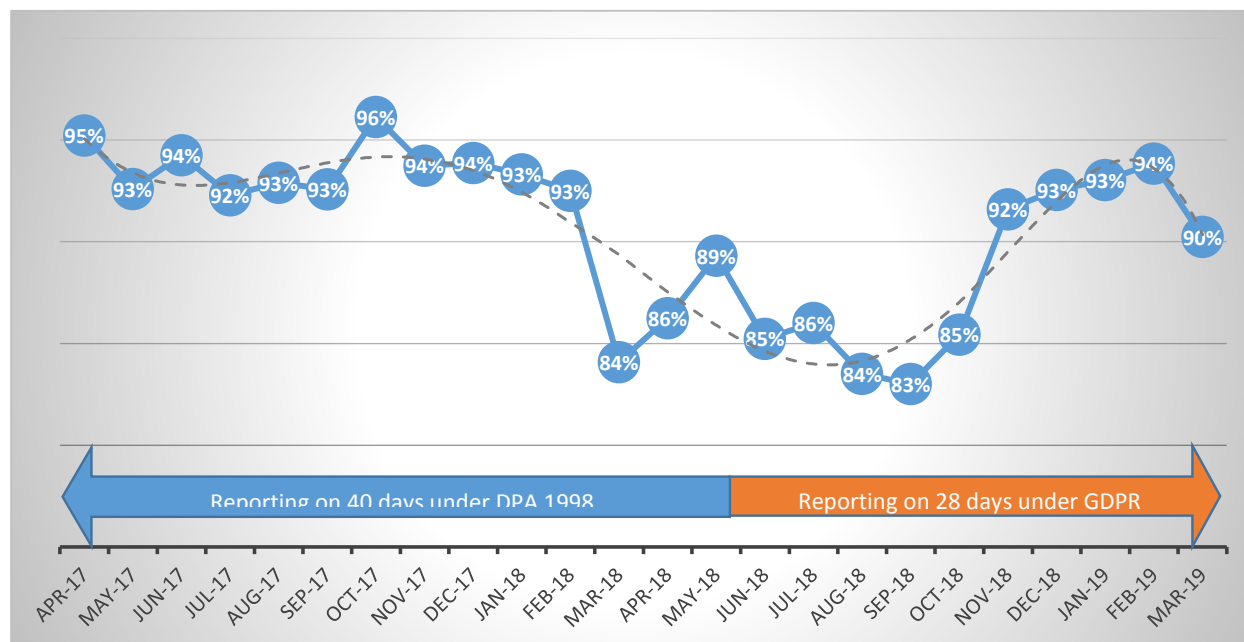
GDPR/DPA Subject Access Requests: The year 2018-19, saw 5,432 Subject Access Requests (SARs) at an average of 453 per month; this is an increase of on last year (which was 404 per month).

Number of SAR Requests



The current compliance rate is 90% - to provide the information requested within 28 days of the request (GDPR is 30 days; Welsh Government target is 28 days); although this rate has fluctuated throughout the year dependent upon resources.

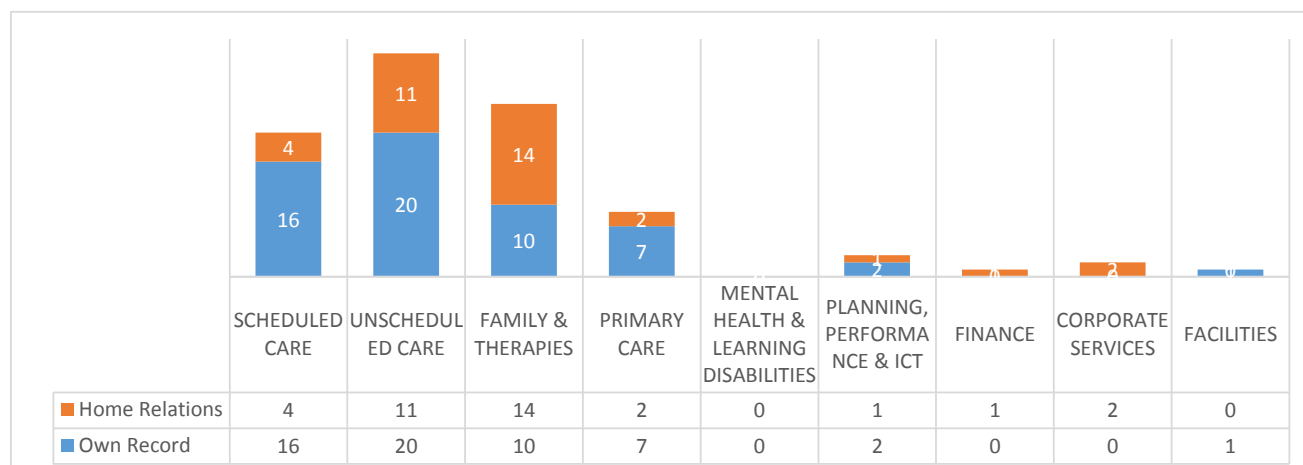
GDPR SAR Compliance Rate (within 28 days target)



ICT Systems Access Audits (including NIIAS checks):

Staff accessing their own record = 56

Staff accessing relations record = 35



Training compliance: Approximately 70% of staff have undergone IG e:learning training. There remains some confusion about staff using the IG e:learning provided on ESR – which is not the ABUHB mandatory training. This is being addressed by the Divisions' IG Delivery Groups (IGDG's). The Health Board's IG training includes a module has been reviewed and provides and provides a module dealing with Cyber Security.

