

INFORMATION, TECHNOLOGY AND GOVERNANCE SUB-COMMITTEE MEETING
08.30 on 6th March 2018
HQ Meeting Room, University Hospital of Wales
AGENDA

PART 1: ITEMS FOR ACTION			
1	Welcome and Introductions		<i>Chair Oral</i>
2	Apologies for Absence		<i>Chair Oral</i>
3	Declarations of Interest		<i>Chair Oral</i>
4	To receive the minutes of the previous IT&G Sub Committee meeting held on 4 October 2017		Chair
5	To receive and review the Action Log from IT&G meeting held 4 October 2017		Chair
6	Chair's action taken since last meeting		Chair
Governance and Assurance			
7	Strategic Updates a) Directors Report on Information Technology (including NIMB update) b) Report of the Executive Information Governance Team. SBAR	a) Executive Director of Therapies & Health Science b) Director of Public Health and Deputy Chief Executive	
8	Strategic Assurance Review a) IM&T Strategic Outline Plan (SOP) b) Once for Wales Report	a) Executive Director of Therapies & Health Science b) Director of Public Health and Deputy Chief Executive	
9	Work Programme Updates a) Delivery of Integrated Medium Term Plan (IMTP); • Exception Report • IMTP Workplan b) Integrated Information Governance • Report • Report 2 • Report 3 • Piloting of Extended GP Access to CAV Portal	a) Executive Director of Therapies & Health Science b) Director of Public Health and Deputy Chief Executive	

	c) Specific Project Items <ul style="list-style-type: none"> • WCCIS Business Case • LIMS 	c) Executive Director of Therapies & Health Science	
10	Periodic items for assurance <ul style="list-style-type: none"> a) Caldicott Guardian Report b) Report from the SIRO (Oral update) c) National Health Care Standards Compliance (oral update) d) Informatics Capital Programme (Oral update) e) Data Quality Report (Oral update) 	<ul style="list-style-type: none"> a) Medical Director b) Dir Corporate Governance c) Director of Public Health and Deputy Chief Executive & Medical Director. d) Executive Director of Therapies & Health Science e) Director of Public Health and Deputy Chief Executive 	
11	Audits (<i>for sign-off of management responses and exception reporting on progress of actions</i>) <ul style="list-style-type: none"> a) WAO Review of NHS Information Systems (an informed discussion) b) IMT Audit Assurance / Action Plan c) SBAR Information Commissioners Office Visit and ICO/DPA Action Plan Update 	Executive Director of Therapies & Health Science Director of Public Health and Deputy Chief Executive	
12	Corporate Risk Assurance Framework <ul style="list-style-type: none"> a) Risk Registers b) Joint IMT Risk Register 	Executive Director of Therapies & Health Science/Director of Public Health and Deputy Chief Executive	
13	Specific items for attention <ul style="list-style-type: none"> a) GDPR Action Plan Appendix 1 and Appendix 2 	Director of Public Health and Deputy Chief Executive	
Controlled Documents Framework – Policy and Procedures			
14	<ul style="list-style-type: none"> a) Controlled Documents Framework Report and Action Plan b) Policies for review c) Procedures for review and approval 	Director of Public Health and Deputy Chief Executive	
PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE COMMITTEE			
15	Sub Group Minutes <ul style="list-style-type: none"> a) Medical Records Management Group Minutes of Meetings held 22 August 2017: 10 January 2018 b) Non Health Records Management Group Minutes of Meetings held 14 August 2017: 7 November 2017:6 February 2018. c) Minutes of Data Quality Group Meeting 29 		

	November 2017 d) NIMB – Minutes of Meetings 13 September 2017 and 9 November 2017 e) Capital Management Group 15 January 2018		
16	Any other Business		Chair
17	Review of Meeting and Items to Bring to the Attention of the Board/Other Committees.		Oral <i>Committee Chair</i>
18	Date of next meeting: 13 June 2018 Venue : HQ Meeting Room UHW Time: 1:00pm – 3.30pm		

**UNCONFIRMED MINUTES OF A MEETING OF THE PRIVATE
INFORMATION TECHNOLOGY AND GOVERNANCE SUB COMMITTEE
HELD AT 2.30pm ON
WEDNESDAY 4 OCTOBER 2017
HQ MEETING ROOM
UHW**

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Present:

Eileen Brandreth (Chair)	Independent Member, Information, Communication and Technology
Dr Sharon Hopkins	Director of Public Health
Dr Graham Shortland	Medical Director (Caldicott Guardian)
Fiona Jenkins	Executive Director of Therapies & Health Science
Christopher Lewis	Assistant Director of Finance
Nigel Lewis	Head of IM&T
Paul Rothwell	Senior Manager Performance and Compliance
Alan Roderick	Head of Information
In Attendance:	
Andrew Crook	Head of Human Resources Policy and Compliance
Allan Wardhaugh	Assistant Medical Director for Information Governance and Technology
Andrew Strong	Wales Audit Office (as observer)

Apologies:

Peter Welsh	Director of Corporate Governance (SIRO)
Joanne Brandon	Director of Communications
Gareth Bulpin	Information Technology Technical Development Manager
Andrew Nelson	Assistant Director of Information and Performance

Secretariat:

Ann Morgan	Corporate Governance Senior Information and Communication Manager
Sandra Whitney	IM&T Programme Manager

ITGSC 17/001 WELCOME AND INTRODUCTION

The Chair opened the meeting and welcomed everyone. She explained that the meeting was to be held in shadow form as the Terms of Reference had not yet been agreed and approved. She sought approval to go ahead with the meeting and future meetings to be held three times every year. She introduced Andrew Strong from the Wales Audit Office who was attending as an observer to inform the work being completed on the Structured Assessment. She invited introductions around the table which were done.

ITGSC 17/002 APOLOGIES FOR ABSENCE

Alan Roderick confirmed his attendance to represent Andrew Nelson. All other apologies for absence were **NOTED**.

ITGSC 17/ 003 DECLARATIONS OF INTEREST

The Chair invited members to declare any interest in the proceedings included on the agenda. There were no declarations of interest declared.

ITGSC 17/004 TERMS OF REFERENCE

The Chair introduced the Terms of Reference for the new Sub Committee and invited observations and comments from the members. The following were raised.

Page 11 (178) reference to Resource and Delivery Committee to be amended to reflect Strategy and Engagement Committee.

Action: Ann Morgan

There was some discussion in relation to the reference to the IG Toolkit and whilst not adopted in NHS Wales it was confirmed that the UHB and other Welsh HB's were working within the parameters of this as well as the CPiP. It was also confirmed that Primary care had an IG Toolkit rollout by NWIS that they were implementing.

The Chair confirmed that the remit of the sub committee was not operational but existed to provide assurance that risks were being appropriately managed and oversee the direction and execution of the strategy and integrated medium term plan (IMTP), provide advice and appropriately escalate issues and risks.

The Information Technology and Governance Sub Committee **AGREED** the Terms of Reference for submission to Strategy and Engagement Committee for formal approval.

Action: Ann Morgan

ITGSC 17/005 LEGACY STATEMENTS FROM PREVIOUS SUB COMMITTEES

The Chair introduced the legacy statements from the Information Governance Sub Committee and the IM&T Sub Committee.

Information Governance Legacy Statement

It was noted that the ICO had confirmed that the development of these provided assurance as was expected by the Wales Audit Office (WAO) it was confirmed that an Information Governance Executive Group would meet

regularly throughout the year to ensure work would be progressed operationally.

Work that would continue covered:

Breakglass

Controlled Document Framework

IG training

Monitoring work of the sub groups including transfer of medical records to Treforest and changes in medical records areas to ensure restricted access to only authorized staff.

IM&T Legacy Statement

It was noted that the areas of work that would continue to be covered were a focus on services and sustainable digital strategy and collaboration and to receive updates on the IMTP and Cyber Security.

The Chair invited further comments and none were made. The Chair thanked the teams for work completed for the two previous sub committees.

The Information Technology and Governance Sub Committee **NOTED** the legacy statements.

ITGSC 17/006 MINUTES OF THE PREVIOUS INFORMATION GOVERNANCE SUB COMMITTEE MEETING HELD ON 8TH AUGUST 2017

The minutes of the previous meeting of the Information Governance Sub Committee held on 8 August 2017 were **AGREED** as an accurate record of the meeting.

ITGSC 17/007 MINUTES OF THE PREVIOUS IM&T SUB COMMITTEE MEETING HELD ON 14TH JUNE 2017

The minutes of the previous meeting of the IM&T Sub Committee held on 14 June 2017 were **AGREED** as an accurate record of the meeting.

ITGSC 17/008 REVIEW COMBINED ACTION LOG FROM IG AND IM&T SUB COMMITTEE MEETINGS

The Information Governance Sub Committee **RECEIVED** the combined action log from the Information Governance and IM&T Sub Committee meetings and noted the following:

IGSC 17/007 Audit Updates Welsh IG Training Review Action Plan

Andrew Crook confirmed that enablers had been put in place with IG sessions continuing to be included in Mandatory Training months May and November. In addition ESR updates had been completed to accurately report training compliance. There still remained some issues in accessing rollout within the clinical boards and this was discussed

further. It was confirmed that IG training was included within the performance reviews to assist in improving compliance.

The Sub Committee agreed that there was a need to embed information governance within the organization's culture. It was noted that system issues with reporting had been identified and fed back to NWIS.

IGSC 17/027 Internal Audit Update Records Management

It was confirmed that the work would continue and be overseen by the newly established IG Executive Team with notes from these meeting being submitted to the Information Technology and Governance Sub Committee.

IGSC 17/29 GDPR

It was confirmed that the Board Development session had included a session on GDPR. It was also confirmed that the Action Plan for implementation of GDPR was being produced.

Action: Ann Morgan

IGSC 17/031&17/010 Closure of Medical Records Libraries

It was confirmed this was now included in the risk register to monitor progress. Further work was being completed to identify a means of resourcing for the closure.

IGSC 17/036 Non Medical Records Minutes

The minutes from previous meetings would be circulated to all members.

Action: Ann Morgan

IM&TSC 17/007 Approval of the IM&T SOP Submission to WG

It was confirmed that the IM&T SOP had been presented to the Board in Jan 2017 and approved

The Information Technology and Governance Sub Committee **Noted** the Combined Action Log.

ITGSC 17/009 CHAIR'S ACTION TAKEN SINCE LAST MEETING

There was no Chair's action to report.

ITGSC 17/010 STRATEGIC UPDATES

a) DIRECTORS REPORT ON IT

The Report was introduced by the Director of Therapies and Health Science who invited questions. The Chair sought assurances on how expenditure was being prioritized and further details were provided. It was also confirmed that the IM&T SOP was going through process and further updates would be

provided in the next meeting to also include and update on the WCCIS Business Case.

Action: Fiona Jenkins

The Information Technology and Governance Sub Committee **Noted** the Report.

b) DIRECTORS REPORT ON IM

The report provided an update on current position with the strategic programmes and the national programmes included within the report was an update to NIMB on the Once for Wales programme.

The Information Technology and Governance Sub Committee **Noted** the Report.

c) DIRECTORS REPORT ON IG

i) Integrated Governance Report

The report provided an updated position report from the last meeting in August 2017. It covered the IG Toolkit, the Controlled Document Framework and data quality.

ii) Caldicott Guardian Report

The report provided an update from Medical Records Management Group relating to records destruction, digitalization, closure of medical records libraries, subject access sign off and decommissioning of Whitchurch Hospital. It was confirmed that performance indicators identified that SAR Procedure was not satisfactory in current form. The process was being looked at to identify potential solutions to the issues that existed in current process. The medical records team was reviewing the process and once concluded revised process to be submitted to Medical Records Management Group for further submission and approval to HSMB.

The Information Technology and Governance Sub Committee **Noted** the Reports.

ITGSC 17/011 STRATEGIC ASSURANCE REVIEW

a) ONCE FOR WALES REPORT

The Director of Public Health provided a verbal update on the Once for Wales Programme. The importance of clinical representation was noted as well as the role of the Chief Dental Officer in relation to standards and clarity on the Once for Wales programme. It was noted that there needed to be local flexibility on how this would fit in with local plans and programmes. A further iteration would be brought back to the IMTCSC once completed.

The Information Technology and Governance Sub Committee **Noted** the Reports.

b) IM&T STRATEGIC OUTLINE PLAN

The Executive Director of Therapies and Health Sciences presented the report and explained that the Management Executive had reviewed the plan at its meeting on September 18th. She further detailed that the SOP was being reviewed in light of the year since submission and also confirmed that many elements of this were in the IMTP. She further extended her thanks to the whole team for the work they had completed in reviewing which elements needed prioritization in the coming months. This work had been discussed with the Clinical Boards and at HSMB.

The following issues were discussed

- Quantifying of benefits – reduce DNA's
- Revenue and capital difficulties to resource
- Benefits realisation looking at outcomes aligning to budgets.

The Chair confirmed that she had been impressed with progress despite the lack of funding. The report included a table of potential cost to the UHB aligned to capital and revenue with very limited availability

It was explained that as developing plans shape the approach will be discussed with Welsh Government (WG) however we were still at the early stages of what can be achieved with work in progress over the three year IMTP.

The Sub Committee was advised that an arranged October session would review the plans in light of current position whilst considering the national programs. It was noted that there was insufficient funding to progress all of the identified programmes of work and a prioritization exercise would be undertaken

The Information Technology and Governance Sub Committee **Noted** the Reports and **Agreed** the suggested actions

c) INTEGRATED MEDIUM TERM PLAN

This was covered in the discussion above.

ITGSC 17/012 WORK PROGRAMME UPDATES

a) IT WORKPLAN

The submitted report provided an update on major IM&T projects as at October 2017. It was noted that acute and community were priority areas and there would be limited resources to devote to this. It was detailed that taking projects forward would need to be completed on a prioritization basis.

b) INFORMATION WORK PLAN

Alan Roderick advised members that Andrew Nelson would be presenting a report on this to the next meeting.

Action: Andrew Nelson**c) INTEGRATED INFORMATION GOVERNANCE REPORT**

The report provided an update on Data Protection Act incidents, Freedom of Information Act requests, Breakglass, IHR, Paris and SAR activity. The Sub Committee discussed the poor performance with Freedom of Information Act compliance and assurance was provided that a plan was being put in place to address the situation. The Chair confirmed that she was satisfied that there was a plan in place to resolve the issues.

d) SPECIFIC PROJECT ITEMS**i) PACS Update**

The report provided an update on the current position. Questions were invited and none were asked. The Chair expressed her thanks that all was now in hand.

ii) LIMS Update

It was confirmed that the issues has been discussed in the Management Executive meeting in October and was also due to be discussed in the Medical Directors meeting scheduled for the 6 October. The Sub Committee discussed the following:

- Stability of the platform and unavailability of services across Wales.
- NWIS working with the supplier to stabilise platform.
- Two modules not yet deployed
- Extension of the support contract to remove issue until corrections could be completed.
- Capability of the platform to take extra modules.
- Mitigating actions and contingency plans.

The Information Technology and Governance Sub Committee **Noted** the Reports.

ITGSC 17/013 PERIODIC ITEMS FOR ASSURANCE**a) CALDICOTT PRINCIPLES IN PRACTICE (CPIP) REPORT**

No report submitted for consideration.

b) REPORT FROM SIRO

No report submitted for consideration.

c) NATIONAL HEALTHCARE STANDARDS COMPLIANCE

No report submitted for consideration

d) IT CAPITAL PROGRAMME

The report was introduced and questions were invited.

It was outlined that the intention was to submit regular updates to provide assurance on how resources would be allocated. Progress against the last three year's allocation of £3.6 million was noted, together with the ring fenced allocation of £500K from discretionary capital in relation to the programme for 2017/18 and the "risk based" allocation of this funding in line with the 2017/18 (circa £2M requirement).

The Information Technology and Governance Sub Committee **NOTED** the detail of the report and **SUPPORTED** the proposals.

e) DATA QUALITY REPORT

No report was submitted for consideration as the sub group had not met since the previous meeting of the sub-committee.

f) SUB COMMITTEE REPORT AND REVIEW OF TERMS OF REFERENCE

No report submitted for consideration.

ITGSC 17/014 AUDITS**a) IM & T AUDIT ASSURANCE/ACTION PLAN**

The report provided an update on the internal audit completed on Information governance and security. It identified an improvement with more areas being completed since the previous report and marked in green which should be removed from the report. It was also confirmed that progress was being realised with the development of business continuity plans in the Clinical Boards. The Chair sought assurances that actions were being addressed and this was provided. It was commented that some items had been outstanding for a significant amount of time, some since 2015 and it was confirmed that these related to resources issues. A further update was requested for information to be provided on contingency plans where resources did not allow actions to be concluded.

Action: Fiona Jenkins

The Information Technology and Governance Sub Committee **NOTED** the report

b) ICO WELSH TRAINING REVIEW/ACTION PLAN

Earlier discussion had covered this issue, nothing further was added.

ITGSC 17/015 CORPORATE RISK ASSURANCE FRAMEWORK

It was confirmed that this was updated at Board and the outcome from the Board meeting would be reported back to the next meeting.

Action: Peter Welsh

The Information Technology and Governance Sub Committee **NOTED** the report.

ITGSC 17/016 CYBER SECURITY UPDATE

The Sub Committee noted the National approach that was being taken to progress this matter. It was also noted that there may be costs to the UHB arising from the work. Confirmation was provided that the UHB was awaiting the outcomes and recommendations from the National work to support the development of the Business case to progress within the UHB. A further update was to be provided at the next meeting.

Action: Nigel Lewis

The Information Technology and Governance Sub Committee **NOTED** the report.

ITGSC 17/017 CONTROLLED DOCUMENTS FRAMEWORK**a) FRAMEWORK REPORT AND ACTION PLAN UPDATE**

The Sub Committee were advised that there were no updates since the meeting in June.

b) POLICIES FOR REVIEW

There were no policies submitted for review.

c) PROCEDURES FOR REVIEW AND APPROVAL

There were no procedures submitted for review and approval.

ITGSC 17/018 SUB GROUP MINUTES**a) MEDICAL RECORDS MANAGEMENT GROUP MINUTES OF MEETING HELD 22 AUGUST 2017**

- b) **NON-HEALTH RECORDS MANAGEMENT GROUP MINUTES FROM MEETING HELD 14 AUGUST 2017**
- c) **SENIOR CLINICAL IM&T GROUP MINUTES 8 SEPTMEBER 2017**
- d) **NIMB MINUTES 4 JULY 2017**
- e) **CAPITAL MANAGEMENT GROUP**

The Information Technology and Governance Sub Committee **NOTED** the sub group minutes with the exception of Capital Management Group as no minutes were submitted.

ITGSC 17/019 ANY OTHER BUSINESS

There was no other business raised or discussed.

ITGSC 17/020 REVIEW OF MEETING AND ITEMS TO BRING TO THE ATTENTION OF THE BOARD / OTHER COMMITTEES

The Chair reviewed the meeting and detailed the following for submission to Strategy and Engagement Committee:

- Terms of Reference
- Legacy Statements
- Tthe funding gap in relation to the SOP
- The funding gap in relation to the IT Capital requirements
- Non compliance with Fol action plan
- LIMS – nb this is being addressed within a National Group

ITGSC 17/021 DATE OF NEXT MEETING

The next meeting was due to be held on Wednesday 6th March 2018 in the HQ meeting room to commence at 8.30am.

Signed

Date

AGENDA ITEM 5



**ACTION LOG FOLLOWING INFORMATION TECHNOLOGY AND GOVERNANCE SUB COMMITTEE
4 OCTOBER 2017 MEETING**

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MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
Items outstanding from Information Governance Sub Committee					
IGSC 17/028	8/8/17	CPiP report	Submit compliance reports to meetings of new IG committee	Paul Rothwell/Ann Morgan	To be submitted to March 2018 meeting
IGSC 17/031	8/8/17	(ii) GP Pilot	Three month pilot report to be submitted to the next meeting.	Paul Rothwell	Pilot currently being set up
IGSC 17/031& 17/010	8/8/17	(v) Closure Of Medical Records Libraries	Review whether the unavailability of medical records/lost records were given the correct risk rating	Peter Welsh	Update to be given at meeting
Information Technology and Governance Sub Committee					
ITGSC 17/016	4/10/17	Cyber Security	Updated report to be submitted to March meeting	Nigel Lewis	Agenda Item – Private Session
Actions complete from last meeting					
ITGSC 17/004	4/10/17	Terms of Reference	Amend reference to RDC to Strategy and Engagement Committee (SEC) and submit to SEC.	Ann Morgan	Completed
ITGSC 17/008	4/10/17	Action Log	IGSC 17/029 Development of GDPR Action Plan IGSC 17/036 Circulate NMRMG Minutes	Ann Morgan	Completed

ITGSC 17/010	4/10/17	Directors Report IT	Update on SOP and WCCIS Business Case	Fiona Jenkins	Agenda Item
ITGSC 17/012	4/10/012	Work Programme Update	Information work plan to be submitted to March meeting	Andrew Nelson	Agenda Item
ITGSC 17/014	4/10/12	IMT Audit Action Plan	Update on contingency plans where resources restricted conclusion of actions	Fiona Jenkins	Agenda Item

AGENDA ITEM 7.a

DIRECTORS REPORT ON IT	
Name of Meeting : IT&G Sub Committee	Date of Meeting 6th March 2018
Executive Lead : Executive Director Therapies and Health Science	
Author : Executive Director Therapies and Health Science	
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.	
Financial impact :	
Quality, Safety, Patient Experience impact :	
Health and Care Standard Number 3 & 4.2	
CRAF Reference Number 6.8	
Equality and Health Impact Assessment Completed: Not Applicable	

7.1

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Recent actions and discussions relating to IT.

The Committee is asked to:

- **NOTE** the update

SITUATION

IT remains a cornerstone of the UHB infrastructure and a key enablement for our transformation.

BACKGROUND

- The update covers the period since the last IT&G Sub Committee.
- Items will be highlighted as an exception report, rather than details of all actions

ASSESSMENT AND ASSURANCE**Welsh Audit Report on Informatics systems in the NHS Wales January 2017**

Welsh Audit Report review on Informatics systems in NHS Wales – this report was circulated in January 2018. Each Health Board has undertaken a review of the recommendations and actions. This will be discussed further in the meeting under agenda item 11.a

AGENDA ITEM 7.a

Serious incidents Welsh Government

There have been a number of serious incidents over the past few months but the most recent incidents have been:

National Data Centre Outage

The National data centers Blaenavon and Newport experience some major firewall issues which started early morning of 24th January 2018 and were resolved by early evening on the same day. The issue resulted in all National hosted systems by NWIS were unavailable to all Health boards and GP practices within Wales. However C&V UHB was less affected by the incident as we host our own Patient Management System (PMS), Picture Archiving (PACs) and Mental Health and Community systems. All services affected by the outage of national hosted systems such as Laboratory Information management (LIMS). Ward Clinical Work station (WCW) put their Business Continuity plans into place until such times the issue was resolved.

Communication from NWIS:

A technical problem at both NHS Wales National Data Centres resulted in a network outage for a four-hour period on 24 January 2018.

The outage lasted between noon and 4.pm, affecting the majority of NHS Wales' clinical systems, email traffic and internet access.

The issue was identified as a firewall problem and immediate steps were taken to bring the data centres back online as quickly as possible.

Following the outage NHS Wales Informatics Service technical teams have continued to closely monitor the situation at both data centres, while working in partnership with the firewall equipment manufacturer to establish the root cause.

Detailed analysis of network traffic and data centre logs has taken place and as a result the manufacturer has made some small updates to the firewall configuration. The configuration update was applied successfully to the firewall equipment at 7.30am on Wednesday 31 January.

The network and related equipment continues to be monitored.

We appreciate that this will have caused disruption to our service users and we apologise for any inconvenience caused.

SoP

Communication was received in late December 2017 from WG following the submission of our Oct 2016 SoP. A meeting took place on 5 Feb 2018, with WG digital leads to discuss the SoP in light of there being no national funding to take forward the key workstreams identified. The SoP has been reviewed and prioritization undertaken for the IMTP to take forward elements prioritized

7.1

AGENDA ITEM 7.a

by HSMB and within our resource allocation. The SoP will need further reviewing to ensure it remains a live document.

National Informatics Management Board (NIMB 15 Feb 18)

The main items discussed were:

- WAO Report and Parliamentary review: Consideration of and input to the response to these.
- Once for Wales: Agreement of the paper developed by the sub group
- WCCIS: Noting that Councils are deploying faster than LHBs. Questioning why LHBs were delaying. Response related to a combination of the capital and revenue costs which LHBs are finding hard to secure and also concerns of functionality of the health component, as the product was not the one that was procurement and needing significant development. Also current architecture does not give a single record. The Gateway review was noted and the issues arising from it. NHS CEO would like to see faster pace of deployment.
- Digital strategy workstream implementation: PROMS/ PREMS programme without revenue for 18-19. This was raised and NHS CEO was minded to secure resource if this was supported by LHBs.
- National Plan Prioritisation: This was received.

7.1**IT as part of UHB Transformation**

Along with the use of information, IT has been highlighted as a key enabler. The Director of Therapies and health Science is working with the Director of Public Health to ensure we shape the UHB requirements for a digitally enabled workforce.

IMTP and planning for 2018-19

The informatics elements have been completed for the IMTP, with PoDs developed where investment was needed. The infrastructure requirements have been further reviewed in light of resource allocation and relative risks. Budget setting for 2018-19 has required revenue budgets to be reviewed and realigned as part of Executive function efficiencies.

Director of Therapies and Healthcare Scientist Conference – June 2018

The IT&GSC is asked to note that I will holding the above conference in June as a key part of the agenda is to run an hour session on IT including Turning Digital & technology Curve and a IT Workshop 'speed dating' session.

Office relocation for IM&T

The IM&T Department will be moving from the current PSA building by March 31st 2018. The teams will be split between Lansdowne and Iorwerth Jones community hospital.

REPORT OF INFORMATION GOVERNANCE EXECUTIVE TEAM

Name of Meeting : Information Technology and Governance Sub Committee
Date of Meeting: 6 March 2018

Executive Lead : Director of Public Health/Deputy Chief Executive

Author : Senior Manager, Performance and Compliance

Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.

Financial impact : There are significant potential financial implications in relation to this work. The Information Commissioner has powers to fine organisations that are in breach of the law and through their acts or omissions materially harm or damage individual. The levels of fine can reach half a million or more and the ICO now has the right to undertake mandatory audits on NHS organisations. This does not exclude the ability for individuals to take legal action against the organisation in respect or harm or damage both as a result of physical or psychological harm or reputational harm.

Quality, Safety, Patient Experience impact : The content of this report directly impacts significantly on the quality, safety and experience of our patients and their families.

Health and Care Standard Number 3.4 & 3.5 **CRAF Reference Number** 8

Equality and Health Impact Assessment Completed: There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.

7.2

ASSURANCE AND RECOMMENDATION

LIMITED ASSURANCE is provided by the fact that:

- This Report gives details of steps being taken to ensure that the UHB discharges its statutory requirements in relation to information governance. However, some of this work is at an early stage and there is some way to go before reasonable assurance can be given.

The Information, Technology and Governance Sub Committee is asked to:

- **NOTE** and **COMMENT** on the report of the Information Governance Executive Team

SITUATION

This paper gives an overview of work overseen by the Information Governance Executive Team (IGET) since it was convened in September 2017.

BACKGROUND

IGET was convened at the same time as the Information, Technology and Governance Sub-Committee (ITGSC). Its key role is to have oversight of the operational management of the Information Governance (IG) function in order to give assurance to ITGC, escalating matters to Management Executive (ME) as appropriate.

IGET membership is as follows:

Sharon Hopkins	Director of Public Health (Executive responsible for IG)
Graham Shortland	Medical Director/Caldicott
Peter Welsh	Board Secretary/Senior Information Risk Owner
Andrew Nelson	Assistant Director, Performance and Information
Paul Rothwell	Senior Manager (Performance and Compliance)
Ann Morgan	Corporate Governance Senior Information and Communication Manager

IGET has met on 3 occasions and held an “awayday” to review IG management arrangements prior to these being formally reviewed by ME. IGET’s report summarizing relevant developments since its inception is attached as Addendum 1.

ASSESSMENT

IGET’s report gives insights into the magnitude and complexity of the IG agenda faced by the UHB, actions being taken to address this and potential consequences if the UHB does not meet relevant requirements. Broadly, the report presents a variable picture in terms of the UHB’s level of preparedness in relation to IG. This is consistent with the thrust of other subject specific reports submitted to ITGSC. These reports and the linkage with corresponding sections in the IGET report are listed in Section 11.

The report shows that a significant amount of work has been done in a relatively short space of time to build a solid foundation on which the UHB can build. However, much work still needs to be done at a time when resources are constrained. The challenge facing IGET is essentially how to deploy these resources in a way that provides the maximum assurance to ITGSC as is realistically possible.

7.2

REPORT OF INFORMATION GOVERNANCE EXECUTIVE TEAM (FEB 2018)

1) INTRODUCTION

The Information Governance Executive Team (IGET) was convened by the Director of Public Health (Executive Director with lead responsibility for Information Governance) after the Information, Technology and Governance Sub-Committee (ITGSC) was convened. Its key role is to have oversight of the operational management of the IG function in order that assurance can be given to ITGSC, escalating matters to Management Executive (ME) as appropriate. IGET met on 11 September and 7 November 2017 and on 13 February 2018. It also held an “awayday” on 20 November 2017. This report should be read in conjunction with separate subject specific ITGSC. Caldicott, integrated governance etc. The report is also intended to inform forthcoming discussions on the IG elements of the 2018/9 work plan and risk register.

For convenience a full list of all reports cross-referenced to subjects covered in this paper is set out in Section 11.

