

Confirmed Minutes of the Information Technology and Governance Sub Committee Meeting

**Held on 31st October 2018 at 1.00 p.m.
Headquarters Meeting Room, UHW**

Present:

Eileen Brandreth	EB	Chair
Dr Sharon Hopkins	SH	Deputy Chief Executive /Director of Transformation, Improvement, Informatics and Commissioning (TIIC)
Dr Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
Nicola Foreman	NF	Director of Corporate Governance
Andrew Nelson	AN	Assistant Director of Information and Performance
Christopher Lewis	CL	Deputy Director of Finance

In attendance:

Nigel Lewis	NL	Assistant Director of IT and Strategy
Phil Clee	PC	IT Programme Manager
James Webb	JW	Information Governance Manager
Julie Cassley	JC	Assistant Director of Workforce
Andrew Strong	AS	Wales Audit Office

Apologies:

Andrew Crook	AC	Head of Human Resources Policy and Compliance
Paul Rothwell	PR	Senior Manager Performance and Compliance
Michael Imperato	MI	Independent Member
Dr. Graham Shortland	GS	Medical Director (Caldicott Guardian)
Joanne Brandon	JB	Director of Communications

Minute Ref	Action
ITGSC18/048	<p><u>Welcome and Introductions</u></p> <p>The Chair of the Committee welcomed Members to the meeting and stated that she had been working with the Deputy Chief Executive and Executive Director of Therapies and Health Science to ensure that the agenda addressed strategic issues and provided assurance.</p>
ITGSC18/049	<p><u>Apologies for Absence</u></p> <p>Apologies for absence were noted.</p>
ITGSC18/050	<p><u>Quorum</u></p> <p>The meeting was quorate.</p>
ITGSC18/051	<p><u>Declarations of Interest</u></p> <p>There were no Declarations of Interest.</p>
ITGSC18/052	<p><u>Minutes of the meeting held on 13th June 2018</u></p> <p>The Committee reviewed the minutes of the meeting held on 13th June 2018.</p> <p>Resolved – that</p>

The minutes of the meeting held on the 13th June were approved as an accurate record.

ITGSC18/053 Action Log 13th June 2018

Resolved – that

- (a) The action log was noted.**

ITGSC18/054 Review of Information Governance Arrangements and Support Report

The TIIC Director/Dep CEO advised that James Webb had been appointed as the new Information Governance Manager. The committee thanked the previous Manager, Paul Rothwell for his excellent work and heard that he would continue to provide advice to the new manager about how to reframe the Department's workload. Mr Rothwell would also continue to act as the Data Protection Officer until March 2019. The team would be strengthened by two appointments that had been made for posts starting in November.

Resolved – that:

- (a) The Sub Committee noted the update report on Information Governance arrangements that were currently in place.**

ITGSC18/055 IG Mandatory Training Report

This item was referred from the main Health Board, who had queried the efficacy of Information Governance training as there had been ongoing issues where personally identifiable data had been left in unsecure conditions across the UHB.

The Director TIIC/Dep CEO commented that the Information Governance module was part of the Health Boards mandatory training schedule and that the Communications team were raising awareness of the importance in engaging with this training. She also noted that NHS Wales had procured around 200 e-licenses for mandatory training online which was being rolled out by NWIS and that GDPR had helped raise the profile of this issue.

The Assistant Director of Workforce, Julie Cassley mentioned that the current level of IG training compliance is 82.6% which is the second highest mandatory module. The target is 85%, allowing for 15% staff leave or absence, across nearly 15,000 staff across all disciplines.

Resolved – that:

- (a) The Sub Committee noted the IG Mandatory Training report on Information Governance arrangements that were currently in place.**

ITGSC18/056 Chair's Actions taken since the last meeting

It was confirmed that no Chair's actions had been taken since the last meeting of ITGSC.

ITGSC18/057 IT/IG Risk Assurance Framework Report

The Chair noted that the IG and IT risk registers had now been combined.

The Director of Therapies and Health Sciences introduced the paper and drew the Sub-Committee's attention to the IT risks rated red and need to prioritize action against available resource. She highlighted the following:

Virtual server farm infrastructure – an updated plan had been taken to the capital management group in Spring. Previous updates to the sub-committee had noted success over the last four years in achieving the investment levels needed to mitigate risks arising from legacy infrastructure however, this year the required level of discretionary capital could not be made available. A risk based approach had been taken to prioritise allocation available. The Chief Executive Officer had written to Welsh Government raising concerns about the capital position. It was noted that failure of the virtual server farm would be of high impact across the Health Board (currently Red scoring 20 with IM&T joint risk register).

