

**CONFIRMED MINUTES OF INFORMATION TECHNOLOGY AND GOVERNANCE SUB-COMMITTEE
ON 29th JANUARY 2019
MEETING ROOM, HEADQUARTERS**

Present:

Michael Imperato MI Independent Member - Chair

In Attendance:

Joanne Brandon	JB	Director of Communications
Julie Cassley	JC	Assistant Director of Workforce
Nicola Foreman	NF	Director of Corporate Governance
Sharon Hopkins	DH	Deputy Chief Executive /Director of Transformation, Improvement, Informatics and Commissioning (TIIC)
Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
Alan Wardaugh	AW	Consultant - PICU
Nigel Lewis	NL	Assistant Director of IT & Strategy
Andrew Nelson	AN	Assistant Director of Information and Performance
David Thomas	DT	Director of Digital and Health Intelligence
Graham Shortland	GS	Medical Director (Caldicott Guardian)
James Webb	JW	Information Governance Manager

Secretariat:

Sheila Elliot

Apologies:

Eileen Brandreth	EB	Chair
Sian Rowlands	SR	Head of Corporate Governance
Chris Lewis	CL	Deputy Director of Finance
Paul Rothwell	PR	Senior Manager – Performance and Compliance

IT/19/01/001	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the private meeting.	
IT/19/01/002	APOLOGIES FOR ABSENCE	
	Apologies for absence were noted.	
IT/19/01/003	DECLARATIONS OF INTEREST	
	No declarations were declared.	
IT/19/01/004	MINUTES OF THE COMMITTEE MEETING HELD ON 31st October 2018	
	Resolved – that:	
	(a) ITGSC Committee noted true and accurate minutes of the meeting held on 31 st October 2018	

IT/19/01/005

ACTION LOG FOLLOWING THE LAST MEETING

The IT&G Committee noted the Action Log from the last meeting

- CPIP – was discussed later in meeting
- Closure of Medical Records – to be discussed later in meeting
- Controlled Documents Framework – to be discussed later in meeting

IT/19/01/006

RISK ASSURANCE FRAMEWORK:

The Assistant Director of IT and Strategy introduced the report:

This was the second time the Risk Register has been produced and reflects a number of changes but shows a positive reflection of the work being carried out. Work was continuing on prioritisation. The following was discussed:

- There were no risks which have increased or decreased on the Joint IM&T Risk Register.
- There was a continuing project at both local and national level regarding upgrading to Windows 10. Windows 7 will reach the end-of-life at the beginning of 2020 and therefore this poses a risk. Upgrading was a large and complex project which might require additional funding to implement.
- The Director of Corporate Governance mentioned that all Risk Registers alongside BAF will be reported to the Board so that there was an overview of risks from all Committees.
- WLIMS will use event capital. This had been discussed with CD&T regarding migration of Tracked 2016 (6.8.12)
- The current platform that LIMS sits on has reached end-of-life. A new platform is being developed and Tracked 16 software will sit on the new platform. There will be testing to ensure that the new product is fit for purpose. This software is used for all laboratory services and could impact on patient care and flow if there is an issue. There is a possibility that extra staff will be needed to carry out the implantation of the new platform and Tracked 16.

Resolved – that:

- (a) The IT&G Committee received and noted the report

IT/19/01/007

Assurance Reports and Action Plans

These were discussed:

IT/19/01/008

The IMT Audit Assurance

- The IMT Audit Assurance report had been combined with the GDPR plan and been regularly updated over the last year. It brought together all audits and pulled them into the overall plan.
- Most objectives had been reached
- The Team were to be commended on sticking with the recommendations and actions as a lot were longstanding as reliant on other parts of the organisation or third party suppliers.