2) OVERVIEW

The aim of the IG dept is to support the realisation of the UHB’s strategic goals. The UHB aspires to be a digitally enabled organisation. If one compares this to “running” then the current status of the IG infrastructure to support this could be described as “walking”, so we have some way to go.

ITGSC was made aware of this gap in assurance terms through the legacy statement of the former Information Governance Sub Committee. Detailed insights were available within the ICO’s audits of Data Protection legislation compliance. The priority of the IG dept in response to these audits has been to engage with users to understand the IG implications of how they work and provide advice for improvement and compliance. This approach is giving a detailed picture about the state of IG compliance and some key themes are emerging:

- Many people who are not substantive UHB employees have a legitimate need to access UHB data in a variety of settings. This includes students in training (i.e. registered with academic institutions) and agency supplied locums. In the past some have not been issued with documentation intended to protect patients, staff and the organisation itself in the event of inappropriate use (this includes the lack of confidentiality agreements for

example). At present the UHB is potentially exposed in the event that such parties abuse this access.

- The appropriateness of access by both staff and non-staff is not effectively monitored. For national IT systems (particularly the Welsh Clinical Portal) the available audit tool is NIAS (National Intelligent Integrated Audit Solution). The tool, in the absence of suitable algorithms to pin point cases where there are genuine as opposed to coincidental grounds to suspect inappropriate access, is labour intensive to operate. At present the tool is not being used at the UHB because of limited IG staffing capacity. There is no equivalent electronic functionality on the UHB's IT systems. This assurance gap needs to be considered alongside the trend towards increasing the level of access that users have e.g. Cardiff and Vale GPs requiring access for clinical reasons to details of all registered patients on the C & V portal (i.e. not just those recorded against their individual practice).
- To deliver medicine in the 21st century, clinicians rightly expect access to modern technology which include platforms such as cloud based networks and e-messaging facilities Use of these raises major IG issues concerning particularly the security of data. The governance framework to support this (e.g. development of policies and procedures) at both UHB and national level is still work in progress.
- Partnership working models to deliver core UHB activities are increasingly common often adding value in clinical and in some cases financial terms. This usually involves the sharing of UHB data. To protect the UHB It is essential that such arrangements are regularised. Suitable documentation has not always been concluded. Existing documentation will need to be overhauled to comply with the General Data Protection Regulations (GDPR) that come into play in May 2018.

As the work continues further issues will continue to emerge.

Action to address the themes identified above are being taken. An outline of these is set out in the sections below.

This workload has required the IG Team to review its work plan, prioritise, scale back and temporarily stop some activities. Any risks arising as a result of this are recorded on the risk log.

3) IG Management Arrangements

At its "awayday" IGET reviewed the UHB's management arrangements, particularly in the light of GDPR. A paper has been produced for consideration at a future ME meeting. Given the UHB's financial position in 2018/9 the IG dept will continue to face challenges with respect to the work required to enable an increasing IG agenda.

This was recognised in the response following the ICO audits which included a commitment to review the roles of staff with designated IG responsibilities, in particular Information Asset Owners (normally Directorate Managers/Assistant Directors) and Administrators (normally Asst Directorate Managers/Heads of Service). The ICO audits highlighted a lack of progress in some activities that have to be driven at local level e.g. management of their own information asset registers, risk registers etc. Clinical Board were challenged to ensure that their nominated responsible officers understood the role, attended training and were aware of the support they could draw up in order to fulfil their role. The attendance at GDPR training has been poor. The implications of this and potential solutions will be explored in forthcoming Clinical Board performance reviews and raised at the HSMB.

4) External Scrutiny

The UHB's IG management arrangements are under external scrutiny at present by the following

- Wales Audit Office (references in 2017 Annual Audit Report and Structured Assessment)
- Stratia Consulting (review of IT security on behalf of WG following Wannacry attack)
- ICO (responses to DPA Section 55 breaches notified earlier to ITGSC)

UHB responses will be considered in relation to the limited IG team capacity referred to above. Although the ICO has indicated that it intends to take no further action in relation to the Section 55 breaches reported above, it has made reference in one response to the UHB's earlier stated intention to increase its IG staffing establishment. This will therefore need to be kept under review.

5) Compliance Auditing

Given the limited capacity within the expert IG team routine IG tasks will have to be undertaken by local teams making the identification of IG responsible leads within Clinical Boards more important. The drive to enable each individual to really understand and deliver their responsibilities is becoming more urgent not just as we seek to implement GDPR but as we develop into a digitally competent workforce.. There is scope for undertaking other activities such as spot checks to monitor access to UHB IT systems by staff/parties where this has been increased or who didn't originally have access.

The use of NIIAS is being revisited. A letter is being finalised from the Medical Director to those staff whose NIIAS “footprint” shows that they accessed their own records or those of a family member in January 2018 to alert them to the consequences of their actions (prima facie breaches of the Data Protection Act) and the steps the UHB will take as a result. At this stage this is likely to be the requirement of a commitment by the employee not to repeat such behaviour and if appropriate to attend IG training. Some of these actions post date a letter issued by the Medical Director in January 2018 to all staff setting out the legal position in the above matters

Other NIIAS findings will require validation to differentiate between legitimate and illegal access e.g. results of someone with the same name etc

6) Agreements with Third Parties

The IG Dept is being increasingly asked to provide input into discussions with third parties to ensure that arrangements for the sharing of data are appropriately understood and formalised. As an example is proposed collaboration with drug companies who seek access to UHB data, obtained via relevant clinical activity, to develop new products. These discussions are complex, time consuming and are sometimes hard to divorce from the separate issue of Intellectual Property which falls wholly outside the remit of the IG dept. Methods of distributing this workload that requires less IG input are being worked upon.

The UHB has instructed its lawyers Blake Morgan to review and update its exemplar Data Processor Agreement (DPA) in order that it is fit for purpose for use with relevant third parties in accordance with GDPR. A first draft has been received and will be finalised by end March 2018.

To date the exemplar DPA has not always been included in tender documentation for relevant contracts issued by the UHB Procurement Dept. Procurement will now review applicability on a case by case basis. In a recent exercise it was agreed that a contractor’s liability in the event of an IG breach would be capped at the contract value, which was significantly below the maximum fine the ICO could have levied.

7) Stakeholder Relations

The IG Dept has supported the PCIC clinical board in implementing its Health and Wellbeing (HWB) Agreement. One activity envisaged was for the HWB contractor to contact patients registered with GP practices to promote the take up of immunisation

and vaccination activity. Following ICO advice that this model could be regarded as marketing, and thus require individual patient consent under the relevant ICO code, an alternative model is being pursued. The exercise provided a timely reminder of the benefits of considering IG issues at the start of relevant procurement exercises rather than try and “retrofit” it once the contract has been let.

8) Joint Working with IT

The IG dept is working closely with IT to progress the provision of messaging facilities for clinicians in a way that meets IG standards mandated by WG. The IG dept has consulted the ICO to inform this discussion. A proposal has been agreed in principle by ME and HSMB although some details, in particular financial arrangements still need to be clarified. A briefing has also been drafted for the Medical Director to advise clinicians about use of WhatsApp, which is essentially regarded by both NHS authorities and the ICO as inappropriate for the transmission of images even if supported by anonymised PID.

7.2

9) Policy Development

The UHB is to some “behind the curve” in this area. This is largely a casualty of the weight of the overall IG agenda as set out in this paper. Full details are set out in the paper “Controlled Documents Framework”.

10) IG Training

Courses were held on 29 January and 12 February 2018 to increase awareness of GDPR. Details were widely communicated with discussion on why training was necessary. Take up by Clinical Board staff was reasonable, however more work needs to be done in terms of promoting engagement by some managers who have designated roles under the UHB’s IG procedures e.g. Information Asset Managers/Administrators to “drive” production of Information Asset Registers. This was a central element of the action plan the UHB agreed with the ICO in relation to compliance with the Data Protection Act.

The take up of mandatory on line IG training as at January 2018 was

Children & Women	74.15%
Capital, Estates and Facilities	72.52%
Clinical Diagnostics and Therapeutics	81.12%

Corporate	83.19%
Dental	90.06%
Medicine	64.15%
Mental Health	65.48%
PCIC	73.05%
Specialist Services	67.91%
Surgery	58.25%

11) Other Reports

7.2

For convenience the other reports referred to in this paper are listed below:

Section	Subject	Agenda item
1	Report of Caldicott Guardian	10a
	Integrated Governance report	9b
	2018/9 work plan	9a
	Risk register	12
	ICO audit of DPA compliance	11c
2	Risk register	12
3, 10	ICO audit of DPA compliance	11c
4	Section 55 breaches	11 (private agenda
5	GDPR	13
7	ICO Code on Marketing	9b (section 8 of report)
9	Controlled Documents Framework	14a

12) Recommendation

ITGSC members are invited to note this report and seek clarification as appropriate.

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IM&T STRATEGIC OUTLINE PLAN (SOP)
Name of Meeting : Information Technology & Governance Sub Committee Date of Meeting: 6th March 2018
Executive Lead : Director of Therapies and Health Science & Director of Public Health
Author : Assistant Director of Information Technology
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact : National £480m, Local £55m over 5 years
Quality, Safety, Patient Experience impact : N/A
Health and Care Standard Number ... 3 & 4.2
CRAF Reference Number 6.8
Equality Impact Assessment Completed: Not Applicable

ASSURANCE AND RECOMMENDATION
The Committee is asked to:
<ul style="list-style-type: none"> • NOTE the feedback from Welsh Government in relation to the UHB Informatics Strategic Outline Programme (SOP) which was submitted to WG in Autumn 2016.

SITUATION

The UHB submitted to the Welsh Government (WG) a strategic outline programme (SOP) articulating how informatics and digital technology would be taken forward to enable delivery of our Shaping Our Future Wellbeing strategy in October 2016. A more detailed operational plan outlining the UHB's intended programme of work for 2017/18 and 19/20 has been developed to accompany the SOP and to seek to inform the national programme.

A formal response from WG as to the acceptability of the SOP has now been received (attached as appendix 1)

A capital allocation of £448K has been allocated to the UHB from WG to be spent in 2017/18 on implementing schemes within the SOP primarily aimed at accelerating National Programmes.

In light of the change in financial circumstances a delivery approach around ensuring that the UHB's key needs and delivery objectives set out in the

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organisation's annual plan need to be prioritized, coupled with influencing and maximizing access to national resource has been adopted

BACKGROUND

In line with the NHS Wales Digital Health and Care strategy, the UHB's Informatics SOP has four interdependent workstreams which together support the delivery of Shaping Our Future Wellbeing:

- Information for You: Intelligent Citizen's Portal
- Supporting Professionals: Integrated, Digitised Health and Care Record
- Improvement and Innovation: Data to Knowledge
- Planned Future: Enabling our Future Wellbeing

The UHB's annual plan and Turning the Curve to Transformation Programme sets out the priorities for the developments in these areas and has provided much of the focus of the progress to date, along with nationally driven priorities.

ASSESSMENT AND ASSURANCE

The SOP requirements for resources were National £480m and Local £55m over 5 years made up of Capital and Revenue.

The allocation to date of £448K has been prioritised against the following agreed initiatives:

- | | |
|---|----------|
| • Medicines Transcribing & E-Discharge (MTED) | £196,548 |
| • Radiology Electronic Requesting | £34,325 |
| • Welsh Care Record Service (WCRS) | £66,082 |
| • Welsh Patient Referral Service (WPRS) | £49,054 |
| • Welsh Community Care Information Solution (WCCIS) | £102,000 |

Feedback received from Welsh Government in relation to the SOP is contained in the appendix.

Key themes included the following:

- WG acknowledged that the SOP was aligned to all requirements of the National Informed Health and Care Strategy and our Shaping our Future Wellbeing Strategy.
- They advised that the responsibility for approving the SOP sits with our organisation's Board.
- They emphasised that it is important to highlight that the revenue costs outlined in each organisation's SOPs must be contained within the organisation's current revenue resource allocation.

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- They highlighted that any financial implications (revenue or capital) contained in the SOP are not considered to be automatically approved by Welsh Government by virtue of them being included in SOPs.
- They stated that we may wish to review priorities to give clarity on resources and funding both within your organisation and NWIS.
- You reference figures of £29m capital; £20m revenue with additional depreciation costs of £11m, over three years. (You will wish to update the period covered in your SOP in its next iteration).
- They suggested that further thought should be given to exploring all funding options.
- They suggested that the level of ambition described in the SOP, along with other developments in our organisation, may challenge the Health Board's ability to take on all the change described.
- They suggested that they would expect the IM&T developments contained in our SOP to inform our organisation's IMTP.

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Dr Fiona Jenkins
Executive Director of Therapies and Health Science
Cardiff and Vale University Health Board

Fiona.Jenkins3@wales.nhs.uk

21 December 2017

Dear Fiona,

Strategic Outline Programme Feedback

Thank you for submitting the Strategic Outline Programme (SOP) for your organisation's Information Management and Technology developments. It is good to see that you are taking a strategic approach to planning your developments for IM&T through your SOP.

The development of SOPs provides an opportunity to not only reflect on the requirements for IM&T development for future years, but also to ensure that each organisation's efforts against shared objectives and goals are aligned. We hope that every opportunity is taken to collaborate and to share lessons learned between organisations throughout the delivery of these SOPs.

As you aware, responsibility for approving your SOP sits with your organisation's Board.

We have shared your SOP with a range of stakeholders, to ensure that all SOPs are aligned to Welsh Government policy; to review financial assumptions and affordability; to ensure the co-ordination of the implementation of national products; and to ensure cohesiveness with Informed Health and Care.

It is important to highlight that the revenue costs outlined in each organisation's SOPs must be contained within the organisation's current revenue resource allocation.

Any financial implications (revenue or capital) contained in the SOP are not considered to be automatically approved by Welsh Government by virtue of them being included in SOPs. Affordability and potential methods of funding projects will need to be considered subsequently. These decisions will however take into account the prioritisation methodology that forms part of the National Plan for Informatics, which each organisation's SOP has assisted in developing.

We have reviewed your SOP, and provided feedback under four key headings as follows:

Priorities

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Your priorities are clearly identified in the SOP. It is less clear how the priorities are in turn prioritised. You may wish to review this to give clarity on resources and funding both within your organisation and NWIS.

Finance/Funding

While the SOP states that your programme has the potential to offer significant financial gains, there is a requirement for investment in national and Health Board infrastructure, capacity and capability. You reference figures of £29m capital; £20m revenue with additional depreciation costs of £11m, over three years. (You will wish to update the period covered in your SOP in its next iteration).

Further thought should be given to exploring all funding options, to include local and central funding, together with other partnerships and Welsh Government initiatives for example Innovate to Save.

Capacity/capability to deliver

The ambition described in the SOP, along with other developments in your organisation, may challenge the Health Board's ability to take on all the change described.

You have identified benefits - along with risks to benefit delivery – and recognise the programme as a key enabler for change in the Health Board. You may wish to reflect further on your ability to influence organisational change within the Health Board, across NHS Wales, social services and the third sector, which is recognised as a key dependency in your document.

Alignment with strategy

We welcome the fact that your SOP is strongly aligned with Informed Health and Care and the organisation's overarching strategy "Shaping our Future Wellbeing" as well as legislation including the Well-being of Future Generations Act and the Social Services and Well-being Act.

The recently published NHS Wales Planning Framework for 2018/21 makes clear that the strategic direction of improving access to information and introducing new ways of delivering care with digital technologies must be clearly articulated within Integrated Medium Term Plans (IMTPs). Therefore, we would also expect the IM&T developments contained in your SOP to inform your organisation's IMTP. Peter Jones would welcome the opportunity to discuss the development of your organisation's IMTP with you in the coming weeks. Please contact his PA, Sarah Mullins (sarah.mullins@gov.wales) to make arrangements.

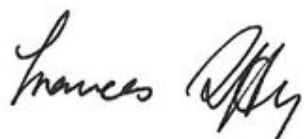
I hope the feedback that has been provided will be of use to your organisation going forward, and in your Board's formal approval of your SOP. Once your

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finalised SOP has been agreed by your Board, please could you forward it to HSS-DHCMailbox@gov.wales for our reference.

Yours sincerely,



Frances Duffy
Director of Primary Care and Innovation
Cyfarwyddwr Gofal Sylfaenol ac Arloesi

8.1

Update on progress - Once for Wales

SITUATION

Significant progress has been made on what is construed by “Once for Wales”, a fundamental design principle for taking forward Informed Health and Care, the Welsh Government’s Digital Health Strategy. These decisions have a material impact on the UHB’s own approach and requirements.

BACKGROUND

In March 2017 NIMB agreed the establishment of a ‘Once for Wales’ Task and Finish group to address three of the Team Wales actions:

1. Agree and communicate a clear definition of ‘Once for Wales’ which takes into account the delivery of both national systems and local innovation.
2. Agree what systems should form part of the ‘core’ national system (the ‘must haves’) and should therefore be delivered as part of a single, national system, which should be adopted and fully rolled out by all organisations. Current progress in terms of implementation should be understood, along with potential benefits that can be achieved.
3. Establish a common set of standards which enable integration and interoperability across systems in a consistent and secure manner, in order to support local innovation and the use of third party delivery partners.

8.2

ASSESSMENT

Progress and agreements on these 3 actions clearly endorses a service-oriented architecture approach, with the availability of the data being the key focus. As such the design is based on ensuring standards and interoperability.

There is a clear preference for collaboration, whilst giving the opportunity for local innovation and to meet local needs. Detail is provided in appendix 1, however the agreements will have resource and capacity requirements on the UHB. Key requirements include:

This will place significant requirements on the UHB in regards to:

- significant development of the UHB’s informatics architecture and data repositories;
- the integration / interoperability of our clinical;
- Attaining kitemark status for our systems the functionality of systems in respect to their compliance with data standards, which is likely to require development and administrative resource;
- The requirement placed on the UHB to give prior consideration to Kitemarked applications when replacing or developing existing applications.

Knowledge and assurance will be strengthened through the introduction of a Wales Technical Standards Board.

RECOMMENDATION

Committee are asked to note the significant progress made on Once for Wales and its ramifications for the UHB

Appendix 1 – Status on Determining Once for Wales and its Implementation

Action 1 - Agree and communicate a clear definition of what ‘Once for Wales’ means which takes in to account the delivery of both national systems and local innovation.

A new definition for ‘Once for Wales’ was agreed by the National Informatics Management Board (NIMB) on the 13th September 2017.

Definition:

Once for Wales is about all parties involved in health and care in Wales working collaboratively to add value and deliver the strategy of a single electronic patient record, ensuring that information is entered once and is made available to all those who need it, at the time and place they need it.

For patients, this means:

- their health and care record is available for themselves and their clinician(s) to view, input into and share regardless of where and when they access NHS and other care services.
- they are clear that their data is held and processed in a safe and secure manner and that NHS and other “authorised/accredited” care staff will only access it on a ‘need to know’ basis regardless of which application/service is used to access the data.
- they give information once and it is available to all of those involved in their care and maintaining their health and well-being’, at the time and place that they need to access it
- their test results, including x-ray and scan images, are available for their clinician to view, regardless of where and when they access the health and care service.
- their care pathway, and management of their health and well-being, is co-ordinated and seamless, regardless of which organisation or agency is delivering the care.
- the support they require is co-ordinated, regardless of which organisation or agency is delivering the support.

For clinicians, this means:

- they have access to view their patient’s health and care record, whenever and wherever they need to.
- they have access to view all test results for their patient, including x-ray and scan images, whenever and wherever they need to, regardless of where the tests were requested.
- they have full visibility of their patient’s care pathway, enabling them to deliver care and support in a co-ordinated way, regardless of which other organisations or agencies may be involved.

For service delivery and policy development, this means:

- there is common understanding on what data collected across NHS Wales means.
- direct comparisons can be made when undertaking benchmarking.
- there is a reduction in the effort required to process and analyse data across Wales.
- data can be shared and used safely and appropriately.
- good quality data from multiple sources is available in real-time and can be used effectively to:
 - inform policy development
 - inform service delivery, modelling and planning
 - support the development and evaluation of tools and treatments
 - support service transformation

- monitor and manage quality and performance
- support improvements in cost reduction and cost effectiveness
- support integration of health and social services
- support research and innovation.

This action is considered complete and the Welsh Government will now establish an overarching Once for Wales Policy, based on the above agreed definition, articulating how this should be adopted.

Action 2 - Agree what systems should form part of the ‘core’ national system (the ‘must haves’) and should therefore be delivered as part of a single, national system, which should be adopted and fully rolled out by all organisations. Current progress in terms of implementation should be understood, along with potential benefits that can be achieved.

A distinction has been drawn between:

- services/functions e.g. repository services, indexing services, interoperability services and auditing services
- systems/applications e.g. WPAS, WLIMS, WCP

Services/functions:

NIMB has proposed that the services/functions listed below should be mandated across NHS Wales, in order to support the establishment of a single electronic patient record.

Repository services:

- WRRS – Welsh Results Reporting Service
- WCRS – Welsh Care Records Services
- WIAS – Welsh Image Archive Service
- WRDS – Welsh Reference Data Services
- WGPR – Welsh GP Record
- WCCG – Welsh Clinical Communications Gateway
- ESR- workforce data
- Oracle Finance - Finance data

Indexing services:

- NADEX – National Active Directory and Exchange
- WDS – Welsh Demographic Service
- eMPI - Master Patient Index
- Welsh Image Sharing Index
- Patient Record Content Index

Interoperability services:

- WCCG – Welsh Clinical Communications Gateway
- GP Links/Data Transfer service
- Welsh Integration Services (messaging fabric)

- NHS England Spine

Auditing services:

- NIIAS – National Intelligent Integrated Audit System

Future services/functions:

- WCDR – Welsh Clinical Data Repository

A prioritised plan for connecting key clinical systems/applications across Wales with the national set of repositories is in the process of being developed, which should

- identify all clinical data areas where data is collected/stored electronically
- place the identified clinical data areas in order of priority
- identify all systems/applications which collect/store/make use of data relating to each of the identified clinical data areas.
- For each system/application, the plan should:
 - o identify the repositories it should connect to
 - o identify the indexing, interoperability and auditing services it should make use of

This will place requirements on the UHB, including significant development of the UHB's informatics architecture and data repositories, and the integration / interoperability of our clinical systems.

8.2

Systems/applications:

NIMB have agreed to introduce a kitemarking system for systems /applications. Two NHS Wales Kitemarks are proposed attainment of which is suggested should demonstrate:

- The quality of the system/application
- The suitability of the system/application for use across all health boards and trusts

The Quality assessment criteria for these will include:

- The system/application is fully integrated/interoperable with all mandated services/functions, fully supporting the Once for Wales policy that information is entered once and is made available to all those who need it, at the time and place they need it.
- The system/application adheres to all standards as agreed by Wales Information Standards Board (WISB) and (the new) Welsh Technical Standards Board (WTSB)
- The system/application adheres to Welsh-language standards/requirements
- The system/application is fully integrated with other relevant systems/applications in use within NHS Wales, or is capable of doing so with minimal development required
- The system/application has an agreed strategic roadmap which clearly details its future direction. This should include an end-of-life plan
- The system/application is considered fit for purpose in terms of both quality and usability
- The governance which supports the system/application includes representation from all key stakeholders
- The level/pace of innovation required to maintain the relevance of the system/application is considered to be achievable
- Funding is in place (capital and revenue) to support all aspects of existing implementation, rollout and change management (benefits realisation) plans, as well as on-going service management
- An appropriate level of resource is in place to support all aspects of existing implementation, rollout and change management (benefits realisation) plans, as well as on-going service management

- The system/application adheres to all relevant legislative and regulatory requirements

The Scalability assessment criteria will include

- There is a high degree of standardisation in place across NHS Wales in relation to the service/application enabling:
 - o common system requirements to be established
 - o implementation to be carried out in a standard way e.g. common workflows, common data models, etc
- The system/application is, or can be made to be, contractually available to the whole of NHS Wales
- The system/application is considered technically scalable for use by all Health Board and Trusts
- There is adequate resource in place to support use of the system/application within each Health Board and Trust, or this is considered to be achievable

It is NIMB's expectation that the Kitemark status of a system/application should be used by the UHB when evaluating next steps in our strategic planning. In areas where we propose to develop/implement a different system where an existing kitemarked solution exists, a clear justification for doing is expected to be provided to IPAD.

In terms of whether a system/application *should* be used by all boards and trusts - the Task and Finish group will propose to NIMB that requests to assess whether a system/application *should* be used by all boards and trusts be submitted to the Informatics Planning and Delivery Group (IPAD) (but only for systems/applications which have been awarded the NHS Wales Quality and Scalability Kitemark).

Further detail on the system has been received in draft and is acknowledged to require further consideration. However it is anticipated that we will need to consider the functionality of systems in respect of their interoperability and compliance with data standards.

8.2

Action 3 - Establish a common set of standards which enable integration and interoperability across systems in a consistent and secure manner, in order to support local innovation and the use of third party delivery partners.

To improve standardisation and interoperability, NIMB have agreed to put in place revised governance arrangements in the interim. These are:

- Wales Information Standards Board (WISB):
 - o The redesign of the current Wales Information Standards Board (WISB) Terms of Reference should continue to incorporate all data and Information standards work i.e. the semantic interoperability requirements.
 - o WISB should subsume the work of the Information Quality Initiative (IQI). The IQI Working Group would become a working group under WISB.
- Welsh Technical Standards Board (WTSB)
 - o A new 'Welsh Technical Standards Board (WTSB)' should be created which would focus on the technical Interoperability standards. Relevant peer groups, such as the Infrastructure Management Board (IMB), could report into it.
 - o The remit of this Board would include:
 - Integration standards

- Software development standards
- Infrastructure standards
- Cyber security standards
- WISB and WTSB would be responsible for:
 - o the identification, assessment and setting of standards and for assuring the application of agreed standards across the national architecture.
 - o ongoing maintenance of the catalogue of standards, including:
 - establishing a road map to support the implementation of agreed standards, including how each standard should be implemented and used
 - periodically assessing agreed standards to ensure they remain relevant and appropriate
 - establishing a road map to support the decommissioning of standards
 - o identifying opportunities locally, regionally and nationally to adopt standards providing quick wins, case studies and learning to inform the road map.
 - o embedding an interoperability framework within NHS procurement at a local and national level to ensure that procurements are appropriately scored as to their level of interoperability.

AGENDA ITEM 9a

WORK PROGRAMME UPDATES – FEBRUARY 2018	
Name of Meeting : IT&G Sub Committee	Date of Meeting 6th March 2018
Executive Lead : Executive Director Therapies and Health Science & Director of Public Health	
Author : ADI for Information and Performance and ADI of IT and Strategy	
Caring for People, Keeping People Well: This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.	
Financial impact :	
Quality, Safety, Patient Experience impact :	
Health and Care Standard Number 3 & 4.2	
CRAF Reference Number 6.8	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Review and update to the IMTP

The Committee is asked to:

- **NOTE** the update

9.1

SITUATION

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.

BACKGROUND

The UHB agreed the Informatics Strategic Outline Programme in September 2016, aligned to delivery of Shaping our Future Wellbeing and Welsh Government's Informed Health and Care strategy.

In light of the change in financial circumstances a delivery approach around ensuring that the UHB's key needs and delivery objectives set out in the organisation's annual plan are enabled, coupled with influencing and maximizing access to national resource has been adopted.

