










Information Governance Committee

13 February 2020, 09:30 to 11:45
Conference Room 3, Headquarters, St Cadoc's Hospital

Agenda

1.	Preliminary Matters	5 minutes
1.1.	Welcome and Introductions	Verbal Chair
1.2.	Apologies for Absence	Verbal Chair
1.3.	Declarations of Interest	Verbal Chair
2.	Information Governance Assurance	40 minutes
2.1.	Information Governance Health Board Performance Report	Attachment Data Protection Officer and Head of Information Governance
	 2.1 Information Governance Health Board Performance Report.pdf	(6 pages)
2.2.	Freedom of Information Act Monitoring Report - 2019	Attachment Board Secretary
	 2.2 Freedom of Information Act Monitoring Report 2019.pdf	(6 pages)
2.3.	Health Records Report	Attachment Head of Health Records
	 2.3 Health Records Report.pdf	(7 pages)
2.4.	Risk Register including Corporate Risks	Attachment Data Protection Officer and Head of Information Governance
	 2.4 Risk Register including Corporate Risks.pdf	(12 pages)
3.	Local and National Strategy	70 minutes

3.1.	Local Digital Strategy - Update		Presentation Director of Planning, Digital and IT/Assistant Director of Informatics
3.2.	Welsh Community Care Information System (WCCIS) - Full Update and Opportunities and Challenges of Information Sharing		Attachment Assistant Director of Informatics
	 3.2a Welsh Community Care Information System (WCCIS) Update.pdf	(9 pages)	
	 3.2b Welsh Community Care Information System (WCCIS) Update.pdf	(6 pages)	
3.3.	Office 365 Update, including National Strategy Update		Attachment Assistant Director of Informatics
	 3.3 Office 365 Update, including National Strategy Update.pdf	(5 pages)	
4.	Minutes and Actions		15 minutes
4.1.	Draft Minutes of the IGC - 10 October 2019		Attachment Chair
	 4.1 IGC Minutes 10.10.19 (approved DJ).pdf	(7 pages)	
4.2.	Action Log - to review actions from the previous meeting - 10 October 2019		Attachment Chair
	 4.2 IGC Action Log 10.10.19.pdf	(2 pages)	
4.3.	Annual Report and Committee Effectiveness Review		Verbal Board Secretary
5.	Final Matters		5 minutes
5.1.	Any Other Business		Verbal Chair
5.2.	Items for Board Consideration		Verbal Chair
6.	Date of Next Meeting - Thursday 18 June 2020 at 9.30am in Conference Room 3, Headquarters, St Cadoc's Hospital, Caerleon		



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Information Governance Committee
February 2020
Agenda Item: 2.1

Information Governance Committee – Compliance Dashboard Report

Executive Summary

This dashboard report provides the Information Governance 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 delivered to the November 2019 meeting of the Transformation to Digital Delivery Group and since updated to December 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]	Transformation to Digital Delivery Board (T2D)
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Date of the Report: 14/01/2020

Supplementary Papers Attached: none

MAIN REPORT:

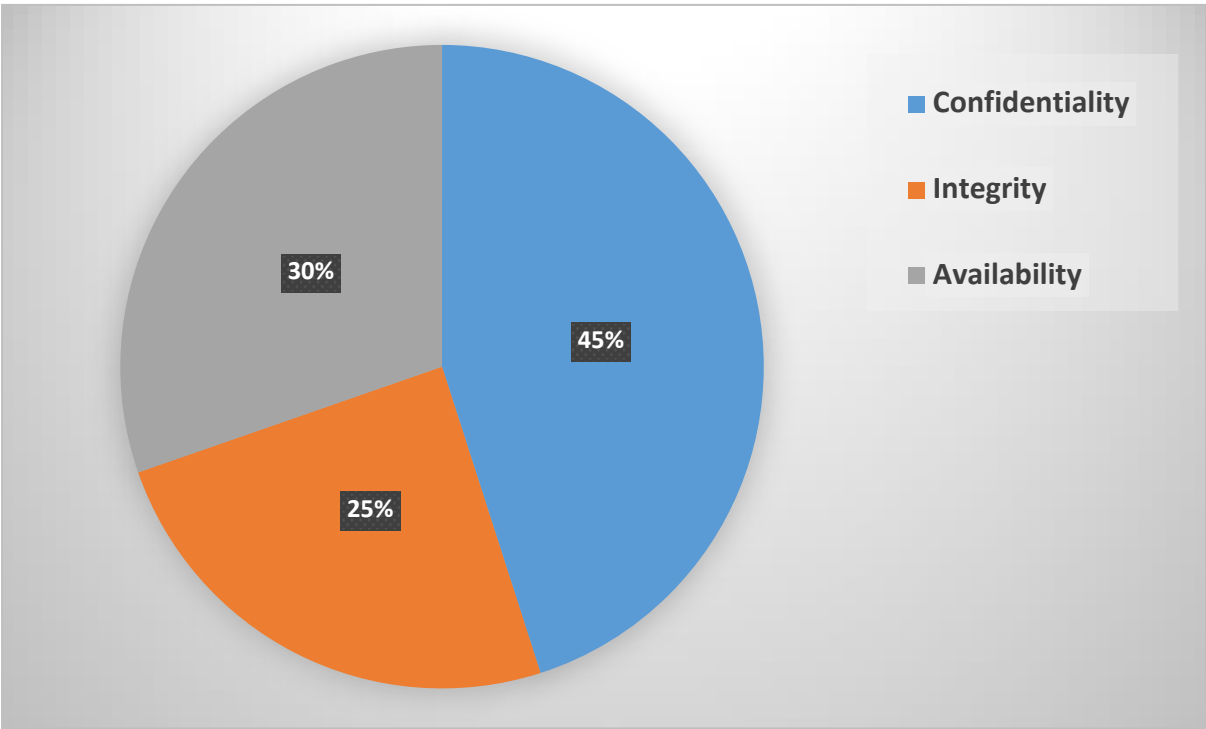
Purpose of the Report	
This dashboard report provides the mandatory and legislative reporting requirements and provides assurance about the way in which the Health Board manages its information about patients and staff and highlights compliance with IG legislation and standards.	
Background and Context	
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. Information Governance is an integral part of the IMTP to improve the governance of information, its accuracy and confidentiality.	
Reports, Assessment and Conclusion	
Complaints received by the IGU for the period April – December 2019: 45	
	Total no complaints (for the year)
Upheld – Evidence was found to substantiate the complaint and the matter is being taken further	12
Ongoing – Currently awaiting the outcome of investigations	6
No Further Actions – No evidence was found to substantiate complaint and no further action is to be taken	27
Reports to the ICO:	
During this period incidents reported to the ICO:	
<ul style="list-style-type: none">by the Health Board = 2 One investigation is still ongoing; no action taken by the ICO on the other	
<ul style="list-style-type: none">by others (including patients or the public) = 4 Two complaints where the patient did not receive a response – investigations showed that the SAR did not reach A2HR or IGU. Internal processes are being checked.	
One person complained about the way in which we handled a SAR – no further action required.	
Information about another patient within the Health Record. Internal check processes are being reviewed. No further ICO action.	

Incidents received by the IGU for the period April – December 2019: 134

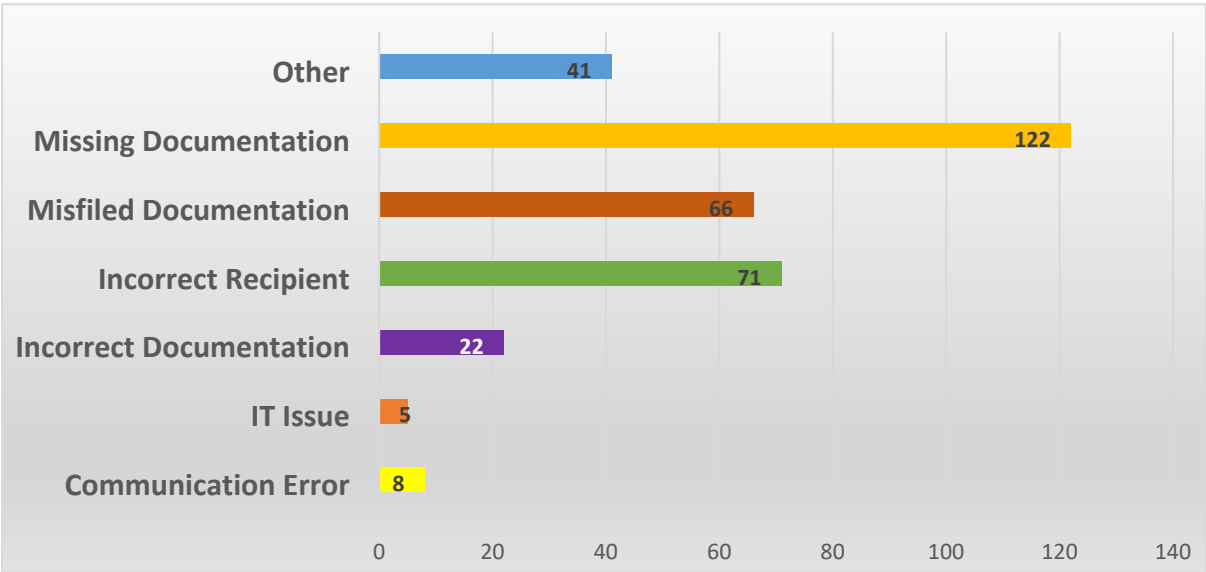
The figures have been divided into categories of Confidentiality, Integrity and Availability (CIA):

- 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

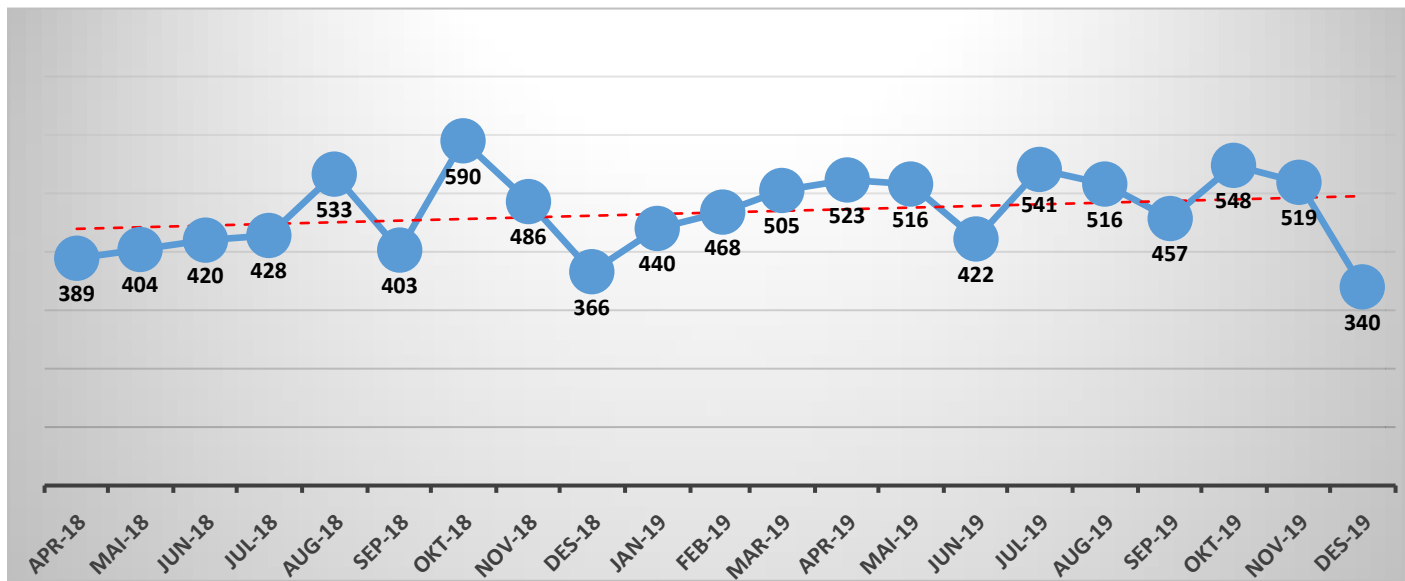


Incidents Reported by Description



GDPR/DPA Subject Access Requests: Whilst the trend of requesting continue upward December 2019 saw the lowest number of requests for 2 years.

