

- 1 13:30 - DIG19/1 Chair's opening remarks
- 2 DIG19/2 Apologies
Dawn Sharp
- 3 DIG19/3 Declarations of Interest
- 4 13:30 - DIG19/4 Draft minutes of the previous meeting held on 9.5.19 and summary action plan
DIG19.4a Minutes IGIC 9.5.19 v.05 draft.docx
DIG19.4b Summary Action Log.doc
- 5 13:35 - DIG19/5 DIGC Terms of Reference - for information
Dr David Fearnley
Recommendation
The Committee is asked to note the revised terms of reference
DIG19.5a Revised DIGC ToR v2.0.docx
DIG19.5b DIG Committee ToR V2.0_DIGC 27.9.19.docx
- 7 Informatics
- 7.1 13:40 - DIG19/6a 2019/2020 Revised Informatics Operational Plan
Dr David Fearnley
Mr Dylan Williams in attendance
Recommendation:
The DIGC is asked to:-
1. note the inclusion of Financial information and additional unplanned revisions i.e. governance structure and WCCIS.
2. receive and approve the final revised operational plan.
DIG19.6ai 2019_2020 Revised Informatics Operational Plan cover sheet.docx
DIG19.6aia 2019 2020 Operational plan DRAFT v4.docx
- 7.1.2 13:45 - DIG19/6b Informatics Operational Plan 2019/20:Progress Monitoring Report
Dr David Fearnley
Mr Dylan Williams in attendance
Recommendation
The DIGC is asked to:-
1. receive the report and scrutinise its content to gain assurance on progress against the operational plan
2. note the financial implications highlighted
DIG19.6bi 2019 2020 QTR2 Rep QTR 1 AP Monitoring report cover sheet.docx
DIG19.6bii 2019.20 Qtr 2 rep Qtr 1 Annual Plan Progress Monitoring Report - June 2019 DRAFT v0 2.pdf
- 7.2 14:00 - DIG19/7 Informatics Quarter 2 Assurance Report
Dr David Fearnley
Mr Dylan Williams in attendance
Recommendation:
The DIGC is asked to:-
1. note compliance with legislative and regulatory responsibilities which relate to the Informatics Services and
2. to advise the service of any additional metrics required to improve assurance
DIG19.7 DIGC Assurance Report Informatics_Qtr 2.docx
- 7.3 14:20 - DIG19/8 2020/2021 DRAFT Informatics section 3 year forward plan
Dr David Fearnley
Mr Dylan Williams in attendance
Recommendation:
The DIGC is asked to:-
Review the draft plans and provide early comments to support further iterations and future approval
DIG19.8 2020_2021 DRAFT Informatics section 3 year forward plan.docx
- 7.4 14:35 - DIG19/9 Chair Assurance report : Digital Transformation Group
Dr David Fearnley
Mr Dylan Williams in attendance
Paper to follow
- 7.5 14:40 - DIG19/10 IT Change Management Policy

Dr David Fearnley
Mr Dylan Williams in attendance
Recommendation
The Committee is asked to ratify the IT Systems Change Management Policy

DIG19.10 IT Change Management Policy v2.docx

7.6 14:45 - DIG19/11 Welsh Audit Office 2014 & 2018 Clinical Coding Audit Management Response

Dr David Fearnley
Mr Dylan Williams in attendance
Recommendation:

The Digital information Governances Committee is asked to:-

- 1. Review the attached report, note progress to date and provide scrutiny as required*
- 2. Approve the report for submission to the audit committee or advise the service of any additional information evidence required to improve assurance.*

DIG19.11 2019_2020 Clinical Coding Audit response DIGC .docx

7.7 14:55 - DIG19/12 NWIS update - for information

The Committee is asked to note the report for information

DIG19.12a NWIS high level briefing coversheet.docx

DIG19.12b NWIS High Level Briefing - Aug 2019- BCU DIGC.docx

8 Information Governance

8.1 14:55 - DIG19/13 Information Governance annual report 2018/19

Mrs Justine Parry in attendance
Recommendation

The Committee is asked to receive and ratify the IG Annual Report 2018/19.

DIG19.13a Information Governance Annual Report coversheet.docx

DIG19.13b Information Governance Annual Report 2018-2019 v1.0 Final.pdf

8.2 15:10 - DIG19/14 Information Governance Quarterly Assurance report

Mrs Justine Parry in attendance
Recommendation

The Committee is asked to receive and ratify the IG KPI Quarter 1 report 2019/20

DIG19.14a Information Governance KPI Qtr 1 coversheet.docx

DIG19.14b Information Governance KPI Report Qtr 1 2019-20 Final v1.0.pdf

8.3 15:30 - DIG19/15 Chair Assurance report : Information Governance Group

Mrs Justine Parry in attendance
Recommendation

The Committee is asked to note the report

DIG19.15 IGG Chair's Assurance Report July_19_Final.docx

8.4 15:30 - DIG19/16 Caldicott – Principles into Practice

Mrs Justine Parry in attendance
Recommendation:

The Committee is asked to receive and ratify the Caldicott Outturn Report noting the actions set out in the attached plan to drive continuous improvement

DIG19.16a Caldicott Outturn Report 2019 coversheet.docx

DIG19.16b Caldicott Outturn Report 2019 v1.0 Final.pdf

11 15:40 - DIG19/17 Summary of InCommittee business to be reported in public

Recommendation

The Committee is asked to note the report

DIG19.17 InCommittee items reported in public.docx

12 15:40 - DIG19/18 Issues to inform the Chair's Assurance report

13 15:40 - DIG19/19 Date of next meeting 21.11.19

14 Exclusion of the Press and Public



Information Governance and Informatics Committee
Draft minutes of the meeting held on 9.5.19
in the Boardroom, Carlton Court, St Asaph

Present:

Mr John Cunliffe	Independent Member– Committee Chair
Ms Lucy Reid	Independent Member

In Attendance:

Ms Christine Couchman	BCUHB Programme Manager (WCCIS) (<i>part meeting</i>)
Mr Andrew Griffiths	Director of Informatics Services, NWIS (<i>part meeting</i>)
Mrs Wendy Hardman	Head of Information Governance (<i>part meeting</i>)
Mrs Grace Lewis-Parry	Board Secretary
Dr Melanie Maxwell	Caldicott Guardian
Dr Evan Moore	Executive Medical Director
Mrs Justine Parry	Assistant Director Information Governance and Assurance
Ms Tracey Williams	Head Of Informatics Performance & Improvement <i>for Chief Information Officer</i>
Ms Diane Davies	Corporate Governance Manager

Agenda Item Discussed	Action By
<p>IG19/14 Chair’s Opening Remarks</p> <p>The Chairman welcomed everyone to the meeting. He advised that Prof Jo Ryecroft Malone was no longer a member of the Committee as she had left Bangor University. It was understood that a replacement University nominated Independent Member would be appointed shortly to BCUHB.</p>	
<p>IG19/15 Apologies for Absence</p> <p>Apologies were received from Mr Dylan Williams and Cheryl Carlisle.</p>	
<p>IG19/16 Declarations of Interest</p> <p>None were received.</p>	
<p>IG19/17 Draft minutes of the previous meeting held on 14.2.19 and Summary Action Log</p> <p>The minutes were approved as an accurate record subject to the amendment of IG19/8.1 to read “<i>He alluded to workforce challenges, although these were shared by other Health Boards</i>”</p> <p>No matters arising were raised.</p> <p>Updates were noted to the summary action log.</p> <p>The Committee continued to raise their concerns with the quality of some of the</p>	<p>DD</p> <p>Officers in</p>

documentation submitted.	attendance
<p>IG19/18 NHS Wales Informatics Service (NWIS) update</p> <p>IG19/18.1 The Director of Informatics Services, NWIS provided a verbal update. He reported on progress with NWIS developments and plans including: Digital Patient Services, GP record transfers, ED system, WCCIS, National Data depository, Pharmacy Stock Control / E-Prescribing and taking care of day to day operational business.</p> <p>IG19/18.2 Discussion ensued in which the Committee raised a number of concerns in relation to the developments outlined. The Committee questioned how many North Wales GP practices were involved in the digital patient record pilot, as well as the volume of patients utilising the My Health online service which the Director of Informatics Services, NWIS undertook to provide following the meeting. In addition, the Committee raised their concern in respect of the disconnect that was apparent at times between national and local discussions, emphasising that delays in making decisions were impacting on developing efficient primary and community care patient records and greater focus and pace was also required to address secondary care digital patient records. The Head of Informatics Performance & Improvement highlighted local business continuity concerns and advised that BCU were mindful of feeding into emerging national solutions. Whilst primary care record developments was welcomed by all, the Head of Informatics Performance and Improvement also highlighted perceptions that secondary care 'digital' records were considered to be significantly less developed than primary care ones, urging for more work in this area.</p> <p>IG19/18.3 The Committee expressed their concern on the perception that the length of national IT solution development time in comparison to other external organisations was too long and protracted. The outcomes of the Public Accounts Committee report, discussed at an earlier Committee, were highlighted. In the discussion which followed the complexities of the developments were acknowledged as was the underpinning requirement to improve safety, quality, engagement and communication through the commitment to develop a digital patient record solution. The Committee emphasised the need for pace to sustain transformation and underpin strategic plans for the Health Board and the need for local support to prioritise requirements and deliver 'first class solutions'. Considerable debate ensued in respect of the development of digital patient record systems including patient choice, variety of systems at GP surgeries, local needs, pace of development and supplier type behaviour. The Director of Informatics Services, NWIS was keen to emphasise NWIS' commitment to support Health Boards with their local needs.</p> <p>IG19/18.4 In discussion about E-Prescribing, the Committee questioned the time taken to develop the system and advised that BCU was in the process of procuring a pharmacy system. The Director of Informatics Services, NWIS agreed to explore this further.</p> <p>IG19/18.5 The Committee Chair questioned how BCU's priorities and objectives were considered during national procurement processes. The Board Secretary reminded that BCU's digital strategy development needed to include input from NWIS. The Committee provided examples of operational frustration and issues due to national system and project delays, especially in respect of WCCIS and LIMS systems.</p>	AG

<p>IG19/20.2 The Committee was pleased to note the positive verbal update on clinical coding provided by the Executive Medical Director. It was recognised that BCU’s Audit Committee tracked progress in respect of the Wales Audit Office recommendations</p> <p>IG19/20.3 Discussion ensued on the level of national system failures that had impacted on clinical services as well as malware related events. The NWIS Director undertook to provide further detail on planned downtime to provide further context. He also provided an update on 2 major incidents which had occurred, assuring that improvement plans had been put in place to address them.</p> <p>IG19/20.4 The Committee was concerned to note potential risk relating to various versions of different operating systems which needed to be maintained in order to support other IT systems, albeit appreciating the potential cost implication.</p> <p>IG19/20.5 The Board Secretary requested that future reports include a Health Records section to include detail on health record digitalisation, operational issues and progress on the Digital Health Record outline business case. A statement was required to clarify that management of health records performance in line with the Data Protection Legislation was included within the IG assurance report for completeness. In addition, information needed to be provided on the number of BCU systems, including ownership, as well as training needs analysis.</p> <p>It was resolved that the Committee noted the report agreed additional measures to be included in future reports.</p>	<p>AG</p> <p>TW</p>
<p>IG19/21 Welsh Community Care Information System (WCCIS) status report</p> <p><i>The BCUHB WCCIS Programme Manager joined the meeting for this item</i></p> <p>IG19/21.1 The BCUHB WCCIS Programme Manager introduced the paper which set out the current position, costs to date and background to enable the Committee to review performance and delivery of the roll out of this core National IT system. She pointed to concerns and challenges highlighted within the report which had led to significant programme delays.</p> <p>IG19/21.2 The Committee Chair voiced his continuing concern regarding continuance of this national programme which BCU had been the first Health Board to sign up to. The WCCIS Programme Manager explained the 2 phase approach being proposed to move forward the programme along with her concerns. The NWIS Director shared the national commitment and deployment order positions. Discussion ensued on commitment, data migration, expenditure, product capability and commercial matters.</p> <p>IG19/21.3 The Committee requested that the BCUHB WCCIS Programme Manager draft a letter for the consideration of the Committee chair outlining the concerns raised. The Board Secretary emphasised how the lack of progress on this programme had impacted on BCUHB. She reported that the Ynys Môn pilot would enable a gateway review to take place, following which a decision on whether or not to continue could be considered.</p> <p>It was resolved that the Committee</p>	<p>CC</p>

<p>agreed that the NWIS Director would liaise with the BCUHB WCCIS Programme Manager to provide support</p> <p>agreed a timeline be included</p> <p>agreed that an update would be provided within 6 weeks of the 'go live' date to the Committee Chair</p>	<p>AG</p> <p>CC</p> <p>CC/DW</p>
<p>IG19/22 Single Cancer Pathway and Eye Care Measure Data Compliance Notice</p> <p>The Head of Informatics Performance & Improvement briefly highlighted requirements to comply with data change control notices relating to Single Cancer Pathway and Eye Care Measures. She explained workarounds being implemented in order to provide compliance with the measures provision required until version 19.2 of WPAS could be implemented in all sites. The report highlighted a resource requirement for cancer services which was being pursued by the service separately. Following discussions, it was agreed any updates and information of further change control notices issued would be included within future quarterly assurance reports. It was noted that the risks were being managed and a timeline was in place.</p> <p>It was resolved that the Committee noted the approach to meeting data compliances as:</p> <p>Eye care measure</p> <ul style="list-style-type: none"> • The service will move to booking in line with the ECM pathway requirements when Welsh Patient Administration System (WPAS) v19.2 is made available in the Centre and East areas in July and August 2019, avoiding the use of an interim PTL solution. • Service leads and Information are working together to develop a PTL solution for the West area until the implementation of WPAS. <p>Single Cancer Pathway</p> <ul style="list-style-type: none"> • The information team are working with Cancer Services to develop a robust SharePoint solution that supports compliance until the implementation of Tracker 7 in September for East and Central. It will be used in West until WPAS is implemented. • Cancer Services have requested additional staff resources to track the additional patient pathways and collect the necessary data to support the management and reporting of the single cancer pathway. 	<p>TW</p>
<p>IG19/23 IT change management policy</p> <p>IG19/23.1 The Head of Informatics Performance & Improvement advised that the policy had been developed to support 200 plus system owners within the organisation whom were not within the IT Department to provide a framework for change management and mitigation of risk. The Executive Medical Director stated that the Executive Team recognised this need.</p> <p>IG19/23.2 Whilst the Committee was supportive of the development, a number of issues were pointed out within the document. These included typographical errors and the need to strengthen monitoring, escalation and training arrangements. The Board Secretary advised that significant more work was required which included further consultation, cross referencing against other BCU policies and impact assessments. She clarified that the Committee was not responsible for the implementation of the policy as indicated within the document.</p>	

<p>It was resolved that the Committee Provide comments directly to support revision and that the draft is amended in line with discussion held. The policy would then be represented to the committee for approval at its next meeting</p>	<p>TW TW</p>
<p>IG19/24 BCUHB Digital Strategy Development Update</p> <p>IG19/24.1 The Head of Informatics Performance & Improvement advised that the draft was being reviewed and updated. The delay in publication of a “final” version for review was due to national work in the process of being developed e.g. architecture review, and it was BCU’s Chief Information Officer’s intention to ensure alignment.</p> <p>IG19/24.2 The Committee questioned whether BCU could develop a BCU strategy which would be reviewed and amended as national developments emerged. The Committee also raised concern with the potential length of delay indicated. The Head of Informatics Performance & Improvement agreed to discuss the issue with BCU’s Chief Information Officer and provide clarity on the timeline for presentation to the Health Board and preceding Committee scrutiny.</p> <p>It was resolved that the Committee noted the verbal update</p>	<p>TW</p>
<p>IG19/25 Information Governance Policy</p> <p>IG19/25.1 The Head of Information Governance joined for this item. It was noted that the strategic aims and purpose of the revised strategy was to describe the governance arrangements to deliver Information Governance and assurance within BCUHB and set out the overall principles to promote a culture of best practice around the processing of information and the use of information and systems. She highlighted the introduction of a more robust IG Assurance tool, IG training and audit work undertaken the previous year.</p> <p>IG19/25.2 The Committee requested that</p> <ul style="list-style-type: none"> • more clarity could be provided in respect of strategy/plan (2.1) ; • more generic reference be provided in section (4.2) ; • clarity be provided regarding the delegation/appointment of the Senior Information Risk Officer (6.2); • positive impacts be highlighted in respect of (10.1) – as opposed to negative; • amend reference from ‘will’ to ‘can’ re cysgair and cysyllt (10.2); • amend to reflect less specificity (10.4) <p>It was resolved that the Committee ratified the IG Strategy subject to the amendments agreed</p> <p><i>The NWIS Director left the meeting</i></p>	<p>WH</p>
<p>IG19/26 Chair Assurance report – Information Governance Group</p> <p>The Caldicott Guardian presented this item. The Committee questioned lessons learnt from IG incidents within the report as well as access to records. In the update provided by the Assistant Director Information Governance and Assurance it was agreed that the</p>	

<p>Committee would be advised of progress in respect of the information data breach in due course. The Caldicott Guardian also highlighted developing work within clinical audit in respect of the importance of good record keeping.</p> <p>It was resolved that the Committee noted the report</p>	JP
<p>IG19/27 Review of Corporate Risks Assigned to the Information Governance and Informatics Committee</p> <p>IG19/27.1 It was noted that the Committee considered, in November 2018, that corporate risk CRR10 Informatics was too nebulous, covering many strands of service delivery and limited the ability of the Health Board to focus on and address key issues. Following further discussion of the Committee, it was recommended that the risk be disaggregated into three key components i.e. National Infrastructure and Products, Health Records and Infrastructure capacity, resource and demand</p> <p>IG19/27.2 The Committee considered the risks and provided the following comments:</p> <p>CRR10a National Infrastructure and Products</p> <ul style="list-style-type: none"> • Amend 'date opened' to appropriate date • Increase initial risk likelihood risk rating to 5 • Amend wording line 2 – 'as' planned to read 'when' planned • Amend assurances line 1 to 'Public Accounts Committee' • Agreed scoring with exception of initial risk likelihood as above <p>CRR10b Informatics – Health Records</p> <ul style="list-style-type: none"> • Amend Risk title to read 'Acute' Health Records • Amend typo in third sentence 'could' • Agreed scoring <p>CRR10c Informatics – Infrastructure capacity, resource and demand</p> <ul style="list-style-type: none"> • Amend 'date opened' to appropriate date • Amend controls in place item 1) to read 'approved plans for 2019' and update item 4) • Agreed scoring <p>It was resolved that the Committee agreed amendments to the risks as noted</p>	EM/TW
<p>IG19/28 Draft Committee annual report 2018/19</p> <p>IG19/28.1 The Committee reviewed the draft Committee annual report. A discussion on membership and attendance ensued.</p> <p>IG19/28.2 In addition, it was agreed that</p> <ul style="list-style-type: none"> • amend the "overall RAG status against the Committee's annual objectives" to 'Amber' • amend the "Positive assurance RAG status in respect of overseeing the development of BCU's strategies and plans".... to 'Amber' • amend the Cycle of Business to include NWIS Director item (supported by written 	

<p>report) to each meeting</p> <ul style="list-style-type: none"> • amend Terms of Reference, following agreement of Audit Committee, to Committee title as “Digital and Information Governance Committee (DIGC)” <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • reviewed the draft Committee Annual Report 2018-19 • agreed amendments • reviewed Terms of Reference • reviewed and approved the amended Cycle of Business 2019/20 • approved that Chair’s Action be taken to agree the final version for submission to Audit Committee 	DD
<p>IG19/29 Issues of Significance to Inform the Chair’s Assurance Report</p> <p>To be agreed outside of the meeting.</p>	
<p>IG19/30 Summary of InCommittee business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>IG19/31 Date of next meeting</p> <p>9.30am on 15.8.19 in the Boardroom, Carlton Court</p>	
<p>Resolution to Exclude the Press and Public</p> <p>That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.”</p>	

BCUHB Digital and Information Governance Committee Summary Action Log – arising from meetings held in public				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
13.11.18				
Justine Parry	IG18/12 Information Governance Policies <ul style="list-style-type: none"> Information Security Policy – a new policy to replace the Health Board’s IG05 IM&T Security Policy. The Assistant Director Information Governance and Assurance agreed to address the queries raised in respect of encryption (5.2) and concern regarding email storage in records management (5.5) 	4.2.19 5.5.19	This is an issue which require involvement of NWIS due to national policy and will be raised at the next national IG management advisory group to be held on 6.3.19 Response circulated to members 9.5.19 via email 14.12.19 The Committee were informed that a senior representative of NWIS would be attending the May meeting of the Committee. It was agreed this should be an annual invitation. NWIS Director confirmed at 9.5.19 meeting his attendance at future meetings	Items to be closed
14.2.19				
Justine Parry	IG19/10.2 Information Governance KPI Summary Revise full KPI report to work towards submitting in public session from Q1 onwards	August	Agenda item	Action to be closed
9.5.19				
Diane Davies	IG19/17 Previous minutes Amend as discussed	19.7.19	Completed	Action to be closed
Officers in attendance	IG19/17 IGIC papers Make arrangements to ensure papers are quality assured and coversheets	19.7.19	Noted	Action to be closed

	are completed in full.			
Andrew Griffiths	IG19/18 NWIS update <ul style="list-style-type: none"> • Provide detail of North Wales utilisation of My Health online • Arrange to attend future IGIC meetings and provide written supporting document 10 days prior to meeting 	19.7.19	Information provided in NWIS briefing agenda item Completed	Actions to be closed
Andrew Griffiths	IG19/20 Informatics Quarterly assurance report Provide detail of planned downtime in respect of national downtime affecting BCU usage	19.7.19	Information provided in NWIS briefing agenda item	Action to be closed
Andrew Griffiths	WCCIS Liaise with BCU WCCIS Project Manager to provide support	19.7.19		
Tracy Williams	IG19/19 IOP 2018/19 End of Year plan In future reports include: <ul style="list-style-type: none"> • Summaries of work not delivered • Provide greater detail on timelines re performance delivery expectation • Include Tier 1 risks and mitigation detail 	May 2020	The end of year report 2019/2020 will be produced in May/June 2020.	Action to be closed
Tracy Williams	IG19/20 Informatics Quarterly assurance report Arrange for future reports to include a Health Records section to include detail on digital record digitalisation, operational issues and progress and also progress on the Digital Health Record outline business case. A	19.7.19	To be included within Qtr2 assurance report	Action to be closed

	statement was required to clarify that management of health records performance in line with the Data Protection Legislation was included within the IG assurance report for completeness. In addition, information needed to be provided on the number of BCU systems, including ownership, as well as training needs analysis.			
Christine Couchman	IG19/21 WCCIS <ul style="list-style-type: none"> The Committee requested that the BCUHB WCCIS Programme Manager draft a letter for the consideration of the Committee outlining the concerns raised. agreed a timeline be included agreed that an update would be provided within 6 weeks of the 'go live' date to the Committee Chair 	19.7.19	<ul style="list-style-type: none"> Draft letter sent to John Cunliffe for consideration Timeline to be updated following commercial discussions Emails sent to John Cunliffe to update on delayed commercial discussions and delays to agreement on the functional roadmap 	Action to be closed
Tracy Williams	IG19/22 Single Cancer Pathway / Eye Care Measure data compliance Provide updates within the quarterly assurance reports going forward.	19.7.19	The requirement was to include Data Change Control Notices / compliance with them in the quarterly assurance reports going forward. When these are received these will be reported.	Action to be closed
Tracy Williams	IG19/23 IT change management policy <i>Arrange to address:</i> <ul style="list-style-type: none"> typographical errors and the need to strengthen monitoring, escalation and training arrangements. Further consultation, cross referencing against other BCU policies and impact assessments. Clarification that the Committee was not responsible for the implementation 	19.7.19	Agenda item 27.9.19	Action to be closed

	<p>of the policy as indicated within the document.</p> <ul style="list-style-type: none"> • Provide revised version to next meeting 			
Tracy Williams	<p>IG19/ 24 Digital Strategy development update</p> <p>The Committee raised concern with the potential length of delay indicated. The Head of Informatics Performance & Improvement agreed to discuss the issue with BCU's Chief Information Officer and provide clarity on the timeline for presentation to the Health Board and preceding Committee scrutiny.</p>	19.7.19	The Strategy was presented to the DTG in June and discussed. It is currently being refined in line with the comments made, the latest iteration will be available for the next committee meeting. The DTG also supported the use of consultants to produce the final version.	Action to be closed
Wendy Hardman	<p>IG19/25 IG Strategy Amend policy as follows:</p> <ul style="list-style-type: none"> • more clarity provided in respect of strategy/plan (2.1) ; • more generic reference be provided in section (4.2) ; • clarity be provided regarding the delegation/appointment of the Senior Information Risk Officer (6.2); • positive impacts be highlighted in respect of (10.1) – as opposed to negative; • amend reference from 'will' to 'can' re cysgair and cysyllt (10.2); • amend to reflect less specificity (10.4) 	19.7.19	Completed - All updates incorporated into IG Strategy and disseminated across the Health Board, with new version available on the Policy and Procedures Intranet site.	Action to be closed
Justine Parry	IG19/26 IGG report	29.7.19	3 Data breaches, 2 self-reported and 1 directly from ICO.	Action to

	<p>In the update provided by the Assistant Director Information Governance and Assurance it was agreed that the Committee would be advised of progress in respect of the information data breach in due course.</p>		<p>Lessons learnt included:</p> <ul style="list-style-type: none"> • Staff dismissal regarding inappropriate access to system. • Acceptable use statements to be signed by relevant staff who have full access rights to information systems. • Further reminder to all staff via the IG Bulletin regarding inappropriate access to information and systems. • Reminders have been issued to staff to ensure up to date demographic information is checked on the patient information systems, including how and when to change the information; • All staff reminded to complete their mandatory Information Governance Training requirement; • Reminders have been issued to clinical support staff regarding their responsibilities when filing information and good record keeping. 	<p>be closed</p>
<p>Tracy Williams / Evan Moore</p>	<p>IG19/27 Corporate Risks Arrange for following to be addressed: CRR10a National Infrastructure and Products</p> <ul style="list-style-type: none"> • Amend 'date opened' to appropriate date • Increase initial risk likelihood risk rating to 5 • Amend wording line 2 – 'as' planned to read 'when' planned • Amend assurances line 1 to 'Public Accounts Committee' • Agreed scoring with exception of initial risk likelihood as above 	<p>19.7.19</p>	<p>All amended, with the exception of date opened as this date is generated by the system.</p>	<p>Action to be closed</p>

	<p>CRR10b Informatics – Health Records</p> <ul style="list-style-type: none"> • Amend Risk title to read ‘Acute’ Health Records • Amend typo in third sentence ‘could’ • Agreed scoring <p>CRR10c Informatics – Infrastructure capacity, resource and demand</p> <ul style="list-style-type: none"> • Amend ‘date opened’ to appropriate date • Amend controls in place item 1) to read ‘approved plans for 2019’ and update item 4) • Agreed scoring 			
Diane Davies	<p>IG19/28 Draft Committee annual report 2018/19</p> <p>Arrange for amendments to be undertaken and submit to Audit Committee</p>	19.7.19	Completed	Action to be closed

Digital and Information Governance Committee 27.9.19	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board <i>To improve health and provide excellent care</i>
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Report Title:	Revised Digital and Information Governance Committee Terms of Reference
Report Author:	Ms Diane Davies, Corporate Governance Manager
Responsible Director:	Dr David Fearnley, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	<p>The Committee was previously known as Informatics and Information Governance Committee. At the IGIC meeting held on 9.5.19, it was agreed to:</p> <ul style="list-style-type: none"> amend Terms of Reference, following agreement of Audit Committee, to Committee title as “Digital and Information Governance Committee (DIGC)” <p>(Item : IG19/28 Draft Committee annual report 2018/19)</p> <p>In addition a generic statement re TU partners was added in line with other Committee Terms of Reference</p> <p>Members will be aware of ongoing discussion in relation to Executive portfolio management which will ultimately require further amendment to the Terms of Reference membership.</p>
Approval / Scrutiny Route Prior to Presentation:	The Board approved the amendment at the Health Board meeting held on 25.7.19, following advice submitted via the Audit Committee Assurance report.
Governance issues / risks:	The amendment strengthens BCU governance structures.
Financial Implications:	Not applicable
Recommendation:	The Committee is asked to note the revised Terms of Reference

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

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

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

**Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements**

**DIGITAL AND INFORMATION GOVERNANCE
COMMITTEE**

1. INTRODUCTION

The Board shall establish a committee to be known as the Digital and Information Governance Committee (DIG). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety and security and appropriate access and use of information to support health improvement and the provision of high quality healthcare.

The Committee will seek assurance on behalf of the Board in relation to the Health Board's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of the Informatics and Information Governance Strategies to drive continuous improvement and support IT enabled health care to achieve the objectives of the Health Board's integrated medium term plan.

3. DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to: -

- oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- oversee the direction and delivery of the Health Board's informatics and information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation through the use of information and technology;

- consider the information governance and informatics implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;
- consider the information governance and informatics implications for the Health Board of internal and external reviews and reports;
- oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).

3.2 The Committee will, in respect of its assurance role, seek assurances that information governance and the informatics (including patient records) arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe healthcare across the whole of the Health Board's activities.

3.3 To achieve this, the Committee's programme of work will be designed to ensure that, in relation to information governance, informatics and patient records:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology;
- the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards;
- there is effective communication, engagement and the workforce is appropriately trained, supported and responsive to requirements in relation to the effective handling and use of information (including IT Systems) – consistent with the interests of patients and the public;
- there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements);
- the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation;
- the Health Board is meeting its responsibilities with regard to the General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and Information Commissioner's Office Guidance;

- The Health Board is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and relevant standards;
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that:
 - Sources of internal assurance are reliable, and have the capacity and capability to deliver;
 - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
 - Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims; and
 - Training needs are assessed and met.
- receive assurance on the delivery of the informatics and information governance operational plans including performance against the annual Informatics Capital Programme;
- seek assurance on the effectiveness and impact of the Health Board's Digital Transformation Plans;
- seek assurance on the performance and delivery of the rollout of the core national IT systems which could have significant impact on the Health Board's operational services and escalate to the Board as appropriate.

3.4 The Committee will receive assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.

3.5 Maintain oversight of the effectiveness of the relationships and governance arrangements with partner organisations in relation to informatics and information governance. This will include NHS Wales Informatics Service (NWIS).

4. AUTHORITY

- 4.1** The Committee may investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
 - other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

- 4.2 May obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 4.3 May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business;
- 4.4 Will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. SUB-COMMITTEES

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

6. MEMBERSHIP

6.1 Members

Four Independent Members of the Board

6.2 In Attendance

Executive Medical Director (lead director)
Chief Information Officer, Informatics
Board Secretary/ Senior Information Risk Owner (SIRO)
Caldicott Guardian
Assistant Director Information Governance & Assurance/ Data Protection Officer (DPO)

6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.2.2 Trade Union Partners are welcome to attend the public session of the Committee

6.3 Member Appointments

- 6.3.1 The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed to the Committee up to a maximum period of 8 years.

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7. COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, this should include either the Chair or the Vice-Chair of the Committee. In the interests of effective governance it is expected that at least one of those named officers listed above will also be in attendance.

7.2 Frequency of Meetings

7.2.1 Meetings shall be routinely be held on a quarterly basis.

7.3 Withdrawal of individuals in attendance

7.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

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

8.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

8.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

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

8.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

8.4 The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1 The Committee Chair shall:

9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report, the presentation of an annual report; and membership of the Health Board's committee business management group.

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

9.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum

11. REVIEW

11.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval by the Board 25.7.19
V2.0

Digital and Information Governance Committee
27.9.19



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University Health Board

*To improve health and provide
excellent care*

Report Title:	2019/2020 Revised Informatics Operational Plan
Report Author:	Tracy Williams, Head of Informatics Performance & Improvement
Responsible Director:	Dr David Fearnley, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	<p>The purpose of this report is to provide the Digital and Information Governance Committee with a revised copy of the Informatics Operational Plan for 2019 2020 which has been updated as planned to include:-</p> <p>Informatics Discretionary Capital Allocations: As detailed within the operational plan Net funding after agreed commitments is £2.775M. Over 80 percent of spends (£2.459M) are allocated to Digital Infrastructure projects, this is consistent with spends in previous years. Spend is primarily:-</p> <ul style="list-style-type: none"> - to maintain or enhance IT security, this includes projects such as the Access Control System Replacement and phase 2 of the Perimeter security upgrade, - to improve or maintain business continuity, this includes projects such as Core Telephony systems and the procurements and installation of uninterrupted power supply and cooling resilience in YGC data centre. - Spend also remains focused on replacement of hardware that is end of life. This includes ongoing replacement or provision of Hardware i.e. laptops, desktops, and a paging system replacement in the West. <p>Whilst the primary focus of the programme is to maintain the existing asset base based on associated risks; it has allocated some investment for “other” schemes. These will provide the building blocks of a single patient view i.e. DHR Programme or provide software to support data driven decision making e.g. clinical outcome measurement recording.</p> <p>Informatics Revenue Allocations: The revenue allocation for 2019/20 is £16.871M. This budget reflects a net decrease of £150K from the 2018/19 opening position of £17,021M</p>

Pay is predicted to account for £12,882M of budget with the remaining allocated to non-pay. The most significant areas of non-pay expenditure are anticipated to be computer maintenance (1.17M), Computer software and licence fees (0.925M) and telephone rental (0.65M).

2019/20 resource plans include the introduction of deputy posts to support leadership and management within ICT and Health Records services. Business Analyst roles are also scheduled for introduction to align people, process and technology more closely with strategy and vision to improve patient care and flow.

Other significant revisions within the Operational Plan which were not originally anticipated:-

- The Governance structure has been revised (Figure 4), to include the Digital and Information Governance Committee.
- The operational plan no longer reflects a commitment to “complete pilot studies for WCCIS that commenced in 2018 2019”. Instead, it commits to investigate options to pilot the Welsh Community Care Information System to inform solutions for community staff and integrated workings. Contractual discussions are ongoing relating to pilot costs and functionality delivery to specification. Further direction will be required via appropriate governance structures.

Priority Projects detailed within the plan remain as previously defined and approved. These are also reflected in the 3 year forward plan (IMTP) and have been subject to approval via this method. They are :-

- Phase 3 of Welsh Patient Administration Project (PAS) which will replace the Commercial PAS system in the West
- Investigation of options to pilot the WCCIS to inform solutions for community staff. – *refined as detailed*
- Reconstitution of the Welsh Emergency Department System project. This will upgrade the Emergency Department System in the East (phase 1) and extend instances to Central and West (phase 2 and 3 TBA)
- Phase 2 of a local Digital Health Record, which will strengthen our investment and approach to the delivery of an electronic patient record.
- Completion of a business case for the storage of Health Records in Central
- Transition program to review the management arrangements for ensuring good record keeping across all patient record types.
- Delivery of information content to support flow/efficiency
- Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is

	<p>fully supported and capable of underpinning service change e.g. single call centre</p> <ul style="list-style-type: none"> • Provision of infrastructure and access to support care closer to home <p>Note, Projects which Informatics is supporting (as opposed to leading on) or which are classed as “business as usual” have been removed from the operational plan to streamline reporting e.g. Neopost, Welsh Image Archiving Solution (PACS).</p>
Approval / Scrutiny Route Prior to Presentation:	<p>The draft Informatics operational plan for 2019 2020 was discussed at the DTG in January 2019. Comments that were provided by group members and wider planning leads were incorporated where possible.</p> <p>In February the plan received further scrutiny and approval from the IGIC pending updates to capital and revenue allocations, which were unknown at the time.</p> <p>In May 2019, financial allocations were formally agreed via appropriate Governance Structures (e.g. CPMT, F & P) which have enabled their inclusion into this version.</p> <p>In July 2019, this revised plan was resubmitted to the DTG for discussion and “Information”.</p>
Governance issues / risks:	None highlighted
Financial Implications:	<p>Whilst pay is predicted to “underspend” in the initial quarters of 2019/20, the rate of underspend is anticipated to decrease as recruitment from the last quarter of 2018/19 takes effect and resource plans for the initial quarters of 2019/20 are enacted.</p> <p>This will affect “underspend” and the extent to which Informatics can support the reduction of the organisations deficit. Delays to WCCIS have resulted in an agreement to return “£200k” from Informatics budgets to support the deficit. This figure is likely to be revised.</p>
Recommendation:	<p>The DIGC are asked to:-</p> <ol style="list-style-type: none"> 1. note the inclusion of Financial information and additional unplanned revisions i.e. governance structure and WCCIS. 2. receive and approve the final revised operational plan.

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

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

Board/Committee Coversheet v10.0



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Informatics Operational Plan

2019/2020

Dylan Williams, Chief Information Officer

Introduction

The Informatics Operational Plan for 2019/20 complements the Health Board's Three Year Plan for 2019/22. This plan provides additional detail on what Informatics will do over the coming year to support the Three Year Plan and its long-term vision.

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

Strategic Context

It is acknowledged that the NHS will continue to face significant challenges due to increasing demand, a growing and aging population, rising expectations and financial constraints. It must do this with an absolute focus on the delivery of high quality health services and the demonstration of best value for taxpayers' money, whilst bringing care closer to home ^(1,2). Informatics is a crucial enabler in meeting the challenges by bridging service divides and enabling change through digitally enabled care. Informatics is widely acknowledged to be "important to the future sustainability of NHS Wales, supporting the delivery of better outcomes for patients and making more efficient and effective use of scarce financial and human resources" ^(3,4,5).

As an enabler, Informatics will be required to support the delivery of a seamless and sustainable service required by The Social Services and Well Being (Wales) Act 2014 and the Well Being of Future Generations (Wales) Act 2015.

2018 2019 Deliverables

Throughout 2018/19, Informatics delivered a meaningful programme of work to meet challenges ⁽⁶⁾, it:-

- Increased bandwidth and processing capacity and improved business continuity by delivering several Discretionary Capital schemes designed to reconfigure, rationalise and support business continuity e.g. Public Sector Broadband Aggregation (PSBA) and data centre expansion (East).
- Delivered services in challenging circumstance. Enacting Business Continuity Plans for Health Records as a

result of Library infrastructure failings in Central.

- Moved closer to rationalising core systems by upgrading the Welsh Patient Administration System (WPAS) in East (phase 2 of the project).
- Entered into an agreement with the Welsh Government to host a centre of excellence for Small Business Research Initiatives (SBRI) within Health on behalf of Wales and established the centre.

Issues of Significance

Progress was achieved in the face of significant constraints. These constraints remain, providing context for this plan.

Strategically; whilst the high-level vision for the National Welsh Informatics Service (NWIS) is clear, there remains a need for greater direction on "once for Wales" priorities and addressing known barriers to progress. Many National systems have been significantly delayed. It is widely acknowledged and reported that there is a substantial way to go until "outdated IT systems are replaced" ⁽³⁾ and that required resilience and functionality is in place to support patient care and underpin service transformation ^(3,4,5). Despite clear failings to deliver, the Auditor General has found little reason to be optimistic that things are changing" ^(3,5).

Locally despite progress against special measures action, the Health board continues to face significant challenges in relation to the financial position and some key areas of performance. This includes Informatics targets such as clinical coding timeliness and clinical coding completeness.

The historic under investment in Informatics Services ^(4,7,8,9) both Nationally and Locally mean that constraints are faced with supporting transformation and service efficiency ⁽⁸⁾. This leads us to maintain an approach of "keeping the lights on"

The plan remains consistent with the approach of preceding years, which is *to implement technology, to maintain and improve our existing infrastructure and systems whilst supporting patient care, service transformation and growing our capacity and capability.*

This annual plan is derived from a rolling five-year plan, which is detailed in Appendix 1. The plan has been developed to underpin service needs and support the delivery of a number of strategic developments in Digital Records, Analytics, Information Management and Information Communications Technology.

Our 2019/20 plan sets out what we will do over the coming year to support the delivery of our vision which is based on principles from “Informed Health and Care; A digital Health and Care strategy for Wales (2015). We believe that Informatics driven work will produce:-

OUR VISION

 <p>FOR PATIENTS</p> <p>Instant access to information to keep them healthy and to support active participation in care; where they are on waiting lists details of appointments (and the ability to change them); visibility of results; and other correspondence.</p>	 <p>FOR HEALTH CARE PROFESSIONALS</p> <p>Fast modern computers; up to date office automation software; instant messaging and telephony and the ability to work anywhere. Our health professionals will have access to an electronic patient record wherever they are. Our optimised systems will support the clinical work rather than create admin overheads and will be available to partner professional groups GPs and social services to support patient care and care closer to home.</p>	 <p>FOR MANAGERS & STAFF</p> <p>Instant access to information on the health system to improve operations e.g. waiting lists; booking of patients; progress to targets; service intelligence and operational information highlighting day to day running. Automation of routine tasks to support a digital first philosophy.</p>
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Our approach and pace to deliver the vision considers resource availability, National, local and legislative context which influences priorities, direction and pace of delivery and our previously published “guiding principles” (10).

Our continued need to “get the basics right” and focus on the delivery of objectives, will result in limited opportunities to introduce new or additional technology outside of those identified within this plan or emergent priorities, which are driven by legislative or safety requirements. Any that are, will need to be agreed and prioritised against criteria aligned to strategic objectives, statutory compliance, service need, (e.g. by reducing risk or enhancing continuity), or the delivery of transformational/ financial benefits. They must also be

delivered within the resource available to maintain financial sustainability.

Informatics Objectives

In line with the 2018/19 plan, the 2019/20 plan will be achieved through implementing a range of incremental projects to deliver the following objectives:-

Figure 1; Informatics Objectives

- 

Digital Roadmap; Adopting a digital by default principal, capturing data once and reusing it, minimising the use of paper and working towards “paper free at the point of care”. The building blocks of a single patient view which those receiving, providing or supporting patient care can access.
- 

Data Driven Decision Making; providing tools to put data from a variety of sources at the heart of decision making in a timely and user friendly manner. Providing insights to inform effective decisions through synthesising information from a variety of sources
- 

Underpinning service transformation; Supporting services to combine technological opportunities with new business processes, that enable us to meet our Local and National responsibilities
- 

Digital Mobile Workforce; providing digital tools to support staff to undertake duties, work together and communicate effectively from a variety of locations. Reducing overheads, supporting strategies and enabling “time to care”
- 

Managing Innovation and emerging technologies; Learning and Innovating by providing accelerators of digital transformation. Collaborating with innovators and entrepreneurs and suppliers to encourage innovation
- 

Digital Infrastructure; Providing, developing and maintaining a secure, flexible and robust infrastructure to enable a digital future. Getting the “basics right” and building an infrastructure to support transformation
- 

Workforce Development, Transparency, Sustainability and Standards; Nurturing a digital culture throughout the organisation. Supporting staff to develop and provide services that meet the efficiency, quality and sustainability challenges that we face. Adopting evidence based best practice and meeting our legislative requirements

Priorities for 2019/20

The plan for 2019/20 depicted on page 6 is year one of the digital health section of BCU’s Three Year Plan and year one of the rolling 5 year plan which forms Appendix 1.

It catalogues the projects that will be undertaken to deliver each of the objectives listed. High-level timescales for projects are detailed along with “rolling” schemes and anticipated benefits.



As shown, Nationally based Informatics priorities that will further our “**Digital Roadmap**” include:-

- Phase 3 of the Welsh Patient Administration Project, which supports the acute hospital care programme. In 2019/20, we will work to replace the commercial patient administration system that is currently in use in the West. During this time we will also **underpin service transformation** by continuing to standardise processes related to this system before merging three instances of the administration system into one unified National system circa 2020 2221/22 (phase 4).

Cost savings circa £140k per annum will be realised once we have achieved a single instance of the Welsh Patient Administration System (WPAS). This will contribute to the reduction of our financial deficit. (Central phase 1 was completed in 2017 2018; East phase 2 was the focus for 2018 2019 and West is phase 3).

A unified WPAS will pave the path for data sharing between other National systems (via interfaces) and “unlock” functions of National Systems, which rely on a single data feed e.g. supporting Patient Reported Outcome Measures (PROMs) and Patient Experience Measures (PREMS). Enhancements to the National Patient Administration System which are planned will also partly support the management of patients along a Single Cancer Pathway (via functionality referred to as Tracker 7).

- Investigating options to pilot the *Welsh Community Care Information System* to inform solutions for community staff and integrated workings. Assuming functionality delivery to specification and plans for WCCIS, the 2020 2023 focus will move to a phased implementation in conjunction with partners and in line with best value to deliver the integrated Health and

Social care system. This system underpins transformation as it is designed to enable Health and Social Care professionals to work together to provide care closer to people’s homes. This project therefore supports Mental Health and Care Closer to Home programmes.

- Re-constituting the previously paused Welsh Emergency Department System project which assists with the management of the patient within the Emergency department and the patients’ pathway. This project will support the unscheduled care programme to transform the way that our Health Professionals work in delivering services and improving patient care. Its final phase circa 2022 2023 will result in a single Welsh Emergency Department System across BCU. This is dependent upon a single PAS.

To supplement these Nationally based priorities and to accelerate the Health Board’s journey to an electronic patient record, Digital Roadmap priorities in figure 2 also include a number of local innovative solutions. These aim to bridge the well-publicised challenges and gaps of National solutions ^(3,4,5) :-

- Completing the deployment of the paediatric nursing mobile Application (CHAI = *Connected Healthcare Administrative Interface*) on the acute paediatric wards within our hospitals. This will focus on the continued digitisation of nursing records and the use of mobile devices to move process closer to the patient’s bedside. Efficiency savings in nursing administrative times have been evidenced to be circa 30 percent for this project. This project will be superseded with National nursing documentation as available.
- Phase 2 of a local Digital Health Record (DHR) Project will strengthen our investment and approach to the delivery of an electronic patient record. This project will see the creation and installation of a local document repository that delivers and

receives outputs to and from National Products. It will support the generation of electronic documents that will “build up” the patients electronic record. As electronic records will support the removal of barriers to multidiscipline and multi-site care this project supports multiple transformation programmes, efficiency and patient safety agendas.



Many of our objectives require us to maintain our emphasis on getting the basics right, **Data Driven decision making** is no exception. A concentration on process will be required to leverage the benefits of the tools that we already have. Data Driven decision making will only be possible if we have accurate real time data to inform business intelligence. Specific priorities for 2019/20 therefore include:-

- Delivering content to support flow/efficiency based decisions around real time admit discharge and transfer data.
- Outcomes in real time driven by clinicians that will also support referral to treatment time measurement.

We will also continue work to provide administrative data to support clinical engagement, improve data quality and patient care.

The Intelligent Reporting Information System will continue to be developed in 2019/20, dashboards built upon content are planned for bed management and infection control. Improved availability of “meaningful” data will **Underpin Service Transformation** by ensuring that data is available to support decision making.



In addition, to **Underpin Service Transformation** a transition programme will be developed in 2019/20 that will review the management arrangements to support good record keeping across all patient record types (e.g. paper and digital). These will include Mental Health (e.g. CAHMS, Drug and alcohol), Radiology, Audiology, Posture & Mobility Service (formerly ALAC), Sexual Health, Speech and Language Therapy, Community Hospitals, Child Health, Podiatry, Emergency Department,

Physiotherapy, Occupational Health, Acute Records, Oncology, Midwifery, Genetics, Diabetics, Primary Prisoner Clinical Record. This programme and its outputs will be designed to meet legislative requirements (GDPR) and to support the delivery of recommendations detailed in Health and Social Care Advisory Service and Ockenden reports.



Plans to enable a **Digital Mobile Workforce** during 2019 2020 will be supported through dedicated resources that were appointed at the end of 2018/19. Priority projects include:-

- A phased and targeted expansion of Skype for business which supports, instant messaging, group conversations and content sharing. Efficiency and financial savings from this project will be captured via the travel efficiencies group and will contribute to BCU cost savings. NWIS has also committed to enabling SKYPE services in GP practices to support cluster working and enable easier communications.
- Work will continue on the roll out of GovRoam across public sector sites in North Wales. This will enable BCU staff to connect to the BCU corporate Network from any Public Sector Site or premises where wireless network coverage exists. The initial roll out of GovRoam during 2018 has proved successful in enabling access to support community working for mobile users.
- Extension of mobile technology for community resource teams will also inform better use of mobile technology to support daily duties and enable efficiencies
- Digital mobile workforce priorities also include the extended use of a tool that supports “single sign on” within all Emergency Departments. Dedicated Research and development for this tool will be scheduled to increase the number of applications that can be accessed through it and to investigate a “follow me anywhere desktop”.
- Device testing for WCCIS is also planned pending delivery of a mobile Application from NWIS.

Figure 2.

For Planned Programme
 Enter S - Project Start
 Enter D - Design
 Enter P - Procurement
 Enter I - Implementation
 Enter C - Project Close

[L] = Local Solution [N] = National Solution

STRATEGIC PRINCIPLE / OBJECTIVE	PROJECT	EXISTING SCHEME	2019-20				BENEFITS				
			Q1	Q2	Q3	Q4	SA	PB	SB	FB	CB
<p>DIGITAL ROADMAP</p> <p>Adopting a digital by default principal, capturing data once and reusing it, minimising the use of paper and working towards "paper free at the point of care".</p> <p>The building blocks of a single patient view which can be accessed by those receiving, providing or supporting patient care.</p>	[L] Paediatric Mobile Nursing Application (Chai) / Replacing Paper Nursing Documentation (N) (Year 2 of 2)	✓	D	D	D		✓	✓	✓	✓	
	[L/N] Improving Assurance of Results Management (Stopping Printing Results) - Dependent on National Programme		D				✓	✓	✓	✓	✓
	[L] Local Document Repository/Digital Forms (Exploration to Accelerate the Journey to the EPR). Phase 1 Business Case. Phase 2 Procurement and Implementation (Year 2 of a Multi Year Project)	✓	P	P	I	I	✓	✓	✓	✓	✓
	Welsh Patient Referral Service (National On-line Electronic Referral System also known as WAP) (Year 2 of 4)	✓	D	D	D	D	✓	✓	✓	✓	✓
	Welsh Care Record Service Programme (National Repository for Information & Sharing Across Wales). Phased supply of local patient records (Year 2 of a Multi year Project)	✓	D/I	D/I	D/I	D/I	✓	✓	✓	✓	✓
	Welsh Clinical Portal (National Portal to Record and View Patient Information) - Extensions & Handover System. (Multi year Project)	✓	D/I	D/I	D/I	D/I	✓	✓	✓	✓	✓
	Welsh Results Reports Service (WRRS - National Repository for Results Reporting & Sharing Across Wales) - Support & Comms (Multi year Project (TBA)	✓	D/I	D/I	D/I	D/I	✓	✓	✓	✓	✓
	Welsh E-Documents Reporting (National E-docs from within the WCP) - Digitisation of Nursing Documents - PILOT (DE to Clarify)	✓	D	D/I	D/I	I	✓	✓	✓	✓	✓
	[L] Digital Dictation - Approval and Funding (Year 1). Further work (Years 2 of 4)	✓	P	I	I	C	✓	✓	✓	✓	✓
	Core, Health & Social Care [L] Welsh Community Care Information System (WCCIS) (National Integrated Health and Social Care System) (Year 2 of a Multi-Year Project)	✓	D	D	I	C/D	✓	✓	✓	✓	✓
	Core Systems Welsh Hospital Electronic Prescribing and Medicines Administration System (WHEPMA) (Year 1 of 3)				S	D	✓	✓	✓	✓	✓
	Medicines Transcribing Electronic Discharge (MTED) - Recording medicines and adding them to a discharge letter (Year 2 of 2) Funding dependent	✓	C				✓	✓	✓	✓	✓
	Welsh Patient Administration System (WPAS) East (National PAS Implementation and Standardisation). Phase 2 of 4	✓	C				✓	✓	✓	✓	✓
	Welsh Patient Administration System (WPAS) West (National PAS Implementation and Standardisation). Phase 3 of 4	✓	S	D	I	I	✓	✓	✓	✓	✓
	Welsh Emergency Department System (WEDS) (National ED System - Year 1 of 2 - Local Implementation MPI Interface) Further work dependent on single PAS - WEDS with full interfaces	✓	S	S	S/D	D	✓	✓	✓	✓	✓
[L] Legacy Systems Archive (Year 2 of 2)	✓	S	P	I		✓	✓	✓	✓	✓	
<p>DATA DRIVEN DECISION MAKING</p> <p>Providing tools to put data from a variety of sources at the heart of decision making in a timely and user friendly manner. Providing insights to inform effective decisions through synthesising information from a variety of sources.</p>	[L] Local Data Warehouse expansion - Data acquisition (Year 2 of 5)	✓	I	I	I	I	✓	✓	✓	✓	
	Live Admit, Discharge and Transfer- organisation depending, mainstreaming real time dashboards (Year 2 of 2)	✓	I	I	I	I	✓	✓	✓	✓	
	Mobile dashboard via Power BI (Year 2 of 2)	✓	I	I	I	C	✓	✓	✓	✓	
<p>UNDERPINNING SERVICE TRANSFORMATION</p> <p>Supporting services to combine technological opportunities with new business processes, that enable us to meet our Local and National responsibilities.</p>	[L] Expand on technology to track assets, patients, pharmaceuticals and resources (Year 2 of 2)	✓			S	S/D	✓	✓	✓	✓	
	Leverage the value of national systems via intelligent integration/stapling/context sharing. (Year 1 of 5) e.g Portal to PAS stapling to view data in one place to drive clinical work/efficiencies.			S	I	I	✓	✓	✓	✓	
	Implement Tracker 7 cancer module in Central and East.		SI	IC			✓	✓	✓	✓	
GDPR - Supporting BCU in Meeting the Requirements	✓					✓	✓	✓	✓	✓	
<p>DIGITAL MOBILE WORKFORCE</p> <p>Providing digital tools to support staff to undertake duties, work together and communicate effectively from a variety of locations - reducing overheads, supporting strategies and enabling "time to care".</p>	[L] Review and Roadmap Mobile Device Management Strategy (Year 2 of 3)	✓	D	D	P/D	I	✓	✓	✓	✓	
	Skype for Business - Implementation-Roll out to departments (Year 2 of 2)	✓	I	I	I	C	✓	✓	✓	✓	
	Single sign on Expansion including context sharing. (Year 2 of 4)	✓	I	I	I	D	✓	✓	✓	✓	
	Information Technology Self-Service web portal strategy and development (Year 2 of a Multi-Year Project)	✓	S/D	I	I	C	✓	✓	✓	✓	
<p>MANAGING INNOVATION & EMERGING TECHNOLOGIES</p> <p>Learning and innovating by providing accelerators of digital transformation. Collaborating with innovators and entrepreneurs and suppliers to encourage innovation.</p>	Review of technological Innovations and strategy road map (Year 1 of 5)				S/D	I	✓	✓	✓	✓	
	Host a Centre for Excellence for Health Innovation Challenges in BCU (SBRI). (Year 2 of 3)	✓	S	S/D	I	C/S	✓	✓	✓	✓	
<p>DIGITAL INFRASTRUCTURE</p> <p>Providing, developing and maintaining a secure, flexible and robust infrastructure to enable a digital future.</p> <p>Getting the "basics right" and building an Infrastructure to support transformation.</p>	Datacentre expansion and consolidation (YGC Air conditioning upgrade (Nick), Bangor Data Centre build (Dave)) (Year 2 of 3)	✓	D/P	I	D	P/I	✓	✓	✓	✓	
	Development of ICT infrastructure monitoring and reporting systems - Solar Winds & NetGain (Ongoing)	✓	S	P/I	I	I	✓	✓	✓	✓	
	Leveraging the benefits of licencing. (Office 365 Scoping) (Ongoing)	✓	S	D	I	I	✓	✓	✓	✓	
	Wide Area Network Transformation phases 5 and 6, and Local Full Fibre Network (LFFN) Development (PSBA) "spend to save" (Year 3 of 3)	✓	C	S	P/I	I	✓	✓	✓	✓	
	Cyber security gap review and roadmap of improvements and strategy. (Ongoing)	✓	D	I	I	I	✓	✓	✓	✓	
	Core Infrastructure upgrades/expansion/refresh - Network (Ongoing)	✓	D	I	I	I	✓	✓	✓	✓	
	Core Telephony Replacement (IPT Telephony Programme Continuation) - Migration of users to telephony system. (Year 3 of 7)	✓	I	D/P	I	C	✓	✓	✓	✓	
	Switchboard and paging system rationalisation - Paging Systems replacement Bangor (Year 2 of 2)	✓	I	I	I	I	✓	✓	✓	✓	
	Replacement/upgrading of obsolete technologies - Server operating systems (2003 / 2008) (Ongoing)	✓	I	I	I	I	✓	✓	✓	✓	
	Perimeter Security Upgrade (firewalls) phase2 of 2	✓	D/P	S	P/I	I	✓	✓	✓	✓	
	Resilient Server Load Balancers	✓		S/P	I	I	✓	✓	✓	✓	
	Access Control System Replacement (user and device authentication)	✓				P	✓	✓	✓	✓	
Migration towards cloud based hosting solutions (Microsoft and NWS) (BI and Azure) (Year 1 of 3)				S	D	✓	✓	✓	✓		
Hardware Replacement Programme (On-going Requirement)	✓	S/D	I	I	P/C	✓	✓	✓	✓		
<p>WORKFORCE DEVELOPMENT, TRANSPARENCY, SUSTAINABILITY & STANDARDS</p> <p>Nurturing a digital culture throughout the organisation to enable staff to tell us how they want to work. Supporting staff to develop and provide services that meet the efficiency, quality and sustainability challenges that we face. Adopting evidence based best practice and meeting our legislative requirements</p>	Provision of Training via Centre of Excellence for Small Business Research Initiatives			D	D	✓	✓	✓	✓		
	Workforce learning and development (e.g. Mentoring Programme, Increased compliance) (Year 2 of 3)	✓	S	S	D	D/I	✓	✓	✓	✓	
	Sound Financial Management (e.g. CIP projects) (On-going Requirement)	✓	S/D	I	I	C	✓	✓	✓	✓	
	Development of Training Programme for System Owners (1 Year Project). Business case to be developed for implementation			S	D	D	✓	✓	✓	✓	
Safe Environment - New Ysbyty Glan Clwyd File Library (Year 2 of 2)	✓	S	S	S/D	S/D	✓	✓	✓	✓		
Review of Informatics Performance and Assurance Framework (Year 1 of 2)				S	D	✓	✓	✓	✓		

WE ARE CURRENTLY SUPPORTING THE FOLLOWING PROJECTS	
PROJECT	REPORTED AT
Neopost Implementation - Supporting an Estates project for more efficient ways to send Mail and digital communications	Estates Planning
Provision of support for Health Board Wide Estates Reconfiguration Schemes e.g. YGC Redevelopment	Estates Planning

CODE	BENEFIT	EXPLANATION
SA	Strategic Benefit	The objective underpins the deliver of strategic objectives for the Welsh government, the Health Board or Informatics e.g. the objective is essential to deliver care to the community etc.
PB	Patient Benefit	The objective will improve or support the patients experience or outcome. This includes Direct Patient Benefits (DPB) and Indirect Patient Benefits (IPB). For example and upgrade to Symphony will have a direct patient benefit by improving the number of patients even within 4 hours, or reducing Health records inefficiency through process improvements will indirectly benefit the patient the patients by reducing the number of lost records.
SB	Staff Benefit	The objective will improve or support staffs experience, satisfaction, workload. Etc. motivation and workload. As patients receive better care from staff who feel happier.
FB	Financial Benefit	The objective will reduce costs current borne by Informatics or the Health Board or avoid costs altogether e.g. capital or revenue expenditure will be reduced 1% as a result of the objective
CB	Compliance Benefit	The objective will support or improve compliance against standards and legislation e.g. Health and Care, Data Protection

As access to health board systems and applications on mobile devices becomes more commonplace a significant amount of work will be required to ensure safe and secure integration of android and apple devices to our networks.



To progress the **Management of Innovation and Emerging Technologies** we will build upon 2018/19 foundations. Verbal commitment to fund the Centre of Excellence for Small Business Research Initiatives within Health on behalf of Wales has been provided for 2019/20 and beyond. Areas of focus which will be progressed during 2019 2020 include working with partners to identify ways to “support people to stay healthy and remain independent irrespective of geography and connectivity constraints”. The Centre also plans to collaborate with public Health Wales in the initial quarters of 2019/20 in areas of unmet needs.

Informatics will also seek to establish closer working relationships with innovation forums both internally and externally to foster a collaborative approach which will support and inform technological advancements.



As in previous years, **Digital Infrastructure** priorities will remain the primary source of Informatics Discretionary Capital spend; accounting for approximately 85 percent of spend. Rolling programmes of work are and will always be required to “get the basics right” and ensure that our digital infrastructure is safe, secure and robust enough to enable a digital future.

Priority areas of work are listed on page 6, they include core infrastructure upgrades and expansion/ consolidation of networks. Replacement of obsolete server operating systems (2003 and 2008). Priorities shown also include the continuation of projects such as the migration of our telephone infrastructure from an “end of life” solution to one, which is fully supported and capable of underpinning service change once fully implemented.

A requirement to more proactively manage and secure our data, which is borne through the growing use of systems, the increased collection of data to manage and support patients and improved legislation (e.g. General Data Protection Regulations) will see an increased concentration on the plethora of disparate systems deployed throughout the health Board. Outputs for 2019/20 will include security assessments and policies. The output of these assessments will undoubtedly inform priorities for future years



Workforce Development, Transparency, sustainability and Standards will form a core part of the work required for 2019/20 and beyond. Several Projects are planned and will include:-

- Improving the safety and quality of our services. For example whilst we are committed to digitising patient records, we will need to ensure that the services that we deliver are safe, effective and sustainable. A permanent solution for Health Records storage in Ysbyty Glan Clwyd will be required circa 2022 2023 along with the delivery of a new clinic preparation area in Ysbyty Gwynedd circa 2019/20 as we will remain dependent upon paper records for some time
- Development of training programmes for System Owners throughout BCU to mitigate risks relating to critical systems managed by staff who lack appropriate knowledge and or skills.
- Review our Informatics performance and assurance framework to ensure continued confidence in the way we work.

Whilst a number of initiatives will be furthered in 2019/20 we will also need to spend time investigating; “additional” enablers, reflecting upon gaps in National offerings, and building business cases to support further work where appropriate. Our plans for 2020 and beyond may therefore be refined to reflect these.

Examples of initiatives/schemes that will be investigated in 2019/20 which will require additional funding are likely to include-

- Future phases of Digital Health Record and Health Records Transition Programme
- Microsoft – Office 365 will be Nationally Procured, costs are currently unknown, Health board Costs are anticipated to be in the region of £1-2m in 2020/21
- Support for transformation work which is identified within the Three Year Plan which will require Business Analysis
- Mobile working in community areas/teams.

Benefits

Our plan will deliver a number of benefits as we move towards delivering our vision. At a high level, this is depicted in figure 3.

As shown on page 6, deliverables have multiple anticipated benefits e.g. improving the assurance of results management, which provides benefits in all measurement areas. Analysis highlights that strategic alignment will be furthered through the delivery of multiple projects particularly those, which further the “Digital Roadmap”, “Data driven decision making” or those which further a “digital mobile workforce”. Similarly, to the 2018/19 projects the greatest benefit areas from this year’s priorities are anticipated to be to patient, staff and finance.

These will be furthered through the delivery of projects such as the implementation of a single Patient Administration System, greater integration of systems, the continued development of tools to support the reporting and information needs of the organisation and a focus to improve core infrastructure

Figure 3; Expected outcome of Plan on our Vision

EXPECTED OUTCOME OF PLAN ON OUR *VISION*



Challenges or risks to the delivery of the plan

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

- Healthcare professionals and leaders will need to reimagine and advise on how work will need to be done.

Governance

Governance arrangements for Informatics which highlight the groups and committees concerned with ensuring the overall direction, effectiveness, supervision and accountability of Informatics is depicted on page 10.

The Governance structure has been revised from the previous year to show the Digital Transformation Group reporting to both the EMG and the newly established Digital and Information Governance Committee (DIGC). As shown in figure 4 the DIGC will largely replace the Finance and Performance committee in relation to Informatics Governance. It is anticipated that the committees remit will support additional scrutiny by providing more time to focus on Informatics related strategy, plans, performance, risks and issues.

Clinical leadership will continue to be provided by Medical and Nursing Informatics officers who form part of the Informatics Senior Management Team. This supports patient focus as clinical input is at the core of all of our decisions including reviewing and agreeing requests for resource, and transformation bids.

As noted within the diagram, approval of this operational plan is gained from the IGIC on behalf of the Health Board. In agreeing this document, the committee are confirming that:-

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

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

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

Workforce Planning



Informatics services were historically delivered by five functional areas as depicted. During 2019/20, we will aim to reconfigure our services to four functional areas which will be designed to support operational effectiveness and the

delivery of our operational and strategic plans. Interim arrangements are currently in place to support this change

During 2018/19, additional revenue resources were provided to support service delivery, to fund approved cost pressures and for specific projects (WCCIS). As a result Whole Time Equivalent (WTE) budgeted numbers were increased by 17 to 422. Main beneficiaries were Clinical Coding to address a previous cost pressure, Health Records to support legislative changes and ICT to support service delivery and reduce the risks posed by our over reliance on temporary staff.

Informatics Governance Structure

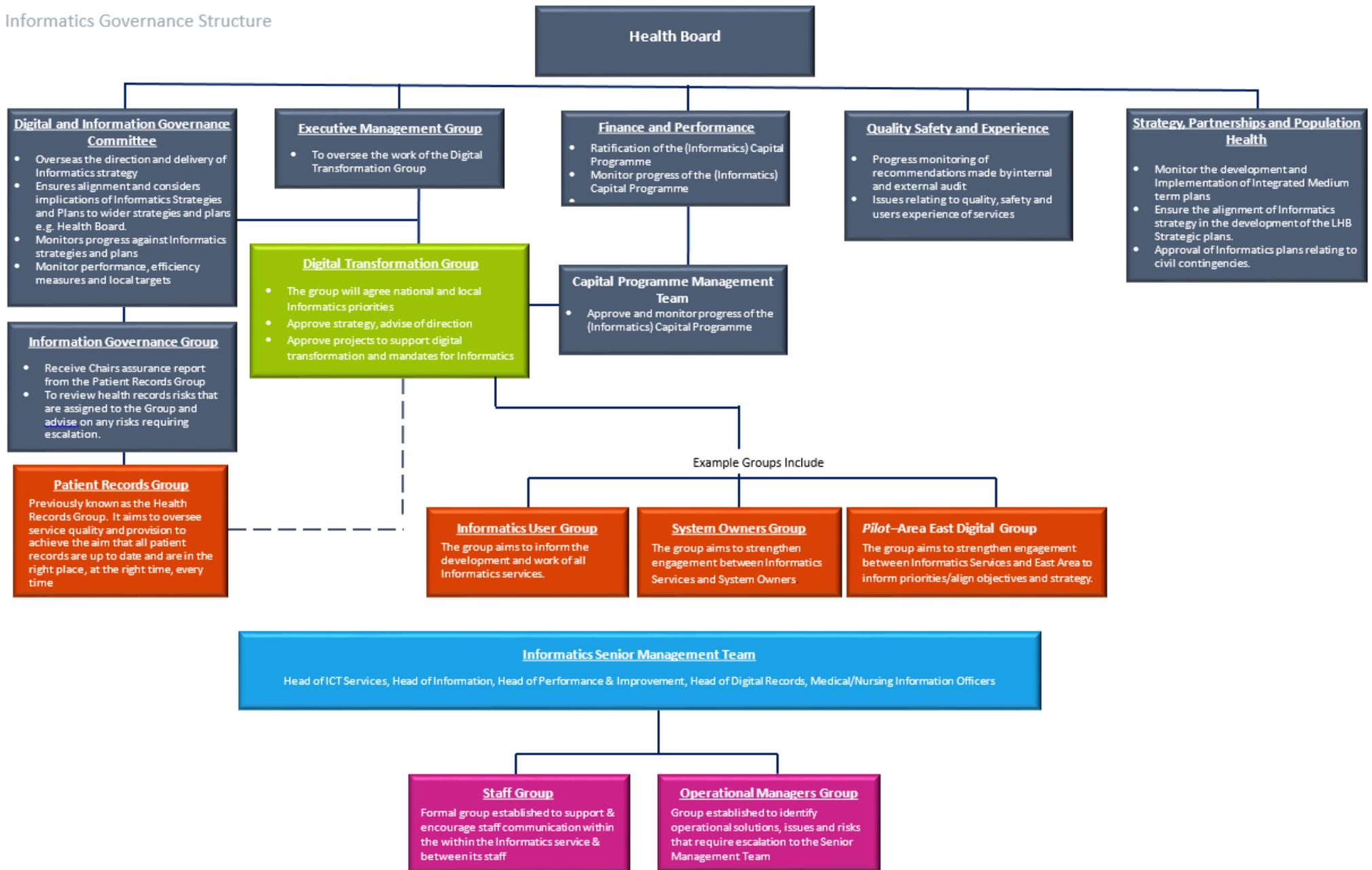


Figure 4; Informatics Governance Structure

It is acknowledged that we have been slow to leverage the full benefits that would have been available from the increased staffing due recruitment timescales (all areas), a lack of suitable candidates (ICT and Projects) and lead-time required to understand the impact of legislative changes and design services appropriately (Health records).