Cyber Security – the business continuity risk relating to Cyber was accepted and strengthening cyber security was agreed as critical issue to be addressed Funding to support current plans is not yet secured. Funding opportunities to mitigate this continued to be explored.

WLIMS – will be addressed in Work Programme agenda item 10.2

The Chair asked for comment at the next meeting about how the Risk register was used to support operational running of IM&T. She also noted the issues previously reported in relation to national service outages and whether these were appropriate reflected in the risk register. A brief was requested for the next meeting about which service outages were required to be reported to Welsh Government and whether this was working.

Resolved – that:

- (a) The Sub Committee reviewed and noted the report and the concerns expressed within it.**
- (b) The TIIC to provide assurance on use of risk log in the operational management of IM&T**
- (c) A brief be provided about which service outages were required to be reported to Welsh Government and whether this was working.**

SH

NL

ITGSC18/058

Transformation Board Progress Report

The sub-committee discussed which components of the Transformation programme should be part of its assurance role whilst avoiding duplication with the main Board. It was acknowledged that the sub-committee was well placed to champion and challenge elements that relate to digitization and the information access agenda. The Chair and TIIC Director/ Deputy Chief Executive would meet to agree this prior to the next meeting in order to inform the agenda.

Resolved – that:

- (a) The Sub Committee noted the report given on Transformation**

(b) The Chair & Director TIIC/ Deputy Chief Executive to meet to discuss which components of the Transformation Programme would be included in the Sub Committee agenda going forward.

SH/EB/FJ

ITGSC18/059

Failure of Services at National Data Centres Report

The Executive Director of Therapies updated the sub-committee that the report submitted should give assurance to the Health Board that there has been local engagement about the impact arising from the previous service failures in the National Data Centre and that concerns had been appropriately raised about this as clearly, the platform needed to be resilient and stable to minimize risk to the services and impact on patients.

It was noted that a further breach was managed in accordance with NWIS and the Welsh Government appropriately and communication had improved. There was some discussion ongoing about increasing resilience of locally national provided systems through the provision of a local data mirror copy for use should further instances of main Data Centre access occur.

Resolved – that:

(a) The Sub Committee noted the report

ITGSC18/060

Work Progress Highlight Reports

Welsh Clinical Portal Report

The Chair commented favorably about the visual representations of progress with the WCP component roll-out across the UHB, asking that it be simplified to fit onto one page. WCP was developed via a process where additional functionalities (as and when these become available) are distributed for use on a ward by ward basis. National funding available to support this distribution would come to an end in March 2019 and a study on this would be undertaken to consider how the remaining components would be delivered.

Resolved - that:

(a) The Sub Committee noted the report.

ITGSC18/061

Digitisation of Medical Records Report

Whilst the Health Board had made significant progress in the delivery of digitized records through the use of portal technology, there remained a reliance on paper for recording clinical information. A new module on the PMS system had been built which incorporated all clinical workflow with the new standards needed to support making the data available. This would also allow all outcomes to be captured digitally.

Resolved - that:

(a) The Sub Committee noted the report.

ITGSC18/062

Welsh Community Clinical Information System Report

The Executive Director of Therapies presented the report, mentioning that a meeting with colleagues from Cardiff and Vale team and Cardiff Local Authority had taken place to discuss their respective positions in relation to WCCIS. Whilst committed to supporting development of the WCCIS solution, C&VUHB is cognizant that the deployment of the new system must bring benefit over and above that of its community system (PARIS). The health component of WCCIS was currently not functional.

Resolved - that:

- (a) The Sub Committee noted the report.**

ITGSC18/063

WLIMS Report

Concerns over the stability of the national architecture and the appropriateness of the WLIMS blood component had been expressed. C&VUH were in discussion with other health boards about how to maintain service through the existing Telepath solution and a paper would be presented to Management Executive within a few weeks for a decision to be made.

Resolved - that:

- (a) The Sub Committee noted the report.**
- (b) The Sub Committee noted the conclusion of the Extraordinary National Pathology IT Programme Board held on 5th October 2018.**
- (c) The Sub Committee noted that a report would be presented to the Management Executive on the WLIMS**

FJ

ITGSC18/064

Audits

IMT Audit Assurance / Action Plan

The Chair noted good progress with the suppliers of the maternity / Theatreman and Specialist Services patient IT systems. Concerns about the virtual server farm had been previously discussed.

Resolved - that:

- (a) The Sub Committee noted the report.**

ITGSC18/065

Information Commissioners Office Visit – Action Plan

The Sub-Committee considered action relating to outstanding audit points raised by the Information Commissioner Office in relation to UHB compliance with the Data Protection Act 1998 carried out in May 2016.

