**A meeting of the Aneurin Bevan University Health Board's
Information Governance Committee
will be held on Thursday 10 October 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 including outages report	Attachment	Data Protection Officer & Head of Information Governance	10 mins
2.2	Freedom of Information Act Monitoring Report	Attachment	Board Secretary	5 mins
2.3	Freedom of Information Internal Audit Report	Attachment	Board Secretary	5 mins
2.4	Health Records Report	Attachment	Head of Health Records	5 mins
2.5	Risk Register including Corporate Risks	Attachment	Data Protection Officer & Head of Information Governance	15 mins
2.6	Report on Cyber Phishing Exercises carried out	Attachment	Data Protection Officer & Head of Information Governance	5 mins
2.7	Revised Terms of Reference – for review	Attachment	Chair	5 mins
3	**Local and National Strategy**			**10.25**
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 Digital Strategy including National Convergence - Update	Verbal	Assistant Director of Informatics	20 mins
3.3	Local Digital Strategy – Update	Verbal	Director of Planning, Digital and IT/ Assistant Director of	15 mins

			Informatics	
4	**Minutes and Actions**			**11.20**
4.1	Draft Minutes of the IGC - 6 June 2019	Attachment	Chair	5 mins
4.2	Action Log – to review actions from the previous meeting - 6 June 2019	Attachment	Chair	5 mins
5	**Final Matters**			**11.30**
5.1	Any Other Business		Chair	
5.2	Items for Board Consideration – to agree agenda items for Board consideration		Chair	5 mins
6	**Date of Next Meeting**			**11.35**
	To be confirmed			

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Information Governance Committee 10 October 2019 Agenda Item: 2.1

Aneurin Bevan University Health Board
Information Governance Committee – Compliance Dashboard Report

Executive Summary	
This dashboard report provides the 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. The report provides an update report for the period April 2019 – July 2019 (delivered to the June meeting of the Transformation to Digital Delivery Group).	
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 & 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: 30/09/2019			
Supplementary Papers Attached: none			

MAIN REPORT:

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 IGU for the period April – July 2019: **21**

	Total no complaints (for the year)
Upheld – Evidence was found to substantiate the complaint and the matter is being taken further	6
Ongoing – Currently awaiting the outcome of investigations	1
No Further Actions – No evidence was found to substantiate complaint and no further action is to be taken	14

Reports to the ICO:

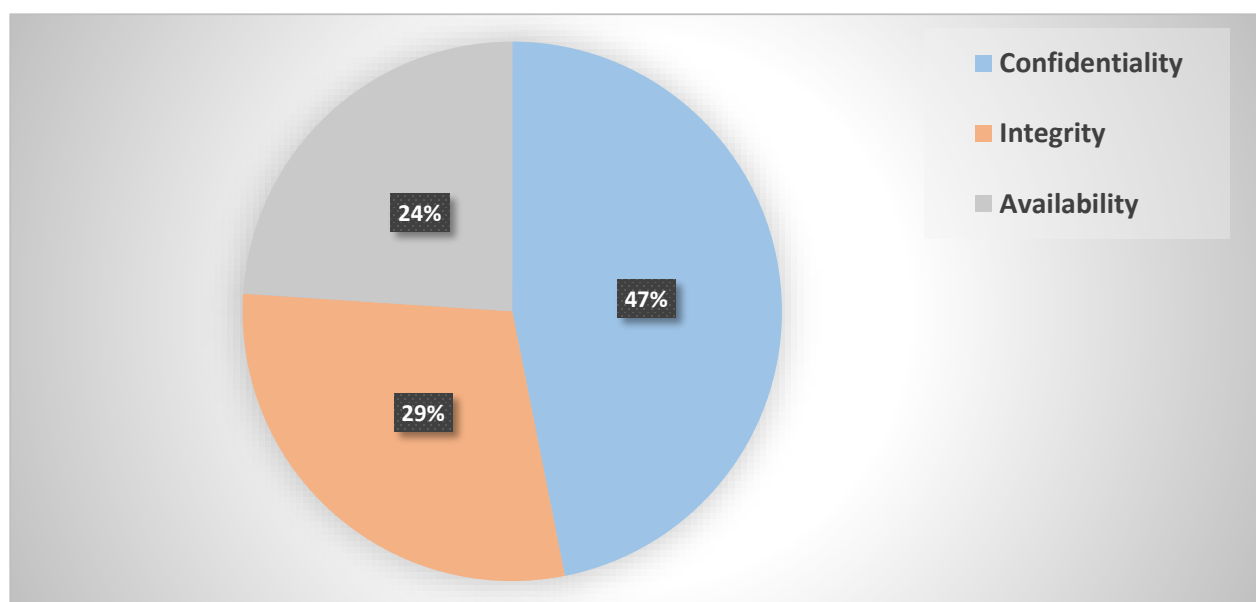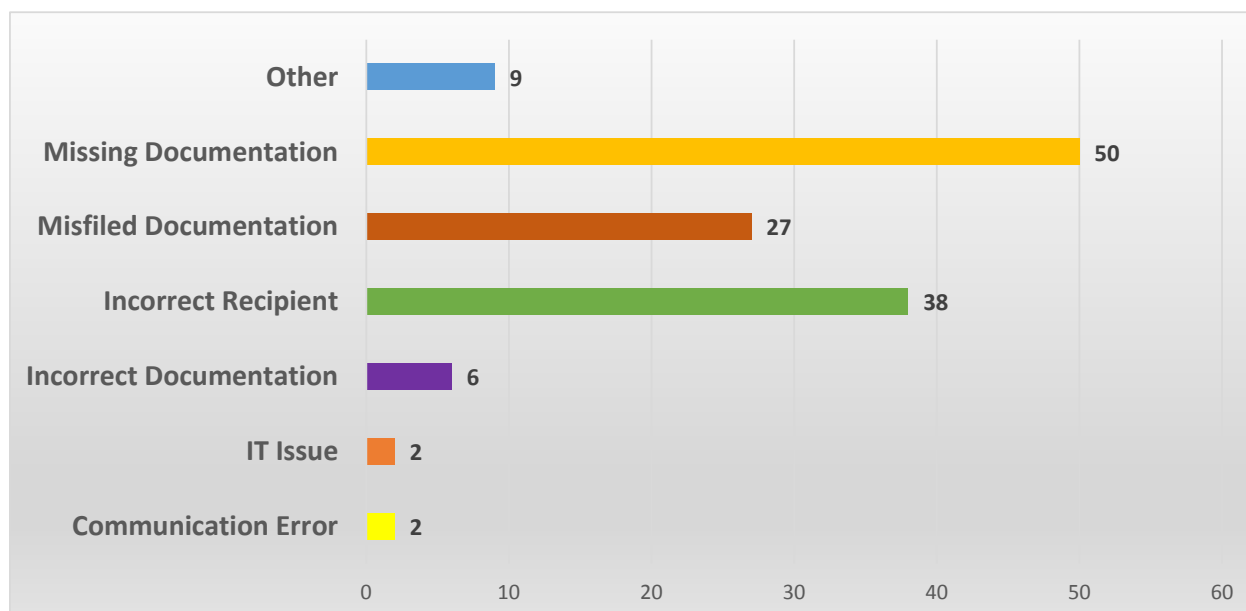During this period incidents reported to the ICO:

- by the Health Board = 0 (zero)
- by others (including patients or the public) = 1

  Confusion regarding internal processes – 8 month delay. We recognised non-compliance and taking steps to rectify. ICO taking no further action.
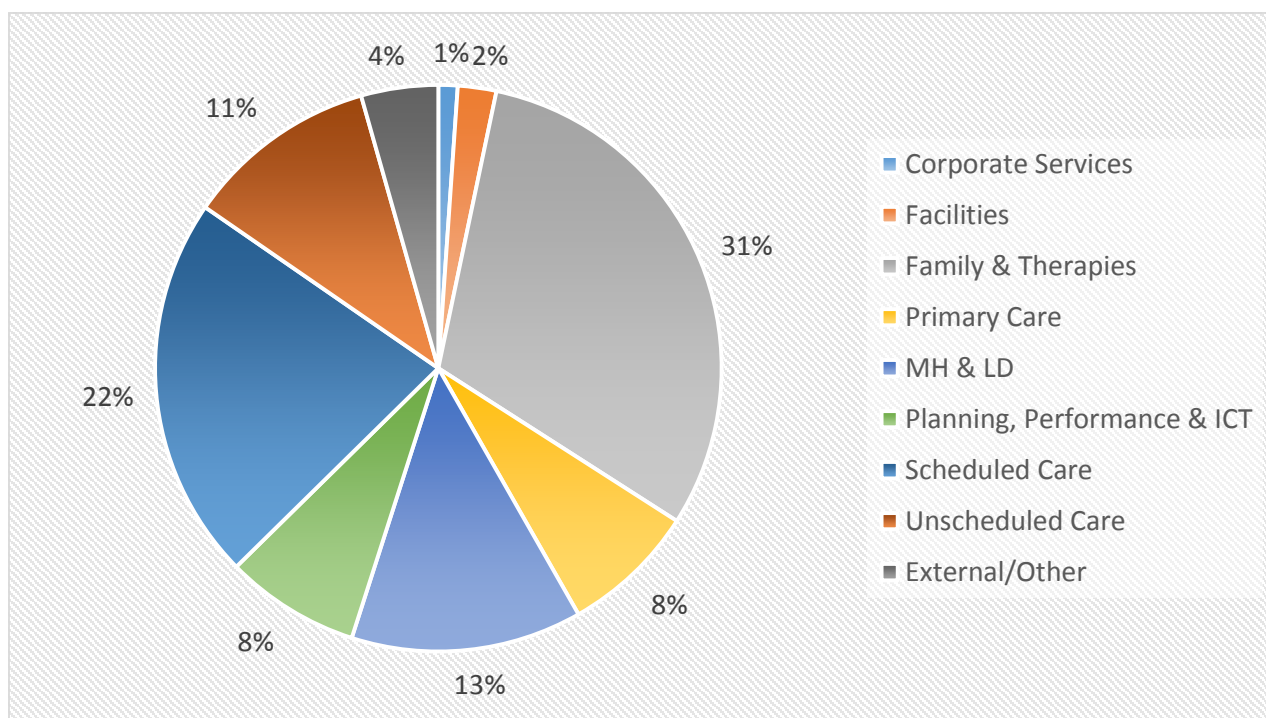
Incidents *received by the IGU for the period April – July 2019: 134*

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.
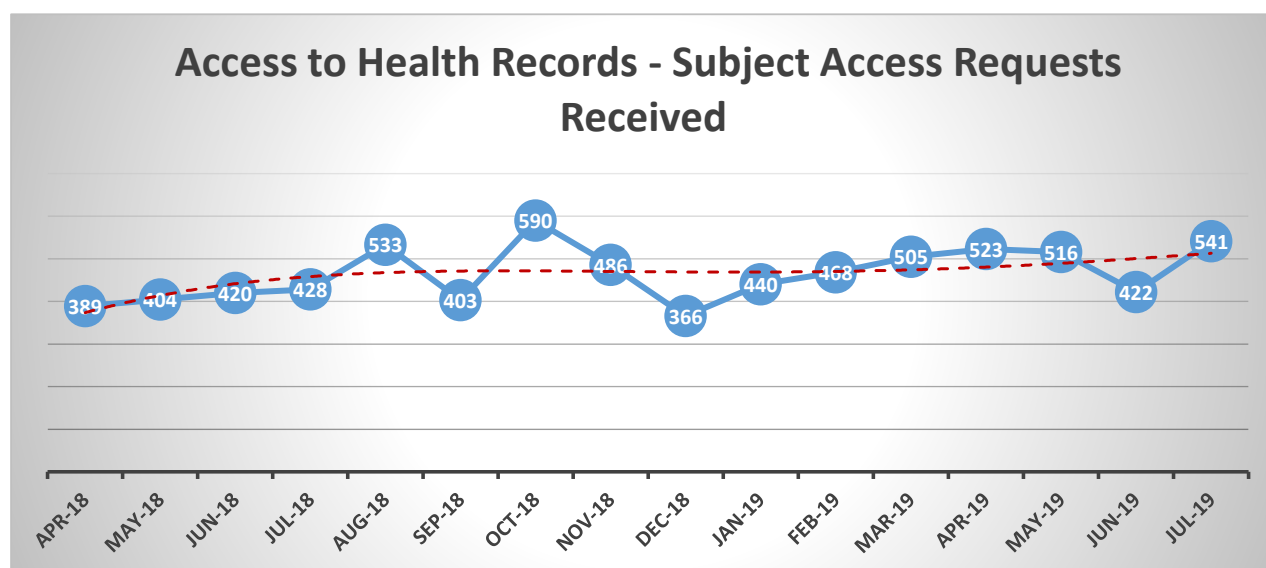
Incidents reported to IGU for investigation - % distribution

Incidents Reported by Description

Root cause of incidents by Division

Legend:
- Corporate Services
- Facilities
- Family & Therapies
- Primary Care
- MH & LD
- Planning, Performance & ICT
- Scheduled Care
- Unscheduled Care
- External/Other

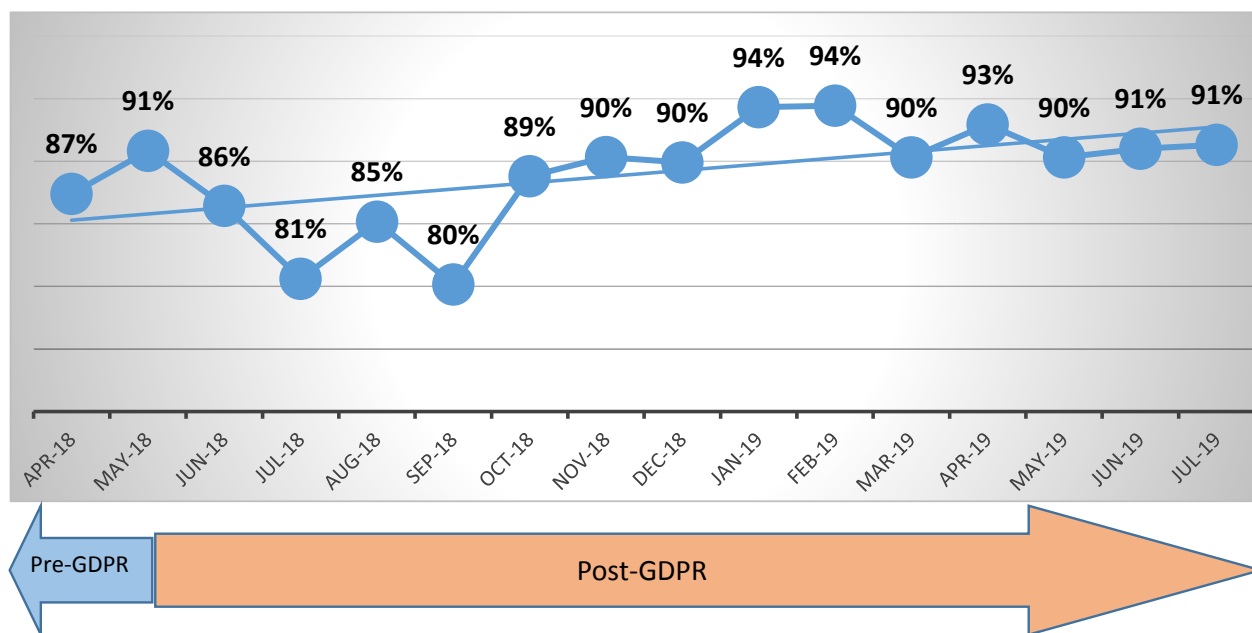Percentages shown: 1%, 2%, 4%, 11%, 22%, 8% (Planning, Performance & ICT), 13%, 8% (Primary Care), 31%

GDPR/DPA Subject Access Requests: The period saw the average number of requests per month increase to 501 which shows a steady trend increase of approximately 50 per month from 453 per month for 2018/19 and 404 for 2017/18.

Number of SAR Requests

Access to Health Records - Subject Access Requests Received

Values: APR-18: 389, MAY-18: 404, JUN-18: 420, JUL-18: 428, AUG-18: 533, SEP-18: 403, OCT-18: 590, NOV-18: 486, DEC-18: 366, JAN-19: 440, FEB-19: 468, MAR-19: 505, APR-19: 523, MAY-19: 516, JUN-19: 422, JUL-19: 541
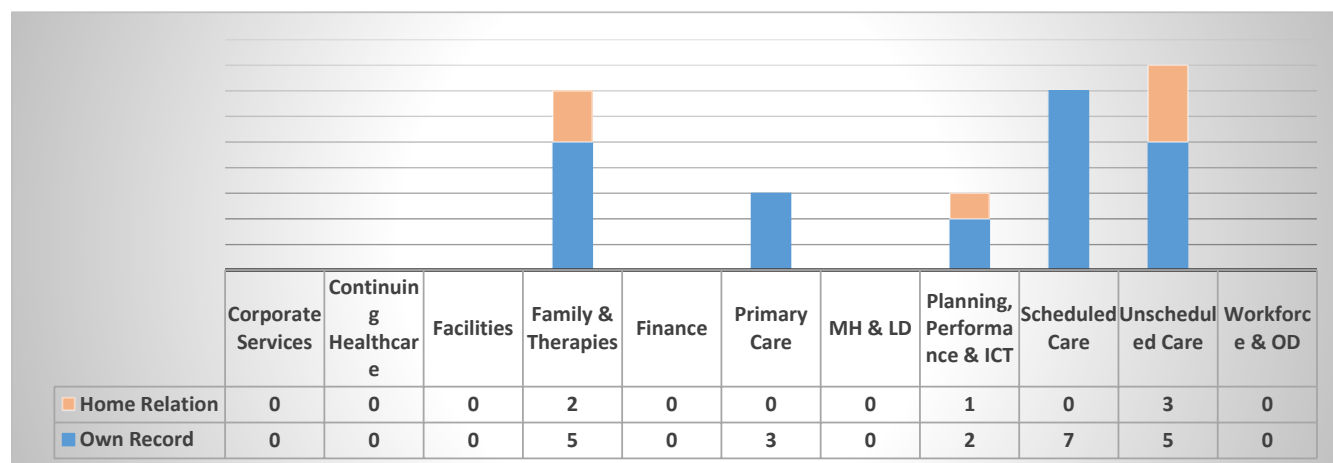
The current compliance rate is 91% - to provide the information requested within 28 days of the request (GDPR is 30 days; Welsh Govt target is 28 days); although this rate fluctuates throughout the year dependent upon resources the current rate has been steady between 90% and 94% for the last 9 months.