ASSESSMENT AND ASSURANCE

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The UHB SOP/IMTP status update is outlined in appendix one. Significant highlights are shown below:

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

- Development of PMS in support of Sepsis and outpatient management
- Mobile working – Move to RDS and increased usage with O2 vendors in spring 2018
- Development of PARIS for integrated data and record availability – Community & MH eDAL progressing towards rollout in summer 2018
- Procurement of GP system to support cluster working
- Retrospective coding of referrals using Snomed-CT
- Deployment of NIIAS
- Extensive rollout of MTED
- Extensive rollout of WPRS
- Rollout of other Welsh Clinical Portal modules
- Further development of the e-Advice & Communications application
- Implementation of an eReferrals system for Optometry
- Rollout of Lync to 400 plus users
- XP replacement completion
- Extensive WiFi rollout
- Delivery of IT “Keeping the Lights on Plan”

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

- WCCIS and WLIMs
- Digital dictation
- Role out of FAB for follow ups
- Real time data acquisition of PMS data
- Schedule optimisation of theatres
- TeleHealth Projects (TECS) – No resource allocated locally, with little progress on National Patient Portal.
- Ongoing Infrastructure sustainability funding programmes

9.1

Cardiff and Vale UHB - Informatics Workplan 2017/18- 2019/20

Approach and fit			Benefits		Current status					
Workstream	Local Ref	HB Deliverable	Description / Activity	Benefits	Dependent on NWS for delivery (Y / N)	National or local	HB / Trust High Priority (Top 10 Scheme for 18/19)	capital already secured	revenue secured	Progress to date (with RAG)
STP	19	Welsh Community Care Information Solution (WCCIS)	Delivery of an Integrated Health and social care system		Y	N	High	nil	partial	Engagement with NWS/national team and the supplier (CareWorks) is stalled. VoC Council project is complete with services live from 27th November 2017. Cardiff Council; Engagement with NWS/national team and the supplier (CareWorks) is stalled. VoC Council project is complete with services live from 27th November 2017. Cardiff Council; functional analysis has identified c80 functional gaps and flaws. Cefi functionality gap analysis against Paris is complete, impact assessment is now underway to demonstrate where the WCCIS product is statutorily non-compliant, and the potential cost (in lost efficiency) to the use of functional gaps are not addressed/aligned against WCCIS capital for one year funding has recruited 2 Business Analysts. Significant challenges around the national programme and timescales for delivery of requirements (integration, data standards) and system management (data migration/archiving, duplicate demographics, form development, local authority working practices) remain, escalated to National Implementation Board, and to ADIS; balance of financial risk rests with Health Boards, with local implementations reliant on national deliverables.
STP	28	Electronic prescribing and Medicines Administration (EPMA)	EPMA replaces the current paper prescription and administration record chart normally completed for every inpatient, as well as discharge and outpatient prescription forms.	A "single" view of the patient supporting their ability to be treated in a community clinic -- Ability to view pathology results	Y	N	HIGH	nil	partial	National BC prepared with WG for consideration.
STP	33	Migration to Welsh Clinical Portal from Cardiff Clinical Portal	The UHB will move across to the Welsh Clinical Portal, from the Cardiff Clinical Portal, over time. The WCP has functionality not in CCP and these modules are being implemented across the health board (see below). CCP has functionality not currently available - The WCP has functionality not in CCP and these modules are being implemented across the health board (see below). CCP has functionality not currently available	As up to 80% of clinical information is recorded in an unstructured way, this development is essential in enabling that data to be readily accessed, in turn enabling the benefits of personalised and targeted medicine to be realised and variation in pathways and patient management to be identified, assessed and reduced.	Y	N	High	nil	partial	Modules of WCP are being rolled out across the UHB - Medicines Transcribing and e-Discharge (MTES), Welsh GP Record (WGRS), Welsh Patient Referral Service (WPRS), Test Requesting and Results Reporting (TRRR), Welsh Care Record Service (WCRS) and Welsh Results & Reports Service (WRRS). CCP has functionality not currently available in WCP for which a convergence plan will be agreed with NWS. Next Steps: User Acceptance Testing and Go live of WCP 3.10 in August 2018 which will include Hospital to Hospital (H2H) referrals, Radiology Requesting and a number of WCP RFCs. Promote the transition of users from CCP to WCP as and when CCP functionality not in WCP becomes available alongside the promotion of new features as above/WCP to PARIS integration
STP	37	National Patient Flow & patient observations project	The procurement and implementation of a patient flow management system and associated process change into CAVUHB including the necessary infrastructure and integration with existing clinical, operational and management information	The implementation of MTES will reduce medication transcription errors -- Compliance with the formulary is increased -- Compliance with the formulary is increased	Y	N	High	nil	partial	Being piloted on PFM, anticipation is that subject to a successful pilot, an application to the WG transformation fund for the national business case will be made
STP	48	Full Welsh Laboratory Information Management System (WILMS)	All Wales solution Tracker Lab - providing standardisation and ability to share information across all Health Boards. Replaces Telegaath.	Supports the vision of an All Wales patient record	Y	N	High	nil	partial	Due to no agreement by the clinicians there will be a delay of at least 3 months in the blood transfusion module coming available. Likely financial cost to the UHB is a minimum of £40k.
STP	49	Digital Dictation	The UHB is currently using Analogue tape-dictation units to support audio typing. The new technology is digital providing audio dictation, direct to the secretarial support and also speech to text. The new technology is digital providing audio dictation, direct to the secretarial support and also speech to text.	Key enabler for the single electronic patient record in Wales which will lead to more efficient and effective patient care - Integrated with the WCLINCAP -- Integrated with the WCLINCAP	N	N	High	nil	partial	On the national plan list of priorities for development of a business case. Outcome of internal resource prioritisation process will be to defer development beyond 18/19 implementation UHB pilot due to commence May 2018
STP	114	Vision 360 - or equivalent functionality - to support primary care working at scales	Vision 360 - or equivalent functionality - to support primary care working at scales		N	N	High	nil	nil	GP system re-procurement exercise now completed incorporates required functionality - roll out (availability) will be in 18 with period from Jan-19 to June 2020
STP	115	Effective use of PARIS to enable health & social care integration	Effective use of PARIS to enable health & social care integration		N	Local	High			Good progress being made on recent integration resources secured from WG to support WCP integration. Supplier lined up to deliver the integration. Work now prioritised on the IT development workshop
IAI	110	Whole system demand capacity model	Whole system demand capacity model		N	Local	HIGH			Work scheduled to commence from 1st March 2018 - GP practices have offered data to link in for pathway analysis. PCC provided list of priority areas starting with GP OOH and then primary care. Will be taken forward with PCC and transformation team
IAI	123	Clinical information - Retrospective & Prospective coding of EU/AU/NA/JP etc activity	Clinical information - Retrospective & Prospective coding of EU/AU/NA/JP activity using NTR		N	Local	High	nil	partial	2nd round of validation testing undertaken by coding dept. 10 minor amendments to NTR required and will then be operational at >92% accuracy. Currently Review of use of US CDRS groupings underway
FF	66	Microsoft Desktop Subscription & Upgrade to Windows 7 Project	Project to deliver a revenue based solution to provide the latest Microsoft Desktop Products - Roll out of Skype for clinical IMOs, virtualisation of clinics and GP support for care homes	Patients are able to access the internet for entertainment whilst in hospital and/or in outpatient clinics. -- Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD. -- Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD.	N	Local	High	nil	partial	The UHB has less than 300 V/P PCs remaining on the Domain a number of which are due to application software not being able to "run" on Windows 10 operating systems. The Firewall has been configured to stop ALL internet access, if/when a possible serious virus attack is identified and will implemented immediately.
FF	69	Update intranet	The migration of the UHB Oracle Intranet site to a modern platform		N	Local	HIGH	nil	partial	Primary focus now on development of health pathways to support pathway transformation programmes. Business case required for update of intranet.
FF	70	Single Sign On & Context Sharing	The implementation of a "Test and secure" mechanism for users to connect to the NHS Wales Domain	Improved communication channel within the UHB	Y	National	HIGH	nil	partial	Collaborative agreement across NHS Wales that this should be one of the top national priorities
FF	87	Contribute to National and Local IM&T Governance Framework to deliver National and Local Plans	Data sharing & IG arrangements to maximise effectiveness of TECS, TUCR and multi-agency working	Evidence UHB commitment to effective stewardship of public resources	Y	N	HIGH	nil	partial	Engaging and active contribution via IM&G. National WS3 taking forward national engagement programme with citizens around using their data. National WS1 taking forward piece of work to consider process for sharing data stored in Data repositories across HBs. NIAS being used.
FF	113	Provision of functional IM&T support to GP out of hours, out of hours (supports e-prescribing)	Provision of functional IM&T support to GP out of hours, out of hours (supports e-prescribing)		N	N	High			Solution and viability to be explored with rest of Wales initially via 111 project and national hosting
FF	64	Continuing programme to sustain and refresh the IT infrastructure to protect the UHB from system interruption risks	A programme aimed at sustaining and refreshing the IT infrastructure to protect the UHB from system interruption risks and to provide a platform for modernisation and transformation	Will result in improved timeliness and availability of relevant clinical and business information -- The production and administration of paper results will be reduced or eliminated -- The production and administration of paper results will be reduced or eliminated -- Telephone transcription of urgent results will be reduced or eliminated -- Will contribute significantly to the evolving electronic patient record supporting accessibility, accuracy and security of patient data	N	Local	High/Enabler	nil	partial	A comprehensive infrastructure assessment was undertaken and a risk based prioritised investment assessment plan agreed. All agreed procurement and implementation processes have been completed for the first two years of the programme (14/15 and 15/16) with no slippage on any projects. Subsequently £3.6m was secured in 16/17 with infrastructure currently being rolled out however current planned allocations of £.5M for 17/18 and £.5M for 18/19 are insufficient to deliver the required programme. The UHB is considering potential additional investment requirements.
IAU	5	Project to open up national and local architecture	Roadmap to open up the local ICT Architecture to SMART technology and Patient access	Provides access to information to support the population in taking greater ownership of their health and wellbeing - Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily & at times on demand) -- Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily & at times on demand) -- Saves patient time -- Would support "Once for Wales" by extending market choice and promoting innovative solutions to bring swiftness into service -- Requires NHS Wales to have clear standards for interoperability	Y	N	Enabler	nil	partial	NWS to be made available from 2nd April. Now one of top priorities on national informatics plan. National e-cosystem project being monitored via IPAD - CLV collaborating via interoperability group.
IAU	10	WiFi - Staff Patients and Guests & mobile working	The continued development and rollout of the integration of Wi-Fi enabling staff patients and visitors to access both free and secured Wi-Fi connectivity	Patients are able to access the internet for entertainment whilst in hospital and/or in outpatient clinics. -- Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD. -- Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD.	Y	N	Enabler	nil	partial	The current free Wi-Fi service funded by the HealthCharity ceases 31st March 2018, and currently being tendered to comply with OIEU Procurement rules. We have implemented in 18 Diplomatic Practices e-Optomety using Good on both their iPads and loan iPads electronic referrals directly into the UHB. This project is supported by both the Welsh Government and NWS in the development of the Business Case for a Eye EPR for NHS Wales
IAU	13	Provide Secure communications:	The continued rollout and leverage of the licences owned by the UHB using Microsoft Lync in the following five areas - Virtual Clinics, Virtual Multidisciplinary Team Meetings, Virtual Groups, Physiotherapy, Rehabilitation Clinics and Nursing Home Communication	N/A	Y	N	Enabler	nil	partial	Engaging deployment of Skype UHB plan, 350+ lic have consultants and directorate teams. There are now more than 350 Lync licences in operation
STP	22	Welsh Care Record Service	WCRS is an extensive programme of work to provide clinical documents in electronic format and make them available wherever a patient is treated in Wales	Improved access to patient records - Improving quality of care delivered - Improving quality of care delivered - Reduced costs for future support from Health Records for additional clinical activity	Y	N	Enabler	nil	partial	Control of access and decisions on records stored in WCRS and standards of storage identified as issue requiring further review and consideration to ensure it supports patient, clinician and system leader's requirements. 8.4 million historical documents have been loaded into the WCRS repository and are now available to view in WCP. All new documents must be signed off before being uploaded. The % of documents authorised and therefore uploaded has continued to increase NWS have had discussion with Welsh Government re information governance issues associated with sharing of documents across health boards. Welsh Medical Directors have now signed a 'Control Standard for Electronic Health and Care Records' which permitted the sharing of these letters through WCP across all Wales health board boundaries from January 2018. Next Steps - Continue to assess work required to update the WCP repository and the WCP Document Interface to allow additional document types to be added to the WCRS.
STP	47	Welsh Results & Reports Service (WRRS)	The WRRS will join together the local TRRR projects to create a service which will allow health boards to view results and reports to their health boards.	Fast electronic transfer of clinical letters to the receiving site -- Sharing of information between primary and secondary care clinicians -- Sharing of information between primary and secondary care clinicians -- Full audit capability	Y	N	Enabler	nil	partial	The Welsh Results Reporting Service (WRRS) provides WCP users with the facility to view pathology results, for Blood Sciences, Blood Transfusion, Cellular Pathology and Microbiology for patients regardless of where in Wales they were produced. This initiative has been very well received by our clinicians and those in other health boards who can view CAU results. Next steps: • Review and monitor TRRR usage across all live wards. • Complete deployment to all in scope inpatient wards - Maternity and Paeds. • Continue to identify and deploy TRRR to outpatient clinics that wish to use this facility. • Trial the use of zebra printing to see if this is beneficial for outpatient clinics.
STP	53	National Intelligent Integrated Audit Solution (NIAS)	NWS initiated project to procure and implement a National Intelligent Integrated Audit Solution which will link to national clinical systems and patient administration systems.	Clinicians are able to electronically request tests across pathology disciplines - Clinicians have immediate access to reports and investigations in the WCP - Clinicians have immediate access to reports and investigations in the WCP - TRRR is integrated with the pathology IT system - TrackCare	Y	N	Enabler	nil	partial	Actions taken at individual level to address potential breaches of data protection legislation. HB has requested enhanced functionality in the application to ensure
STP	57	Access and maintain up-to-date demographic information about citizens	Part of data quality work programme but extends desired fields to email address, mobile phone numbers as well as EMR required data for ensuring up to date demographic information	Improved patient movement within the EU improving patient care - Accurate management of patient data allowing greater breach avoidance - Accurate management of patient data allowing greater breach avoidance - Reduction in Clinician admin time - Closer to goal of fully electronic patient record - Enhanced audit on patient care	Y	N	Enabler	nil	partial	Medical records department working with PMS development team to create a portal for patients to verify personal contact details - will include email
STP	59	PMS development	The PMS system maintains the core patient data set for a number of other systems and planned systems. These include (for example) the Clinical Portal, Diagnostic and Therapies system, EU and Ward Workstations and the planned referral management processes via the Welsh Clinical Communications Gateway (WCCG). PMS also provides the main data feed for the Intelligent Warehouse including RTT pathway data. Notwithstanding this, the UHB recognises the long term strategic benefits of a single PMS system across all UHBs in Wales, and is fully engaged with NWS to participate in the design and specification of the next implementation of PAS. It is expected that this will not be available for at least 5 years. The UHB will migrate to this National PAS implementation at the appropriate time. Notwithstanding this, the UHB recognises the long term strategic benefits of a single PAS system across all UHBs in Wales, and is fully engaged with NWS to participate in the design and specification of the next implementation of PAS. It is expected that this will not be available for at least 5 years. The UHB will migrate to this National PAS implementation at the appropriate time	The Clinicians Office Management (COM) module's primary role is to record clinical decisions that have an effect on the Referral to Treatment (RTT) clock at the time the decision is made. It was originally designed to be used outside of the normal data capture areas e.g. Consultant's office, although it became obvious that it could be easily integrated in clinic and many other areas, such as recording of FU appointments and associated target dates. - Currently clinical decisions are recorded, in outpatient settings, on paper using the Clinical Outcome Form (COF) which is passed to administration staff and input to the Trust's Patient Management System (PMS). The COM can be used as an electronic replacement for the COF in this setting - Currently clinical decisions are recorded, in outpatient settings, on paper using the Clinical Outcome Form (COF) which is passed to administration staff and input to the Trust's Patient Management System (PMS). The COM can be used as an electronic replacement for the COF in this setting - By improving knowledge of the patients condition and status we would address an issue of immediate patient safety arising from OQ issues. We would also provide functionality essential for delivery of BIG 2 & 3	N	N	Enabler	nil	partial	Good progress with Septris / F&M / COM / Fup and EU workstation developments.

9.1

Cardiff and Vale UHB - Informatics Workplan 2017/18- 2019/20

Approach and fit				Benefits					Current status			
Workstream	Local Ref	HB Deliverable	Description / Activity	Benefits	Dependent on NWS for delivery (Y / N)	National or local	HB / Trust High Priority (Top 10 scheme for 18/19)	Capital already secured	Revenue secured	Progress to date (with RAG)		
ISI	56	Community Services – Mobile Working	832 netbook devices are now in use - This makes Cardiff and Vale the largest deployment of Community Mobile working in Wales (by some distance), and one of the largest deployments in the UK -	<ul style="list-style-type: none"> Dynamically optimises use of resources so as to maximise the time both unscheduled and elective demand (at a granular level and including activity) and capacity are in balance at minimal cost - GE forecast a cost saving of £.15m for UHB alone over 5 years - Improves access times, improving patient satisfaction and outcomes - Increases the time spent providing care to patients - Outcomes - Supports delivery of Minimum nurse staffing legislation - Enables change in QOL for specific pathways to be analysed and supports service planning / delivery 	N	Local	Enabler	nil	partial	This initiative now also includes the rollout of c80 netbook mobile devices to the UHB maternity dept. (2006) The UHB will provide greater usability and value from the deployed netbooks by enabling WiFi access from secure providers... this requires a physical change to the devices, which will be done when the uHb's 'Life After Clinic' solution has been identified (as this will also need a physical change to each network. This new solution is delayed and awaited from IT Technical Services.		
ISI	118	•CKV and National Data lake, performant ETL & storage of structured, semi-structured and unstructured data	•CKV and National Data lake, performant ETL & storage of structured, semi-structured and unstructured data		Y	N	Enabler	nil	partial	All Wales NDR programme proposals sets out a lengthy and time consuming process which will not meet HB needs. CKV will progress on developments required to meet local needs in collaboration with other HBs. Presently 31 data modules now acquired and automated in to warehouse with 8 more active.		
FF	63	Mobile working - BYOD - Increase BYOD and deployment of a Digital Access Platform	The UHB continues to leverage the benefits of staff using their personal devices using GDDU as a BYOD tool enabling being able to access both Clinical and Business Applications anywhere any time. The UHB is also looking to deploy a suite of products as part of a digital access platform	<ul style="list-style-type: none"> Improved patient safety - Improved continuity of service - Improved continuity of service - Improved Risk Management - Improved Data Security - Improved System Performance 	N	N	Enabler	nil	partial	We currently have more than 1200 devices connecting to clinical and business applications.		
FF	67	Cloud Computing	Explore the opportunities of 'cloud' computing to support more efficient and cost-effective digital services	Provides a platform for continuing modernisation, transformation, office automation and security.	N	N	Enabler	nil	partial	All Wales task force convened - Use of cloud to be considered as part of architecture required to move to real time data availability - Use of cloud to be considered as part of architecture required to move to real time data availability		
FF	71	Suite of interoperability initiatives to inform the Acute to Community transition	A suite of developments to deliver both clinical practice improvements and efficiency improvements: - View of key Acute Information for Community teams (and vice versa) - View of key Acute Information for Community teams (and vice versa)	<ul style="list-style-type: none"> Ease of access - Security - Security 	Y	N	Enabler	nil	partial	PARIS data being incorporated into WCRS and WRRS data repositories. View to provide data into UHB's warehouse scheduled to complete prior to March 2019.		
FF	72	Conform to technical standards and develop a software development toolkit to open up the national platform	Roadmap to open up the local ICT architecture to SMART technology and patient access	<ul style="list-style-type: none"> Sharing of patient's history, allergies, involvements and appointments - Provides accurate, timely and secure e-referrals between the Acute and CRT services of the UHB - Provides accurate, timely and secure e-referrals between the Acute and CRT services of the UHB 	Y	N	Enabler	nil	partial	Eco-system development by NWS funded by WG (E1m) - Once for Wales design principle agreed based on making data available to standards - NWS appointing lead. This programme is one of the top 6 national priorities for 2018/19		
FF	73	E-mail will be recorded as a key demographic and contact field	E-mail will be recorded as a key demographic and contact field	<ul style="list-style-type: none"> Provides access to information to support the population in taking greater ownership of their health and wellbeing - Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily & at times on demand) - Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily & at times on demand) - Saves patient time - Would support "Once for Wales" by extending market choice and promoting innovative solutions to bring swiftly into service - Requires NHS Wales to have clear standards for interoperability 	Y	N	Enabler	nil	partial	None		
FF	76	Telecommunications Strategic Programme	Telecommunications Strategic Programme ensuring that the voice communications infrastructure and services fully support and underpin the clinical, research and business objectives of the UHB.		N	Local	Enabler	nil	partial	Plans ongoing to upgrade current telecoms software platform to latest version in 18/19.		
FF	80	Develop the workforce capacity and capability within the NHS to deliver the programme	The move to incorporating digital and technology and making the most of our investments requires that we have a workforce who is capable and willing to embrace and use the tools. This requires a significant Organizational development and training programme.	<ul style="list-style-type: none"> AI will automate many processes and it is science on which many of the benefits described above are founded - Through automation CKV will have the ability to increase the proportion of services offered 24/7, providing a service that our population expects in addition to improving productivity so as to achieve sustainable care services - Through automation CKV will have the ability to increase the proportion of services offered 24/7, providing a service that our population expects in addition to improving productivity so as to achieve sustainable care services 	N	National	Enabler	nil	partial	Ongoing efforts being made to improve analytical competencies of staff in management roles. NWS analysis collaboration initiated, albeit without dedicated resource. Reduction in resources has presented significant challenge		
FF	81	Robust clinical and information governance and audit processes to support innovation	As more care is supported or directly delivered digitally, the requirement source code, analytical techniques and infrastructure to be assured from a clinical perspective will be required. An early framework and approach to do this will be developed iteratively	The granularity and accurate attribution of costs to activities supports the ability to measure the cost of services, and consequently the relative cost effectiveness of services	N	Local	Enabler	nil	partial	No specific progress to report - consolidation of information governance processes priority after ICO confirmation of "limited assurance" DPA compliance status		
FF	82	Delivery of the core audit and Data quality improvement programme	Improvement of quality of data in all UHB settings in terms of timeliness, completeness, validity, consistency, precision and accuracy. Work to be prioritisation after risk stratification in consultation with directorates	Improves return on both capital employed and investment, and ensures that when we adopt tools which we rely on to provide care and plan services that we continue to do so with sufficient knowledge and capability that keeps our services safe.	N	Local	Enabler	nil	partial	Data Quality Sub Group meets quarterly. (PMS data recorded that was deemed to be invalid as values didn't exist in reference data, effectively zero length of stay as a result of details being recorded against incorrect consultant. Data quality baseline assessments completed by all 12 Clinical Boards.		
FF	83	Delivery of the core audit and Data quality improvement programme	Work with PMS trainers to develop training material for use in scenarios where "human decisions" are essential because values cannot be validated automatically eg consultant attribution	Provides assurance to our residents that we continue to provide resilient, safe and effective services as we develop our service models to embrace the opportunities of digital and technology developments.	N	Local	Enabler	nil	partial	Updated Welsh Government rules for measuring waiting times in elective settings (RTT, cancer and cardiac) subject to clarification of some points with WG with expectation that this will be fully implemented in 2018/9. Updating of supporting documentation (Patient Access Group and associated handbook) on hold pending outcome of these discussions. Possible consequence changes to PMS under consideration.		
FF	84	Complete and review IMST information asset register	Completion of information asset names, business activities supported, location, information class, information asset components, format and owner.	More accurate management information to underpin investment decisions. Improved clinical engagement with greater ownership of reported data; improved benchmarking	N	Local	Enabler	nil	partial	Handbook of information asset registers being provided via attendance by IG staff at all Clinical Board meetings. This work has been given greater impetus by confirmation of UHB "limited assurance" status for DPA act compliance in ICO follow up audit		
FF	88	Minimise risk of non compliance with the data protection act and the General Data Protection Regulation	Collaboration on matters that support UHB information governance framework e.g. relevant policies, procedures and operating protocols	Evidences UHB commitment to effective stewardship of public resources	N	Local	Enabler	nil	partial	Quarterly assurance visits by IG confirmed "limited assurance" status in follow up audit of UHB compliance with the DPA. At its August meeting IGSC considered implications of GDPR (comes into effect May 2018)		
FF	116	Application of data and interoperability standards - open APIs to FHR & Snomed CT - local	Application of data and interoperability standards & open APIs to FHR & Snomed CT - local		N	N	Enabler	nil	nil	WISDM will be piloted in Cam Taf Health Board. The pilot is expected to commence in the summer (potentially July) and to last 3+ months. The outcome of the pilot will inform the plan for national roll out. Cardiff and Vale UHB has a clear line that the data must be available to the UHB for both the clinical record and for analysis in line with Once for Wales standards and the WG policy. This functionality is not yet available and has not been worked through, although there are plans to do so.		
FF	117	Application of data and interoperability standards - FHR & Snomed CT & open APIs to National applications	Application of data and interoperability standards - FHR & Snomed CT & open APIs to National applications		Y	N	Enabler	nil	nil	See 116 - FHR work being undertaken in line with National NHS Wales - awaiting Technical Development (by NWS coordinated) which will bottom out technical standards.		
FF	119	Cyber security assuredness programme	Suite of initiatives to minimise risk of UHB services being interrupted by malicious actions and organisational compliance with GDPR / DPA		N	N	Enabler	nil	nil	Funding required in order to make significant progress in this programme - POD submitted. HB continues as always to undertake standard patching and virus protection activities in as far as existing staff resources allow but risk will remain until funding received and staff employed. You need to ask Governance about GDPR		
FF	120	Agreement on governance structures / priorities and transparent decision making	UHB accountable officers to be equal partner in decision making around national developments in particular modular WCP		Y	N	Enabler	nil	nil	Governance of NWS identified as a significant risk. National Informatics delivery plan has introduced a process for ensuring both service and WG priorities are taken forward with NWS engagement.		
FF	121	Agree compatible architectural design for informatics providing performant UHB delivery in context of NHS Wales	Agree compatible architectural design for informatics providing performant UHB delivery in context of NHS Wales		Y	N	Enabler	nil	nil	Awaiting formation of National NHS-Wales group. Structures currently being discussed at ADL Level.		
FF	122	Resource to deliver strategic programme (National and local)	Resource to deliver strategic programme (National and local)		?	N	Enabler	nil	nil	No resource presently identified		
IAU	1	Welsh Citizen Portal	Project to facilitate patient access to appropriate UHB information enabling secure communication and digitalisation of correspondence and information sharing including	<ul style="list-style-type: none"> Provides information to support the population in taking greater ownership of their health and wellbeing - Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily and at times on demand) - Ensures that we are delivering care and access to care using methods expected by our population (e.g. digitally, easily and at times on demand) - Facilitates the UHB, local authorities, primary care etc working better together. - Saves patient time 	Y	N	Medium	nil	partial	In order to start a programme of works and kickstart information for you funding will need to be sourced. Welsh Government TICS strategy delayed from April 2017 until late 2017. Recommendation from Welsh Government is for a national TICS board chaired by Public Health Wales to be created which is responsible for the strategy. A national programme office for TICS is also expected to be created based on an ITT bid submitted by Anurin Bevan Task Group created by Welsh Government involving Hywel Ddw, Powys, Betsi and Cwm Taf (Simon Barry) to scale up nationally the remote monitoring of CVD patients Phase two of My Health Online development to begin rollout in February. Cym Taf are leading on the pilot. Access to the GP record, a mobile app, ability to update demographic details and non-urgent messaging. We continue to work with GDDU in leveraging their product to support the delivery of both Clinical and Business Application.		
IAU	2	Virtual support prescription library	Development of videos and online rehab programmes	<ul style="list-style-type: none"> Support patients in their self management at a convenient time and location - supports home first approach - Reduces the demand for face to face consultations, enabling clinicians to focus their time on doing what only they can do. 	N	N	Medium	nil	partial	Some progress made both locally and nationally		
IAU	3	Directory of Services Project	DOS content provider local editor ind what hospital services do and do not provide	<ul style="list-style-type: none"> Ensures that residents and visitors to Cardiff and Vale have easy access to knowledge regarding the availability, location and opening times of care and support services, supporting them to choose well 	N	N	Medium	nil	partial	DEWIS used in community - HB services being asked to provide details of services provided and access criteria as part of TTC		
IAU	4	Telehealth Project (TECS)	Delivery of Tele Health, Tele Care and Telemedicine programme to support services provided in Cardiff and Vale UHB - (Pils collaboration with LA & Silvercloud)	<ul style="list-style-type: none"> To support timely discharge from hospital and avoid unnecessary admission to hospital - To enable healthcare professionals to plan their interventions based on the symptomatic needs of the service user - To enable healthcare professionals to plan their interventions based on the symptomatic needs of the service user - Increase care in community Reduce DNAs 	N	N	Medium	nil	partial	CKV & Anurin Bevan co-leading for NHS Wales development of standards for data and interoperability - Ongoing contribution to Once for Wales task force considering policy direction and associated standards and specifications - Ongoing contribution to Once for Wales task force considering policy direction and associated standards and specifications		
IAU	7	Choose Pharmacy	The Choose Pharmacy service is intended to free up GPs' time by making pharmacies the first port of call for common minor conditions. Patients choosing to seek advice from a participating pharmacy will be asked to register with the Choose Pharmacy service	Community pharmacies in Wales are now able to offer their patients the electronic Discharge Medicines Review (DMR) service using the NHS Wales Informatics Service's Choose Pharmacy application. Pharmacies use the DMR to compare any changes that were made	Y	N	Medium	nil	partial	Choose Pharmacy pilot in Community Pharmacy are continuing. There are several work streams including the delivery of the MTEP DAL to community pharmacies. Community pharmacists carry out discharge medicines reviews, looking for variation between GP and secondary care medication lists. GPs are alerted to any variations. Cardiff and Vale UHB has been part of this pilot work.		
IAU	8	Auto booking Development (FAB)	FAB books all patients before issuing an attendance letter with a request that patients ring to confirm. FAB replaces the previous process writing to patients first and expecting them to ring in before booking. Net effect is that it can juggle and fill to capacity the clinics	<ul style="list-style-type: none"> Increased standardisation of the booking process within specialties Improved patient experience - supporting reasonable offer and giving chance to reschedule) - Improved patient experience (supporting reasonable offer and giving chance to reschedule) - Reduce DNAs 	Y	N	Medium	nil	partial	Project significantly delayed as minimal feedback from CIs and directorates around exceptions and agreements to the proposed follow up algorithm. Once received the FAB for therapies heuristic developed by PMS development team will incorporate neural networks to target patients at high risk of non attendance and will start to be rolled out		
IAU	14	Implement a PROMs and cost effectiveness programme	Systematic a PROMs programme and lead on the establishment of an All Wales effectiveness and cost effectiveness evaluation unit to provide greater evidence of the quality of life of our residents and the change in patient outcomes that our care provides.	<ul style="list-style-type: none"> Nursing Homes - Reduces unnecessary admissions and reliance on ambulance transfers to hospital/Virtual MDTs - Reduces unnecessary admissions and reliance on ambulance transfers to hospital/Virtual MDTs - Supports timely discharge with quicker release of 'blocked' beds - To enable healthcare professionals to efficiently plan their interventions based on the symptomatic needs of the service user - Virtual Clinics 	Y	N	Medium	nil	partial	Ongoing internal and external work to deliver the National programme has enabled the pilot and roll out of the generic questionnaire to be delivered with the programme commencing for all specialties in January. The adopted approach is automated to provide the necessary details attached to the patients referral acknowledgement letter to allow access to the generic questionnaire. Completion rates have been lower than expected and work has now commenced to explore avenues to improve this position. Completion rates have been lower than expected and work has now commenced to explore avenues to improve this position. Risk remains around single point of failure.		
IAU	18	Enable patients to share relevant health and well-being information they have collected with their health and social care professionals via the citizens' portal	Improved patient outcomes through self monitoring and alerting clinical services	<ul style="list-style-type: none"> Informs patients in selecting their care programme from a risk and outcome basis - Provides information on the quality of care and present standards enabling assessment of how we are performing in delivering the services that our residents are entitled to expect - Provides information on the quality of care and present standards enabling assessment of how we are performing in delivering the services that our residents are entitled to expect - 	Y	N	Medium	nil	partial	NWS development for patients to access the patient record and communicate electronically using MMDL continuing, whilst other HBs are piloting commercial portals to agreed plans. WG have appointed a lead to take forward the citizen portal business case. Clarity on areas of scope for each of these projects required.		