- This needs to be cleansed by the time of the next meeting
- The virtualisation project is dependent on GDPR

Resolved – that:

- (a) The IT&G Committee noted the action update
- (b) The IT&G Committee noted cleansing of recommendations to be carried out

IT/19/01/009

Combined ICO/GDPR Action Plan

- Work has been done and continues to be undertaken since GDPR. The detailed action plan can be found in the meeting bundle.
- The Information Governance Team continues to develop and progress is noted.
- An internal audit review of the progress of the design has been carried out and no high level issues have been identified. The issues left are operational and implementational.
- NHS Wales and the ICO are working together, alongside the rest of NHS Wales.
- GDPR will get as near to 'fit for purpose' as we can
- The whole organisation needs upskilling and the mandatory training has gone well. We need to check that people are putting the training into practice.
- Each piece of work needs an Asset Owner and this needs to be incorporated into a virtual hub of data.
- Graham Shortland, Medical Director mentioned that staff should be asked questions such as 'is your ward PC kept on?', 'do you use pen drives?', 'do you save data to the C:\ drive?' etc. to see if staff have the practical understanding of the needs of GDPR.
- Julie Cassley, Assistant Director of Workforce thought that having done some HR and disciplinary work for the Clinical Boards that some staff would and some staff wouldn't know the technology but may understand overall requirements.
- Joanne Brandon mentioned that general public GDPR knowledge will assist with staff knowledge.

Resolved – that:

- (a) The IT&G Committee noted the action update

IT/19/01/010

INTEGRATED GOVERNANCE REPORT / REPORT OF SIRO

- Staffing levels and team building are good, producing capable people with the correct expertise
- Regarding serious incidents we have a good relationship with the ICO and neither of the two incidents we had were reportable
- FOI statistics were not so good over the summer period but reached 82% in December which was good
- Regarding access requirements, workloads are being prioritised FOI issues are being concentrated on and there was no need to

look at access requests.

- We do need to take into account that a considerable amount of time has been taken up with the situation regarding blood work.
- Continuing work is being undertaken on compliance NIA's.
- It must be noted that the present system is able to detect inappropriate access to the national system and can audit devices.
- Out of the whole Welsh community 3½ out of every 100 patients will be a member of staff

Resolved – that:

(a) The IT&G Committee noted the action update

IT/19/01/011

CONTROLLED DOCUMENTS FRAMEWORK / UPDATED IG POLICY

- This is a significant piece of work and includes a large amount of documents.
- We are trying to use the policies set at a Welsh national level for local use and we are making progress overall.
- There are 5 amber policies and 26 policies which have been updated or incorporated as standalone documents.
- Not all updating is completed

Resolved – that:

(a) The IT&G Committee noted the action update

IT/19/01/012

INTERNAL AUDIT REPORT: INFORMATION GOVERNANCE

- Although solid foundations have been laid, limited assurance has been given that the design work has the capability and capacity,
- The Committee will keep a close eye on this.
- A report is to be presented at the next meeting setting out the response, actions of the issues. No timelines have been set.
- Needs to go to Audit Committee for review later on

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Resolved – that:

(a) The IT&G Committee noted the action update

IT/19/01/013

Report of the Caldicott Guardian

- Discussions are being carried out regarding the issue of digitalisation
- There is a significant issue around storage, space and the offsite provision is growing.
- Regarding restricted access to medical records, work has been successful and there is now a more functional medical records library. This will continue to be rolled out.
- Regarding de-commissioning of Whitchurch Hospital, Graham Shortland, Medical Director was able to give reassurance that further work was of a high standard and there was no significant

risk of material being left on site. He visited the areas at most risk previously and was satisfied that the secondary clean-up was successful.

- Graham Shortland, Medical Director has written to the Head of Estates and Planning regarding any future de-commissioning to state that proper attention is to be paid to information left behind.
- It is the Clinical Board's responsibility to remove all inappropriate material.
- Caldicott Guardian principles regarding self-assessment were discussed and our recent self-assessment was quite rigorous and we achieved a mark of 76%-90%

Resolved – that:

(b) The IT&G Committee noted the action update

IT/19/01/014

STRATEGIC ISSUES

Sharon Hopkins presented a short paper regarding Transformation Board Progress and direction was discussed

- A digitally-enabled workforce is critical work and fundamental. We are looking at what is required of the organisation and staff and will look at what is required for patients and the public when this section of work is completed.

Resolved – that:

(a) The IT&G Committee noted the report update

IT/19/01/015

ACCESSIBLE INFORMATION FOR CLINICIANS

- A couple of risks have been highlighted and we are working through access information. This is a huge program. Huge amounts of information need to become more accessible to front line and clinical staff. 4 key areas were raised with potential risks.
- A one-off payment of £1.7million has been made available and will be spent on maintenance and the transformation program. A £25million fund will be made available later this year for transformation.
- A common information store is vital.
- The Digital Design Group is an engagement group employed by the Clinical Boards with ideas regarding operational services engaging with core digital services.
- There is assurance at the design stage supporting work on prioritising and technical standards and information standards.
- £25million capital and £25million revenue to come
- There are 4 layers to the National Architect Review – Business Needs, Technical, Physical and data structures. The Welsh Government are reviewing this.
- We are meeting the process milestones

	<p>Resolved – that:</p> <p>(a) The IT&G Committee noted the action update</p>	
IT/19/01/016	<p>STRATEGIC ENGAGEMENT</p> <ul style="list-style-type: none"> • Alignment of national and local digital developments and direction • Verbal assurance that the teams are working well with the Welsh Government and we are constructing our programs locally • The strategic alignment paper will be available in 6 months to The ITGSC Committee <p>Resolved – that:</p> <p>(a) The IT&G Committee noted the action update</p>	SH
IT/19/01/017	<p>UPDATE ON WELSH UPDATE ON WELSH GOVERNMENT REVIEW OF GOVERNANCE OF:</p> <ul style="list-style-type: none"> • NHS Informatics in NHS Wales - Chasing Welsh Government • Architecture of NHS informatics in Wales - We will report back to Welsh Government in 6 months • The Welsh Government have responded to PAC but not to Governance regarding the PAC report on Informatics in Wales <p>Resolved – that:</p> <p>(a) The IT&G Committee noted the updates and action points</p>	SH SH SH
IT/19/01/018	<p>WORK PROGRAMME</p> <p>WCCIS</p> <p>We are in a unique position in Wales. The product remains short of our advanced needs and the project is remarkably slow. The vendors are providing a new platform and a new offering. We are in the unenviable position that the product on offer is a backward step and unachievable because it is more costly than the incumbent product. It is frustrating as we cannot take this forward as timescales for the new platform are unknown.</p> <ul style="list-style-type: none"> • Cardiff Council advised that we should get the system required rather than the system they want to give us. • There is an invite to Local Authority on 15/02/2019 and Sharon Hopkins Director of TIIC will guide the approach to this. • Helpful Update <p>Resolved – that:</p> <p>(a) The IT&G Committee noted the WCCIS action update which it found very helpful</p>	
IT/19/01/019	<p>WLIMS</p> <ul style="list-style-type: none"> • We should develop plans to upgrade software and hardware to 	NL

- reduce risks and give some contingency
- The new blood transfusion system needs a stable platform of 90 days. Unfortunately we have never had a 90 day stable platform since inception of the system.
- We need to take forward an alternative upgrade path to mitigate risks.
- Support Contracts have been re-negotiated
- Currently we are not using the Cellular Path Module – an upgrade of software will allow this to be used. However, we don't believe that this service will meet our requirements.
- Upgraded software and hardware will mitigate risks by providing a resilient platform until the new LIMs can be delivered (for the blood requirements)
- Paper to be presented to Board regarding the replacement. Replacement not likely to be available for three years
- Additional Capital allocation from Welsh Government of £17million allocated in December for planned programme of priority spending plans
- Linked to priorities set out in Welsh Government
- All items are broken down in the appendix and the diagram is explanatory

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Resolved – that:

- (a) The IT&G Committee noted progress on exception areas for assurance on progress and mitigations
- (b) The IT&G Committee noted progress on mitigating risks with LIMS

IT/19/01/020 ANY OTHER URGENT BUSINESS

There was no other business to raise

IT/19/01/021 DATE OF THE NEXT MEETING OF THE BOARD

28th May 2019, 9.00am – 12.00pm Corporate Meeting Room, Headquarters