The sub-committee was asked to note that significant progress had been made in delivering actions under the original action plan agreed with ICO and that whilst this work was continuing it over-lapped with the new action plan designed to ensure compliance with GDPR. The sub-committee were asked to agree that, going forward, it would receive a combined GDPR/ICO action plan.

Resolved - that:

- (a) The Committee noted the update in relation to action following the audit by the ICO of UHBs compliance against the Data Protection Act 1998 which was undertaken in May 2018.**
- (b) The Committee noted the significant progress which had been made in delivering actions under the original action plan agreed with the ICO.**
- (c) The Committee agreed that going forward the ITGS Committee would receive a combined GDPR/ICO action plan.**

ITGSC18/066

Combined ICO/GDPR Action Plan

The observer from the Welsh Audit Office queried whether, given the amount of amber actions outstanding, “significant progress” was the correct term for the sub-committee to accept. The Director TIIC/Dep CEO responded that consistent attention has been paid to this work and progress made. It was accepted that the pace must continue to address outstanding points in full and that whilst so many were in amber it is not where the UHB would wish to be. However as a highly complex organization operating within financial and organizational constraints, progress has been quite significant.

It was noted that progress had been re-baselined for the action plan and this was a realistic representation of action needed to fully comply with the regulations. It was noted that the RAG ratings used should allow for a mechanism to show whether the situation was improving, not changed or deteriorating for each outstanding risk through the use of an arrow, as this would improve understanding of progress against some very broad and longer term actions.

Resolved - that:

- (a) The Committee noted the significant progress which had been made in remedying the shortcomings identified by the ICO in their audits of compliance against the Data Protection Act.**
- (b) The Committee received and commented upon the action plan and the areas of progress which had been made.**
- (c) The Committee noted that actions which had been taken to strengthen governance arrangements**

ITGSC18/067

Periodic Items for Assurance

Caldicott Guardian Report

The Medical Director, although not in attendance had sent comments to the sub-committee:

Cardiff and Vale University Health Board (the UHB) is required to complete a Caldicott Principles in Practice (CPIP), Self-Assessment exercise each year to provide assurance that continuous improvement is made. Because of IG staffing problems it had not been possible to complete the 2017/8 CPIP

assessment.

CPIP scores could not be readily reconciled with the ICO's assessment, undertaken in May 2016, that UHB could only be given a "limited assurance" rating in terms of its compliance with the Data Protection Act (DPA) 1998.

Resolved - that:

(a) The ITGSC noted the updates in relation to :

- **Digitisation**
- **Records destruction**
- **Restricted access to central medical records libraries**
- **Medical Records Library**
- **Decommissioning of Whitchurch Hospital**
- **2017/18 Caldicott Principles in Practice Assessment.**

ITGSC18/068

Integrated Governance Report

The Chair noted concern with Freedom of Information compliance and was assured by the appointment of two new staff members into the team dealing with this business and that the Committee should see improvement in the level of compliance with FOI requests by the next meeting.

Resolved - that:

- (a) The Sub Committee received and noted the report on Integrated Governance.**

ITGSC18/069

Controlled Documents Framework

The Chair noted the intent to adopt the Welsh version of the IG policy although noted her concern that neither the Controlled Documents Framework nor the updated IG Policy had been brought to the sub-committee.

The Director TIIC / Deputy Chief Executive acknowledged the concern, referencing the difficult staffing circumstances that were impacting on progress in this area and assured the Chair that this would be addressed in the next meeting of the sub-committee.

The sub-committee were advised that that UHB Controlled Document Framework was being strengthened and rationalized via the updating of the UHB Information Governance (IG) policy. The new policy would amalgamate four separate policies covering IG policy, internet and e-mail use and IT security into one document. These policies had been developed nationally by the Information Governance Managers Advisory Group (IGMAG).

Resolved - that:

- (a) The Sub Committee noted that an updated Subject Access**

SH

Request Procedure had been submitted to lawyers for review.

(b) The Sub Committee noted that Version 5 of the Wales Accord on the Sharing of Personal Information had been issued.

(c) Deputy Chief Executive to bring the Controlled Documents Framework and the draft updated IG policy to the next meeting.

ITGSC18/070 Items to be recorded as received and noted

Resolved - that:

(a) The Sub Committee received and noted the following:

- NIMB Minutes - 16th August 2018
- Capital Management Group Minutes – 20th August 2018

ITGSC18/071 Any Other Business

There was no other business reported.

ITGSC18/072 Review of the Meeting and Items to bring to the attention of the Board/ Other Committees

There were no items to bring to the attention of the Board of other Committees

ITGSC18/073 Date of Next Meeting

The date of the next meeting was confirmed as 29th January 2019 commencing at 9.00 a.m. within the Meeting Room at Headquarters.

Signed:

Date: