

**CONFIRMED MINUTES OF A MEETING OF THE PUBLIC INFORMATION  
TECHNOLOGY AND GOVERNANCE SUB COMMITTEE HELD AT 1pm ON  
13 JUNE 2018  
HQ MEETING ROOM, UHW**

***Present:***

Eileen Brandreth (Chair)	Independent Member, Information, Communication and Technology
Dr Sharon Hopkins	Director of Public Health/Deputy Chief Executive
Dr Graham Shortland	Medical Director (Caldicott Guardian)
Dr Fiona Jenkins	Executive Director of Therapies & Health Science
Peter Welsh	Director of Corporate Governance/SIRO
Andrew Nelson	Assistant Director of Information and Performance
Paul Rothwell	Senior Manager Performance and Compliance
Allan Wardhaugh	Assistant Medical Director
Christopher Lewis	Deputy Director of Finance

***In Attendance:***

Andrew Crook	Head of Human Resources Policy and Compliance
Sandra Whitney	IT Programme Manager

***Apologies:***

Nigel Lewis	Assistant Director of IT and Strategy
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**ITGSC 18/032      WELCOME AND INTRODUCTIONS**

The Chair opened the meeting and advised members that she had been working with the two Executive leads to address strategic issues and provide assurances with the agenda.

**ITGSC 18/033      DECLARATION OF INTEREST**

There were no Declarations of Interests noted.

**ITGSC 18/034      MINUTES OF THE MEETING HELD ON 6 MARCH 2018**

The minutes of the above meeting were agreed as a correct record.

**ITGSC 18/ 035      REVIEW OF THE ACTION LOG**

The action log was reviewed and noted. The following updates were provided:

**a) Governance of F.O.I Requests**

An update was provided by Andrew Nelson and improved compliance with timescales was ongoing to address long term solutions and in the meantime Senior Coding Staff were helping with F.O.I requests.

**b) GP Pilot Cluster**

Update provided by Paul Rothwell and delays were highlighted due to privatisation of work for G.P.D.R introduction. Sharon Hopkins confirmed that the necessary work would be progressed and reported to the next meeting.

**Other Matters Arising not on the Action Log**

**1. Therapies and Healthcare Scientist Conference**

Fiona Jenkins advised the conference was being held next week and Cabinet Secretary was attending.

**2. HSMB**

Sharon Hopkins provided feedback from HSMB and reasonable improvements have been noted since that discussion.

**3. Welsh clinical Portal**

Fiona Jenkins provided Welsh Clinical Portal update and slides will be circulated to members assurance provided that roll-out was taking place.

**4. WI-Fi Funding**

To be discussed at Charitable Funds Committee on 19<sup>th</sup> June 2018. Noted legal advice has been sought and endowment funds can be used for that purpose if the Committee agree.

**5. Caldicott Self Assessment**

On the agenda

**6. Enhanced Procedure Workflow for Incident Reporting**

An update would be provided at the next meeting. Paul Rothwell provided an update on the current position

## 7. SIRO Report

This is covered in minute 18/042 (e).

## 8. Update on I.G, Policy

This is covered under ITGSC 18/044 (Controlled Documents Framework).

## 9. Blood Bank and Cellular Pathology

On the agenda

### **ITGSC 18/036 CHAIRS ACTION SINCE THE LAST MEETING**

Noted the Chairs Action had been taken since the last meeting to approve the submission for the Healthcare Standard 3.4 (IM & T, Information and Information Governance).l

### **ITGSC 18/037 RISK ASSURANCE FRAMEWORK**

#### **Risk Register**

The Director of Therapies and Health Sciences introduced the paper and highlighted the following:

The Sub-Committee attention was drawn to the IT risks rated red and the available resources available and need to prioritise these against available resources.

The Cyber Risk and IG register were noted as red rated.

The Sub-Committee was informed that the IG/IT would be merged as one register for the next meeting.

**Action: Paul Rothwell / Sandra Whitney / Sian Rowlands**

#### **Digital Enabled Organisation**

Fiona Jenkins reported the following;

- The 'Cardiff and Vale Way' is the UHB transformation programme and I.T workstream is fundamental to this to provide a digital enabled organization.
- A project structure was outlined to progress this work
- Further updates will be provided at future meetings once this initial scoping work has been completed.

The Sub Committee gave their full support to this work and noted progress report being presented to the Board meeting in July and highlight report to the October meeting of the Sub – Committee.

Action: Fiona Jenkins

## **ITGSC 18/038      KEY STRATEGIC ISSUES**

Report against National Strategy Policy and Implementation.

The Director of Public Health introduced the above and the following were noted:

- Position paper to be received at the October meeting
- This would need to reflect the changing landscape in-respect of the Parliamentary review and other Strategic matters.