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Cardiff and Vale UHB - Informatics Workplan 2017/18- 2019/20

Approach and fit			Benefits					Current status		
Workstream	Local Ref	HB Deliverable	Description / Activity	Benefits	Dependent on NWS for delivery (Y / N)	National or local	HB / Trust High Priority (Top 10 Scheme for 18/19)	capital already secured	revenue secured	Progress to date (with RAG)
STP	23	Welsh Patient Referral Service	WPRS supports online e-referral prioritisation by clinicians and clinical teams using the Welsh Clinical Portal and clinical dialogue between and within tertiary and secondary care clinicians and GPs and introduces the Welsh Admin Portal (WAP) for use by health records staff (ROLL OUT TO MM)	Documents are made available in the WCP regardless of where the information was originally created - Supports the single electronic patient record vision	Y	N	Medium	nil	partial	Phase 1: 91% complete 2 specialities outstanding. Phase 2: 69% complete, 4 specialities remaining. The WPRS team have managed a successful 'Go Paperless' project which counted down to the UHB only accepting electronic GP referrals on the WCCG from 1st January 2017. This project was a dependency for the full rollout of WPRS. 0.87% of referrals are received on paper. Next steps: • Complete engagement and training work with outstanding specialities • WCP/Paris integration
STP	25	National Diabetic System	Project to specify, design, procure or develop and implement a National Diabetes System in the UHB	Efficiencies in the storage, transit and security of records	Y	N	Medium	nil	partial	WISDM will be piloted in Cwm Taf Health Board. The pilot is expected to commence in the summer (potentially July) and to last 3+ months. The outcome of the pilot will inform the plan for national roll out. Cardiff and Vale UHB has a clear line that the data must be available to the UHB for both the clinical record and for analysis in line with DfW Wales standards and the WHS policy. This functionality is not yet available and has not been worked through, although there are plans to do so.
STP	26	Ophthalmology System	Project to specify, design, procure or develop and implement a National Eye Care System in the UHB	Patient safety - Efficiencies	Y	N	Medium	nil	partial	Business case currently being developed with a view for planned sign off March 2018
STP	30	Welsh Clinical Portal - GP Record Module	A summary of patients' GP record has been made available to secondary care doctors and pharmacists as part of the WCP. Having access to the GP Record supports the use of the Medicines Transcribing and e-Discharge (MTEd) module of the Welsh Clinical Portal	Enterprise Imaging - Digital Radiography - Digital Radiography - Clinical Analytics - Integrated Radiology	Y	N	Medium	nil	partial	The WGRP is now available to clinicians treating both emergency and elective patients. NWS has stated that WGRP can be made available to clinician teams involved in the direct care of the patient. Each health board can agree who can have access to the WGRP. In Cardiff and Vale WGRP is available to clinical teams in secondary care settings. Meeting to be held with the Medical Director on 27th February to discuss the way forward for both the WGRP in the community and NIAS auditing in CAU UHB.
STP	32	Digitised SnoMed-CT based Clinical record	Commence development and implementation of paperless/paper light record moving to structuring thereto unstructured clinical notes and letters from a data management perspective	Improved patient safety - More timely multidisciplinary communication and reduction of waiting times - More timely multidisciplinary communication and reduction of waiting times - Reduced inappropriate variation in the use of chemotherapy - Improved SACT audit data capture and benchmarking - Improved tracking and reporting of high cost drug usage	N	N	Medium	nil	partial	Outline proposal and way forward now moving to more formal and detailed consideration. Project of work will be directly impacted by resource reductions in 2018/19 and the UHBs inability to recruit developers
STP	34	GP Test Requesting and Result Reporting (GPRR)	GPRR is a system which will allow staff at a General Practice to electronically request tests and view test results from their local hospital laboratory.	Clinicians have access to a single patient record in one portal without the need to access a variety of different systems - Clinicians have access to patient information whenever and wherever they require it - Clinicians have access to patient information whenever and wherever they require it	Y	N	Medium	nil	partial	The GPRR Implementation group has been set up and are meeting fortnightly to progress the roll out of GPRR to a Pilot Practice in Cardiff. The group consist of a GP, Pathology, Phlebology, and the NWS Project Team. Due to the design and performance of logging into GPRR via WCCG the group have agreed to wait for Release 8 where this issue will be resolved. The estimated date for the availability of Release 8 is sometime in May. The IM&T department have started to do some user acceptance testing. Next steps: • Visit GP Practice to see how GPRR is currently working. • Produced resource and project plan in readiness for the pilot. • Configure Cardiff and Vale Pathology Handbook so it is ready for GPRR. • Ensure NWS resources are in place to support the pilot. • Develop roll out plan to EMIS practices once the pilot is complete.
STP	36	Welsh Clinical Portal (WCP) - Medicines Transcribing and e-Discharge (MTEd)	The MTEd module facilitates the electronic production of an e-discharge advice letter which includes patients' current medication list - Fly Electronic discharge summaries to be sent to patients' GP and other key members of Community care team within 24 hours.	Supports patient experience - Enables patients to have access to online advice and tools relating to their care - Increased efficiency when running outpatient clinics - Improved communication between the consultant and the patient - Link to COM will improve RTI compliance and recording of FU appointments	Y	N	Medium	nil	partial	MTEd is currently live on 76 in patient wards across the health board. Phase 1 is complete. Phase 2 has commenced - implementation in Day Case Units, Assessment Units and Mental Health Wards where this is appropriate. Functionality available will be limited in Mental Health Wards until integration between WCP and Paris is complete. Phase 3 will follow this integration. The MTEd Operational User Group has been set up. However the UHB not receiving access to its own records for analytical purposes. Letter requesting compliance sent to NWS
STP	38	E-Advice	Development of a mobile-friendly web application to facilitate secure, audited, clinical communications between GPs and secondary care services. The project aims to reduce the number of unnecessary referrals into the hospital by offering an alternative service by which GPs can receive timely expert advice for their non-urgent patients. The project aims to reduce the number of unnecessary referrals into the hospital by offering an alternative service by which GPs can receive timely expert advice for their non-urgent patients.	Supports patient experience - Enables patients to have access to online advice and tools relating to their care - Increased efficiency when running outpatient clinics - Improved communication between the consultant and the patient - Link to COM will improve RTI compliance and recording of FU appointments	Y	N	Medium	nil	partial	All GP practices are enabled to use e-Advice, with access to the following services: Cardiology, Diabetes, Rheumatology, Thoracic Medicine, Gastroenterology, Sexual Health (GUM), Medical Biochemistry, Urology, Stop-A-Stroke, Open Access, Low Intensity Psychological Interventions. In July 2017 a change was made in e-AdvComm to allow Internal Clinicians to clinician referrals within CAU UHB. This functionality has been adopted by 12 wards / teams. The new functionality allows them to electronically refer for outpatient appointments, into the CAU instance of WPRS, where the referrals are processed alongside all other electronic referrals received by the health board e-AdvComm is being used to support electronic referrals from Optometrists into CAU UHB. This functionality has been rolled out to all optom practices in Cardiff & Vale. The pilot was successful, leading to 'outpatient referral' functionality being made available in e-Advice to any hospital service that requests it. A pilot is underway in 13 Optometrist practices to trial sending referrals via e-Advice. Two referral forms have been developed - MTEd AMD, and General Optom - which submit into WPRS to be viewed and processed in secondary care alongside GP referrals for the same service. Due, in part, to the success of the CAU implementation of Stop-A-Stroke, we have received expressions of interest from other health boards with regards to sharing access to e-Advice. Next Steps: Reviewing expressions of interest for a number of additional use cases, including Administrative communications to Primary Care notification of death/notification of critical, urgent and unexpected significant radiological findings/Pre-emptive development work to get e-Advice ready for use outside of CAU/refresh internal data structures to provide additional flexibility for handling new use cases.
STP	52	Test Requesting & Results Reporting (TRRR) Module	The TRRR module of the WCP introduces electronic pathology test requesting functionality within WCP. The WCP is integrated with the national laboratory system - TraCrae Lab - which receives and processes the electronic requests and provides results	Ability to manage radiology waiting lists more effectively - Desktop integration with PACS and digital dictation system - Desktop integration with PACS and digital dictation system - Fewer systems for staff to log on to due to system integration	Y	N	Medium	nil	partial	TRRR is now available for use on 58 in patient wards and 6 Clinics.
STP	58	COMS Follow up Development Incorporating SnoMed-CT	The clinicians office Management (COM) module's primary role is to record clinical decisions that have an effect on the Referral to Treatment (RTT) clock at the time the decision is made. The COM can be used to add patients directly onto the IPWL, request follow-up appointments and notes can be recorded against the review. The COM can be used to add patients directly onto the IPWL, request follow-up appointments and notes can be recorded against the review. The COM can be used to record clinical terminology for diagnoses and treatments provided in the IPWL.	Allows patients to communicate electronically via web 24/7 - Reduces costs and waste, by eliminating paper and mail and the number of failures to contact	N	N	Medium	nil	partial	Outline proposal and way forward now moving to more formal and detailed consideration. Project of work will be directly impacted by resource reductions in 2018/19 and the UHBs inability to recruit developers
STP	60	Use of BPM software for ERAS	Rapidly evaluate the use of BPM software in supporting adherence to the evidence based clinically agreed ERAS pathways, which already exist and are in theory adopted within the UHB. In doing so we intend to secure a short term license to the software, easily set up the system to automate the ERAS pathways, identifying the work ordering and scheduling, the requisite timescales and the individuals / services responsible and the arrangements for notifications and reminders and following training and interfacing with the PMS and pathology results system use BPM as the system for supporting care delivery for peri-operative patients on ERAS pathway.	New hardware infrastructure has recently been implemented allowing - Demand for continued additional functionality PMS to be addressed - Demand for continued additional functionality PMS to be addressed - Required enhancements to the many sub-modules of PMS will progress providing greater clinical and administrative functionality without further impact on current services and functions - Continued deployment and enhancement of clinical communications (correspondence and direct data interfaces) will also be a significant part of this move forward	N	N	Medium	nil	partial	Project postponed due to recruitment and resource challenges
ISI	90	Intelligent source data	Implementation of smart products and applications within National and local patient support, clinical information and management and resource management systems. Development of SnoMed-CT within COMS Development of SnoMed within COMS	Supports UHB Information Governance Framework. Strengthening of data quality	N	Local	Medium	nil	partial	Event triggered reports (such as path tests and blood sugar) developed to support stroke and diabetes management - Post hoc snomed-ct coding programme starting with referrals progressing well, with intention of structured data feed for referrals incorporating snomed codes being in warehouse in March.
ISI	91	Real time data acquisition programme	Enabler programme encompassing - Making available copy/mirror servers for systems (in virtual family take views from without affecting performance of 'live' systems - Making available copy/mirror servers for systems (in virtual family take views from without affecting performance of 'live' systems - Improved processes for extracting Transforming and loading, staging production on an All Wales enterprise basis - Meta data management analysts with domain based experience - Database architect, design & analysis	Informs initiatives / developments aimed at improving access and 'tasking intelligence' and low and enables impact to be quantified	Y	Local	Medium	nil	partial	Move from Oracle 11c to 12c offers opportunities which are being reviewed around more frequent transfer of data - but require Oracle enterprise license or alternative approach to be implemented - main constraint
ISI	92	Data storage and linkage improvement programme	Enabler programme encompassing - Data linkage, modelling and cleansing processes and the provision of high performance warehousing enabling analytics programmes - Data linkage, modelling and cleansing processes and the provision of high performance warehousing enabling analytics programmes. Development of a cancer pathway management tool within the warehouse, bringing in data from the CANSC system - Development of a radiology pathway management tool within the warehouse, bringing in data from the RADCS system	Essential to realising the benefits of research and 'validation' process being realised across Wales, reducing cost and time	Y	Local	Medium	nil	partial	Good progress made with new data feeds from Datix, point of care testing, retrospiro, Specialised module, child therapies, and ERAS established into the warehouse, with the data linked and 8 further feeds in progress
ISI	93	Information Delivery & Discovery	Programme to improve use of quantitative information and evidence in decision making, which will encompass: business intelligence capacity and capability across NHS clinicians and systems leaders - Implementation of latest generation IBM Analytics Business Intelligence tools. Replacing old technology (Cognos 10) to provide fully interactive dashboarding for desk top and mobile, whilst retaining enterprise reporting platforms and scheduling - Implementation of latest generation IBM Analytics Business Intelligence tools. Replacing old technology (Cognos 10) to provide fully interactive dashboarding for desk top and mobile, whilst retaining enterprise reporting platforms and scheduling.	Essential to realising the benefits of research and 'validation' process being realised across Wales, reducing cost and time - Essential to providing sustainable services where demand and system response times are in minutes (e.g. WAST, unscheduled care etc) - Essential to providing sustainable services where demand and system response times are in minutes (e.g. WAST, unscheduled care etc)	N	Local	Medium	nil	partial	Adoption and release of V11 widely communicated to positive reviews. Audit and security model for the warehouse to increase functionality for users being explored. Significant demand for dashboards on existing and new data feeds resulting, leading to backlog as resources are reduced. Analysis to inform conversations with WIS around population change completed. Resources to complete benchmarking requirements now critical
ISI	94	Intelligent systems Programme	Algorithms and software to support the dynamic scheduling of patients requiring physical and virtual outpatient attendance or hospital treatment around individual needs / choice, whilst optimising use of human and physical resources (e.g. clinicians, beds, theatres). - Development would include consideration of patient (behavioural and system responses. - Development would include consideration of patient (behavioural and system responses. - Early deliverables resource optimisation (turning beds, wards and CCU). - To allow the use of condition specific utility scores for PROMs, use text mining to determine an indicative pathway based on the electronic referral.	Essential to realising the benefits of research and 'validation' process being realised across Wales, reducing cost and time - Essential to providing sustainable services where demand and system response times are in minutes (e.g. WAST, unscheduled care etc) - Essential to providing sustainable services where demand and system response times are in minutes (e.g. WAST, unscheduled care etc) - Reporting of cancer information from the UHB's corporate information tools. Availability of cancer data within the data warehouse for data linkage. Essential for resilience of key database in operation - Improves ability to manage radiology services	N	Local	Medium	nil	partial	With AH the HB has successfully attracted the Intel AI Fund worth £400k over the next 2 years. Local initiatives for AI / deep learning / machine learning are also encouraged and supported. Master scheduler programme now at high risk of non completion as the university's analyst has left to go to Lancaster - although he has given personal commitment to complete signs are that he will not. Reduction in performance and modelling work being completed although significantly impacted by small pieces of analysis capacity arising from financial requirements of the organisation
ISI	98	Big Data & Personalised Medicine programme	Analytical programme using the linkage of PROMs, clinical audit and outcomes, and patient experience with clinical, system and patient information to both enable and deliver personalised medicine and increase health knowledge through data, pathway and text mining approaches, machine based learning and other AI techniques - phy	Development and analysis being progressed towards enabling big data analytics (& its variants) as a key design principle.	N	N	Medium	nil	partial	Development and analysis being progressed towards enabling big data analytics (& its variants) as a key design principle.
ISI	99	Population / Public Health Intelligence programme	Interconnected with more operational big data programme identified above similarities to the As above, with the forecast being on improved profiling of the population in order to identify those most likely of either having or developing health needs and taking preventative / earlier interventions which are personalised around the individual's characteristics. The programme would also ensure that research emanating from the genome and connectome projects is rapidly translated into effective interventions within the UHB and wider	Taken forward via National strategic workstream on improvement and innovation - with sub group now established	Y	N	Medium	nil	partial	Taken forward via National strategic workstream on improvement and innovation - with sub group now established

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Cardiff and Vale UHB - Informatics Workplan 2017/18- 2019/20

Approach and fit				Benefits					Current status		
Workstream	Local Ref	NB Deliverable	Description / Activity	Benefits	Dependent on NWS for delivery (Y / N)	National or local	NB / Trust High Priority (Top 10 Scheme for 18/19)	capital already secured	revenue secured	Progress to date (with RAG)	
I&I	100	Clinical Informatics programme	Creation and application within clinical and resource information and management systems of a library of 'authenticated' support tools and decision algorithms for use by the patient and clinicians in the management of symptoms and conditions which draw on evidence and MBU/Big data to improve effectiveness of care and reducing unwanted variation. Programme seen as a combination of validation of existing tools and development of apps, algorithms and tools based on NHS Wales data (i.e. over time will include the PROMS data - Programme seen as a combination of validation of existing tools and development of	<ul style="list-style-type: none"> Supports precision medicine enabling greater efficiencies and impacts from treatments to be realised through improved clinical and cost effectiveness & reducing variation Will speed up research being translated into treatment, reducing drug costs Will speed up research being translated into treatment, reducing drug costs 	Y	N	Medium	nil	partial	Clinical dashboards including nursing, mortality audit and resuscitation ready for launch. PROMS programme at risk of funding. Transformation programme useful in identifying key clinical interventions on pathway and monitoring variance in practice, with work identified to support programme.	
I&I	124	Data mining & Multivariable pathway (sequence) analysis (incl Outcome & FLUp improvement)	Chain mining & Multivariable pathway (sequence) analysis (incl Outcome & FLUp improvement)		N	Local	Medium	nil	nil	Resource and capability deficit postponing progress	
FF	75	Replacement IT clinical and document management system for clinical genetics	Upgrading the current system will ensure patient records & results held are safe and the system will integrate with the new UMS system being deployed by the Genetic Laboratories. It will enable an electronic notes system which will increase efficiency and reduce costs.	Enables Secure, personalised communication	N	Local	Medium	nil	partial	Ongoing - project underway	
FF	89	Assess variation in primary care presentation rates, referral rates and treatment rates in C&V	By gaining access to primary care data, assess whether expected prevalence (need) is materialising as demand on the primary, community and hospital sectors, providing an understanding of need, referral rates, and treatment rates and the level of equity across Cardiff and the Vale. Would also support ability to understand variation in management of conditions and outcomes in primary care	Co-ordinate approach to delivering of National and Local IM&T Plans	Y	Local	Medium	nil	partial	Analysis based on provider data will be taken forward as prioritised by Planned care element of TTC. Snomed being added. Primary Care appointment data for INPS practices should be available in the first half of this financial year, though timescales for EMIS practices are to be determined.	
I&U	6	My Health On Line (MHOL) Phase 1	MHOL is a web based application that allows patients to book appointments and order prescriptions securely online without telephoning their GP practice. They can also update their general details. MHOL will have further functionality over time.	<ul style="list-style-type: none"> Patients have convenient access to GP services from home or work Saving time - Saving time - Avoiding waste 	Y	N	N	nil	partial	MHOL Phase 2 is part of the 'Information for You' workstream. Phase 2 functionality will include online registration, mobile access and rebranding. In line with a Welsh Government policy commitment to provide online patient access to the medical record, this functionality is now available but rollout is subject to discussion between GPC, Wales and Welsh Government.	
I&U	9	Patient Self Checking in System	Develop and roll out patient self booking in and waiting room management system.	<ul style="list-style-type: none"> Increased efficiency for outpatient clinics - improved communication between consultant and patient - Burden on reception staff reduced to improve communication between reception staff and patients 	Y	N	N	nil	partial	Ongoing rollout of kiosk within available resources	
I&U	11	Patient reported clinical information in the Emergency and Assessment Units	This is a rapid evaluation to determine whether the NHS in Wales can use electronic forms to gain an extended amount of clinical information directly from the patient in the Emergency and Assessment Unit setting which would support Clinical triage and management. An ability to collect information required for policy making, population health and research purposes - Patient reported outcomes	The development of a cost effective and realistic means of developing a knowledge for public health, policy and research around issues such as injuries, alcohol, etc. - Extends the PROMS programme into the ED department - supporting BIG1 & 3 - Extends the PROMS programme into the ED department - supporting BIG1 & 3	N	N	N	nil	partial	Delay in WEDS implementation has resulted in national postponement of patient reported clinical information & new DSCN for ECDS. UHB's joint IM & IT Clinical record development awaiting completion of appointments process - UHB's joint IM & IT Clinical record development awaiting completion of appointments process	
I&U	17	A suite of granular information on our provider outcomes and performance to inform population and patients	Publish suite of performance and information reports from BI onto the C&V internet and intranet in a form which enables stakeholders to 'self manage' their access.	<ul style="list-style-type: none"> Increases confidence and knowledge about their condition Reduces exacerbations and consequently their demand for primary and acute services 	N	N	N	nil	partial	Business intelligence license does permit publication. No plans as yet to publish - although developments in North Wales around publishing EU waiting times being closely watched	
STP	20	Emergency Department System	Paperless system in order to manage the flow of patients through the ED, in real time in order to identify bottlenecks in the ED pathway	<ul style="list-style-type: none"> Availability of a single Community & Mental Health, and Social Care record for the patients, clients and citizens of a region - Will support community based services to deliver more effective and efficient services to citizens in their own homes - Will support community based services to deliver more effective and efficient services to citizens in their own homes - Efficiency improvements will be gained in the reduction in duplicated workload carried out (due to non informed and conjoined services) across Health and Social Care - Care/Safety improvements include a reduction in inappropriate or unsafe home visits due to uninformed and non conjoined services - Efficiencies will be gained in the spend on e-record systems as PABIS, Careflow and Swift are retired across the region 	N	N	N	nil	partial	Local focus of the digital clinical record development being focussed on ERAS as per TTC. Although design anticipated to support local ED options should be desired - National WEDS roll out greatly delayed - National WEDS roll out greatly delayed	
STP	21	Digitising Health Records Project	Delivery a single view of patient records across the organisation resulting introduction in missing notes/cancelled patient apps / increased utilisation of clinic slots	<ul style="list-style-type: none"> All Wales Initiative - NWS will host the central infrastructure - NWS will host the central infrastructure - Functionality to support improved clinical care 	N	N	N	nil	partial	DHR and digital clinical record programme delayed whilst awaiting completion of appointment process - Aneurin Bevan and Betsi Cadwaladr indicated desire to collaborate on E-forms development in this area - Aneurin Bevan and Betsi Cadwaladr indicated desire to collaborate on E-forms development in this area	
STP	24	Location Based Records Filing	System to manage paper based Medical Records with a "Passive RFID" for tracking	<ul style="list-style-type: none"> Safe, secure and fast electronic transmission of patient data between clinicians, health records and administrative staff - Reduction in the time taken to add patients to a waiting list and, ultimately, a reduction in the time taken to initiate appointment booking - Reduction in the time taken to add patients to a waiting list and, ultimately, a reduction in the time taken to initiate appointment booking - Significant reduction in turnaround time between admin and clinical functions - Improved security of referral - I.e. referrals will not be lost or mislaid - Contributes significantly to the evolving electronic patient 	N	N	N	nil	partial	Under review	
STP	27	Paperless sexual health system	The rollout of the solution into the Community Clinics of Cardiff and Vale of Glamorgan	<ul style="list-style-type: none"> Improved patient safety due to ability to identify and manage risk, increased timeliness and availability of relevant clinical information - Better business information to enable better management and planning - Better business information to enable better management and planning - More efficient pathways - More people managed in primary care 	N	N	N	nil	partial	The service is currently rolling out to the EPR in Community clinics	
STP	29	PACS & PACS Image Sharing project (Costs TBA)	Implement a next generation PACs and Image Sharing solution	<ul style="list-style-type: none"> Improving the quality of prescribing and medicines administration processes and records - Reducing some of the risks associated with prescribing and medicines administration process - Reducing some of the risks associated with prescribing and medicines administration process 	Y	N	N	nil	partial	UHB is currently working with NWS on a project to implement the national PACS.	
STP	31	Chemotherapy e- Prescribing	Implementation of a Chemotherapy e-prescribing System for Haematology	<ul style="list-style-type: none"> Clinicians report that having access to the GP Record supports diagnosis in urgent situations - Also supports fast and accurate medicines reconciliation e.g. Pharmacists do not have to phone GP practices for patients' current medication information. 	Y	N	N	nil	partial	Complete	
STP	35	Outpatients Modernisation	Will include the installation of pervasive Wi-Fi, PCs in all consultation Rooms "booking in" Kiosks and "on-line" Proms	<ul style="list-style-type: none"> The user at the practice will be able to select the required test/s from an electronic list of tests made available via the Wales Pathology Handbook - The request will be electronically sent to the hospital laboratory - The request will be electronically sent to the hospital laboratory - Eliminates manual transcription errors - Reduces duplicate tests 	N	N	N	nil	partial	Programme being refocused to support Turning the Curve - Initial focus on citizen portal, follow up validation, performance reporting and management and preparation for virtual care delivery - Initial focus on citizen portal, follow up validation, performance reporting and management and preparation for virtual care delivery	
STP	39	Child Health - CYPRIS	CYPRIS (Children and Young Persons Integrated System) is the redevelopment project of the CO2020 national child health system. In change of original scope, Welsh birth notification now needs to come from the Welsh demographic service not the English service	<ul style="list-style-type: none"> Improved dialogue between primary and secondary care - Reduction in GP referrals by speciality - Reduction in GP referrals by speciality - Improved patient experience - Improved education for Primary Care 	Y	N	N	nil	partial	ongoing	
STP	42	e-Referrals	Integration into B.I. Systems	<ul style="list-style-type: none"> A "single" view of the patient supporting their ability to be treated in a community clinic - Ability to view pathology results 	N	N	N	nil	partial	Snomed developer post funded and outline project specified - Awaiting successful appointment	
STP	46	Welsh Clinical Communications Gateway (WCCG) Phase 2 e-Clinical Letters	The Welsh Clinical Communications Gateway Project Phase 2 will provide the capability to transfer all types of clinical information securely from secondary to primary care via WCCG.	<ul style="list-style-type: none"> Ensures that (expensive) medications are optimally and cost effectively prescribed - By reducing drug errors, improves patient experience and outcome - By reducing drug errors, improves patient experience and outcome 	Y	N	N	nil	partial	CAU UHB prioritised the requirement to provide a type of e-Communication (in addition to e-referrals and e-discharges) in the first instance the transmission of e-clinical letters from secondary to primary care. A working group has been set up to undertake a pilot in CAV, ABH and ABMU evaluation reports have been received and visits to 2 ABMU practices carried out. NWS are looking for an 'accepting health board' to rollout this functionality from April 2017 and have asked that CAU be that health board since we have already put in place an electronic approval process for clinical letters as part of the WCCG project.	
STP	54	e-ICU	The NHS Wales ICU Network led by Aneurin Bevan UHB has received funding support from the Welsh Government to have a "single solution" e-ICU system for NHS Wales, with funding commencing 2015/16.	<ul style="list-style-type: none"> NHS audits inappropriate access to patient data - Will be integrated with all national systems over time - Will be integrated with all national systems over time 	Y	N	N	nil	partial	Business case has been submitted to WG by the Critical Care network.	
STP	61	National Catering System (Costs TBA)	Procurement and implementation of a National Catering System for Wales	There is ample evidence which demonstrates that BPM helps organisations decrease costs and increase efficiency, reducing the time it takes for a process to be completed and any unnecessary variation	Y	N	N	nil	partial	IPAD supported in principle, assuming WG will fund £2m	
FF	77	Develop a programme for maximising the effective deployment of Robotics	The role of robotics within care is increasing and forecasting to expand on an exponential basis going forward. Insight in to how C&V and NHS Wales realises the benefits of these developments in the most cost effective manner is essential. From the use of AI components of robotics - A programme for training the benefits of Artificial Intelligence (AI) at what enables a digital device to see and recognize objects (e.g., read a MRI), understand and reply to normal speech (digital dictation), make decisions and even learn to change its thinking and behaviour as it analyzes big data (i.e. IBM's Watson). AI infuses the modern health care system and offers significant scope for reducing health care as a labour intensive industry. -intended to be delivered via a federated all Wales	<ul style="list-style-type: none"> Sustainability - Security - Security - Patient safety 	N	N	N	nil	partial	All Wales group being convened as part of Planned Future workstream	
FF	78	Develop a programme for maximising the effective deployment of artificial intelligence		<ul style="list-style-type: none"> Resilience - Efficiency - Efficiency - Platform for modernisation 	N	N	N	nil	partial	Misc project agreed to look at strategies for reducing DNA of outpatients using deep learning - National collaboration with Intel being explored - who have interest and expertise in applying AI to digital pathology - National collaboration with Intel being explored - who have interest and expertise in applying AI to digital pathology	
FF	79	Further develop the accuracy of our resources and costing information within the BI system	Improving the granularity and accuracy in the attribution of costs to care activities and events	<ul style="list-style-type: none"> Robotics may soon become a service that our population expects and a means of improving productivity so as to achieve sustainable care services - Early involvement in robotics will ensure that C&V is in a position to excel in teaching, realising innovation and improvement in this area 	N	Local	N	nil	partial	National project has started to procure a new costing system. Implementation will require rationalisation of existing warehouse costing processes i.e. annual costing, patient level costing and Alabrook. Improved linkage for Radiology and Pathology would be included in any new implementation.	
FF	85	Support WAD & other national reviews	Input into management responses on IM & T matters relating to national and local studies under the UHB external audit plan	0	N	Local	N	nil	partial	Cyber security, mobile and digital maturity reviews expected in September - November	

9.1

INFORMATION GOVERNANCE INTEGRATED REPORT
Name of Meeting : Information Technology and Governance Sub Committee
Date of Meeting : 6 March 2018
Executive Lead : Director of Public Health/Deputy Chief Executive
Author : Corporate Governance Senior Information and Communication Manager
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact : There are significant potential financial implications in relation to this work. The Information Commissioner has powers to fine organisations that are in breach of the law and through their acts or omissions materially harm or damage individual. The levels of fine can reach half a million or more and the ICO now has the right to undertake mandatory audits on NHS organisations. This does not exclude the ability for individuals to take legal action against the organisation in respect or harm or damage both as a result of physical or psychological harm or reputational harm.
Quality, Safety, Patient Experience impact : The content of this report impacts significantly on the quality, safety and experience of our patients and their families. It also has the potential to impact adversely on the reputational standing of Cardiff and Vale University Health Board and the confidence our community has in us if we are not honest with patients and families when things go wrong or fail in our opportunity to learn and put things right. The management of data and personal information is fundamental to providing a quality service and exemplary patient experience.
Health and Care Standard Number 3.4 & 3.5
CRAF Reference Number 8
Equality and Health Impact Assessment Completed : There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.