Number of SAR Requests



The current compliance rate is 91% - to provide the information requested within 28 days of the request (GDPR is 30 days; Welsh Government 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 12 months.

ICT Systems Access Audits (NIIAS) for the period April – December 2019:

The number of notifications provided through NIIAS increases month on month – the current monthly average is 2,813. The vast majority of this is where the Health Board is notified of staff accessing staff records. However, as the Health Board employs approximately 14,000 people it is highly likely that these will require some care from the Health Board at some point (out-patient, in-patient, maternity etc.) and various staff will access the record for admin (appointments etc.) and clinical reasons. This will undoubtedly increase with WCCIS and CWS linking to NIIAS. The Health Board has agreed to monitor own record and staff accessing family records only due to resource and time constraints.

Staff accessing their own record = 34

Staff accessing relations record = 14

Training compliance: Approximately 71% of staff have undergone IG e:learning training. The Health Boards IG training includes a module that has been reviewed and provides a module dealing with Cyber Security. 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 to enable the Health Boards IG e:learning to be made available on ESR.

Recommendation

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

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Links to the Informatics and Corporate Risk Register in relation to compliance rates and incident reporting to the ICO.
Financial Assessment, including Value for Money	Financial and workforce plans identified within IGU and Health Records Services.
Quality, Safety and Patient Experience Assessment	Audits undertaken in conjunction with the Audit Committee (and Internal Audit) to ensure compliance with IG and legislative requirements to provide a security framework.
Equality and Diversity Impact Assessment (including child impact assessment)	All Information Governance policies and procedures have been impact assessed and do not discriminate against any patients within our service.
Health and Care Standards	<p>Standard 3.4 IG and ICT</p> <p>Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.</p> <p>Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.</p> <p>Standard 3.5 Record Keeping</p> <p>Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.</p> <p>Standard 4.2 Patient Information</p> <p>People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.</p>
Link to Integrated Medium Term Plan/Corporate Objectives	The report links to the IMTP priority areas for the IG.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term – The adopted approach is a long term investment to improve Health Board compliance and to improve the patient information available to staff and improve patient and public confidence in the Health Board services.
	Integration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales.
	Involvement – The IG Unit is public and patient facing and comments from service users and our patients are all

	evaluated used as opportunities to review processes and provide continuous improvement.
	Collaboration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales.
	Prevention – The IG work provides compliance with legislation
Glossary of New Terms	None
Public Interest	Can be published in the public interest



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Information Governance Committee
13 February 2020
Agenda Item: 2.2

Information Governance Committee

Freedom of Information Update for the period 1 January 2019 to 31 December 2019

Executive Summary

This report provides for the Information Governance Committee an update on the number of Freedom of Information Requests received for the period 1 January 2019 to 31 December 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	✓
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Date of the Report: 30 January 2020

Supplementary Papers Attached: N/A

MAIN REPORT:

Purpose of the Report

This report provides for the Information Governance Committee an update on the number of Freedom of Information Requests received for the period 1 January 2019 to 31 December 2019, the number responded to within the 20 day timescale and the sources of the requests, together with the compliance information.

Background and Context

The Freedom of Information Act aims to make the business of organisations more transparent and accountable to the public. Since 1 January 2005, anyone is able to make a written Freedom of Information request for information about the Health Board. In relation to such requests, the individual making the request does not have to live locally or give a reason for the request. In addition, the Health Board cannot ask the individual the reason for their request. If the Health Board has the information requested, there is a maximum 20 working days period to provide the information.

Assessment and Conclusion

1. Source of Requests

Between 1 January 2019 and 31 December 2019, 491 Freedom of Information requests have been received, compared to 561 received in 2018. The source of these requests is as follows:

Source of Request	2019	2018
Private Individual	167	181
Private Company, Researcher	126	105
Media	75	116
Group, Association, Chartered Society	49	53
Campaigner (Whatdotheyknow.com)	37	27
Employees of the NHS	15	10
Welsh Government	10	46
Legal	5	3
MPs/AMs	4	16
Other (local councils)	2	2
Patient	1	0
Police	0	2
Patient Advocate	0	0
Total	491	561

2. FOI Responses

The compliance rate (response within the 20 working days) of the requests received between 1 January 2019 and 31 December 2019 was 93% compared to 73% in 2018.

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 **491** requests received between 1 January 2019 and 31 December 2019 comprised **2,989** individual questions, compared to 3,559 individual questions in 2018.

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	163
Corporate Information	56
Medication Information	44
Personnel Information	40
Financial Information	37
Contractual Information	32
Communication	23
Primary Care	20

Statistical Information	18
Procurement	12
Cancer Services	11
Facilities/Services	9
Other (food poisoning and hospital food, theatre systems, document scanners, peer vaccinator scheme for influenza, licence to use living creatures in vivo experiments, integrated care pathway and acute care services, thefts from patients, ambulance staff being transported home or back to base)	8
Health and Safety	7
Equality and Diversity	6
Environmental Information (asbestos)	5
Total	491

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 **538** responses which were closed during this reporting period, but which may have been received during a previous reporting period, **233** 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.

208 exemptions were applied to the **538** 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	70
Section 40: Personal information – Breach of Data Protection Principles	51
Section 12: Cost (financial and time)	43
Section 43: Protecting commercial interests	21
Section 21: Information accessible by other means	18
Section 31: Law enforcement	2
Section 29: UK economic interests	2

Section 44: Prohibition on disclosure by law	1
Total	208

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

The Information Commissioner's Office (ICO) advised the Health Board in Autumn 2018 of two complaints received from requesters who were dissatisfied with the responses received. Following ICO investigations, the complaints were closed during 2019:

1. Halal meat used and purchased. The ICO partially upheld the complaint and issued a Decision Notice. The Health Board was advised that it had breached Section 10 of the FOIA by not responding within the required 20 working days. No other aspect of the complaint was upheld.
2. Personal data on individual staff members requested. The ICO partially upheld the complaint and issued a Decision Notice. The Health Board was advised that it had breached Section 17(1) of the FOIA by refusing the request and not advising the complainant within the required 20 working days of its decision, but was also advised that the decision to rely on Section 40(2) to withhold the requested information was correct.

One request for review was received during 2019 and, as per process, the Board Secretary undertook the review:

Request for information on average annual spend. The review did not uphold the complaint as the information requested related to an All Wales Managed Service Contract, and a commitment had been given to the bidding organisations that the information supplied would be treated as confidential. The requester was provided with details of how to contact NHS Wales Shared Services Partnership (NWSSP) for further information.

7. **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.

8. **Conclusion**

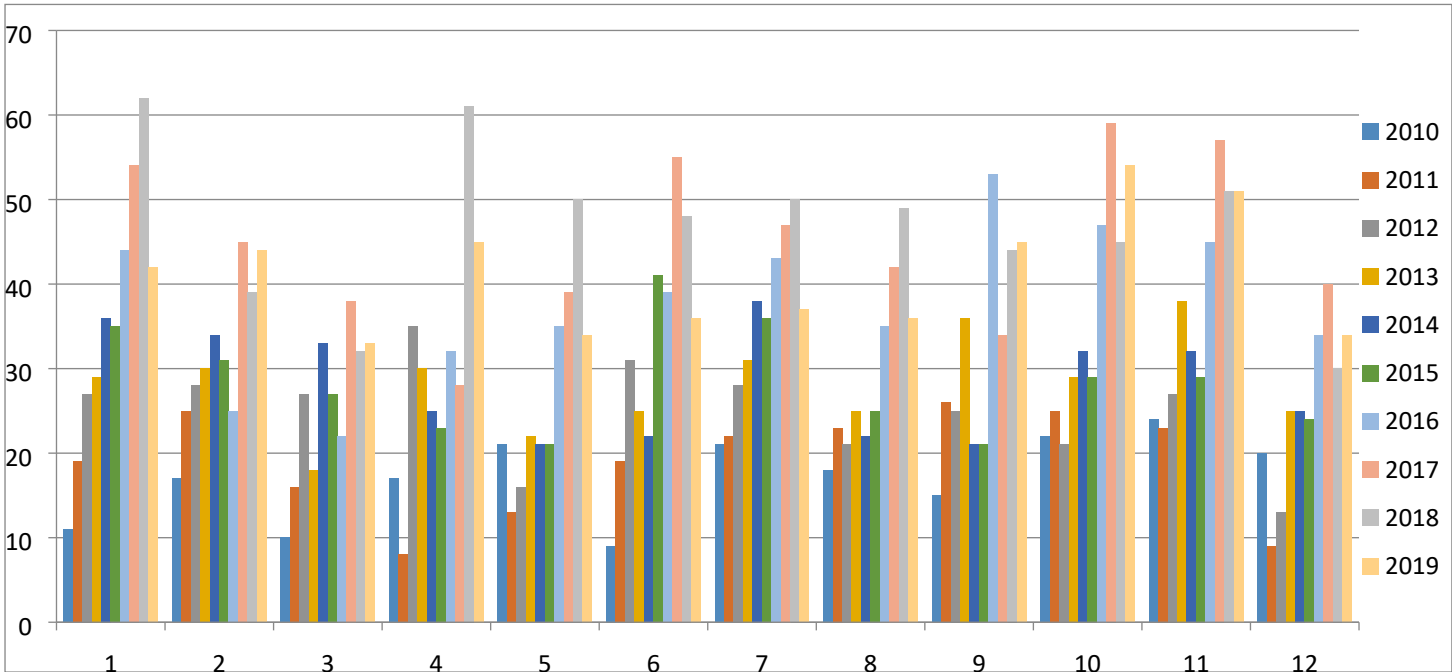
It is the Health Board's policy to respond to all Freedom of Information requests, regardless of their complexity, even where this may mean that the information is delayed. Where there is likely to be a delay in providing a response to requests, the Corporate Services Manager (Freedom of Information) 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.

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 below provides a month on month comparison of the number of requests received.

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



Recommendation

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

Supporting Assessment and Additional Information

**Risk Assessment
(including links to Risk Register)**

The Health Board has a legal responsibility to respond to Freedom of Information requests within 20 working days, as per the Freedom of Information Act 2000.

**Financial Assessment,
including Value for Money**

Not applicable.

Quality, Safety and Patient Experience Assessment

Not applicable.

Equality and Diversity Impact Assessment (including child impact assessment)	Not applicable.
Health and Care Standards	The completion of requests will assist the Health Board’s compliance with Health and Care Standard 1 governance.
Link to Integrated Medium Term Plan/ Corporate Objectives	As a legal requirement, this is included in the IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	As a legal requirement, this ensures compliance with the Act.
Glossary of New Terms	Not applicable.
Public Interest	Freedom of Information data is published and in the public domain.



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Information Governance Committee
13 February 2020
Agenda Item: 2.3

Information Governance Committee

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 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

The current number of patients with digitised records stands at over 352,171. 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. Since July 2019 over 3,500 deceased patients have had their records scanned which has reduced the requirement for storage of these records for the usual 8 year term as per the retention schedules.