Recommendation

The IGC is requested to receive this report for assurance purposes.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Links to the Informatics and Corporate Risk Register in relation to compliance rates and incident reporting to the ICO.
Financial Assessment, including Value for Money	Financial and workforce plans identified within IGU and Health Records Services
Quality, Safety and Patient Experience Assessment	Audits undertaken in conjunction with the Audit Committee (and Internal Audit) to ensure compliance with IG and legislative requirements to provide a security framework.
Equality and Diversity Impact Assessment (including child impact assessment)	All Information Governance policies and procedures have been impact assessed and do not discriminate against any patients within our service.

Health and Care Standards	<p>Standard 3.4 IG and ICT Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.</p> <p>Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.</p> <p>Standard 3.5 Record Keeping Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.</p> <p>Standard 4.2 Patient Information People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.</p>
Link to Integrated Medium Term Plan/Corporate Objectives	The report links to the IMTP priority areas for the IG.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term – The adopted approach is a long term investment to improve Health Board compliance and to improve the patient information available to staff and improve patient and public confidence in the Health Board services.
	Integration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales.
	Involvement – The IG Unit is public and patient facing and comments from service users and our patients are all evaluated used as opportunities to review processes and provide continuous improvement.
	Collaboration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales.
	Prevention – The IG work provides compliance with legislation.
Glossary of New Terms	None
Public Interest	Can be published in public interest.

 GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Information Governance Committee 6 June 2019 Agenda Item: 2.2
Information Governance Committee		
Freedom of Information Update for the period 1 January 2019 to 31 March 2019		
Executive Summary		
This report provides for the Information Governance Committee an update on the number of Freedom of Information Requests received for the period 1 January 2019 to 31 March 2019, the number responded to within the 20 day timescale and the sources of the requests, together with the compliance information.		
The Committee is asked to: (please tick as appropriate)		
Approve the Report		
Discuss and Provide Views		
Receive the Report for Assurance/Compliance	✓	
Note the Report for Information Only		
Executive Sponsor: Richard Bevan, Board Secretary		
Report Author: Rona Button, Corporate Services Manager (Freedom of Information)		
Report Received consideration and supported by :		
Executive Team	N/A	Information Governance Committee
Date of the Report: 10 May 2019		
Supplementary Papers Attached: N/A		

MAIN REPORT:

Purpose of the Report
This report provides for the Information Governance Committee an update on the number of Freedom of Information Requests received for the period 1 January 2019 to 31 March 2019, the number responded to within the 20 day timescale and the sources of the requests, together with the compliance information.
Background and Context
The Freedom of Information Act aims to make the business of organisations more transparent and accountable to the public. Since 1 January 2005, anyone is able to make a written Freedom of Information request for information about the Health Board. In relation to such requests, the individual making the request does not have to live locally or give a reason for the request. In addition, the Health Board cannot ask the individual the reason for their request. If the Health Board has the information requested, there is a maximum 20 working days period to provide the information.

Assessment and Conclusion

1. Source of Requests

Between 1 January 2019 and 31 March 2019, 119 Freedom of Information requests have been received. The source of these requests is as follows:

Source of Request	
Private Individual	39
Private Company, Researcher	29
Media	26
Group, Association, Chartered Society	9
Campaigner (Whatdotheyknow.com)	8
Welsh Government	4
Employees of NHS Wales	3
Legal	1
Total	119

2. FOI Responses

The compliance rate (response within the 20 working days) of the requests received between 1 January 2019 and 31 March 2019 was **97%**.

As indicated, each Freedom of Information request may be complex and comprise a number of separate questions. Therefore, since 1 January 2013, the number of questions contained within each FOI has been recorded. This shows that the **119** requests received between 1 January 2019 and 31 March 2019 comprised **743** individual questions. The figure does not include those requests where the same question is asked over a number of years, for example the number of people treated for a condition or with a specific drug in each of the last three, four or five financial years.

3. Subjects of Requests

Information is being recorded on the Datix system regarding the types of subject of requests and this information is being reported for interest and information. This analysis will help, where appropriate, to proactively publish information on the Health Board's Publication Scheme.

Subject of Request	Number
Clinical Care	40
Financial Information	11
Personnel Information	10
Primary Care	10
Contractual Information	9
Medication Information	9
Corporate Information	7
Communication	6
Health and Safety	5
Facilities/Services	3
Other (use of live animals in vivo experiments and thefts from patients at hospital sites)	2
Procurement	2

Statistical Information	2
Cancer Services	1
Equality and Diversity	1
Environmental Information (air systems used in theatres)	1
Total	119

4. Number of Responses sent to Welsh Government for Information

Copies of responses which are considered to be sensitive or contentious in nature are sent to Welsh Government for information. Of the **164** responses which were closed during this reporting period, but which may have been received during a previous reporting period, **59** were sent to Welsh Government due to their subject, theme or content.

5. Exemptions Applied

The Freedom of Information Act contains a number of exemptions that allow organisations to withhold information from a requester. In some cases these will also allow the Health Board to refuse to confirm or deny whether the information is held by the organisation.

Some exemptions relate to a particular type of information, whilst other exemptions are based on the harm that would arise or would be likely to arise from disclosure, for example, if disclosure would be likely to prejudice a criminal investigation or prejudice someone's commercial interests. There is also an exemption for personal data if releasing it would be contrary to the Data Protection Act.

50 exemptions were applied to the **164** responses closed during this reporting period, with some responses having more than one exemption applied.

Exemption	Number of times applied
Section 16: To advise and assist	17
Section 40: Personal information – Breach of Data Protection Principles	13
Section 12: Cost (financial and time)	11
Section 43: Protecting commercial interests	7
Section 21: Information accessible by other means	2
Total	50

6. Complaints received from the Information Commissioner's Office and Appeals from Requesters

The Information Commissioner's Office (ICO) advised the Health Board in Autumn 2018 of two complaints received by requesters who were dissatisfied with the responses received. In response to the first complaint, the ICO upheld the Health Board's refusal to release information which is personal to members of staff in response to one complaint.

In respect of the second complaint, the Health Board has been asked to provide further information to the ICO in order that a decision on whether or not the original response provided was appropriate.

One request for review was received during the reporting period and, as per process, the Board Secretary undertook the review:

Request for more detailed information on the number of physical assaults. As a result of the review, further information was provided to the requester.

7. Audit

The Internal Audit Team is currently carrying out an audit on FOI compliance and process and feedback on the audit will be provided to the FOI Team in June.

8. Training and Development

Help and advice is provided regularly to requesters and the network of Health Board FOI Stewards.

The Corporate Services Manager (FOI) is also a member of the all Wales FOI Community of Practice Network.

9. Conclusion

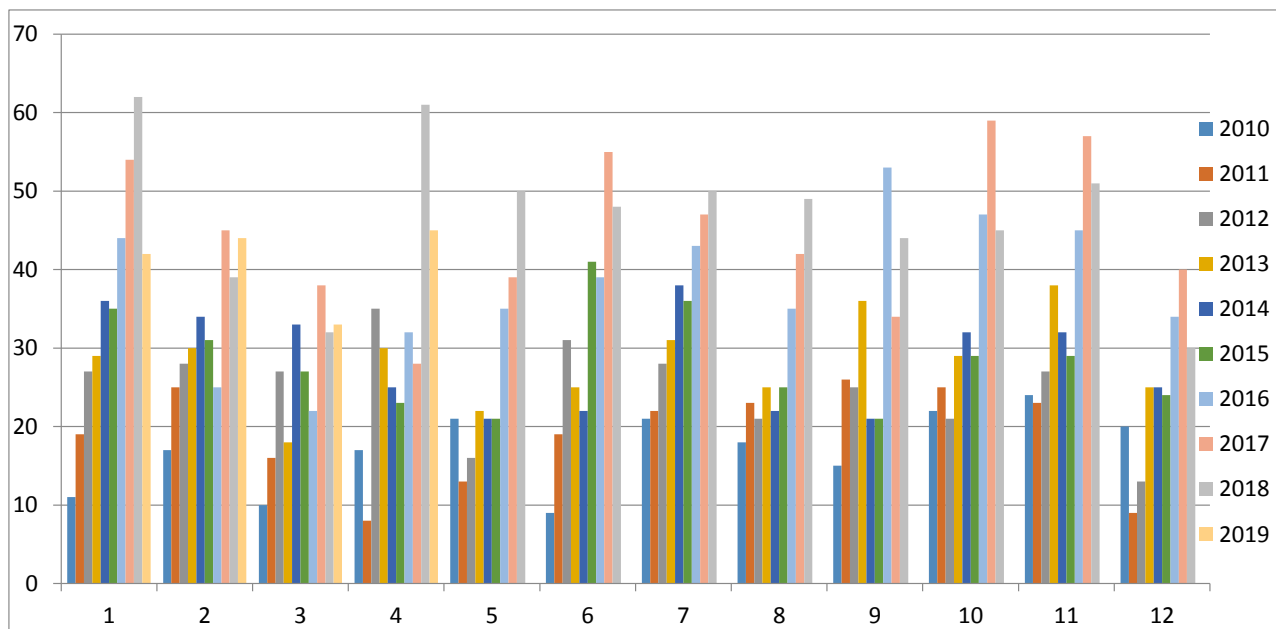
It is the Health Board's policy to respond to all Freedom of Information requests, regardless of their complexity, even where this may mean that the information is delayed. Where there is likely to be a delay in providing a response to requests, the Corporate Services Manager (Freedom of Information) liaises with the requester to ensure they are aware of the possibility of a delay and to agree a revised timescale for response. Where there are complex requests, and where the information is required from multiple disciplines, it is not always possible to provide the information within the 20 day timescale.

The dedicated resource for FOI in the Health Board also ensures that the Publication Scheme can be a 'live document'. In the future the Corporate Services Manager (Freedom of Information) will play an active role in leading training and awareness raising of FOI across the organisation. Linked to this work is liaison with the Communications Team to expand and promote the routine publication of appropriate information across the Health Board. The Health Board also maintains a Disclosure Log of all previous FOI requests which also assists us in directing requesters to previously published information.

A Freedom of Information Stewards' Network has been established which comprises key members of staff who are able to identify within divisions or directorates information to support FOI responses. The Wales-wide Community of Practice network also provides invaluable support and advice to ensure that requests received by all Health Boards are responded to in a similar manner.

The graph overleaf provides a month on month comparison of the number of requests received.

Freedom of Information Requests received by month, per calendar year from 2010 to 2019




Recommendation

The Information Governance Committee is asked to note the contents of this report.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	The Health Board has a legal responsibility to respond to Freedom of Information requests within 20 working days, as per the Freedom of Information Act 2000.
Financial Assessment, including Value for Money	Not applicable.
Quality, Safety and Patient Experience Assessment	Not applicable.
Equality and Diversity Impact Assessment (including child impact assessment)	Not applicable.
Health and Care Standards	The completion of requests will assist the Health Board's compliance with Health and Care Standard 1 governance.
Link to Integrated Medium Term Plan/Corporate Objectives	As a legal requirement, this is included in the IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	As a legal requirement, this ensures compliance with the Act.
Glossary of New Terms	Not applicable.

Public Interest	Freedom of Information data is published and in the public domain.
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 GIG CYMRU NHS WALES	Aneurin Bevan University Health Board 6 June 2019 Agenda Item: 2.3
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Aneurin Bevan University Health Board
Information Governance Committee – Risk Report

Executive Summary			
<p>This report provides the risks reported on to the Corporate Risk Register and progress to mitigate these risks. It provides IGC with assurance about the way in which the Health Board manages its risk profile regarding information, systems and applications.</p> <p>The report provides an annual report for the financial year 2018-19.</p>			
The Committee is asked to: (please tick as appropriate)			
Approve the Report			
Discuss and Provide Views			
Receive the Report for Assurance/Compliance			✓
Note the Report for Information Only			
Executive Sponsor: Nicola Prygodzicz, Director Planning, Digital & IT			
Report Author: Richard Howells, Data Protection Officer and Head of Information Governance			
Report Received consideration and supported by :			
Executive Team		Committee of the Board Information Governance Committee	✓
Date of the Report: 17/05/2019			
Supplementary Papers Attached: none			

Purpose of the Report

This report provides progress against the risks highlighted as part of the Health Boards Corporate Risk Register and which the IGC has oversight. It provides assurance about the way in which the Health Board manages its risk profile.

Link to IMTP

Most of the risks will cover all areas of the Health Boards Integrated Medium Term Plan (IMTP) as these will encompass enabler programmes to deliver the Plan. Any work to mitigate risks will be included in the Informatics IMTP work programme.

Reports, Assessment and Conclusion

IMTP Strategic Objective all: Enablers associated with delivery of IMTP

Threat: Malware or ransom ware attack compromising ICT systems.

Impact: Significant disruption to patient care. Potential loss of patient data.

15

Action: The ICT Cyber team lead and two band 5 roles have now started. They are in the process of determining their strategic roadmap and operational management, as well as working on the recommendations of the Stratia Review in 2018-19. ABUHB has approached NWIS to adopt the SIEM system and is working through the prerequisites with NWIS.

Since
Jan
2019

Recruitment for the band 6 posts is ongoing as previous iterations did not yield results. The Head of ICT has been discussing graduate and undergraduate placement opportunities with Cardiff University which may allow us to progress this post on a placement basis.

Owner: Director of Planning, Digital and IT

IMTP Strategic Objective all: Enablers associated with delivery of IMTP

Threat: Complete or partial loss (outages) of Health Board ICT systems, either those provided nationally by third parties or locally provided systems.

15

Impact: This would have an impact on business continuity. It would also have an impact on the availability, quality and safety of the services we provide and therefore could have a direct impact on the health and well-being of patients.

Since
Jan
2019

Action: The staff appointed have been working on business continuity testing and developing a schedule for testing in partnership with the service leads. Due variation in the architecture and availability of different systems, there are differing approaches for applications.

Email and SharePoint platforms have regular testing underway as part of the monthly patching cycle. 81 Virtual machines were migrated seamlessly between data centres in April and will migrate back in May.

Further work is required to determine an appropriate method to fail over the trickier applications. The team is working through these on an individual basis

with the aim of having a complete schedule for the required systems in place by the end of Q3.

CWS is being redesigned to be resilient to patching and allow for business continuity tests to be carried out without interrupting live service. This is planned for testing in Q3.

Owner: Director of Planning, Digital and IT

IMTP Strategic Objective SCP 7: Service Sustainability

15

Threat: Failure to implement Welsh Community Care Information System (WCCIS)

Impact: Reduced ability to support integration between Health and Social Care.

Since
Jan
2019

Action: Regional resource to manage change has been appointed.

The Health Board is working with the supplier in readiness to implement the initial stage (Mental Health).

Local Clinical Reference Group has been created to assist implementation and have links with patient safety.

Concerns raised at National WCCIS Transition Implementation Board held on 15th June 2018 by ABUHB and CareWorks that the tabled new version of the national integration roadmap did not meet the ABUHB required timescales and critical path imperatives.

Formal escalation report sent to ABUHB WCCIS Senior Responsible Officer national discussion are ongoing with regard to next stage implementation.

Owner: Director of Planning, Digital and IT


Recommendation

The IGC is requested to receive this report for assurance purposes.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Links to the Informatics and Corporate Risk Register in relation to compliance rates and incident reporting to the ICO.
Financial Assessment, including Value for Money	Financial and workforce plans identified within IGU and Health Records Services
Quality, Safety and Patient Experience Assessment	Audits undertaken in conjunction with the Audit Committee (and Internal Audit) to ensure compliance with IG and legislative requirements to provide a security framework.
Equality and Diversity Impact Assessment	All Information Governance policies and procedures have been impact assessed and do not discriminate against any patients within our service.

(including child impact assessment)	
Health and Care Standards	<p>Standard 3.4 IG and ICT</p> <p>Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.</p> <p>Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.</p> <p>Standard 3.5 Record Keeping</p> <p>Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.</p> <p>Standard 4.2 Patient Information</p> <p>People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.</p>
Link to Integrated Medium Term Plan/Corporate Objectives	The report links to the IMTP priority areas for the IG.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<p>Long Term – The adopted approach is a long term investment to improve Health Board compliance and to improve the patient information available to staff and improve patient and public confidence in the Health Board services.</p> <p>Integration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales.</p> <p>Involvement – The IG Unit is public and patient facing and comments from service users and our patients are all evaluated used as opportunities to review processes and provide continuous improvement.</p> <p>Collaboration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales.</p> <p>Prevention – The IG work provides compliance with legislation</p>
Glossary of New Terms	None
Public Interest	Can be published in public interest

 GIG CYMRU NHS WALES	Aneurin Bevan University Health Board 6 June 2019 Agenda Item: 3.1
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3.1

Aneurin Bevan University Health Board (ABUHB)
WCCIS – Welsh Community Care Information System

Executive Summary

This report is intended to provide a brief update on progress, provide assurance of the ongoing application of controls and highlight items for discussion/escalation.

The Welsh Government has endorsed a strategy of closer working between Health and Social Care services and the desire to support more citizens at home. The ambition is to provide high quality, people-focused, local, integrated care; to ensure the whole system is safe and effective, with people receiving the right care, at the right time, in the right place, from the right person. Underpinning this approach is the expectation that ICT solutions will need to be delivered. The Welsh Community Care Information System (WCCIS) has been nationally procured to support the transformation of community, social care, mental health and therapy services across Wales.

The local ABUHB WCCIS Business Case was signed off by the Board at the end of May 2017. Further detailed work was undertaken in development of the contractual Deployment Order between ABUHB and CareWorks. This was signed off in March 2018. A Memorandum of Understanding was also drafted and signed between ABUHB and NWIS to provide commitment and assurance of delivery of key items integration required for go live schedules.

The local programme is well defined with activities progressing at pace. A formal regional structure is in place and focused activities have been defined. Active engagement with the supplier and partners (NWIS and other HBs) is in place. The WCCIS Programme is a key feature of the Informatics IMTP for 2018-21 and is seen as a key enabler for transformational change in service delivery and support.

There are a number of critical areas of concern that have been escalated through the national governance arrangements for WCCIS and this report shares those with the Information Governance Committee for discussion. The local programme board made the decision at their meeting in February to delay the July 2019 go LIVE due to a delay notification received by CareWorks.

The Board is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Nicola Prygodzicz, Director of Planning, Digital & IT

Report Author: Janice Jenkins – WCCIS Programme Manager			
Report Received consideration and supported by :			
Executive Team		Committee of the Board Information Governance Committee	✓
Date of the Report: 14th May 2019			
Supplementary Papers Attached: No			

Purpose of the Report

There are a number of critical areas of concern that have been escalated through the local and national governance arrangements for WCCIS and this report shares those with the Information Governance Committee for discussion. The key areas for concern are national integration timescales and functionality, system data quality including duplicates and national service management arrangements.

Background and Context

An urgent escalation was made to NWIS, the National SROs and the new National Programme Director by Nicola Prygodzicz following the local programme board on 7th February where the decision was taken to delay the ABUHB go LIVE.

This decision was taken following a formal delay notification received from the WCCIS supplier based on issues with delivering the required go LIVE functionality, including system changes and essential integration with other national systems. The local programme board, with support from the ABUHB exec team, took the decision not to go LIVE with significantly reduced functionality and therefore re-planning is underway to ensure the implementation of WCCIS achieves the benefits outlined in the original business case.

We are working closely with CareWorks, the National Team and NWIS to ensure we receive delivery dates for all items to inform a correction plan. Only at this point will we be in a position to confirm a new go LIVE date for all phases of the implementation. Local readiness activities are continuing as planned.

Assessment and Conclusion

There are a number escalation points described below which are being managed by the local programme team. Each item will need full resolution ahead of confirming a new go LIVE date and phased implementation plan.

CareWorks have provided an action plan which is being reviewed twice weekly with relevant stakeholders. Once delivery dates and outcomes are known for all escalated items, CareWorks will provide ABUHB with a correction plan for agreement. All local implementation activities are continuing to ensure readiness when a new plan can be agreed.

Integration:

The delay notification from the supplier confirmed that no integration would be delivered in the ABUHB go LIVE release, the date of which is to be confirmed. This includes critical

functionality to be able to deliver the benefits outlined in the original ABUHB business case. There are 16 integration items in total, five of which are illustrated below as examples:

1. E-referrals – Electronic referrals from GPs into WCCIS
2. Hospital to Community referrals
3. WPAS Notifications – A notification to be received in WCCIS to let clinicians know that a patient has been admitted to hospital, transferred or discharged from hospital
4. MPI updates – The ability to search the MPI for a known person to retrieve & update basic person demographics
5. WCRS – A view of national documents from the national document store in the patient context from within WCCIS

Multiple Records (Duplicate Records):

There are a significant number of duplicate records in the current LIVE system. There is a risk that when ABUHB goes LIVE and migrates data from ePEX, they will introduce many more duplicates. An exercise has been carried out to compare the ABUHB data against the LIVE system and we have identified 20k records that match. This means that pre go LIVE, at a minimum, those 20k records need to be cleansed and merged to ensure that ABUHB migrate and append to a single record. A Regional ICF bid has been submitted to support this activity. However, the wider concern is regarding system quality and data integrity and the need for national management and co-ordination of current and on-boarding duplicates that will be created.

ABUHB have requested updated system functionality to allow the append of our current data to an existing WCCIS record on migration. CareWorks are currently reviewing the specification and are due to provide a development estimate to be factored into re-planning. This is a national requirement for all on-boarding authority parties.

National Service Management Arrangements:

The need for formalised system support on a national basis continues to be a concern for ABUHB and whilst the Service Management Board membership has been established, it is yet to meet, and there is a need for greater clarity and resourcing to enable this to function properly.

Go LIVE Release Content:

National agreement is required to prioritise the delivery of key functionality enhancements to both the desktop and mobile application for WCCIS. ABUHB have provided their go LIVE requirements which need development & cost estimation from CareWorks. The national team also have a list of over 1000 requirements which need to be assessed for inclusion in the next release. Delays to securing the content of this release are impacting ABUHB's ability to re-plan.

National Governance:

The National WCCIS Programme was subject to a Strategic Gateway Review, in line with Government Programme Management best practice, in 2017. This review made a number of recommendations for improvement, which included the following in relation to the programme management and governance arrangements:

- The SROs should review the mandate for the Leadership Board to make clear where the Board will exercise decision making authority
- The SROs should consider changing the Implementation Board into a senior stakeholder group

- A new role for overall programme direction and oversight should be resourced

A new Programme Director was appointed in November 2018 and a draft governance structure is currently being reviewed by the Leadership Board. The refreshed structure seeks to provide clarity on responsibilities and accountability for direction, ownership, delivery and safe and effective operation. Whilst the changes aim to strengthen programme assurance and Regional links, it is unknown when the changes will be implemented and how this will affect the way in which the local ABUHB programme currently functions.

Another critical issue for ABUHB is the business continuity for MH&LD services. The current ePEX system has a sunset date of Dec 2019. This poses a threat to the service if the delay to the implementation of WCCIS goes beyond Dec 2019. The local programme team is working closely with the division exploring all potential options and documenting business continuity plans to reduce this risk. Technical and practical solutions are being discussed and explored.

Recommendation

Fortnightly exec calls are being set-up to provide focus on progressing escalations. An ABUHB assurance matrix is reviewed and updated during twice weekly calls and fed into the local programme board. Monthly contract review meeting with the supplier also continue.

It is recommended at this stage to continue with the exec calls and high level scrutiny over programme activities and deliverables to ensure a new plan and go LIVE date can be jointly agreed. It is also recommended and agreed at the local Programme Board on 16th May 2019, that all local readiness activities, including the continued roll-out of mobile devices and scoping of later phases, continues.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	<p>A formal programme Risk Register is in place for the ABUHB WCCIS Programme. It is reviewed at the monthly Programme Board. The WCCIS Programme is included on the corporate risk register.</p> <p>Risks include reputational risk, patient safety concerns, lack of confidence in national delivery timescales and quality of integration being delivered, reduced functionality being accepted for end users and loss of benefits.</p>
Financial Assessment, including Value for Money	<p>Full business case was developed approved by Pre-Investment Panel and at a full ABUHB meeting in May 2017. A dedicated budget has been allocated supported by the Health Board and Integrated Care Fund.</p> <p>Regular budget reviews are undertaken in conjunction with finance department.</p> <p>Benefit identification and realisation plans continue to be an active product within the programme.</p>

Quality, Safety and Patient Experience Assessment	The programme actively monitors National Patient Safety register and the suppliers Hazard Log. The local programme has now established a clinical reference group to review all aspects of quality, safety and patient experience.
Equality and Diversity Impact Assessment (including child impact assessment)	The business case included commentary that an impact assessment would be undertaken within the programme activities.
Health and Care Standards	3.4 – Information Governance and Communications Technology 3.5 – Record Keeping
Link to Integrated Medium Term Plan/Corporate Objectives	This programme of work has been approved by the ABUHB full Board and has been included in the informatics IMTP for 2018-21. References included in the relevant services Divisional IMTPs.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<p>Long Term – Patients will be enabled to coproduce their health care using technology to support well-being management, long-term health management and short-term episodes of illness or injury.</p> <p>A digitised framework will be provided within which Practitioners are able to interact with and empower their patients using a wider range of consulting, coaching and informatics skills.</p> <p>Practitioners will have access in real time to all the information they need to treat and care for their patients releasing time to care from non-value adding work.</p> <p>Integration – Computing infrastructure will be ubiquitous and information collected joined up and available at each level of the organisation through to population health.</p> <p>Patients will enjoy the benefits of integrated information and communication systems operating across primary, secondary and tertiary health care in Wales and across Health and Social Care public sector bodies, third sector and other health care settings.</p> <p>Involvement – ABUHB will have engaged leaders who are deeply knowledgeable about the clinical and technological systems in place with Chief Information and Chief Clinical Information Officers in place ensuring a digitally mature approach to service transformation.</p> <p>Collaboration – Informatics Directorate will have established long term relationships with academia, technology vendors and suppliers including consortia and small and medium</p>

	enterprises, social care, third sector and other health organisations, patient representatives and other stakeholders delivering and demonstrating the benefits of innovative uses of informatics to enhance health care.
	Prevention – Informatics Directorate Service Management will provide a sustainable service that prevents and minimises the risk of service disruption and outages to clinical and operational environments through a service and appropriately qualified staff operating within best practice assurance frameworks.
Glossary of New Terms	WCCIS – Welsh Community Care Information System NWIS – National Wales Informatics Service WPAS – Welsh Patient Administration System WCRS – Welsh Care records Service SMB – Service Management Board MH&LD – Mental Health & Learning Disabilities
Public Interest	No restriction

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Information Governance Committee held on Thursday 14 February 2019 at 9.30am in the Executive Meeting Room, Headquarters, St Cadoc's Hospital, Caerleon

4.1

Present:

- | | |
|---------------|--|
| David Jones | - Independent Member (Chair – ICT) |
| Katija Dew | - Independent Member (Vice Chair - Third Sector) |
| Louise Wright | - Independent Member (Trade Union) |

In Attendance:

- | | |
|-------------------|--|
| Cynthia Henderson | - Head of Health Records |
| Richard Howells | - Head of Information Governance |
| Janice Jenkins | - WCCIS Programme Manager |
| Matthew Mahoney | - Head of ICT |
| Mike Ogonovsky | - Assistant Director – Informatics |
| Lee Price | - Head of Strategic Informatics Programme |
| Nicola Prygodzicz | - Director of Planning, Digital and IT |
| Mr Robin Rice | - Consultant Orthopaedic Surgeon/ Assistant Medical Director - Information |
| David Sheard | - Deputy Director of ICT Programmes, NWIS |
| Rona Button | - Corporate Services Manager - Freedom of Information (Secretariat) |

Apologies:

- | | |
|------------------|--|
| Dr Paul Buss | - Medical Director |
| Judith Paget | - Chief Executive |
| Richard Bevan | - Board Secretary |
| Andrew Griffiths | - Director of NHS Informatics Services |

IGC 1402/01 Welcome and Introductions

The Chair welcomed members, officers and guests to the meeting. A warm welcome was extended to Mike Ogonovsky following his return after a period of absence.

IGC 1402/02 Apologies for Absence

Apologies for absence were noted.

IGC 1402/03 Declarations of Interest

There were no declarations of interest to record.

IGC 1402/04 Draft Minutes of the IGC – 23 October 2018

The Minutes of the meeting held on 23 October 2018 were accepted as a true and accurate record.

IGC 1402/05 Action Log – 23 October 2018

IGC 2310/04 GDPR – Update and Progress including Proposal to support Primary Care and Care Homes:

It was noted that NWIS was providing support to GPs and would provide GDPR compliance to the Health Board for inclusion in reports at future IGC meetings.

IGC 2310/05 Network Information Systems Directive (NISD) including Cyber Security – Update and Progress:

Although not part of the recorded action, an update was provided regarding NISD, and it was noted that there had not been a further update regarding the competent authority issue. The Committee was advised that the Health Board would adopt a process of notifying Welsh Government via the “no surprise” scheme, in the absence of the formal appointment of a competent authority.

IGC 1402/06 General Data Protection Regulation (GDPR) – 2018 Update Report and Information Governance Report

Richard Howells updated the Committee on the 2018 position since the implementation of GDPR in May 2018. Steady progress was made across many of the action requirements, with a number of tasks completed and, taking this into account, the current status overall was regarded as “amber/green”.

It was agreed that 100% compliance with the Information Commissioner’s Office (ICO) guidelines would be difficult to achieve, although there was compliance in most areas of the 12 steps guide issued by the ICO. A new desktop App would be rolled out across the Health Board which would contain notes on GDPR, and an NHS Wales App would monitor access to NHS Wales’ systems. A feasibility study would be undertaken on this as it would be more of a challenge because NIIAS linked to national systems rather than local ones, such as CWS. The optimum would be access to a single audit tool, and the impact on patients of not having this was questioned. Mike Ogonovsky advised that the Health Board’s current monitoring system was not as sophisticated as NIIAS, therefore when adopted, this would improve our monitoring.

No other Health Boards were using local systems and would not have the issues of this organisation, and in terms of financial implications, this would depend on the outcome of the feasibility study. David Sheard agreed to look into the integration issues and ascertain whether these were procurement, technical or political in nature. **ACTION: David Sheard**

The Committee was assured by the reports.

IGC 1402/07 Freedom of Information Act Report

Rona Button provided the Committee with a report on 2018 activity and advised that compliance for the year had been 73%. The 561 requests received had included 3,559 questions, but did not include where the questions spanned multiple years.

It was noted that representatives from Welsh Government would be visiting the Corporate Services Manager at the end of the month to view and discuss the process for recording and reporting Freedom of Information requests. In March a colleague from Velindre NHS Trust would be observing the Datix process used to record and report FOI requests. Although the same module of Datix is used by ABUHB and Velindre, ABUHB's version had been further developed by the organisation's Datix project team.

The Committee received the report.

IGC 1402/08 Health Records Report

Cynthia Henderson updated the Committee and advised that 293,000 patients now had a fully digitised health record.

The Committee asked what the effects of the infected blood enquiry were, and it was reported that all records would need to be retained for approximately five years. A paper was being prepared for the Executive Team regarding the additional storage which would be required.

The Committee noted the report.

IGC 1402/09 IT Service Management Internal Audit Report

The Committee was advised that the Report had been on the agenda of the Audit Committee meeting held in January, and progress had been noted by the Audit Committee. Ten recommendations had been put forward following the limited assurance received, and further work would be required in order to respond and further improve. The Department recognised the need for changes to be made and a vacancy for a dedicated Service Manager had been advertised. However, recruitment had been challenging due to the salaries available in the private sector for similar roles.

The Committee queried the impact assessment and the perceived contradiction between the financial assessment

and the risk to patients, and it was subsequently acknowledged that the Paper had been submitted to the Audit Committee prior to the Department knowing how to complete the assessment correctly. Nicola Prygodzicz would speak to Richard Bevan regarding advice on accurate completion of the Supporting Assessment and Additional Information section of future papers. **ACTION: Nicola Prygodzicz**

IGC 1402/10 Welsh Community Care Information System (WCCIS) Update

Nicola Prygodzicz provided an overview of WCCIS advising that Kathy Mason had been appointed as Programme Director, and she reminded the Committee that it was a key enabler in service transformation. However, it was now unlikely that the go-live date of July 2019 would be met.

The Health Board was at a critical point in the project and would need to decide whether or not to go-live if the organisation's current level of requirements were not being met. The Committee was advised that the Health Board would not go live with a partial system. It was noted that this had been escalated via the national governance arrangements for WCCIS, and all future discussions would be via the National Programme, rather than with NWIS.

Janice Jenkins advised that of the eight original significant risks, only three now remained. These were:

- (1) National integration timescales and functionality,
- (2) System data quality, including duplicates, and
- (3) National service management arrangements.

In respect of Risk (1), Careworks had advised the organisation that they had not received enough of a specification from the national team, and responsibility for this rested with NWIS and the national team. This was being clarified and this aspect was of the greatest concern to the Committee.

Regarding Risk (2), it was made clear that the nature of WCCIS was to link together health and social care, and having duplicate records for patients (in some cases more than five records for each patient across NHS and social care) presented an unacceptable patient-safety risk. It was noted that there were two problems with this. Firstly, fixing the data via a tidy-up exercise prior to go-live and secondly, an ongoing system change.

To resolve the go-live problem, additional staff resource was being progressed to merge and remove duplicate records. The ongoing problem was that even once this removal of duplication work was complete, there was concern that following go-live, as other organisations joined more duplicates would be introduced. Kathy Mason, the National programme Director for WCCIS, was now picking up this issue nationally in order to resolve this.

Discussion turned to the overall issue of missing the go-live date. Whilst meeting the scheduled date of July 2019 now looked unlikely, the Committee was advised that it was not yet possible to establish any new date with any confidence. The Committee's concerns were further increased because the existing system (ePex) which WCCIS was meant to replace, would reach end-of-life in December 2019. It was clarified that ePex would not be "switched off" and could continue to be used, albeit with reduced support.

It was further noted that the Health Board had two agreements in place to cover the WCCIS implementation:

- (1) A commercial contract with Careworks for the WCCIS software and
- (2) A Memorandum of Understanding (MoU) with NWIS which established the requirements for both parties, and responsibility for the current delays fell inside the MoU.

The Committee was concerned that these issues were raised with NWIS seven months ago, and had not been resolved. In the July Board meeting, a report was presented outlining these risks. It was acknowledged that the Health Board had made a significant investment in the programme and its successful delivery was critical. It was not known whether or not a decision regarding the go-live date would be achieved prior to the next Regional Partnership Board, but Nicola Prygodzicz agreed to speak to Dave Street (Corporate Director Social Services and Housing – Caerphilly) about this issue. **ACTION: Nicola Prygodzicz**

The Chair asked for the work of the Team to be acknowledged, although concern about the go-live date should be brought to the attention of the Board. **ACTION: Secretariat**

The WCCIS Team had written stories from a patient, consultant and nurse perspective which articulated the benefits offered to these groups of people by WCCIS. Once

the stories had been finalised and formatted, they would be forwarded to committee members. **ACTION: Janice Jenkins**

IGC 1402/11 Patient Flow – Update Report

The Committee received an update on the programme, in the context of the commissioning of the Grange University Hospital (GUH).

The Health Board was hosting the national programme, which was a significant transformation programme. It was designed to develop a strategic approach to the implementation of a common digital solution in hospitals in Wales to improve patient safety and hospital flow management. The pilot "System C" solution in place in Ysbyty Ystrad Fawr and Nevill Hall Hospital had received positive feedback from staff at both locations.

As the national programme would not deliver everything required in GUH, a paper was being prepared for the Executive Team at Monday's meeting on an interim solution. The Committee had hoped that procurement on an All Wales basis would be beneficial, and it was still hoped that national consensus would be achieved on an All Wales basis; however, the Health Board had wanted to implement the programme approximately six months prior to the move of services to GUH, to lessen the impact of new programmes and systems implementations.

It was questioned whether or not the pilot could be expanded to other sites, and it was noted that this would need to be driven by the services. Most Health Boards were in favour of the programme but the local position would need to be considered, and it was confirmed that the system could be added after the opening of the new hospital.

IGC 1402/12 National Convergence - Update

A comprehensive paper would be on the agenda for June's meeting. In the meantime, it was reported that 100% of all correspondence from hospitals to GP Practices was now digital.

IGC 1402/13 Any Other Business

The Chair brought to the Committee's attention the Trust System Support Model (TSSM) service which NHS Digital was providing to NHS organisations in England in the event of a No Deal Brexit. The Chair would speak to the Board Secretary for advice on how this could be taken forward, via NWIS, in NHS Wales organisations. **ACTION: David**

Jones

IGC 1402/14 Items for Board Consideration

The Committee was concerned about the slippage of the go-live date for the WCCIS programme.

IGC 1402/15 Date of Next Meeting

Thursday 6 June 2018 at 9.30am in the Executive Meeting Room, Headquarters, St Cadoc's Hospital, Caerleon.

4.1

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Information Governance Committee Action Log – 14 February 2019

(The Action Sheet also includes actions agreed at previous meetings of the Information Governance Committee which are awaiting completion or are timetabled for future consideration by the Committee. These are shaded in the first section. When signed off by the Information Governance Committee these actions will be taken off the rolling action sheet.)

4.2

Previously Agreed Actions for monitoring until completed:

There were no actions which had been previously agreed to be brought forward.

Agreed Actions – 14 February 2019

Action Reference	Action Description	Lead	Progress
IGC 1402/06	General Data Protection Regulation (GDPR) – 2018 Update Report and Information Governance Report David Sheard to look into integration issues and feedback on whether these are procurement, technical or political in nature.	David Sheard	As the central contract is at capacity, this would need to be renegotiated. The NWIS Medical Director (and Caldicott Guardian) has written formally to Dr Paul Buss regarding this issue.
IGC 1402/09	IT Service Management Internal Audit Report Nicola Prygodzicz to speak to the Board Secretary regarding advice on accurate completion of the Support Assessment and Additional Information section of committee papers.	Nicola Prygodzicz/	Complete. Committee papers were completed correctly.
IGC 1410/10	Welsh Community Care Information System (WCCIS) - Update Nicola Prygodzicz to speak to Dave Street (Corporate Director Social Services – Caerphilly) regarding the go-live date.	Nicola Prygodzicz	Complete. This issue has been escalated to SROs and Welsh Government and will form part of the WCCIS update in future.
	Concern about the go-live date to be brought to the attention of the Board.	Secretariat	Complete. Brought to the attention of the Board at the meeting in March 2019.
	Patient stories highlighting the benefits of WCCIS to be distributed to members once finalised.	Janice Jenkins	Complete. Distributed to members on 5 April 2019.
IGC 1402/13	Any Other Business David Jones to speak to Richard Bevan regarding a model in NHS England to assist with a no-deal	David Jones	Complete. David Jones will take this to the EU Transition Group.

Action Reference	Action Description	Lead	Progress
	Brexit, and how to take this forward in NHS Wales.		