9.2

ASSURANCE AND RECOMMENDATION
<p>ASSURANCE is provided by:</p> <ul style="list-style-type: none"> • Reports detailing compliance against legislative requirements. <p>The Information Governance Sub Committee is asked to:</p> <ul style="list-style-type: none"> • RECEIVE and NOTE a series of updates relating to significant Information Governance issues .

SITUATION

This report provides information on the following areas of Information Governance within Cardiff and Vale University Health Board (the UHB).

- Data Protection Act - Serious Incident Summary and Report
- Incident Report for Paris/BreakGlass/IHR

- Freedom of Information Act - Activity and Compliance
- Data Protection Act (DPA) - Subject access requests (SAR)
- NIIAS
- Piloting of extended GP access to the UHB Clinical Portal
- Landauer – ICO response
- Health and Wellbeing Activities – ICO decision on “marketing”

Each individual report contains specific details relevant to the subject area, and includes updated information since the previous report to the Information Governance Sub Committee (IGSC) on how the UHB has complied with the obligations of each piece of legislation that satisfy the information governance requirements.

BACKGROUND

Cardiff and Vale University Health Board (the UHB) is required to ensure that it complies with all the legislative requirements placed upon it. In respect of Information Governance the relevant legislation which largely impacts on this work are the Data Protection Act 1998 (DPA) and the Freedom of Information Act 2000 (Fol).

Quarterly reports are produced for the Information Governance Sub Committee (IGSC) to receive assurance that the UHB continues to monitor and action breaches of the Data Protection Act (DPA) and that Freedom of Information Act requests and DPA subject access requests (SAR) are actively processed within the legislative time frame that applies and that any areas causing concern or issues are identified and addressed.

9.2

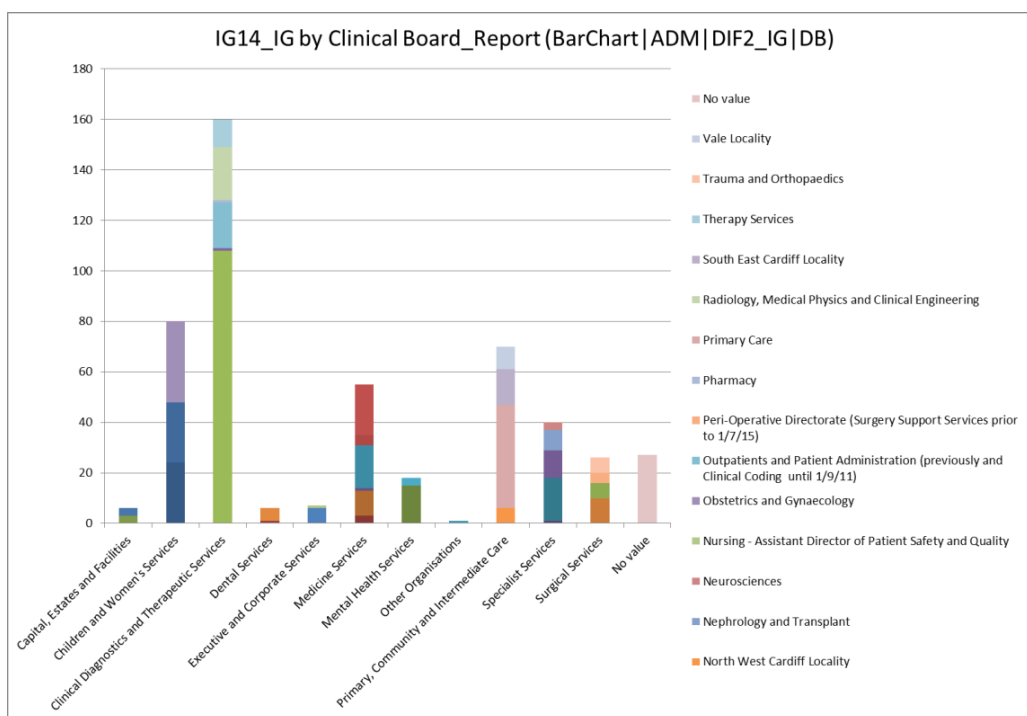
ASSESSMENT

1. Data Protection Act – Serious Incident Report

This report covers the period January 2017 to February 2018. During this period of the 1546 incidents reviewed a total of 928 did not have any IG issues and were closed by IG 491 did have an IG issue and were assessed using a risk rating scale. 127 remain to be categorised.

Of these incidents the majority were due to inaccurate information (Principle 4) actual number 194
Security of information (Principle 7) incidents totaled 161

The chart below provides details of the incidents at Clinical Board level and shows the largest incidents being reported within Clinical Diagnostics and Therapeutic Services (CD&T).



9.2

2. Break glass

A verbal update on access will be provided in the meeting. Data is not available for Paris and IHR at the time of reporting.

Work is progressing to monitor all incidents at all levels using e-Datix incident reporting system.

**3. Freedom of Information Act
Total requests July 2017 to December 2017**

The report for the above period indicated a total of 270 requests received. Of these requests a total of

- 91 requests exceeded the statutory 20 day time limit
- 168 were responded to within the statutory 20 day time limit
- 11 requests were either withdrawn or not responded to due to clarification not being provided by requestor.

The compliance rate for the second and third quarter of 2017/18 differed significantly with Q2 compliance at 40% and Q3 at 99%

The issues which caused significantly poor compliance rate in Q2 were mainly attributed to staffing matters. The significantly improved compliance evidenced in Q3 was achieved by working within an agreed action plan which cannot be sustained in the long term. The full report is attached as Appendix 1

4. Subject Access Requests Processed

4.1 Health Records requests September 2017 to February 2018

Health Records requests July 2017 – December 2017

	Jul	Aug	Sep	Oct	Nov	Dec	
Total Requests	310	307	295	262	282	229	Open and Closed requests received in that month
Requests Closed over 40 Days	66	35	94	69	45	86	All records closed in the month greater than 40 days
Average Close Time	24	23	27	29	26	42	Average closed in month. Not all requests opened in month will be closed by end of month.
% age of Requests Closed within 40 Days	81.9%	85.9%	71.3%	75.1%	83.5%	66.7%	All records closed in that month 40 days or less

9.2

4.2 Non Health Records

There were a total of 11 subject access request submitted for non-health records July – December 2017. Ten responses were issued within the statutory 40 day time limit and once exceeded the response being issued 3 days late. The reason for the exceed was due to staffing issues and needs to be considered in conjunction with the Freedom of Information compliance Action Plan.

5. National Intelligent Integrated Audit Solution (NIAS)

NIAS (National Intelligent Integrated Auditing Solution) is an algorithm driven product that allows Health Boards to monitor potentially inappropriate use of the following national IT systems:

System	Registered UHB users (December 2017)
Welsh Clinical Portal (WCP)	2,521
Canisc (Cancer management)	352
Welsh Demographic Service	772
Choose Pharmacy	40

NIAS is linked to the Electronic Staff Record to enable the necessary correlation with the systems to identify potential inappropriate access. The UHB has given a commitment to GPC Wales that we will ensure appropriate access to the primary care record by adopting this system.

Another compelling reason for the UHB to actively use NIIAS is that the NWIS Medical Director has expressed the view that no UHB staff should be accessing the GP Individual Health Record unless this tool is being used.

At the present time the system is actively used by the local pharmacy system. Unfortunately the corporate Information function lost its knowledge and access to the system through the turnover of staff.

The NIIAS position has been highlighted in IGSC/Information Technology and Governance meetings and has been included in the IG risk register. It will continue to be monitored in accordance with the risk process and the UHB's financial position in 2018/9

The UHB is considering options in respect of auditing arrangements and a further update/proposal will be developed during 2018. A major consideration will be the need for auditing of both national and UHB IT systems and data storage solutions to be part of the IG strategy being developed to support GDPR. To start this work, following a session with NWIS and the NIIAS suppliers, access by UHB staff to the Welsh Clinical Portal in January 2018 was reviewed. This showed that there was some potentially inappropriate access, although further validation needs to be undertaken to ascertain the extent of this because of the risk of false positives. For example, accessing one's own record or that of a family member is automatically inappropriate. However, accessing the record of someone with the surname and living nearby could be wholly appropriate because access could be being made by a clinician responsible for the care of a neighbour with the same surname.

The UHB is currently developing an appropriate letter that could be sent to anyone who, after validation, appears to have accessed a record inappropriately. The letter would initially request that person to either agree this had occurred or give details of any mitigating circumstances. Appropriate action could then be considered. The letter could be adapted for use in connection with possible inappropriate access in relation to the UHB's own IT systems.

6. Piloting of Extended GP Access to the UHB Clinical Portal

Details of this project are set out in the SBAR report attached as Appendix 2.

7. Landauer – ICO Response

As reported to earlier meetings of the Committee, the UHB formally notified the ICO that there had been a breach of data involving some of its staff who had been issued with radiation protection shields. These details were held on the database of the supplier Landauer, who administered this service on behalf of Velindre NHS Trust. The ICO has now completed its investigations into this incident based on reports submitted by Velindre NHS Trust and the Health Boards affected, including the UHB. Although it will not be taking any

formal action in response to the issues raised, the ICO has strongly encouraged Health Boards and Velindre NHS Trust to act on its conclusions. Broadly, ICO has concluded that there is a wide range of non-compliance with the Data Protection Act (DPA) across organisations processing personal data for the purpose of radiation dose monitoring. Specifically there appeared to have been very little, if any, active consideration of compliance with DPA when contracting dosimetry services to provide radiation dose monitoring for their employees.

Velindre NHS Trust are leading on negotiations relating to the re-letting of this contract and will be taking the above points.

8. Health and Wellbeing Activities – Information Commissioners Office Decision on ‘Marketing’

As referred to in the report of the Information Governance Executive Team, the IG Dept has been working with the PCIC Clinical Board to ensure that adequate arrangements are in place to allow the UHB’s Health and Well Being (HWB) Contractor to work with GP practices in areas such as promoting the take up of immunization and vaccination programmes.

These discussions were held in conjunction with the Information Commissioners Office (ICO) who queried whether such activities came under the legal definition of marketing. The advice from the ICO on this issue indicated that this could potentially be considered as “Marketing” and the UHB is therefore working through different options in respect of this work stream. The advice from the ICO is attached as Appendix 3.

9.2

Appendix 1

FREEDOM OF INFORMATION ACT REPORT JULY 2017 – DECEMBER 2017

1 Total requests July – December 2017

Quarter 2: July – September 2017

In the second quarter of 2017/18 there was an increase in the number of requests compared to the same period 2016/17

July – September 2017	total requests 148
July – September 2016	total requests 145
July – September 2015	total requests 94

Of the 148 requests received during July – September 2017 the total questions asked was 655.

Quarter 3: October – December 2017

In the third quarter of 2017/18 there one less request received compared to the same period 2016/17

October – December 2017	total requests 122
October – December 2016	total requests 123
October – December 2015	total requests 79

Of the 122 requests during October – December 2017 the total questions asked was 830.

2 Compliance rate comparison

The 20 day compliance rate comparison for previous three years as at the second and third quarter of the year.

2017/18 (Q2)	40%	2017/18 (Q3)	99%
2016/17 (Q2)	97%	2016/17 (Q3)	88%
2015/16 (Q2)	84%	2015/16 (Q3)	90%

The issues which caused significantly poor compliance rate were mainly attributed to staffing matters. Improved compliance was achieved by working within an agreed action plan which cannot be sustained in the long term.

9.2

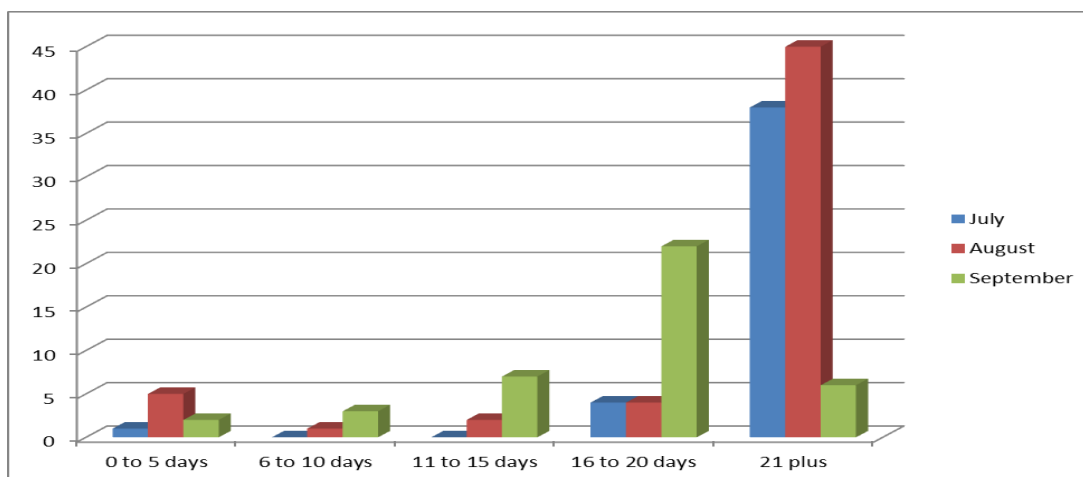
3 Response Times July – December 2017

	1-5	6-10	11-15	16-20	21+	N/A*	Total	Exceed
Month								
July	1	0	0	4	38	2	45	84%
August	5	1	2	4	45	3	60	75%
September	2	3	7	22	6	3	43	14%
Total Q2	8	4	9	30	89	8	148	60%
Q2 %	5.5%	3%	6%	20%	60%	5.5%		
October	9	4	15	15	1	0	44	2%
November	11	9	7	10	0	2	39	0%
December	17	5	8	7	1	1	39	2%
Total Q3	37	18	30	32	2	3	122	1%
Q3 %	30%	15%	25%	27%	1%	2%		

* N/A

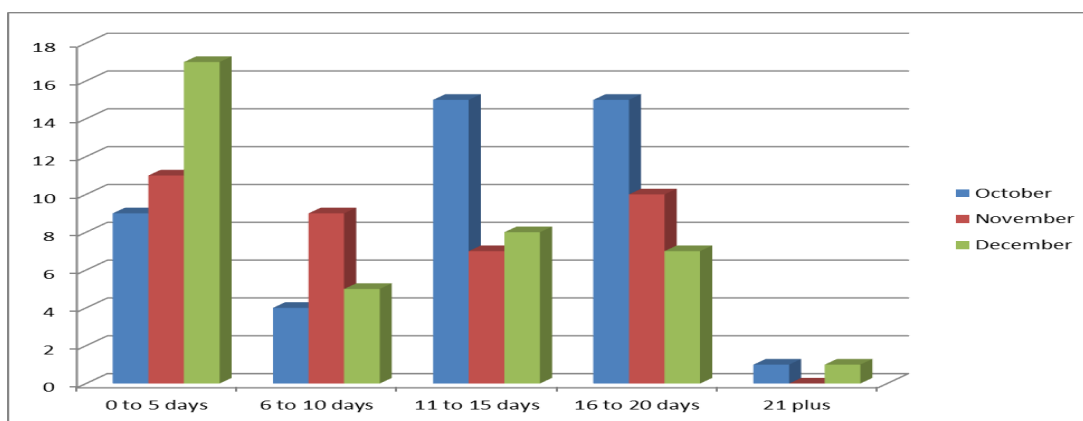
Withdrawn requests and requested clarification or further details not provided to enable response.

3.1 Response Times Chart July – September



9.2

3.2 Response times Chart October - December



4 Comparison with 2016/17

4.1 Response times July – September 2016

Month	1-5	6-10	11-15	16-20	21+	N/A*	Total	Exceed
July	6	3	15	21	1	4	50	2%
August	9	6	7	12	3	2	39	7%
September	18	6	14	17	1	0	56	2%
Total Q2	33	15	36	50	5	6	145	3%
%	23%	10%	25%	35%	3%	4%	100	

* N/A
Withdrawn requests and requested clarification or further details not provided to enable response.

4.2 Response times October – December 2016

Month	1-5	6-10	11-15	16-20	21+	N/A*	Total	Exceed
October	8	3	6	17	10	0	44	23%
November	10	5	7	24	6	0	52	12%
December	4	3	5	9	6	0	27	22%
Total Q3	22	11	18	50	22	0	123	18%
%	18%	9%	15%	40%	18%	0%	100	

* N/A
Withdrawn requests and requested clarification or further details not provided to enable response.

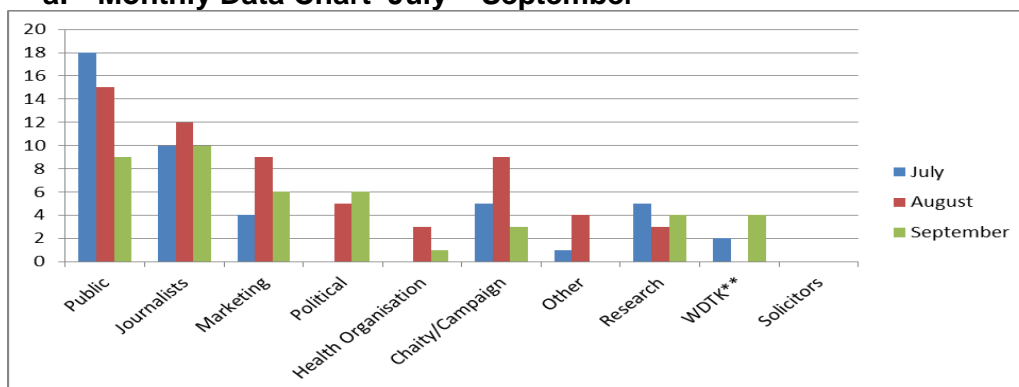
9.2

5 Identification of non-compliance causes

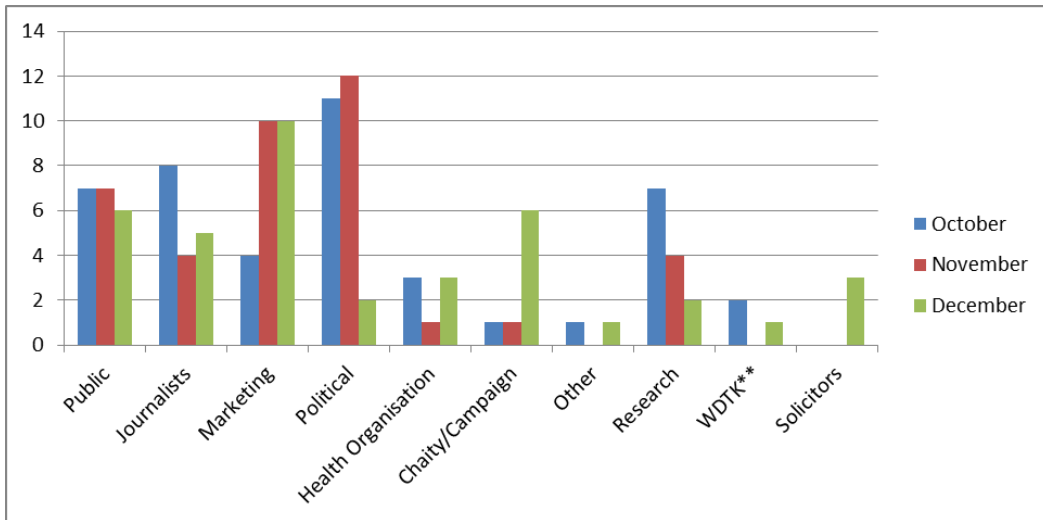
The main cause of the poor compliance rate for the second quarter of 2017/18 was staffing capacity. The improvement demonstrated within the report was achieved by following an agreed action plan that cannot continue in the long term.

6 Source of requests

a. Monthly Data Chart July – September



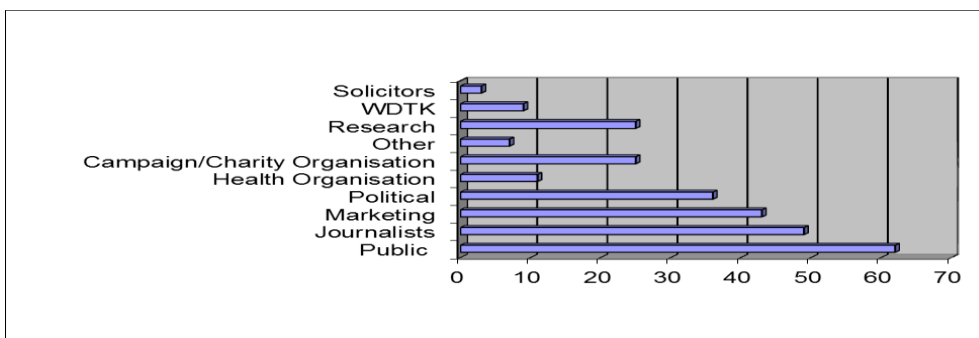
b. Monthly Data Chart October – December



c. Breakdown requestors July – December 2017

	Total
Public	62
Journalists	49
Marketing	43
Political	36
Health Organisation	11
Charity / Campaign Organisation	25
Other	7
Research	25
WDTK**	9
Solicitors	3
Total	270

d. Total comparison of originators July – December 2017



7 Requests Refused

Of the 270 requests received between July and December a total of 59 were either refused in total or refused in part. The exemptions relied upon were:

Section 21 – Information accessible to the applicant by other means

Neither confirm nor deny information held

Section 12 – Time exemption

Section 40 – Personal information

Section 22 Information intended for future publication

Section 43 – Commercial interests

In addition, a further 8 requests were directed to other public sector organisations.

8 Complaints and Appeals

During the period a total of ten complaints were received from requestors who were unhappy with the responses provided.

There has been a total of nine cases received from the Information

Commissioners Office (ICO) of which three cases related to one individual.

Appendix 3**Health and Wellbeing Activities
Information Commissioners Office (ICO) Decision on 'Marketing'**

The ICO recognises the importance of public health objectives. However, as part of its regulatory remit, it has to consider the impact of direct electronic messaging without prior consent, which may be considered more intrusive than other forms of communications, and which present different privacy risks.

The ICO preliminary view is that the proposed messages will be promotional activities. The definition of marketing includes the promotion of products, services, aims, and ideals. It is difficult to envisage a situation in which the proposed messages do not fall within the definition of marketing, as they will be promoting public health aims and ideals.

This is different to a situation in which a person has engaged with a service and is either due for, or has missed, an appointment; the purpose is to make the individual aware of health objectives that they may wish to engage with. If sending messages to a patient about recommended treatment for, or management of, a specific health issue, then this would fall outside the definition of marketing, as it would be about providing appropriate care.

While many people will undoubtedly be grateful to be offered support in promoting and protecting their health, or who may be more broadly interested in the promotion of public health ideals, there may be individuals who do not want such contact. For example, marketing vaccination to someone who has a strong inclination against vaccinations.

Application of information rights legislation

Any transmission of marketing will need to comply with data protection law and The Privacy & Electronic Communications Regs (PECR). In particular, fair processing information will have to be provided to individuals (especially if they may be profiled), and if seeking to use electronic marketing, then appropriate consent mechanisms should be put in place.

Where the marketing is sent by post, PECR will not be engaged. However, it would be necessary to take account of anyone who may have restricted the processing of their personal data for direct marketing purposes under DPA s11 / GDPR Article 21(2).

Fair processing and consent

While it's important that fair processing notices and consent are considered separately, there may be opportunities to provide privacy information and seek consent at the same time.

If an individual is engaged with health services, such as their GP, then there would be an opportunity to provide fair processing information at the end of a consultation. This would also be an opportunity to seek appropriate, granular consent to text message, email, or automated telephone call marketing.

If an individual is not engaged with health services, fair processing could be provided by post. As postal marketing is not covered by PECR, it could also be used as a means to seek consent: people could be asked to text “opt in” to a number, could be asked to email their surgery.

However, health bodies would need to screen against any suppression lists that they have, and notices to prevent processing of personal data for direct marketing purposes.

For people not engaged with health services, health bodies could also make live telephone calls to invite them to consent, but would need to screen against the TPS, as well as suppression lists and valid notices under s11 / Art 21(2).

For automated calls, a specific consent would be required prior to the call being placed. This might be difficult to achieve for individuals who are disengaged from their local health services.

Profiling

In the case of profiling, consideration would have to be considered as to whether this might involve solely automated decision making that would produce a legal or similarly significant effect for the purposes of Article 22.

Sending the messages themselves

The public health messages themselves could be sent by post, subject to screening against s11 DPA / GDPR Art 21(2) notices or any other suppressions lists.

The messages could be transmitted by live telephone call if screened against s11 / Art 21(2) lists and the TPS.

Emails and text messages could only be sent with consent, or where the soft opt-in applies. Consent has been covered above, but organisations would have to be careful to determine whether they could meet the requirements of the soft opt-in: It is unclear if individuals would have been provided with an opportunity to opt out at the time their details were collected. This is particularly the case for individuals who are not engaged with health services.

Given that many legally separate entities are involved in commissioning and delivering care at a local level, care would have to be taken to ensure that the marketing being sent out is the particular body’s own products or services. The individual’s contact details must have been obtained in the course of a sale, or negotiation for a sale, of a product or service to that recipient.

A ‘sale’ in the context of PECR may not always require an individual to enter in to (or negotiate to enter in to) a financial transaction directly with the organisation. Other funding mechanisms may be available. However, as it seems unlikely that health bodies could satisfy the opt-out requirements, it appears that it will be difficult to engage the soft opt-in for public health marketing. Granular consent to both the product/service/aim/ideal and the channel will likely be needed for emails and SMS messages.

If health bodies consider granular options for all channels of communication, then they will need to consider whether a lack of consent would be a problem in the event

that they considered it necessary to write out to individuals. When the ePrivacy Regulation is finalised, due consideration will need to be given as to its provisions.

The ePrivacy Regulation

It's worthwhile to bear in mind that the ePrivacy Regulation, when finalised, will replace PECR, and may alter the requirements for marketing through electronic channels. Health bodies can consider lobbying the Government to ask for changes to the soft opt-in rules, or an exception for public policy initiatives as part of the ePrivacy Regulation discussions in the Council, and in the trilogue later this year.

The implications of the above preliminary ICO view have been shared with PCIC. The CB is currently investigating an alternative model for the delivery of health and wellbeing services. One option is for GP practices to issue honorary contracts to HWB staff in order that they could carry out these activities in the same way as practice staff would.

PILOTING OF EXTENDED GP ACCESS TO CAV PORTAL

Situation

This paper gives ITGSC details of a pilot carried out to give GPs and selected admin staff at practices in the East cluster access to the electronic records of all patients recorded on the UHB's clinical portal.

Background

It was agreed to carry out the pilot following concerns by Cardiff and Vale (C & V) GPs, expressed via the Bro Taf Local Medical Committee, that they were being required to take clinical decisions about C & V patients registered at other GP practices when they had no immediate access to their electronic clinical records via the UHB clinical portal. Currently UHB clinical portal users based in GP practices usually only have sight of the electronic clinical records of C & V patients registered at their own practices. Extended access eliminates this problem.

GPs regard not having immediate access to the records of all C & V patients on the UHB clinical portal as a significant potential clinical governance risk. There is a powerful body of opinion within the Bro Taf Local Medical Committee that all Cardiff and Vale GPs should have extended access.

The pilot commenced on 31 October 2017 for an initial 3 month period ending on 31 January 2018. Formal evaluation is taking place by the UHB.

Assessment

The UHB clinical portal does not have functionality to quantify the number of patients whose details have otherwise not have been readily available to the practices participating in the pilot i.e. to assess take up of the extended access for the duration of the pilot. However, the following findings are relevant:

- The benefits of extended access in clinical governance terms are self-evident.
- The clinical governance leads at the practices involved are not aware of any inappropriate access as a result of the extended access. As reported in

separate papers to ITGSC the UHB currently does not the resources to undertake compliance auditing in its own right

- Administrative staff in the practices involved and the UHB PMS Administration Team have commented favourably on the reduction of administrative work as a result of the extended access.

Recommendation

The ITGSC is asked to

- **NOTE** this report
- **NOTE** that a report will be submitted to the Management Executive recommending that all registered users be given access to all C & V patient details recorded on the UHB clinical portal because of the advantages listed above.
- **NOTE** that consideration is being given to allocating resources from the UHB IG team to undertake selective compliance auditing to give some assurance that the above access is not being abused. This will complement assurance available via the clinical governance leads in the practices themselves.

AGENDA ITEM 9c

DIRECTORS REPORT ON SPECIFIC PROJECT ITEMS WCCIS	
Name of Meeting : IT&G Sub Committee	Date of Meeting 6th March 2018
Executive Lead : Executive Director Therapies and Health Science	
Author : WCCIS Programme Manager	
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.	
Financial impact :	
Quality, Safety, Patient Experience impact :	
Health and Care Standard Number 3 & 4.2	
CRAF Reference Number 6.8	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- To receive a verbal update from the Executive Director of Therapies and Health Science report on WCCIS

The Committee is asked to:

- **NOTE** the current state of UHB and Regional work on WCCIS

SITUATION

The UHB faces significant financial pressures in 2018/19. Because of this the business case setting out the at-pace roll-out of WCCIS to the UHB, including all Paris-based services will not be proceeding to approval for the 2018/19 financial year. Although this is not the only factor in their decision, the UHB's decision to delay will also cause Cardiff Council to delay their implementation, and we are informed that they are currently considering their deployment options

BACKGROUND

The options appraisal in the WCCIS business case identified a number of approaches to tackling implementation of WCCIS in CaV UHB. The chosen option would enable the UHB to implement the system at pace, minimising the risks of split record keeping and dual-running of systems.

The lack of a funded business case for the 2018/19 financial year does not preclude the UHB from progressing the WCCIS agenda, but will significantly impede its ability to implement at the desired pace.

9.3

AGENDA ITEM 9c**ASSESSMENT AND ASSURANCE***ONCE FOR WALES*

The Once for Wales terminology is mentioned in the WAO report released Jan 2018 (http://www.audit.wales/system/files/publications/NHS_-_Informatics-2018%20-%20English.pdf), Cardiff and Vale are committed to support this principle, and will progress in light of this principle.

STRATEGIC APPROACH TO WCCIS

The UHB is committed to work with our regional Local Authority partners to develop a single shared record for health and social care. Progress for deployment will be guided through our regional WCCIS partnership board.

The risks that the UHB needs to balance are:

- That the UHB's financial position doesn't sufficiently improve, and approving a business case remains unviable for the 2019/20 financial year
- That Welsh Government funding doesn't enhance UHB resources sufficiently, and the pace of implementation remains slow, and incurs the risk of split record keeping, as well as the cost of running and maintaining two systems for the course of the implementation.

IMPLICATIONS BEYOND THE UHB

Cardiff Council is inherently tied to the UHB to derive benefits from the implementation of WCCIS – and vice versa. Although this is not the only factor in their decision, the UHBs decision to delay will also cause Cardiff Council to delay their implementation, and we are informed that they are currently considering their deployment options. Similarly, VoG have implemented with the expectation that the UHB implementation will release tangible benefits in the future.

It is also likely that other Health Boards will sign up to implement WCCIS in the coming quarter (Aneurin Bevan are believed to be 'imminent'; Cwm Taf has a signed-off business case and some 300 staff have already migrated to WCCIS with local authorities) and will have the greatest opportunity to shape the system to their own requirements.

COMMUNICATION TO STAKEHOLDERS

Given that the UHB has noted the sign-off of a Business Case for WCCIS in January to the National Leadership Board and wider stakeholder community, timely communication of the UHBs revised position is critical to ensure the position isn't perceived as 'Cardiff and Vale aren't doing WCCIS' NIMB were informed on Feb 15th that the UHB is committed to WCCIS but financial considerations make progress this year to get a signed off business case unfeasible. Also there are concerns about functionality of the health modules, which other LHBs also expressed their concerns about.

RE-FRAMED POSITION

Whilst the decision is purely financial at this point, the UHB could choose to require that all functionality set out in the Gap Analysis and Statement of Requirements is addressed before a DO is signed.

9.3

REPORT TITLE: BLOOD BANK AND CELLULAR PATHOLOGY LABORTOARY INFORMATION MANAGEMENT SYSTEMS BUSINESS CONTINUITY OPTION APPRAISAL	
Name of Meeting : IM&T IG Sub Committee	Date of Meeting 6/3/18
Executive Lead : Director of Therapies and Health Science	
Author : Clinical Board Director of Operations – Clinical Diagnostics and Therapeutics	
Caring for People, Keeping People Well: The loss of blood bank due to a failure of the existing TPATH LIMS will cease activity requiring the elective or emergency use of blood or blood products within 72 hours and would create a national blood supply crisis for the Welsh Blood Service. It will also introduce additional risks into the Cellular Pathology and Mortuary service.	
Financial impact :	
Quality, Safety, Patient Experience impact: Blood Bank and Cellular Pathology services are essential to the effective running of the many healthcare systems. There are significant regulatory risks linked to the management of post mortem human tissue in the mortuary.	
Health and Care Standard Number Standard 2.8 Blood Management, Standard 2.9 Medical Devices, Equipment and Diagnostic Systems, Standard 3.1 Safe and Clinically Effective Care	
CRAF Reference Number 1.2, 5.1, 5.1.2, 5.1.4, 6.8, 6.9.1	
Equality Impact Assessment Completed: Not Applicable	

9.3

<p>ASSURANCE AND RECOMMENDATION</p> <p>LIMITED ASSURANCE is provided by:</p> <ul style="list-style-type: none"> • The agreed go live date for Cellular Pathology and Mortuary services • The continued support from Cardiff and Vale in the activities to ensure readiness of the Blood Transfusion go live. <p>The Board (or name of Committee) is asked to:</p> <ul style="list-style-type: none"> • Note the progress made against go live in cellular pathology • Note the remaining risks of the go live for Blood Transfusion • Agree a review of the position should national assurance not be provided by the end of April 2018.
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SITUATION

The purpose of this paper is to review the current position in relation to the national LIMS implementation, and the risks associated with the current telepath system and associated infrastructure. Currently the implementation of the national solution is complete except for the Blood Transfusion Laboratory and Cellular Pathology including the mortuary.

The service has implemented the disaster recovery server to ensure that there is hardware resilience with Telepath in the short term. There is a hardware support contract which will run until the end of March 2019, and a software support contract which will run to the end of September 2018.

This paper reviews the current implementation timescales and the risks which this presents to the organisation.

BACKGROUND

Telepath (TPATH) is the current Laboratory Information System in Blood Transfusion and Cellular Pathology. Failure of the TPATH System is recognised as a critical risk to the organisation. Without TPATH, the Blood Transfusion Laboratory is only able to provide blood for 72 hours at which point the UHB would need to cease all activity requiring the elective or emergency use of blood or blood products and would create a national blood supply crisis for the Welsh Blood Service. Additionally, there would be regulatory, accreditation, reputational and financial risks from the loss of the Telepath system across the service. The time frame for restoration of the system in this scenario is significant.

The national LIMS system has experienced multiple delays in implementation of the system across Wales. The last update to the organisation anticipated that the go live for Cellular Pathology and Mortuary would be September 2017, but with the HTA inspection suggesting that further validation of the system would be required, this was unlikely to be met. The Earliest go live for the Blood Transfusion Laboratory (BTL) was predicted as the summer of 2018.

As a result of these known delays and the impact across Wales there was a nationally negotiated position for an extension to the software support contract. As a result there is both hardware and software support until September 2018, and hardware support until March 2019.

ASSESSMENT AND ASSURANCE

The current plan for implementation of the remaining services in Cardiff and Vale is as follows:

1. Cellular Pathology and Mortuary have agreed a go live date of Monday the 16th of April 2018.
2. The current project plan for implementation for BTL is July 2018

There is reasonable assurance of the Cellular pathology and Mortuary go live proceeding as planned

In relation to the BTL go live, the projected go live date of July will not be met and that a go live in advance of September 2018 is increasingly unlikely. There are currently three known constraints to a successful go live:

1. A further three months of testing has been deemed necessary for the system
2. Completion of the legacy data transfer
3. Sign off by the MHRA of the system as fit for purpose

With these constraints in place the national Service Board for LIMS has agreed to write to Andrew Griffiths to seek a nationally negotiated position to extend the software support for telepath through to the end of March 2019 in order to support completion of all go live dates in Wales.

It is suggested at this point that Cardiff and Vale University Health Board continue to support all of the activities associated with planning for the implementation of the system, and await the discussion regarding a further extension of the software support.

By the end of April 2018, if appropriate assurance is not received by the Health Board of a further extension of the software support for telepath and the activities associated assuring a go live date a further review should be undertaken by the Health Board of next steps in relation to the Laboratory system for BTL.

9.3

CALDICOTT GUARDIAN REPORT	
Name of Meeting :	Information Technology and Governance Sub Committee
Date of Meeting:	6 March 2018
Executive Lead :	Medical Director/Caldicott Guardian
Author :	Senior Manager, Performance and Compliance
Caring for People, Keeping People Well :	This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact :	There are significant potential financial implications in relation to this work. The Information Commissioner has powers to fine organisations that are in breach of the law and through their acts or omissions materially harm or damage individual. The levels of fine can reach half a million or more and the ICO now has the right to undertake mandatory audits on NHS organisations. This does not exclude the ability for individuals to take legal action against the organisation in respect or harm or damage both as a result of physical or psychological harm or reputational harm.
Quality, Safety, Patient Experience impact :	The content of this report directly impacts significantly on the quality, safety and experience of our patients and their families.
Health and Care Standard Number	3.4 & 3.5 CRAF Reference Number 8
Equality and Health Impact Assessment Completed:	There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.

10.1

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Reports detailing updated actions.

The Information, Technology and Governance Sub Committee is asked to:

- **NOTE** updates relating to
 - Digitalization
 - Records Destruction
 - Closure of Medical Records Libraries
 - Delays in Subject Access Sign Off
 - Decommissioning of Whitchurch Hospital
 - Incident reporting procedure
 - Caldicott Principles in Practice (CPiP) Update

SITUATION

As with previous reports the bulk of the matters presented below have been drawn from meetings at the Medical Records Management Group supplemented by related discussions as appropriate.

BACKGROUND

The Information Governance Sub Committee previously received information on matters that come under the remit of the Caldicott Guardian. This report continues this process.

ASSESSMENT

i) Digitalization of the health record

Discussions were held with senior staff in IM & T, Informatics and Medical Records on 6 February 2018 to review progress to date and the various strands of work in modernising the patient record in support of improvement and delivery of Shaping our Future Wellbeing. The implications of this work obviously go beyond the remit of the Caldicott Guardian. The following were key points:

- The adoption of an electronic patient record is an essential platform for the realization of evidence/outcome based, pathway driven care.
- Key objectives for delivery are appropriately represented by the once for Wales design principles:

For clinicians:

- they have access to view their patient's health and care record, whenever and wherever they need to.
- they have access to view the required test results for their patients, including x-ray and scan images, whenever and wherever they need to, regardless of where the tests were requested.
- they have full visibility of their patient's care pathway, enabling them to deliver care and support in a co-ordinated way, regardless of which other organisations or agencies may be involved.

For service delivery and policy development, this means:

- there is common understanding on what data collected across NHS Wales means.
- direct comparisons can be made when undertaking benchmarking.
- there is a reduction in the effort required to process and analyse data across Wales.
- data can be shared and used safely and appropriately.
- good quality data from multiple sources is available in real-time and can be used effectively to:
 - inform policy development
 - inform service delivery, modelling and planning
 - support the development and evaluation of tools and treatments
 - support service transformation
 - monitor and manage quality and performance
 - support improvements in cost reduction and cost effectiveness
 - support integration of health and social services
 - support research and innovation.

10.1

- Our development indicator should be on ensuring that we increase the proportion of clinical events / contacts at which the clinician has the required information available, not the quantity of information
- We should look to move away from scanning as quickly as possible

ii) Records Destruction

The destruction of medical records after they have been digitised needs to be undertaken in a consistent manner as there is still variation between Clinical Boards . Proposals are under discussion with HSMB with input from Clinical Board Directors. When finalized these will be subject to a 3 month consultation period.

The NWIS Medical Director has been asked for clarification for his recent statement that electronic records should be kept in perpetuity. Although the importance of historical data is recognized in terms of system development (AI etc), the statement taken at face value could be in conflict with the Data Protection Act.

iii) Closure of Medical Records Libraries

There continues to be limited progress in this area because of financial constraints. Local opportunities are being investigated to strengthen arrangements.

iv) Medical Records Library

Planning documentation associated with restricted access to medical records libraries managed by the Patient Administration Dept is awaiting sign off as part of the IMTP planning cycle.

The area will be secured and will be on lock down, with access to frontline medical records staff only. It will be monitored with regard to all medical records that are received and removed from the department, plus the benefits associated with streamlining the collection and drop off process. This will result in a more effective service enabling the retrieval of records to be managed more efficiently and timely. The intention is to manage requests similar to a “click and collect” service. There remain however some urgent resource issues to be resolved within Clinical Boards. The possibility of seeking funding via the Transformation Group is under consideration.

v) Delays in Subject Access Sign Off

Updated procedures for the sign off of subject access requests have been considered by HSMB.

vi) Decommissioning of Whitchurch Hospital/Implications for Medical Records Storage

This subject is covered in a separate report to the private part of the meeting.

10.1

vii) Incident Reporting Procedure

The corporate UHB incident reporting procedure had not yet been formally agreed. Differentiation between records that were “misplaced” as opposed to “lost” had been discussed, but it had been decided there it was not appropriate to include such detail. This should be covered in a dedicated IG/Data Protection incident procedure. This should include a flow chart showing, on a step by step basis, the action necessary when any Medical Records were not available for any reason. It was important to realise that in some instances the non availability of a record should not be regarded as an incident if the required information was available via other sources such as the Clinical Portal.

viii) Caldicott Principles in Practice (CpiP) Update

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.

Final position 2016/17 indicated a compliance rate of 60%. Which equated to a 3 star.

The updated position February 2017 indicates an improved position from 60% to 70% which remains within the same rating even though an improved score.

***	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.
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10.1

The improvement was achieved in the following areas:

- G2 - Governance having an Information Management or Governance Strategy (SOP)
- G6 – Governance having a process for restricting disclosure of personal information.
- G8 – Governance processes for incident reporting
- G9 – Governance contractual arrangements with contractors and support organisations that include their responsibilities in respect of information security and confidentiality.
- M7 – Management reference to disaster recover plans
- CA7 - Controlling Access to Confidential Information NIIAS auditing

The final report for 2017/18 will be submitted to the June meeting following completion at the end March.

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DIRECTORS REPORT ON WAO REVIEW ON NHS INFORMATION SYSTEMS	
Name of Meeting : IT&G Sub Committee	Date of Meeting 6th March 2018
Executive Lead : Executive Director Therapies and Health Science	
Author : Executive Director Therapies and Health Science	
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.	
Financial impact :	
Quality, Safety, Patient Experience impact :	
Health and Care Standard Number 3 & 4.2	
CRAF Reference Number 6.8	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

Whilst local and national actions to address the issues raised in the review are being agreed, the committee are requested to:

Take **assurance** from:

- The UHB's engagement in responding to the recommendations made in the WAOs review of NHS Wales Information Systems

and to:

- **NOTE** the WAO's review of NHS Wales Information Systems and the update on how its recommendations are being progressed nationally and by the UHB

SITUATION

The WAO report on NHS Information Systems was published in February 2018 (<http://www.audit.wales/publication/informatics-systems-nhs-wales>). It raises numerous issues, some of which present material risk to the successful delivery of the UHB's digital programme. The report makes 13 recommendations for improving value for money of NWIS services. The UHB has considered and at the request of WG, responded to the reports findings and recommendations. Actions on the UHB to minimize the risks raised and improve value for money are being considered both at a local and national level and have yet to be finalized.

11.1

AGENDA ITEM 11a**BACKGROUND**

The Wales Audit Office indicating that they would be undertaking a value for money examination of NHS Wales informatics in June 2016

They explained that their focus would be on whether NHS Wales [including the Welsh Government's Department of Health and Social Services] was well placed to achieve the intended benefits from investment in updated clinical ICT services.

Their supplementary questions considered:

- Are there sound governance arrangements to provide NWIS with a clear direction and oversight?
- Has NWIS developed a realistic, well-managed programme of work?
- Are NWIS and its key stakeholders working together effectively to deliver new products?
- Are NWIS and its key stakeholders working together effectively to manage the maintenance and upgrade of existing products?

The WAO intention was to look across the whole system, from the direction set by the Welsh Government through the internal programme management by NWIS, to the engagement and local working between NWIS and individual NHS bodies.

To look at the issues around local delivery, the WAO looked at four tracer services:

- Radiology systems (RADIS 2 and PACS) - to link to their wider review of radiology services;
- Myrddin/WPAS - to look at the management of an established national system;
- Laboratory Information Management System (LIMS) – to look at a system rolled-out relatively recently.
- Community systems: My Health Online and Choose Pharmacy - to look at services outside of the acute sector.

ASSESSMENT AND ASSURANCE

The WAO report was published on 11 January 2018 and makes 13 recommendations based on the review.

A full summary of the recommendations can be found in both Appendix 2 (UHB's response) and Appendix 1 (WG's proposed response, 2nd stage); however the key findings were that:

- NHS Wales has a clear vision for electronic patient record but more work is needed to deliver it. Although key elements are being put in place, there have been significant delays and, despite recent developments, there are key weaknesses in the arrangements for delivery.

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- Despite the clear vision, the NHS has not clearly prioritised the scarce resources available. There has not been an agreed plan for funding the delivery of the vision nor a clear timeframe and there has been disagreement within the NHS about the balance between local discretion to develop new systems and the delivery of national systems across all of NHS Wales.
- There are weaknesses in the governance and oversight of the NHS Wales Informatics Service (NWIS). The report found that: there is a lack of independent scrutiny of NWIS; lines of accountability need to be clearer; and that reports on progress and performance have tended to be overly positive and did not paint a balanced picture.

A high level response from the Director General of the Department for Social Services has been sent to the Auditor General and copied to the Public Accounts Committee (PAC) acknowledging these key findings. A more detailed response is presently being prepared, informed by submissions from the NHS organisations across Wales, NWIS, the professional leads and organisation's clinical informatics representatives.

The response of the UHB is attached as **Appendix 2**, with the proposed response from WG attached as **Appendix 1** and the combined Health Board response as **Appendix 3**.

11.1

APPENDIX 1

**Response to WAO Report on Informatics Systems in NHS
Wales**

Contact: Peter Jones

Who will present: Frances Duffy

This paper is for endorsement

PURPOSE

To gain a consensus view on the proposed Welsh Government response to the recommendations within Wales Audit Office report, and to consider the key areas of work necessary to address these recommendations.

OPTIONS AND RECOMMENDATION(S)

That NIMB support the response and the requirement for further work to address the findings and recommendations.

FINANCIAL CONSEQUENCES

The paper highlights the need for further work to determine resources required.

NEXT STEPS

- Welsh Government will respond to the WAO recommendations
- NIMB consider the key areas of work necessary to address these recommendations

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Introduction

The Wales Audit Office (WAO) recently published its report following a review of Informatics Systems in NHS Wales. The Welsh Government (WG) is required to respond to this report. Value for money reports published by the WAO are also provided to the Public Accounts Committee (PAC) of the National Assembly for Wales, which may choose to undertake its own examination of the matters covered by a WAO report.

As the review was a whole-system review, the WG response needs to consider the views across the NHS, as system-wide issues require system-wide solutions.

WG have therefore engaged widely with key stakeholders across the NHS through NHS Wales Executive Board, NIMB members, Welsh Clinical Informatics Council and the Assistant Directors of Informatics group.

The question that the review asked was whether NHS Wales [including the Welsh Government's Department of Health and Social Services] was well placed to achieve the intended benefits from investment in updated clinical ICT services.

The feedback we received indicates that collectively we broadly agree with the content and findings of the review and its recommendations. The report endorses much of the work that we already have underway, although maybe fails to recognise sufficiently the progress that we are already making, possibly as a consequence of the time taken between fieldwork and publishing the report (around 18 months). Reference to the balance of responsibility between all organisations within the NHS for driving forward the informatics agenda in NHS Wales, beyond just NWIS, could have been strengthened.

The Parliamentary Review of Health and Social Care in Wales has also recently been published. This has substantial content on digital, echoing many of the findings within the WAO Report, and highlights some areas for action that need to be considered.

These two reports provide us with a significant opportunity to address the issues that we currently face, and create a better model for delivering informatics that effectively supports Wales-wide digital transformation to enable safer, higher quality and effective patient care.

Key challenges that need addressing

The initial response from Andrew Goodall to the Auditor General Wales acknowledged the key findings concerning the difficulties around securing adequate funding to take forward the vision; the need to strengthen

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prioritisation processes; and the need to review the governance arrangements for NWIS.

Feedback collated through our engagement process supports this overview, reinforcing that there are specific challenges around the following issues:

Governance - The current informatics model and structure is complex, and the multifunctional role of NWIS confuses accountability. Leadership across the whole system needs strengthening.

Prioritisation – The mechanism for determining priorities is unclear. Within the wider system there are often varying priorities and drivers.

Investment and benefits – There is no clear view of the level of funding that would be required to “digitally transform” the NHS, although there is a recognition that we do not invest enough in it. We struggle to determine the benefits that any investments provide. This leads to a vicious circle in terms of attracting new investment.

Pace - This is a result of the three challenges above. Given the issues regarding governance, prioritisation and resources, developments are often delayed.

Infrastructure and system design – There is no clear and shared view of what the system architecture is or should be.

Other challenges that the WAO report has highlighted are around the recruitment and retention of the informatics workforce; and the transparency of reporting within the system. While these issues remain important to address, it is essential that we focus initially on resolving the key enabling issues.

11.1**Work underway**

Through NIMB, we are already taking forward work in many areas that the report has outlined. We are working together across four workstreams to deliver the Informed Health and Care Strategy; we have collaboratively developed a definition for Once for Wales in relation to informatics; we are well along the way towards having a National Plan, informed by organisation-level Strategic Outline Programmes; and we have supported an approach to developing our thinking on benefits identification, management and realisation.

What we need to do – next steps**Parliamentary Review**

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The Parliamentary Review echoes many of the WAO findings and recommendations. Our consideration of, and response to, this Review will also influence how we take forward specific work packages to address our main challenges.

Governance

The governance of informatics needs fixing. Good governance does not make things happen, but poor governance prevents them from happening. We need to establish a programme of work to consider what the governance model needs to look like, and how it needs to function. This work will need buy-in from across the system and will need to include: governance and leadership of the whole system; governance and functions of NWIS; and the governance required to deliver Informed Health and Care. This will be a key task for Welsh Government to take forward.

Prioritisation

Building on the work already underway to develop the National Plan, we need to be cognisant of the Parliamentary Review's recommendation to "stop, start and accelerate". We suggest that we review this Plan, engaging more widely with other disciplines across the health community. We may need to consider establishing different approaches to prioritisation of both short-term and longer-term developments. We propose that NIMB continue to develop the prioritisation work ensuring wider engagement across the whole system.

Investment

Investment follows confidence in governance and prioritisation, and therefore a better case for investment needs to be made. We need a robust assessment of the investment required, and to consider how we can better resource the informatics agenda. This should include creating a virtuous circle of digital enabling benefits that can add further value. We should collectively exploit all sources of finance available to us including innovative funding, addressing the balance between capital and revenue models; exploring opportunities to increase efficiencies; and collaborative procurement; and build on our work on benefits and business cases. This is not something that the informatics community could or should do in isolation – and will need help from our finance colleagues both within government, and locally within organisations. WG will commission NWIS and Directors of Finance to develop options around how we collectively exploit all sources of finance available to us.

Infrastructure and system design

It is clear from both the WAO report and the Parliamentary Review that more work is needed to establish, understand and share the vision around our infrastructure and system design. Our approach to infrastructure and system design should therefore be reviewed.

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The following Annex provides a summary of the Wales Audit Office recommendations with the proposed WG response.

Recommendation

It is **recommended** that NIMB support the response and the requirement for further work to address the findings and recommendations.

11.1

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APPENDIX 2

WAO Report - Informatics systems in NHS Wales Cardiff & Vale UHB Response

Situation

The Wales Audit Office recently published its report into informatics systems in NHS Wales WAO report (<http://www.audit.wales/publication/informatics-systems-nhs-wales>)

The Welsh Government will be responding formally to the report, including the recommendations at the end of February. As the scope of the review was across the NHS, they are looking for NHS views on the report and its recommendations to inform our final response.

The UHB has been asked for our views on the report and its recommendations to inform the NIMB discussion that is scheduled for 15 February. WE have been asked to participate in a phone conversation and also to submit a written response, by close of play on February 2.

The ADI and WCIC groups have additionally been asked to comment on the report to the same timescales, and NHS Wales Exec Board has discussed the report at its January 30th meeting.

Following the NIMB discussion on February 15, officials will brief the Cabinet Secretary for Health and Social Services, who will formally respond to the Wales Audit Office and we can begin to consider the actions required both nationally and locally to address the findings and recommendations

A formal response will be provided by WG to the Auditor General for Wales by the 2 March 2018.

Background

The Wales Audit Office wrote to Dr Goodall in June 2016 indicating that they would be undertaking a value for money examination of NHS Wales informatics. The WAO intention was to look across the whole system, from the direction set by the Welsh Government through the internal programme management by NWIS, to the engagement and local working between NWIS and individual NHS bodies. They explained

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that their focus would be on whether NHS Wales [including the Welsh Government's Department of Health and Social Services] was well placed to achieve the intended benefits from investment in updated clinical ICT services.

Their supplementary questions considered:

- Are there sound governance arrangements to provide NWIS with a clear direction and oversight?
- Has NWIS developed a realistic, well-managed programme of work?
- Are NWIS and its key stakeholders working together effectively to deliver new products?
- Are NWIS and its key stakeholders working together effectively to manage the maintenance and upgrade of existing products?

To look at the issues around local delivery, the WAO looked at four tracer services:

- Radiology systems (RADIS 2 and PACS) - to link to their wider review of radiology services;
- Myrddin/WPAS - to look at the management of an established national system;
- Laboratory Information Management System (LIMS) – to look at a system rolled-out relatively recently.
- Community systems: My Health Online and Choose Pharmacy - to look at services outside of the acute sector.

Review Findings

The WAO report was published on 11 January 2018 and makes 13 recommendations based on the review.

Analysis by WG of the key findings were that:

- NHS Wales has a clear vision for electronic patient record but more work is needed to deliver it. Although key elements are being put in place, there have been significant delays and, despite recent developments, there are key weaknesses in the arrangements for delivery.
- Despite the clear vision, the NHS has not clearly prioritised the scarce resources available. There has not been an agreed plan for funding the delivery of the vision nor a clear timeframe and there has been disagreement within the NHS about the balance between local discretion to develop new systems and the delivery of national systems across all of NHS Wales.
- There are weaknesses in the governance and oversight of the NHS Wales Informatics Service (NWIS). The report found that: there is a lack of independent scrutiny of NWIS; lines of accountability need to be clearer; and that reports on progress and performance have tended to be overly positive and did not paint a balanced picture.

AGENDA ITEM 11a**WG Next Steps**

During early discussions with the WAO it was agreed that Welsh Government would respond to the report in two stages.

This is to reflect both that the scope of the review was wider than the Welsh Government and the NHS Wales Informatics Service (NWIS) and, as such, we need to engage with NHS Wales and ensure our response reflects the wider view; and to recognise that the publication of the Parliamentary Review of Health and Social Care in Wales will also inform their response.

They have had substantial discussions on the key findings of the review with the Director of NWIS and the lead NHS Chief Executive for informatics. A high level response from Dr Goodall has been sent to the Auditor General and copied to the Public Accounts Committee (PAC) for their meeting on the January 29.

To ensure that the WG response reflects the views of key stakeholders, over the coming weeks Welsh Government will be seeking comments from across NHS Wales, including ADIs and key individuals from all LHBs. For this to be successful and a consensus of actions to be reflected in the response, it is critical that this process is fully supported by all LHBs

The draft response to the recommendations will be presented to NIMB at a meeting on February 15 for review and discussion.

Ultimate approval of the Welsh Government's response to the report will come from the Cabinet Secretary for Health and Social Services, and once received the response will be sent to the Auditor General from Dr Goodall by March 2.

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WAO Audit Informatics systems in NHS Wales recommendations and Cardiff and Vale UHB Response				
Theme	Rec No	Description	Recommendation	Cardiff and Vale UHB response
Strategy	R1	The vision for informatics of incrementally creating an electronic patient record is clear and had a clear rationale when it was first set following the 2003 strategy. However, the informatics market and community have moved on significantly since then.	Review the informatics market to test whether it offers new opportunities to achieve the aims of the Strategy.	<p>We agree that the vision is clear and that in developing our SOP we have been able to develop a tactical approach for its delivery.</p> <p>How we deliver the strategy is the salient point for us. “Once for Wales” is a valuable step forward, reiterating the need for a Service Orientated Architecture approach based on standards and the availability of the data. We should recognise that it was informed by a review of international practice in respect to standards and architectural design (US, Australia, UK) and have confidence that this is an evidence based informed approach.</p> <p>However, we suggest that a fundamental issue of design delivery relates to a lack of clarity regarding the role, scope and purpose of NWIS, their degree of autonomy and accountability arrangements as well as their relationship with other NHS organisations.</p> <p>In respect of reviewing informatics solutions going forwards we concur that there are pros and cons to both in-house and commercial solutions. We suggest that the appraisal should be on an individual ‘product’ basis, thereby testing which offers the more clinically and cost effective solution in delivering the functional requirements within the strategic and policy context – i.e. pace, cost, functionality, safety, support to Welsh SMEs, staff retention etc.</p>

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R2	NHS Wales has set up a task and finish group to seek to clarify the meaning of the 'Once for Wales' approach to developing and rolling out informatics systems.	(a) clearly define the balance and respective responsibilities between national systems led by NWIS and locally led systems	<p>"Once for Wales" was established as a WG task and finish group to advise NIMB and ultimately the Cabinet Secretary regarding policy in this area.</p> <p>As per R1, we agree that "Once for Wales" will result in clarity on a clear strategic design principle that should be adhered to going forward.</p>
		(b) ensure that national and local implementation plans are updated to reflect any implications for the funding, development and roll-out of informatics systems of the clarified approach to Once for Wales	<p>It will not however clearly define the balance and respective responsibilities of NHS Wales organisations and what we as Health Boards delegate to NWIS. This requires further consideration by both Health Boards and Welsh Government, who also use NWIS to provide services and support.</p>
		(c) prioritise the development of a set of common standards to ensure that systems procured or developed locally are compatible with other local systems and the national systems	<p>This "NWIS serving 2 masters" arrangement does appear to often present them with conflicting requirements and we would hope that the review improves this position for all stakeholders.</p> <p>In respect of the recommendations (b&c) we fully support the "Once for Wales" approach of standards and intraoperability. The delivery, capabilities and resources required to delivery on this vital "infrastructure / enabler" does need to be recognised, as well as the current position of each individual Health Boards in this regard. The NHS England interoperability handbook and the Interopen conference are useful references and have been shared with Welsh Government and NHS colleagues, and are a very useful evidence base which should be considered as we progress to make changes.</p>

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R3	We found that the NHS has not set clear priorities for informatics.	Agree a clear and achievable set of priorities for national informatics and resist adding new priorities without either deprioritising something else or adding new resources.	<p>The requirements of Health Boards (and Trusts) to discharge our statutory obligations to our populations should be paramount in setting priorities and determining resource allocations.</p> <p>Progress has been made this year in gaining greater involvement of Health Boards in the prioritisation process although we would contend we are collectively (NHS & WG) at the start of this journey. The UHB will support the national programme in doing so.</p> <p>We would support a review of the accountability and governance mechanisms for ensuring NWIS are performing to the level we need and ultimately deliver on our collective priorities adapting to adopt an approach which enables local requirements to be realised cost effectively. As the Parliamentary review clearly articulate “One size does not fit all”, and it is the flexibility to develop the functionality of ‘national’ and “Non-NWIS” applications at pace which we require and which is frequently absent.</p>
R4	Many of the issues and concerns about barriers to progress that we found during our fieldwork have long been recognised.	Produce an open and honest assessment of what has worked and what has not so far and produce a clear and jointly owned plan for overcoming the known barriers to progress. These documents should be in the public domain so that NHS staff can see that their concerns have been recognised and are being addressed.	<p>We agree that more transparent and clear reporting on benefits and on the status of work, together with a good dashboard about operating performance of systems that are live and in use, would go a long way to informing and guiding prioritisation. This would also improve communication and understanding by our staff.</p> <p>Consideration of the requirement for independent as well as NHS governance should be considered. Our thinking being around the potential added value offered by “critical friends” such as senior Informatics specialists and those aware of the difficulties in rolling out transformation of any kind in the Healthcare sector.</p>

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Leadership	R5	We found that there is considerable scope to strengthen national and local leadership on informatics across the NHS	(a) work with NHS bodies to develop options for strengthening representation of informatics at board level, including reviewing the merits of a board level Chief Clinical Information Officer (or equivalent) role;	Health Boards and organisations are clearly in different positions when it comes to both leadership talent and structures As a Health Boards we are fortunate in that three of our “Clinical” Executive Directors are providing leadership on informatics supported and informed by a strong informatics department, which provides leadership from both a professional and a clinical informatics perspective.
			(b) work with NHS bodies to develop a clear action plan for the development of a cadre of senior clinician-informatics staff, in line with the recommendations of the Wachter review in England; and	When one considers this emerging profession alongside the medical, nursing and health scientist professions, there is a significant amount of development work required in nearly all aspects of it being a profession. We would contend efforts on developing the profession from the grass roots up would be our preferred route.
			(c) identify opportunities to strengthen the informatics voice at the most senior level in the Department for Health and Social Services, including reviewing whether and if so, how to strengthen the roles of the NHS Wales Chief Information Officer and Chief Clinical Informatics Officer in NHS Wales’ strategic decision-	In the ideal scenario we want to end up in a position where HBs and Trusts are enabled to have whatever digital functionality we require, which meets standards / kitemark requirements and is achieved through collaboration – and that we have a centralised expertise and resource whose mission and deployment is to facilitate this. Informatics experts who can objectively and politically advise WG and NHS Wales organisations are considered to be an essential requirement. We would suggest that the Medical Director role of NWIS, who promotes products and provides assurance on ‘operational’ clinical governance and patient safety matters should be separated from an

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			making process.	expert CCIO role and that similarly a MD should be separated from the CIO role. These should be discrete functions and not conflated.
Governance	R6	We found that the governance arrangements for overseeing and challenging NWIS are weak. The Welsh Government has written to Velindre NHS Trust requiring it to strengthen governance arrangements for NWIS.	Carry out a wider appraisal of options to strengthen governance and oversight of NWIS. The final arrangements should ensure that: (a) there is independent scrutiny of performance and progress (b) there is greater transparency, with papers and minutes of discussions placed in the public domain; and (c) there are clear lines of accountability between NWIS and the Chief Executive of NHS Wales and the Cabinet Secretary.	<p>As we suggest above we consider it to be appropriate that the governance arrangements are informed by more independence and that there is a requirement for greater objectivity and transparency where safe and appropriate.</p> <p>As NWIS provide services, which Health Boards are dependent upon for successfully and safely discharging our statutory obligations to our populations, we consider it a fundamental requirement that we can hold NWIS directly to account on this delivery. We would prefer a line of accountability from NWIS to the HB accountable officers rather than direct to the Cabinet Secretary.</p> <p>We would wish to have a commissioning role for NWIS, and for them to take up a “supplier” role with the accountabilities clearly understood.</p> <p>We would suggest that inclusion of this recommendation (c) is further evidence that there exists confusion as to the role of NWIS and who they “serve” – WG or NHS Wales and that there is a need for clarification prior to streamlining and determining governance arrangements.</p> <p>As with all disciplines, any governance arrangements put in place</p>

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			<p>should involve the “scrutiny” function being conducted by a multi disciplinary team, which has a degree of knowledge of the vast majority of the aspects of the business provided. In the sphere of informatics we consider this an essential requirement.</p> <p>We consider it sub-optimal- at best, and undesirable for NWIS should to be both the authority and the supplier in some areas.</p> <p>As a Health Board we also need to give urgent consideration to NIS and GDP governance and management arrangements given that it is HBs who are accountable for compliance with NIS, regardless of the origin of the issue (service supplier). An example of this was made apparent by the incident with the data centres at the end of January, which we understand under NIS the UHB would be accountable for, and subject to penalty, not NWIS. This is not satisfactory from an UHB perspective.</p>
R7	<p>We found that the progress reports that NWIS produces for the Welsh Government and the public do not provide a complete or balanced picture.</p>	<p>Work with NWIS to improve the reporting of performance to tell a more balanced story of what is going well, where there are difficulties and why. Performance reporting should include information about progress against initial project plans, user satisfaction and concerns with existing national services as well as those new systems being rolled out.</p>	<p>We agree that there is a requirement for a complete and more balanced picture to be provided by NWIS and that this requirement extends beyond performance reporting.</p>

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<p>Finances</p>	<p>R8</p>	<p>The Welsh Government needs to decide whether and how to provide the additional funding that NHS bodies and NWIS have estimated is required to deliver the vision for an electronic patient record.</p>	<p>Carry out a full cost-benefit analysis of the proposed investment, including the extent to which financial savings from new systems may enable funding to be redirected from existing services to invest in new informatics systems</p>	<p>There is clearly much to do in realising and creating a virtuous cycle of digital enabling benefits which can then be reinvested to add further value. This is probably not helped by the overall level of funding for informatics being at half the sector average. Given the austere environment this makes the early steps difficult and increasingly important.</p> <p>From the UHB perspective we consider that fundamental changes to the mechanisms for delivery are required to ensure that additional funding leads to improvements in pace or quality, without these changes we are concerned that we will not achieve value for money.</p> <p>We would contend that as a first step we should prioritise benefits realisation and cost savings, achievable from existing HB / Trust and NWIS solutions by providing them in a way they can be developed to meet local need and are easy to implement and user friendly.</p> <p>In respect to the recommendation regarding switching to new systems so as to realise net cost reductions through the withdrawal of support for existing systems we would suggest that there is a need for an objective assessment establishing what level of skills, competencies and resources are required to achieve both, and then look are what would be needed to change the mix.</p>
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	R9	Despite some recent progress, there remains scope for better integration of medium-term financial planning of informatics across the NHS.	Set out clear and agreed medium-term funding plans for local and national ICT programmes. This should involve NHS bodies and NWIS working together before NHS bodies complete the first draft of their rolling three-year plans. It should also take account of any future decision on funding required to deliver the strategy.	<p>There is considerable collaboration at ADI level across HBs and Trusts, co-ordinated by the national programme director, which has resulted in a much improved process this year. Clearly further improvements can be made, and we see clarity as to the role, scope and purpose of NWIS, their degree of autonomy and accountability arrangements and their relationship with other NHS organisations to be critical to this.</p> <p>Further integration of the informatics function within the planning and decision making process is always value adding, but presents an opportunity cost as this specialist resource is in high demand.</p>
Project management	R10	NWIS is increasingly using the Agile approach to software development. There are potential benefits to this approach in terms of timeliness and quality, but the approach relies on deep engagement with clinicians and other end users, which has often been difficult to secure.	(a) strengthen the relationship between developers and clinicians, particularly in designing and testing new systems and functions, so that there is a better collective understanding of what is wanted and what is possible	<p>Whilst the adoption of “Agile” provides a means to increasing pace, we would caution that its adoption is not as easy as saying today we are doing PRINCE tomorrow we are being Agile.</p> <p>To deliver at pace, all Health Boards / Trusts need to have the resources to make available clinicians, managers and local informatics staff to support and inform the development / procurement, and explain their own needs and user requirements. This is a requirement agnostic of the software supplier.</p>
			(b) engage with managers to identify their information needs as well as the needs of clinicians.	Agree

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	R11	NWIS is developing but does not yet have a full workforce plan, and reports that it struggles to recruit and retain senior developer staff due to competition from the private sector	Explore options to secure the experienced ICT staff and developers that NWIS needs within the context of a comprehensive workforce plan for NWIS and taking account of the ICT staff available to NHS bodies.	<p>As a UHB we appreciate and experience the workforce challenges the informatics sector face and would wish to make it clear that these extend beyond NWIS. We cannot support a solution which diminishes our ability to provide a resilient service and infrastructure. We are however always open to how we can provide such a service more efficiently and effectively.</p> <p>Whilst an NHS wide strategy is an option, there are reputational issues which may present challenges to NWIS recruitment.</p> <p>We would not support a pooling of all the national informatics teams centrally.</p>
Benefits Management	R12	We found that there is a lack of clarity as to responsibility for delivering the intended benefits of national informatics systems and a lack of monitoring.	(a) there is a clear allocation of responsibility for achieving the benefits	We agree
			(b) there are clear responsibilities and processes in place for monitoring and reporting progress in delivering those benefits	
	R13	We found that many staff in the NHS are frustrated with some of the functionality and quality of national informatics systems. NWIS has a process for updating national systems, but there are concerns about the slow pace and lack of	<p>Review processes for managing change requests and where necessary make changes to:</p> <p>(a) provide clearer feedback to the service about how their requests have been dealt with and</p>	<p>We support this recommendation.</p> <p>A more flexible and iterative approach enabling local needs to be met is critical to system adoption, within the context of once for wales requirements for adoption of standards and interoperability.</p> <p>The concept of “adopt and adapt” will allow organisations to test adopt and for others to adapt, including NWIS, should it meet this criteria.</p>

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		<p>feedback and the Change Advisory Boards themselves could function more effectively.</p>	<p>whether and when any changes can be expected; (b) remain open to minor changes that could have a significant impact in improving end users' use and perception of the systems; and (c) provide clearer agendas and work programmes for the Change Advisory Boards to make them more focussed on enabling impactful improvements to systems.</p>	
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APPENDIX 3

Collated feedback on recommendations

Recommendation	Accept / Reject	Comment / Action
<p>R1 – Strategy</p> <p>The vision for informatics of incrementally creating an electronic patient record is clear and had a clear rationale when it was first set following the 2003 strategy. However, the informatics market and community have moved on significantly since then.</p> <p>Recommendation:</p> <p>Review the informatics market to test whether it offers new opportunities to achieve the aims of the Strategy.</p>	<p>Reject</p>	<p>The marketplace is kept constantly under review in the context of the NHS Wales “mixed economy” approach to applications. Any appraisal of the market should be on an individual “product” basis.</p> <p>We do however appreciate the principle behind the recommendation, and will review our approach to infrastructure and system design.</p>
<p>R2 – Strategy</p> <p>NHS Wales has set up a task and finish group to seek to clarify the meaning of the ‘Once for Wales’ approach to developing and rolling out informatics systems.</p> <p>Recommendation:</p> <p>(a) clearly define the balance and respective responsibilities between national systems led by</p>	<p>(a) Accept</p> <p>(b) Accept</p> <p>(c) Accept</p>	<p>(a) The NHS Wales Informatics Management Board (NIMB) has established a task and finish group to define and develop the "Once for Wales" approach in relation to Informatics. A definition for ‘Once for Wales’ has been agreed. The balance and respective responsibilities between local and national systems will be considered further.</p> <p>(b) The NHS Wales Informatics Management Board (NIMB), through</p>

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<p>NWIS and locally led systems</p> <p>(b) ensure that national and local implementation plans are updated to reflect any implications for the funding, development and roll-out of informatics systems of the clarified approach to Once for Wales</p> <p>(c) prioritise the development of a set of common standards to ensure that systems procured or developed locally are compatible with other local systems and the national systems</p>		<p>the Planned Future workstream of the Strategy delivery programme, is overseeing the development of a National Plan that will reflect the priorities of NHS Wales. The plan will reflect any implications from the work of the Once for Wales Task and Finish Group</p> <p>(c) A new 'Welsh Technical Standards Board (WTSB)' will be created which will focus on the technical Interoperability standards. Working in conjunction with the Welsh Information Standards Board which has responsibility for data and Information standards, these two Boards will maintain a catalogue of standards and requirements to enable integration and interoperability across all health and care systems.</p>
<p>R3 – Strategy</p> <p>We found that the NHS has not set clear priorities for informatics.</p> <p>Recommendation:</p> <p>Agree a clear and achievable set of priorities for national informatics and resist adding new priorities without either deprioritising something else or adding new resources.</p>	<p>Accept</p>	<p>The NHS Wales Informatics Management Board (NIMB) through the Planned Future workstream of the Strategy is overseeing the development of a National Plan that will reflect the priorities of NHS Wales.</p> <p>NIMB will continue to develop the prioritisation work ensuring wider engagement across the whole system. Building on this work it will also be cognisant of the Parliamentary Review’s recommendation to “stop, start and accelerate”.</p>
<p>R4 – Strategy</p> <p>Many of the issues and concerns about barriers to progress that we found during our fieldwork have long</p>	<p>Accept</p>	<p>NHS Wales Chief Executives, Directors and Senior Officials within WG identified ten key areas for action in response to the feedback</p>

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<p>been recognised.</p> <p>Recommendation:</p> <p>Produce an open and honest assessment of what has worked and what has not so far and produce a clear and jointly owned plan for overcoming the known barriers to progress. These documents should be in the public domain so that NHS staff can see that their concerns have been recognised and are being addressed.</p>		<p>gathered during the ‘Tackling Digital Challenges’ discussion at a ‘Team Wales’ event. NIMB is actively managing progress against these actions, with NIMB members providing a link back to their organisations.</p> <p>Further work on this will be informed by the broader actions taken forward in response to the report</p>
<p>R5 – Leadership</p> <p>We found that there is considerable scope to strengthen national and local leadership on informatics across the NHS</p> <p>Recommendation:</p> <p>(a) work with NHS bodies to develop options for strengthening representation of informatics at board level, including reviewing the merits of a board level Chief Clinical Information Officer (or equivalent) role;</p> <p>(b) work with NHS bodies to develop a clear action plan for the development of a cadre of senior clinician-informatics staff, in line with the recommendations of the Wachter review in</p>	<p>(a) Accept</p> <p>(b) Accept</p> <p>(c) Accept</p>	<p>(a) The structure and membership of NHS Boards is being considered as part of the work under the White Paper. This recommendation can inform that work.</p> <p>(b) The role of Chief Clinical Information Officers is already being established in many NHS organisations. Their role reflects the Wales requirements, rather than the Wachter review specifically. A Clinical Information Officer development programme and network is currently being established.</p> <p>(c) Leadership roles across the whole Welsh health informatics system will be considered as part of the Governance Review described under recommendation 6</p>

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<p>England; and (c) identify opportunities to strengthen the informatics voice at the most senior level in the Department for Health and Social Services, including reviewing whether and if so, how to strengthen the roles of the NHS Wales Chief Information Officer and Chief Clinical Informatics Officer in NHS Wales’ strategic decision-making process.</p>		
<p>R6 – Governance</p> <p>We found that the governance arrangements for overseeing and challenging NWIS are weak. The Welsh Government has written to Velindre NHS Trust requiring it to strengthen governance arrangements for NWIS.</p> <p>Recommendation:</p> <p>Carry out a wider appraisal of options to strengthen governance and oversight of NWIS. The final arrangements should ensure that:</p> <p>(a) there is independent scrutiny of performance and progress</p> <p>(b) there is greater transparency, with papers and minutes of discussions placed in the public domain; and</p> <p>(c) there are clear lines of accountability between</p>	<p>Accept</p>	<p>The current informatics model and structure is complex, and the multifunctional role of NWIS confuses accountability. Leadership across the whole system needs strengthening.</p> <p>Welsh Government will establish a programme of work to consider what the governance model of the wider health informatics system needs to look like, and how it will function. This work should be supported by the whole system and will need to include:</p> <ul style="list-style-type: none"> • governance and leadership of the whole system; • governance and functions of NWIS; • programme governance required to deliver Informed Health and Care. <p>This fits with the findings of the Parliamentary Review of Health and Social Care in Wales which also highlights reviewing governance as an action to be addressed.</p>

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<p>NWIS and the Chief Executive of NHS Wales and the Cabinet Secretary.</p>		
<p>R7 – Governance</p> <p>We found that the progress reports that NWIS produces for the Welsh Government and the public do not provide a complete or balanced picture.</p> <p>Recommendation:</p> <p>Work with NWIS to improve the reporting of performance to tell a more balanced story of what is going well, where there are difficulties and why. Performance reporting should include information about progress against initial project plans, user satisfaction and concerns with existing national services as well as those new systems being rolled out.</p>	<p>Accept</p>	<p>We recognise that work is required to improve reporting from NWIS. WG are working with them on their general communications through monthly meetings with the NWIS Director.</p>
<p>R8 – Finances</p> <p>The Welsh Government needs to decide whether and how to provide the additional funding that NHS bodies and NWIS have estimated is required to deliver the vision for an electronic patient record.</p> <p>Recommendation:</p>	<p>Accept</p>	<p>Investment follows confidence in governance and prioritisation. Therefore, the work we are undertaking to address recommendation 3 on prioritisation and 6 on governance will underpin this.</p> <p>WG will commission NWIS and Directors of Finance to develop options around how we collectively exploit all sources of finance available to us.</p>

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<p>Carry out a full cost-benefit analysis of the proposed investment, including the extent to which financial savings from new systems may enable funding to be redirected from existing services to invest in new informatics systems</p>		<p>WG have identified £65m in capital funding over the period 2017 to 2021 to take forward digital priorities.</p>
<p>R9 – Finances</p> <p>Despite some recent progress, there remains scope for better integration of medium-term financial planning of informatics across the NHS.</p> <p>Recommendation:</p> <p>Set out clear and agreed medium-term funding plans for local and national ICT programmes. This should involve NHS bodies and NWIS working together before NHS bodies complete the first draft of their rolling three-year plans. It should also take account of any future decision on funding required to deliver the strategy.</p>	<p>Accept</p>	<p>The development of Integrated Medium Term Plans is now well established, and for the first time, we have Strategic Outline Programmes from each NHS organisation, describing their priorities and investment for Informatics.</p> <p>The collaborative development of the National Plan will also contribute to more focused planning.</p>

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<p>R10 – Project Management</p> <p>NWIS is increasingly using the Agile approach to software development. There are potential benefits to this approach in terms of timeliness and quality, but the approach relies on deep engagement with clinicians and other end users, which has often been difficult to secure.</p> <p>Recommendation:</p> <p>(a) strengthen the relationship between developers and clinicians, particularly in designing and testing new systems and functions, so that there is a better collective understanding of what is wanted and what is possible</p> <p>(b) engage with managers to identify their information needs as well as the needs of clinicians.</p>	<p>(a) Accept</p> <p>(b) Accept</p>	<p>(a) Clinical engagement is key to all informatics developments. The creation of clinical informaticians within NHS organisations provides a link between clinicians and developers.</p> <p>(b) Stakeholder engagement will be reviewed as part of the Strategy delivery programme.</p> <p>Better engagement with the public is also key to the delivery of Informed Health and Care. This is recognised by the Parliamentary Review highlighting the need for empowering the public through better access to information and technology.</p>
<p>R11 – Project Management</p> <p>NWIS is developing but does not yet have a full workforce plan, and reports that it struggles to recruit and retain senior developer staff due to competition</p>	<p>Accept</p>	<p>This issue is wider than just within NWIS.</p> <p>The inability to recruit and retain senior ICT staff is an issue across</p>

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<p>from the private sector</p> <p>Recommendation:</p> <p>Explore options to secure the experienced ICT staff and developers that NWIS needs within the context of a comprehensive workforce plan for NWIS and taking account of the ICT staff available to NHS bodies.</p>		<p>the wider public sector. The establishment of Health Education and Improvement Wales (HEIW) and improved links with other public sector partners, for example Office for National Statistics, together with private sector opportunities, will help to ensure that we secure the level of skills required.</p>
<p>R12 – Benefits Management</p> <p>We found that there is a lack of clarity as to responsibility for delivering the intended benefits of national informatics systems and a lack of monitoring.</p> <p>Recommendation:</p> <p>(a) there is a clear allocation of responsibility for achieving the benefits</p> <p>(b) there are clear responsibilities and processes in place for monitoring and reporting progress in delivering those benefits</p>	<p>(a) Accept</p> <p>(b) Accept</p>	<p>We recognise that work is needed to improve collective benefits ownership and realisation. The NHS Wales Informatics Management Board (NIMB), through the Planned Future workstream of the Strategy Delivery Programme, is overseeing the development of a benefits framework so that there is a common approach to the identification, ownership and realisation of benefits. Work already underway on improving the Business Case process is also key to this.</p>
<p>R13 – Benefits Management</p> <p>We found that many staff in the NHS are frustrated with some of the functionality and quality of national</p>	<p>Accept</p>	<p>NHS organisations must work together to improve the effectiveness of change management.</p>

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<p>informatics systems. NWIS has a process for updating national systems, but there are concerns about the slow pace and lack of feedback and the Change Advisory Boards themselves could function more effectively.</p> <p>Recommendation:</p> <p>Review processes for managing change requests and where necessary make changes to:</p> <p>(a) provide clearer feedback to the service about how their requests have been dealt with and whether and when any changes can be expected;</p> <p>(b) remain open to minor changes that could have a significant impact in improving end users' use and perception of the systems; and</p> <p>(c) provide clearer agendas and work programmes for the Change Advisory Boards to make them more focussed on enabling impactful improvements to systems.</p>		<p>The response to recommendation 2 on Once for Wales is also relevant to this recommendation.</p> <p>There is also management action required by NWIS to resolve this. This will be monitored by WG through monthly meetings with the NWIS Director.</p>
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DIRECTORS REPORT ON IM&T AUDIT ASSURANCE / ACTION PLAN	
Name of Meeting : IT&G Sub Committee	Date of Meeting 6th March 2018
Executive Lead : Executive Director Therapies and Health Science	
Author : IM&T Programme Manager (02920 745609)	
Caring for People, Keeping People Well : This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.	
Financial impact :	
Quality, Safety, Patient Experience impact :	
Health and Care Standard Number 3 & 4.2	
CRAF Reference Number 6.8	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- To receive a verbal update from the Executive Director of Therapies and Health Science report on the IM&T Audit assurance / action plan shown below.

The Committee is asked to:

- NOTE** the update

11.2

SITUATION

To provide a verbal update to the IT&G Sub Committee on IM&T Audit assurance report.

BACKGROUND

The following audit reports have been received this quarter:

- Strategic MTED deployment – Two recommendations which are included in assurance report attached
- Welsh Patient Referral Services (WPRS) – Two recommendations which are included in assurance report attached
- Review the security and resilience of the updated virtualised environment – currently being reviewed by the Audit Committee

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ASSESSMENT AND ASSURANCE

Status report of each of the Audits which are reviewed by the IT&GSC full details are attached as appendix 1:

MTed The audit received two recommendations one of which is already complete and the second will be complete by April 2017

WPRS The audit received two recommendations one of which is already complete and the second will be complete by April 2017

Maternity There were 5 outstanding recommendations since last reported. 4 are now complete with the last one due to be complete post meeting with supplier in February 2018.

Theatreman There was 1 outstanding recommendation since last reported – this action is partially complete and will be fully complete by March 2018.

WAO Combined

Audit There were 11 outstanding recommendations since last reported mainly related to the Business Continuity planning for Clinical Boards. All Clinical Boards have been tasked to complete their BC planning by April 2018 – the UHB's EPO officer is working with the CB to ensure completion. All recommendations due to be complete by April 2018

Bluespier All recommendations now complete.

Patientcare

IT system There were 7 outstanding actions since last reported, 5 are now complete, 1 partially completed and 1 due to be complete by April 2018.

The Audit committee is also reviewing the recently received IM&T Server Virtualisation report of which 5 recommendations have been submitted, 1 high, 2 Med and 2 low. This audit will be reviewed at the next IT&GSC.

11.2

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AGENDA ITEM 11.b Cardiff and Vale University Health Board Audit Assurance Review Plan

Internal Audit Plan 2017/18 April 2017 NHS Wales Shared Services Partnership Audit and Assurance Services

Planned output	Audit Ref	Corporate Risk Register	Outline Scope	Indicative Audit days	Executive Lead	Outline timing
Information Governance and Security						
IT Strategy		6.8	Strategic MTED deployment	15 days	Director of Therapies	Q2
Virtulisation			Review the security and resilience of the updated virtualised environment.	15 days	Director of Therapies	Q3
IT Strategy			Welsh Patient Referral Services (WPRS)	TBC	Director of Therapies	TBC
IT Help Desk or Departmental IT System			WCP Deployment including Helpdesk or Welsh Patient Referral System	15 days	Director of Therapies	Q3/4

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Bluespier IT System Audit 2016/1725

Specialist Services Patientcare IT System Audit 2016/1727

Please Note:

	Complete
	Complete since last reported or will be complete prior to next IT&GSC

MTeD Audit Report December 2017

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>R1 Although MTeD is known to provide benefits, in particular patient safety and efficiency improvements, there has been no full formal assessment of the benefits associated with MTeD within the UHB. As part of the pilot project evaluation of MTeD in 2014 the project employed Metrics Based Process Mapping (MBPM) to identify tangible measurement of process performance indicators for current state and future state processes. It was recognised that this MBPM could be repeated following rollout to the UHB's In Patient Wards. Repeat the benefits measurements (MBPM described above) which was carried out as part of the</p>	<p>Medium</p>	<p>The benefits measurements carried out as part of the MTeD Pilot Project and set out in the Evaluation Report will be repeated following the recent completion of the rollout of MTeD to all 72 In Patient wards (excluding Mental Health). The UHB has expended resource on the implementation of the system having recognised and endorsed the benefits, some of which are listed below:</p> <ul style="list-style-type: none"> • Fast electronic transmission and receipt of patient's Discharge Advice Letter (DAL) by the patient's GP as the patient leaves the ward • Reduction in postage costs of sending paper DALs. • Reduction in paper letters received, opened and filed or scanned to the electronic record by GP staff. • Reduction in phone calls by GP staff regarding the patients stay in hospital as DALs are provided in real time. • Timely transfer of the patients' discharge prescriptions back into 	<p>NWIS Programme Lead April 2018</p>	<p>Repeat Benefits Measurements carried out during MTeD pilot</p>	<p>Ongoing – due to be complete April 2018</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
MTED Pilot Project Evaluation.		primary care. <ul style="list-style-type: none"> Access to the Welsh GP Record by secondary care clinicians. Telephone calls to GP Practices are minimised. 			
<p>R2 Although the MTED project is regularly reviewed at ISEC, attendance at this is poor for some individuals (9 of the 20 members). This means that not all service groups have consistent visibility of the project.</p> <p>The project does not meet its deadlines.</p>	<p>Medium</p>	<p>The membership of ISEC should be reviewed to ensure it is still valid. Subsequently the Chair should remind members to attend or send a representative.</p>	<p>NWIS Programme Lead</p>	<p>The membership of ISEC has been recently reviewed to ensure validity.</p>	<p>Complete.</p>

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Welsh Patient Referral System (WPRS) Audit Report December 2017

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>R1 Although the WPRS project is regularly reviewed at ISEC, attendance at this is poor for some individuals (9 of the 20 members). This means that not all service groups have consistent visibility of the project.</p> <p>The project does not meet its deadlines. The membership of ISEC should be reviewed to ensure it is still valid. Subsequently the Chair should remind members to attend or send a representative.</p>	Medium	<p>Agreed.</p> <p>The membership of ISEC has been recently reviewed to ensure validity.</p>	NWIS Programme Lead		<p>The membership of ISEC has been recently reviewed to ensure validity Complete</p>
<p>R2 Due to historical reasons, data sent from WCCG to WAP are not encrypted. Transfer of data is incomplete or contains errors. Encryption should be applied to</p>	Medium	<p>The feasibility of applying encryption to this data transfer will be raised / discussed with NWIS as lead providers.</p>	NWIS Programme Lead	<p>April 2018</p> <p>Liaison with NWIS to discuss requirements and way forward to apply</p>	<p>Ongoing due to be complete April 2018</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
all data transfers.				encryption to WCCG/WAP data transfer.	