Work on moving YYF to 100% paper-lite continues in preparation for the opening of GUH with 96% and 94% of emergency and elective patients with a digitised record.

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. There are now significant issues with the mental

health libraries within St Cadocs which need to be addressed as a matter of urgency to safeguard the records within them.

The service will also be supporting the pilot of national e-nursing documents when these go into pilot during February of this year. The pilot was originally scheduled for the end of September 2019 but this date has been delayed twice. 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 has also led on Telephony, Reception and Correspondence Working Groups across the Divisions to ensure compliance with the Welsh Language standards. Engagement continues with those areas that have not yet completed the required work.

A vast quantity of Gwent Healthcare corporate documentation has been transferred to Online House as an interim measure to release space on the LGH site.

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

Report Author: Cynthia Henderson, Head of Health Records/RBC

Report Received consideration and supported by :

Executive Team		Information Governance Committee	✓
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Date of the Report: 30/01/2020

Supplementary Papers Attached: none

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 current total is 352,171 patients with a digitised record. Supplementary scanning continues unabated and the desired 48 hour turnaround has now become a 120 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
1,244,332	28,954,334	2,816,215	45,799,462	74,753,796

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 3500 folders for patients deceased and this will reduce the storage requirements for our deceased patient cohort moving forward.

Assessment and Conclusion

YYF – Paperlite Progress:

96% of YYF outpatient clinics are now using the Orange Wallet process taking the paper-lite approach. YYF/NHH Emergency v Elective figures:

Emergency Admission digitised	Elective Admissions digitised
96% YYF	94% (PAC is still impacting on this figure)
67% NHH	72% NHH

Infected Blood Inquiry:

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. We have been advised that as this issue has not been raised as a cost pressure for the health boards at either the Directors or Deputy Directors of Finance meetings, this will not be taken forward via WG internal routes.

Mental Health Records:

The Health Records Service manages the archived mental health records on the St Cadocs site for all mental health service users. There is no capacity within the two main library areas to store notes and boxed storage has been used in the old 'Stores' areas for many years to allow for an overflow of records to be held. This area is now subject to continuous leaks and there is little or no maintenance of the roof to resolve the issue due to the significant cost of any replacement. Buckets are being used to contain the water leaking through and the service is looking to procure tarpaulin to try and protect the boxes of notes. Mental Health records have a retention period of 20 years post attendance but the Infected Blood Inquiry is not permitting us to do the annual cull of records that is required to try and manage the libraries.

Services are currently returning their records at 6 months post discharge. It is likely that this timescale will need to be revised to 9 months to 1 year to alleviate the storage pressures on the site. Permission has been given to utilise a ward area on the first floor however this area is not guaranteed secure and unauthorised entry by 'urban warriors' and film crews makes it less than ideal. Estates advise that the floor is not fully weight-bearing therefore we would need to ensure that boxes are stacked to a safe limit.





In order to provide some mitigation a Digitisation of Community and Mental Health Records Working Group has been established which will scope the requirements and undertake the discovery work required to develop a business case for digitisation. The next meeting is scheduled for the 11th March and further updates on progress will be provided to the IGC.

National Nursing e-docs:

Phase 1 pilot of the national nursing e-docs is scheduled for two weeks commencing 24th February 2020. Due to the absence of an interface between CWS and WPAS the admissions team will be working 24/7 to ensure that as the admissions are entered on CWS that this information is replicated within WPAS in order for the documentation to be generated. NWIS have agreed to pay for the additional costs that this will incur.

Welsh Language Standards:

The service has been leading on three work-streams – Patient Communications, Reception Services and Telephony. Significant progress has been made in all service areas and the suggestion is now that we are able to combine the three work-streams and provide support to the remaining areas within Divisions that have not yet made the transition.

Corporate Documentation:

An area within Grange House on LGH site has been cleared of all corporate records pertaining to the former Gwent Healthcare NHS Trust and Glan Hafren NHS Trust and relocated temporarily to Online House. Work has begun on cataloguing and sorting these records in order to have them evaluated by the Gwent Archives for historic value and as part of the requirement of the Public Records Act to lodge documents pertaining to previous (closed) organisations with the archives.

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 Health Board's mitigation against the risk posed by the archive library arrangements for mental health records and the support that is being provided to the National Nursing e-docs programme.

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

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	<p>Effective Care:</p> <ul style="list-style-type: none"> • 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 clinical 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	LGH – Llanfrechfa Grange Hospital site
Public Interest	In public interest.



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Information Governance Committee
13 February 2020
Agenda Item: 2.4

Information Governance Committee – Risk Report

Executive Summary

This report provides the IGC with an update of the corporate risks regarding information and ICT, 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 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

Information Governance Committee

✓

Date of the Report: 27/01/2020

Supplementary Papers Attached: None

MAIN REPORT:

Purpose of the Report
<p>This dashboard report provides the mandatory and legislative reporting requirements and provides assurance about the way in which the Health Board manages its information and ICT risks about patients and staff.</p> <p>The report follows the Corporate Risk Register format of “a risk to a page” and includes those risks identified on the Corporate Risk Register.</p>
Link to IMTP
<p>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. Management of the risk to achieve objectives is an integral part of the IMTP.</p>
Recommendation
<p>The IGC is requested to receive this report for assurance purposes.</p>

Risk Register as at end December 2019:

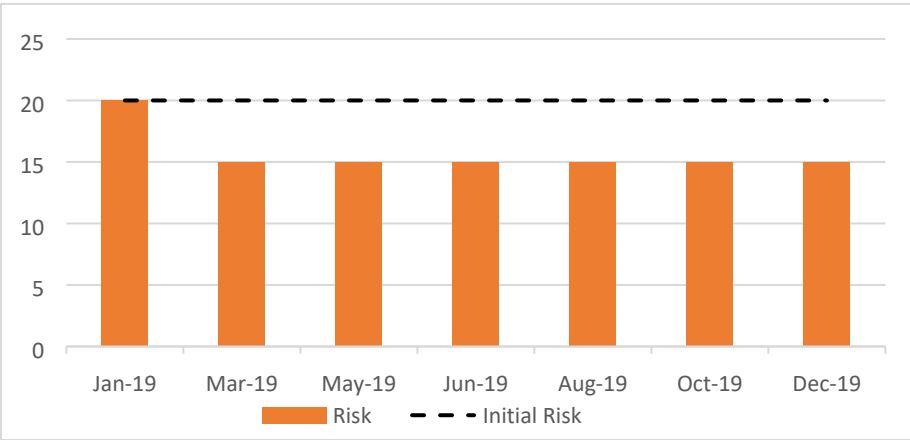

Corporate Risk Register Ref: CRR009	Director Lead: Director of Planning, Digital and IT	Date Opened: May 2019		
	Assuring Committee: Information Governance Committee	Date Last Reviewed: December 2019		
	Risk: Failure to implement Welsh Community Care Information System (WCCIS)	Target Risk Review Date: Monthly review undertaken		

Month	Risk	Initial Risk
Jan-19	10	10
Mar-19	10	10
May-19	10	10
Jun-19	20	10
Aug-19	20	10
Oct-19	20	10
Dec-19	20	10

	Consequence	Likelihood	Score
Initial Risk Rating	5	2	10
Current Risk Rating	5	4	20
Target Risk Score (Risk Appetite - Level Low Business Driver - Level Low)	Ultimate Target		Incremental Target
	5		15 – March 2020
Movement since last presented to Board in September 2019	Risk level remained unchanged 		

Controls in place	Action taken to mitigate the risk
<ul style="list-style-type: none"> Continued engagement with national WCCIS team and Leadership Board and Careworks. 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. 	<ul style="list-style-type: none"> 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. This undertaking is now 100% complete supported by formal sign off communication. ABUHB are awaiting published supplier release dates and national team plans to construct and agree a commercial correction plan

Assurances	Links to:
<ul style="list-style-type: none"> Internal Audit and Wales Audit Office Report National and Local Informatics and Programme Reports Internal gap analysis and assessment reports. 	Strategic Priorities in the IMTP This is an enabling risk in support of the delivery of all priorities of the IMTP.

Corporate Risk Register Ref: CRR044	Director Lead: Director of Planning, Digital and IT	Date Opened: December 2018		
	Assuring Committee: Information Governance Committee	Date Last Reviewed: January 2020		
	Risk: Malware or ransom ware attack compromising ICT systems	Target Risk Review Date: Monthly		
	Impact: Significant disruption to patient care. Potential loss of patient data.			
 <p>Jan-19 Mar-19 May-19 Jun-19 Aug-19 Oct-19 Dec-19</p> <p>Risk — — — Initial Risk</p>		Consequence	Likelihood	Score
	Initial Risk Rating	5	4	20
	Current Risk Rating	5	3	15
	Target Risk Score (Risk Appetite - Level Low Business Driver - Level Low)	Ultimate Target		Incremental Target
		5		10 – December 2020
	Movement since last presented to Board in September 2019	Risk remained unchanged 		
Controls in place	Action taken to mitigate the risk			
<ul style="list-style-type: none">• 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”.	<ul style="list-style-type: none">• ICT Cyber Team and dedicated Cyber Security Team recruited.• ABUHB implemented the Secure Incident and Event Management (SIEM) system. January 2020. <ul style="list-style-type: none">• The Cyber Team is developing its operating model within the department.• Corporate inductions now include a presentation from the Cyber Security Team to raise awareness• Phishing exercises are performed monthly and response rates and subsequent actions will be reported to Information Governance Committee (see separate Phishing Report)			
Assurances	Links to			
<ul style="list-style-type: none">• Internal Audit and Wales Audit Office Report• National and Local Informatics Reports• Internal gap analysis and assessment reports.	Strategic Priorities in the IMTP			
	This is an enabling risk in support of the delivery of all priorities of the IMTP.			

Corporate Risk Register Ref: CRR054	Director Lead: Director of Planning, Digital and IT	Date Opened: December 2018		
	Assuring Committee: Information Governance Committee	Date Last Reviewed: January 2020		
	Risk: Complete or partial loss (outages) of Health Board ICT systems, either those provided nationally by third parties or locally provided systems.	Target Risk Review Date: Monthly review undertaken		
	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.			


Month	Risk Level
Jan-19	20
Mar-19	15
May-19	15
Jun-19	15
Aug-19	15
Oct-19	15
Dec-19	15

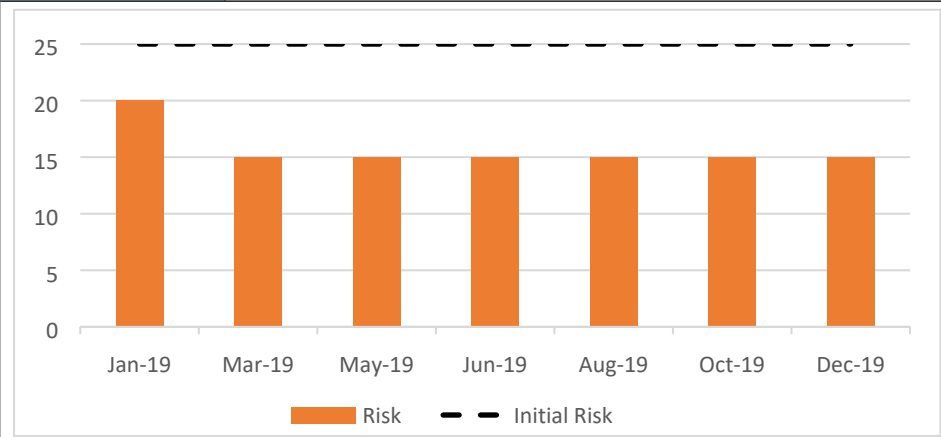
	Consequence	Likelihood	Score
Initial Risk Rating	5	5	25
Current Risk Rating	5	3	15
Target Risk Score (Risk Appetite - Level Low Business Driver - Level Low)	Ultimate Target		Incremental Target
	10		10 – December 2020
Movement since last presented to Board in September 2019	Risk remained unchanged 		

Controls in place	Action taken to mitigate the risk
<ul style="list-style-type: none"> • Work is continuing to determine an appropriate method to fail over for other applications. The team is working through these on an individual basis with the aim of having a complete schedule for the required systems. • CWS is being redesigned to be resilient to patching and allow for business continuity tests to be carried out without interrupting live service. • Implement relevant Capital schemes on the critical replacement programme. 	<ul style="list-style-type: none"> • The staff appointed continue to work on business continuity testing and developing a schedule for testing in partnership with the service leads, including collaborating with Emergency Planning Business Continuity lead in terms of business and clinical service continuity. • Due to variation in the architecture and availability of different systems, there are differing approaches for applications – there are now being streamlined. • Email and SharePoint platforms have regular testing underway as part of the monthly patching cycle. • Virtual machines failover testing successfully tested as planned in May 2019. • Agreed Capital Plan <p>January 2020.</p> <ul style="list-style-type: none"> • Internal Audit reviewed ICT business continuity capability and although the report is in draft, early indications are that reasonable assurance can be provided. • The final report is yet to be submitted to Audit Committee • This risk is to be re-categorised into its various component parts as “ABUHB – internal ICT outage” and “Third Party – external ICT outage” at various locations.