## **ITGSC 18/039      WORK PROGRAMME HIGHLIGHTED REPORTS**

### **a)      Delivery of IMTP**

The Executive Director of Therapies and Health Science & Director of Public Health introduced the paper. The Sub-Committee was advised that the UHB is moving towards being digitally enabled, however the pace and the ambition is being constantly refined in response to resource availability. This paper provides an exception report on the high priority programmes within the Informatics plan for 2017/18 and the working plan for 2018/19.

The UHB has made good progress in delivering the following informatics priorities:

- Digitising the Clinical record and the second stage of the clinical information model development programme
- Supporting GP out of hours services
- Delivery of the Ophthalmology informatics programme

The following comments were noted:

- The UHB has not signed the Deployment Order for the new WCCIS. The Chief Executive has written to the Director of the programme to express concerns and these comments have also been raised with Welsh Government.
- Fiona Jenkins highlighted recent problems with the current system in respect of LIMS System. Meeting being arranged with NWIS to discuss these concerns.
- The importance of the governance arrangements for this was also raised.

## **W.C.C.I.S**

It was also noted that other Health Boards had also not signed the Deployment Order for W.C.C.I.S and had raised concerns.

The Chair agreed to raise the concerns at the Strategy and Delivery Committee.

### **Action: Eileen Brandreth**

High priority programmes where there are delays and or risks to successful delivery are:

- WCCIS and WLIMs
- Development of PARIS for integrated data and record availability
- Elements of the data acquisition and data management programme
- Delivery of national strategy programme

The Sub – Committee **NOTED** the update and concerns expressed. The Chair agreed to raise this with the Chair of Strategy and Delivery Committee for these concerns to be raised at the next Committee meeting.

### **Action: Eileen Brandreth**

#### **b) Specific Programmes - WLIMS**

The Director of Therapies and Health Science introduced the paper and emphasized the importance of moving to WLIMS in order to manage the risk of services remaining on Telepath, However this needs to be balanced against the risk of migrating to a system with known stability issues.

Currently live on the system are medical Biochemistry and Haematology, with Cellular Pathology and Blood Transfusion currently on Telepath. The planned go live date for Cellular Pathology was Monday the 21<sup>st</sup> May. During the week starting the 14<sup>th</sup> of May 2018 on two consecutive days the system was unavailable for prolonged periods of time. This raises a significant concern of system stability, particularly in advance of a planned further go live. The second outage on the 15<sup>th</sup> of May was reported as a server capacity issue. Ongoing server capacity issues were recognised by the clinical teams as whilst the system may not be down there are repeated instances where the speed of the system is reported as significantly slow.

Due to the repeated failures experienced the service undertook a clinical risk assessment of Cellular Pathology going live. This was critical to undertake as the impact of a large service moving onto the system may have implications both locally and nationally. Due to the recent unplanned downtime, the validation and verification of the system was incomplete and would introduce unnecessary risks. Therefore system safety and regulatory compliance could not be assured.

On the basis of the risk assessment Cardiff and Vale choosing to proceed with the go live of the system with the information currently available on

system performance will place unnecessary clinical risk on patients across Wales. On this basis the recommendation of the Clinical Board to Management Executive was that Cellular Pathology services were not to proceed to a go live.

The Director of Therapies and Health Science spoke to CE of NWIS and they agreed that the planned Cellular Pathology go live on Monday 21st May would be delayed until the capacity issue had been fixed, WLIMS was stable and there was a reasonable period of error free running. Also the outages had adversely impacted on our planned readiness activities and there was no opportunity for us to recover our position.

The sub-committee was advised that the UHB remain committed to the implementation of all modules of WLIMS and we are using this delayed period of time to continue our readiness activity. We will continue to work closely with NWIS and the national Blood Transfusion WLIMS Board to address the existing stability and performance issues which will need to be resolved prior go live of the Blood Transfusion module. This update was communicated by the CEO to the WLIMS SRO.

The Sub-Committee noted that the module for Blood bank is of greater concern. This is considerably more complex and has a much higher sensitivity to system unavailability. There is no confirmed date for it to be made available and less confidence in the resilience of the system to provide this. One other Health Board has already taken a tactical step and procured an alternative product until they can be assured that this module will be available appropriately in the national solution.

It was noted that the UHB is currently reliant on the Telepath system to provide blood bank services. Supplier support for this is due to end in September 2018 and to date, there has been no agreement about extension although NWIS are engaged in dialogue about this. Should this not be in place by September UHB would be running a critical service on an unsupported platform. If it is provided, the underlying infrastructure is aging and this could represent an increasing risk in relation to cyber security.

The Caldicott Guardian for the UHB noted his extreme concern about this situation and will be liaising with the other Caldecott Guardian's in Wales about this risk. Director of Therapies has been asked to consider this and recommend what Cardiff UHB should do during the next 12 to 36 months in relation to Blood bank services. Until this plan is in place, this represents a considerable risk to the ongoing provision of these services at Cardiff.

The Chair agreed to raise this with the Chair of the Strategy and Delivery Committee

**Action: Eileen Brandreth**

The Sub-Committee **NOTED** the course of actions being taken and concerns expressed.

## ITGSC 18/040      AUDITS

### Internal Audit Action Plan

The Sub-Committee **RECEIVED** and **NOTED** the above report and noted maternity had now agreed to the outstanding development required free of charge with the company to close the last risk outstanding.

## ITGSC 18/041

### Information Commissioners Office Visit and ICO/DPA Action Plan Update

The Director of Public Health presented the above which provided an update of the above report submitted to the last meeting. It was **NOTED** that by implementing its GDPR Action Plan (ITGSC 18/043) the UHB was making progress in terms of implementing the action plan agreed with ICO in relation to compliance with the Data Protection Act (DPA) 1998. The following key areas were noted:

- Improved staff awareness of relevant legal requirements via GDPR awareness sessions and production of Podcast.
- Greater engagement with Clinical Boards and Corporate Depts
- Updated privacy notices for the public and staff. These set out the legal basis for the UHB to process personal data relating to its patients and staff.
- Updating of agreements with third parties to formalise responsibilities relating to the handling of Patient Identifiable Data (PID)

The Information Technology and Governance Sub Committee:

- **NOTED** this update in relation to progress made following the last report to the Committee in relation to the action plan agreed with ICO following its audit of UHB compliance with the DPA
- **NOTED** that a further update in this matter will be submitted to the next Committee meeting as part of the formal report of the Information Governance Executive Team.

## ITGSC 18/042      PERIODIC ITEMS FOR ASSURANCE

### a) Report of Caldicott Guardian

The Medical Director presented the report of the Caldicott Guardian. The following key points were NOTED:

- The 2017/18 CPIP Self Assessment exercise had been closed off at national level by NWIS. Consequently it was not practical for the UHB to complete this exercise. The Chair reiterated the importance of the UHB undertaking a review to understand the apparent inconsistency between the score given to the ICO DPA audit and the Caldicott Assessment for 2017.
- The Chair requested that 3 Executive leads should consider which Management Group would consider the Strategy for the UHB for digitalization- Sharon Hopkins to update at the next meeting.  
**Action:** Sharon Hopkins
- There was significant concern about the fact that Whitchurch hospital had still not been completely cleared of records. This matter had been raised at HSMB. It was agreed to hold a further visit to Whitchurch and provide assurances at the next meeting and ask Clinical Boards to action urgently if required. Agreed Graham Shortland / Peter Welsh to visit Whitchurch with the Clinical Board to receive assurances required.

**Action: Graham Shortland / Peter Welsh**

## b) Integrated Governance Report

Sharon Hopkins thanked Paul Rothwell and those involved in maintaining the I.G service within the Health Board. The following were highlighted:

- Improvements required in certain areas where there are targets but measures are in place to make the necessary improvements.

The Chair raised concerns about whether the level of FOI compliance could be sustained given the staffing pressures faced by the IG dept.

The following comment was made:

- The importance of the I.C.O follow-up action plan must be reflected in the G.D.P.R action plan. Sharon Hopkins agreed to bring the back to the next or subsequent meeting of the sub-committee.

**Action: Sharon Hopkins**

## c) National Health Care Standards Compliance

Report noted and submitted under Chair's Action.

#### **d) IMTP Capital report**

The Sub-Committee **NOTED** the report.

Fiona Jenkins raised that this had been discussed at the Capital Allocation Group and the Management Executive Team and concerns on the allocations were noted. The Chief Executive had written to the Chief Executive of NHS Wales to secure further funding for the infrastructure. A response has been received dealing the capital allocation received by the UHB.

The Chair expressed concerns on the I.T allocation for 2018/19 (£250k) which was not sufficient to maintain I.T infrastructure services required. The implications of this would be raised by the Chair to the Strategy and Delivery Committee. Allan Wardhaugh confirmed that this was also a view from clinical teams.

#### **Action: Eileen Brandreth**

Sharon Hopkins advised that the Capital Allocation programme was endorsed at the last Board meeting but acknowledged the risks associated with this.

#### **e) Report from SIRO**

The Sub-Committee received the report and the Sub-Committee noted change to the Executive lead for SIRO from the Director of Corporate Governance to the Director of Public Health & Deputy CEO.

### **ITGSC 18/043      GDPR UPDATE AND ACTION PLAN**

The Executive Director of Public Health presented the paper which gave an overview of steps being taken to implement the General Data Protection Regulation (GDPR) which came into force on 25 May 2018. The UHB is a health and care organisation but its generation and use of data, which is often personal and sensitive, makes it equivalent to a medium sized data management company, and widely impacted upon by data protection legislation. Whilst preparations have been in train for some time we are not yet compliant. However we are making good progress in the areas identified as early priorities by the Information Commissioner's Office and are at a similar level of readiness to other Health organisations in Wales.

The Sub-Committee noted:

- The key impacts on the UHB brought about by the GDPR are:
- New accountability requirement means that the UHB is required not only to comply with the new law, but to demonstrate that we comply with the new law.
- There are significantly increased financial penalties possible for any breach.

- There is a legal requirement for personal data breach notifications to be sent to the ICO within 72 hours.
- The UHB may no longer charge patients or staff for providing them with copies of records, thus reducing income.
- Introduction of tighter for evidencing that consent has been obtained where this is the legal basis of processing patient personal data.
- Appointment of a Data Protection Officer is mandatory for the UHB.
- Data protection impact assessments are required for all new processing of large volumes of patient data and adoption of technologies incorporating patient data
- Data protection issues must be addressed in all information processes at an early stage
- There are specific requirements on us to ensure that our patients and population are aware of how their information is being used.

As with the DPA audits and monitoring of the action plan, the ICO considers itself to be a “proportionate regulator”. Their expectation is that the UHB is able to evidence that we have been making good progress in terms of implementing the key structures that underpin the implementation of GDPR by the 25<sup>th</sup> May. In particular the UHB understands that early priorities should be:

- A good training and awareness programme
- A DPO being in post and the role being actively discharged
- Accurate Information Asset Register(s)
- Publication of our Privacy notice
- GDPR compliant Subject Access Procedure being operational
- GDPR compliant Incident Management arrangements

As evidenced by the Status Report, we consider that progress is being made in all of these areas, assisted in part by the huge profile GDPR is receiving nationally in the news, and by communication campaigns run by other businesses. However there is variation in the progress made at departmental level, with much to do if the UHB is to have consistently good information asset registers and levels of staff awareness across the UHB. In addition to these specific requirements there are many further actions required (as identified in the status report) in order for the UHB to move towards full compliance and to continue to be able to mitigate the risks of being non-compliant beyond May.

The Sub-Committee **NOTED** that:

The programme is overseen by the IG executive team and scrutinised by the Information, Technology and Governance subcommittee of the Board. The key potential risks posed by GDPR, which the IG executive group are managing including need to discharge our statutory duty, Financial penalties and Financial Ability to Act.

## ITGSC 18/044 CONTROLLED DOCUMENT FRAMEWORK (CDF) POLICIES AND PROCEDURES

The Director of Public Health presented the above report which detailed:

The Controlled Document Framework (CDF) which lists key documents that the UHB needs to have in place to evidence that it complies with the information governance accountabilities placed upon it and that these are being adequately discharged.

The Information Governance Sub Committee (IGSC) previously received regular reports on the CDF and to ensure the work progresses, reports will continue to be submitted to the ITGSC.

Cardiff and Vale University Health Board (the UHB) needs to receive assurance that it can satisfy all the requirements that are placed upon it by the Caldicott Principles in Practice (CPiP), IG Toolkit and to improve future audits that may be undertaken.

Progress on the framework development would be brought to the next meeting.

The Sub-Committee:

- **NOTED** that it has not been possible to update the UHB Controlled Document Framework since the last meeting because of staffing pressures and the need to prioritise work to lay the foundations for GDPR compliance – agreed with the Director .
- **AGREED** that work should now be undertaken to update the UHB Information Governance policy using the equivalent policy being developed by the Information Governance Managers Advisory Group (IGMAG) Wales as an exemplar.
- **AGREED** that, in the interests of efficiency, this approach will be followed for future UHB IG policies and procedures where such documentation is considered appropriate to the UHB operating environment.

#### **ITGSC 18/045          ITEMS TO RECORD AS RECEIVED AND NOTED**

- NIMB Minutes September and November 2017
- Capital Management Group Minutes January 2018

#### **ITGSC 18/046          ANY OTHER BUSINESS**

There was no further business discussed

#### **ITGSC 18/047          DATE OF NEXT MEETING**

Date of next meeting – 31<sup>ST</sup> October 12.30pm in the Corporate Meeting Room HQ.

**Signed** .....

**Date** .....