2.1

GDPR SAR Compliance Rate (within 28 days target)

Pre-GDPR

Post-GDPR

ICT Systems Access Audits (including NIIAS checks)for the period April – July 2019:

Staff accessing their own record = 22

Staff accessing relations record = 6

	Corporate Services	Continuing Healthcare	Facilities	Family & Therapies	Finance	Primary Care	MH & LD	Planning, Performance & ICT	Scheduled Care	Unscheduled Care	Workforce & OD
■ Home Relation	0	0	0	2	0	0	0	1	0	3	0
■ Own Record	0	0	0	5	0	3	0	2	7	5	0

Training compliance: Approximately 72% of staff have undergone IG e:learning training; this is a slight increase from last year. 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 at a national level (IGMAG) to ensure that the message on ESR shows that ABUHB staff must undertake their IG training through the Health Board's Intranet. The Health Boards 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	**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. 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. **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. **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.
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.

2.1

	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	No new terms
Public Interest	Can be published in public interest

Tab 2.2 Freedom of Information Act Report

	Information Governance Committee 10 October 2019 Agenda Item: 2.2	2.2

Information Governance Committee

Freedom of Information Update
for the period 1 April 2019 to 31 August 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 April 2019 to 31 August 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: 26 September 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 April 2019 to 31 August 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.

Tab 2.2 Freedom of Information Act Report

Assessment and Conclusion

1. **Source of Requests**

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

Source of Request	
Private Individual	60
Private Company, Researcher	45
Media	25
Group, Association, Chartered Society	24
Campaigner (Whatdotheyknow.com)	19
Welsh Government	5
Employees of NHS Wales	5
MP/Assembly Member	2
Local Government	1
Patient	1
Legal	1
Total	**119**

2. **FOI Responses**

   The compliance rate (response within the 20 working days) of the requests received between 1 April 2019 and 31 August 2019 was **89%**.

   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 **188** requests received between 1 April 2019 and 31 August 2019 comprised **1101** 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	77
Corporate Information	22
Personnel Information	18
Contractual Information	11
Financial Information	11
Medication Information	11
Statistical Information	9
Cancer Services	7
Communication	6
Primary Care	5

Tab 2.2 Freedom of Information Act Report

Other (food poisoning, theatre systems, document scanners, and treatment for eating disorders)	4
Procurement	3
Environmental Information (flammability of skin emollient products)	1
Health and Safety	1
Facilities/Services	1
Total	**188**

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 **181** responses which were closed during this reporting period, but which may have been received during a previous reporting period, **92** 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.

    39 exemptions were applied to the **181** 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	13
Section 40: Personal information – Breach of Data Protection Principles	11
Section 12: Cost (financial and time)	8
Section 21: Information accessible by other means	2
Section 43: Protecting commercial interests	2
Section 29: UK Economic interests	2
Section 44: Prohibition on Disclosure	1
Total	**39**

6. **Complaints received from the Information Commissioner's Office and Appeals from Requesters**
    One request for review has been received, following the withholding of information which was deemed to be commercially sensitive. The review found that some of the information requested was already in the public domain and this was provided to the requester.

Tab 2.2 Freedom of Information Act Report

2.2

No complaints have been received from the Information Commissioner's Office during the time period specified.

7. **Audit**

The Internal Audit carried out in June 2019, resulted in a substantial assurance opinion and a copy of the report is provided within agenda item 2.3.

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.
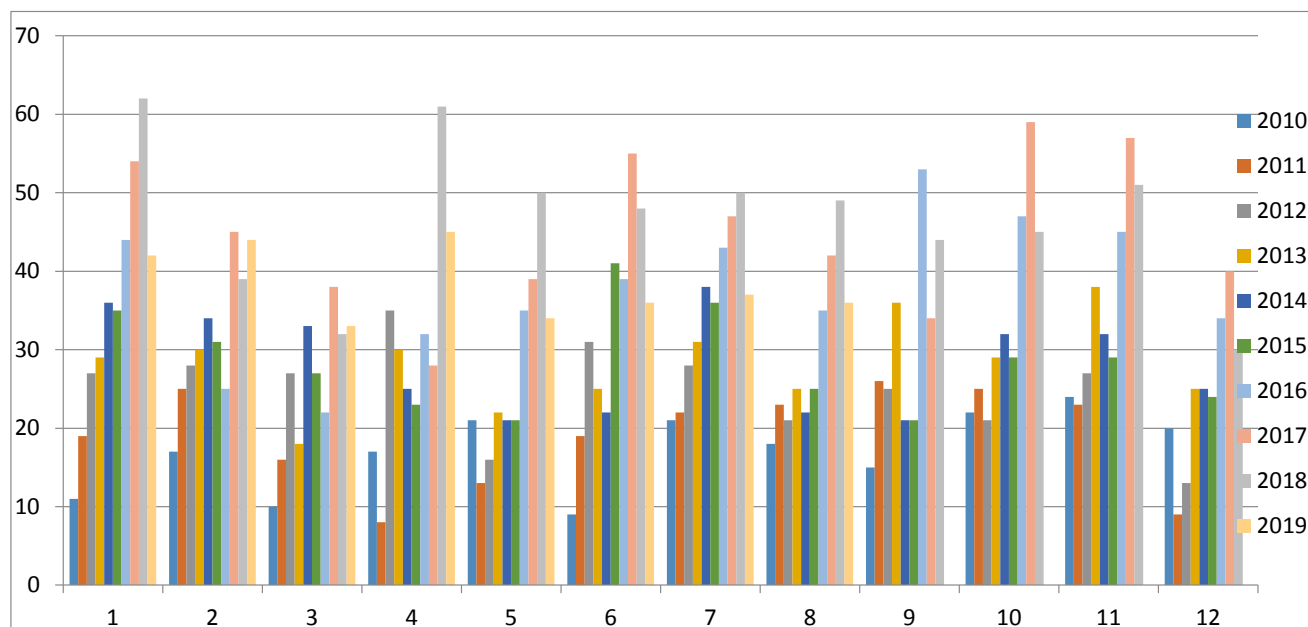
9. **Conclusion**

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.

Tab 2.2 Freedom of Information Act Report

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

2.2

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.

Tab 2.2 Freedom of Information Act Report

Public Interest	Freedom of Information data is published and in the public domain.

2.2

Tab 2.3 Freedom of Information Audit Report

2.3

Freedom of Information (FoI)

Final Internal Audit Report
2019/20

Aneurin Bevan University Health Board

NHS Wales Shared Services Partnership

Audit and Assurance Service

Tab 2.3 Freedom of Information Audit Report

Freedom of Information   Report Contents

Aneurin Bevan University Health Board

CONTENTS   Page

Review reference:	AB 1920.25
Report status:	Final
Fieldwork commencement:	14th May 2019
Fieldwork completion:	4th June 2019
Draft report issued:	4th July
Management response received:	16th July
Final report issued:	25th July
Auditor/s:	James Quance, Head of Internal Audit
	Martyn Lewis, IT Audit Manager
Executive sign off	Richard Bevan, Board Secretary
Distribution	Richard Bevan, Board Secretary; Rona Button, Corporate Services Manager (FoI)
Committee	Audit Committee Information Governance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Tab 2.3 Freedom of Information Audit Report

ACKNOWLEDGEMENT

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Aneurin Bevan University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Tab 2.3 Freedom of Information Audit Report

1.   Introduction and Background

The review of Freedom of Information (FoI) at Aneurin Bevan University Health Board (the Health Board) was completed in line with the 2019/20 Internal Audit Plan.

The Freedom of Information Act (the Act) came into effect on 1 January 2005. The Act affects all public sector organisations including Aneurin Bevan University Health Board.

It is intended to ensure openness, transparency and accountability of all public organisations. Under the Act, all public bodies have a legal duty to ensure that the public, staff and other organisations are able to access information about how they operate and make decisions about their performance.

The Health Board has a statutory responsibility to respond to requests by initially acknowledging the request and later providing the requested information within a 20 working day timescale.   The Information Commissioners Office (ICO) currently expects public bodies to have a 90% compliance rate with this timescale.

2.   Scope and Objectives

The internal audit assessed the adequacy and effectiveness of internal controls in operation. Weaknesses were then brought to the attention of management and advice issued on how particular problems may be resolved and control improved to minimise future occurrence.

The internal audit sought to provide reasonable assurance over the following areas:

- to consider if there is a governance framework to support compliance with FoI responsibilities;

- to consider if there are policies and procedures in place which explain the organisation's approach to, and responsibilities for FoI, and that these are complied with;

- to establish whether there are procedures in place to deal with requests for information which ensure that information is provided in compliance with FoI, and that these are complied with; and

- to establish whether there are procedures in place for the provision and monitoring of staff training in relation to FoI and the awareness of associated requirements relating to their roles and responsibilities.

Tab 2.3 Freedom of Information Audit Report

3.   Associated Risks

The risk considered in the review is as follows:

- controls not operating resulting in non-compliance with FOI.

OPINION AND KEY FINDINGS

4.   Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with Freedom of Information is **Substantial** Assurance.

RATING	INDICATOR	DEFINITION
Substantial		The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

There are good processes in place for ensuring compliance with FoI requests. The Board Secretary is the formally defined responsible officer and there is dedicated resource in place. All requests are recorded and there is a good process for distributing requests across the Health Board and then collating and quality assuring responses prior to release.

Responses are accurate, complete, dealt with within the defined timescales and where exemptions are used, these are generally valid, although our testing did identify some minor areas where the use of exemptions may not be fully supported.

Tab 2.3 Freedom of Information Audit Report

We note that the current compliance for FoI responses is 97%, although it is worth noting that there has been a steady increase in the level of requests received, with a total increase of approximately 60% since 2015. The Health Board is currently coping with the level of requests, however the level of requests received should continue to be monitored.

There is a good monitoring framework in place with accurate and comprehensive reports on FoI presented to the Information Governance Committee and included in Board Briefings.

The Health Board website has a page for FoI and this includes the disclosure log and the publication scheme, which complies with the ICO model, although testing did identify areas of weakness in maintaining the publication scheme, with some information being out of date.

5.   Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Governance				✔
2	Policies and Procedures				✔
3	Provision of Information			✔	
4	Training and Awareness			✔	

* The above ratings are not necessarily given equal weighting when generating the audit opinion.

Design of Systems/Controls

The findings from the review have highlighted no issues that are classified as a weakness in the system control/design for FoI.

Operation of System/Controls

The findings from the review have highlighted three issues that are classified as weaknesses in the operation of the designed system/control for FoI.

Tab 2.3 Freedom of Information Audit Report

Freedom of Information   Final Internal Audit Report

Aneurin Bevan University Health Board

6.   Summary of Audit Findings

The key findings are reported in the Management Action Plan.

Two **Medium priority** issues were identified which require management's attention and provide scope for improvements to be made.   These concerned:

1)   Publication Scheme

The Publication Scheme is the mechanism by which the Health Board provides key information to the public. However, we identified that there were areas within this which contained out of date information and where the links provided do not work.

2)   Exemptions

Although in general, the use of exemptions is appropriate, there were a small number of occasions (5 identified through testing of a sample from the total of 227 exemptions used) where the use of exemptions may be considered inappropriate, these relate to the use of sections 12 (excessive cost), 29 (economic interests of the UK) and 43 (commercial interests).

Related to this, the Health Board may be incorrectly using an ICO decision regarding not releasing low numbers, (where that information combined with other information may make individuals identifiable), as a blanket decision and not releasing information that other organisations have released. It is worth noting that the use of this exemption has resulted in a successful review of the Health Board response recently, with the information subsequently provided.

We note that the use of exemptions is a subjective endeavour. However, the inappropriate use of these may lead to request for review as there is emphasis on disclosure in the public interest in interpreting the Act.

Good Practice

We identified the following areas of good practice:

- there is a named responsible officer (the Board Secretary);
- there is dedicated resource in place for dealing with FoI requests (Corporate Services Manager (FoI));
- there are also key contacts (called stewards) in the divisions who take the lead on collecting / providing information;

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Tab 2.3 Freedom of Information Audit Report

- there is a formal monitoring and reporting structure for FoI, with the Information Governance Committee receiving and reviewing regular updates on FoI and the Board receiving the IGC briefing;

- independent members are briefed by the Board Secretary on FoI;

- there is a detailed procedure in place for dealing with FoI requests which has a quality assurance and approval mechanism built in which is undertaken by the Board Secretary;

- all responses are approved / signed by the Chief Executive (or Deputy when absent);

- the reporting on FoI is accurate and comprehensive with current year compliance being at 97%;

- the Health Board website has a defined page for FoI, which includes links to the disclosure log and publication scheme;

- the publication scheme follows the model set by the ICO;

- here is an appeals process whereby requesters can ask for a review of the response and this is made clear within responses and on the website;

- testing showed that personal information is not released as part of the FoI process;

- testing showed that the Health Board complies with timescales for acknowledging requests, and for providing a response; and

- FoI is included in the information governance mandatory training and induction.

7.   Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	0	2	1	3

Tab 2.3 Freedom of Information Audit Report

Aneurin Bevan University Health Board

Freedom of Information

Action Plan

Finding 1 Publication Scheme (Operational)	Risk
The Publication Scheme is the mechanism by which the Health Board provides key information on its business to the public. However, we identified that there were areas within this which contained out of date information and where the links provided do not work. Without the Publication Scheme being up to date, the Health Board may not be fully compliant with FoI.	Controls not operating resulting in non-compliance with FoI.
Recommendation 1	**Priority level**
The Health Board should review and confirm either its commitment to following the ICO Model Publication Scheme or consider defining its own scheme. Once the scheme has been defined, the information should be maintained and updated.	**Medium**
Management Response 1	**Responsible Officer/ Deadline**
Accepted. The Health Board will continue to use the ICO Model Scheme. The links in our current scheme will be checked and amended as necessary. A new website for the Health Board is being developed as part of the national MURA Project and the FOI pages are currently being developed. This is expected to be completed by December 2019.	Corporate Services Manager (Freedom of Information) December 2019.

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2.3

Finding 2 Exemptions (Operational)	Risk
Although in general, the use of exemptions is appropriate, there were a small number of occasions (5 identified through testing of a sample from the total of 227 exemptions used) where the use of exemptions may be considered inappropriate, these relate to the use of sections 12 (excessive cost), 29 (economic interests of the UK) and 43 (commercial interests). Related to this, the Health Board may be incorrectly using an ICO decision regarding not releasing low numbers, (where that information combined with other information may make individuals identifiable), as a blanket decision and not releasing information that other organisations have released. It is worth noting that the use of this exemption has resulted in a successful review of the Health Board response recently, with the information subsequently provided. We note that the use of exemptions is a subjective endeavour. However, the use of these may lead to request for review as there is emphasis on disclosure in the public interest in interpreting the Act.	Controls not operating resulting in non-compliance with FOI.
Recommendation 2	**Priority level**
The use of exemptions should continue be considered at each use with the default position being to release information. The release of low numbers should be considered as opposed to using a blanket exemption.	**Medium**

Action Plan

Management Response 2	Responsible Officer/ Deadline
Accepted. The Health Board will continue to apply exemptions on a case by case basis with the default option being to release information wherever appropriate. However, the risk of identification through linked information will always be a key consideration and influence the final decision on whether or not to release information.	Corporate Services Manager (Freedom of Information) Complete and Ongoing Continuous Review.

Finding 3 Appeals Process (Operational)	Risk
Although there is a process in place for requesters to appeal the FoI response and request an internal review which is undertaken by the Board Secretary, this is not set out in any formal procedure document or guide and the process itself is not fully documented, with only the formal response and related communication retained. Without formal documentation of the process, the Health Board is reliant on the individuals involved in the process and there is a risk of over-reliance on those individuals.	Controls not operating resulting in non-compliance with FOI.
Recommendation 3	**Priority level**
The appeals process should be formally documented. If this is not undertaken the wording referring to the appeals process should be amended to make clear that the process is not documented. The Health Board should seek to involve an extra individual for internal reviews, and ensure that the review process is fully documented.	**Low**

Tab 2.3 Freedom of Information Audit Report

Action Plan

Management Response 3	Responsible Officer/ Deadline
Accepted. The Health Board follows the ICO guidelines and has amended the response template to include explicit details of the review process. This is outlined for the recipient in each FOI response which is made. This will also be made clear in the Publication Scheme.	Corporate Services Manager (Freedom of Information) Complete

2.3

Tab 2.3 Freedom of Information Audit Report

Aneurin Bevan University Health Board

Freedom of Information

Audit Assurance Ratings

Substantial assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

Reasonable assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

Limited assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

No Assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

NHS Wales Audit & Assurance Services   Appendix B

Tab 2.3 Freedom of Information Audit Report

Aneurin Bevan University Health Board

Freedom of Information

2.3

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

In the event that, pursuant to a request which the client has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify the Head of Internal Audit promptly and consult with the Head of Internal Audit and Board Secretary prior to disclosing such report.

The Health Board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

NHS Wales Audit & Assurance Services   Appendix C

Tab 2.3 Freedom of Information Audit Report

Aneurin Bevan University Health Board

Freedom of Information

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected.   The organisation's Local Counter Fraud Officer should provide support for these processes.

NHS Wales Audit & Assurance Services   Appendix C

Tab 2.3 Freedom of Information Audit Report

Aneurin Bevan University Health Board

Freedom of Information

Office details:

MAMHILAD Office
Audit and Assurance Services
Cwmbran House (First Floor)
Mamhilad Park Estate
Pontypool, Gwent
NP4 0XS

Contact details

James Quance (Head of Internal Audit) – 01495 300841
Martyn Lewis (IT Audit Manager) – 02920 905365

NHS Wales Audit & Assurance Services

Tab 2.4 Health Records Report

	Information Governance Committee Tuesday 10 October 2019 Agenda Item: 2.4	**2.4**

Aneurin Bevan University Health Board
Health Records Report

Executive Summary

Purpose

This document provides a report on the Health Records Service progress made to date in respect of records storage arrangements, Digitised Health Record Project, the Infected Blood Inquiry and other elements of service provision.

Background and context

Effective management of information allows fast, accurate and reliable access to records, ensuring the timely destruction of redundant information and the identification and protection of vital and historically important records. Considerable investment has been made in moving the organisation towards a more digitised approach to records however the legacy of the paper record will persist for some years to come.

The current cohort of patients attending our hospitals over the space of a 3 year period was estimated to be 280,000 patients. The Digitised Health Record Project aim was to digitise these patients over a 5 year term which would then allow for patient information to be immediately available through Clinical Workstation to the clinician and provide a demonstrable downward trend in terms of the paper record flows around the various hospital sites. This has now been completed and the project is therefore now considered to be business as usual.