Assurances	Links to
<ul style="list-style-type: none"> Internal Audit and Wales Audit Office Report National and Local Informatics Reports Internal testing plans and assessment reports. 	Strategic Priorities in the IMTP This is an enabling risk in support of the delivery of all priorities of the IMTP.

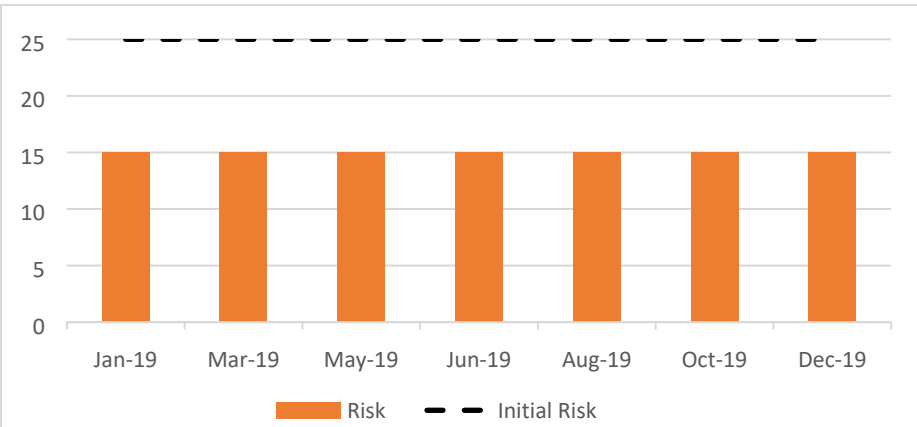

Corporate Risk Register Ref: CRR054 (a)	Director Lead: Director of Planning, Digital and IT	Date Opened: December 2019
	Assuring Committee: Information Governance Committee	Date Last Reviewed: January 2020
	Risk: Complete or partial loss (outages) of Health Board ICT systems (Threat: Failure of national data centre)	Target Risk Review Date: Monthly review undertaken
	Impact: This would have a significant impact on patient care.	

	Consequence	Likelihood	Score
Initial Risk Rating	5	5	25
Current Risk Rating	5	3	15
Target Risk Score (Risk Appetite - Level Low Business Driver - Level Low)	Ultimate Target		Incremental Target
	10		10 – December 2020
Movement	Risk remained unchanged 		

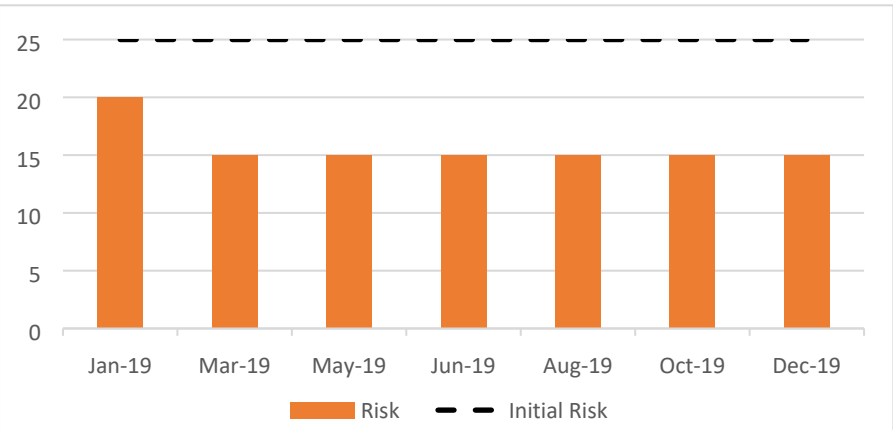



Controls in place	Action taken to mitigate the risk
<ul style="list-style-type: none"> Work is continuing to determine an appropriate method to fail over for other applications. The team is working through these on an individual basis with the aim of having a complete schedule for the required systems. 	<ul style="list-style-type: none"> The staff appointed continue to work on business continuity testing and developing a schedule for testing in partnership with the service leads, including collaborating with Emergency Planning Business Continuity lead in terms of business and clinical service continuity. Support provider in defining appropriate standards

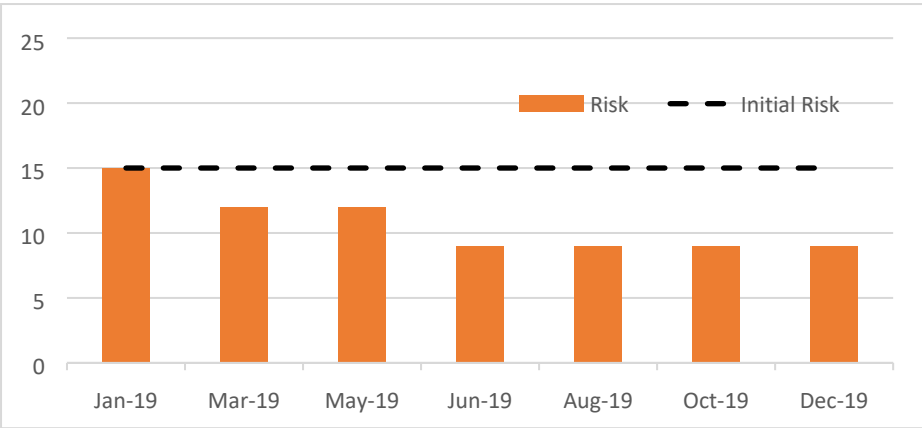

Assurances	Links to
<ul style="list-style-type: none"> Internal Audit and Wales Audit Office Report External testing plans and assessment reports 	Strategic Priorities in the IMTP This is an enabling risk in support of the delivery of all priorities of the IMTP.

Corporate Risk Register Ref: CRR054 (b)	Director Lead: Director of Planning, Digital and IT		Date Opened: December 2019			
	Assuring Committee: Information Governance Committee		Date Last Reviewed: January 2020			
	Risk: Complete or partial loss (outages) of Health Board ICT systems (Threat: Failure of local primary data centre)		Target Risk Review Date: Monthly review undertaken			
	Impact: This would have a significant impact on patient care.					
				Consequence	Likelihood	Score
			Initial Risk Rating	5	5	25
			Current Risk Rating	5	3	15
			Target Risk Score (Risk Appetite - Level Low Business Driver - Level Low)	Ultimate Target		Incremental Target
				10		10 – December 2020
			Movement since last presented to Board in September 2019	Risk remained unchanged 		
Controls in place			Action taken to mitigate the risk			
<ul style="list-style-type: none">• Work is continuing to determine an appropriate method to fail over for other applications. The team is working through these on an individual basis with the aim of having a complete schedule for the required systems.• CWS is being redesigned to be resilient to patching and allow for business continuity tests to be carried out without interrupting live service.• Implement relevant Capital schemes on the critical replacement programme.			<ul style="list-style-type: none">• The staff appointed continue to work on business continuity testing and developing a schedule for testing in partnership with the service leads, including collaborating with Emergency Planning Business Continuity lead in terms of business and clinical service continuity.• Due to variation in the architecture and availability of different systems, there are differing approaches for applications – there are now being streamlined.• Email and SharePoint platforms have regular testing underway as part of the monthly patching cycle.• Virtual machines failover testing successfully tested as planned in May 2019.• Agreed Capital Plan January 2020. <ul style="list-style-type: none">• Internal Audit reviewed ICT business continuity capability and although the report is in draft, early indications are that reasonable assurance can be provided.• The final report is yet to be submitted to Audit Committee• This risk is to be re-categorised into its various component parts as “ABUHB – internal ICT outage” and “Third Party – external ICT outage” at various locations.			
Assurances			Links to			

<ul style="list-style-type: none"> Internal Audit and Wales Audit Office Report National and Local Informatics Reports Internal testing plans and assessment reports. 	Strategic Priorities in the IMTP
	This is an enabling risk in support of the delivery of all priorities of the IMTP.

Corporate Risk Register Ref: CRR054 (c)	Director Lead: Director of Planning, Digital and IT	Date Opened: December 2018		
	Assuring Committee: Information Governance Committee	Date Last Reviewed: January 2020		
	Risk: Complete or partial loss (outages) of Health Board ICT systems (ABUHB – local outages) at District General or Community Hospital	Target Risk Review Date: Monthly review undertaken		
	Impact: This would have a significant impact on patient care.			
 <p>Jan-19 Mar-19 May-19 Jun-19 Aug-19 Oct-19 Dec-19</p> <p>■ Risk - - Initial Risk</p>		Consequence	Likelihood	Score
Initial Risk Rating		5	5	25
Current Risk Rating		5	3	15
Target Risk Score (Risk Appetite - Level Low Business Driver - Level Low)		Ultimate Target		Incremental Target
		10		10 – December 2020
Movement since last presented to Board in September 2019		Risk remained unchanged 		
Controls in place		Action taken to mitigate the risk		
<ul style="list-style-type: none"> Work is continuing to determine an appropriate method to fail over for other applications. The team is working through these on an individual basis with the aim of having a complete schedule for the required systems. CWS is being redesigned to be resilient to patching and allow for business continuity tests to be carried out without interrupting live service. Implement relevant Capital schemes on the critical replacement programme. 		<ul style="list-style-type: none"> The staff appointed continue to work on business continuity testing and developing a schedule for testing in partnership with the service leads, including collaborating with Emergency Planning Business Continuity lead in terms of business and clinical service continuity. Due to variation in the architecture and availability of different systems, there are differing approaches for applications – there are now being streamlined. Email and SharePoint platforms have regular testing underway as part of the monthly patching cycle. Virtual machines failover testing successfully tested as planned in May 2019. Agreed Capital Plan <p>January 2020.</p>		

	<ul style="list-style-type: none"> Internal Audit reviewed ICT business continuity capability and although the report is in draft, early indications are that reasonable assurance can be provided. The final report is yet to be submitted to Audit Committee This risk is to be re-categorised as "ABUHB – internal outage" and "Third Party – external outage"
Assurances	Links to
<ul style="list-style-type: none"> Internal Audit and Wales Audit Office Report National and Local Informatics Reports Internal testing plans and assessment reports. 	Strategic Priorities in the IMTP
	This is an enabling risk in support of the delivery of all priorities of the IMTP.

Corporate Risk Register Ref: CRR054 (d)	Director Lead: Director of Planning, Digital and IT	Date Opened: December 2018			
	Assuring Committee: Information Governance Committee	Date Last Reviewed: January 2020			
	Risk: Complete or partial loss (outages) of Health Board ICT systems (ABUHB – local outages) at resource centres and clinics	Target Risk Review Date: Monthly review undertaken			
	Impact: This would have an impact on patient care.				
			Consequence	Likelihood	Score
		Initial Risk Rating	3	5	15
		Current Risk Rating	3	3	9
Target Risk Score (Risk Appetite - Level Low Business Driver - Level Low)		Ultimate Target		Incremental Target	
		10		10 – December 2020	
Movement since last presented to Board in September 2019		Risk remained unchanged 			
Controls in place		Action taken to mitigate the risk			
<ul style="list-style-type: none">• Work is continuing to determine an appropriate method to fail over for other applications. The team is working through these on an individual basis with the aim of having a complete schedule for the required systems.• CWS is being redesigned to be resilient to patching and allow for business continuity tests to be carried out without interrupting live service.		<ul style="list-style-type: none">• The staff appointed continue to work on business continuity testing and developing a schedule for testing in partnership with the service leads, including collaborating with Emergency Planning Business Continuity lead in terms of business and clinical service continuity.• Due to variation in the architecture and availability of different systems, there are differing approaches for applications – there are now being streamlined.			

<ul style="list-style-type: none"> • Implement relevant Capital schemes on the critical replacement programme. 	<ul style="list-style-type: none"> • Email and SharePoint platforms have regular testing underway as part of the monthly patching cycle. • Virtual machines failover testing successfully tested as planned in May 2019. • Agreed Capital Plan <p>January 2020.</p> <ul style="list-style-type: none"> • Internal Audit reviewed ICT business continuity capability and although the report is in draft, early indications are that reasonable assurance can be provided. • The final report is yet to be submitted to Audit Committee • This risk is to be re-categorised as “ABUHB – internal outage” and “Third Party – external outage”
Assurances	Links to
<ul style="list-style-type: none"> • Internal Audit and Wales Audit Office Report • National and Local Informatics Reports • Internal testing plans and assessment reports. 	<p>Strategic Priorities in the IMTP</p> <p>This is an enabling risk in support of the delivery of all priorities of the IMTP.</p>

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Links to the Informatics and Corporate Risk Register in relation to compliance rates and incident reporting to the ICO.
Financial Assessment, including Value for Money	Financial and workforce plans identified within IGU and Health Records Services.
Quality, Safety and Patient Experience Assessment	Audits undertaken in conjunction with the Audit Committee (and Internal Audit) to ensure compliance with IG and legislative requirements to provide a security framework.
Equality and Diversity Impact Assessment (including child impact assessment)	All Information Governance policies and procedures have been impact assessed and do not discriminate against any patients within our service.
Health and Care Standards	<p>Standard 3.4 IG and ICT</p> <p>Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.</p> <p>Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.</p> <p>Standard 3.5 Record Keeping</p> <p>Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.</p> <p>Standard 4.2 Patient Information</p> <p>People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.</p>
Link to Integrated Medium Term Plan/Corporate Objectives	The report links to the IMTP priority areas for the IG.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term – The adopted approach is a long term investment to improve Health Board compliance and to improve the patient information available to staff and improve patient and public confidence in the Health Board services.
	Integration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales.
	Involvement – The IG Unit is public and patient facing and comments from service users and our patients are all

	evaluated used as opportunities to review processes and provide continuous improvement.
	Collaboration – Working with NHS Wales IG Managers Advisory Group provides a standardised and consistent IG approach across Wales.
	Prevention – The IG work provides compliance with legislation
Glossary of New Terms	None
Public Interest	Can be published in the public interest



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Information Governance Committee
13 February 2020
Agenda Item: 3.2

Information Governance Committee

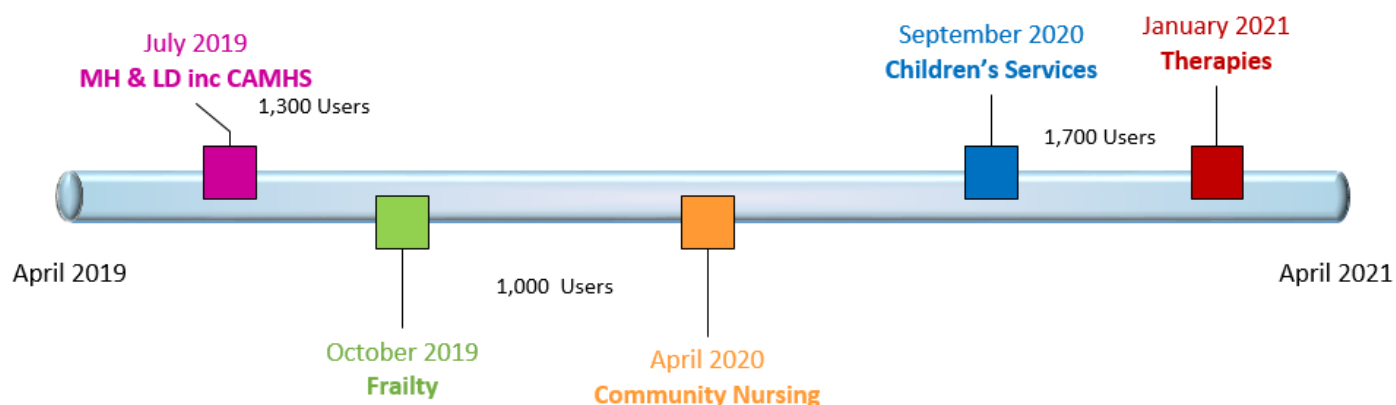
WCCIS – Welsh Community Care Information System

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.

Phase 1 of the WCCIS programme was due to go LIVE in July 2019 which involved an implementation across all Mental Health & Learning Disabilities (MH & LD) services. The full programme consists of five phases and the original plan was to implement as follows:



A delay notice was issued by the WCCIS supplier, CareWorks, in February 2019. The delay notification was based on issues with the supplier not being able to deliver the ABUHB required functionality, including critical integration items. The local programme board took the decision not to go LIVE with significantly reduced functionality and re-planning has been underway to ensure the implementation of WCCIS achieves the benefits outlined in the business case.

Local readiness work has continued, including the development of use cases for national integration and the confirmation of the latest software (version 5.2.15) and mobile application release content to enable ABUHB to re-plan their go LIVE.

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 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

Report Author: Janice Jenkins – WCCIS Programme Manager

Report Received consideration and supported by : Mike Ogonovsky & Lee Price

Executive Team		Information Governance Committee	✓
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Date of the Report: 3rd February 2020

Supplementary Papers Attached: None

MAIN REPORT:

Purpose of the Report

This report provides an update on progress since the delay notice was received in February 2020, including local readiness activities, the proposed approach to move towards a correction plan, an update on the contractual position caused by the delay and continued programme risks.

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. Local and Regional readiness activities have continued across Phases 1 to 3.

Assessment and Conclusion

Phase 1 of the WCCIS programme was due to go LIVE in July 2019 involving all Mental Health & Learning Disabilities (MH & LD) services. The full programme consists of five phases and the plan was to implement between 2019 and 2021.

Following a formal delay notice from CareWorks, issued in February 2019, the go LIVE for WCCIS Phase 1 did not take place as planned in July 2019. Since the delay notice was issued, the Programme Team have been working closely with the supplier to ensure readiness to achieve a correction plan.

Progress Update:

Readiness activities for Phases 1, 2 & 3 (MH&LD, Frailty & Community Nursing services) have continued, including:

- 700+ ipads distributed to MH&LD staff with handout sessions and training complete
- Local configuration for Phase 1 is complete including form/letter development, workflow and dashboard development
- Resource for development and testing of national MH&LD forms complete
- Testing of the data migration append solution which will allow ABUHB to append existing patient records from the current system, ePEX, to existing WCCIS records (to avoid multiple records/duplicate records being created when ABUHB goes LIVE)
- Data cleansing continues across Gwent to manage existing multiple records
- Resource provided to configure Phase 3 National District Nursing forms; all local form development complete
- Ward configuration being tested and DELL tablets issued to pilot the planned ways of working with WCCIS
- Phase 1 technical infrastructure requirements complete including wi-fi installation on MH wards, additional network requirements and PCs
- Network speed checks are currently being run across the Community nursing sites
- An Ipad pilot has commenced in a Reablement team (Phase 2) to inform an evaluation regarding integrated teams, the use of WCCIS in the Community and the use of devices within Social Care.

Following the delay notice and continued pressure from ABUHB on the national team and CareWorks to progress with integration development, it was agreed on 26th September 2019 that ABUHB will be the national WCCIS designated responsible Authority for final agreement and decisions on the scope and timing of the ABUHB go LIVE release (v5.2.15 & Integrate v1.4), including Integration use case sign off.

As part of these agreed working arrangements, ABUHB initiated a series of 'lock-in' events and workshops with key stakeholders across ABUHB, CareWorks and NWIS/National Team to complete the development of integration use cases and provide sign off. Clinical, programme and technical resource was made available throughout the period to enable functional and technical discussions to be had.

This work (41 use cases) completed on the 19th December 2019 and a series of SPRINT reviews have been held with the supplier to review developments. It has been confirmed that v5.2.15 will be released on 31st January 2020 and the Integrate app will be released on 14th February 2020. ABUHB are now working with the national team to update test

plans ahead of these releases being deployed into a test environment to enable national and local testing to the product to commence.

The integration delivery (links with several other national systems) will need to go through NWIS assurance processes including early adopter implementation, therefore, all integration will not go LIVE at the same time as the WCCIS planned go LIVE. The original business case and implementation plan was based on all of the integration already being available but this is not the case and ABUHB will work with NWIS to develop a delivery plan following a period of stable operations. This plan will allow a period of 4-6 weeks of stable system running before integration is phased in and clinicians are given the additional functionality including e-referrals from GPs and Hospital to Community e-referrals. An evaluation of the functionality will be carried out between ABUHB and NWIS before sign off is provided to allow an all Wales roll-out.

Commercial Update:

In November 2019, there was an acquisition of CareWorks Limited by Advanced. Advanced is the UK's third largest provider of business software and services with a portfolio covering finance, business management, HR, education as well as NHS, private healthcare and some aspects of social care. Before the acquisition, the national team issued CareWorks with a non-conformance notice, including details regarding the ABUHB delay. To address the non-conformance, a contract variation was developed and signed by CareWorks and Bridgend County Council (as holder of the MSA) to agree to the delivery of a functional roadmap – the first delivery being the ABUHB go LIVE release, v5.2.15.

ABUHB has engaged with the national team and NWIS commercial services for the appropriate support to manage the delay. ABUHB has also sought legal advice via Blake Morgan Solicitors and ABUHB procurement services on the delay to the WCCIS programme.

Plan Proposal:

A full correction plan has not yet been received from CareWorks but the WCCIS programme team have been looking to mitigate some of the impact of the significant delays to date, by scoping out options available to expedite implementation. A number of options were discussed with the local programme board in January 2020 and it was agreed to continue with more detailed work on the basis of a phased approach to implementation for Phase 1, and the potential to expedite community nursing also.

The programme team is proposing that the implementation approach for Phase 1 is changed and split into 2 tranches:

1. Inpatient and Residences (500 staff on current version)
2. Community Based Teams (900 staff on v5.2.15 & Integrate)

There is still some further detailed work to be done with CareWorks to understand the complexities of altering the data migration plan, but early discussions have been positive. The WCCIS team are working directly with the division over the coming weeks to work through any operational issues and risk mitigations.

This proposal would see the Wards (inpatients and residencies) going LIVE in August 2020 on the current version of software (v5.2.13.3), whilst national testing of v5.2.15 is carried out. The Community Based Teams would follow in October 2020 once national testing is complete and staff trained. The Ward go LIVE could potentially happen sooner than August but the service would need to accept the risk and the timescale between the phases going LIVE – the project team are suggesting a 3 month gap would be manageable having had early discussions with the service.

Some of the benefits to this approach are shown below:

Benefits:

- ✓ Ward staff will be trained significantly closer to their actual go LIVE date
- ✓ With fewer staff and locations to support per go LIVE, the level and focus of support that the project team can provide each area will much be much higher
- ✓ An earlier go LIVE with wards provides a unique opportunity for the project team to test out and adjust, if required, the approach to the delivery of: training, go LIVE support, system support and testing before replicating to other wards. These lessons can be applied when the larger roll out to community teams takes place
- ✓ The Health Board will start to realise some of the benefits of WCCIS sooner
- ✓ Although the service have been very understanding of the delays and the reasons for them, a go LIVE would allow us to build back some confidence that we know will have been diminished as a result of the delays
- ✓ Because ward based staff will already be trained and therefore training slots for these staff can be removed from the plan, the training window for community staff will be significantly reduced. This will mean that overall staff will be trained much closer to the go LIVE date
- ✓ There is a requirement for ABUHB to act as an Early Adopter site for a number of the integration items being delivered in 5.2.15. By the wards going LIVE early there may be an opportunity to begin early adopter phases sooner as they will be familiar with the system
- ✓ The majority of medical staff roles cover both community and inpatient, this provides an opportunity for them to become familiar with the system
- ✓ Planning Phase 1 in 2 tranches incrementally reduces the risk on ePEX still being used

A number of planning assumptions have been made to retain a Community go LIVE in the calendar year of 2020, these include:

- Ability to have dedicated training rooms for a 5 week period for intense training
- Service commitment to attend the training
- Staff to ensure they attend device handout sessions for those that haven't yet picked up a device

This approach to Phase 1 will also enable the programme team to support a small early adopter and implementation with District Nursing teams in 2020, ahead of Winter Pressures.

The proposal here is to again take a phased approach and implement team by team. This reduces the impact on training resource, support and go LIVE configuration, and will enable the team to be split to support LIVE service and implementation activities. Early discussions have been held with the Primary Care and Community division about two or three District Nursing teams going LIVE September / October 2020, followed by further rollout to remaining teams across February and March 2021.

There is an opportunity for implementation of single teams during November 2020 and January 2021 if the service have the appetite and the resources to do so. The Community Nursing implementation would also include Rapid Nursing which are all Health nursing teams within the Frailty service.

Future Phases (4 & 5) – Children’s Services & Therapies:

Due to the amount of time and resource that has been spent locally on ensuring the WCCIS is fit for purpose for Health staff across MH & LD and Community Nursing services, it is very difficult to put a timeline together for the completion of readiness for Phases 4 & 5.

Unfortunately, the level of work that has been undertaken on the 1st three phases will need to be undertaken for future phases. There are no other Health Boards in Wales looking at the suitability of the system across those services, for example:

- Has the Statement of Requirements been delivered for these services?
- What is the scope across inpatient services i.e. Therapy & Children’s nursing (Paeds)?
- How will WCCIS interact with WPAS?
- Are there data migration requirements?
- What integration is required (Notifications from Child Health, Growth Chart and Primary Care etc)?

The generic readiness plan for a phase is between 13 and 15 months but the Programme team would need to complete the implementation of phases 1 to 3 before detailed readiness can begin on later phases.

Continued programme risks:

Although significant progress has been made and confidence has increased on the delivery of functionality from CareWorks, there continue to be risks to the programme including:

- Detailed work and readiness has not been done on all services in scope to use WCCIS (i.e. Children’s & Therapy Services)
- NWIS have not confirmed the technical delivery of integration i.e. WPAS Notifications and WCRS View Documents where specifications have been agreed but NWIS have not committed to deliver
- National Plan has not been issued to enable informed future planning, national activity regarding form development, confirmed content and delivery of future releases including cut off dates for future enhancements
- Service management arrangements drafted but not yet piloted or implemented

- No confirmed national position on the longevity of v5, extended Microsoft support on the current version of Dynamics or any plans shared regarding the national move to v6

Recommendation

Following an update to the ABUHB Executive team on 3rd February, the following recommendations have been made:

1. Progress the proposed approach to implementation for Phases 1-3 (MH&LD, Frailty & Community Nursing) as described above
2. Note the further work that is required regarding the full definition and potential extended readiness for Phases 4 & 5 (Children's & Therapy Services)
3. Note the ongoing programme risks especially the national risks regarding future releases and v5 / v6

Supporting Assessment and Additional Information

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

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.
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



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NHS
WALES

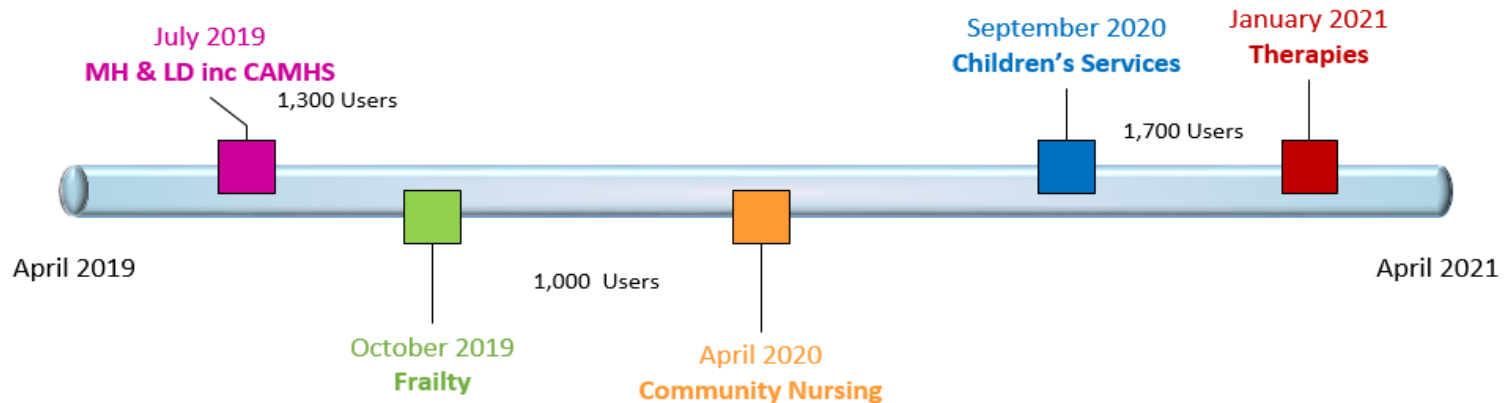
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Aneurin Bevan
University Health Board

WCCIS IGC Update

February 2020

Context / Background

- ABUHB Business Case approved (May 2017)
 - Significant local investment secured
 - Transformational Programme not an IT implementation
 - Includes mobilisation not just a desktop solution
 - Benefits driven
- Deployment Order (DO) with CareWorks (March 2018)
- Phased implementation plan across 5 phases over 3 years:



Where are we now?

- Delay Notice received February 2019
 - ABUHB required functionality & critical integration not ready
 - July 2019 go LIVE date not met
- ABUHB authority to agree scope of go LIVE release (v.5.2.15)
 - 41 integration use cases developed & signed off in 12 weeks
 - Scope for v5.2.15 & mobile app confirmed including enhancements, on behalf of Wales
 - SPRINT reviews scheduled
 - Delivery dates for release confirmed
- Local Readiness Continues
 - Mobilisation
 - Local Configuration
 - Development of national forms for phases 1 & 3
 - Data Migration testing
 - Technical infrastructure requirements i.e. wi-fi on wards
 - Benefits Strategy and plan developed; Baselineing commenced

Correction Plan

Proposed staggered plan for Phases 1 to 3:

Service	Go LIVE Date
MH&LD – Inpatients & Residences	August 2020
MH&LD Community Based Teams	October 2020
Community Nursing	September 2020 to March 2021

- ✓ **Advantages:** Training, support, early adopter, benefits realisation, confidence
- ✗ **Risks:** Further detailed work to be done with the service over coming weeks but positive response so far



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Risks & Challenges

- National Plan and Governance
 - Release plan – to support future phases
 - Duplicates / Multiple Records Management
 - Integration delivery plan – 2 escalated items outstanding with NWIS
 - V5 / v6 position
 - Service Management Arrangements
 - Forms Plan
- Detailed Work and Readiness not done on full scope of services, i.e. Children's and Therapy Services

Recommendations

Following an update to the ABUHB Executive team on 3rd February, the following recommendations have been made:

1. Progress the proposed approach to implementation for Phases 1-3 (MH&LD, Frailty & Community Nursing)
2. Note the further work that is required regarding the full definition and potential extended readiness for Phases 4 & 5 (Children's & Therapy Services)
3. Note the ongoing programme risks especially the national risks regarding future releases and v5 / v6



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University Health Board

Information Governance Committee
13 February 2020
Agenda Item: 3.3

Information Governance Committee

Office 365 National Strategy and Local Readiness Update

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.

NHS Wales has secured a deal for NHS Wales adoption of Office 365. The new deal started in July 2019 with Health Boards and Trusts funding the licence costs and a National Programme set up to manage and coordinate the implementation and business change. The Chief Executive Officer of the Welsh Ambulance Trust is the Senior Responsible Officer (SRO) and Chair of the National Programme Board.

The Board has taken some time to initiate and engage with Health Boards, with presentations now delivered to the Informatics Planning and Delivery Board (IPAD) and Chief Executives Peer Group in January 2020.

Directors of Finance have been engaged also with a "Masterclass" delivered in December 2019.

Locally, in readiness for Workforce and OD, Finance and Informatics have engaged to establish requirements in terms of technical deployment and business change objectives, driven by the appetite to deliver efficiencies in ways of working enabled by Office 365 and to offset some of the cost through realisation of organisational benefit.

Welsh Government has confirmed that technical adoption and benefits realisation will be funded in 2020/21 and beyond through the National Programme and to this effect the Informatics directorate prepared a briefing for Exec Team consideration on the 3rd February 2020 outlining the requirements and approach to be taken.

Whilst Office 365 is not recommended as a tool for direct clinical care, it has potential to create benefits to clinical teams in supporting and administrative contexts, and provides a platform to enable the Estates Strategy, Agile working and the Digital Strategy of the Health Board.

The more feature rich Office 365 product set presents an opportunity to leverage the platform and exploit the benefits of mobile working for NHS Wales and its partner organisations, through improved information sharing, in turn supporting organisational objectives.

Leveraging the capabilities of Office 365 requires, at the very minimum, a migration project to be undertaken to move all of the ABUHB users to the cloud platform. This in

itself will demand fixed term resources to coordinate and deliver. To truly take advantage of mobile working, and help the organisation deliver cultural change will require a dedicated programme to deliver a benefits driven approach across the health board, supporting departments and teams in deriving the maximum efficiency and benefit from mobile working and Office 365.

The Programme will be benefits and service driven with an SRO at Executive Director level, with Informatics taking a lead supplier role and focussing heavily on deployment and enabling change.

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

Report Author: Mike Ogonovsky ADI

Report Received consideration and supported by : Matt Mahoney Head of ICT

Executive Team		Information Governance Committee	✓
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Date of the Report: 5th February 2020

Supplementary Papers Attached: Office

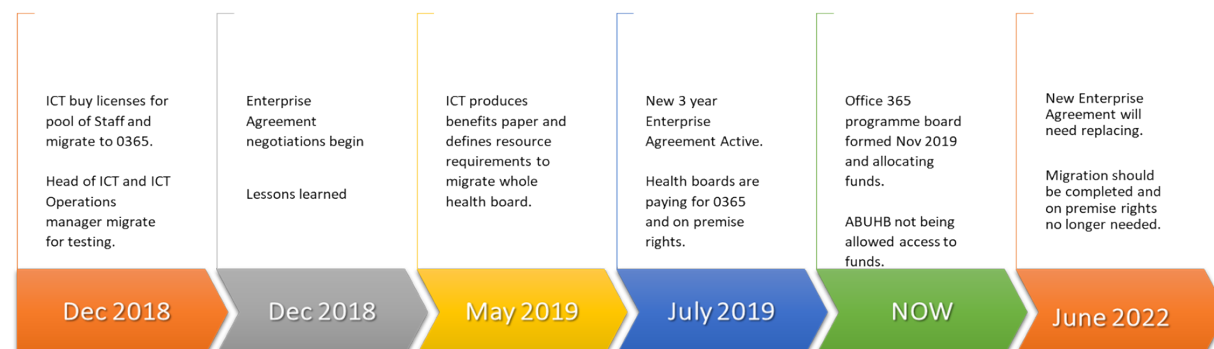
MAIN REPORT:

Purpose of the Report

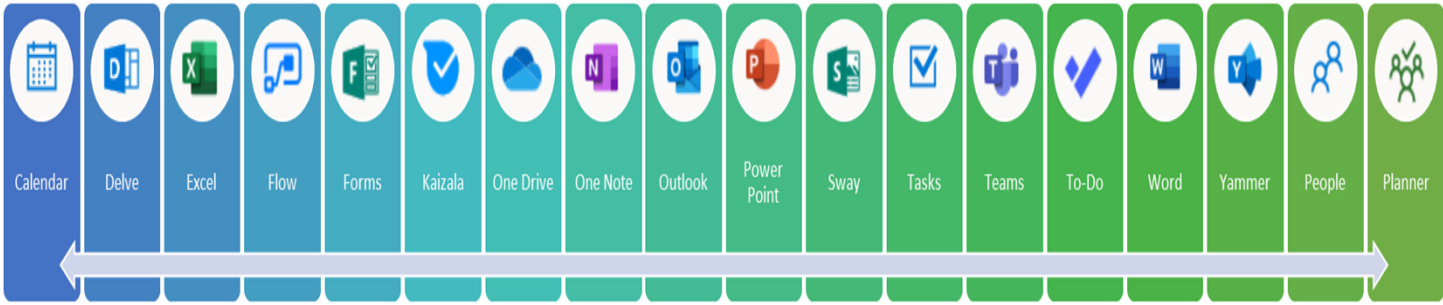
This report provides an update on progress in planning the deployment of Office 365 in Aneurin Bevan University Health Board.

Background and Context

Office 365 is a cloud based version of the Microsoft Office suite that is pervasively used across the public sector. The illustration below sets out the activity to date and where the high level plan is heading. Note that by June 2022 the on premise Office 365 instance should be retired in order to avoid incurring "double running" costs.



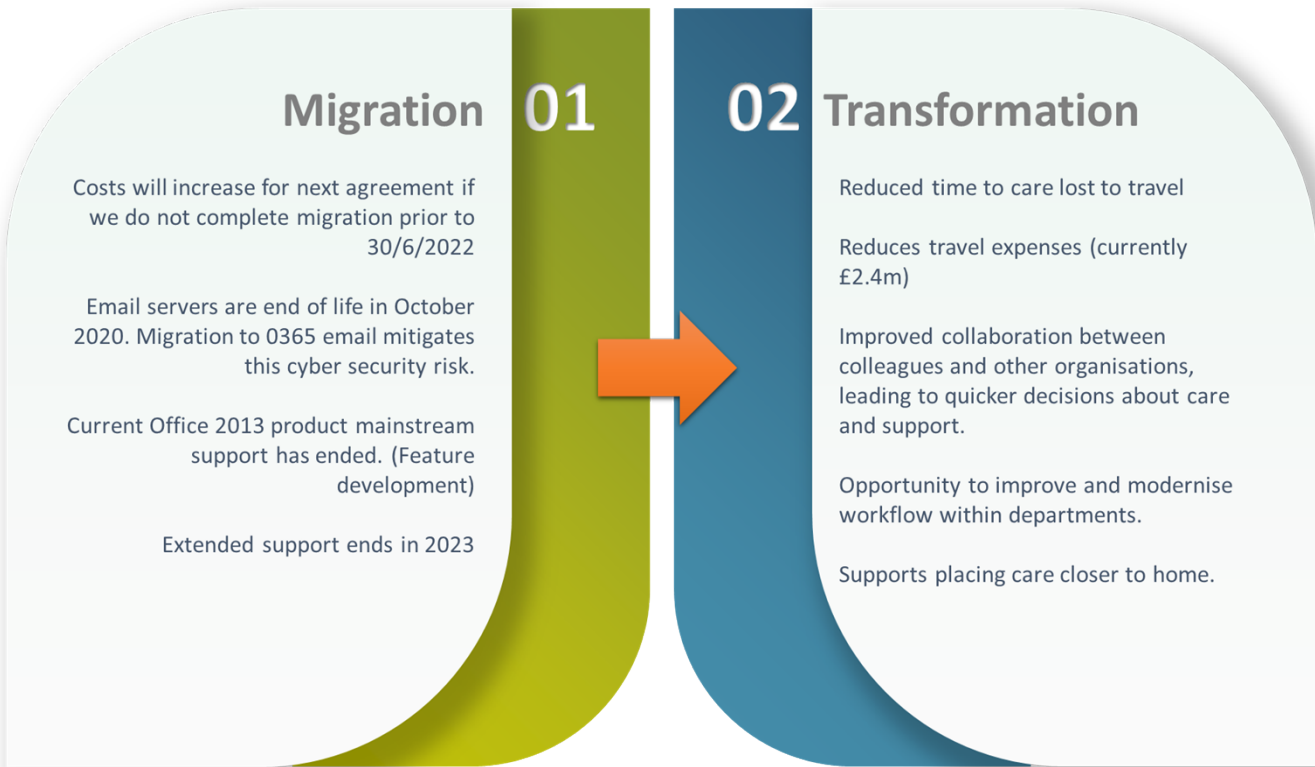
Office 365 provides a platform for greater efficiencies, provided of course the “business” embraces and owns the opportunity to change and enhance practices.



Assessment and Conclusion

Given the time constraints in planning and executing 14,000 users migration from the on premise Microsoft suite to Office 365 and delivering resultant changes to work practices by June 2022 the Executive Team have authorised the initiation of the programme ahead of formal funding agreement from WG via the National Programme.

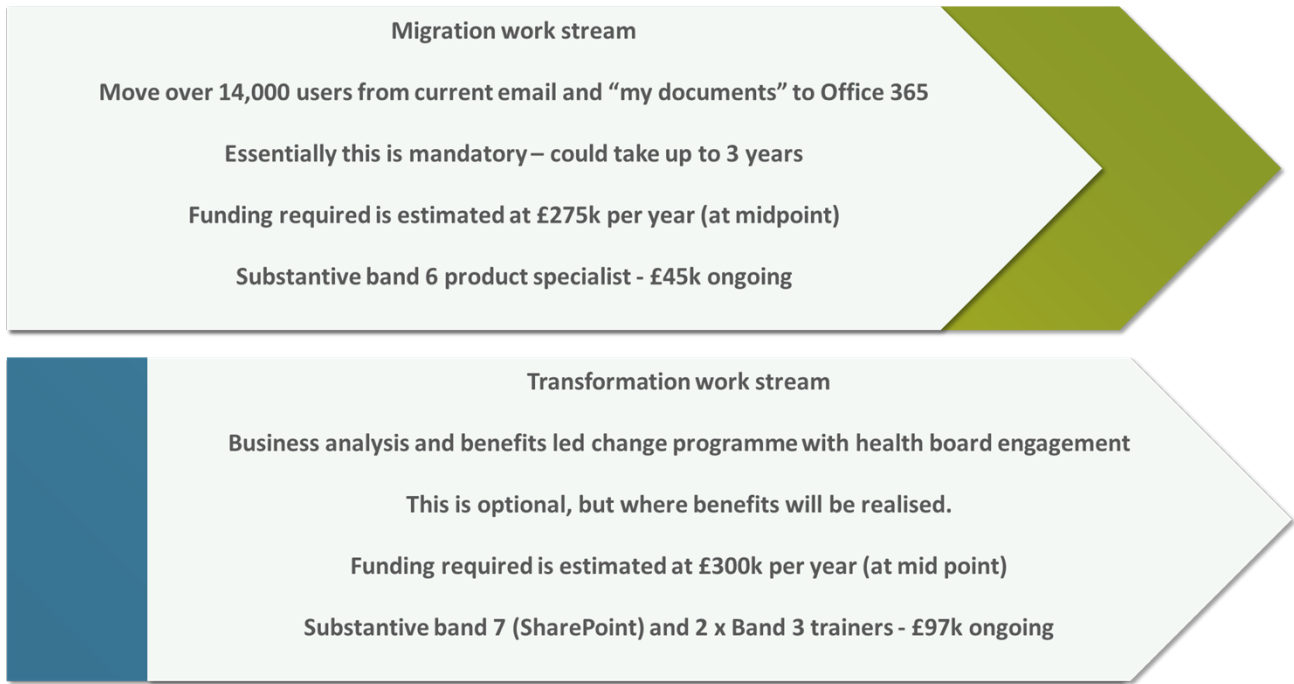
The illustration below sets out the approach to be taken including key benefit targets proposed for the programme.



With such a scale of investment and organisational transformation, it is imperative that there is governance and sponsorship from exec level. It is proposed that the Director of Finance is responsible for financial realisation of benefits and the Director of Workforce and OD be responsible for championing cultural change. The Executive Team is currently considering who is best placed to act as SRO.

The Programme costs are significant as to be expected in a programme of this scale and the funding strategy is to seek national programme support via a “Statement of Works” based on the ABUHB proposal which has been shared and emulated in a number of other Health Boards and Trusts across Wales.

The illustration below sets out the high level resource profiles that have now been agreed and are in the process of being actioned.



Following recruitment to the key posts the Programme Board will be established to set out and oversee the detailed plan and report to via the Transformation to Digital Board to Executives and Committee on progress risk management and benefit realisation.

Recommendation

The Information Governance Committee is asked to discuss appraise and endorse the approach to date and is asked to consider receiving quarterly updates on progress.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	High level risks have been articulated as part of the exec team briefing and T2D Board paper in Q3 2019. A full risk and issue log will be a standing agenda item at O365 Board.
Financial Assessment, including Value for Money	A National Business Case was supported by WG and a National Board has now been initiated. The Benefits and Transformation workstream is responsible for delivering return on investment.
Quality, Safety and Patient Experience Assessment	Although use of the suite for direct clinical care is out of scope risk assessment and quality criteria will be overseen by the ABUHB Clinical Informatics Council chaired by the CCIO.
Equality and Diversity Impact Assessment	The National Business Case included an Equality impact assessment.

(including child impact assessment)	
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 is reflected in the National Priorities, the ABUHB digital strategy and the draft IMTP submitted to Welsh Government.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term - A digitised framework will be provided within which Practitioners are able to interact with each other and corporate and back office efficiencies create opportunities to release resource to direct care provision. Mobilising the clinical workforce reduces travel burden including expenses, time lost to travel and reduced CO2 footprint.
	Integration – Computing infrastructure will be ubiquitous and information collected joined up and available at each level of the organisation through to population health.
	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.
Glossary of New Terms	None
Public Interest	No restriction

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Information Governance Committee held on Thursday 10 October 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:

- | | |
|-------------------|---|
| Nicola Prygodzicz | - Director of Planning, Digital and IT |
| Dr Mike Griffiths | - GP Representative and NCN Lead |
| Cynthia Henderson | - Head of Health Records |
| Richard Howells | - Head of Information Governance |
| Matthew Mahoney | - Head of ICT |
| Mr Robin Rice | - Consultant Orthopaedic Surgeon/Assistant Medical Director - Information |
| Rona Button | - Corporate Services Manager - Freedom of Information (Secretariat) |
| Janice Jenkins | - WCCIS Programme Manager |

Apologies:

- | | |
|----------------|---|
| Judith Paget | - Chief Executive |
| Mike Ogonovsky | - Assistant Director – Informatics |
| Lee Price | - Head of Strategic Informatics Programme |

IGC 1010/01 Welcome and Introductions

The Chair welcomed members, officers and guests to the meeting.

IGC 1010/02 Apologies for Absence

Apologies for absence were noted.

IGC 1010/03 Declarations of Interest

There were no Declarations of Interest to record.

IGC 1010/04 Information Governance Health Board Performance Report, including Outages Report

Richard Howells provided a report for the April 2019 to July 2019 period to update the Committee on compliance with the General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018.

The Committee discussed the complaint reported to the Information Commissioner's Office (ICO), as well as the steady increase in Subject Access Requests, which was indicated was as a direct result of GDPR, and the fact that requests are no longer chargeable.

It was confirmed that when a report is received of staff accessing their own, or relations' records, an investigation looks into the frequency of access and the number of records, in order to determine an appropriate outcome.

IGC 1010/05 Freedom of Information Act Report

Rona Button provided the Committee with a report on the period 1 April 2019 to 31 August 2019. 188 requests were received and compliance with the 20 working day response target stood at 89%. No complaints had been received from the Information Commissioner's Office during the reporting period.

An error in the total number of requests received (by source) was noted in the table within the paper, and this would be amended. **ACTION: Secretariat**

One request for a review was 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 subsequently provided to the requester.

IGC 1010/06 Freedom of Information Internal Audit Report

The Internal Audit Report was received by the Committee and thanks were extended to those involved in responding to Freedom of Information requests for their efforts in ensuring that a substantial assurance rating was achieved.

IGC 1010/07 Health Records Report

Cynthia Henderson updated the Committee on the work of the Health Records Team. It was reported that 331,818 patients now had a digitised record, and that work on moving Ysbyty Ystrad Fawr records to 100% paper-lite was continuing. The rollout of paper-lite records had also, at the request of some consultants, commenced in areas of the Royal Gwent and Nevill Hall Hospitals.

The Committee was advised that there were currently 10,000 "fat files" in the organisation, and it could take one person up to a week to sort and scan one file; however, progress was being made.

The Health Records Team was involved in a Task and Finish Group to review all records storage and provide an evaluation report at the beginning of next year. The Team had also worked to ensure compliance with the Welsh Standards. Phones were being answered bilingually, and staff were using bilingual out of office messages. Staff whose first language was Welsh had been assisting colleagues to comply.

A request for £5m to Welsh Government to assist with the work required, had been submitted in July, but the service had not heard whether or not they had been successful.

The Committee questioned when direct input would be available, rather than scanning, and it was recorded that, although there were no timeframes as yet, this was being looked into.

The Committee thanked the Health Records Team for the progress made.

IGC 1010/08 Risk Register including Corporate Risks

This item would be discussed as part of each relevant item within the register.

It was requested that national and local risks were separated. **ACTION: Richard Howells and Matt Mahoney**

IGC 1010/09 Report on Cyber Phishing Exercises carried out

Richard Howells provided the Committee with an overview of the phishing exercises which had been carried out in August and September 2019 as part of its risk mitigation and testing of resilience.

The August exercise was blocked by national firewalls which provided assurance that potential emails where the email address was not recognised, were not allowed into the NHS Wales network. For the second exercise, firewalls were lowered to allow the email to be received within the Health Board. 230 randomly selected Health Board staff received the exercise email on 3 September, and response was monitored until 10 September. 205 (89%) staff did not open the email; 25 (11%) staff did open the email, and of these, 11 (44%) clicked on the link. Future plans would include further random phishing exercises and targeted exercises. Communication of the results would be via the IG Bytes newsletter and the Divisions' IG Delivery Groups, highlighting the dangers, not just for Health Board work, but also threats to staff members' own person emails.

The Committee asked if there was a risk because of the lowering of the firewalls, and it was responded that these were only lowered for the time it took to send the email. The Committee also questioned how good practice was shared, and the response was that the Health Board had made a proactive decision to invest in cyber security which had made a difference, and the job descriptions written by the Team were being rolled out nationally, therefore the Health Board was already at the forefront of good practice.

It was agreed that this was an evidence base providing information on how to tackle future training. Nicola Prygodzicz advised that the Executive Team had attended a session on cyber security.

The Committee requested that the exercise should be run again to collect further data, and results should be brought back to the next meeting. **ACTION: Matt Mahoney**

IGC 1010/10 Revised Terms of Reference – for review

The Committee reviewed the Terms of Reference and requested that, in future, changes should be highlighted or tracked for ease of reference.

The Committee also questioned whether or not external scrutiny of committee business was required, or if that was the role of the Internal Audit Team and/or the Wales Audit Office. In addition, whether or not strategy should be included in the Terms of Reference. It was agreed that the Secretariat should speak to the Board Secretary for clarification. **ACTION: Secretariat/Board Secretary**

IGC 1010/11 Welsh Community Care Information System (WCCIS) – General Update and Opportunities and Challenges of Information Sharing

Janice Jenkins advised the Committee that on 26 September it had been agreed that to address the supplier's request that they have a single empowered point of contact, the Health Board would be the national WCCIS designated responsible authority for final agreement and decisions with the supplier on the scope and timing of the Health Board's go live release. This decision was supported by the supplier, the national programme director and the national SROs, and would end in November, when responsibility was handed back.

The Health Board would be providing direction on what was required regarding outputs, timeframes and dependencies, in respect of the go live release and enhanced mobile

application from the national team and co-opted NWIS resources, and these would be prioritised. Specifically, the Health Board was being empowered to:

- Manage the current case work package for integration, from functional and technical aspects through to authorised sign off.
- Manage all current disputed, outstanding or unknown status delivery items, including mobile application, that were required in order for the Health Board to go live.

In return, Careworks had committed to revisit and further develop the solution for national acceptance at a later date. The local team was now more confident in achieving the goal of a go live date, assuming that Careworks delivered as they had promised. The go live date included the first three phases of the project only, with two further phases to be added at a later date. It was reported that Careworks had increased their development resource to 20 Full Time Equivalent (FTE) staff members to enable the Health Board to go live with the project. The Committee questioned how soon these extra staff would be proficient to work effectively on the project. The Committee was also concerned about the lack of formality of this arrangement and requested to have sight of the correspondence regarding the empowerment. **ACTION: Janice Jenkins**

As part of the ongoing arrangements, the Health Board had initiated a four day session between 15 and 18 October with key stakeholders across the Health Board, Careworks, and NWIS and the national team to complete the development of integration-use cases. Following this, it was anticipated that Careworks would be in a position to provide an estimate of the development timescales. It was agreed that a briefing paper would be taken to the Regional Partnership Board (RPB) regarding the time limited piece of work, to explain the process. **ACTION: Nicola Prygodzicz**

The Committee noted that support for ePEX would continue throughout 2020, and that a bid had been submitted to recover all of the money spent this year on the project. The result of the bid was not known. The Committee agreed that the planned activities should continue, specifically regarding the empowerment, and also that no changes were required to the WCCIS risk on the Risk Register.

IGC 1010/12 National Digital Strategy including National Convergence – Update

Nicola Prygodzicz advised that a number of announcements

had been made at national level, including that NWIS would become a special Health Authority in its own right, and would no longer be hosted by Velindre NHS Trust. It was also reported that Andrew Griffiths, Director of NWIS, would be retiring and Helen Thomas would be covering his position until a replacement was appointed.

The national recommendations from the architecture review had been accepted and adopted, and the Health Board would be affected by three projects, which Channel 3 were currently scoping out:

- DoctorDoctor
- WCCIS and open architecture
- Whether or not CWS and WCP could be developed as open platforms

IGC10/10/13 Local Digital Strategy - Update

It was noted that the strategy had been approved by the Board at the July meeting, and it would now need to be launched across the organisation. A robust three year financial outlook would be developed, together with an understanding of the resource implications. Further work on embedding strategic planning into the digital case would be taking place. A team away day arranged for Monday, 14 October would be discussing how to strengthen ways of working to support the agenda.

IGC 1010/14 Draft Minutes of the IGC – 6 June 2019

The Minutes of the meeting held on 14 February 2019 were accepted as a true and accurate record.

IGC 1010/15 Action Log – 6 June 2019

It was noted that the actions had been completed. The Committee requested an update on the impact of the delay in the WCCIS go-live date once a new date was agreed.

ACTION: Mike Ogonovsky/Janice Jenkins

IGC 1010/16 Any Other Business

Mike Griffiths requested an update on the installation of new software for Primary Care, and Nicola Prygodzicz agreed to make enquiries. **ACTION: Nicola Prygodzicz**

IGC 1010/17 Items for Board Consideration

There were no items for Board consideration.

IGC 1010/18 Date of Next Meeting

Thursday 13 February 2020 at 9.30am in Conference Room 3, Headquarters, St Cadoc's Hospital, Caerleon.

DRAFT

Information Governance Committee Action Log – 10 October 2019

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

Previously Agreed Actions for monitoring until completed:

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

Agreed Actions – 10 October 2019

Action Reference	Action Description	Lead	Progress
IGC 1010/05	Freedom of Information Act Report Error in the number of requests to be amended.	Secretariat	Completed. Amendment made.
IGC 1010/08	Risk Register including Corporate Risks National and local risks to be separated and recorded as local or national.	Richard Howells/ Matt Mahoney	Completed. National and local risks being separated for future reporting.
IGC 1010/09	Report on Cyber Phishing Exercises carried out Exercise to be repeated to collect further data and brought to the next meeting	Matt Mahoney	Completed. Further exercise completed and results reported at the February 2020 meeting.
IGC 1010/10	Revised Terms of Reference – for review Clarification to be obtained on whether or not external scrutiny of committee business was required, and if strategy should be included in the Terms of Reference.	Secretariat/ Board Secretary	Completed. This would not need to be included in the Terms of Reference.
IGC 1010/11	Welsh Community Care Information System (WCCIS) – General Update and Opportunities and Challenges of Information Sharing A briefing paper on the empowered point of contact regarding the project would be taken to the Regional Partnership Board (RPB).	Nicola Prygodzicz	Although a briefing was not taken to the RPB, the work is now complete.
	The Committee requested sight of the agreement regarding the empowerment.	Janice Jenkins	Complete. This is not now required as the agreement has ended and the work completed.
	From Action Log of 6 June 2019 Update on the impact of the delay in	Mike Ogonovsky/	Ongoing, as a new go-live date has not been

Action Reference	Action Description	Lead	Progress
	the WCCIS go-live date to be provided once a new date has been agreed.	Janice Jenkins	agreed.
IGC 1010/16	Any Other Business Update on the installation of the new software for Primary Care to be provided.	Nicola Prygodzicz	Ongoing. The installation has been deferred to allow time for additional testing. All GP practices will receive 6 months' notice of migration.