Increased recruitment activities during the last two quarters of 2018/19 should enable full benefits of these posts in 2019/20 and full spends of increased allocation in 2019/20.

Benefits which can be identified to date include a 20 percent reduction in fixed term staffing from March 2018 to November 2018. Whilst further reductions are anticipated and are required, reductions to date will reduce risks to continuity of services and support the retention of essential knowledge and skills.

Recruitment remains challenging for fixed terms posts that are required for specific projects (WPAS, SBRI Centre). This has resulted in the use of agency, bank staff and overtime. Whilst an increase WTE actual will support service delivery in many areas it is acknowledged that the nature of our work will always require some fixed term support.

Succession Planning

29 percent of our workforce are aged over 50 and 19% are aged 30 or below. Typically staff in the highest age bands hold the lengthiest tenure (the greatest organisational memory) and benefit from higher pay bands as they are employed in our most skilled roles.

Targeted programmes of work will be continue to mitigate risks. These will include skill mix reviews; robust documentation of operating processes, risk assessment reviews relating to over reliance on key individuals and an additional focus on succession planning and apprentice opportunities for roles which pose the greatest risk.

Support Train and Develop our Staff

We will continue to invest in our staff to ensure that Informatics' Professionals are well placed to inform and enable safe and efficient health care. A review of Informatics training programmes which is

linked to pay bands and informed by workforce data and Training needs Analysis findings will be used to inform training plans and provision for 2019/20

Professional training courses which were offered in 2018/19 such as Project Management are likely to remain a feature and will help to ensure a high level of professionalism within services with the numbers of qualified practitioners increasing to service our expanding portfolios. Training programmes for system owners will also be developed within the first two quarters of 2019/20 based upon findings from training needs analysis.

Findings from initiatives such as the HWB and lessons learnt from setting up a "bank", to service the SBRI Centre of Excellence will be reviewed. It is anticipated that these will be used to inform a wider "talent bank pilot" that will aim to support workforce sustainability and succession planning within Informatics.

Whilst informal mentoring programmes are in place within Informatics we will seek to formalise these and extend the offering this will enable staff to benefit from the experience and networks of more experienced colleagues and support their wider development needs.

December 2018 data shows that 80% of staff have received an appraisal to review their performance and support their development (BCU average of 60%) and that 92% of staff were fully compliant with their mandatory training (BCU average of 84%). Established programmes of work will continue in 2019/20 to maintain and improve compliance by providing support to service areas with the lowest compliance rates.

Staff Engagement

The staff group has lost prominence during 2018/19, a review of its membership and remit will be conducted in 201/20 to ensure that it is re-established and remains fit for purpose. Whilst the sickness absence rate for Informatics is consistently below the BCUHB average, areas of increased focus are likely to include staff health and well-being as we look support staff through change and in busy and

pressure environments. The group will also identify and manage improvements that are required following analysis of the Staff Survey findings that were received in January 2019.

Financial Plan

Our Draft Strategic Outline Programme (approvals will be requested in Quarter 2) sets out the challenges of delivering our vision and highlights that the draft forecast investment required for delivering major digital transformation in the organisation over the next three years stands at over £20m capital and £20m for revenue ⁽⁹⁾.

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

Discretionary Capital

The Welsh Assembly Government have confirmed that the Health Boards discretionary capital allocation is £14.421M. £3M of this has been allocated to Informatics to support “core Informatics replacement” and other priority schemes ^(11,12).

Informatics requirements for capital resources identified in planning the 2019 2020 programme totalled circa £4.4 million, which is less than previous years as we have been clearer about our capacity to manage any funds, which are allocated within year. However, this sum outweighs the available funding.

This pattern is similar to previous years requiring a risk based approach to prioritising schemes within the available resource allocation. This has considered statutory compliance, service continuity, risk reduction and the projects ability to transform services and deliver benefits.

Changes in the 2018/19 expenditure profile for WPAS following fixed allocations from WAG were managed through internal brokerage. The commitment taken forward for 2019/20 is £225k . “net” funding after agreed commitments is therefore £2.775M

Figure 5 provides a summary of planned projects and spends that have been mapped to strategic objectives which are outlined within the operational plan. Over 80 percent of spends (£2.459M) are allocated to Digital Infrastructure projects. This is consistent with spends in previous years. The Digital Infrastructure schemes are designed to “get the basics right” by providing developing and maintaining a secure, flexible and robust infrastructure to enable a digital future.

Spend is primarily to maintain or enhance IT security, this includes projects such as the Access Control System Replacement and the Perimeter security upgrade (phase 2), to improve or maintain business continuity, this includes projects such as Core Telephony systems and the procurements and installation of uninterrupted power supply and cooling resilience in YGC data centre. Spend also remains focused on replacement of hardware which is end of life this includes ongoing replacement or provision of Hardware i.e. laptops and desktops and a paging system replacement in the West.

Whilst the primary focus of the programme is to maintain the existing asset base, including associated risks; as indicated in figure 5 it has allocated some investment for “other” schemes.

These will provide the building blocks of a single patient view i.e. EPR Programme or provide software to support data driven decision making e.g. clinical outcome measurement recording.

Delivery and monitoring of Capital schemes will be managed through the Capital forum e.g. Capital Programme Management Team and Finance and Performance Committee. Investments will be reassessed throughout the year to reflect any changing quality, safety or efficiency issues.

Figure 5; Summary of 2019/20 planned spends

DIGITAL ROADMAP	
Welsh Patient Administration System - Phase 3 of 4 Inc. 225k Re-provision.	£225,000
EPR Programme	£300,000
DATA DRIVEN DECISION MAKING	
Auditbase - Clinical Outcomes	£16,000
DIGITAL INFRASTRUCTURE	
Hardware Replacement	£486,500
Single Sign On Expansion	£60,000
Core Telephony Systems Replacement (Yr. 3 of 5)	£390,000
FMS Critical Monitoring Systems (Pharmacy)	£7,500
Access Control System Replacement (User and device authentication)	£225,000
Perimeter Security Upgrade (firewalls). Phase 2 of 2	£60,000
Resilient Server Loads Balancers	£20,000
Server Virtualisation Expansion and Refresh (Inc. migration from Windows 2003 servers)	£150,000
YG Radiology Network Cabinet refresh and coms room build	£55,000
Preswyla site Infrastructure replacement	£60,000
Wireless Network Capacity Expansion	£50,000
Completion of Data Centre 1 YGC build (Secondary UPS and Cooling resilience)	£200,000
Wide Area Network Data Circuit Upgrades	£40,000
Paging System Replacement	£180,000
Data Centre & Hub room(s) UPS and AirCon Maintenance and replacement	£25,000
Local Area Network Switch Upgrades (DGH & Community sites)	£450,000
TOTAL	£3,000,000

During 2019/20 works will also continue to progress/complete the following schemes funded through the All Wales Capital Programme.

- WPAS
- EDCIMs

Revenue

The revenue allocation for 2019/20 is £16.871M. This budget reflects a net decrease of £150K from the 2018/19 opening position of £17,021M. Table 1 highlights budget changes applied to provide the 2019/20 opening position.

2019 2020 Budget Position	£'000
Opening Recurring Budget 2018/19	17,021
WTE from YG to Information	31
ICF WCCIS WG reduction	-2
Clinical Coding from Community	5
Konica budget to West Area	-10
WCCIS Savings	-250
Refund of Telehealth	-66
Closing recurring Budget 2019/20	16,729
2018/19 and 2019/20 pay award	761
2019/20 Savings	-275
WCCIS ICF funding withdrawn by WG	-343
Konica budget to Mental Health West	-1
M1 Recurring Budget 2019/20	16,871

Budget changes include reductions to WCCIS funding allocations in 2018/19 and 2019/20 which have been made to reflect project status ⁽¹⁾ and the application of 2019/20 savings targets which is set at £275k. Note any changes to savings targets may require a review of plans.

Budget changes also include increases in “Pay”, the most significant of these is to fund the 2018/19 and 2019/20 pay award. In addition to this, in April 2019 a non-recurring funding for the non-consolidated pay award to staff on top of scales of £52k has also been applied. This has resulted in a 2019/20 budget which is reported at £16,923. The operational plan is based upon the availability of this resource.

In Financial Year ending 2018/19 Informatics contributed £1.069M towards the health boards underlying deficit. The underspend was a result of:-

- Delays to the WCCIS, resultant pay and non-pay savings circa £432k.
- An increased budget of £1.482m from the 2017/18 position awarded to increase resources and the full year effect of this when recruitment plans and activities were required.
- Delays in enacting or delivering plans to leverage the benefits of the funding including BCU wide recruitment controls imposed in the final quarter of 2018/19 requiring appointments after 01.04.19.

Whilst pay is predicted to “underspend” in the initial quarters of 2019/20, the rate of underspend is anticipated to decrease as recruitment from the last quarter of 2018/19 takes effect and resource plans for the initial quarters of 2019/20 are enacted.

2019/20 resource plans include the introduction of deputy posts to support leadership and management within ICT and Health Records services. Business Analyst roles are also scheduled for introduction to align people, process and technology more closely with strategy and vision to improve patient care and flow.

Pay is predicted to account for £12,882M of budget with the remaining allocated to non-pay. The most significant areas of non-pay expenditure are anticipated to be computer maintenance (1.17M), Computer software and licence fees (0.925M) and telephone rental (0.65M).

The outcome of National Negotiations for Microsoft Licences is anticipated to have a detrimental impact on budgets and has been highlighted as a likely cost pressure going forward.

References

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8	(2017) Wales Audit Office, Structured Assessment 2017- Betsi Cadwaladr University Health Board Doc Ref 285A2017-18
9	Wachter, R., M. <i>Making IT Work: Harnessing the Power of Health Information Technology to Improve Care in England</i>
10	Williams, D. (2018) 2018 2019 Informatics Operational Plan. Betsi Cadwaladr University Health Board Doc
11	Capital Programme Management Team Minutes 08.03.2019
12	Discretionary Capital Programme 2019/20. Finance and Performance Committee Paper May 2019



Report Title:	Informatics Operational Plan 2019/20: Progress Monitoring Report
Report Author:	Tracy Williams, Head of Informatics Performance & Improvement.
Responsible Director:	Mr Dylan Williams, Chief Information Officer
Public or In Committee	Public
Purpose of Report:	<p>This report is presented to the Digital and Information Governance Committee (DIGC), to support its remit to receive and gain assurance on the delivery of the Informatics Operational plan. The report presents:-</p> <ol style="list-style-type: none"> 1. Summary data to highlight progress against Informatics Strategic Principles (page 4) which are detailed with the 2019/20 operational plan 2. Summary data that is reported directly to the Board to monitor progress against the annual plan (page 5) for core Informatics Projects (i.e. Digital Health Programme). More detailed performance updates against the milestones of these projects (page 6 to 8) are used to attribute status but are not subject to standard submission / scrutiny by the board. 3. the Revenue and Capital position at the end of Quarter 1
Approval / Scrutiny Route Prior to Presentation:	<p>The ratings which have been attributed to each of the Projects have been assessed by the relevant lead for the project or milestones.</p> <p>All the ratings have been reviewed and approved by the Chief Information Officer (CIO).</p> <p>Additional assurance is provided by the Informatics Performance and Improvement department. They will request rationale for the ratings given and sample test the anticipated verses achieved milestone deliverables.</p>
Governance issues / risks:	<p>Whilst good progress is evident at the end of quarter 1, it is clear that 3 projects will not be achieved as planned. This will require a change to the operational plan.</p> <p>WCCIS and the Paediatric Mobile Nursing Application (CHAI) have been subject to previous exception reporting. These project underpin the Digital Roadmap. Governance is supported through established Project Boards who are aware of current status.</p>

	<p>The Switchboard Paging and Rationalisation Programme has not been subject to exception reporting, as it was not due to commence until September. This project is intended to support the Digital Infrastructure. Contractual discussions are ongoing. This is likely to form a 2020 2021 priority.</p>
Financial Implications:	<p>As detailed on page 4, whilst achievement is forecast and work has commenced three projects are currently identified as Amber;</p> <ol style="list-style-type: none"> 1. Transitioning Records Management. Funding is required to support deliverables – this is being sought via the HASCAS/Ockenden Improvement Board. 2. Internet Protocol Telephony (the business case has been revised detailing extended timescales and increased costs – this is being scrutinised / managed via Project Governance structures) . The project is likely to cost £1million more than predicted and extend from 5 years to 7. 3. YGC records Library. The YGC file library Programme Board are developing a business case for a pan central file library, timescales which need to be in line with the Mental Health Services Business Case will be challenging. <p>Whilst non-pay is underspent in M3, an overspend position is anticipated as the Microsoft enterprise agreement was re-negotiated on an all Wales basis.</p> <p>Renegotiation for what will be a three year contract was required as the previous contract was due to expire on 30th June 2019. Microsoft have moved to a full subscription model based on cloud services which means that costs for the new agreement have been re-profiled using a subscription based model based on licences (e.g. Windows 10) and office 365 requirements. The implication is a considerable cost increase to all Health Boards. Full year additional costs for this Health Board will be circa £1.4million. The new contract will take effect from quarter 2 of 2019 2020. As a result non-pay costs are predicted to overspend as this is an unfunded cost pressure. The 2019 2020 impact is predicted to be circa £1million.</p> <p>Although savings plans have been achieved this year only £75k is achieved recurrently and there will be a pressure in future years until recurrent savings are made. In addition, last year's savings achieved non recurrently have rolled forward as a staff turnover factor (negative Budget).</p>
Recommendation:	<p>The DIGC is asked to:-</p> <ol style="list-style-type: none"> 1. receive the report and scrutinise its content to gain assurance on progress against the operational plan 2. note the financial implications highlighted

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

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

Board/Committee Coversheet v10



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Informatics



Content

Content	1
About this Report	2
Executive Summary	3
Summary Progress against Strategic Principles	4
Digital Health: High Level Matrix	5
Digital Health: Milestone Level Summary of Progress Matrix	6
Exception Reporting	8
Appendix A: Informatics 2019/2020 Operational plan	9

Quarter 1

This report is presented to the Digital and Information Governance Committee (DIGC), to support its remit to receive and gain assurance on the delivery of the Informatics Operational plan. The report presents:-

1. Summary data to highlight progress against Informatics Strategic Principles (page 4) which are detailed with the 2019/20 operational plan
2. Summary data that is reported directly to the board and used by them to monitor progress against the annual plan (page 5) for core Informatics Projects (i.e. Digital Health Programme). More detailed performance updates against the Milestones of these projects (page 6 to 8) which is used to attribute status and is not subject to standard submission / scrutiny by the board.
3. the Revenue and Capital position at the end of Quarter 1

The ratings which have been attributed to each of the Projects have been assessed by the relevant lead for the project or Milestones. All the ratings have been reviewed and approved by the Chief Information Officer (CIO). Additional assurance is provided by the Informatics Performance and Improvement department who will request rationale for the ratings given and sample test the anticipated verses achieved milestone deliverables.

Where a red or amber rating is applied to any project in any month, a short narrative is provided to explain the reasons for this and any actions being taken to address.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk (matrix below).

Feedback is welcomed on this report and how it can be strengthened. Please email tracy.williams3@wales.nhs.uk

RAG	Every Month End	By year end	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why, and what is being done to get back on track.
Amber	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
Green	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional information required
Purple	Achieved	N/A	Where RAG is Purple: No additional information required

Informatics Operational Plan 2019/20

Monitoring of Progress against Actions and Milestones

Quarter 1

The Informatics Operational Plan for 2019/2020 has 49 projects which are linked to and intended to deliver 7 Strategic principles and objectives. As highlighted on page 4 progress is being made against all of the principles and objectives. At the end of quarter 1, two projects have completed as scheduled; the approved installation of Medicine Transcribing and Electronic Discharge (MTeD) in several areas in West and Central e.g. Medical, Surgical, Paediatrics, Cancer Services, Gynaecological and community Hospitals,. This will minimise the use of paper and provide primary care with timely discharge notifications. A business case is being developed to evidence base any future roll out/phases. Phase 2 of the East upgrade of the Welsh Patient Administration System Project also completed to plan. This is a building block of our digital Roadmap and progresses the journey to a single PAS as we move from phase 2 to phase 3 (West Implementation) of 4 (single instance).

As detailed on page 4, the majority of projects (32) are on track with no real concerns. Whilst achievement is forecast and work has commenced 3 projects are currently identified as Amber; Transitioning Records Management (funding is required to support deliverables – this is being sought via the HASCAS/Ockenden Improvement Board), Internet Protocol Telephony (the business case has been revised detailing extended timescales and increased costs – this is being scrutinised / managed via Project Governance structures) and YGC records Library (the YGC file library Programme Board are developing a business case for a pan central file library, timescales which need to be in line with the Mental Health Services Business Case will be challenging) .

Whilst good progress is evident at the end of quarter 1, it is clear that 3 projects will not be achieved as planned. This will require a change to the operational plan. WCCIS and the Paediatric Mobile Nursing Application (CHAI) which underpins the Digital Roadmap. The Switchboard Paging and Rationalisation Programme which is intended to support the Digital Infrastructure

WCCIS has been subject to exception reporting for some time due to gaps in functionality. In July 2019 the supplier accepted that developments are required and has agreed to provide a roadmap for development of the system by the end of September. This will inform Aneurin Bevan's (AB) deployment of the product possibly in 2019 2020. Following these delays, the planned implementation of the BCUHB intended pilot could not commence prior to February 2020. The Programme Board are due to meet in the next few months to discuss current state and agree next steps. Similarly the CHAI project has been subject to exception reporting for some time. This project is now on hold due to concerns regarding the ability of the product to be developed further within the terms of our Standing Financial Instructions. A full review of the viability of developing the product is underway via Project Governance structures.

Whilst phase three of the paging systems rationalisation Project was not due to commence until the end of quarter 2 installation issues and phases one and two (East and Central) and ongoing accountability discussions which require resolution with the supplier mean that this project is no longer feasible within year. This is likely to form a 2020 2021 project. Emerging Capital Priorities have been received relating to Health Records and other core Infrastructure. Business cases detailing the requirement and the associated risks are currently being assessed.

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

Quarter 1

The Informatics Operational Plan details all of the projects that Informatics is aiming to further or deliver during 2019 2020 (49). As detailed within the plan, all projects are linked to strategic principles and objectives. These are listed below, a high level overview of progress against each objective is also provided e.g. number of projects and project status. Further detail can be provided.

Strategic Principle	Objective	Qtr 1	Qtr 2	Qtr 3	Qtr 4	High Level Overview
 Digital Roadmap	Adopting a digital by default principal, capturing data once and reusing it, minimising the use of paper and working towards "paper free at the point of care". The building blocks of a single patient view which can be accessed by those receiving, providing or supporting patient care.	A				16 Projects detailed within the plan 11 Reported as on track 2 Due to close and completed as scheduled (WPAS East & MTED) 1 Due to commence in Qtr 3 2 Project are currently reported as Red - WCCIS and CHAI
 Data Driven Decision Making	Providing tools to put data from a variety of sources at the heart of decision making in a timely and user friendly manner. Providing insights to inform effective decisions through synthesising information from a variety of sources.	G				3 Projects detailed within the plan. 3 Reported as on track for achievement.
 Underpinning Service Transformation	Supporting services to combine technological opportunities with new business processes, that enable us to meet our Local and National responsibilities.	A				4 Projects detailed within the plan. 2 Reported as on track 1 Due to commence in Qtr 2. 1 Project is currently reported as Amber - Transitioning Records management
 Digital Mobile Workforce	Providing digital tools to support staff to undertake duties, work together and communicate effectively from a variety of locations - reducing overheads, supporting strategies and enabling "time to care".	G				4 Projects detailed within the plan. 4 Reported as on track
 Managing Innovation & Emerging Technologies	Learning and Innovating by providing accelerators of digital transformation. Collaborating with innovators and entrepreneurs and suppliers to encourage innovation.	G				2 Projects detailed within the plan 1 Reported as on track 1 Due to commence in Qtr 3
 Digital Infrastructure	Providing, developing and maintaining a secure, flexible and robust infrastructure to enable a digital future.	G				14 Projects detailed within the plan 9 Reported as on track 3 Due to commence in Qtr 3. 1 Project is currently reported as Amber - IPT 1 Project is Red - Switchboard and Paging system rationalisation. Formal change control pending 2020/2021 Priority.
 Workforce Development, Transparency, Sustainability & Standards	Nurturing a digital culture throughout the organisation to enable staff to tell us how they want to work. Supporting staff to develop and provide services that meet the efficiency, quality and sustainability challenges that we face. Adopting evidence based best practice and meeting our legislative requirements	A				6 Projects detailed within the plan 2 Reported as on track 3 Due to commence in later quarters (3-Qtr3,2-Qtr4) 1 Project is currently reported as Amber - YGC Records Library

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

Quarter 1

Summary Progress - Digital Health Programme 5

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

Programme	Plan Ref	Actions	Exec Lead	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
WPAS	AP051	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	MD	G	G	G	G								Q4
WCCIS	AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	MD	A	A	R	R								Q4
WEDS	AP053	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	MD	G	G	G	G								Q4
Digital Health Record	AP054	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	MD	G	G	G	G		Q2						
YGC Records Library	AP055	Support the identification of storage solution for Central Library	MD	A	A	A	A		Q2						
Good Record Keeping Management	AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	MD	G	G	A	A								Q4
Information Flow	AP057	Delivery of information content to support flow/efficiency	MD	A	A	G	G								Q4
Digital Infrastructure	AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	MD	G	G	A	A								Q4
Care Closer to Home	AP059	Provision of infrastructure and access to support care closer to home	MD	A	A	A	A								Q4
Eye Care Transformation	AP060	Support Eye Care Transformation	MD	G	G	G	G								Q4
Tracker 7 - Single Cancer Pathway	AP061	Implement Tracker 7 cancer module in Central and East.	MD	A	A	G	G		Q2						

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

July 2019 2020

Plan Ref	Milestone Ref	Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
WPAS								
AP051	51A	Project Start - Formal commitment from NWIS required for data migration activities to commence. Engage data migration supplier. Begin ways of working and standardisation.	Q1	G				Programme Board membership changed from East to West chaired by Kate Clark (Secondary Care Medical Director). TOR approved. Barry Williams (West Hospital Director) to chair West Project team. Project Manager Paul Marchant assigned to the project with Work Stream Leads assigned for Data Migration, Ways of Working, and Technical. Data Migration plan agreed with NWIS and DXC working towards a go-live in November 2020. Risk Log updated and reviewed at inaugural Project team meeting in June with monthly board reviews scheduled. Approved WG Capital budget of 1.2m for year 2019-20.
	51B	Project Design - Programme Board approval of standardisation plans. Start data migration	Q2					
	51C	Continuation of Data Migration	Q3					
	51D	Continuation of Data Migration, readiness for testing and training	Q4					
WCCIS								
AP052	52A	Project Implementation - Pilot Studies in the West	Q1	R				WCCIS has been subject to exception reporting for some time due non-delivery of health functionality and user acceptance testing failures. The original go live for BCUHB was April 2017. In July 2019 the supplier has accepted that developments are required and has agreed to provide a roadmap for development of the system by the end of September. This will inform Aneurin Bevan's (AB) deployment of the product possibly in 2019/2020. Following these delays, the planned implementation of the BCUHB intended pilot could not commence prior to February 2020. The north Wales Regional Board have agreed to formulate a prototype option which will utilise Gwynedd and Anglesey system to learn the benefits to inform future integrated working across health and social care
	52B	Project Close - Formal review of pilot phases and completion of lessons learnt	Q2					
	52C	Project design. Design future phases of roll out based upon lessons learnt, product suitability and Programme Board approval	Q3					
	52D	Design and Implementation activities to be agreed.	Q4					
WEDS								
AP053	53A	Project Start:- Review Project to date. Create Governance structure for programme. Revisit business case and revise all plans e.g. PID etc. Gain approval of plans	Q2	G				Project Manager commenced in post 01/06. Re-engagement with the 3 areas and NWIS/EMIS has commenced. Benefit Workshops / Patient Safety Workshops and re-engagement sessions have been arranged for June/July. First Project Board scheduled for September. Options paper to be drafted.
	53B	Project Design and Implementation activities to be agreed from QTR1 & QTR2 activities, and aligned to National plans and resources.	Q4					

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

Quarter 1

Plan Ref	Milestone Ref	Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
Digital Health Record								
AP054	54A	Development and approval of a business case for the digital health record for the Board	Q2	G				Health Records Programme Manager post (8a) has been recruited to internally .Deputy Head of Health Records post (8b) has been recruited to internally with formal start date of 1st October.
YGC Records Library								
AP055	55A	Specify the storage and logistics requirements for long term storage of acute patient records in Central Support the Hospital Management Team, Planning and Estates department to identify and appropriate solution.	Q2	A				Health Records Programme Manager post (8a) has been recruited to internally .Deputy Head of Health Records post (8b) has been recruited to internally with formal start date of 1st October. The next step is for the YGC File Library Programme Board to develop a single business case for a new physical file library to relocate (as a minimum) the acute records from both the Ablett and the porta cabin – taking account of the plans for a DHR, by April 2021 in line with the Mental Health Service Business Case. There has not been any specific location planned although this has been discussed and will continue to be discussed at monthly meetings
Good Record Keeping Management								
AP056	56A	Appointment of health records roles to baseline and scope the transition programme and secure project support to complete actions from various review recommendations	Q4	A				Deputy Head of Health Records post (8b) has been recruited to internally with formal start date of 1st October. The B7 Project Manager requirement has been confirmed in principle and funding is being secured through the HASCAS & Ockenden Board. As soon as able to start the work, Mental Health Services will be the priority area - aim to complete this section by March 2020.
Information Flow								
AP057	52A	Implement phase 1 of in house patient status board	Q1	G				Live data streams are now available to support Unscheduled Care and Bed Management, but rely on real-time data input from the services.
	57B	Review phase 1 and develop case for further rollout at each site	Q2					
	57C	Increase operational use of BI technology in clinical areas	Q4					

Informatics Operational Plan 2019/20

Monitoring of Progress against Actions and Milestones

Quarter 1

Plan Ref	Milestone Ref	Actions	Due	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
Maintain/Improve Digital Infrastructure								
AP058	58A	Deliver Capital Programme for 2019 2020 as defined within plans	Q4	G				The discretionary programme (appendix 2) is progressing as planned with progress being made in all expected areas. A request for a change to the programme has been submitted to the Capital Programme Management Team to reflect emerging priorities and issues with phase three of the paging systems replacement project
Infrastructure and Access to support Care Closer to Home								
AP059	59A	A phased and targeted expansion of Skype for business Work will continue on the roll out of GovRoam across public sector sites in North Wales. Device testing for WCCIS is also planned pending delivery of a mobile Application from NWIS.	Q4	A				1966 users for Skype are active, 44 licenses remain. The continued roll-out out to additional departments and groups of staff will assist with multi site working and travel efficiencies. A group lead by BCU has been set up to facilitate standard access to "home networks" for community resource teams. This will enable multi sector / partners working at core premises. A Business case is under development. WCCIS currently reported as Red - Device testing is constrained
Eye Care Transformation								
AP060	60A	Informatics will employ a business analyst (BAND 5) to support the National Eye Care project. Qtr3 suggested start. Employment activities required which will start in QTR1.	Q4	G				Recruitment activity for an Assistant Business Analyst is currently underway. Shortlisting is planned WC 04.08.19. Interviews will be scheduled thereafter.
Tracker 7 - Single Cancer Pathway								
AP061	61A	Enhancements to the National Patient Administration System which are planned for QTR2/QTR3 will partly support the management of patients along a Single Cancer Pathway (via functionality referred to as Tracker 7).	Q2	G				WPAS upgrade to v19.2 is on schedule for implementation in September. Implementation is planned 12th August Central and 19th August East. Information staff have "tested" and "signed off" ophthalmology changes from a reporting perspective. Additional testing is scheduled / underway for users.

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

Quarter 1

Revenue: As indicated in the table below the Informatics position at the end of M3 shows a cumulative underspend of circa £290k. Pay and non-pay are currently underspent. Agreement has been reached to reduce the Informatics budget non-recurrently by £200k to assist the BCU position. This will be actioned in M4 and be applied to WCCIS

Revenue	Annual Budget £'000	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance £'000	Year End Forecast £'000		Risk
Achievement against Revenue Resource Limit	16,925	4,272	3,982	-290	-200		Amber
Cost Improvement Programme		2018-19 Savings Target £'000	2018-19 Additional Savings Target £'000	2018-19 Recurring Savings plans £'000	2018-19 Non Recurring Savings plans £'000	2018-19 Balance	Risk
Savings Plans		-275		200	75	0	Green

Whilst non-pay is underspent in M3, an overspend position is anticipated as the Microsoft enterprise agreement was re-negotiated on an all wales basis. Renegotiation for what will be a three year contract was required as the previous contract was due to expire on 30th June 2019. Microsoft have moved to a full subscription model based on cloud services which means that costs for the new agreement have been re-profiled using a subscription based model based on licences (e.g. Windows 10) and office 365 requirements. The implication is a considerable cost increase to all Health Boards. Full year additional costs for this Health Board will be circa £1.4million. The new contract will take effect from quarter 2 of 2019 2020. As a result non-pay costs are predicted to overspend as this is an unfunded cost pressure. The 2019 2020 impact is predicted to be circa 1million.

Although savings plans have been achieved this year, £75k of the requirement was achieved re-currently. As a result £200k will be a pressure in future years until recurrent savings are made. In addition last year's savings achieved non recurrently have also rolled forward as a staff turnover factor (negative Budget).

Capital: The discretionary programme (appendix 2) is progressing as planned with progress being made in all expected areas. Expenditure at M3 was £18k, with additional orders placed totalling £158.

The re-provision of £225K of discretionary capital from the 2019 2020 programme to the **Welsh Patient Administration System** project effectively closes this scheme, however the WPAS Programme Board have been advised that its £1.25million allocation is unlikely to be utilised within year. Whilst WAG funds were subject to a caveat of return or use before 2019/20, Capital Accounts have secured an outline agreement for the re-provision of funding (depending on value) in 2020/21. This is essential to mitigate perceived risks and issues with internal brokerage.

As previously reported in this document, phase three of the **paging systems** replacement project which was scheduled in Bangor will not progress in quarter three as originally scheduled. This is due to installation issues in phases one and two (East and Central) and ongoing accountability discussions which require resolution with the supplier. Pending resolution this is likely to become a 2020/21 priority to support standardisation.

Emerging Capital Priorities have been received from Health Records and highlighted at the Capital Programme Management Team as a likely substitute project for the paging system. Whilst this was not a 2020 / 2021 priority, components within Health Records Racking within the East main file library are failing. In addition the tracking that Health Records racking “runs” on within the West secondary storage file library requires urgent replacement. Business cases detailing the requirements and the associated risks are currently being assessed. Costs for the 2019 2020 programme are circa £81k (£25k and £56k respectively).

Formal change control is being sought.

Betsi Cadwaladr University Health Board DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN (From: April 2019)											2019/20													
											Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
											30 April 2019	31 May 2019	30 June 2019	31 July 2019	31 August 2019	30 September 2019	31 October 2019	30 November 2019	31 December 2019	31 January 2020	28 February 2020	31 March 2020		
Scheme	RAG Rating					Budget			Scheme Duration		Programme													
	Q	T	C	R	B	Approved Budget £	Estimated Outturn £	Variance £	Start Date	End SPEND Date	S = Project Start P = Procurement Implementation Close	D = Design I = Design C = Project												
DIGITAL ROADMAP													Planned/Actual Prog											
Welsh Patient Administration System - Phase 3 of 4 Re-provision of funding to all Wales project.	G	G	G	G	G	£225,000	£225,000	£0	01.04.19	31.03.20	Planned													
Digital Health Record Project	G	G	G	G	G	£300,000	£300,000	£0			Actual													
DATA DRIVEN DECISION MAKING													TBA											
Auditbase - Clinical Outcomes	G	G	G	G	G	£16,000	£16,000	£0	TBA	TBA	Planned													
DIGITAL INFRASTRUCTURE																								
Hardware Replacement Programme	G	G	G	G	G	£486,500	£480,500	£6,000		01.03.20	Planned													
Single Sign On Expansion	G	G	G	G	G	£60,000	£60,000	£0	01.09.19	28.02.20	Planned													
Core Telephony Systems Replacement (Yr. 3 of 5)	G	A	A	G	G	£390,000	£390,000	£0	01.04.19	28.02.20	Planned													
PMS Critical Monitoring Systems (Pharmacy)						£7,500	£7,500	£0	01.04.19	30.6.19	Planned													
Access Control System Replacement (User and device authentication)	G	G	G	G	G	£225,000	£225,000	£0	01.12.19	01.01.20	Planned													
Perimeter Security Upgrade (firewalls). Phase 2 of 2	G	G	G	G	G	£60,000	£60,000	£0	01.05.19	31.01.20	Planned													
Resilient Server Loads Balancers	G	G	G	G	G	£20,000	£20,000	£0	01.07.19	31.09.20	Planned													
Server Virtualisation Expansion and Refresh (inc. migration from Windows 2003 servers)	G	G	G	G	G	£150,000	£150,000	£0	01.06.19	28.02.20	Planned													
YG Radiology Network Cabinet refresh and comms room build	G	G	G	G	G	£55,000	£55,000	£0	TBA	TBA	Planned													
Preswifa site Network Infrastructure replacement	G	G	G	G	G	£60,000	£60,000	£0	01.07.19	31.10.19	Planned													
Wireless Network Capacity Expansion	G	G	G	G	G	£50,000	£50,000	£0	01.04.19	28.02.20	Planned													
Completion of Data Centre 1 YGC build (Secondary UPS and Cooling resilience)	G	G	G	G	G	£200,000	£200,000	£0	01.06.19	TBA	Planned													
Wide Area Network Data Circuit Upgrades	G	G	G	G	G	£40,000	£40,000	£0	01.07.19	28.02.20	Planned													
Paging System Replacement (Bangor)	G	G	G	G	G	£180,000	£0	£180,000	01.11.19	28.02.20	Planned													
Data Centre & Hub room(s) UPS and AirCon Maintenance and replacement	G	G	G	G	G	£25,000	£25,000	£0			Planned													
Local Area Network Switch Upgrades (DGH & Community sites)	G	G	G	G	G	£450,000	£450,000	£0		28.02.20	Planned													
Web Filtering - Late Receipt							£6,000	£-6,000		01.05.19	Actual													
TOTAL						£3,000,000	£2,820,000	£180,000																

July 2019



Informatics Operational Plan

2019/2020

Dylan Williams, Chief Information Officer

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

Quarter 1

Digital and Information Governance Committee	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board <i>To improve health and provide excellent care</i>
27.9.19	

Report Title:	Informatics Quarter 2 Assurance Report
Report Author:	Tracy Williams, Head of Informatics Performance & Improvement <i>et al.</i>
Responsible Director:	Dr David Fearnley, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	<p>The purpose of this report is to provide the Digital and Information Governance Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met which relate to Informatics services.</p> <p>This report also provides key performance indicators that relate to the quality and effectiveness of information and information systems against which the Health Boards performance may be regularly assessed.</p> <p>The report summarises</p> <ol style="list-style-type: none"> 1. National Audit Office Reports; a review of ICT Asset Management has recently been undertaken. Findings will be reported when available. Note separate paper re Welsh Audit Office 2014 & 2018 Clinical Coding Audit Management response. 2. Compliance measures for several service areas against mandated National Targets and local targets. Whilst the report highlights improved compliance in core areas like Clinical Coding it also highlights areas of concerns. <p>The Informatics Quarterly Assurance Report is an evolving document that will continue to be developed to meet the needs of the committee. The committee is encouraged to advise of any additional requirements.</p>
Governance issues / risks:	<p>As a result of findings from a systems owners training needs analysis a tier two risk has been revised for presentation to the next DTG meeting where current controls and proposed / new mitigations will be discussed. It is suggested that there is a risk that systems are not appropriately managed and that business continuity for IT systems are not supported within the Health Board, this may be due to a lack of understanding / skill / knowledge/ training of System Owners to manage their systems e.g. develop a strategy for their system, identify risks which face their systems, complete business continuity plans /</p>

	<p>identify when the hardware / software that their system relies upon is unsupported. This may result in a lack of compliance with GDPR, patient harm (if it is a clinical system) poor contingency management and an increased risk of cyber attack</p> <p>As detailed within the paper. Findings from the System Owners training needs analysis suggest that this is a significant risk.</p> <p>During late June and early of July a number of key National hospital systems (e.g. Pharmacy, WLIMS, WPOCT, MPI, and WCP) were unavailable / affected e.g. with limited functionality. Whilst the conclusion of a major incident review is awaited, the “fault” was suggested to be caused by an air conditioning failure in Blaenafon Data Centre that led to server “shut down”.</p> <p>Pharmacy services have provided a service perspective of the impact. This “outage” is considered to be the realisation of the National Infrastructure and Products risk (CRR10) i.e. “There is a risk that the National Infrastructure and Products are not fit for purposethis may be caused by.....poor resilience.....this could lead to negative impacts on patient outcomes,Inefficient workflows....and increased costs as we maintain systems”.</p>
<p>Financial Implications:</p>	<p>National Infected Blood Inquiry (IBI):- there is a significant storage issue due to the embargo on the destruction of any casenote types for the period of the inquiry (est. 5 years). BCU has led on an evaluation report across Wales, which has been submitted to the <i>Welsh Government</i> to request funding to manage the storage requirements of additional casenotes beyond their retention periods, however it is unlikely this will be forthcoming. Off-site storage is being secured to hold in the region of 500,000 casenotes due for destruction at an estimated cost in the region of £1.5m over the 5 year period. Once the embargo is lifted, these casenotes can be destroyed immediately. Year 1 costs will be met within the Health Records and Informatics budgets, with a report to present the year 2-5 cost pressures to the <i>Finance and Performance Committee</i>.</p> <p>System Management:- A training programme will need to be developed and delivered to support system management throughout BCU and address the findings of a recent training needs assessment. A scoping exercise is planned to assess resource requirements. The output will initially be submitted to the DTG. A requirement for additional resource is anticipated.</p>
<p>Recommendation:</p>	<p>The DIGC is asked to:-</p> <ol style="list-style-type: none"> 1. note compliance with legislative and regulatory responsibilities which relate to the Informatics Services and 2. to advise the service of any additional metrics required to improve assurance.

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

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

Board/Committee Coversheet v10.0

Informatics Quarterly Assurance Report – 2019/20 Quarter 2 Submission

The purpose of this report is to provide the Digital and Information Governance Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities are being met which relate to Informatics services.

This report also provides key performance indicators that relate to the quality and effectiveness of information and information systems against which the Health Boards performance may be regularly assessed

Contents

1. National Audit Office Reports
2. Compliance
 - 2.1 Clinical Coding National targets
 - 2.2 Patient Records
 - 2.3 System Management
 - 2.4 ICT Security
 - 2.5 ICT Service Desk
 - 2.6 National and Local Systems Availability
 - 2.7 Data Standards Change Notices (DSCN)

This report will evolve in the coming quarters to meet the requirements of the committee based upon direction provided

1. National Audit Office Reports

The Wales Audit Office commenced a **review of Information Communication Technology (ICT) Asset Management** at the end of Quarter 1. The review, which aims to assess if BCU is managing its ICT assets effectively, is scheduled for completion in Quarter 2 following “fieldwork” in July at each of our acute sites.

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

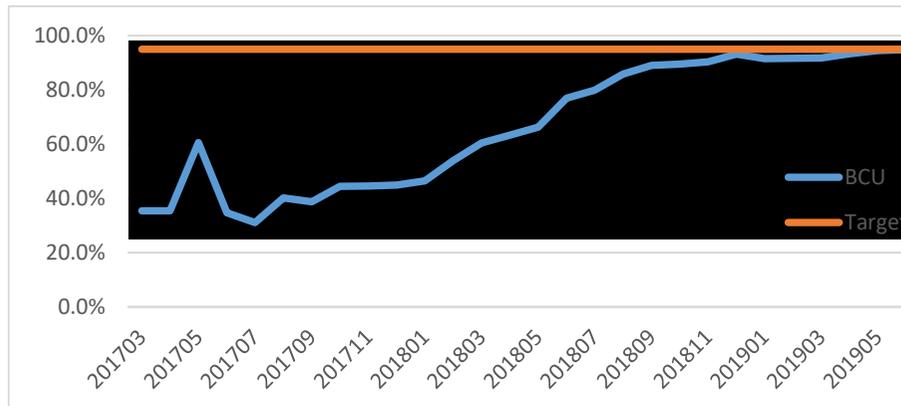
2. Compliance

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

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

The coding completeness in BCU for May 2019 was 94.9% against the National target of 95%. (This target measures the percentage of clinically coded episodes within 1 month of episode end date).

The following graph depicts how the Health Board is showing continued improvement against this target.



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

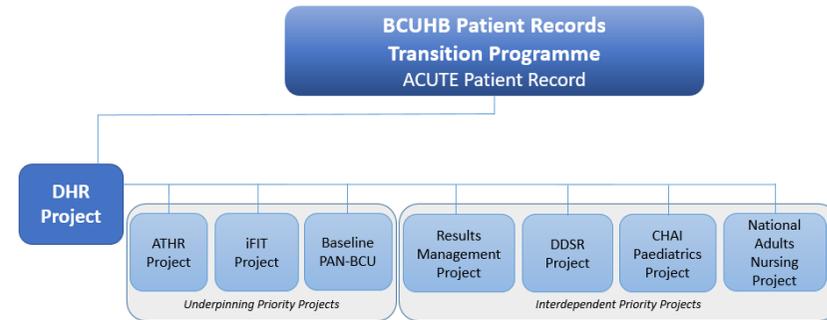
The clinical Coding department have completed a Trust Board training event to Board members, which intended to raise Board awareness on the benefits and importance of clinical coding. This closes a Welsh Audit Office recommendation highlighted in last report.

The second National Target of Coding Compliance requires an improvement in the accuracy score attained in the annual National Clinical Audit Program. There is no change from previous report submitted to this committee against this target, as the national Audit program, which measures this, will not begin in BCU until September 2019.

2.2 Patient Records:- Tier 1 Risk - *There is a risk that the right patient information is not available when required. This is caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This may result in a failure to support clinical decisions*

for safer patient outcomes and an inability to meet our legislative duties.

The control and mitigation of this risk will be delivered through the *Patient Record Transition Programme*, which currently is prioritising:



2.2.1 Digital Health Record (DHR) Project: Status (Green) – *The aim is for a single view of the patient record supporting integration with local and national systems in Wales and beyond.* Following the support for the Outline Business Case from this Committee and Executive Management Group (EMG), permission was given by the Finance and Performance (F&P) Committee to proceed to tender to inform a Full Business Case (FBC). The aim is to have the FBC ready to go back through the governance structure at the start of the new-year.

2.2.2 Results Management Project: (Pre- Formal Start) – Whilst BCUHB are successfully test requesting in the Welsh Clinical Portal, the functionality to appropriately record the action taken and by whom has not to date been fit for purpose, resulting low assurance. Previous work to address this locally was halted due to barriers to integration via the National team. To progress this work, a new Project is being established with the Secondary Care Director as the SRO, with the first meeting planned for early September. In preparation, a full review of the WCP is being undertaken locally and with the national team, including the review of a nationally developed mobile application. The project will aim to address the low assurance by; *digitising the full results management process, stopping printing results, increasing*

digital test requesting, providing opportunities for mobilisation of the process and providing assurance reports on the tests not viewed and results not actioned.

2.2.3 Digital Dictation/Speech Recognition (DDSR) Project: Status (Green) - In January 2019, BCU received confirmation that their application for Welsh Government “Invest to save” funding was successful. This enabled BCU to establish a project with the aim of delivering a DDSR solution, which will be a key contributor to the achievement of a cohesive digitised patient record. DDSR supplier events were held over 2 days in autumn 2018 where potential suppliers presented their product to stakeholders, informing the tender specification which was then published on 15th July 2019. The Project Board has been established, and the first full meeting took place at the end of July. The outcome of the tender along with baselining of current and future processes will inform the Full Business Case for the new-year.

2.2.4 CHAI Paediatrics Project: Status (On Hold) - Building on the back of a Small Business Research and Innovation (SBRI) grant that provided an external small company the opportunity to ‘solve a problem’ i.e. the amount of time nurses spend with patients; further work was undertaken to digitise ‘paediatric’ nursing documentation. Due to concerns regarding ability of the product to be developed within the known compliance and financial constraints, a full review of the viability of the developing product to deliver is currently underway.

2.2.5 (National) Welsh Nursing Care Record Project: Status (Yellow) – The admission form and 4 risk assessments have been successfully standardised across Wales. This project will initially (i) roll out these standardised forms and (ii) pilot the national application on adult wards. The User Acceptance Testing planned for August is experiencing a 1-week national development delay. The Bonny Ward in East is the location for the live pilot planned for September, after which there will be a review both nationally and locally prior to any decision to roll out across BCUHB. As with any system creating content for the acute casenote, the aim will be to hold the forms both nationally and

locally in the BCU Digital Health Record to support the aim of a single digital patient record.

2.2.6 ATHR Project (ICO Recommendation): Status (Green) – Following a full Organisational Change Process (OCP), staff have been recruited to the new centralised service, which is due to pilot in the Central area from the 5th August for 2 months. This will not only ensure a standardised response to Access to Health Record requests within BCUHB, but will digitise the process to ensure future compliance with all aspects of GDPR and the Data Protection Act 2018. This transformation is being funded through the internal restructure and an additional £100k recurring revenue allocated via the F&P Committee.

2.2.7 iFIT Project: Status (Green) – Following the successful implementation of the intelligent Radio Frequency Identification tracking system for patient casenotes across all three main hospital sites, the project is planning a significant systems update in August. It will then explore the benefits that can be achieved through expanding the product to track and manage better utilisation of our assets e.g. portable scanners, infusion pumps, wheelchairs etc.

2.2.8 Baseline PAN-BCU Project: Status (Amber) – In response to the HASCAS/Ockenden recommendations, there has been a portfolio change so that all patient records (circa. 25 types beyond ‘acute’) are now under the responsibility of the Executive Medical Director. This will require (i) a full baseline of all patient records held to measure their compliance against legislation and standards of good record keeping, and (ii) develop recommendations to deliver this in the future. The new Deputy Head of Health Records is due to start in October, and funding is being secured via the *HASCAS/Ockenden Improvement Board* for a Project Manager to undertake this significant work.

2.2.9 Update on Other Key Compliance Issues:

National Infected Blood Inquiry (IBI) - Whilst IBI Project Board is satisfied that controls are effectively in place to manage the responses to the inquiry, there is a significant storage issue due to the embargo on the destruction of any casenote types for the period of the inquiry

(est. 5 years). BCU has led on an evaluation report across Wales, which has been submitted to the *Welsh Government* to request funding to manage the storage requirements of additional casenotes beyond their retention periods, however it is unlikely this will be forthcoming. Off-site storage is being secured to hold in the region of 500,000 casenotes due for destruction at an estimated cost in the region of £1.5m over the 5 year period. Once the embargo is lifted, these casenotes can be destroyed immediately. Year 1 costs will be met within the Health Records and Informatics budgets, with a report to present the year 2-5 cost pressures to the *F&P Committee*.

Relocation of the YGC File Library – In response to the realisation of the racking failure risk at the YGC Main (Acute) File Library, approx. 70,000 casenotes were successfully relocated to the Ablett Unit and work was delivered to stabilise the portacabin environment. The next step is for the *YGC File Library Programme Board* to develop a single business case for a new pan-central file library to relocate (as a minimum) the acute records from both the Ablett and the portacabin – taking account of the plans for a DHR, by April 2021 in line with the Mental Health Service Business Case.

2.3 System Management:- Circa 280 Information Technology systems have been registered on the Health Boards Asset Database with 151 different system owners identified (some system owners manage more than one system). The majority of these systems are managed within the wider organisation i.e. outside of Informatics.

Recognising “system management” within the Health Board as a potential area of “risk”, Informatics led the establishment of a system owners group towards the end of 2017, which reports to the Digital Transformation Group. The system owners group are proponents of a training programme for system owners as members (which have been limited) felt that there were gaps in their knowledge, which could affect their ability to manage systems / carry out their roles.

This perception was arguably supported, as many “system owners” have not been able to independently or readily identify systems that are

“at risk” as they run on unsupported software / hardware (e.g. Windows XP, Server 2003, with Server 2008 approaching the same).

A preliminary review of data from the asset register undertaken in the last quarters of 2018 suggested that training was essential to ensure that systems owners were aware of their responsibilities. This was perceived as only 32% of systems registered at that time had a business continuity plan in place when the classification of the system was suggested to be “business, mission, safety or security critical (28% classified as non-critical have a business continuity plan in place). This was and is suggested to pose significant risk to the Health Board.

From December 2018 to February 2019, questionnaires were sent to registered systems owners to assess their training needs. 25% of the registered systems owners responded, the findings form appendix 1 and are suggested to pose significant cause for concern. As detailed within appendix 1 findings include:-

- 49% of System Owners feel competent to fulfil their role
- 43% know what their roles and responsibilities are
- 30% are confident that they understand and comply with laws and legislation
- 41% feel unable to develop a strategy for their system

In response to these findings:-

- a) a tier two risk has been revised* for presentation to the next DTG meeting where current controls and proposed / new mitigations will be discussed. This is proposed to be:-

There is a risk that systems are not appropriately managed and that business continuity for IT systems are not supported within the Health Board, this may be due to a lack of understanding / skill / knowledge/ training of System Owners to manage their systems e.g. develop a strategy for their system, identify risks which face their systems, complete business continuity plans / identify when the hardware / software that their system relies upon is unsupported. This may result in a lack of compliance with GDPR, patient harm (if it is a clinical

*revisions which are proposed to the original risk appear in darker text

- b) The System owners group met on the 24.07.19 to discuss findings from the training needs analysis. It has recommended the development of a series training workshops for system owners which will initially be based upon the training needs findings. It is clear that a significant amount of work will be required to develop, run and maintain these sessions. A scoping exercise will be scheduled to assess resource requirements. The output will be submitted to the DTG.

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

2.4.1 Our security appliances continue to detect and block an ever-increasing number of malware related events attempting to exploit known software vulnerabilities. In the last quarter, we have had 22,000 SPAM** emails blocked nationally as well as nearly 2000 local detections. These threats are a combination of email, web sites, USB sticks.

**irrelevant or unsolicited messages sent over the internet , typically to a large number of users, for the purpose of advertising, phishing, spreading malware etc.

2.4.2 McAfee Security Suite – During quarter 1, we have successfully implemented additional functionality within our McAfee product suite. As highlighted in the last quarters report both the Advanced Treat Protection (ATP) and Threat Intelligence Exchange (TIE) will increase the capability of automatically detecting and blocking malicious threats to our infrastructure.

2.4.3 Smoothwall Web Filtering software - which is designed to restrict what websites a user can visit on a computer is currently in its testing phase with several key staff groups. Following testing which aims to ensure that actual results match expected results a staged rollout is due to take place over the next couple of months.

2.4.4 Patch Management - Our monthly roll out of vendor software updates and security patches to enable systems to stay updated and help to mitigate vulnerabilities continues to take place.

The table below details the patch management position as of June 2019. As indicated all of the supported platforms categories, are above target in all bar one area. This is due to our program of upgrading to the latest version of office where it is possible.

Investigations are required and underway into the compliance rate for Office 2016 as the rate is similar to the previous report and below target requirements. Remediation plans will be provided within the next report if compliance is not reached.

Software Name	Number of Devices	% Compliant	%Target
Windows 7	7616	91.5%	90%
Windows 10	4849	96.6%	90%
Office 2007	5701	91.2%	90%
Office 2010	73	98.5%	90%
Office 2013	693	98.0%	90%
Office 2016	5100	81.6%	90%
Server Operating Systems	686	95.9%	95%
Average Desktop OS		94.6%	90%
Average Office apps		94.6%	90%
Average all platforms		96.1%	N/A

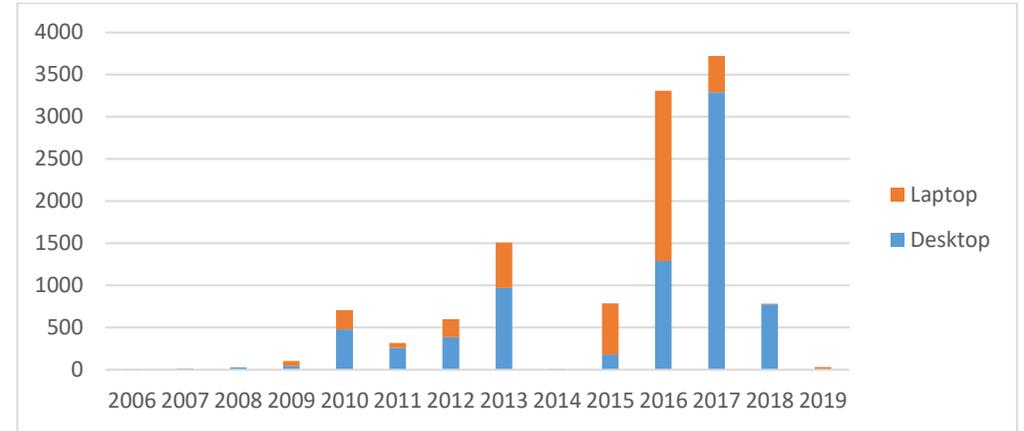
2.5 ICT Service Desk; A total of 21,200 calls were logged with Informatics in the first financial quarter of the year, this was an 11.3% reduction on the previous year’s call numbers. The trend of decreasing call levels can be partially attributed to the ongoing roll out of new hardware across the Heath Board.

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

The following graph represents the current age profile of the Health Boards Desktop and Laptop estate; this is based on the release date of the manufacturer’s hardware model.

The current replacement threshold is prior to 2013 (due to specification of the devices and their compatibility with the latest operating systems). Devices that are 2012 or below are being targeted for replacement in this year’s capital allocation where possible. As previously highlighted some devices may not be replaced due to compatibility with the applications they are running. In these cases, they will be highlighted to the department involved and we would support the department in planning to either upgrade or replace the software or if not possible, mitigate the risk in other ways.

The graph also highlights the requirement for continual investment in the desktop / laptop estate to enable a refresh cycle of 5 – 7 years. This is to ensure the reliability of service to staff using the devices.



The service desk continues to mature and the trend of calls closed at first point of contact has continued to increase, the average for the first 3 months has risen to 90.2%.

Reduced staffing levels due to annual leave and sickness has resulted in the call waiting times increasing and this has risen to an average of 2 minutes and 30 secs.

2.6 National and Local System Availability

2.6.1 National Systems; During quarter 1 (April – June 19) there have been 14-recorded incidents of national system failures that have directly impacted clinical services.

- 10 WCP Outages. *WCP has been unavailable for a total of 37 hours approx. This equates to **98.30%** of WCP system availability/uptime*
- 3 WPAS Outages. *WPAS has been unavailable for a total of 15 hours approx. This equates to **99.57%** of WPAS system availability/uptime*

Note: This resulted in 4 WTE from informatics spending 3.5 days in total supporting BCU Services ensuring no impact on clinical service delivery.

There have also been multiple instances over 3 days of letters either not being sent or delay in sending that the teams have worked through

From the 29th June to the 3rd July a number of key hospital systems (e.g. Pharmacy, Welsh Laboratory Information Management System, Master Patient Index, and Welsh Clinical Portal, Canisc, GP Systems) were unavailable / adversely affected. A Major incident review from this event is scheduled to conclude on the 12th August 2019. An interim technical report published on the 12th July 2019 advised that the “fault” was due to the failure of air conditioning units within the Blaenafon Data Centre (BDC). Failure resulted in servers “shutting themselves down” as temperatures increased.

Whilst a plan to “failover services” was enacted, the impact of no access or limited access to systems is perhaps highlighted by following impacts from a specific front line service perspective:-

From a ward pharmacist perspective: “An inability to update and edit Discharge Advice Letters (DALs) in the morning along with slow and challenging systems utilised much of our clinical time on the wards. Although we worked around the IT issues using paper processes to ensure supply for medication there were still delays to discharge due to time wasted initially and re-work on WCP. Delays in completing discharges reduced the time available to review new and existing patients, also leading to patient safety risks. Inability to complete DALs in some areas could potentially mean that incorrect DALs have gone to GPS surgeries; we cannot quantify this risk from within pharmacy. A specific example on one ward – we didn’t discharge the patients on WCP until the following day so we could amend DALs. This ensured accurate DALs going to GPs however, discharge data (date/time) will now be incorrect”.

From a ward pharmacy technician perspective: “Inability to confirm patient’s medication and a need to contact GP surgeries/ pharmacies directly request paper copies and faxes which resulted in delays to the medicines reconciliation process. Due to delays, a reduction in ability to reconcile patients medication on admission which may lead to patient

safety risks. Additional staff also needed to man dispensary due to disaster recovery system which is a slower process and may also impact on number of patients medication reconciled”.

From a pharmacy/dispensary perspective: “Impact on pharmacy system, disaster recovery system used. As unable to confirm patients have previously had medication issued possibility that duplicated medication was dispensed which may lead to waste. The medication record would not update and manual/ disaster recovery and checking of all issues needed to be actioned the following day. Unable to dispense from robot, 1 member of staff manually outputted all day. Unable to check blood results and clinically check some medications”.

This is considered to be the realisation of the National Infrastructure and Products risk (CRR10) i.e. “There is a risk that the National Infrastructure and Products are not fit for purposethis may be caused by.....poor resilience.....this could lead to negative impacts on patient outcomes,Inefficient workflows, and increased costs as we maintain systems”.

Organisational feedback has been collated and submitted to NWIS to support the Major Incident Review.

2.6.2. Local Systems; with the advent of the security of Network and Information Systems Regulations (NIS Regulations***) in 2018, the way in which we record unplanned outages has changed and been adapted to assist with mandatory reporting under these regulations.

In the last quarter (April to June 2019), there have been 16 incidents of user affecting unplanned outages.

- 7 Network connectivity incidents. These contain a network outage at Colwyn Bay & Welshpool Hospitals totalling approx. 8 hours. The other recorded issues were all resolved in under 30 minutes.

- 2 Telecoms incidents. We had a national outage from our supplier of under 2 hours and partial loss of phone extensions at Ysbyty Gwynedd for a short period.
- 4 Server related incidents. 2 of these incidents were related to file servers being offline for approx. 3.5 hours after disk failures. We also experienced a fault with a virtual server host which caused some services to automatically fail over to another member of the server infrastructure. The root cause has been identified in the case and no repeat should occur. Finally there was an outage to the iFit report system for some users for a 24 hour period. This incident has again been investigated and root cause found. Processes have been changed to ensure no repeat of the incident can occur
- 3 Environmental incidents (power loss) totalling 40 hours of interruptions at the national datacentre in Blaenavon and 2 at Ysbyty Gwynedd. The majority of this time was out of daytime business hours.

Further detail of the above events is available on request.

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

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2.7 Data Standards Change Notices (DSCN). DSCN 2019/06 - Diagnostic & Therapy Services and Referral to Treatment Waiting Times Returns

Sleep Disordered Breathing was released in May 2019 with reporting to commence in July 2019. The DSCN sets out requirements for patients awaiting sleep assessments to be recorded on a diagnostic pathway and included in reported diagnostic waiting times and referral to treatment (RTT) waiting times.

As a health board, we have not been compliant with this DSCN to date and work is ongoing with operational teams and corporate service colleagues to make necessary changes to data collection and booking processes to allow us to achieve compliance from 1st September (August position).

During the last quarter, progress was made in relation to DSCNs 2019/01 – Single Cancer Pathway and 2018/07 (AMD) Eye Care Measure. As a health board, we are compliant with reporting requirements against both DSCNs and developments in recent weeks have been in support of operational booking and tracking processes.

Appendix 1;

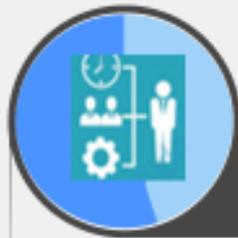
System Managers Skills Assessment excluding Informatics responses

25% Of the **151** System Owners identified from the Information Asset Register responded to 2019 System Managers Skills Assessment which ran from 21st December 2018 to 8th February 2019. Their responses are illustrated below



49%

Feel competent to fulfill the role of a System Manager



43%

Know the role and responsibilities of a System Manager

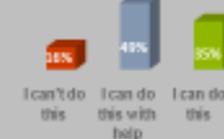
Developing a strategy for your system



Identifying risks that face your system



Managing System Risks



30%

Understand and comply with Laws and Legislation relating to system management



27%

Understand and comply with Health Board Policies and procedures relating to System management



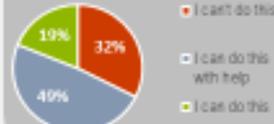
13%

Understand Change Control for systems

How to handle incidents, downtime, and outage



Creating a Business Continuity Plan



27%

Understand and comply with procurement rules relating to systems



30%

Understand the licencing requirements for their system



Digital and Information Governance Committee		Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
27.9.19	<i>To improve health and provide excellent care</i>	

Report Title:	2020/2021 DRAFT Informatics section of BCU's 3 year forward plan
Report Author:	Tracy Williams, Head of Programmes, Assurance and Improvement
Responsible Director:	Dr David Fearnley, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	<p>The purpose of this report is to provide the Digital and Information Governance Committee with a DRAFT copy of the Informatics section of the 3 year forward plan.</p> <p>The DRAFT plan is derived from our Draft 2020/2025 Digital Strategy. It is presented for comment to support engagement and revision. We are NOT requesting approval but are keen to ascertain members' views due to planning timescales.</p>
Approval / Scrutiny Route Prior to Presentation:	<p>The draft Informatics section of the 3 year forward plan was discussed at:-</p> <ul style="list-style-type: none"> - The Informatics user Group on 08.07.19 - The System Owners Group on 24.07.19 - Execs – Discussions took place between the 26th August to 14th September on BCU Draft 3 year forward plan (this section was included) - Health Economy Leads – Circulated for comment by Assistant Director of Planning prior to 05.09.19 - This document is also scheduled for discussion at the HIG in November
Governance issues / risks:	<p>This document is circulated for comment to support Governance</p> <p>The draft plan may need to be amended to reflect comments and any support / resources that are required to aid financial recovery</p>
Financial Implications:	N/A
Recommendation:	<p>The DIGC are asked to:-</p> <ol style="list-style-type: none"> 1. Review the draft plans and provide early comments to support further iterations and future approval

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

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

Board/Committee Coversheet v10.0

2020 -23

Digital Health (Informatics and Information) - DRAFT

The Informatics Strategy for 2020/23 outlines how we will provide healthcare staff and patients with secure, timely and accurate information where it is required to facilitate the best possible care. Living Healthier, Staying Well (LHSW), provides the basis of the strategic framework for our future digital services which will need to be designed to support health and wellbeing primary and community services, through a network of wellbeing centres which are supported by three acute hospital campuses providing acute and specialist care together with key support services. The ability to track all interactions in this network with patients in primary, secondary, community, mental health and social care models will need to be enabled via a digital patient care record. This will depend upon a secure, flexible and robust digital infrastructure

The aim of this strategy is to support the Health Board in becoming a largely digitally driven service within five years through key activities such as the

- a) Adoption of recommendations within the National Architecture Review and the adoption of a standards based approach to technology
- b) Implementation of a local Digital Health Record that will provide a single view of the acute patient record and will seamlessly view other types of patient information held in other local and national systems
- c) Completion of programmes of work to rollout critical national acute and community systems
- d) Improving and simplifying access to information through an excellent technology infrastructure which enables mobile working
- e) Increased use of Business Intelligence and analytics to inform and improve care and enable data driven decisions to inform planning outputs
- f) Procurement and deployment of systems, such as a patient portal, that will allow patients to access their own health information online and allow digital communication and interaction with health professionals.

The first two years of the strategy and therefore this plan are predominantly about laying the foundation for digital transformation which include completing the implementation of core National systems such as WPAS and WEDS

Our approach and pace to deliver the vision considers resource availability, the national and legislative context that influences priorities, direction and pace of delivery and our previously published “guiding principles” ⁽¹⁾. The need to “get the basics right” and maintain our focus on the delivery of this plan is essential.

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

2020/21

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

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

The **Welsh Emergency Department System project** will be upgraded in the East (phase one) with options to extend into West and Central areas (phase two and three) subject to project board decisions.

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

The organisation will improve its **Results Management** and stop printing results

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

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

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

Rolling programmes of work to **maintain / improve the digital infrastructure** e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre

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

Reduction in transactional overheads via the wider deployment of solutions such as Single Sign on

2021/22

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

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

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

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

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

Rolling programmes of work to **maintain / improve the digital infrastructure** e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre

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

The wider deployment of **Single Sign** completes providing a reduction in transactional overheads

Business cases for **Sexual Health** and **Telehealth** will be supported in production

2022/23

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

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

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

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

Rolling programmes of work to **maintain / improve the digital infrastructure** e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre

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

Actions	Milestones 2020/21		Measures	Lead	Outcome
Phase three of Welsh Patient Administration Project (PAS) will complete replacing the Commercial PAS system in the West and standardising processes relating to this system in other sites	Q1	Continuation of Data Migration, readiness for User Acceptance Testing and Training Hardware Survey Activity Started Develop solutions to address Functionality Gaps	Contribute to improved patient administration, flow through hospital and data quality		5
	Q2	Continuation of Data Migration Complete User Acceptance Testing Start Training Programme			
	Q3	Project Implementation; Complete Data Migration Activities. Complete Training Programme. Dress Rehearsal. Live Implementation. Post go-live Support			
	Q4	Project Close; Phase 3 Closure. Post Project Evaluation. Project Start; Phase 4. Planning for final data migration phase into Single Instance WPAS			
Prototype being developed in the West area to learn lessons around CRT requirements and inform wider planning of the Welsh Community Care Information System	Q1	Project Implementation - Support for new ways of working; development of reports / workflows etc.	Support care closer to home / integrated working; evaluate product functionality	Executive Medical Director	I have timely access to services based on clinical need & am actively involved in decisions about my care
	Q2/3	Prototype closure Review & evaluation of prototype Testing of new releases (bug fixes / Inpatient functionality / mobile) Correction Planning			
	Q4	Project Design / Start			
The Welsh Emergency Department System project will continue upgrading the Emergency Department System in the East (phase one) and extending instances to Central and West (phase two and three).	Q1	Project Implementation; Completion of User Acceptance Testing. Completion of End User Training. Completion of Symphony Upgrade BCU East (phase 1)	Contribute to improved patient administration and flow through ED		To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need
	Q2	Post Phase 1 Upgrade Evaluation Dependant on Project Board decisions, extend use of Symphony into West (phase 2)			
	Q3/4	Dependant on Project Board decisions, extend use of Symphony into Central (phase 3)			
The Health Board will take a decision of the Full Business Case for a local Digital Health Record and for Digital Dictation , both of which will begin implementation to strengthen our investment and approach to the delivery of cohesive digital patient	Q1	Development and approval by the Health Board of a full business case for the Digital Health Record which will inform the times scales for the project delivery	Improved patient care, quality and safety		
	Q1	Development and approval by the Health Board of a full business case for Digital Dictation and Speech Recognition which will inform the times scales for the project delivery	Improved patient care, quality and safety		

records.					
The organisation will improve its Results Management and stop printing results	Q1	Project has been defined and planned to deliver within a 12 month period			
The YGC File Library business case will be approved identifying and securing long-term fit for purpose accommodation	Q1	Working with support from the Hospital Management Team, Planning and Estates department to identify an appropriate solution, development and approval by the Health Board of a single stage business case that specifies the storage and logistics requirements for long-term storage of acute patient records in Central	To ensure resilient and timely access to support clinical services		
Delivery of information content to support flow/efficiency	Q1	Implement phase 1 of in house patient status board	Contribute to improved patient administration, flow through hospital and data quality		
	Q2	Review phase 1 and develop case for further rollout at each site			
	Q4	Increase operational use of BI technology in clinical areas			
phase 1 of digital patient services which includes piloting electronic appointment letters and using technology to increase electronic appointment reminders.					
Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Q1	Prioritisation and formal approval of the Informatics discretionary Capital Programme for 2020 2021.	Ensuring service continuity and standards of service		
	Q2	Deliver Capital Programme for 2020 2021 as defined within plans			
	Q3	Deliver Capital Programme for 2020 2021 as defined within plans			
	Q4	Deliver Capital Programme for 2020 2021 as defined within plans			
Provision of infrastructure and access to support care closer to home	Q4	A phased and targeted expansion of Skype for business Work will continue on the roll out of GovRoam across public sector sites in North Wales. Device testing for WCCIS is also planned pending delivery of a mobile Application from NWIS.	Improved patient access to services, empowering patients self care and self management, delivering more care closer to home, optimising community team capacity and ways of working across the health		

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

Digital and Information Governance Committee		Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
27.9.19	<i>To improve health and provide excellent care</i>	

Report Title:	IT Systems Change Management Policy
Report Author:	Sharon Smith Informatics Improvement Facilitator / Tracy Williams Head of Programmes, Assurance and Improvement
Responsible Director:	Dr David Fearnley Executive Medical Director
Public or In Committee	Public
Purpose of Report:	To gain approval for a BCUHB wide IT Systems Change Management Policy that has been developed following recommendations from Internal Audit on Change Management.
Approval / Scrutiny Route Prior to Presentation:	<p>Version 1 was approved by a task and finish group of system owners between 12.02.2019 and 04.03.2019. Version 2 (updated from discussions at the DIGC) was reviewed and approved between 04.09.19 and 06.09.19.</p> <p>Version 1 reviewed and Approved by the Chief Information Officer and Informatics Senior Management Team 18.03.2019.</p> <p>Version 1 reviewed and approved by the Executive Team 08.05.19.</p> <p>Version 1 reviewed and NOT approved by IGIC on 09.05.19. Version 2 amended to incorporate comments received submitted for consideration.</p> <p>If approved this policy will be widely disseminated -</p> <p>Policy amendments that have been made are in red for ease of review</p>
Governance issues / risks:	<p>This policy is intended to define the policy for implementing effective changes to IT systems within the BCUHB. This policy and its associated documents provides relevant staff e.g. System owners with boundaries, guidelines and best practice for IT systems change management</p> <p>This policy is considered essential as in a recent survey found that only 13% of system owners who responded to a training needs analysis felt that they understood change control. This policy aims to provide clarity on requirements to support system managers.</p> <p>The policy also aims to reduce risks that the Health Board may face as a result of unstructured / poor change control of Information</p>

	<p>Technology Systems. Risks include:-</p> <ul style="list-style-type: none"> • Information being corrupted and/or destroyed; • Computer performance being disrupted and/or degraded; • Productivity losses being incurred; and • Exposure to reputational risk. <p>The Health Board has a statutory requirement to comply with Data Protection and the Freedom of Information Legislation. Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public on the Health Boards ability to manage and protect personal data.</p>
Financial Implications:	Non-compliance with legislation can lead to significant fines imposed by the Information Commissioners office.
Recommendation:	The Committee is asked to ratify the IT Systems Change Management Policy

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

Disclosure:

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



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IT SYSTEMS CHANGE MANAGEMENT POLICY

Date to be reviewed:	November 2020	No of pages:	6
Author(s):	Sion Jones Sharon Smith Tracy Williams	Author(s) title:	Head of ICT P & I Facilitator Head of Programmes, Assurance and Improvement
Responsible dept / director:	Informatics / Chief Information Officer		
Approved by:	Information Governance and Informatics Committee		
Date approved:			
Date activated (live):			

Date EQIA completed:	06.09.2018. Updated 04.09.2019
Documents to be read alongside this policy:	BCMP01 - Business Contingency Management Policy IG26 Software Patch Management Procedure Informatics Change Management Procedure
Purpose of Issue/Description of current changes:	Issued to define the policy for implementing effective changes to IT systems within the BCUHB. This policy and its associated documents provides relevant staff e.g. System owners with boundaries, guidelines and best practice for IT systems change management.

First operational:					
Previously reviewed:					
Changes made yes/no:					

PROPRIETARY INFORMATION

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Contents

Introduction and Policy Statement	6
Purpose of the document	6
Scope	6
Aims and Objectives	7
Policy Requirements	7
Responsibilities	8
Monitoring and Escalation Arrangements	10
References	10

Introduction and Policy Statement

- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) is increasingly dependent on its Information Technology (IT) systems and infrastructure to deliver patient care, operate efficiently and account for its actions.
- 1.2 The interdependencies of systems and infrastructure are complex as a result the changes made to one IT system or part of the IT infrastructure may have consequences for others.
- 1.3 Uncontrolled implementation of changes presents significant risks including those to patient care, business continuity and everyday business processing and therefore BCUHB recognises the importance of change management.
- 1.4 Effective IT change management process are critical **to provide a robust service and** structured and efficient process are essential to ensure changes to systems are undertaken with the highest possible level of quality, safety, and accountability.
- 1.5 This Change Management Policy is aligned to ITIL (formally an acronym for Information Technology Infrastructure Library) which are best practice guidelines for service management.

Purpose of the document

2.1 The purpose of this policy is to ensure that appropriate change management is in place in order to minimise the risk of disruption to the BCUHB, its service users and stakeholders. This policy aims to **providing relevant staff e.g. system owners with boundaries, guidelines and best practice for IT system change i.e. processes that MUST be in place.**

2.2 This policy and associated procedures will define the way in which change management for Information Technology (IT) Systems **MUST** be undertaken throughout the organisation to mitigate associated risks with poor change control such as:-

- Information being corrupted and/or destroyed;
- Computer performance being disrupted and/or degraded;
- Productivity losses being incurred; and
- Exposure to reputational risk.

Scope

- 3.1 Change **in relation to systems or IT service management** is defined as “the addition, modification or removal of anything that could have an effect on IT services”. Types of changes are typically defined as:-
 - Standard Changes
 - Emergency Changes
 - Normal Changes

This policy relates to all of these change types.

- 3.2 The policy and its associated procedures relate to all clinical and non-clinical IT systems **that are recorded on BCU's Asset Management register**. It applies to all services that are responsible for the management of IT systems within BCU and to all documentation used for or required for change management of IT systems by the BCUHB. Note: This policy applies to systems managed directly by the Informatics and those managed by other services such as laboratories, finance, workforce, estates and specialist clinical systems.

Changes to all IT systems will be managed and controlled by adhering to the processes defined within this policy.

- 3.3 This policy applies to all staff employed by or contracted to BCUHB with responsibility / **accountability or management** for IT systems change. All systems and third party suppliers who provide systems to support clinical and operational services and includes experts who BCUHB might call upon in consultation.

Aims and Objectives

- 4.1 This policy and its associated procedures aim to mitigate the associated risk and / or negative impact of change whilst responding to changing requirements.
- 4.2 It aims to minimise the risk of unnecessary changes being applied to a system without forethought, thus avoiding the introduction of faults into the system and assist with the effective use of resources as robust controls would mean that it is less likely that conflicting changes are applied.

Policy Requirements

5.1 System owners / those that are ultimately responsible for providing the systems service /functionality to the Heath Board must ensure that processes for their IT system are in place to:-

- **Provide** a change management process that is in proportion to the scale of the change
- **Ensure** change is implemented in a standard way enabling repeat processes to be used, making the whole process easier to manage
- **Ensure** that change is assessed and approved / authorised by the appropriate change authority e.g. leadership team, **senior management team, system/clinical management team**. This includes user requests for change
- **Ensure** that changes are recorded and evaluated prior to assessment e.g. risk assessed and documented via request for change forms
- **Ensure** that change management is documented throughout its cycle in a consistent way and shared when appropriate e.g. where change will effect other systems / wider infrastructure.

The change life cycle is typically Log the change, set the priority of the change, categorise the change, undertake impact and resource assessment, approval, scheduling, build, test, implement, review and close.

- **Ensure** that authorised changes are prioritised, planned, tested, implemented, documented and reviewed in a controlled manner
- **Integrate** into other service management processes to allow authorised changes to be tracked, unauthorised changes to be identified and the true impact of the change understood
- **Provide notice** (with the exception of emergency changes) to any sites, services or users affected by the change
- **Ensure Staff** are trained, so that all staff are made aware of their responsibilities for change management and that they are appropriately supported and knowledgeable

These processes are required to protect the live IT environment from disruption associated with unplanned or failed changes

Where third party suppliers are responsible for the provision of IT services or products, details of how changes are requested and managed **MUST** be documented e.g. in service level agreements

Responsibilities

6.1 Chief Executive

The Chief Executive takes overall responsibility for IT systems change management within BCUHB. As Accountable Officer he/she is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. IT systems Change management is key to this as it will prevent disruption to the live IT environment associated with unplanned or failed changes.

6.2 Chief Information Officer

The Chief Information Officer is responsible for promoting, designing and ensuring that robust services and process are in place across the Health Board to support system management including IT systems change management. To do this they will:-

- be responsible for providing expertise and or resource to support effective change control which will underpin business continuity and support patient safety.
- ensure the development of relevant strategies, policies and procedures across the organisation to support effective Change Management. These will comply with relevant legislation and other standards aimed at ensuring the confidentiality, integrity, security and availability of information
- ensure that process are in place to support compliance across the organisation

6.3 Head of Informatics Programmes, Assurance and Improvement

The Head of Informatics Programmes, Assurance and Improvement is responsible for a robust system of governance for Informatics and Informatics services throughout the Health Board (e.g. ICT, Information, Health Records, Clinical Coding, Programmes) to ensure that the Health Board meets its legislative, Welsh Government and public responsibilities . Therefore the post holder will ensure that we comply with National and Local Standards, policies and procedures in relation to IT systems change management and that compliance is evidenced based

Through the systems owners group the post holder will put process in place to monitor compliance with this policy and identify where critical standards or deliverables are not being achieved or met as required.

6.4 System Owners Group

The system owners group will be responsible for initiating, defining or creating frameworks (or metrics) to capture compliance with the IT systems change management policy. This will enable effective monitoring against policy (at the system owners group) and identification of changes to underpin improvements with change and policy / procedure design.

The system owners group will ensure that process are in place to provide support to system owners throughout BCU in the discharge of their duties e.g. by designing training programmes to support the development of skills for IT systems change management and by providing expert knowledge to system owners to support change management.

6.5 BCUHB IT System Owners

System Owners/ those that are ultimately responsible for providing the systems service /functionality to the Health Board must ensure that policy requirements are met. The responsibility for change management is devolved to the relevant System Owners within BCUHB, who will ensure that IT system changes within their area are managed in a way which meets the aims of the organisation's change management policy and procedures.

For systems that are ISO accredited any changes made need to ensure that the relevant standards are maintained.

System Owners will be responsible for ensuring that any operating procedure for change management which are required e.g. similar to the Informatics Change Management Procedure are developed to meet legislative requirements and the Health Boards Policies and Procedures

6.6 All Staff

All staff involved in system change must ensure that they manage change and keep appropriate records in line with this policy and procedures and with any relevant standards or guidance.

Monitoring and Escalation Arrangements

7.1 Digital and Information Governance Committee

The Digital and Information Governance Committee (DIGC) will seek assurance on behalf of the Board that effective policies, processes and procedures are in place for IT systems Change Management. They will receive quarterly “assurance” reports from the System Owners Group (directly or indirectly via the Digital Transformation Group as appropriate) to support them in the discharge of their duties.

The DIGC will also consider the Information Governance and Informatics implications for the Health Board of any internal or external reviews and reports in relation to this policy.

7.2 The policy and supporting procedures will be disseminated throughout the organisation and training initiated. Escalation of issues will be through the systems owners group to the Digital and Information Governance Committee to the Board

7.3 This ‘new’ policy and associated procedures will be reviewed after one year, thereafter it will be reviewed every three years. Review maybe invoked earlier if new legislation, new standards or codes of practice are introduced.

References

- Healthcare IT Skills - Change Control Procedures
- The Information Technology Infrastructure Library (ITIL®)
- West Hampshire Clinical Commissioning Group; IT Change Management Policy V 5. August 2018. Accessed <https://www.westhampshireccg.nhs.uk/download.cfm?doc=docm93jjjm4n1853>
- ISO27001 Security, Change Management and Control Policy



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EQUALITY IMPACT ASSESSMENT FORMS

PARTS A and B: SCREENING AND OUTCOME REPORT

Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

This is not optional: Equality Impact Assessment is a specific legal requirement on public sector organisations under equalities legislation and failure to comply could result in a legal challenge to a decision or strategy. More importantly, equality impact assessment helps to inform better decision-making and policy development leading to improved services for patients. **This form should not be completed by an individual alone, but should form part of a working group approach.**

The Forms:

You must complete:

- **Part A** – this is the Initial Screening that is always undertaken and consists of Forms 1 to 3; these forms are designed to enable you to make an initial assessment of the potential impact of what you are doing, and decide whether or not you will need to proceed to a Full Impact Assessment (Part C);

AND

- **Part B** – this is the Outcome Report and Action Plan (Form 4) you will need to complete whether or not you proceed to a Full Impact Assessment;

Together, these forms will help to provide evidence of your Impact Assessment and how you have shown “due regard” to the duties.

You may also need to complete Part C (see separate Form) – if parts A and B indicate you need to undertake a Full Impact Assessment. This enables you to fully consider all the evidence that is available (including engagement with the people affected by your document or proposals) to tell you whether your document or proposal will affect people differently. It also gives you the opportunity to consider what changes you may need to make to eliminate or mitigate any adverse or negative impact you have identified.

Remember that these forms may be subject to external scrutiny e.g. under a Freedom of Information request

Once completed, the EqIA Forms should accompany your document or proposal when it is submitted to the appropriate body for approval.



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1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	ICT Service Change Management Policy and Procedure
2.	Provide a brief description, including the aims and objectives of what you are assessing.	Policy to define the process for dealing with ICT Change Management within BCUHB
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	System Owners Group
4.	Is the Policy related to, or influenced by, other Policies/areas of work?	BCMP01 – Business Contingency Management Policy IG26 Software Patch Management Procedure
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals?	Owners of ICT Systems with BCUHB
6.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	<p>Communication, training and support will be key to the success of the policy.</p> <p>Communication – to all system owners, services responsible for system management etc Training and support – for those that will be required to follow this procedure. A series of training packages will require development and resource.</p> <p>Compliance with the policy is likely to be limited initially given understanding of change control. Significant work will be required to support compliance. The policy is essential to</p>

		provide a framework going forward.
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Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights

Characteristic or other factor to be considered	Potential Impact by Group. Is it:-		Please detail here, <u>for each characteristic listed on the left:-</u> (1) any Reports, Statistics, Websites, links etc. that are relevant to your document/proposal and have been used to inform your assessment; and/or (2) any information gained during engagement with service users or staff; and/or any other information that has informed your assessment of Potential Impact.
	Positive (+) Negative (-) Neutral (N) No Impact/Not applicable (N/a)	High Medium or Low	
Age	N/A		
Disability	N/A		
Gender Reassignment	N/A		
Marriage & Civil Partnership	N/A		
Pregnancy & Maternity	N/A		
Race / Ethnicity	N/A		
Religion or Belief	N/A		
Sex	N/A		
Sexual Orientation	N/A		
Welsh Language	N/A		
Human Rights	N/A		

Guidance on completing Form 2: For each of the characteristics listed, and considering the aims and objectives you detailed in Q2 on Form 1, you need to consider whether your document or proposal likely to affect people differently, and if so, will this be in a positive or negative way? For example, you need to decide:

- will it affect men and women differently?
- will it affect disabled and non-disabled people differently?
- will it affect people in different age groups differently? - and so on covering all the protected characteristics.

Use your judgement to indicate the scale of any impact identified. The factors used to determine an overall assessment for each characteristic should include consideration of scale and proportionality as well as potential impact.

Form 3: Assessing Impact Against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the “General Duty”. This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-	
<ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation; • Advance equality of opportunity; and • Foster good relations between different groups 	
1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	N/A
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	N/A
3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	N/A

Part B:

Form 4 (i): Outcome Report

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD
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1. What is being assessed? (Copy from Form 1)	ICT Service Change Management Policy and Procedure
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2. Brief Aims and Objectives: (Copy from Form 1)	Policy to define the process for dealing with ICT Change Management within BCUHB
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3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could any of the protected groups be negatively affected?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your decision or policy of high significance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

4. Did the decision scoring on Form 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<p>Record here the reason(s) for your decision i.e. what did Forms 2 & 3 indicate in terms of positive and negative impact for each characteristic?</p> <p>There will not be a negative impact upon any of the protected groups by the introduction of this policy This policy / the implementation of it is anticipated to result in a positive effect – supporting all system owners equally with the provision of guidelines for the management of change within systems that they manage.</p>	

5. If you answered 'no' above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your document or proposal?	Record Details:	
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
How is it being monitored?	Annual review of the percentage of change requests that do not adhere to the policy Number of unapproved changes taking place	
Who is responsible?	Informatics Performance & Improvement Service will provide evidence based data to the System Owners Group.	
What information is being used?	Information on changes within systems for example the document will be audited against the change requests logged within NWIS Service Point tool. These are recorded with the type of change and lead times and the reasons for approval or rejection.	
When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	In line with review of Policy	
7. Where will your decision or policy be forwarded for approval?	System Owners Group	
8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	A Task and Finish group was established to develop the Policy with representative from the System Owners Group which is a sub group of the Digital Transformation Board. The policy was also sent to representatives of the Informatics User group for consultation.	

9. Names of all parties involved in undertaking this Equality Impact Assessment:	Name	Title/Role
	Sharon Smith	Informatics P&I Facilitator
	Nick Husbands	ICT Systems Manager,
	Dave Slocombe	Data Communications Manager
	Jamie Johnson	Business Systems Development Manager, Finance
	James Rees	ICT Service Support & Delivery Manager,
	James Satelle	Operational Support Services Manager,
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Form 4 (ii): Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/A		
2. What changes are you proposing to make to your document or proposal as a result of the EqIA?	N/A		
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?	N/A		
3b. Where negative impacts on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.	N/A		

	Proposed Actions	Who is responsible for this action?	When will this be done by?
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	N/A		

Digital and Information Governance Committee

27.9.19



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide
excellent care

Report Title:	Welsh Audit Office 2014 & 2018 Clinical Coding Audit Management Response
Report Author:	Dafydd Ap Gwyn, Head of Clinical Coding
Responsible Director:	Mr Dylan Williams, Chief Information Officer
Public or In Committee	Public
Purpose of Report:	<p>The purpose of this report is to provide the Digital Information Governance Committee with an update position of the Health Boards position against all Welsh Audit Office recommendations.</p> <p>The report details how and when recommendations have been implemented and what further work is required to complete the recommendation.</p>
Approval / Scrutiny Route Prior to Presentation:	Chief Information Officer and Head of Informatics Programmes, Assurance and Improvement
Governance issues / risks:	
Financial Implications:	N/A
Recommendation:	<p>The Digital information Governances Committee is asked to:-</p> <ol style="list-style-type: none">1. Review the attached report, note progress to date and provide scrutiny as required2. Approve the report for submission to the audit committee or advise the service of any additional information evidence required to improve assurance.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	x	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment <i>(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see http://howis.wales.nhs.uk/sitesplus/861/page/47193)</i>			

Welsh Audit Office 2014 & 2018 Clinical Coding Audit Management Response

In December 2018, the Wales Audit Office examined the progress made in addressing recommendations set out in the **2014 Review of Clinical Coding** and any resulting improvements in clinical coding performance.

In the Quarter 1 Informatics Assurance report that was presented to this committee, the committee was advised that the WAO report concluded that *“the Health Board has improved its coding performance significantly...”* And highlighted that progress with recommendations was reported to have been made but addressing the coding backlog had meant that many actions still need to be completed fully”

Appendix 1 provides the committee with the full audit summary and full management Responses (in audit committee format). This is submitted to the DIGC for scrutiny and approval prior to submission to the Audit Committee.

As noted within the appendix, a significant amount of work has been undertaken to action recommendations. Figure 1 provides a summary of progress that has been made since the previous report and indicates the revised number of recommendations that are being actioned following discussions with the WAO.

Figure 1; Status of 2014 recommendations

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

As noted in figure 1, progress against recommendations is now largely in line with the timescales agreed with the exception of one recommendation is “overdue” leading to a revised timescale for implementation. All remaining recommendations have closed as planned or remain in progress with no concerns highlighted.

The overdue recommendation is to update training materials, revisions to timescales have been required as the initial timescales were too ambitious and failed to account for the dependency of updating the Coding Policy and devising standard operating procedures which will be required to underpin and update the training materials.

Progress against recommendations which are still in progress will be subject to continued review and monitoring through the Informatics Assurance report.

Audit Management Response

Appendix 1 : Audit Details

Audit Title: Clinical Coding follow up Review	Audit Source: Welsh Audit Office
Executive Lead Title: Chief Information Officer	Executive Lead name: Dylan Williams
Operational Lead Title: Head of Clinical Coding	Operational Lead name: Dafydd Ap-Gwyn
Date of Audit Issue: 30/05/2019	Date of Management Response: 30/06/2019

Audit Summary	<p>During 2014-15 the Auditor General reviewed the clinical coding arrangements in all relevant NHS bodies in Wales. That work pointed to several areas for improvement such as the accuracy of coding, the quality of medical records and engagement between coders, clinicians and medical records staff.</p> <p>In October 2014 we reported our findings for Betsi Cadwaladr University Health Board (the Health Board). The report concluded that 'whilst there had been a positive investment and focus on clinical coding within the Health Board, a lack of consistent coding processes, low clinical engagement and slow access to medical records could potentially affect the accuracy of clinical coded data'.</p> <p>As part of the of the Auditor General's 2018 audit plan at Betsi Cadwaladr University Health Board, we have examined the progress made in addressing the recommendations set out in the 2014 Review of Clinical Coding and any resulting improvement in clinical coding performance.</p> <p>We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.</p>
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Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
R1 - 2019	We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.	Ensure that performance on coding is reporting into the newly formed information governance informatics committee to ensure that monitoring performance against the Welsh Government target is maintained.	In May 2019, the IGIC agenda items will include an Informatics Quarterly Assurance Report this report includes a summary of this audit and its action along with coding performance against Welsh Government targets. Coding completeness will be recorded quarterly via the mechanism. Updated 12.07.2019 : Management response remains accurate - this recommendation is now closed as action is completed.	Dafydd Ap-Gwyn		30/06/2019
R2- 2019	We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.	Revisit training materials and standardise across the Health Board, ensuring that the materials reflect the totality of the Health Boards coding not just site based.	Clinical Coding training materials are currently being updated to assist with engagement and knowledge, once completed these will be released as part of a wider engagement strategy Updated 12.07.19: Management response remains accurate. Work has commenced but the standard required will take longer than originally anticipated. The date has therefore been revised.	Dafydd Ap-Gwyn		01/01/2020
R2a 2014-19	We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full	Introduce a single coding policy and procedure across the health board which brings together all practices and processes to ensure consistency. The policy and	Updated 12.07.19: The Health board has a single coding policy and procedure. The document is under review and is scheduled to be approved and recirculated for implementation by 31.08.19 to cover points highlighted.	Dafydd Ap-Gwyn		31/08/2019

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
	potential of clinical coding and more work is needed to engage with clinicians and improve medical records.	<p>procedure should include: ensuring coding practices are well described;</p> <p>Summary of progress as at 2019 follow up review: At our last review we found that the Health Board did not have a clinical coding policy which covered all sites and activities. There were historical policies in place for Wrexham Maelor and Glan Clwyd, with no policy in place in Ysbyty Gwynedd. The Health Board recognised the need for a single policy to address potential inconsistencies in practice and to provide more clarity for staff as to what is expected of them. A single coding policy is now in place, however there is further work to be done to fully complete implementation of this. Through our interviews, awareness of the policy was low amongst coding staff.</p>	The coding policy has been subject to circulation to all coding staff. Coding staff and Team Leaders have been encouraged to suggest amendments to support ownership. Awareness will be achieved from final dissemination and discussion at site meetings which are scheduled.			

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		<p>Additionally, there are some elements that need to be changed to reflect the changes in the Welsh Government targets. The coding manager is currently developing standard operational procedures (SOP) to support the clinical coding procedure. This is positive and will provide additional information to support the coding policy and should address inconsistencies as well as clearly identify the routine validation checks which have been introduced.</p>				
R2b 2014-19	<p>We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.</p>	<p>Introduce a single coding policy and procedure across the health board which brings together all practices and processes to ensure consistency. The policy and procedure should include:</p> <p>Providing guidance and feedback to staff to enable consistent practices across the health board;</p>	<p>Updated 12.07.19: To support consistent coding practices across the Health Board, any diversions from coding standards when identified are highlighted to all sites via emails which are sent to the Coding Managers/ Team Leader. This is cascaded this way to ensure understanding. "coding validation checks / lessons learnt" will be a standard team meeting agenda item from 01.08.19 enabling lessons learnt / further discussion to support standardisation.</p> <p>Action Complete</p>	Dafydd Ap-Gwyn		31/08/2019

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		<p>Summary of progress as at 2019 follow up review: The Health Board uses the PDP process and at the time of our review, the coding department were near 100% compliance with only one member of staff waiting for their review.</p> <p>Arrangements are in place for routine validation checks and if issues are identified these are fed back to the individuals. However, there could be more consistency in feeding back issues to the whole team across sites.</p>				
R2d 2014-19	<p>We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.</p>	<p>Introduce a single coding policy and procedure across the health board which brings together all practices and processes to ensure consistency. The policy and procedure should include:</p> <p>Address variations in practices across the three sites; and</p>	<p>Updated 12.07.19: Standard Operating Procedure to supplement the coding policy and procedure are being developed. A prioritised list of SOPs required and named "developers" of these has been created.</p> <p>All SOP's are scheduled for completion by the end of March 2020</p>	Dafydd Ap-Gwyn	Jean Edgeley Paul Kelly	31/03/2020

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		<p>Summary of progress as at 2019 follow up review: Work is ongoing to address any variations in practices across sites, and the coding management team meet to discuss any issues highlighted through routine validation checks. However due to pressures of work local team meetings do not always happen, and opportunities for the coding team to get together as a whole group are difficult to organise.</p> <p>Currently standard operational procedures are being developed by the coding manager, and these should help remove any variations in coding practices by providing more detailed instructions.</p> <p>In our last review we found variations in policies between the three DGH sites relating to mental health and community hospital coding. At Ysbyty Gwynedd coders within the team were coding activity</p>				

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		<p>relating to mental health and community hospital, whereas in Wrexham Maelor coding staff did not code mental health but did code community provision. At Ysbyty Glan Clwyd, they did not code either mental health or community. Positively all mental health activity across the Health Board is now coded by the coding departments, following changes in April 2015. However, there are still differences in approach in relation to coding community activity as previously found. There are also still different systems within the Health Board. Coding is carried out using the Welsh Patient Administration System (PAS) and 3ms Clinical Encoder in Wrexham Maelor and Ysbyty Glan Clwyd, but the Patient Information Management System (PIMS) is still used in Ysbyty Gwynedd.</p>				

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
R2e 2014- 19	We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.	<p>Introduce a single coding policy and procedure across the health board which brings together all practices and processes to ensure consistency. The policy and procedure should include:</p> <p>Strengthen internal coding audits.</p> <p>Summary of progress as at 2019 follow up review: In our last review we highlighted that ensuring the consistent application of coding rules across the Health Board was a challenge, and one recognised by the Head of Coding. We recommended that the Health Board strengthen their own internal coding audits. The Health Board has two accredited clinical coding auditors; however, their qualification has now lapsed. There are no plans</p>	<p>Updated 12.07.19; The coding policy includes the Health Boards approach to audit and validation - this will be updated with the policy by 31.08.19.</p> <p>Whilst we note the recommendation to review physical case notes more frequently a "digital by default principle" is adopted. This will receive review / validation with the policy review. Benchmarking BCU's approach against other Healthcare organisations will support this.</p>	Dafydd Ap-Gwyn		31/08/2019

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		<p>in place to renew their qualifications although they are aware of the audit methodology.</p> <p>The Health Board places reliance on the external audit conducted by NWIS at each of the three sites every other year as part of the National Audit Programme. They note that additional external audit may be commissioned additionally if required. The results from the NWIS accuracy audits are positive, and the Health Board are showing improvements.</p> <p>The Health Board has recently recruited a staff member who can undertake audit work, however they were not employed for this purpose, so it is unclear if they will undertake this role going forward.</p> <p>The Health Board recognises this position but reflects that the coding audits are very time consuming. A range of validation checks have been</p>				

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		put in place which automatically look for common coding errors. These are positive but would not give the depth of information a formal review back to casenotes would.				
R3a 2014-19	We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.	<p>Strengthen engagement with medical staff to ensure that the positive role that doctors have within the coding process is recognised:</p> <p>Embedding a consistent approach to clinical coding training for medical staff across the health board</p> <p>Summary of progress as at 2019 follow up review: There is a recognition from coding staff that this work will never be completed, and that clinical engagement remains an ongoing challenge. During our last review we found that clinical coding positively featured as part of the</p>	<p>Updated 12.07.19; As noted in the "summary of progress" Medical Information Officers have been appointed to the Informatics Management structure to support clinical engagement.</p> <p>Engagement continues through attendance at Junior Doctors Induction etc. Engagement log has been created to evidence ad hock engagement.</p> <p>Action to be closed engagement is ongoing, activities are being captured and will be reviewed and assessed.</p>	Dafydd Ap-Gwyn		12/07/2019

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		<p>induction for junior doctors. These arrangements have continued, and coders continue to attend the junior doctors' inductions with the last ones being in September 2018. Further work in this area has been affected by capacity within the team. Although there is recognition by the team they want to do more.</p>				
R3b 2014-19	<p>We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.</p>	<p>Strengthen engagement with medical staff to ensure that the positive role that doctors have within the coding process is recognised:</p> <p>Ensuring a consistent approach to medical staff induction across the health board</p> <p>Summary of progress as at 2019 follow up review: We noted in our previous report that there were different approaches to medical staff</p>	<p>Updated 12.07.19. The Clinical Coding presentation which is used for induction is under review. It will be standardised so that a standard core message is delivered. Some tailoring may be required depending on audience but core training material will be consistent</p> <p>Presentation complete and made available to all coding management staff, discussed at coding managers meeting 01/08/2019</p> <p>Action complete.</p>	Dafydd Ap-Gwyn		31/08/2019

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		<p>induction at different sites. This has continued. There is evidence of clinical engagement events being undertaken, such as meeting junior doctors in Wrexham Maelor and providing information on the importance of coding and data quality.</p> <p>However, the approaches remain inconsistent across the Health Board, and the presentation shared with us for this review could helpfully be updated as it appears not to have been reviewed for some time. The training slides do not give an overview of the Health Board coding function, which would be helpful.</p>				
R3c 2014-19	We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work	<p>Strengthen engagement with medical staff to ensure that the positive role that doctors have within the coding process is recognised:</p> <p>Encourage the use of</p>	<p>Updated 12.07.19. On the 11.07.19 a presentation was given to the Health Board Members (including the Chief executive) on clinical coding. The presentation included the importance of clinical coding, timeliness, its accuracy and its potential uses.</p> <p>We will continue to promote the use of clinical</p>	Dafydd Ap-Gwyn		12/07/2019

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
	is needed to engage with clinicians and improve medical records.	<p>coding information for uses other than mortality statistics</p> <p>Summary of progress as at 2019 follow up review: In our last review we highlighted the potential for the data produced through coding to be used for other purposes such as service transformation and planning. There have been some examples of this however its usage remains adhoc. Since our previous work, the Health Board has expanded the activity which is coded. Following a request from clinicians within the clinical decision unit, this activity is now coded to accurately reflect the nature of their work and inform job planning. Some work has also been undertaken in speciality areas such as Urology to understand prevalence of particular illnesses.</p>	<p>coding data when possible and Medical Information officers will assist with this</p> <p>Action to be closed</p>			

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		One positive aspect that could improve this is the new Medical Information Officer roles which have been appointed across the organisation. This role supports the work of the Chief Medical Information Officer, and engagement with coding is part of their role with a responsibility for improving clinical engagement for clinical coding.				
R3d 2014-19	We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.	Strengthen engagement with medical staff to ensure that the positive role that doctors have within the coding process is recognised: Improve clinical engagement in the validation of coded data to drive improvements in quality and awareness of potential use of information Summary of progress as at 2019 follow up review: The	Updated 12.07.2019. Closed see summary of progress and previous responses	Dafydd Ap-Gwyn		12/07/2019

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		<p>Health Board recognises the need to improve clinical engagement and the Coding Manager is confident that this can improve now they have tackled the coding backlog. The clinical coding department at Wrexham Maelor has run ten clinical engagement events over the past 12 months. Since our last review the staff at Ysbyty Gwynedd have moved to a larger space to place all the staff and the additional staff in one location. This is positive. However, the relocation of staff at Ysbyty Glan Clwyd to outside of the main hospital building is felt by the team to have impacted on their ability for the coding staff to engage with clinical staff. The role of the Medical Information Officer is also seen as a key enabler of this recommendation. From their role description there is a clear commitment for them</p>				

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		to focus on improving clinical engagement with clinical coding and promoting the clinical coding services.				
R4a 2014-19	We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.	<p>Improve the arrangements surrounding medical records, to ensure that accurate and timely clinical coding can take place. This should include:</p> <p>Improving engagement between the clinical coding department and medical records</p> <p>Summary of progress as at 2019 follow up review: Our last review highlighted there was no formal coding engagement on the Health Records Group. This has now been addressed. The group has changed name to the Patient Record Group and there is regular attendance from the Head of Coding or his deputy. A review of minutes for this</p>	<p>Updated 12.07.19: Recommendation complete see summary of progress i.e. The Head of Clinical Coding regularly attending the Patient Records Group and has the opportunity to escalate any issues.</p> <p>Action closed as no further progress possible from coding department – Patient Record group / achievement of remit subject to Governance approval via DTG..</p>	Dafydd Ap-Gwyn		12/07/2019

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		<p>group show good attendance and issues with casenotes being discussed. However, these meetings appear infrequent.</p> <p>A review of minutes for this group show good attendance and issues with casenotes being discussed. However, these meetings appear infrequent.</p>				
R4c 2014-19	<p>We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.</p>	<p>Improve the arrangements surrounding medical records, to ensure that accurate and timely clinical coding can take place. This should include:</p> <p>Addressing the size of casenotes by clarifying roles and responsibilities</p> <p>Summary of progress as at 2019 follow up review: Issues with medical records remain. The medical records team have responsibility to setting up</p>	<p>Updated 12.07.19; Roles and responsibilities are clearly defined within a range of Health Board Policies and Procedures. Training is also mandatory and responsibility for records management is included in all Job descriptions.</p> <p>Whilst this recommendation has therefore been met the size of the case notes is not affected by it.</p> <p>A Head of Digital records is an established role within the Health Board and Programmes of work are being defined to digitise records which should reduce the size of case notes over a long period of time.</p> <p>A case for a local Digital Health Record has recently received support from a variety of</p>	Dafydd Ap-Gwyn		12/07/2019

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		<p>the record and ensuring that it is stored appropriately. However, the responsibility for filing information and the quality of information recorded in the medical records rest with other staff. One area in our last review was regarding results slips and this is a topic on the Health Records Group which they are trying to address.</p> <p>The Health Records department remain responsible for the policy entitled 'Health Records Management procedure'. The procedure outlines the definition of a health record as well as responsibilities. There are also standards of record keeping and good record keeping principles, which although are not the Royal College of Physicians standards, they are similar in their nature. There is no evidence of any additional work on casenotes to tackle their size.</p> <p>Staff within the focus groups</p>	<p>groups and committees with the Health Board. Resources will be required to deliver this.</p>			

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		at Wrexham Maelor and Ysbyty Glan Clwyd raised concerns around the poor quality of casenotes. As well as that, deceased patient records are not being filed correctly and there was not enough effort to ensure the files were a complete record.				
R4d 2014-19	We conclude that the Health Board has improved its coding performance significantly, but has not yet realised the full potential of clinical coding and more work is needed to engage with clinicians and improve medical records.	<p>Improve the arrangements surrounding medical records, to ensure that accurate and timely clinical coding can take place. This should include:</p> <p>Ensuring the availability of training on the importance of good quality medical records to all staff</p> <p>Summary of progress as at 2019 follow up review: There is a policy in place in relation to health records, and staff receive induction on this. Processes are in place for the Health Board to regularly audit records</p>	<p>Updated 12.07.19; As notes in the summary of progress, training is mandatory for all new Health Board staff. A Health Records Management Resource site is also available "on line" for all existing staff. This contains links to various documents and eLearning which are all designed to support good record keeping and ensure that staff have the appropriate skills and knowledge to so.</p> <p>Action complete</p>	Dafydd Ap-Gwyn		12/07/2019

Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
		<p>management systems, and as a minimum there must be an annual record keeping audit. Through mortality reviews, issues with record keeping are identified as well and fed back to staff. Arrangements are in place through the new Medical Information Officer role to support improvements in medical records. Part of the role description is to work with health records and promote the need for good record keeping.</p>				

Digital and Information Governance Committee	 GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
27.9.19		
<i>To improve health and provide excellent care</i>		

Report Title:	NHS Wales Informatics Service (NWIS) briefing - Aug 2019
Report Author:	Mr Andrew Griffiths, Director of NHS Wales Informatics Service
Responsible Director:	Mr Andrew Griffiths, Director of NHS Wales Informatics Service
Public or In Committee	Public
Purpose of Report:	For information
Approval / Scrutiny Route Prior to Presentation:	No prior scrutiny taken place
Governance issues / risks:	None
Financial Implications:	None
Recommendation:	Note for information

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

7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment <i>(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see http://howis.wales.nhs.uk/sitesplus/861/page/47193)</i>			

Disclosure:

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

Update for BCUHB Digital and Information Governance Committee

Update on Implementation activities

Strategic Objectives

To support the improvement of patient care through collaborative provision of high quality information, systems and technologies.

1. Capture information electronically at Point of Care
2. Use information to collaborate with citizens
3. Use technology routinely in all care settings
4. Be encouraged and supported to use digital tools that are available
5. Use data and information to understand the outcomes they are achieving
6. Adopt a 'digital first' philosophy when designing and delivering new services
7. Be skilled to work well within a digitally enabled environment.

Level of usage growth between May 2018 and May 2019

Users of the Welsh Clinical Portal (WCP)	+32%	Pathology tests requested in WCP	+27%
Documents viewed in Welsh Clinical Portal (WCP)	+98%	Pathology tests requested in GP Test Requesting (GPTR)	+73%
Referrals managed in Welsh Patient Referral Service (WPRS / WCP)	+15%	Test Results Viewed in WRRS	+34%
Viewings in of Welsh GP Record (WGPR) in WCP	+21%	Out of Area Test Results Viewed in WRRS	+95%
Discharge advice letters generated in Medicines Transcribing and E-Discharge / WCP	+19%	Documents stored in Welsh Care Records Service (WCRS)	+18%
RADIS radiology reports viewed in WCP	+61%	Tests stored in Welsh Results Reports Service (WRRS)	+40%

E-forms development – available for pilot or roll out

Outpatient Continuation Sheet:

- Pilot complete ready for roll out.
- Betsi Cadwaladr (West), Cardiff and Vale and Velindre health boards go live dates are dependent on development work to integrate with their Patient Administration Systems (PAS).

Radiology Requesting:

- Radiology e-Requesting (Proof of Concept) is included in Welsh Clinical Portal Release 3.11. An improved results notification function will also be part of this release.

Advance Care Plan (Phase 1 Advance Care Plan Alert):

- Scheduled with Welsh Clinical Portal release 3.10.
- Enhancement to existing ACP functionality in Welsh Clinical Portal to record that a discussion has been held in secondary care has been completed.

Hepatitis C Consultation Note

Clinical Note

Referral to Treatment Outcome Form – design completed.

Other developments

Canisc case note summaries available in the Welsh Clinical Portal

Cardiology results available

Nurse documentation pilot

The Welsh Nursing Care Record project is beginning the transition from paper to electronic nursing documents. The aim is to release nurses from the administrative burden of completing paper-nursing documents to spend more time on direct patient care.

Documentation has been agreed for the following

- Adult Inpatient Nursing Assessment
- Pain risk assessment
- Nutrition risk assessment
- Continence risk assessment
- Falls risk assessment
- Manual Handling risk assessment
- Skin and Pressure Damage risk assessment

Patient administration system update

The eye care measures and cancer tracking functionality has been completed and rolled out to all sites that require it.

External Website redesign

BCU – training was provided on 29th January, received their live website which is now being populated. Planning to go-live August / Sept 2019.

WCCIS

Live in 13 organisations with approximately 11,500 users. Funding has been agreed to take forward the community nursing proposal.

My Health On-Line

Across Wales there are 340K patients registered to use the service. 73K repeat prescriptions are made each month.

Practices in BCU that are part of the pilot for patients to access their medical record

Practice Name	System	Health Board	DCR active
Plas-y-Bryn Surgery	EMIS	Betsi Cadwaladr	Yes
St Marks Dee View	Vision	Betsi Cadwaladr	Yes
Plas Menai Surgery	Vision	Betsi Cadwaladr	No
Treflan Surgery	EMIS	Betsi Cadwaladr	Yes
Gardden Road Surgery	EMIS	Betsi Cadwaladr	Yes

Proms and Preams

PROMs (Patient Reported Outcome Measures) and PREMs (Patient Reported Experience Measures) is a programme of work to take forward patient reported measures within NHS Wales, which includes the development of a technical means to capture PROMs and PREMs data.

Current PROMS are Hips, Knees, Shoulders, Hands, Gynae, Cataract, Dermatology, Haematology, Lung Cancer, Heart Failure, Haematology.

Current PREMS – general suitable for all referrals

Total completed forms across Wales 42,395

Emergency Department System

Implemented in ABHB, roll out to CTMHB in December, currently in planning stage for BCU.

National Data Resource

This project will develop an agreed operating model for a 'national data resource' (NDR), working with key stakeholders to establish appropriate solutions that facilitate sharing and use of data.

Dental Referrals

Dental e-referrals live (BCU 626 referrals last month) Next phase to integrate into hospital systems

Digital Priorities funds

A number of business cases have been submitted for funding from the digital transformation funds. These are:-

- The National Data Resource
- Cancer Records
- Pharmacy stock control
- Patient access
- Data centre Infrastructure
- Implementation of WCCIS

Operational Services

Planned downtime of systems

Downtime is approved through the NWIS Application Change Advisory Board (aCAB) and the Infrastructure Change Advisory Board (iCAB). Major and Significant Changes are also approved by the relevant Service Management Boards. All of these Changes (and downtime requirement) are published on the National Support Tool; ServicePoint. This is accessible to all NHS Support Staff that have accounts on ServicePoint so should be constantly reviewed by LHB Change Managers.

All NWIS Critical Services are governed by a Service Management Board. Maintenance windows have been agreed with all LHBs/Trusts for preapproved times at which the system could be taken down for maintenance. This is usually monthly for 2 hrs overnight. For instance, WLIMS has a maintenance window of the last Wednesday in the month between 3am and 5am.

Although the maintenance window has been agreed actual downtime is rare as changes are made whilst the system is live. Services are built with resilience so updates are made on the non-live system and then failed over so that the same operation can be performed on the resilient pair. WLIMS sometimes needs users to log off the system whilst Changes are made but this has very rarely been required.

There is currently a lot of activity to upgrade databases to SQL 2016 but these again are normally upgraded without downtime.

The only downtime planned for the future is for the Data Centre LAN Upgrades. This work is scheduled in the Blaenavon & Newport Data Centre on the weekends of **13th - 15th September** and **22th - 24th November** respectively. Updates to this project are continually communicated to all LHBs/Trusts.

BCU East are due a WPAS upgrade to 19.2 and a Fuji Synapse upgrade. Both of these need dates and times to be confirmed.

Unplanned Downtime

A failure of the Datacentre air conditioning units resulted in unplanned downtime on Saturday June 29th. The detailed report on this will be sent as a separate document.

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

Report Title:	Information Governance Annual Report 2018/19
Report Author:	Wendy Hardman, Head of Information Governance
Responsible Director:	Mrs Gill Harris, Deputy Chief Executive
Public or In Committee	Public
Purpose of Report:	BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information. The purpose of this report is to provide assurance across the key areas of information governance including, but not limited to, confidentiality, data protection, requests for information, information security and training.
Approval / Scrutiny Route Prior to Presentation:	Reviewed and approved by the Board Secretary.
Governance issues / risks:	<p>It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation.</p> <p>Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.</p>
Financial Implications:	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.
Recommendation:	The Committee is asked to receive and ratify the IG Annual Report 2018/19.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	x
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	x	4.Putting resources into preventing problems occurring or getting worse	x
5.To improve the safety and quality of all services	x	5.Considering impact on all well-being goals together and on other bodies	x
6.To respect people and their dignity	x		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Not applicable http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment No equality impact assessment undertaken			

Disclosure:

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University Health Board

Information Governance Annual Report 2018/19

Contents

Background	3
1.0 Purpose	3
2.0 Accountability and Responsibilities.....	4
3.0 Information Governance Operational Plan	6
4.0 Caldicott and Confidentiality	7
5.0 Senior Information Risk Owner	8
6.0 Complaints/Concerns & Outcomes.....	10
7.0 Audits	11
8.0 Data Quality	12
9.0 Policies and Procedures	13
10.0 Requests for Information	13
11.0 Training	15
12.0 Information Governance with Primary Care	17
13.0 Achievements	18
14.0 Conclusion.....	19
15.0 Looking forward	20

Background

The term 'Information Governance' is used to describe how organisations manage the way information is handled. It covers the requirements and standards that Betsi Cadwaladr University Health Board (BCUHB) needs to achieve to fulfil its obligations that information is handled legally, securely, efficiently, effectively and in a manner which maintains public trust.

Information Governance applies the balance between privacy and sharing of personal confidential data and is therefore fundamental to the health care system, both providing the necessary safeguards to protect personal information and an effective framework to guide those working in health to decide when to share, or not to share.

There is a comprehensive and complex range of national guidance and legislation within which BCUHB must operate, including compliance with:

- Data Protection Act
- General Data Protection Regulation
- Freedom of Information Act 2000
- Environmental Information Legislation 2004
- Public Records Act 1958
- Access to Health Records Act 1990
- Computer Misuse Act 2000
- Caldicott Principles in Practice (C-PIP)
- Common Law duty of confidentiality
- Wales Accord to Share Personal Information (WASPI)
- Data quality
- Information Security assurance - ISO 27001:2005 & 2013 Information security management (formerly BS7799)
- Records Management NHS Code of Practice
- Information Commissioners Codes of Practice

An Information Governance Framework has been put in place to provide assurance against these which is monitored and administered via the Information Governance Team. This annual report details the work that has from 1st April 2018 to 31st March 2019 to provide this assurance.

1.0 Purpose

BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect personal and corporate information. The purpose of this report is to provide assurance across the key areas of information governance including, but not limited to, confidentiality, data protection, requests for information and information security. The main aims of this report are:

To inform BCUHB and key stakeholders about our compliance with:

- legislation and Standards;
- to provide a summary of our activities in relation to Information Governance during 2018/19;
- to describe the achievements relating to Information Governance within BCUHB during the previous 12 months.

To provide assurance to our key stakeholders that our information governance systems and processes are appropriate and effective.

To outline the Information Governance operational plan achievements during 2018/19 and to identify our priorities for 2019/20.

2.0 Accountability and Responsibilities

2.1 Chief Executive - The Chief Executive takes overall responsibility for the Health Boards information governance performance and in particular is required to ensure that:

- The Health Board can demonstrate accountability against the requirements within the Data Protection Act.
- Decision-making is in line with the Boards policy and procedure for information governance and any statutory provisions set out in legislation;
- The information risks are assessed and mitigated to an acceptable level and information governance performance is continually reviewed;
- Suitable action plans for improving information governance are developed and implemented;
- Ensure IG training is mandated for all staff and is provided at a level relevant to their role.

To satisfy the above, the Chief Executive has delegated this responsibility to the Board Secretary who will be accountable for the Boards overall information governance arrangements. This role has also been appointed to the role of Senior Information Risk Owner.

2.2 The Board Secretary - has responsibility for ensuring that the Board corporately meets its legal responsibilities, and for the adoption of internal and external information governance requirements. They will act as the conscience for information governance on the Board and advises on the effectiveness of information governance management across the organisation. They have also been appointed as the **Senior Information Risk Owner (SIRO)** and will take ownership of information risk. This is a key role in successfully raising the profile of information risks and embedding information risk management into the Health Board's culture.

2.3 Caldicott Guardian - The Senior Associate Medical Director has been nominated as the Boards Caldicott Guardian and is responsible for protecting the confidentiality and reflecting patients' interests regarding

the use of patient identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate, ethical and secure manner. The Caldicott Guardian is the Chair of the Information Governance Group.

- 2.4 Data Protection Officer** - The Assistant Director of Information Governance and Assurance has been appointed as the Data Protection Officer as required by GDPR. This role plays a key part in fostering a data protection culture to help implement essential elements of the GDPR such as, principles of data processing, data subjects' rights, and data protection by design and by default – privacy impact assessments. The Information Governance structure sits within this department.
- 2.5 Information Governance Team** - The Head of Information Governance will be responsible for the development, communication and monitoring of policies, procedures and action plans ensuring the Board adopts information governance best practice and standards. This role will report to the Assistant Director of Information Governance and Assurance and will be supported by the Information Governance Team who will also work in collaboration with the Information Governance Leads and Information Asset Owners.
- 2.6 Chief Information Officer** - The Chief Information Officer has overall responsibility for the technical infrastructure to ensure the security and data quality of the information assets and systems held within the Board. This role has been appointed as the Deputy SIRO.
- 2.7 Head of ICT** - is the Health Board's identified IT Security Lead and provides expert technical advice on matters relating to IT Security and ensures compliance and conformance against the NHS Wales Code of Connection and NIS Directive.
- 2.8 Head of Digital Records** - This role is responsible for the overall management and performance of the Health Records Service within BCUHB including the provision of organisation-wide access to health records.
- 2.9 Executive Director/Secondary Care Director/Area Director** - Each Director is responsible for the information within their Division and therefore must take responsibility for information governance matters. In particular they must appoint an Information Governance Lead.
- 2.10 Information Governance Leads** - The IG Leads work with the IG Team to ensure compliance with corporate IG policies, procedures, standards, legislation and to promote best practice.
- 2.11 Information Asset Owners (IAO)** - their role is to understand what information is processed by their department i.e. what information is

held, added, removed, how it is moved, who has access to it and why. As a result, they are able to understand and address risks to the information, to ensure that information is processed within legislative requirements.

2.12 Information Asset Administrator (IAA) - will recognise actual or potential security incidents, consult with their IAO on appropriate incident management and ensure that information asset registers are accurate and up to date.

2.13 System Owners - will be responsible for identifying and managing system risks; understand procurement requirements around contracts and licencing; put in place and test business continuity and disaster recovery plans, control access permissions and ensure the system asset record is regularly reviewed and updated on the asset register.

2.14 All Staff - All employees, contractors, volunteers and students working for or supplying services for the Health Board are responsible for any records or data they create and what they do with information they use.

All staff have a responsibility to adhere to information governance policies and procedures and standards which are written into the terms and conditions of their contracts of employment and the organisations Staff Code of Conduct.

3.0 Information Governance Operational Plan

The Information Governance Operational Plan was originally developed in 2011 and was built on the requirements detailed within the Caldicott Principles in Practice (C-PiP) Assessment. The All Wales IG Toolkit will be implemented this year and will replace the C-PIP self-assessment and Outturn report for 2019/20.

The current plan details 5 information governance objectives for the health board as below:

- Objective 1: Information Governance Management;
- Objective 2: Confidentiality and Data Protection Assurance;
- Objective 3: Information Security Assurance;
- Objective 4: Clinical Information Assurance;
- Objective 5: Corporate Information Assurance;

As a Health Board we have been required to develop and implement an action plan to achieve compliance against these recommendations and this is reflected within the Information Governance Operational Plan for 2019/20 which will incorporate:

- Any outstanding actions from the operational plan for 2018/19 along with any outstanding actions following the Information Commissioner's Office (ICO) Audit June 2018;

- Identify and liaise with any third party organisations who provide the Health Board with a service and ensure appropriate security and agreements are in place.
- Continue to implement and monitor Data Protection Impact assessment (DPIA).
- Implement ICO guidance on Data breach notifications and build into Information Governance local procedures.
- Review relevant procedures within information governance to assess the suitability to incorporate individual's rights such as the right to erasure and right to rectification.
- Liaise with BCUHB Managed GP Practices to review Data Protection Officer Support Service and ensure they are supported and are working to a high standard in regards to Data Protection legislation.
- Continue to capture information flows and ensure services are adequately equipped to manage and review these flows.
- Introduce quality assurance process for subject access requests which are managed within a centralised service.
- Ensure all entries on the Asset register have system owners and administrators who are regularly reviewing and updating their register entries.
- Conduct a series of information governance compliance audits in-line with health board's Estates Strategy.
- Review all storage arrangements for corporate archived information across the Health Board
- Review & develop procedures, guidance and training packages to enable staff to work in a consistent way with regards to records management
- Work closely with the Office of the Nursing Director and implement Information Governance best practice into their ward accreditation criteria assessments.

4.0 Caldicott and Confidentiality

The Health Board has completed the seventh year of the online toolkit and has slightly increased its score at 90% this year, retaining the Class 4 Star Rating.

During 2019/20 the Health Board will pilot the new All Wales IG Toolkit ready for formal submission in 2020. The Health Board will then use this toolkit as it assurance tool against information governance and data security standards. The recommendations within each Standard will be monitored by the IGG with an annual report against the submission will be presented to the DIG Committee during 2020.

4.1 Caldicott Guardian Authorisations

As part of the role of the Caldicott Guardian (CG) there is a requirement for operational decisions or, as the delegated officer, to authorise information

sharing on behalf of the Board where services or systems involve patient or information.

In 2018/19 the following information sharing was authorised by the Caldicott Guardian:

- 15 Data Processing Contracts (DPC)
- 4 Information Sharing Agreement (ISA)
- 3 Data Disclosure Agreement (DDA)
- 1 Information Sharing Protocol (ISP)
- 1 Memorandum of Understanding (MOU)
- 7 Audits

5.0 Senior Information Risk Owner

5.1 Information Security

During 2018/19 there has continued to be high level of media interest with regards to information security due to the implementation of the General Data Protection Regulation (GDPR). The Health Board's information governance and cyber security status was regularly reviewed by the Finance and Performance Committee and more recently by the reintroduction of the Information Governance and Informatics Committee in November 2018. This Committee has recently been renamed as the Digital and Information Governance (DIG) Committee. Following the successful implementation of the GDPR Transition Programme in May 2018, assurance reporting to the Committee has included specific reference to data protection compliance and practice (including mandatory training) and Freedom of Information Act compliance.

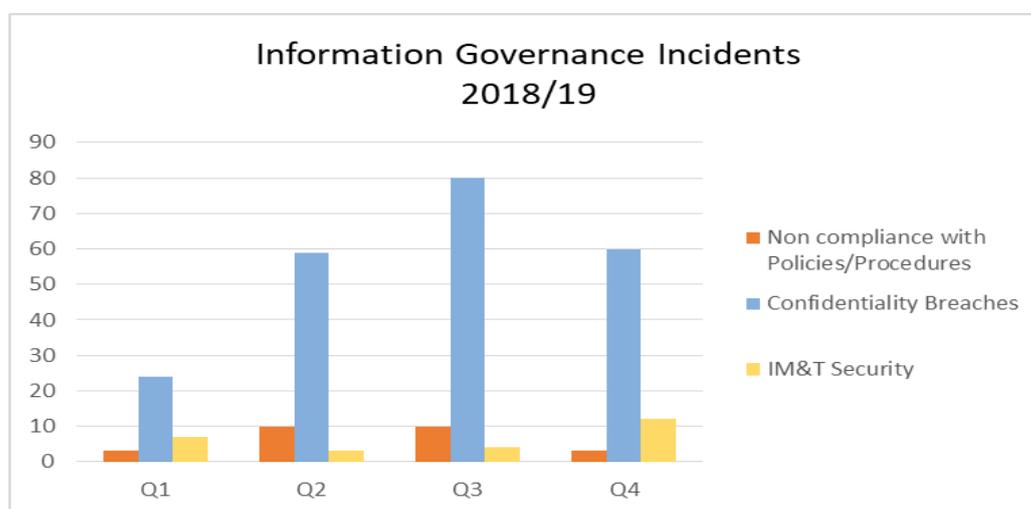
5.2 Information Governance Incidents

During 2018/19 the Health Board recorded 282 incidents which were categorised and reported as information governance incidents. The Health Board has developed a Guidance on the Notification of Information Security Breaches which is based on the Department of Health's Digital and Information Policy – Checklist for Reporting, Managing and Investigating Information Governance Serious Incidents to classify these risks, in terms of severity.

This guidance assists in categorising incidents according to the likely consequences of harm. If the categorisation reaches a score of 2 or above this is classed as notifiable to the Information Commissioners Office. The number of incidents categorised 0 to 1 or 2 are broken down below:

Category 0 or 1	Category 2 – reportable to the ICO
275	7

These incidents are reported to the IGG and the DIG Committee on a quarterly basis and are broken down into 3 categories:



5.3 Serious information governance incidents

There were 7 serious incidents categorised as reportable to the ICO and Welsh Government during this year which related to:

- Theft of Health Board documentation from a staff members home.
- A filing cabinet that was owned by the local authority was inappropriately discarded and was purchased by a member of the public from a recycling park. The filing cabinet was found to contain personal information in relation to patients of the Health Board. This information was returned to the Health Board by the member of the public.
- Information left / found in a public place.
- Incident highlighted to the Health Board via North Wales Police following an allegation that a member of BCUHB staff had removed information from a health record.
- Missing community children's records.
- Personal data of a patient sent to an incorrect address.
- Inappropriate access to staff information by a staff member.

A full investigation has been carried out into each of the incidents the remedial actions implemented to mitigate against any future occurrences. Any patients or staff members who had been affected by the incidents were informed in writing of the circumstances of the incident and the remedial actions put in place.

The ICO have been provided with a copy of our investigation reports and for those incidents closed, no further action was taken as they were happy with outcome of the investigations and the remedial actions that had been put in place. There is still one incident waiting a final outcome from the ICO.

5.4 Identified Incident Improvement Actions

Examples of the types of action undertaken as part of incident investigations include:

- IG Compliance audits undertaken where appropriate to highlight any areas requiring action;
- Awareness raising amongst team or wider organisation of IG policies and procedures;
- Advice and guidance frequently issued to staff within the IG Bulletin on issues such as confidential waste, bogus callers, USB sticks, emailing confidential information, inappropriate recording or taking pictures of staff / patients, transporting / disclosing confidential information, labelling of internal & external mail, inappropriate access;
- Reminders issues to staff about the importance of completing a Home working Risk Assessment
- Regular reminders to staff with regards to inappropriate access to health information and the use of NIAS;
- Advice and guidance issued to staff in relation to the use of secure printing following a series of incidents.
- IG team provided additional training on an ad hoc basis to smaller community sites and teams.

5.5 Personal Injury claims

Due to changes in legislation individuals now have a right to claim for damages as a result of a breach to their individual rights. During 2018/19, the Health Board received 1 claim for damages for distress and other losses arising out of the disclosure of the claimant's personal data to another patient in error. This case is currently ongoing.

5.6 Information Governance Risk Register

We have established and IG risk register and is embedded within the Health Boards electronic risk register (Datix). An additional risk has been added this year with regards to data sharing from EU countries with the Health Board's if the UK leaves the EU with no deal. This is due to the UK becoming a non-adequate third country and could impact on the continuity of care to patients; reputation of the Health Board and lead to financial penalties for a breach of legislation.

6.0 Complaints/Concerns & Outcomes

During 2018/19 BCUHB received 20 complaints involving:

- Alleged confidentiality breach (internal)
- Alleged data loss
- Breaches in confidentiality such as:

- correspondence sent to incorrect address or recipient
- inappropriate access to information
- Information left / found in a public place

All complaints were fully investigated and where evidence of a confidentiality breach was found immediate actions were identified and implemented including:

- informing and apologising to patients whose information had been breached;
- completion of compliance spot checks;
- ensuring any training needs were fulfilled;
- raising staff awareness of current policies and procedures;
- changing processes to avoid future similar incidents.

Any lessons learned were disseminated throughout the Health Board via alerts and the IG Bulletin, and also used as examples within the mandatory IG training.

6.1 Complaints to the Information Commissioners Office (ICO)

Freedom of Information Requests

During 2018/19 the Health Board received 1 complaint from the ICO with regards to the application of an exemption in response to an FOI request. The Health Board is currently awaiting the outcome from the ICO after submitting our evidence.

Subject Access Requests

During 2018/19 the ICO received 2 complaints with regards to how we handled our response. One related to a concern that the Health Board had not provided the information requested, the other complaint related to the Health Board sending third party information to another patient. The Health Board was able to provide a positive response to these complaints and no further action was taken by the ICO.

7.0 Audits

This is the fifth year the Health Board has conducted Information Governance compliance spot checks. These checks support the Information Governance Framework by demonstrating compliance against legislation, national and local standards and are an essential monitoring mechanism to provide assurance that information is being safeguarded.

Action plans are shared with the areas which are regularly reviewed for updates by the Information Governance Team.

Any areas of good practice are also collated by the Information Governance Team and disseminated across the Health Board as part of the quarterly IG key performance indicator reports and the IG Bulletin.

7.1 During 2018/19: 114 Information Governance compliance spot checks were undertaken. 105 of these were undertaken in October on all three acute sites as part of the GDPR Transition Programme work following the implementation of new data protection legislation and to address the recommendations from the ICO audit carried out in June 2018.

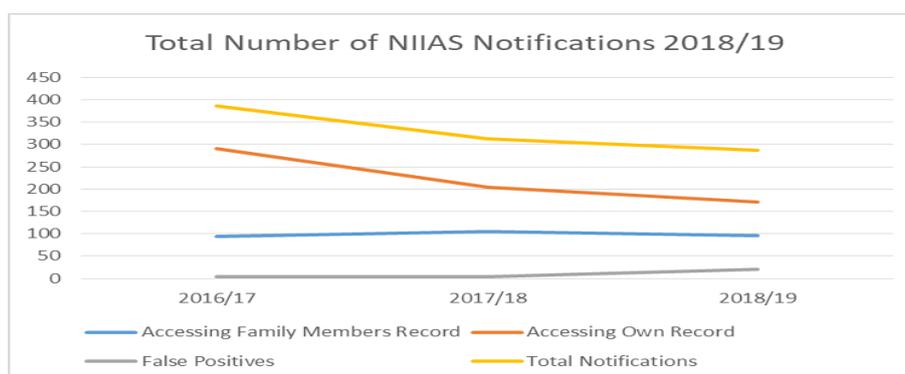
7.2 The Information Commissioner audited the Health Board in June 2018 in order for them to gain an understanding of what personal data is processed by our organisation and how we manage. They particularly looked at 3 areas: governance and accountability, records management and requests for personal data. Their report found reasonable assurance around governance and accountability and records management but limited assurance for requests for personal data.

This limited assurance was found to be exacerbated not only by the changes to legislation with the reduction in timescales and the enhanced rights of access for the data subject, but also that patient records fell under a number of different custodians and did not appear to be managed consistently with regards to legislation and standards. The ICO expressed concern about the lack of strategic direction and oversight for all patient record types and recommended that an Executive Lead be nominated to take ownership of all patient records. The Executive Medical Director has now been nominated as having overall responsibility for all patient record types across the Health Board.

A programme of work was put in place to centralise the Access to Health Records Service which will be implemented during 2019/20.

7.2 Auditing of our systems

During 2018/19 National Intelligent Integrated Auditing System (NIAS) generated 312 notifications of alleged inappropriate access to family records or own health records, this is a decrease on last year as per the graph below:



8.0 Data Quality

Data Quality is managed and monitored by the Informatics Department and will be reported through progress reports on delivery of the Informatics Operational Plan. The Information Governance Team will provide advice and

support when necessary to ensure a consistent approach across the Health Board.

9.0 Policies and Procedures

During 2018/19 the majority of Information Governance policies and procedures were reviewed in line with the new General Data Protection Regulation (GDPR).

- Confidentiality Code of Conduct
- Procedure for dealing with requests under Data Protection Act
- Data Protection & Confidentiality Policy
- Records Management Policy
- Records Management Procedure
- Fair Processing Guidance approved as appendix to the All Wales Information Governance Policy.
- Skype for Clinical Use approved as appendix to Information Management & Technology Security Procedures

The Data Protection Registration Notification was also updated in September 2018.

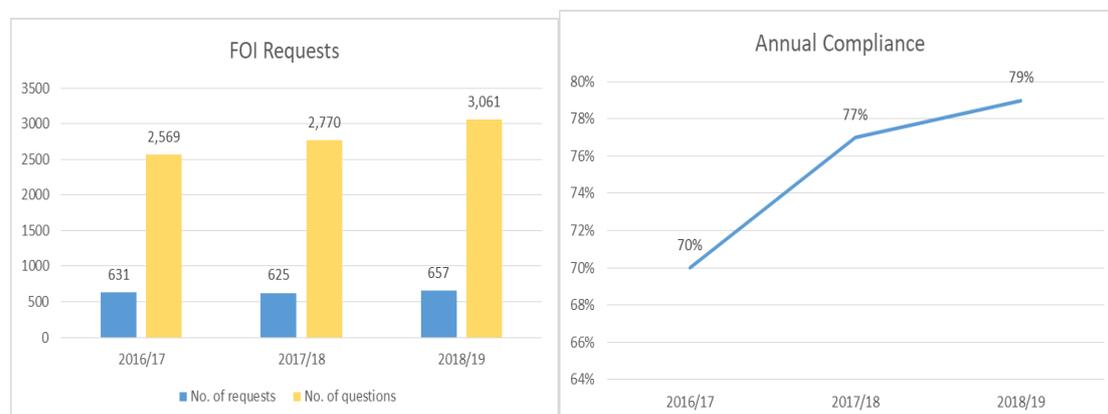
Policies and procedures will continue to be developed or updated during 2019/20 to further support the Information Governance Framework.

10.0 Requests for Information

The BCUHB Access to Information Policy incorporates requests for information under the Freedom of Information Act, Environmental Information Regulations, Data Protection Act and Access to Health Records Act.

10.1 Freedom of Information Act 2000/Environmental Information Regulations 2004 Requests

During 2018/19 BCUHB received and processed 657 Freedom of Information (FOI) requests made up of 3,061 questions and our overall compliance has increased to 79%:



In the spirit of openness and transparency all finalised responses are published anonymously on the BCUHB Internet site under the FOI Disclosure log.

10.2 Requests for Internal Reviews

If an applicant is dissatisfied with the response they receive, they can request an internal review be carried out by the Health Board. 13 requests for an internal review were received during 2018/19 compared to 7 in 2017/18. The internal reviews upheld 10 of the Health Board's original responses, and 3 reviews partially overturned the Health Boards original decision and therefore part of the initial requested information was provided.

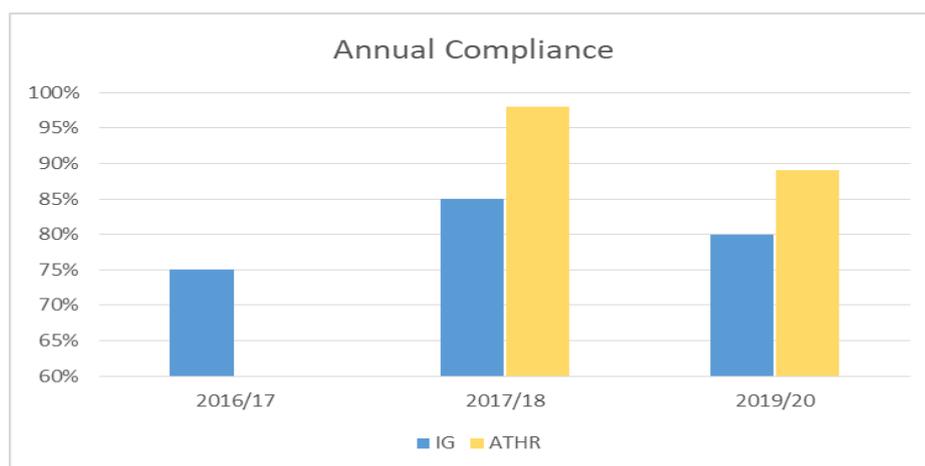
10.3 Data Protection Subject Access Requests (DPA SAR)

During 2018/19 requests received into the Information Governance department increased and this is reflected in the decrease in the compliance rate from 85% to 80% this is also due to the timescale to respond to requests has decreased to 28 days due to the implementation of new data protection legislation in 2018.

The Access to Health Record (ATHR) procedure is managed and monitored by the Health Records Department which sits within the Informatics Division and therefore statistics and compliance is reported via their Health Records performance reports. Further to a recommendation from the ICO Audit, since quarter 3 of 2018/19 statistical data is being reported via the overarching quarterly IG KPI report which is reported to the Information Governance Group. The Information Governance Team continues to provide advice and support when necessary to ensure a consistent approach is used across the Health Board. Please note the below figures for the ATHR service also include Mental Health and Learning Disability service requests along with HMP Berwyn requests.

Year	Information Governance	Access to Health (ATHR)
2016/17	33	N/A*
2017/18	38	1544*
2018/19	54	3555

* Commenced reporting Quarter 3 of 2017/18



10.4 Third Party Requests

The following third party requests have been received into the Health Board during 2018/19:

Type of Request	ATHR	Information Governance
Police Requests (SA3)	360	32
Other (Solicitors, Local Authorities)	112	33

10.5 Infected Blood Inquiry and retention of oncology records –

The Infected Blood Inquiry was announced in July 2018 with a request that all Health Boards immediately stop the destruction of all patient records that relate to patients and their families who have been infected or affected by blood or blood products. A programme of work was put in place to ensure that the Health Board could effectively respond to the Inquiry within restricted timescales.

The embargo on the destruction of all patient record types has had a serious impact on the Health Board with regards to storage of these additional records which would normally have been destroyed in line with the Health Boards retention and destruction schedule. This issue has been escalated to the Board and Nationally with regards to the financial impact the additional storage will cause over the timeframe of the Inquiry, which is estimated to be approximately 5 years.

11.0 Training

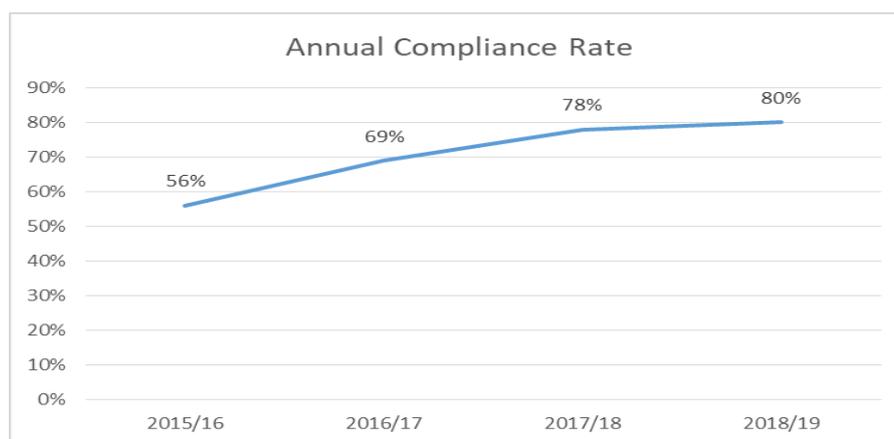
Information Governance training covers all aspects of Information Governance including information security, data protection and confidentiality and is provided via a number of sources:

- IG training (as part of the UK Core Skills for Health) is mandatory for all staff every 2 years and is embedded into the Workforce & Organisational Development & Clinical mandatory training days;
- Staff have access to the all Wales e-learning package which has additional local content;
- Formal training sessions are available to all staff across the organisation;
- Ad-hoc sessions to individual departments/teams to coincide with their training days / staff meetings etc. at a time and place convenient to them;
- Workbook available for facilities staff without supervisory responsibilities, who are unable to access IT facilities;
- Regular awareness raising and sharing lessons learnt via corporate newsletters, emails, security alerts;
- Regular distribution of guidance and updated policies and procedures.

11.1 During 2018/19 there were 101 face to face Information Governance training sessions held with a total of 2887 staff in attendance, from this we received 1949 completed evaluation forms which provided the following feedback: the majority of staff found the sessions to be useful; that the session was relevant to their job role and overall 89% of staff would recommend the sessions.

In addition to the face to face training 5449 staff undertook the e-learning package, and a further 237 Estates and Facilities staff have completed the Information Governance Workbook. The overall compliance for staff attaining their mandatory IG training was 80% an increase from 2017/18 which was 78%.

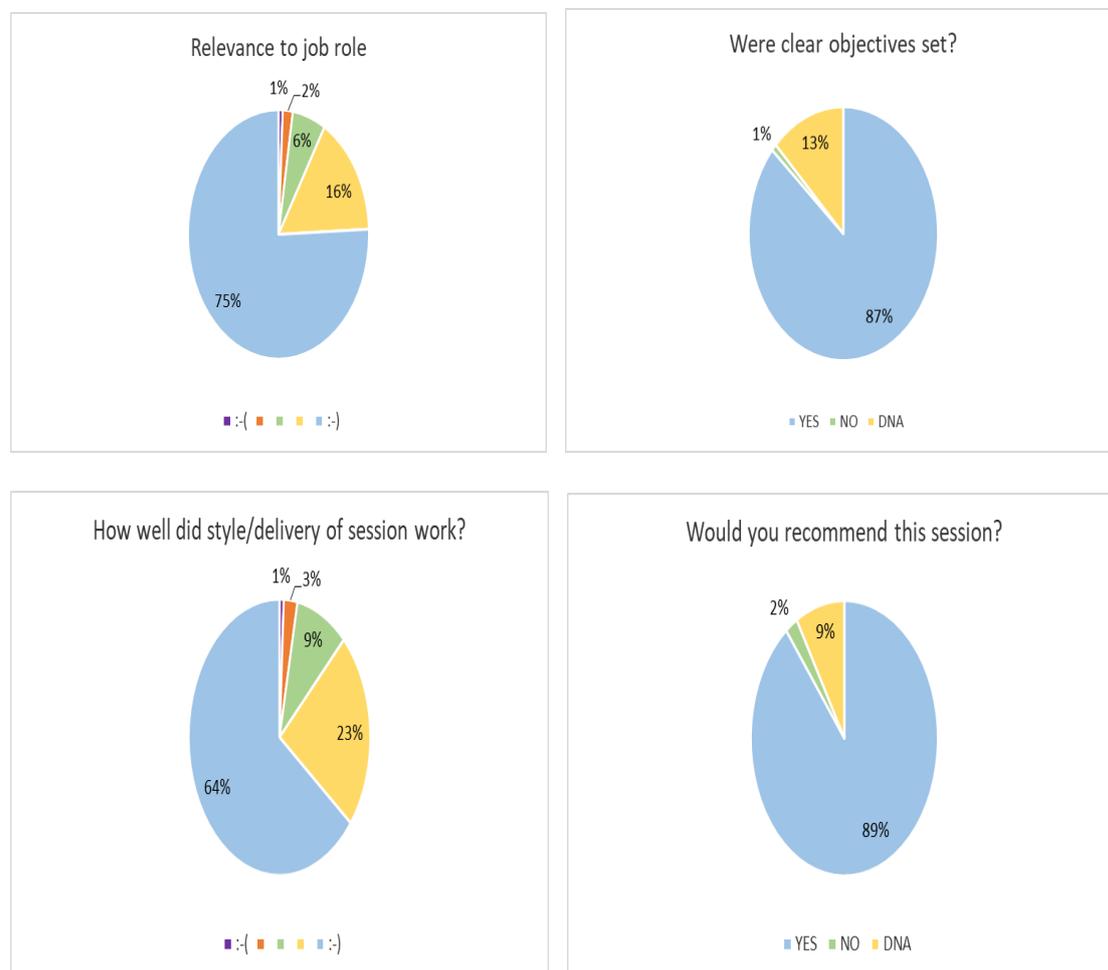
During this year the target for compliance was set nationally at 85%. The Information Governance Team had reviewed their structure to enable more directed training across all sites of the Health Board and will update the IG Training Strategy and action plan to reflect this.



11.2 During 2018/19 Information Asset Owner (IAO) and Information Asset Administrator (IAA) training was implemented which provides more in-depth content covering risk, records management and what their roles and

responsibilities are. 12 of these sessions were delivered with 170 IAOs and IAAs in attendance. More sessions will be arranged for 2019/20.

11.3 Mandatory Training Evaluation Feedback



12.0 Information Governance within Primary Care

During 2019/20 NHS Wales Informatics Service (NWIS) will continue to offer support to practices to address areas identified for improvement and will offer a Data Protection Package to non BCUHB Managed GP Practices.

This year's annual submission of the GP IG Toolkit was carried out and 101 of 105 (96%) GP Practices completed their submission. The table below breaks this down by GP Cluster:

Cluster	Number of Practices	Submitted		Started but not submitted		Not Started	
		Count	Percentage	Count	Percentage	Count	Percentage
Anglesey	11	11	100%	0	0%	0	0%
Arfon	10	10	100%	0	0%	0	0%
Central and South	8	7	87.5%	0	0%	1	12.5%

Denbighshire							
Conwy East	5	5	100%	0	0%	0	0%
Conwy West	12	11	91.7%	0	0%	1	8.3%
Deeside, Hawarden and Saltney	7	7	100%	0	0%	0	0%
Dwyfor	5	5	100%	0	0%	0	0%
Holywell and Flint	7	6	85.7%	1	14.3%	0	0%
Meirionydd	6	6	100%	0	0%	0	0%
Mold, Buckley and Caergwle	7	7	100%	0	0%	0	0%
North Denbighshire	6	5	83.3%	1	16.7%	0	0%
South Wrexham	8	8	100%	0	0%	0	0%
West and North Wrexham	6	6	100%	0	0%	0	0%
Wrexham Town	7	7	100%	0	0%	0	0%

Random validation of the submissions of one practice per GP cluster will be carried out by NWIS and a report provided to the Health Boards once this has been completed.

The Health Board will validate submissions of GP Managed Practices and these will be monitored by the IGG.

13.0 Achievements

16.1 The Operational Information Governance Group (IGG) meets on a quarterly basis. The IGG is chaired by the Health Board's Caldicott Guardian and is attended by the DPO, Head of ICT, Head of Digital Records, Information Governance Team and representatives from Clinical and Corporate Divisions. Any issues of significance from this group are reported to the newly formed DIG Committee alongside appropriate assurance reports. The IGG's terms of reference are to:

- Maintain compliance with the data protection legislation by regular monitoring of IG KPI reports.
- Improved IG Training Compliance from 79% to 80% with an aim to reach the national target of 85% in 2019/20 to raise staff understanding and awareness;
- Support the Health Boards move towards its 'Digital Future' by working with the Patient Record Transition Programme.
- Following the successful implementation of the GDPR Programme in May 2018, assurance reporting to the Committee has included specific reference to data protection compliance and practice (including mandatory training) and Freedom of Information Act compliance.

- The Health Board has undertaken an annual self-assessment against the Caldicott C-PiP tool. This has demonstrated that the Health Board has maintained a Class 4 star rating with an increased compliance of 90% against the tool. This increase was due to the ability to assess training needs for all staff groups and the delivery of various levels of training to specific staff groups who require more advanced or specialised levels of training.
- During the year the Health Board continued to participate in the development of the National Information Governance Toolkit to strengthen assurance and reporting arrangements across Wales. The new Toolkit will be piloted during 2019 with the first submission from the Health Board being presented in 2020.
- The Health Board also invited the Information Commissioners Office to undertake a data protection compliance audit in June 2018 which focused on three main areas: 1) Governance and Accountability, 2) Records Management and 3) Requests for Personal Information. Overall the Health Board received a reasonable level of assurance from the ICO audit, and were commended for the development of an exceptional informatics portal for the Asset Register. Where weaknesses were identified, the ICO put forward recommendations primarily around enhancing existing processes. Plans were put in place to address the areas of shortfall and were incorporated into the Information Governance Work Programme for future monitoring.

14.0 Conclusions

2018/19 continued to be a challenging year in respect of Information Governance. There has been an increased rise in demand on the Information Governance Team with regards to:

- More complex requests for information via Data Protection – subject access requests and Freedom of Information requests;
- Requests for Information Sharing development – requiring facilitation and implementation;
- Increase in reported incidents – requiring support with investigations;
- Increase in the delivery of IG Training sessions;
- Increase in requests for support and guidance to staff;
- Implementation of national and local systems;
- Support and approval of Data Protection Impact Assessments;
- Support with national and local projects;
- Preparing and supporting the organisation in readiness for the General Data Protection Regulation.
- Continued coordination of the National FOIA collection and reporting.

The Information Governance Framework for BCUHB continued to be progressed across the organisation to ensure that efficient and secure practice was maintained. Training and guidance continued to be delivered by the Information Governance team, with awareness also raised through

various routes including mandatory and ad-hoc staff training, induction, newsletters, bulletins and email alerts.

The Information Governance Team will continue to provide an effective service and aim for continuous improvement throughout 2018/19 and beyond to meet the needs of all services across BCUHB.

15. Looking forward

The main emphasis for the year 2019/20 will be ensuring the Health Board will be ready for formal submission of the new All Wales IG toolkit and to ensure we continue to increase our Information Governance mandatory training compliance in line with the national target of 85%.

We will also look at:

- Further development the Information Asset Register to capture the whole lifecycle of a record or system which will include data protection impact assessments; 3rd party assurance; information flows; contract review and retention and destruction alerts.
- Review and update the IG Training Strategy and Plan with an aim to deliver to community sites.
- Develop and continue to implement a training and awareness packages for staff who are responsible for the following roles:
 - Information Asset Owner
 - Information Asset Administrator
 - System Owner
 - Records management
- During 2019/20 the Health Board will pilot the new All Wales IG Toolkit ready for formal submission in 2020. The Health Board will then use this toolkit as its assurance tool against information governance and data security standards. The recommendations within each Standard will be monitored by the IGG with an annual report against the submission being presented to the DIG Committee during 2020.

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

Report Title:	Information Governance Quarter 1 Key Performance Indicators (KPI) Report 2019/20
Report Author:	Wendy Hardman, Head of Information Governance
Responsible Director:	Mrs Gill Harris, Deputy Chief Executive
Public or In Committee	Public
Purpose of Report:	<p>The KPI Report includes:</p> <ul style="list-style-type: none"> • Freedom Of Information Profile • Data Protection Act – Subject Access Request Profile • Information Governance Incidents • Information Governance Training • Information Governance Servicedesk (portal) • National Intelligent Integrated Auditing Solution notifications • Audits • Sharing of information • Data Protection Impact Assessments (DPIAs) <p>This report provides a high level analysis, highlighting any trends or issues of significance. Action being taken to address the issues of significance and drive continuous improvement is also summarised.</p>
Approval / Scrutiny Route Prior to Presentation:	Reviewed and approved by the Board Secretary.
Governance issues / risks:	<p>It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation.</p> <p>Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.</p>
Financial Implications:	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.
Recommendation:	The Committee is asked to receive and ratify the IG KPI Quarter 1 Report 2019/20

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

Disclosure:

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

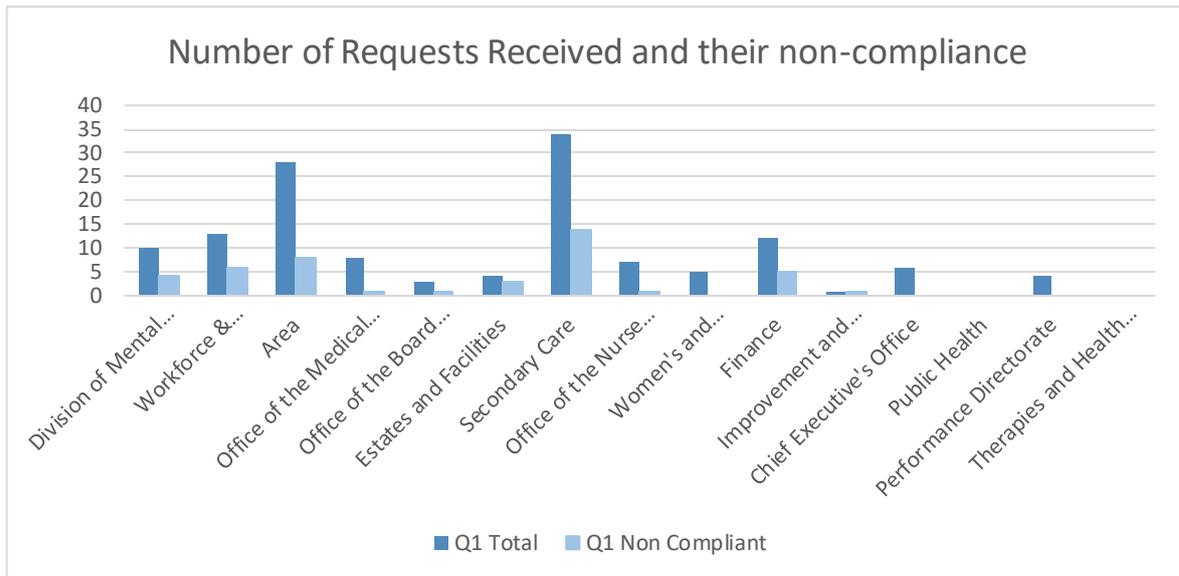
Key Performance Indicators: Quarter 1 - March 2019 - May 2019

Freedom of Information Requests

The compliance level for responding to a request within the standard of 20 days has decreased to 68% this quarter. Further support will be provided to the Divisions to ensure a more timely retrieval of information to be presented to the IG Team.

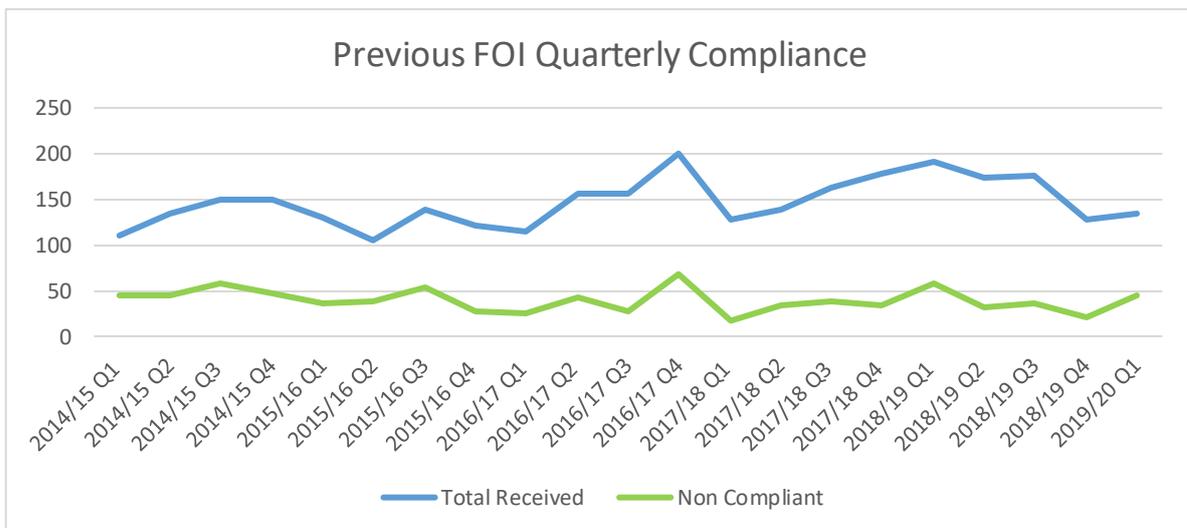
It should be noted that the average time to respond to requests is normally 16 days.

Total number of requests received in Q1: 135 Total number of requests delayed in Q1: 44



Below is the list of reasons for the delays:

- 28 delays in obtaining/receiving information from FOI Leads
- 14 delays due to the non-approval of response by Executive Lead
- 2 delays whilst considering an exemption



DPA Subject Access Requests for non-clinical information

The compliance level for responding to a request within the standard of 28 days has decreased to **63%** for this quarter.

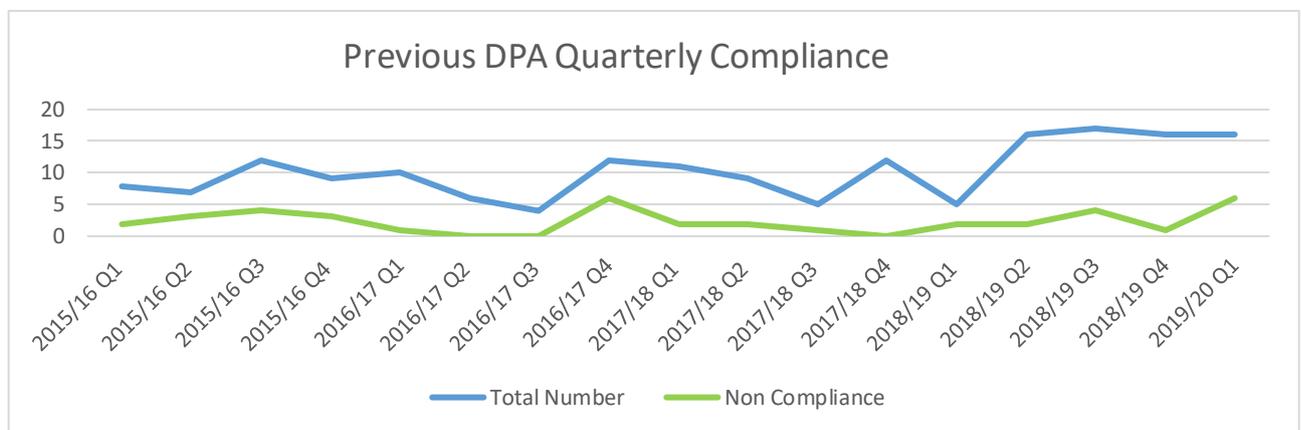
Total number of requests received: **16**

Total number of requests delayed: **6**

Breakdown of requester: 7 received from members of staff - 9 were from patients or their relatives

This decrease has been impacted by the reduction in timeframe to 28 days and the complexity and volume of the requests. We will continue to support the Divisions to ensure a more timely retrieval of information is be presented to the IG Team.

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



Third Party Requests April – June 2019

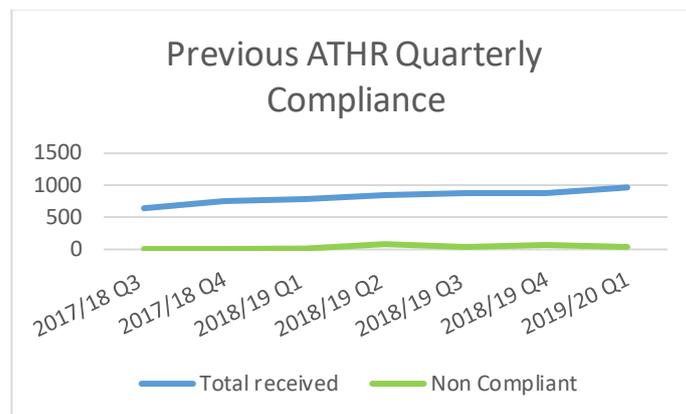
The following third party requests have been received into the Information Governance Department during this quarter. Please note these figures do not include requests managed directly by individual services i.e. Mental Health & Learning Disabilities:

Police Requests received: **12** - Other Requests received (Solicitors, Local Authorities): **4**

Access to Health Record Requests (ATHR)

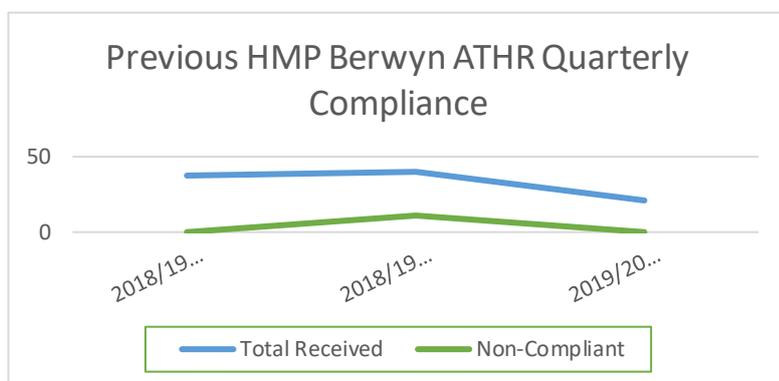
The following ATHR requests have been received into the ATHR Department combined with the number received into the Mental Health & Learning Disabilities Department for West this quarter.

ATHR Requests	Total
Solicitors Requests	700
Patient Requests	264
Infected Blood Inquiry Requests	3
Total Requests received	967
Total Breaches	27
% Completed Within Compliant Days	97%
Police	27
Court <i>(Date Req. Set by Court)</i>	0



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

HMP Berwyn	Total
Solicitors Requests	5
Patient Requests	16
Total Requests received	21
Total Breaches	0
% Completed Within Compliant Days	100%
Police	0
Court <i>(Date Req. Set by Court)</i>	0



Incidents and Complaints Reported April – June 2019

Category	Sub Category	Number of incidents	Self Reported to ICO / WG	Complaints received from ICO regarding incident
Non-compliance with policy/procedure	IG15 Safe storage & transport of PPI	1	0	0
	IG14 IM&T Security Procedure	2	0	0
	IG13 Confidentiality code of conduct	1	0	0
Confidentiality Breach	External mail	13	0	0
	Email / Fax	22	0	0
	Confidentiality breach (internal)	16	0	0
	PPI in public place	12	0	0
IM&T Security	Hardware	0	0	0
	Confidentiality Breach	9	1	0
	Other	1	0	0
Total		77	1	0

Information Commissioners Office (ICO)

All serious incidents risk assessed as a category Level 2 in line with the Health Board's Notification of Information Security Breach Procedure are reported to the ICO and WG. For this quarter no incidents were risk assessed as category 2 level.

During Quarter 1, we received **2** complaints directly from the ICO. One complaint related to a breach of an individual's right of access, whereby the applicant was concerned that BCUHB has failed to disclose all of the information they were entitled to in response to their Subject Access Request (SAR) within the statutory response timeframe. The incident was investigated fully in accordance with the Health Board's concerns procedures and this case is still residing with the ICO for final outcome. The second complaint related to a breach in confidentiality. The ICO advised the Health Board that the concern should be dealt with via the 2nd stage resolution process and that we should revisit the way we handled this case and consider what further action we can now take to resolve the complaint. The Health Board responded directly to the complainant admitting that the Health Board had breached our requirements with regards to the right to restriction and offered financial compensation as gesture of goodwill to the complainant and in light of the harm and distress this had caused.

Lessons Learnt

- Reminders have been issued with regards to the importance of encryption and we are working with IT to create a webinar on how to encrypt securely.
- Guidance has been issued to staff to provide support with solutions and mitigations to try and reduce breaches of confidentiality caused by Posting, Emailing and Faxing inappropriately.
- All staff have been reminded to complete their mandatory Information Governance Training requirement.

Personal Injury Claims

We have not received any personal injury claims in Quarter 1.

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

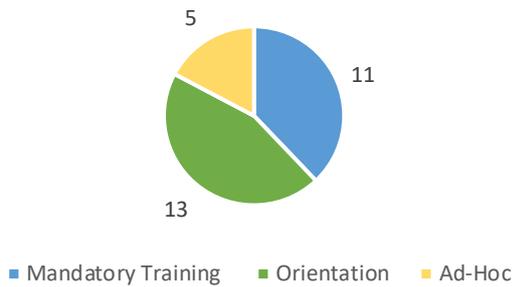
The IG10 procedure is to ensure that the correct and appropriate request and approval process is in place for access to information systems that are used by staff members as part of a serious untoward incident, investigation or a disciplinary matter. During the last quarter, the IG team approved **18** IG10 requests that consisted of the following audits / access as follows:

- 4 Swipe Card Door Access
- 5 CCTV images
- 4 Email/Shared Drive Access
- 4 Audit reports re: Access to Clinical systems
- 1 Telephone Recording

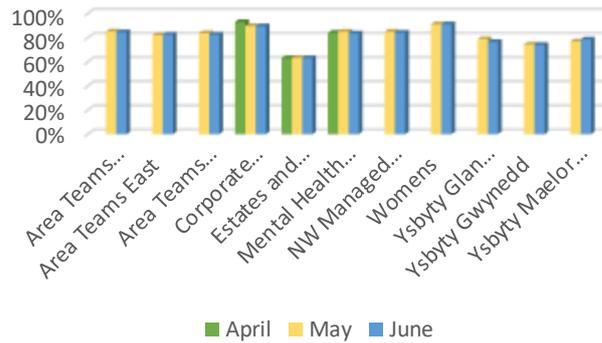
Training

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

Total Number of Information Governance Training Sessions Q1 2019/20



IG Training Compliance



Total completed training via E-Learning, Face to face and completion of workbooks: **2,343**

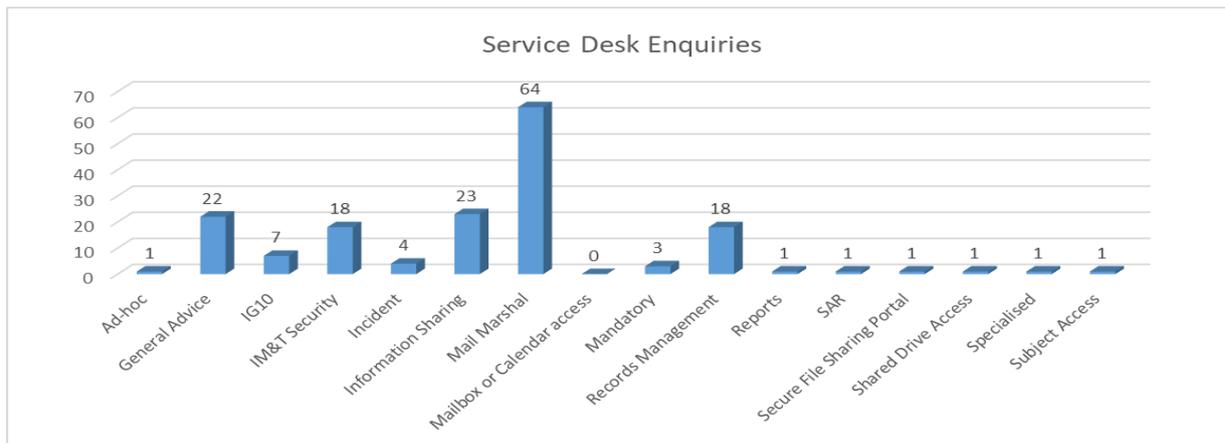
Targeted reminders have been issued to divisions to encourage further uptake of the mandatory training and this is being monitoring via the Integrated Quality and Performance Report.

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

Please note that the way these figures are reported changed in May 2019 and we are therefore unable to provide a breakdown of compliance for certain areas for April 2019.

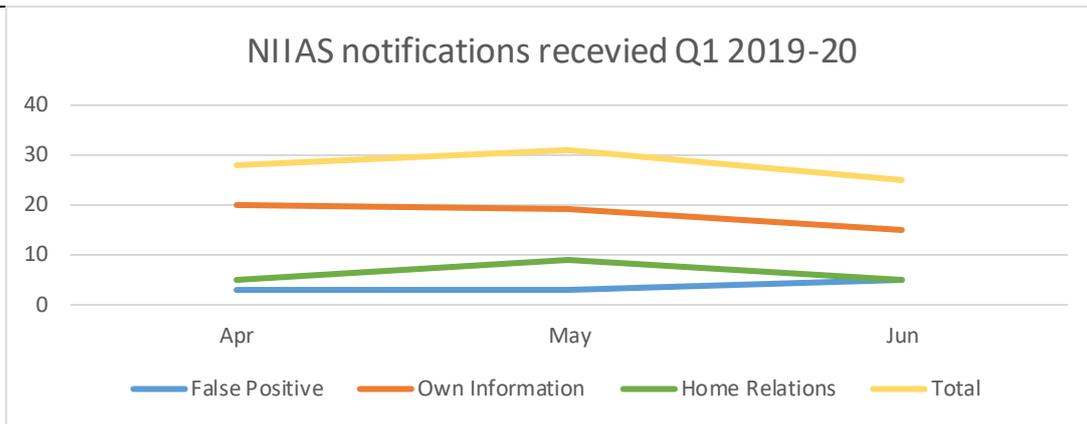
Service Desk – IG Portal

During Quarter 1 2019/20 there were **166** calls received into the Information Governance Service Desk.



NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 1 of 2019/20 there were **84** NIIAS notifications received. The trend is that these notifications are decreasing:

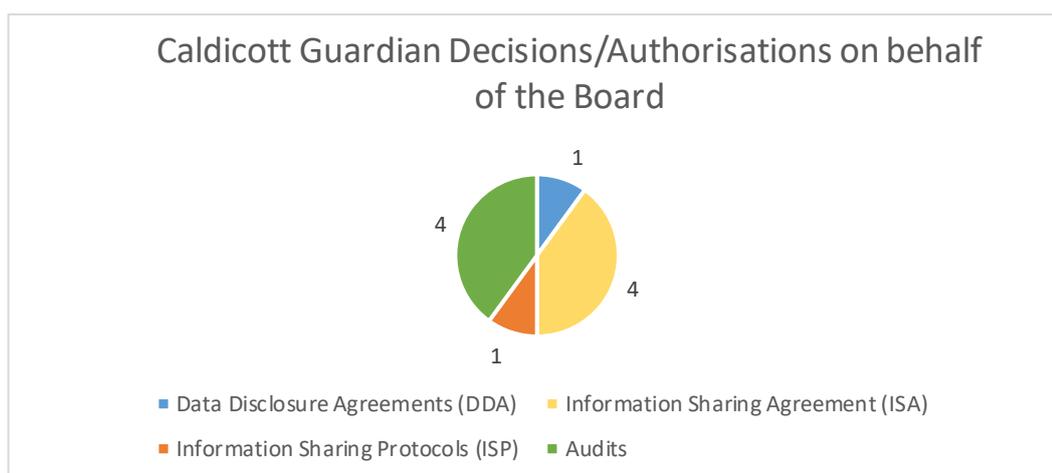


Information Governance Compliance Audit Findings

As part of the Health Board's requirement to ensure compliance with legislation, national and local standards, compliance checks are essential to provide assurance that the information is being safeguarded; areas of good practice are identified and also areas of weaknesses are addressed via the production of an action plan. During this quarter, **9** compliance checks were undertaken across Wards, Department and Health Centres in Ysbyty Glan Clwyd, Ysbyty Gwynedd, Wrexham Maelor and Dolgellau Community.

Caldicott Guardian Decisions/Authorisations on behalf of the Board

As part of the role of the Calidicott Guardian there is a requirement for operational decisions or, as the delegated officer, to authorise information sharing on behalf of the Health Board where services or systems involve patient information. During this quarter there have been **10** authorisations signed by the Caldicott Guardian.



Data Protection Impact Assessments (DPIAs)

Patients have an expectation that their privacy and confidentiality will be respected at all times, during their care and beyond. It is essential therefore, when considering or implementing any new initiatives,

that the impact of the collection, use and disclosure of any patient information is considered in regards to the individual's privacy. Carrying out a data protection impact assessment (DPIA) is a systematic way of doing this.

During Quarter 1 - 3 DPIAs have been approved:

1. ADHD Assessment Tool - A computer administered test which involves the monitoring of a child / young person's responses to a computer display of "targets" to which the young person responds by clicking a linked button. The test records these responses and the computer software compares the responses to a normed group of responses from a gender / age matched group to identify whether the number of errors, speed of response etc. was in normal limits or indicative of ADHD. It is planned to utilise this test early in the assessment process to help identify those who do not have ADHD symptoms to be identified quicker and more efficiently thus improving flow through the pathway. This is part of the action plan to address current waiting times within the neurodevelopmental service.

2. PILLCAM - A capsule endoscopy service. The patient swallows a small capsule which consists of a camera, a light source and a wireless circuit for the acquisition and transmission of signals.

As the capsule moves through the gastrointestinal tract, images are transmitted by the digital radiofrequency communication channel to a data recorder, worn on a belt outside the body.

3. IVR (Interactive Voice Response) Payment Processing - 24/7 hosted payment line / touch tone service which will allow patients and staff to call an automated payment system to take card payments 24/7 automatically over the phone in a safe and secure manner. This will provide additional security when making payments.

Digital and Information Governance Committee		Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
27.9.19	<i>To improve health and provide excellent care</i>	
Chair's Report		

Name of Group:	Information Governance Group
Meeting date:	24 th July 2019
Name of Chair:	Melanie Maxwell, Senior Associate Medical Director (Chair)
Responsible Director:	Mrs Gill Harris, Deputy Chief Executive
Summary of business discussed:	<ul style="list-style-type: none"> • The Group reviewed the Quarter 1 Information Governance (IG) key performance indicator report which highlighted the months for March, April and May (due to response timeframes). It was advised that this report would be presented to the DIG Committee from this quarter. • The Group reviewed the Quarter 1 IG Workplan and an update was provided on the areas that were due for completion. No concerns were raised with regards to any of the actions not being completed by its projected timescales. • The Group reviewed the Information Governance Annual Report 2018/19 and recommended it for approval to the Digital & Information Governance (DIG) Committee. • The Group reviewed the Caldicott Outturn report 2019 and were advised that this be presented to the DIG Committee. • The Group received an update from the Health Records Transition Programme and noted the progress with implementing a centralised and digitised access to health records service which will commence a pilot with Central access to health records requests in August prior to full implementation by October 2019; • The Group received a verbal update regarding the storage and financial impact on the Health Board with regards to the embargo on the destruction of patient records put in place by the Infected Blood Inquiry; • The Group approved several Procedures and other written control documents that had been reviewed.
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Progress against performance indicators, internal and external Information Commissioners improvement plans. • Communications provided widely across the Health Board to support learning lessons from reported incidents and audit findings.

Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • Compliance with legislation. This is being monitored via the work programmes and reported as part of the key performance indicator reports.
Special Measures Improvement Framework Theme/Expectation addressed	<ul style="list-style-type: none"> • N/A
Issues to be referred to another Committee	None
Matters requiring escalation to the committee	<ul style="list-style-type: none"> • Information Governance Strategy
Well-being of Future Generations Act Sustainable Development Principle	<p><i>The work of the IG group will help to underpin the delivery of the sustainable development principles by</i></p> <p><i>Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics.</i></p> <p><i>Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services.</i></p>
Planned business for the next meeting:	<p>Range of regular reports plus</p> <ul style="list-style-type: none"> • Quarter 2 Key Performance Indicator compliance • Quarter 2 Work programme
Date of next meeting:	22 nd October 2019

Digital and Information Governance Committee 27.9.19	 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board <i>To improve health and provide excellent care</i>
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Report Title:	Caldicott Outturn Report 2019
Report Author:	Wendy Hardman, Head of Information Governance
Responsible Director:	Mrs Gill Harris, Deputy Chief Executive
Public or In Committee	Public
Purpose of Report:	Caldicott Outturn report 2019 is submitted to provide assurance to the committee on the Health Board's processes and systems to enable compliance with Caldicott Standards and the Data Protection Act. The Health Board has maintained its 4 star rating with a slight increase in compliance to 90%. The report and improvement plan have been approved by the Caldicott Guardian and all actions from the improvement plan have been transferred to the Information Governance Operational Workplan for 2019/20.
Approval / Scrutiny Route Prior to Presentation:	Reviewed and approved by the Board Secretary.
Governance issues / risks:	<p>It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation.</p> <p>Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.</p>
Financial Implications:	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.
Recommendation:	The Committee is asked to receive and ratify the Caldicott Outturn Report noting the actions set out in the attached plan to drive continuous improvement

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the</i>	√
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		<i>report or if not indicate the reasons for this.)</i>	
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	x
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	x	4.Putting resources into preventing problems occurring or getting worse	x
5.To improve the safety and quality of all services	x	5.Considering impact on all well-being goals together and on other bodies	x
6.To respect people and their dignity	x		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Not applicable			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
No separate assessment undertaken			

Disclosure:

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



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University Health Board

‘PROTECTING AND USING PATIENT INFORMATION’

CALDICOTT: PRINCIPLES INTO PRACTICE

OUT-TURN REPORT 2019

IMPROVEMENT PLAN 2019/20

Date to be reviewed:	n/a	Version	1.0 Final
Author(s):	Wendy Hardman	Author(s) title:	Head of Information Governance
Responsible dept / director:	Information Governance Board Secretary		
Approved by:	Digital and Information Governance Committee		
Date approved:			

CONTENTS

1.0	Executive Summary	3
1.1	Background	3
1.2	Work Programme	3
1.3	Action Required	3
2.0	Report Summary	4
2.1	Caldicott: Principles into Practice (C-PIP)	4
2.2	Caldicott Standards & Self Assessment	4 - 12
2.3	C-PIP Score	13
2.4	Yearly Score Comparison	13
2.5	Improvement Plan 2019/20	13
2.6	Primary Care Contractor Assessments	14
3.0	Improvement Plan 2019/20	15
3.1	Responsibilities	15
3.2	Time-scales	15
4.0	Summary	15
	Appendix A – Improvement Plan 2019/20	16 - 18

1.0 EXECUTIVE SUMMARY

1.1 Background

The Caldicott review and the Data Protection Act 1998 enforce strict legal guidelines to the storage, maintenance and access to patient information. The Freedom of Information Act 2000 and the Information Governance initiative both support the need to maintain the principles of effective confidential data control.

The review committee, chaired by Dame Fiona Caldicott, into the use of patient information in the NHS recommends seven principles to improve the handling and protection of these records. Each NHS organisation should nominate a Caldicott Guardian and within the Health Board this is the Senior Associate Medical Director.

While the information management principles are not a legal requirement, they are seen as essential to support the requirements of Data Protection Act.

The seven Caldicott principles are:

1. Justify the purpose(s) of using confidential information
2. Only use it when absolutely necessary
3. Use the minimum that is required
4. Access should be on a strict need-to-know basis
5. Everyone must understand his or her responsibilities
6. Understand and comply with the law
7. The duty to share information can be as important as the duty to protect patient confidentiality

1.2 Work Programme

There is a requirement for each organisation to develop a work programme to assess their compliance with the Caldicott Principles on an annual basis. The Health Board carried out its first baseline assessment in January 2010. From this, an improvement plan was developed and progress with the improvement is monitored by the Information Governance Group via the Information Governance improvement plan.

The following out-turn report provides a summary of the completed assessment and the improvement plan for 2019/20.

1.3 Action Required

That the Digital and Information Governance Committee (DIG) on behalf of the Board, approve this report.

2.0 REPORT SUMMARY

2.1 Caldicott: Principles into Practice (C-PIP)

The Caldicott Foundation Manual: Principles into Practice (C-PIP) provides Guardians and their support staff with updated knowledge about the legal background to their duties and aspects of Information Governance. The manual sets out what organisations need to do and the arrangements that need to be in place to ensure patient information is handled appropriately. Originally these requirements were set in an assessment of an 18 point matrix system; these have since been updated into 41 Self Assessment standards which have been grouped into 6 sections. Against each question there is a hierarchy of answers and depending on which option is selected will automatically generate a score. Each organisation must then annually assess their compliance with the Caldicott Principles and produce a programme of work and continual improvement.

2.2 Caldicott Standards & Self Assessment

As part of the Caldicott Annual Programme of Improvement, the Health Board has self assessed itself against the Caldicott standards. The self assessment allows a simple and effective assessment of organisational performance by rating current performance in percentage against the standards to construct an organisational profile. The Health Board has completed the on line toolkit and below is a copy of the standards, the Health Boards response (whether fully or partially compliant), score and any additional comments:

Number	Assessment Standard	BCULHB Response	Score	Comments
Section 1 – Governance				
The organisation must assign Caldicott and Information Governance responsibilities				
G1	Has your organisation appointed a Caldicott Guardian who has received appropriate training and provides regular updates in regards to information governance	Compliant	2/2	Dr Melanie Maxwell, Senior Associate Medical Director was appointed to the role of Caldicott Guardian in January 2019. She has completed the Caldicott Guardian Training Masterclass in February 2019 and attended the Caldicott Guardians National Annual Conference in May 2019 and will continue to attend regular training sessions to ensure she is able to provide updates to colleagues in respect of information governance. She is also the Chair of the Information Governance Group.

G2	Does your organisation have an Information Management Strategy that has been approved by the Board or equivalent	Compliant	1/1	The Information Governance Strategy has been reviewed and was presented to the IGI Committee in May 2019 for approval.
G3	Do staff responsible for Information Governance provide regular reports to the Board or equivalent?	Compliant	1/1	The DIG Committee receive issues of significant from the Information Governance Group with quarterly updates and an annual report.
G4	Is there an Information Governance work plan, sponsored by the Caldicott Guardian and approved by the Board or equivalent?	Compliant	1/1	The Information Governance Workplan is monitored by the IG Team and regularly reviewed by the Information Governance Group which is Chaired by the Caldicott Guardian. Any issues of significance are reported to the DIG Committee.
G5	Has the Records Management Policy been approved by the Board or equivalent; communicated to appropriate staff; reviewed on a regular basis.	Compliant	1/1	A Records Management Policy was taken to and approved by the former Information Governance Committee. The Policy has been updated and is being reviewed April 2019. This will be available for staff to access on the Intranet site and awareness of it will be made via the Corporate Bulletin. The Policy has two supporting procedures for Clinical and Corporate Records.
G6	Do mechanisms and guidelines exist to ensure that any decision taken by a patient or service user to restrict the disclosure of their personal information is appropriately respected?	Non-compliant	0/2	Currently no guidelines exist for the Health Board. Discussions are on-going with regards to how this could be flagged on the Health Boards PAS as part of the Alert System Review. However, this is influenced by the implementation of a single PAS for BCU. Procedure have been updated to strengthen individual's rights to adhere with processing of their information, which will also incorporate subject access rights and rectification.
G7	Is information risk management included in the organisation's wider risk assessment and management framework?	Compliant	2/2	BCU Risk Management Strategy and Policy was approved by the Board in October 2010 and is reviewed on an annual basis, the last one being July 2018. A formal programme of IG compliance checks is built into the annual IG Work programme with outcome reports and recommendations to

				reduce/remove the likelihood of data security breaches being reported on a quarterly basis to the IGG and via issues of significance to the DIG Committee
G8	Does the organisation have documented and accessible information security incident reporting, investigation and resolution procedures in place that are explained to all staff?	Compliant	2/2	Yes and all staff can report incidents via Datix Web. IG incidents are reported via the quarterly IG KPI report which goes to the Information Governance Group and DIG Committee via issues of significance. To further enhance this a guidance on the notification of information security breaches was developed and approved in July 2017. This enables the assessment of the severity of an incident and whether it reaches the level for notification to the ICO and WG. This will also support our requirement to report a breach to the ICO within 72 hours in line with data protection legislation.
G9	Does the organisation have formal contractual arrangements with all contractors and support organisations that include their responsibilities in respect of information security and confidentiality?	Partial compliance	1.6/2	All contracts are currently being reviewed to ensure they comply with the new requirements under GDPR and the WHC 2017(025) on cybersecurity.
G10	Does the organisation ensure that all new services, projects, processes, software and hardware comply with information security, confidentiality and data protection requirements?	Partial compliance	1.8/2	Data Protection Impact Assessment (DPIA) Procedure and template has been approved on an All Wales basis and has been adopted by the Health Board. Awareness of this was made via the GDPR awareness programme and Informatics, Procurement and PMO have built the requirement for this within their business requirements.
Section 2 – Management The organisation must have core policies in place for Caldicott and Information Governance.				
M1	Where staff have been assigned Information Governance roles, are they appropriately qualified & trained in:	Compliant	5/5	All staff appointed to the Information Governance Structure are adequately qualified and trained.

	<ul style="list-style-type: none"> • Information Security & Incident Reporting • Corporate Records Management • Clinical Records Management • Data Protection • Information Sharing 			
M2	Was the organisations last assessment of performance against the Caldicott Standards completed within the last year?	Compliant	1/1	Report completed for 2018.
M3	Does the organisation have a comprehensive Records Management Policy for both corporate and medical records?	Compliant	1/1	A Records Management Policy is currently being reviewed along with comprehensive procedures on the management of health records and corporate records. These have been aligned to the GDPR requirement of an Information Asset Register and the roles of the Information Asset Owner and Administrator.
M4	Does the organisation have an accurate and up to date Notification to the Information Commissioner under the Data Protection Act 1998?	Compliant	1/1	The Health Board has an up-to-date notification from the 1 st October 2018.
M5	Is Data Protection comprehensively addressed either in a dedicated policy or by its incorporation into another policy?	Compliant	1/1	The Health Board has adopted an All Wales Information Governance Policy as of July 2018 and has a comprehensive Confidentiality Code of Conduct which was reviewed in April 2018.
M6	Is Information Security comprehensively addressed either in a dedicated policy or by its incorporation in a wider security policy?	Compliant	1/1	An All Wales Information Management and IT (IM&T) Security Policy has been adopted in June 2018 and IM&T Security procedures have been reviewed and updated in 2018.
M7	Does the organisation have an up to date Business Continuity and Disaster Recovery Plan?	Partial compliance	1/2	A Business Continuity and Disaster Recovery Plan have been approved in some areas, however, critical function analysis and scoping has been carried out for each Division but they are currently referring to the former organisational

				business continuity plans. Some areas have tried and tested some of their plans, however the majority have not.
M8	Is a comprehensive confidentiality statement included within all established staff and non-staff contracts?	Compliant	1/1	Confidentiality statements are included in all staff and non-staff contracts.
M9	Are personal responsibilities in respect of confidentiality, records management, information security, data protection and freedom of information in all job descriptions?	Compliant	2/2	All these personal responsibilities are included within a job description, except for Freedom of Information which has been included within the Staff Code of Conduct.
Section 3 – Information for Patients and Service Users The organisation must have an active information campaign in place to inform patients about the use of their information.				
IP1	Does the organisation have appropriate procedures for recognising and responding to patient and service users requests to access their own records?	Compliant	2/2	The following policies and procedures have been approved and are regularly reviewed to cover this: <ul style="list-style-type: none"> • Access to Information Policy • Access to Health Records Procedure • Subject Access Procedure under the Data Protection Act. These have been reviewed and updated during 2018 to incorporate the new requirements within GDPR. Following a recommendation from the ICO Audit carried out in June 2018, a centralised Access to Health Service has been developed and is currently being implemented.
IP2	Do you tell patients and service users about the ways in which their information will or may be used?	Partial compliance	1.2/2	Your information your rights posters and leaflets have been reviewed and approved nationally in line with GDPR. These have been placed in patient and public access areas across all sites, are available on the BCU website and have been posted on social networking sites.

				<p>Subject access response letters now include more information to the requestor on how we process their information which also provide them with a link to our privacy notice.</p> <p>There still may be occasions were staff may not always actively promote understanding of the ways in which patient/service user's information will be used, especially if it is used for purposes other than direct patient care. The methods of fair processing are actively encouraged during any service development or change and fair processing notices are developed and communicated.</p>
<p>Section 4 – Training and Awareness The organisation must assess Information Governance training needs and ensure that role specific information is provided to all staff.</p>				
TA1	Does your organisation have a mechanism for addressing Information Governance for new staff at induction?	Compliant	2/2	Information Governance awareness is included within the staff Orientation Package. Comprehension of understanding is attained in both the e-learning and face to face training packages.
TA2	Have you conducted an analysis of information governance training needs?	Complaint	2/2	Training needs have been assessed for all staff groups, however we are reliant on staff receiving their annual PADR to ensure their individual training needs are assessed.
TA3	Do you provide information governance training to staff, other than at induction?	Compliant	2/2	Information Governance training is mandatory for all staff to complete very two years and this is provided either face to face or via e-learning. Ad hoc and specialised training is also provided to specific teams on request.
TA4	What percentage of your staff have undertaken an IG training session?	Compliant	1/1	A 3 year Training Strategy plan was reviewed and approved in 2018 and this has helped increased the uptake of training to 80% as at March 2019 compared to 78% at the same time last year.
<p>Section 5 – Information Management The organisation must ensure that information is dealt with legally, securely, efficiently and effectively.</p>				

IM1	Have information flows been comprehensively mapped and has ownership for information assets been established?	Partial compliance	1/2	Some information flows have been mapped through ISP development using the WASPI guidance and templates. Information asset audits are being carried out as part of the Information Asset Register work which is capturing the information flows of each asset and identifying the information asset owner.
IM2	Does the organisation have a policy and procedure in place to ensure the security of paper and electronic records in transit?	Compliant	2/2	Policy and procedures are in place and staff are regularly reminded of their responsibilities regarding this procedure. This procedure was reviewed April 2019.
IM3	Has the organisation made progress in implementing the Wales Accord for the Sharing of Personal Information (WASPI)?	Compliant	2/2	The Chief Executive of BCUHB signed the Accord in October 2009 and we are now using Version 5 of the WASPI guidance and templates to develop new ISPs and replace existing ones.
IM4	Is there awareness of the organisations responsibilities when transferring personal data outside of the EEA?	Compliant	1/1	Any transfers of data outside of EEA would be notified within our data protection notification and arrangements would be in place to recognise the requirements for that transfer. This requirement has been placed in the Confidentiality Code of Conduct.
IM5	Does the organisation have a strategy to ensure the correct NHS number is recorded for each active patient and that it is used routinely in clinical communications?	Partial compliance	1.33/2	This requirement is clearly stated in HR1 – Health Records Procedure and HR5 – Standard Operating/Registering of Patients Procedures. There are no audits or monitoring of compliance with these.
IM6	Does the organisation have paper health records of a standard design?	Compliant	1/1	The legacy Health Records Group approved a standard design for paper health records in January 2015 which is now controlled by Patient Records Group. Assurance can be given that all ‘acute’ patient records use the standard design, however, this cannot be provided for other record types such as mental health, therapies, cancer and child health. Work is ongoing through the Patient Records Group to work with other patient record custodians.

IM7	Does the organisation have documented procedures on the identification and resolution of duplicate or confused patient records?	Compliant	1/1	Procedures are in place and regular reports are produced and acted upon to take remedial action. However, as with IM6 full assurance can only be given around 'acute' patient records and further work is being done through the Patient Records Group with regards to the other patient record custodians.
IM8	Does the organisation have processes and procedures in place to enable it to regularly monitor, measure and trace paper health records?	Compliant	1/1	Procedures and processes for monitoring and measuring health record availability are in place. However, as with IM6 full assurance can only be given around 'acute' patient records and further work is being done through the Patient Records Group with regards to the other patient record custodians.
Section 6 – Controlling Access to Confidential Information The organisation must have arrangements in place to control and monitor access to information.				
CA1	Is there a Confidentiality Code of Conduct which provides staff with clear guidance on the disclosure of patient/service user identifiable information?	Compliant	2/2	Confidentiality Code of Conduct has been reviewed and approved in April 2018. This has been disseminated to all Staff and is included within the IG Mandatory Training.
CA2	Are processes in place to ensure that contractors understand their responsibilities regarding confidentiality and information security?	Compliant	1/1	Advice is given to all contractors on confidentiality and is included within our procurement processes which have been updated to comply with the GDPR and WHC 2017(025) requirements.
CA3	Has the organisation made progress with encryption of devices containing person identifiable information (PII) in line with the Encryption Code of Practice for NHS Wales Organisations (2009)?	Partial compliance	1.75/2	All portable computers containing personal data have been encrypted and software is in place to monitor and control the use of removable media. Some desk top devices have been encrypted that are used in highly sensitive areas. Risk assessments have also been carried out regarding other high risk devices containing personal data that for technical reasons cannot be encrypted.

CA4	What controls are in place to restrict staff access to patient/service user identifiable information?	Compliant	2/2	Staff groups have defined and documented access rights. Access is controlled, monitored and audited on key systems.
CA5	Are there physical access controls in place for relevant buildings?	Compliant	2/2	Security controls deployed are proportionate to the sensitivity of the information held within those buildings.
CA6	What password management controls are in place for information systems that hold patient/service user identifiable information systems?	Partial compliance	0.8/1	Strong passwords are used on key systems and changes enforced on a regular basis. Users are also informed that passwords should not be shared.
CA7	Has the organisation established appropriate confidentiality audit procedures to monitor access to patient identifiable information?	Compliant	2/2	Procedures have been implemented and action is taken where confidentiality processes have been breached. These procedures are reviewed and updated as necessary. NIIAS has also been implemented during 2016 on key systems and guidelines on the management of the notifications have been approved.
CA8	Does the organisation have appropriate policies in place to cover risks associated with off-site working using electronic and manual records containing PII?	Compliant	1/1	Procedure has been approved and implemented to cover the risks of working with personal data off site with the requirement to carry out risk assessments when the user is regularly working with personal data off site. This is regularly reviewed and staff are made aware of their responsibilities under this Procedure.

2.3 C-PIP Score

Star Rating	C-PIP Score	
*****	91-100%	Your responses to the assessment demonstrate an excellent level of assurance of information governance risks.
****	76-90%	Your responses to the assessment demonstrate a good level of assurance of information governance risks; but there is still work to be done.
***	51-75%	Your responses to the assessment demonstrate a satisfactory level of assurance of information governance risks although there are some significant weaknesses which you should address.
**	21-50%	Your responses to the assessment demonstrate an insufficient level of assurance of information governance risks and a number of significant weaknesses which need to be addressed.
*		Your responses to the assessment suggest an inadequate level of assurance of information governance risks should be addressed as a matter of urgency.

The Health Boards has slightly increased its score of last year from 89 to 90%. This is due to training needs have been assessed for all staff groups and the level of training been offered to adapt to this.

2.4 Yearly Score Comparison

The Health Board has maintained its Class 4 star rating however full compliance of the standards has increased from 31 to 32 out of the 41 standards that are self-assessed against. The increase in compliance relates to improvements within the delivery of IG training.

2.5 Improvement Plan 2019/20

The improvement plan has been updated to reflect the work that still needs to be carried out to enable the Health Board to become more compliant with the standard requirements. An Information Governance Workplan for 2019/20 has been developed and incorporates the majority of the outstanding requirements identified in the Caldicott improvement plan. Some of the requirements have been transferred over to Informatics to include within their workplans. The information governance workplan is regularly monitored and reviewed by the Information Governance Team and is reported up to the Information Governance Group (IGG) with issues of significance reported to the DIG Committee. The Patient Records Group and ICT Governance & Security Group have representatives at the IGG and provide regular updates. The areas for prioritisation this year will be:

- Implement the Welsh IG Toolkit to replace the Caldicott: Principles into Practice
- Increase compliance level of IG Training to 85% in line with National target.
- Continue to improve the security and privacy of patient information by risk assessing data processing activity

- Continue to audit, monitor and maintain an information and system asset register which will capture the whole lifecycle of an asset.
- Continue to implement Information Asset Owner and Administrator Training.
- Develop Corporate Records Management and System Owner training packages.
- Continue to provide support to enable effective and compliant partnership working, in particular with the Community Resource Teams.

The detailed improvement plan can be found at Appendix A.

2.6 Primary Care Contractor Assessments

During 2019/20 NWIS will continue to offer support to practices to address areas identified for improvement and will offer a Data Protection Offer Package to non BCUHB Managed GP Practices. This years annual submission of the GP IG Toolkit was carried out and 101 of 105 (96%) GP Practices completed their submission. The table below breaks this down by GP Cluster:

Cluster	Number of Practices	Submitted		Started but not submitted		Not Started	
Anglesey	11	11	100%	0	0%	0	0%
Arfon	10	10	100%	0	0%	0	0%
Central and South Denbighshire	8	7	87.5%	0	0%	1	12.5%
Conwy East	5	5	100%	0	0%	0	0%
Conwy West	12	11	91.7%	0	0%	1	8.3%
Deeside, Hawarden and Saltney	7	7	100%	0	0%	0	0%
Dwyfor	5	5	100%	0	0%	0	0%
Holywell and Flint	7	6	85.7%	1	14.3%	0	0%
Meirionydd	6	6	100%	0	0%	0	0%
Mold, Buckley and Caergwle	7	7	100%	0	0%	0	0%
North Denbighshire	6	5	83.3%	1	16.7%	0	0%
South Wrexham	8	8	100%	0	0%	0	0%
West and North Wrexham	6	6	100%	0	0%	0	0%
Wrexham Town	7	7	100%	0	0%	0	0%

Random validation of the submissions of one practice per GP cluster will be carried out by NWIS and a report provided to the Health Boards once this has been completed.

The Health Board will validate submissions of GP Managed Practices and these will be monitored by the IGG.

3.0 IMPROVEMENT PLAN 2019/20

3.1 Responsibilities

Implementation and progress of the Improvement Plan [Appendix A] is the responsibility of the Information Governance Group and the Caldicott Guardian.

Work is co-ordinated through the Information Governance Group and will be reported up to the DIG Committee. This will provide the appropriate organisational framework to progress work and to provide management with additional reporting and monitoring mechanisms.

3.2 Timescale

The Health Board will progress the Improvement Plan over the next financial year and regular updates will be monitored via the Information Governance Group who will submit an annual report to the DIG Committee.

4.0 SUMMARY

This will be the last Outturn report against the C-PiP self-assessment.

During 2019/20 the Health Board will pilot the new All Wales IG Toolkit ready for formal submission in 2020. The Health Board will then use this toolkit as its assurance tool against information governance and data security standards. The recommendations within each Standard will be monitored by the IGG with an annual report against the submission being presented to the DIG Committee during 2020.

Caldicott Improvement Plan 2019/20

Caldicott Standard	Proposed Action	Responsible Officer(s)	Timescale
G2	Review and update IG Strategy to ensure maintenance of the transition work in line with new data protection legislation.	Head of Information Governance (HoIG)	May 2019
G6	Strengthen procedures to ensure the rights of the data subject are complied with and align with the new rights within data protection legislation and that effective communications are provided to staff on how to advise on and support these rights.	IG	July 2019
G8	We are still working to current notification criteria as we are yet to receive any guidance from the ICO.	HoIG	October 2019
G9	<p>All contractors' contractual arrangements have been reviewed by NWSSP to ensure that appropriate confidentiality and security statements are included. A mechanism to monitor compliance with these contracts is being developed. This will include the:</p> <ol style="list-style-type: none"> 1. Development the information and system asset register to ensure this captures the lifecycle of the asset from idea to decommissioning to include: <ul style="list-style-type: none"> • Initial business request • Data protection impact assessment • 3rd party hosting application • Review and sign off by IG and ICT • Notification to procurement that appropriate checks have been carried out • Contractual arrangements, data processing agreements • Regular review and audit of the asset • System asset ownership • Rolling programme of processor compliance checks 	IG ICT NWSSP	November 2019
G10	Build the Data protection impact assessment process into the asset lifecycle on the Portal.	IG ICT	August 2019

Caldicott Standard	Proposed Action	Responsible Officer(s)	Timescale
	Ensure the new process for requesting and approval of new assets is effectively communicated to all staff		
M3	Review corporate and health records management procedures to incorporate the requirements of new data protection legislation and the Health Board approach to a standard corporate records management system. To develop a corporate records training and awareness package for staff on the understanding of the revised procedures and the new records management system and build into IG training workplan.	IG Health Records IG	April 2019 August 2019
M7	Continue to monitor asset inventories to identify where business continuity and disaster recovery plans are in place. Any gaps are being raised as a risk via the asset register and escalated to the asset owner to implement.	IG ICT	March 2020
IP2	Develop guidance on the 3 levels of Fair Processing and disseminate to all staff.	IG	April 2018
TA4	Review and update the IG Training Strategy and action plan to enhance methods of increasing the IG training compliance rate to the national target.	IG	July 2019
IM1	Information flows are continue in being captured via the asset inventories and will be stored on the register. To ensure processes are in place that information asset owners regularly review their information flow as advised in the training they are receiving.	IG	Ongoing
IM5	This requirement is clearly stated in HR1 – Health Records Procedure and HR5 – Standard Operating/Registering of Patients Procedures. The remaining task to audit and monitor compliance will be requested of the Clinical Audit Team ready to be discussed at the next Patient Records Group in June.	Patient Records Group	June 2019

Caldicott Standard	Proposed Action	Responsible Officer(s)	Timescale
<p>IM6</p> <p>IM7</p> <p>IM8</p>	<p>1. The casenotes for the acute records has been following a standard for many years, with any changes requested requiring an evaluation and decision from the Patient Records Group (this process if controlled by the Health Records Service). The next Patient Records Group meeting will explore with the non-acute custodians the practicalities and appropriateness of adopting the same standard casenote folder.</p> <p>2. There is an existing procedure for the merger of duplicate casenotes (HR7 – Merging Duplicate Casenotes). HR1 is being reviewed and extended to cover commingling and rectification in line with Data Protection Legislation 2018, with the Good Record Keeping Training being updated to give guidance and signposting on these issues.</p> <p>3. The Health Records Service has completed the implementation of the iFIT RFID Intelligent Tracking Solution across all casenote types pan-BCUHB. Over the next quarter, the product will be upgraded to deliver iAnalytics, which will deliver enhanced reporting functionality to enable and support the delivery of performance monitoring and measuring across all casenote types. These will be reported into the Patient Records Group and up into the Information Governance Group to form part of their wider performance management portfolio.</p>	<p>Patient Records Group</p>	<p>October 2019</p>
<p>CA4</p>	<p>The National Intelligent Integrated Auditing Software tool has been implemented across all national systems and is actively monitored by the IG Team. Risk assessments are to be carried out on all other systems around their ability to comply with this standard via the asset inventory. This will be built into the System Owner Training.</p>	<p>IG ICT</p>	<p>August 2019</p>
<p>CA6</p>	<p>Strong passwords are in use on key systems, however, risk assessments are to be carried out on all systems around their ability to comply with this standard via the asset inventory. This will be built into the system owner training.</p>	<p>IG ICT</p>	<p>August 2019</p>

Digital and Information Governance Committee 27.9.19	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
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Report Title:	Summary of In-Committee business to be reported in public
Report Author:	Diane Davies, Corporate Governance Manager
Responsible Director:	Dr David Fearnley, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	<p>To report in public session that the following items were considered at the Information Governance and Informatics Committee held in private session on 9.5.19</p> <ul style="list-style-type: none"> • Outline Business Case (OBC) for Delivering an Acute Digital Health Record
Approval / Scrutiny Route Prior to Presentation:	The issues were considered by the Committee at its private in-committee meeting
Governance issues / risks:	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.
Financial Implications:	The financial implications were discussed at the meetings
Recommendation:	The Committee is asked to note the report

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

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<ul style="list-style-type: none"> • Leadership and governance • Strategic and service planning 			
Equality Impact Assessment			
Not applicable for a paper of this nature			

Disclosure:

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