The Infected Blood Inquiry had potential to severely impact the remaining health record storage areas if the Health Board had not adopted the digitisation approach. The Executive Team agreed to fund additional posts to ensure that additional digitisation can be undertaken to minimise the impact over the five year term.

Assessment and Conclusion

Since October 2018 when the 280,000 target was achieved the service has digitised over 50,000 more patients with the current total being 331,818 digitised patients.

The Infected Blood Inquiry has embargoed the destruction of records negating use of the retention schedules for at least the next five year term. The Health Board have mitigated against the risks that this embargo has placed on the service by funding five additional Band 2 wte to scan the annual deceased records and where possible the records that would normally have been destroyed following the eight year from date of last

Tab 2.4 Health Records Report

attendance application of the retention schedules. This will ensure that the impact is minimised until the embargo is lifted.

Work on moving YYF to 100% paper-lite is continuing. The rollout has also commenced at consultant request to areas of RGH and NHH.

The service is involved as part of a Task and Finish Group reviewing all records storage across the organisation and to provide an evaluation of existing storage versus future needs. This will aim to report at the turn of the year.

Work has also been undertaken in respect of development of the electronic health record in primary care and the community which will largely be delivered through WCCIS (Welsh Community Care Information System). This initial scoping work will help inform the aim of developing a business case to determine what happens to legacy paperwork and access to data in legacy systems.

The service will also be supporting the pilot of national e-nursing documents when these go into pilot later this year. The pilot was originally scheduled for the end of September but this date has been delayed. The service will be seeking to mitigate against the risk of dual running of electronic and paper documents during this period through health records staff being assigned to the ward during the two week period providing 24 hour cover to populate CWS with patient demographic and admission data and manage the paper transfer of patients leaving the ward or being discharged.

The service is also working towards relevant aspects of compliance with the Welsh Language standards.

Link to the IMTP:
Digital technology is recognised by the Health Board as a critical enabler to realise its Clinical Futures strategic aims and new models of care that will sustain and improve the experience and outcomes for citizens, patients, staff and the organisation. The strategic aims include information about me: the **Electronic Health Record** - removing paper health records and moving towards electronic health records more accessible to the person and the professional. From the strategic objectives, 10 priorities have been identified and agreed by the Transformation to Digital Delivery Board including:

- Priority 1: Electronic Health Record (Acute)

- Priority 2: Electronic Health Record (Primary Care & Community)

Recommendation

The Committee is asked to receive the report for assurance and compliance against the service objectives for the current year.

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 & Performance	

Tab 2.4 Health Records Report

Report Author: Cynthia Henderson, Head of Health Records/RBC	
Report Received consideration and supported by :	
Executive Team	**Committee of the Board**
Date of the Report: 30/09/2018	
Supplementary Papers Attached: none	

2.4

MAIN REPORT:

Purpose of the Report
The report is designed to provide the Information Governance Committee with progress against health records management and other legislative requirements. The digitisation of health records is a major component of the service's programme of work to reduce the libraries and physical paper record holdings and reporting includes progress with the Infected Blood Inquiry scanning and other projects that the service is supporting.

Background and Context

Digitised Health Record Progress:

The Digitised Health Records (DHR) project has attained the milestone of 280,000 records digitised and the operation is now business as usual. The current total is 331,818 patients with a digitised record. Supplementary scanning continues unabated and the teams are maintaining a 72 hour turnaround for the scanning of the paper. The figures below provide an indication of the volumes being processed per quarter.

Total Images In Last Quarter (Supp)	Total Images Supplementary	Total Images In Period (Backscan)	Total Images (Backscan)	Total DHR Images
976,469	27,238,857	2,617,422	41,914,313	**69,153,170**

Infected Blood Inquiry:

The risk posed by the Infected Blood Inquiry has been mitigated against through the funding of 5 Band 2wte additional posts which came into effect as of August 2019. To date this team has prepped and scanned 1600 folders for patients deceased during 2019 and this will reduce the storage requirements for our deceased patient cohort moving forward. The Welsh Health Records Managers Assurance Group submitted a collective summary in July 2019 of the financial impact of the embargo to the Welsh Government representative, for escalation within the Welsh Government with a request for the identification of funding sources in the region of £5.9m over a period of 5 years. No response has yet been received.

Welsh Language Standards:

The service has been involved in two workstreams – Patient Communications and Telephony. The staff within the service have been very engaged with this new development and are working hard to ensure compliance. Since June 2019, all patient letters being sent out by the Referral and Booking Centres in St Woolos and NHH have been converted to bilingual A4 templates and these are now being sent out to patients via a hybrid mail system pilot for 6 months. The health records and RBC staff have all attended Awareness training, answer telephones bilingually, have bilingual out of office signatures and voicemail messages. The Subject Access forms are now bilingual and through the work being undertaken in updating ESR with competency recording we have identified a small

Tab 2.4 Health Records Report

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cohort of staff who are Welsh speakers and would be willing to update and enhance their skills. Audits of compliance are being undertaken.

Assessment and Conclusion

YYF – Paperlite Progress:

95% of YYF outpatient clinics are now using the Orange Wallet process taking the paper-lite approach. Work is underway to review the scanning process for Ophthalmology patients to see if 100% of their patients can be digitised prior to the clinic date. This would then mean that the consultants would agree to adopt the paper-lite methodology as well. Work has commenced on providing this service to NHH to reduce the movement of records across the geographic boundaries.

YYF/NHH Emergency v Elective figures:

Emergency Admission digitised	Elective Admissions digitised
96% YYF	82% (PAC is still impacting on this figure)
64% NHH	70% NHH

The remaining small current library in NHH has been subsumed into Online House library and NHH now only has a non-current library on the site. Work will begin on the transfer of the 'file' library from St Woolos as the Online House library as from January as the volumes in this area reduce in number. This will ensure that the St Woolos site is cleared of library areas recognising the impact of the Estates strategy and best endeavours to manage this ahead of possible closures.

DHR and Health Record provision to other Services:

All Continence records have been scanned and the current discharges are now sent through as part of the daily workload for the teams to work through.

The YYF physiotherapy discharge records will be completed at the end of September and this will then allow the other sites to begin sending in their discharged patients on a rolling programme. This approach will reduce the storage issues being encountered on the sites but also provide rapid access to information required for Access to Health Records subject access requests. The physiotherapy service are utilising their internal resources to prep the records for scanning and have funded an additional 1 wte resource requirement within the health records service to undertake the barcoding and tracking of the records prior to being scanned.

The service is involved as part of a Task and Finish Group reviewing all records storage across the organisation and to provide an evaluation of existing storage versus future needs. This will aim to report at the turn of the year. A catalogue of all storage areas will be produced indicating, the types of record, environmental issues, health and safety risks, confidentiality, accessibility and recommendations on retention.

Work has also been undertaken in respect of development of the electronic health record in primary care and the community which will largely be delivered through WCCIS (Welsh Community Care Information System). This initial scoping work will help inform

Tab 2.4 Health Records Report

2.4

the aim of developing a business case to determine what happens to legacy paperwork and access to data in legacy systems. Mental Health records have been the primary focus as this is the first service destined to go live with WCCIS.

The service will also be supporting the pilot of national e-nursing documents when these go into pilot later this year. The pilot was originally scheduled for the end of September but this date has been delayed. The service will be seeking to mitigate against the risk of dual running of electronic and paper documents during this period through health records staff being assigned to the ward during the two week period providing 24 hour cover to populate CWS with patient demographic and admission data and manage the paper transfer of patients leaving the ward or being discharged.

Welsh Language Standards:

The Telephony work group is still developing a unified approach to meeting the standards. Staff are answering the phone bilingually and have attended initial Awareness sessions which were well received. There have however been some concerns raised regarding the direction of calls should the caller request to engage using the medium of Welsh as there are currently no members of the team with this skill. There is a further programme of work underway in respect of recording options for patients to select Welsh or English for the options provided by the call centres identified across the Health Board before being put through to the operator/agent.

Recommendation
The Committee is asked to note the progress that has been made in terms of the paper-lite approach to YYF and the commencement of the same work for NHH. The Information Governance Committee is requested to receive the quarterly statistics to provide assurance that the proof of concept and subsequent wider roll-out programme is meeting expectations in advance of the GUH opening.

The Committee is asked to note the approach being taken to support other services with their record storage arrangements notably continence and physiotherapy services. These developments have the potential for additional scanning to be undertaken that will reduce loss, destruction or unauthorised access of records and provide a wider history to the treating clinician and speed the processing of Subject Access requests.

The Committee is asked to note the Health Board's mitigation against the potential risk posed by the Infected Blood Inquiry to service continuity and note progress with ensuring the risk is negated.

The Committee is requested to note the progress with the Welsh Language standards by the service. |

Tab 2.4 Health Records Report

2.4

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Links to the Corporate Risk Register in relation to the records storage environments and hybrid system for records. Links to the Informatics risk register re the Infected Blood Inquiry.
Financial Assessment, including Value for Money	Links to the Financial and Workforce plan for the Health Records Service
Quality, Safety and Patient Experience Assessment	Audits undertaken in conjunction with the Quality and Safety Committee to ensure that the systems are working to the optimum levels. Patient Experience is enhanced through the adoption of the Welsh Language standards providing the patient with choice of language.
Equality and Diversity Impact Assessment (including child impact assessment)	The records storage and scanning policies and procedures have been impact assessed and do not discriminate against any patients within our service.
Health and Care Standards	Effective Care: • Safe and Clinically Effective Care • Communicating Effectively • Quality Improvement, Research and Innovation • Information Governance and Communications Technology • Record Keeping- Standard 3.5
Link to Integrated Medium Term Plan/Corporate Objectives	The report links to the IMTP priority areas for the Digitised Records Project.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** The Digitised Health Records Project is a tactical step towards the achievement of an electronic record. This programme of work will continue in parallel with the introduction of direct data capture.
	Integration – n/a
	Involvement – The Access to Health Records Department and Reception staff are public/patient facing and comments from service users and our patients are all evaluated used as opportunities to review processes and provide continuous improvement.
	Collaboration – Engagement with service users internal and external to the organisation is ongoing and membership of the Health Records Management Assurance Group to provide collaborative working across Wales.
	Prevention – The DHR project is delivering a sustainable future for the Health Records service and reducing the carbon footprint.
Glossary of New Terms	NHH – Nevill Hall Hospital
Public Interest	In public interest.

Tab 2.5 Risk Register including Corporate Risks

2.5

	Information Governance Committee 10 October 2019 Agenda Item: 2.5

Aneurin Bevan University Health Board **Information Governance Committee – Risk Report**

Executive Summary
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. The report provides an update for the period April – July 2019.

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 & Performance

Report Author: Richard Howells, DPO and Head of IG

Report Received consideration and supported by :

Executive Team		**Committee of the Board** **[Committee Name]**	

Date of the Report: 30/09/2019

Supplementary Papers Attached: none

Tab 2.5 Risk Register including Corporate Risks

MAIN REPORT:

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 Board's 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

IMTP Strategic Objective all: Enablers associated with delivery of IMTP

15

Threat: Malware or ransom ware attack compromising ICT systems.

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

Action/Controls in place: ICT Cyber Team and dedicated Cyber Security Team recruited. ABUHB implemented the Secure Incident and Event Management (SIEM) system. The Internal Audit has provided "reasonable assurance".

Owner: Director of Planning, Digital and IT

IMTP Strategic Objective all: Enablers associated with delivery of IMTP

15

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

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.

Action/Controls in Place: 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 – these are being streamlined.

Email and SharePoint platforms have regular testing underway as part of the monthly patching cycle.

Virtual machines failover testing between centres was successfully undertaken as planned in May 2019.

Further work is continuing to determine an appropriate method to fail over other 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.

Tab 2.5 Risk Register including Corporate Risks

2.5

CWS continues to be 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

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

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

Action/Controls in place: The Health Board continues to work with the supplier and commercial instruments are being utilised as per the contract. The Gwent Regional WCCIS Board and ABUHB Programme Board continue to meet and review risks regularly. ABUHB required timescales and critical path imperatives identified.

A series of escalation meetings led by SRO have taken place, with the national programme SRO, Programme Director and NWIS.

Continued engagement at a national level and local plans to manage any risks to the resilience of existing systems.

Due to the delay notification from the supplier a specific business continuity work stream has been established to consider options to safeguard MH services core system.

Owner: Director of Planning, Digital and IT

Recommendation

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

Tab 2.5 Risk Register including Corporate Risks

2.5

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	**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. 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. **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. **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.
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.

Tab 2.5 Risk Register including Corporate Risks

2.5

	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	Paper written for the public domain

Tab 2.6 Report on Cyber Phishing Exercises carried out

2.6

	Information Governance Committee 10 October 2019 Agenda Item: 2.6
GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	

Aneurin Bevan University Health Board **Information Governance Committee – Phishing Report**

Executive Summary
This report provides an overview of the Phishing exercise performed by the Health Board as part of its risks mitigation and testing resilience. The report provides an update for the period April – July 2019.

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 & Performance
Report Author: Richard Howells, DPO and Head of IG
Report Received consideration and supported by :

Executive Team		**Committee of the Board [Committee Name]**	

Date of the Report: 30/09/2019
Supplementary Papers Attached: none

Tab 2.6 Report on Cyber Phishing Exercises carried out

2.6

MAIN REPORT:

Purpose of the Report
This report provides progress against the threat of phishing. 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.

Update
The Health Board's Cyber Security team conducted two phishing exercises in August 2019 and September 2019. The August exercise was "blocked" by the national firewalls – it was quarantined by the MailMarshall application (this reviews all incoming email for threats). This provides assurances that potential emails where the email address is not recognised are not allowed into the NHS Wales network.

The second exercise was undertaken where the firewalls were lowered to allow the email to be sent and received with ABUHB.

The phishing email was sent out to 230 randomly selected Aneurin Bevan University Health Board (ABUHB) staff on the 3rd September 2019 and was monitored until the 10th September 2019.

The email had the subject title "Gift Alerts – Feedback Survey", once opened it gave the impression that it was from Apple asking staff to complete a questionnaire to receive a £5 iTunes voucher and the chance to win the new iPad Pro. Clicking the link for the questionnaire took staff to a video learning exercise explaining the threats of phishing.

The results showed:

- 205 (89%) people did not opened the email
- 25 (11%) people opened the email
- Out of the 25 people who opened the email 11 (44%) of them clicked the link.

Although this is the first exercise, extrapolating these figures to those staff who have email accounts (approximately 7,000) then this would mean over 700 would open the email and approximately 350 would click on the link.

Future plans include further random phishing exercise and targeted exercise.

Communication of the results will be through the IG Bytes newsletter and the Divisions IG Delivery Groups, highlighting the dangers not only for ABUHB work but also the threats to staff own personal email.

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

Tab 2.6 Report on Cyber Phishing Exercises carried out

2.6

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	**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. 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.
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	Paper written for the public domain.

Tab 2.7 Revised Terms of Reference - for review

	Information Governance Committee 10 October 2019 Agenda Item: 2.7	**2.7**
GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board		

Aneurin Bevan University Health Board
Information Governance Committee Terms of Reference

Executive Summary

This report provides for the Information Governance Committee the revised Committee Terms of Reference. It is good governance practice for the Terms of Reference to be reviewed annually. This review has also been undertaken as part of arrangements to renew all Health Board Terms of Reference following the updating of the Health Boards committees and membership in May 2019.

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: Richard Bevan, Board Secretary

Report Received consideration and supported by :

Executive Team		**Committee of the Board [Committee Name]**	

Date of the Report: 30 September 2019

Supplementary Papers Attached: Terms of Reference

Purpose of the Report

The purpose of this report is to present the revised Terms of Reference for the Information Governance Committee and seek the committees support prior to approaching the Board.

Background and Context

The Health Board at its meeting in May 2019 agreed changes to the Committee Structure which began to take effect from 1 July 2019. The new structure has been implemented with new membership and arrangements for committees. It was agreed at the time that new terms of reference would be developed to support enhanced interoperability of committees, specifically in response to the Wales Audit Office Structured Assessment recommendation made in early 2019.

Terms of Reference for all committees have been reviewed and updated by their respective Chairs and Lead Executives. These updated Terms of Reference are currently being considered by committee in this autumn round of meeting in readiness for approval by the Board in November 2019.

Assessment and Conclusion

The attached Terms of Reference for the Information Governance Committee have been reviewed and a small number of suggested amendments have been made. The Committee is asked to review and the Terms of Reference and propose any further

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changes or additions, which will then be incorporated for Board approval in November 2019.

Recommendation
The Committee is asked to review and the Terms of Reference and propose any further changes or additions, which will then be incorporated for Board approval in November 2019.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	It is good governance practice to review terms of reference on an annual basis.
Financial Assessment, including Value for Money	There are no financial implications for this report.
Quality, Safety and Patient Experience Assessment	There is no direct association to quality, safety and patient experience with this report.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no equality or child impact issues associated with this report as this is a required process for the purposes of legal authentication.
Health and Care Standards	This report would contribute to the good governance elements of the Health and Care Standards.
Link to Integrated Medium Term Plan/ Corporate Objectives	There is no direct link to Plan associated with this report.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Not applicable to this report
	Integration –Not applicable to this report
	Involvement –Not applicable to this report
	Collaboration – Not applicable to this report
	Prevention – Not applicable to this report
Glossary of New Terms	None
Public Interest	Report to be published in public domain

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Tab 2.7 Revised Terms of Reference - for review

Aneurin Bevan University Health Board

Information Governance Committee

Terms of Reference

Draft Revised – July 2019
Further Revised – September 2019

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ANEURIN BEVAN UNIVERSITY HEALTH BOARD

**INFORMATION GOVERNANCE COMMITTEE
TERMS OF REFERENCE**

1.	INTRODUCTION

1.1 The Health Board's Standing Orders state that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders (reference 3.4.1) and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Information Governance Committee**. The detailed terms of reference and operating arrangements set/agreed by the Board in respect of this committee are set out below.

2.	PURPOSE

2.1 The purpose of the Information Governance Committee "the Committee" is to:

- *Provide assurance* to the Board that the Health Board's arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information are appropriately designed and are functioning effectively in accordance with the Health Board's:

  - stated objectives;
  - legislative responsibilities, e.g., the Data Protection Act and Freedom of Information Act; and
  - any relevant requirements and standards determined for the NHS in Wales.

- Act as a source of *advice* for the Board to assist it in

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discharging its functions and meeting its responsibilities with regard to the:

- quality and integrity;
- safety and security; and
- appropriate access and use,

of information (including patient and personal information) to support its provision of high quality healthcare.

3.   DELEGATED POWERS AND AUTHORITY

3.1   The Committee will, in respect of its provision of advice to the Board:

Digital Applications
▪ assess whether or not the Health Board's arrangements are appropriate for the development and implementation of 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;

▪ consider the information governance implications arising from the development and implementation of the Health Board's corporate strategies and plans or those of its stakeholders and partners

▪ consider the information governance implications for the Health Board of review reports and actions arising from the work of external reviewers.

3.2   The Committee will, in respect of its assurance role, seek assurances that information governance 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. The Committee will link with other Committees of the Board, as appropriate, particularly the Audit Committee and Quality and Patient Safety Committee.

3.3   To achieve this, the Committee's programme of work will be designed to seek assurance that for all aspects of information management and information governance that:

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- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;

- the organisation, at all levels (division/directorate/clinical teams) has a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information;

- the handling and use of information and information systems across the organisation (division/directorate/clinical teams) is consistent, and based upon agreed standards;

- the workforce is appropriately selected, trained, supported and responsive to requirements in relation to the effective handling and use of information – consistent with the interests of patients and the public (in line with GDPR regulations);

- 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 and GDPR);*

- information and information governance risks are actively identified and robustly managed at all levels of the organisation;

- the integrity of data and information is protected, ensuring valid, accurate, complete and timely data and information is available to support decision making across the organisation;

- there is continuous improvement in the handling, management and use of information across the whole organisation – evidenced through the Health and Care Standards in Wales;

- the Health Board is meeting its legislative responsibilities, e.g., Data Protection and Freedom of Information Acts, as well as complying with national Information Governance policies and guidance;

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- 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; and
  - Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims.

3.4 The Committee will advise the Board on the adoption of a set of key indicators in relation to the quality and effectiveness of information systems against which the Health Board's performance will be regularly assessed.

Authority

3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

  - employee (and all employees are directed to co-operate with any reasonable request made by the Committee); and

  - any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

3.6 The Committee is authorised by the Board to 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.

3.7 The Committee will also link with other Committees of the Board, as appropriate, to provide and seek assurance with regard to its programme of work and that of other Committees and the Board.

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Sub Groups

- The Committee may, subject to the approval of the Health Board, establish sub groups to carry out, on its behalf, specific aspects of Committee business.

4.	MEMBERSHIP

Members

4.1 A minimum of three Independent Members, comprising:

Chair	Independent Member (ICT)
Vice Chair	Independent Member
Members	One other Independent Members of the Board

Attendees

4.2 Lead Executive   Director of Planning, Digital and IT

4.3 In attendance   Medical Director (Caldicott Guardian)
Assistant Director of Informatics
Head of Information Governance

4.4 By invitation   The Committee Chair may extend invitations to attend committee meetings to others from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration, such as national digital developments e.g. invitations to representatives from the National Wales Information Service (NWIS).

Secretariat

4.5 Secretariat - As determined by the Board Secretary

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair - taking account of the balance of skills and expertise

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necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.7   Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years service to ensure the Committee is continuously refreshed whilst maintaining continuity.

4.8   Terms and conditions of appointment (including any remuneration and reimbursement), in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Health Board Chair and, where appropriate, on the basis of advice from the Health Board's Remuneration and Terms of Service Committee.

Support to Committee Members

4.9   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 organisational development for Committee Members as part of the Health Board's overall OD programme developed by the Director of Workforce & Organisational Development.

5.   COMMITTEE MEETINGS

Quorum

5.1   At least two members must be present to ensure the quorum of the Committee, one of whom must be the Committee Chair or Vice Chair.

Frequency of Meetings

5.2   Meetings shall be held at least quarterly and otherwise as the Chair of the Committee deems necessary – consistent with the Health Board's annual plan of Board Business.

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Tab 2.7 Revised Terms of Reference - for review

Withdrawal of individuals in attendance

5.3   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.

6.	RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1   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 the safety, security and use of information to support the quality and safety of healthcare for its citizens through the effective governance of the organisation.

6.2   The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.3   The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

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

- 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 framework.

6.4   The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7.	REPORTING AND ASSURANCE ARRANGEMENTS

7.1   The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of an annual report;

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- bring to the Board's specific attention any significant matters under consideration by the Committee;

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

7.2   The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the Committee's assurance role relates to a joint or shared responsibility.

7.3   The Board Secretary, on behalf of the Board shall oversee a process of annual and rigorous self assessment and evaluation of the Committee's performance and operation including that of any sub groups established.

8.   APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1   The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9.   REVIEW

9.1   These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

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	Aneurin Bevan University Health Board October 2019 Agenda Item:3.1

3.1

Aneurin Bevan University Health Board

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 along with a memorandum of understanding between ABUHB and NWIS to provide commitment and assurance of the delivery of key items required for go live schedules. 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 [Committee Name]**	

Date of the Report: 2nd October 2019

Supplementary Papers Attached: None

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 across all the phases.

Assessment and Conclusion

Twice weekly meetings have been established since March 2018 to review and update on progress of the critical re-planning activities required to enable ABUHB to reach and sign off a correction plan. Monthly contract review meetings with CareWorks are in place to manage an action plan and ABUHB are heavily involved in the national commercial discussions with the supplier under the Master Services Agreement (MSA). ABUHB are also formally seeking advice on the delay in relation to contractual terms and conditions.

It was agreed on 26th September 2019 with CareWorks and the national programme director, with support from the national SROs, that to address the Supplier's request that they have a single empowered point of contact, ABUHB will be the national WCCIS designated responsible Authority for final agreement or decisions with the supplier on the scope and timing of the ABUHB go LIVE release (Including Integration & Mobile App requirements).

This approach also confirms that ABUHB will provide direction on what is required (outputs/timeframes/dependencies) in respect of the go LIVE release & enhanced mobile app from the national team and co-opted NWIS resources, and they will prioritise these

requirements. The National Team acknowledge the authority given to ABUHB to make approved decisions under this agreement and that ABUHB are being empowered to:

- Manage the current use case work package for integration. Functional and technical through to authorised sign off
- Manage all current disputed/outstanding or unknown status delivery items, including mobile application, that are required for ABUHB go live.

The above is on the basis that where there is not a national position available, or in dispute, the ABUHB requirement and delivery method will take precedence and will proceed, on the understanding that CareWorks have committed to revisit and further develop the solution for national acceptance at a later time.

The key escalations in place and being managed as part of re-planning are described below:

Integration:
The delay notification from the supplier confirmed that no integration would be delivered in time for the original ABUHB go LIVE, this includes critical functionality to be able to deliver the benefits outlined in the ABUHB business case. There are 16 integration items in total, 11 for critical delivery aligned to ABUHB go LIVE and 5 for the next release; five of these 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

As part of the new working arrangements, ABUHB has initiated a four day session scheduled between the 15 to 18 October 2019 with key stakeholders across ABUHB, CareWorks and NWIS/National Team to complete the development of integration use cases. Clinical, programme and technical resource will be available throughout the sessions to enable functional and technical validation. Following this, CareWorks will be in a position to estimate development timescales.

Go LIVE Release Content:
As above, ABUHB have the authority to confirm the requirements for this release. Once this is complete, release delivery dates will be provided by CareWorks. This is what is required to enable a correction plan to be developed and new go LIVE dates to be agreed.

Multiple Records (Duplicate Records):
ABUHB has requested updated system functionality to allow the append of our current data to an existing WCCIS record on migration. This will avoid the creation of duplicate records upon ABUHB go LIVE. CareWorks have delivered this functionality for testing and ABUHB are actively involved in the testing and sign off of this requirement.

The ABUHB Team has provided local resource to support the Regional team work though and merge existing system duplicates. This is a short term solution until data quality resource is recruited as part of the ICF funding recently made available.

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 has now been established and has met twice, there is a need for greater clarity and resourcing to look at future national support arrangements and how these link with Regional and Local support teams.

National Governance:
A National Programme Director was appointed in November 2018 and a new governance structure has signed off by the National Leadership Board, following the recommendations made by a Strategic Gateway Review held in 2017. Whilst the changes aim to strengthen programme assurance and Regional links, it is unknown when the changes will be fully implemented and how this will affect the way in which the local ABUHB programme currently functions. A National Communications lead was appointed in August 2018 and will be working with Regional Leads as part of an away day scheduled for November, to share and integrate progress, plans and challenges. The absence of a single, national plan is still outstanding however elements of the full plan are being expedited to assist with ABUHB's re-planning, for example a national forms plan.

Another critical issue for ABUHB is the business continuity for MH&LD services. The current ePEX system has a sunset date of December 2019. This is problematic to the service if the delay to the implementation of WCCIS goes beyond December 2019. The local programme team is working closely with the division exploring all potential options and documenting business continuity plans to reduce this risk which were presented to the local Programme Board in September 2019. Discussions with the ePEX supplier regarding an extension to support beyond December 2019 have been positive and negotiations are underway.

Recommendation

It is recommended at this stage to allow the planned activities to complete, based on the new approach and working arrangements where ABUHB have been empowered by the National programme to work directly with CareWorks on their specific requirements. This will enable a delivery roadmap to be finalised and a correction plan to be developed.

It is also recommended and agreed at the local programme board on 16 May 2019, that all local readiness activities, including the continued roll-out of mobile devices and scoping of later phases (i.e. Children's Services & Therapies), continues.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	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. 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.
Financial Assessment, including Value for Money	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. Regular budget reviews are undertaken in conjunction with finance department. Benefit identification and realisation plans continue to be an active product within the programme.
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 and maintains a local patient safety risk register.
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	**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. 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. 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.
	Integration – Computing infrastructure will be ubiquitous and information collected joined up and available at each level of the organisation through to population health 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.
	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.
	Collaboration – Informatics Directorate will have established long term relationships with academia, technology vendors and suppliers including consortia and small and medium 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.
	This section should provide a definition of any new terms contained within the report
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

Tab 4.1 Draft Minutes of the IGC - 6 June 2019

Information Governance Committee
10 October 2019
Agenda Item: 4.1

4.1

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Information Governance Committee
held on Thursday 6 June 2019 at 9.30am in the Executive Meeting
Room, Headquarters, St Cadoc's Hospital, Caerleon

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
Matthew Mahoney	-	Head of ICT
Mike Ogonovsky	-	Assistant Director – Informatics
Rona Button	-	Corporate Services Manager - Freedom of Information (Secretariat)
Nathan Couch	-	Wales Audit Office (observing)

Apologies:
Dr Paul Buss	-	Medical Director
Judith Paget	-	Chief Executive
Nicola Prygodzicz	-	Director of Planning, Digital and IT
Mr Robin Rice	-	Consultant Orthopaedic Surgeon/ Assistant Medical Director - Information
Lee Price	-	Head of Strategic Informatics Programme
Richard Bevan	-	Board Secretary

IGC 0606/01   **Welcome and Introductions**
The Chair welcomed members, officers and guests to the meeting. The Chair advised that members of staff from NWIS would no longer be attending committee meetings, but that Directors from NWIS would meet with Health Board staff quarterly.

IGC 0606/02   **Apologies for Absence**
Apologies for absence were noted.

IGC 0606/03   **Declarations of Interest**
David Jones, Chair of the Committee, declared that he had been appointed to the Board of OFCOM.

IGC 0606/04   **Information Governance Health Board Performance Report**
Richard Howells provided a report to the Committee for the

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Tab 4.1 Draft Minutes of the IGC - 6 June 2019

2018-2019 financial year. The report included information on complaints made to the Information Commissioner's Office (ICO) – 60, and the number of incidents reported to the ICO – 7, although no further action was required. 5,432 subject access requests were received, and the current compliance rate was 90%. It was reported that 70% of staff had undergone IG e-learning training, including a module on cyber security. The IG Team was hoping to populate the IG training onto the ESR system as the training was believed to be better than what was currently available.

It was noted that a national breach reporting tool had been implemented using the Health Board's way of working. The NIIAS checks identified that 56 staff had accessed their own record, and 35 staff had accessed the records of relations. The disciplinary policy was invoked on an individual basis, depending on the circumstances of the access.

The Committee discussed the information which should be available on a whiteboard within a ward environment. Personal information should only be displayed within an area not accessible to the public.

The Committee questioned whether or not the organisation undertook cyber security phishing exercises. Software had been purchased and it was hoped to begin the process in the near future. The new Cyber Team would be presenting their work plan within the next week, and an update was requested at the next meeting. **ACTION: Richard Howells and Mike Ogonovsky**

IGC 0606/05   **Freedom of Information Act Report**
Rona Button provided the Committee with a report on the first quarter of 2019. 119 requests were received and compliance with the 20 working day response target stood at 97%. Two complaints were received from the ICO:

- The requester wanted the Health Board to release information which was personal to members of staff. The ICO upheld the Health Board's decision and the information was not released.
- The Health Board was requested to provide further information to the ICO in order that a decision could be made on whether or not the original response was appropriate.

One request for a review was received, for more detailed information on the number of physical assaults and, as a result, further information was provided to the requester.

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Tab 4.1 Draft Minutes of the IGC - 6 June 2019

It was noted that the Internal Audit Team was carrying out an audit on FOI compliance and process, and feedback would be provided later this month.

IGC 0606/06   **Risk Register**

Richard Howells updated the Committee on the risks for which the Committee had oversight, and it was reported that the information had previously been received by the Audit Committee. It was noted that two Band 6 members of staff had been recruited to cyber posts, and would be commencing employment as soon as their pre-employment checks were completed.

The Committee discussed the threat of "Complete or partial loss (outages) of Health Board ICT systems, either provided nationally by third parties or locally provided systems". It was suggested that these risks could be recorded separately because of the difference between the national systems and local ones. **ACTION: Mike Ogonovsky and Richard Howells**

The Committee also discussed the reporting of IT outages, and it was agreed that a report should be added to the Forward Work Programme as a standing item to the In Committee agenda. **ACTION: Mike Ogonovsky/ Secretariat**

The Committee also discussed the "Failure to Implement Welsh Community Care Information System" threat in terms of the rating of 15, and questioned whether or not the figure should be higher. It was agreed that the risk would be reworded to make clear that impact was wider than the Health Board alone as a result of any delays. **ACTION: Mike Ogonovsky**

The Chair agreed to speak to the Board Secretary about escalation of this risk to ascertain the process for doing so. **ACTION: David Jones**

IGC 0606/07   **Welsh Community Care Information System (WCCIS) – General Update and Opportunities and Challenges of Information Sharing**

Mike Ogonovsky advised the Committee that the programme had been due to go live in July, but there was no agreement of a national plan to deliver a definitive go live date, and it was not known when this would be, although the earliest possible time was at the end of this year. There had been a number of integration issues and no credible plan to date, and responsibility for any delay lay with the national team.

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Tab 4.1 Draft Minutes of the IGC - 6 June 2019

WCCIS needed to be integrated with 16 separate systems, all of which were within the jurisdiction of NWIS and the national WCCIS Programme Team. Work was also required on integration, and a number of areas of software fixes and functionality, none of which could be delivered by the Health Board.

The Committee discussed the ramifications of ePEX support ending at the end of the year and the potential risks to patients and staff within the Mental Health and Learning Disabilities Directorate. It was acknowledged that the national programme recognised the importance of this issue, and SIROs (Senior Information Risk Owners) had requested a plan. Delays could impact on the Health Board's patients and their outcomes. A report was requested at the next meeting on the negative impacts of the delays. **ACTION: Mike Ogonovsky**

Mike Ogonovsky and Nicola Prygodzicz were due to attend a meeting the following week, with the expectation that an integrated plan would be provided. The Chair asked what action the Committee could take, and it would be reported to the Board, although the Chair did not want to wait until the next formal Board meeting in July, and would explore other options in the meantime. **ACTION: David Jones and Secretariat**

IGC 0606/08   **National Convergence – Update**
Mike Ogonovsky advised that a report which had been presented to the T2D group had described the position as untenable, and a paper was due to be presented to the Executive Team in the near future to provide an update. It was noted that the acute teams would need to begin using WCP (Welsh Clinical Portal) in a controlled manner.

IGC 0606/09   **Draft Minutes of the IGC – 14 February 2019**
The Minutes of the meeting held on 14 February 2019 were accepted as a true and accurate record.

IGC 0606/10   **Action Log – 14 February 2019**
It was noted that the actions had been completed.

IGC 0606/11   **Any Other Business**
There was no other business to report.

IGC 0606/12   **Items for Board Consideration**
The Committee was concerned about the slippage of the go-live date for the WCCIS programme.

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Tab 4.1 Draft Minutes of the IGC - 6 June 2019

IGC 0606/13   **Date of Next Meeting**
Thursday 10 October 2019 at 9.30am in the Executive
Meeting Room, Headquarters, St Cadoc's Hospital, Caerleon.

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Tab 4.2 Action Log - 6 June 2019

Information Governance Committee
Action Log – 6 June 2019

4.2

(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.)

Previously Agreed Actions for monitoring until completed:

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

Agreed Actions – 6 June 2019

Action Reference	Action Description	Lead	Progress
IGC 0606/04	**Information Governance Health Board Performance Report** An update on any cyber phishing exercises carried out to be provided at the next meeting.	**Richard Howells/ Mike Ogonovsky**	Complete. Added to agenda for the October meeting.
IGC 0606/06	**Risk Register** Threat: "Complete or partial loss (outages) of Health Board ICT systems, either provided nationally by third parties or locally provided systems" to be recorded separately as local and national risks.	**Mike Ogonovsky/ Richard Howells**	Complete. Added to the Risk Register.
	Reporting of outages to be added to the Forward Work Programme.	**Mike Ogonovsky/ Secretariat**	Complete. New reporting mechanism included in the Information Governance report.
	Threat: "Failure to Implement Welsh Community Care Information System" to be reworded to clarify that the impact of any delays was wider than the Health Board alone.	**Mike Ogonovsky**	Complete. Wording amended.
	Chair to contact the Board Secretary about the escalation of the above risk to ascertain the process for doing so.	**David Jones**	Complete. It was suggested that two meetings would be arranged with NWIS; one for Health Board and NWIS staff, and the other in public.
IGC 0606/07	**Welsh Community Care Information System (WCCIS) – General Update and Opportunities and Challenges of Information Sharing** A report on the negative impacts of	**Mike Ogonovsky**	Complete. Added to the agenda for the October meeting.

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Tab 4.2 Action Log - 6 June 2019

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Action Reference	Action Description	Lead	Progress
	the delays to be provided at the next meeting.		
	Concern about the go-live date to be brought to the attention of the Board again. In addition, the Chair of the Committee would explore other options for advising the Board about the delays prior to July's meeting.	**David Jones/ Secretariat**	Complete. The Chair of the Committee advised the Chair of the Board about the delays.

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