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Maternity Audit Report June 2015

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>R2. Password reset A standard set of rules and questions should be put in place and completed before a password reset is granted to ensure appropriateness</p>	<p>MEDIUM</p>	<p>This function needs to go through Euroking for a system modification. We have no control over any upgrade dates. This will need to go through a major development with them so will take time and require approval from Euroking.</p>	<p>System Administrator Head of Operational Delivery</p>	<p>Still awaiting development from EuroKing Discussion underway with other HBs to support the development and split the costs for E3 development due to financial position.</p>	<p>Ongoing – Meeting with Euroking in February 2018 to discuss progress but restricted due to Euroking system modification</p>
<p>R3. Single point of failure A second administrator or support officer should be in place to ensure service delivery in the event of system administrator not being able to carry out normal duties.</p>	<p>MEDIUM</p>	<p>Plans will be developed to share the learning and skills within our existing staffing. This finding will be escalated to the Clinical Board to enable further longer term solutions to be explored.</p>	<p>System Administrator Head of Operational Delivery</p>	<p>Not practical to share All Skills. 7.5 hrs Temporarily given but requires a minimum of 18.75 Discussions still underway due to resource</p>	<p>Complete No budget for this at present. Will Require 0.5 WTE Band 4 . Some staff have been trained in some aspects of providing</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
				restraints	cover. Super users have been given refresher training. Directorate also fund E3 helpdesk during daytime hours to deal with queries. Crystal reporting has been purchased and training ongoing which will provide timely reports that can be set up daily and will reduce risk if administrator away.
R4. Duplicate Identification Numbers The potential for an automated new born registration interface	MEDIUM	This has recently started involving PMS, Medical Records, Clinical staff and the system administrator. Phil Clee has approved this.	System Administrator	First meeting was 03/06/2015 Further discussion Nov.	Completed as of the 11 th Dec 2017. Since going

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>from E3 to PMS should be explored and discussions with IT about the possibilities carried out.</p>				<p>16 – costs in excess of 2K Medical Records and PMS to agree the work so the final quote from the supplier. This will then be presented to the board. presented to the Board and rejected. Passed through endowments and successful. Requirements now with E3 to implement with PMS team. Awaiting time scale from supplier E3.</p>	<p>live we have had no errors and Clinical administration reduced. 100% success so far.</p>
<p>R5. Missing/incorrect demographics Explore the potential of a 2 way interface with PMS so that demographics can be updated</p>	<p>LOW</p>	<p>We are awaiting the interface of recommendation 4 to be completed before this recommendation can be actioned.</p>	<p>System Administrator</p>	<p>Unable to progress until point 4 completed-costs in excess of 10K</p>	<p>Completed as of December 2017 so can now explore</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
immediately through E3.				Dependant on R4 being complete	cost implications and resource requirements

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Theatreman Audit March 2015

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>R2. Inaccurate data held in system Data entry controls should be established to ensure data has the correct format and is contextually accurate. Constraints should be added at the database level.</p>	<p>MEDIUM</p>	<p>The Directorate accepts that testing is required to locate fields with data controls issues within the whole system. Some initial testing is in the process of being undertaken and this will identify the volume of changes to the system that may be required. Trisoft will be contacted to seek their advice and support to this task. In terms of patient specific test results the directorate will investigate what is in theatreman and what is actually used with a view to disabling these functionalities.</p> <p>Testing completed and sent to Trisoft – currently sat with development.</p> <p>Feb 2017 Data controls addressed by Trisoft, upgrade on hold until CEPOD Whiteboard Project is complete.</p>	<p>Applications Support Manager</p> <p>Theatre IT team</p> <p>Clinical Director/Lead Nurse</p>	<p>Oct 17</p> <p>This requirement is connected to our upcoming TheatreMan upgrade. The upgrade is planned to be delivered to us in December, however, it has been brought to the services attention recently that we require a new server/updated software. Therefore, the delivery date may be pushed into next year depending on the date of the server change. The service is working with</p>	<p>Jan 2018</p> <p>The server change has recently been completed and the Trauma Whiteboard release is being carried out 18/1/18 (test into live), Next step is to arrange delivery of the MSI into the test environment on the new server. It will then be a further 3 months of testing by both ourselves and the software</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
				both IT and the supplier to establish costs and timescales	vendor before delivery into live environment. Testing will be undertaken within three month period. Completion date April 2018

WAO combined follow up of Data Quality, Caldicott, Business Continuity Planning and ICT “Backup and Recovery” Audits

Note: IOAs – Information Asset owners
 IAAs – Information Asset Administrators
 PPP – People, Planning and Performance Committee
 IGSC – Information Governance Sub-Committee
 C-PIP – Caldicott in Practice Assessment Tool

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
WAO Section: Data Quality					
WAO Section: Caldicott Governance Arrangements					
WAO Section: Disaster Recover/Business Continuity					
R2 Test all ICT disaster recovery plans for the systems and infrastructure regularly to ensure they operate as intended Supplementary R2 Identify any material/key clinical systems that have not been tested for disaster recovery and test them appropriately		The HB undertook a two year programme of investment in infrastructure (Servers, Storage and Networks) in order to replace aged equipment and address some of the gaps in existing infrastructure. This financial investment period completed in March 2017. Much of this funding became available at the end of that financial year and the HB is currently undertaking a program of implementation and replacement that will stretch beyond September 2017.	Upgrading of virtual server infrastructure – Head of IT	Investment programme ongoing – target for completion March 2017 Completion date moved to December 2017 due to implementation requirements and will be dependent on staff resources – both IT and	Infrastructure implementation was completed to December deadlines. Technical restore testing has been undertaken successfully – process in place – Complete.

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		<p>The Health Board continues to successfully carry out restores of subsets of all system files at least a 100 times per year. This ongoing level of Data Restoration can provide the UHB assurance on the processes in place.</p> <p>The ability to provide more significant levels of restore testing will be subject to completing the implementation of purchased Hardware, Software Licensing restrictions and staff resources. Once this begins it will be carried out on a risk assessed basis due to the stated resource restrictions.</p> <p>Directorates should undertake tests of the Business Continuity and DR Plans once they are established in line with R1.</p>		<p>Service Department.</p> <p>The UHB has been undertaking an extensive programme of Server infrastructure upgrades facilitated by WG and Discretionary Capital in line with the agreed keeping the lights on strategy. Recent year end capital has enabled the UHB to address requirements in relation to additional storage and network requirements in order to</p>	

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
				commence targeted test and restore capability by December 2017.	
			Testing – Clinical systems - Director of Planning (coordination)/ Relevant Directorate Managers) Investment programme ongoing – target for completion March 2016	Appoint EPO and commence work on action plan by March 2016 EPO Appointed Sept 2016 Strategic planning team have developed a template for clinical boards to develop Business continuity plans. The Chief Operating officer has required Clinical board teams to update their BC	Template for BC has been developed / workshops are ongoing to assist in the completion of BC plans. All clinical boards have been tasked to complete their BC by April 2018.

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
				plans using the template and complete by 31 Dec 17.	
<p>R3 Develop a corporate template BC plan to promote quality and consistency for BC plans</p>		<p>The corporate template BC plan has been completed but not implemented. The co-ordination process for development and implementation of BC and DR plans will be taken forward by the Head of Emergency Planning as agreed in the response to R1 above.</p>	<p>Clinical systems - Director of Planning (coordination of implementation)</p>	<p>Appoint EPO and commence work on action plan by March 2016</p>	<p>Template for BC has been developed / workshops are ongoing to assist in the completion of BC plans.</p> <p>All clinical boards have been tasked to complete their BC in relation to IT by April 2018.</p>
<p>R4 Develop business continuity plans for key clinical depts and ensure these exist for all other clinical/non-clinical depts Supplementary R4 Formally document business continuity plans relating to</p>		<p>Agreed - see R1</p>	<p>Director of Planning (coordination)/Relevant DMs (implementation) Supplementary R4 Directorate</p>	<p>Appoint EPO and commence work on action plan by March 2016 Supplementary R4 Appoint EPO</p>	<p>As Above</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
Health Edge, Theatreman and Maternity Systems			Manager – Surgical Support (Health Edge/Theatreman) Interim Directorate Head of Operations and Delivery (Maternity)	and commence work on action plan by March 2016	
R5 Introduce arrangements to consider cross department and site level BC issues.		Agreed - see R1	Clinical systems Director of Planning (coordination)/Relevant DMs (implementation)	Appoint EPO and commence work on action plan by March 2016	As Above
R6 Test BC plans regularly to ensure they operate as intended and adequately support continued clinical service provision within and across depts		Agreed - see R1	Clinical systems - Director of Planning (coordination) /Relevant DMs (implementation)	Appoint EPO and commence work on action plan by March 2016	As Above
R7 Identify from testing of the BC plans and manual procedures the effect on quality, cost and timeliness of clinical service provision of utilising manual processes to inform future continuity planning		Agreed - see R1. Impact of failure in the event of downtime lasting a range of periods is documented in individual IM & T hosting and backup HBAs. The feasibility of using manual systems is usually considered in this process. However, more comprehensive narrative needed in	Clinical systems - Director of Planning (coordination)/Relevant DMs (implementation)	Appoint EPO and commence work on action plan by March 2016	As Above

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		BC plans.			
R8 Reinforce BC governance arrangements by communication and training for relevant managers, clinicians and other staff		Agreed - see R1	Clinical systems Director of Planning (coordination)/Relevant DMs (implementation)	Appoint EPO and commence work on action plan by March 2016	As Above
R9 Establish formal arrangements to review BC plans and risk assessments to ensure they are comprehensive, consistent and appropriate for business need		Agreed – links in to R1 In relation to Risk, the arrangements for reviewing risk assessments are clearly identified within the Risk Assessment and Risk Register Procedure. The Procedure also clearly states the responsibilities completing risk assessments, identifying the required actions and escalating risks where required. All high and extreme risks should be incorporated within the appropriate risk register and if appropriate escalated to the Corporate Risk and Assurance Framework. Each Clinical Board and Corporate Directorate is responsible for ensuring that they have taken or identified the appropriate action in response to the risk.	Clinical systems – BC Plans – Director of Planning (Coordination) Risk Assessments – Board Secretary	Appoint EPO and commence work on action plan by March 2016	As Above
WAO Section: IT Backup arrangements					

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>R7 Complete and update ICT Disaster Recovery plans for departmental systems' recovery.</p>		<p>Completed. List will be validated by resending IM & T Hosting and Back Up Agreements (HBAs) to all data owners and subject to ongoing review. It is acknowledged that DR/BC plans and associated testing and training is variable across clinical directorates. The UHB BC policy now provides a standard template for planning. All directorates should use this template to produce their BC and DR plans. The UHB has strengthened the role of Head of Emergency Planning, Response and Resilience to co-ordinate the UHB's emergency preparedness and business continuity</p>	<p>Production of List of systems– Head of IT</p>	<p>Production of list - Completed Nov 2015</p>	<p>Production of list - Completed</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		<p>functions. In order to support this role and the wider organisation, specifically in the context of providing support in the training and embedding of business continuity and disaster recovery planning, a business case for the post of Emergency Preparedness Officer has been produced and is being considered for internal resourcing. The EPO will also develop an action plan to address the BC and DR planning recommendations of the WAO review. Progress towards achievement of this objective will be monitored via an action log reported regularly to the Information Governance and IM&T Sub Committees.</p>	<p>DR plans – Executive Director of Planning (co-ordination)/ Relevant DMs (implementation)</p>	<p>Appoint EPO and commence work on action plan by March 2016 EPO Appointed Sept 2016</p>	<p>Template for BC has been developed / workshops are ongoing to assist in the completion of BC plans. All clinical boards have been tasked to complete their BC in relation to IT by April 2018.</p>
<p>R10 Periodically test the backups by using them to restore a working copy of the system. This can be on a cyclical basis and prioritised according to the level of risk associated with each system.</p>		<p>The HB undertook a two year programme of investment in infrastructure (Servers, Storage and Networks) in order to replace aged equipment and address some of the gaps in existing infrastructure. This financial investment period completed in March 2017. Much of this funding became available at the end of that financial year and the HB is currently undertaking a</p>	<p>Executive Director of Therapies & Health Science/Relevant DMs</p>	<p>Investment programme ongoing – target for completion March 2017 Completion date moved to December 2017 due to implementation requirements</p>	<p>Infrastructure implementation was completed to December deadlines. Technical restore testing has been undertaken successfully</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		<p>program of implementation and replacement that will stretch beyond September 2017.</p> <p>The Health Board continues to successfully carry out restores of subsets of all system files at least a 100 times per year. This ongoing level of Data Restoration can provide the UHB assurance on the processes in place.</p> <p>The ability to provide more significant levels of restore testing will be subject to completing the implementation of purchased Hardware, Software Licensing restrictions and staff resources. Once this begins it will be carried out on a risk assessed basis due to the stated resource restrictions.</p> <p>Directorates should undertake tests of the Business Continuity and DR Plans once they are established in line with R1.</p>		<p>and will be dependent on staff resources – both IT and Service Department.</p> <p>The UHB has been undertaking an extensive programme of Server infrastructure upgrades facilitated by WG and Discretionary Capital in line with the agreed keeping the lights on strategy. Recent year end capital has enabled the UHB to address requirements in relation to additional</p>	<p>– process in place – Complete.</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
				storage and network requirements in order to commence targeted test restore capability by December 2017.	

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Bluespier IT System Audit 2016/17

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>R3 Testing identified a number of weaknesses over user access: - There is no minimum password length, no complexity requirement and no forced change of password. - Generic accounts are in use, with 2 having access to create / amend data and 1 being a super user - 4 users do not have a nadex user name and therefore do not use active directory for login. - There is no formal process to identify leavers. As a result 1 super user has moved to a new department and is still active and 1 user has moved to another organisation and is still active. Minimum password controls should be enacted in line with the IT Security Policy. The use of generic accounts should cease. A process for identifying</p>	<p>Medium</p>	<p>Directorate to address this in line with recommendations above.</p>	<p>Assistant Directorate Manager</p>	<p>Due to complete 31st October 2017</p>	<p>Complete</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>when staff leave the UHB and for deactivating the user accounts should be established.</p>					
<p>R4 Although backups are taken and reports provided to the admin team from IT, these have not been tested by a restore. In addition due to the change of staff in the office the new system admin is not fully aware of the files to be backed up, or have copies of previous backup reports for comparison. The backups should be periodically tested by restore. The log files should be checked to ensure all expected items are included and that the file sizes are consistent.</p>	<p>Medium</p>	<p>Directorate to discuss with supplier and healthboard I.T. department.</p>	<p>Assistant Directorate Manager</p>	<p>Due to complete 31st October 2017</p>	<p>Complete</p>

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Specialist Services Patientcare IT System Audit 2016/17

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R2 Inappropriate access to system / data. The system provider should ensure that the database is kept up to date and maintained appropriately.	High	The Directorate will seek clarification with IT and the Service provider on who is responsible for the upkeep and maintenance of the system. The Directorate will put a contract/SLA in place accordingly	Andrea Richards	Discuss with procurement and Eldrix (supplier)	Procurement have committed to renegotiating the SLA with Eldrix . The SLA is due to be renewed on 01/04/18.
R3 Inaccurate data held in system. Data input controls should be enacted with ranges, limits, formats and mandatory fields considered.	Medium	A user group will be set up to discuss how to implement the changes required around the enablement of limits on certain fields and mandatory fields	Andrea Richards in conjunction with the Service Provider	Group to be set up by end of June 2017 and work to be completed by July 2017	Complete Service will establish a user group. Inaugural meeting to take place in March 2018.
R4 Loss of processing / data. A formal business continuity and disaster recovery procedure should be developed. Detailed system documentation should be	Medium	The directorate will investigate the process for developing a business continuity and disaster recovery plan for the Patient care database The directorate suggest that this separated into application issues and	Andrea Richards	July 2017	Partial Complete A formal Business continuity Plan has been drafted – awaiting

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>provided or held in escrow as part of this process.</p>		<p>server issues</p> <p>The directorate will work through the requirements and develop a disaster recovery plan detailing the actions needed to manage in the event of loss of database.</p> <p>The directorate to link with IT and the Service Provider to develop this plan via the user group.</p> <p>It should be noted that if there was a loss of the data held within the database there would be no effect to patient care as all clinical information is held on Clinical Portal and in patient notes.</p> <p>The Directorate will investigate how to take forward ensuring a detailed system documentation is held in escrow</p>			<p>advice from Emergency Preparedness Manager.</p> <p>The system has recently been moved onto a virtual environment and necessary upgrades undertaken to increase resilience of the application.</p> <p>Work is required on regards to escrow this will form part of the SLA negotiations March 2017</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
R5 Although backups are taken, there has been no test of these to ensure their integrity. The backups should be tested on a periodic basis.	Medium	Neurosciences will liaise with the Cardiff & Vale UHB IT Department, to produce a scheduling plan for undertaking backups and the testing of these backups are within CAV approved policies and procedures. This process will be linked with the development of the business continuity and disaster recovery plan	Andrea Richards	June 2017	The system is backed up and recovery testing can be undertaken but will require the directorate to contract with the supplier to undertake the test. Outside of this the system will fit with the HB's veeam based automated integrity checked recovery system. Complete.
R6 The UHB is not maximising the benefits from the system. The exact ownership of the system should be clarified and payments made to Eldrix	High	For clarity, (accepting that payments have been made) no payments have been made to Eldrix from Neurology revenue. Payments for the epilepsy database and ongoing maintenance were agreed through the contract	Andrea Richards	June 2017	Complete Meeting held with Mr Peter Welsh to discuss the IP

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>reassessed to ensure that the UHB has not paid for software it owns. Should ownership be either wholly or partly by the UHB, the UHB should seek payment from Eldrix relating to income from sale of the system elsewhere.</p>		<p>arrangements and have been funded through the Epilepsy research PI account.</p> <p>The Directorate will work with Eldrix to put in place a contractual arrangement for the MS data base.</p> <p>The directorate have had no involvement in the Parkinson's database as this a service that sits within the Clinical Gerontology Directorate</p> <p>The directorate to seek advice from Peter Welsh in regards to Intellectual Property</p>			<p>issues. It was decided that C&V have no IP rights to Eldrix Patient Care.</p>
<p>R8 Inaccurate data held in system. The interface between PMS and Patientcare should be 2 way to allow for updating of patient demographic information.</p>		<p>The User group will be tasked to take forward the development of a 2 way interface.</p> <p>Directorate to invite a member of the Health Board IT Department to support the User group</p> <p><i>IT Response:</i> Maintenance of the patient record lies with Medical Records (also known as Health Records). Allowing tertiary systems to update the patient demographic record would be at their behest and not at the behest of other</p>	<p>Andrea Richards</p>	<p>July 2017</p>	<p>Complete – service & discussions with IT agreed that PMS is the main clinical admin system and that a two way interface with PMS would not be required on</p>

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Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
		<p>departments. They would need to satisfy themselves that the procedures and processes in place are fit for purpose. Importantly, the PMS index must be regarded as sacrosanct and any requirement to update via tertiary systems must be confirmed as 'Gold Standard' before it could be allowed.</p> <p>It is also the case that the need to update the patient demographics is almost certainly not appropriate in this instance and hence a two way interface would not be required. It is the IT Department's understanding that all patient events are managed administratively through the 'PMS System' and it is only the clinical data that enters the 'Patientcare System'. As such attendances, etc., are being recorded on PMS directly and can be updated within the PMS system as part of that attendance process.</p> <p>Nevertheless, in the event that a tertiary system is ratified as both Gold Standard and appropriate to directly update demographics then the IT Department will make relevant functions available to the Supplier of that system.</p>			<p>this system. (See IT response)</p>

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ICO AUDIT – FOLLOW UP VISIT
Name of Meeting : Information Technology and Governance Sub Committee Date of Meeting: 6 March 2018
Executive Lead : Director of Public Health / Deputy Chief Executive
Author : Senior Manager Performance and Compliance
Caring for People, Keeping People Well: This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact : Well documented systems of work improve and maintain efficiency, reduce risk and the potential for legal action.
Quality, Safety, Patient Experience impact : Well trained staff following well documented systems of work provide services that reduces risk and improves the patient experience.
Health and Care Standard Number 3.4 & 3.5 CRAF Reference Number 8
Equality Impact Assessment Completed: Not Applicable

RECOMMENDATION

The Information, Technology and Governance Sub Committee is asked to:

- **NOTE** this update in relation to action taken following the follow up visit by the ICO
- **NOTE** that the completion status of some items has been downgraded and the rationale for this
- **CONSIDER** whether it is appropriate to send this update to the ICO at the current time

11.3

SITUATION

This paper gives the Information Technology and Governance Sub Committee (ITGSC) summary details of action taken in response to the Information Commissioner's Office (ICO) follow up audit of progress by Cardiff and Vale University Health Board (the UHB) in relation to the action plan agreed after the original ICO audit of compliance with the Data Protection Act (DPA).

BACKGROUND

After the UHB had reported various incidents to the ICO it was suggested that the UHB might wish to invite them to carry out an in depth audit to assess UHB compliance with the DPA. The UHB agreed this suggestion.

On the basis of this audit, the ICO gave the UHB the rating "limited assurance". Their definition of this rating is as follows:

“There is a limited level of assurance that processes and procedures are in place and are delivering data protection compliance. The audit has identified considerable scope for improvement in existing arrangements to reduce the risk of non-compliance with the DPA.”

The “detailed findings and action plan” agreed with ICO in response to the audit was subsequently updated and presented to subsequent meetings of the Committee. As implementation by latest March 2017 had been agreed in relation to virtually all the report recommendations, the UHB agreed with the ICO that a follow up review in April 2017 to assess progress would be appropriate.

This follow up was undertaken by the ICO in April 2017 as a desk based exercise. The above rating was essentially reaffirmed. Some UHB assessments were downgraded by the ICO from “partially complete” to “incomplete”. The ICO expressed disappointment at the relative lack of progress but did not suggest that a further assessment could be expected.

At the last ITGSC meeting it was agreed that the UHB should be proactive and send periodic updates to the ICO on this work as this would provide tangible evidence of the UHB’s commitment to make progress.

ASSESSMENT

Preparation for the ICO follow up assessment required the UHB to undertake an in depth review of the robustness of the evidence that had been submitted for the initial assessment. This showed that the UHB IG framework had not kept pace with the way that delivery of its core business activities has developed. The report of the Information Governance Executive Team puts this statement in context. It is important to recognise this in order to have a meaningful insight into the UHB’s rate of progress in terms of responding to the audit findings.

The ICO action plan, updated to reflect work undertaken to date can be accessed via the following link - [Agenda item 11c ICO DPA Audit Action Plan Updated Redacted Feb 18.docx](#) For the following items the ICO amended the UHB’s compliance assessment from “partially complete” to “incomplete”

Item	Subject
A16 - 19	Create or update relevant policies and procedures
A29	Add reference to information risk in risk management policy
A32	Produce/maintain local risk registers in all areas
A34	Report all IG related risks to assuring committee
A36	Implement regular risk assessments and reporting of information risks for all information assets to provide assurance to the SIRO that information risk being adequately controlled across the UHB.
B41	Maintain only one copy of information to reduce the change of updates not being reflected across all copies.

For this reason the rating for these items has been automatically downgraded from “amber” to “red”.

Recommendation B43 (ensure there is mechanism to regularly review the new retention schedule and update it as necessary in the future has been upgraded from amber to green (complete). This follows approval of the updated Records Management Policy, which incorporates the latest retention schedule adopted by the Dept of Health, by the Resources and Delivery Committee on 31 January 2018.

Several items in Section C (IM & T) are potentially sensitive because they relate to cyber security issues. For this reason they have been redacted from the report in their entirety. However, the implementation status of the individual items concerned will be reported in the discussion about cyber security in relation to the IM & T risk register presented to the private meeting.

Retaining the compliance status for other recommendations at amber (partially complete) should not be interpreted as meaning that no progress has been made since the action plan was last received by Committee. Key areas where progress has been achieved in the intervening period together with the rationale underpinning these are summarized on the schedule attached as **Addendum 1**.

RECOMMENDATION

The Information Technology and Governance Sub Committee is asked to:

- **NOTE** this update in relation to action taken following the follow up visit by the ICO
- **NOTE** that the completion status of some items has been downgraded to “red” in line with the ICO’s downgrading of the completion status from “partially complete” to “incomplete”.
- **CONSIDER** whether it is appropriate to send this update to the ICO at the current time
- **NOTE** that a further update will be submitted to the June 2018 Committee meeting

11.3

ICO – Audit of Compliance with Data Protection Act – Key Action Plan Developments

February 2018

Key Areas of good progress

Item	Area	Action	Rationale
A39/A40/A42/A50	Management of IG incidents	Alerts of potential incidents recorded on Datix and sent automatically to IG team	Less likelihood that IG incidents will be overlooked. Possible further development needed to audit areas of weakness, improve processes etc
		Section 52 breaches (i.e. illegal processing patient information) notified routinely to ICO	Sends positive signal to ICO that the UHB is consistent and transparent. No action taken against the UHB in 3 cases reported to date
A 4/A9/A10/A12	Engagement with CBs	Rolling programme of visits to CBs continues	Standard template will allow CBs to report IG issues in a consistent format to IG Executive Team (IGET). Relevant issues with supporting evidence will be covered in IGET assurance report to Committee.
	Messaging services	Papers submitted to ME/HSMB to agree piloting of MedicBleep Guidance issued to clinicians on permissible use of WhatsApp. Pilot being prepared of messaging service that appears to meet DPA requirements.	Use of messaging services needs to be regularised. Use of WhatsApp for transmission of images carries risks because data may not be secure (stored on device which could get lost) and also on cloud outside EEA without necessary legal protection .
	Compliance auditing (electronic)	Arrangements for using NIAS under review. Capacity may be released to audit use of UHB IT systems.	Assurance is needed that people given access to IT systems at the UHB are not abusing this. An audit plan will be needed to cover accessing of all relevant IT systems.
	Access to UHB IT systems	Confidentiality agreements issued for clinicians in training i.e. non UHB employees. Process to be extended to other non UHB employees e.g. agency locums	The UHB could be held equally liable for IG offenses by non UHB employees as for substantive employees

A4/5/7	Training	GDPR training delivered to Clinical Board staff on 29 January and 12 February. Shared Services Legal instructed to deliver this training to Corporate Dept staff.	Training key area that ICO will expect the UHB to evidence in the event of UHB being culpable for IG offence.
	Documentation	Blake Morgan has updated DPA that reflects GDPR.	It is essential that the UHB has documentation that is fit for purpose in terms of formalising accountabilities etc. Similar reviews will need to be carried out for other relevant documentation e.g. Data Disclosure Agreements/Data Sharing Agreements/Information Sharing Protocols etc,
	Management arrangements	Paper to review IG management arrangements has been facilitated by IGET in readiness for discussion by ME (provisionally scheduled for March 2018)	It is essential that management arrangements satisfactorily meet legal requirements (e.g. DPO appointment), WG mandated requirements (e.g. Caldicott) and best practice (e.g. SIRO role)
B57	Internal audit	Satisfactory audits carried out in Mental Health and Clinical Diagnostics and Therapeutics	Internal audit is key internal control discipline

ICO Action plan update schedule Feb 18/t

RISK REGISTERS	
Name of Meeting :	Information, Technology and Governance Sub Committee
Date of Meeting:	6 March 2018
Executive Leads :	Executive Director of Therapies and Health Science (IT)/ Director of Public Health (Informatics/Information Governance)
Author :	Senior Manager, Performance and Compliance
Caring for People, Keeping People Well :	This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact :	The matters referred to in this report have the potential to present significant financial risks to the UHB.
Quality, Safety, Patient Experience impact :	The content of this report directly impacts significantly on the quality, safety and experience of our patients and their families.
Health and Care Standard Number	3.4 & 3.5 CRAF Reference Number 8
Equality and Health Impact Assessment Completed: There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.	

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by the fact that:

- This Report gives insights into steps the UHB is taking to identify and manage risks in a systematic and transparent manner pursuant to its Corporate Risk Assurance Framework.

The Information, Technology and Governance Sub Committee is asked to:

- **NOTE** a high level update in relation to the management of risks within the informatics domain.
- **NOTE** that for in order to protect the UHB and or for reasons of commercial confidence, assessment of further risks and their implications and mitigating actions are set out in a separate register submitted to the private meeting.
- **NOTE** a corresponding register about risks relating to informatics and information governance

SITUATION

This paper updates the Committee on steps being taken to identify, manage and mitigate risks relating to Information management, governance and technology in a systematic and transparent manner.

BACKGROUND

The UHB is under a statutory duty to protect and improve the health and wellbeing of the population and to ensure that public funds are disbursed as optimally as possible. Risk management is integral to the governance regime that public bodies must follow to discharge this accountability.

Informatics is an enabler or a potential enabler to the majority of the UHB's activities. Supporting the full scope of "mission critical" activities incorporating: the delivery and management of care and health improvement; improving patient and staff experience; and the delivery of a cost effective health and care system.

In the event that informatics services are compromised, there is a probability that the UHB's ability to discharge our activities is disrupted and or impaired. Recent examples such as Wannacry and the NWIS data centre outage have highlighted the implications of such scenarios in terms of impact on patient care delivery, financial loss as well as exposing the role that NWIS plays as a service provider rather than an accountable partner from the perspective of the NIS directive.

ASSESSMENT

The non confidential element of the risk register is attached, describing 11 significant and 1 moderate area of risk. These risks are primarily focused around:

- System integrity, in particular the potential for cyber attack
- Business continuity
- Disaster recovery
- Data management
- Statutory compliance
- Reputational management

Over the past quarter the UHB has taken steps to improve its compliance with current data protection legislation and preparedness for future legislation, taking stronger actions in response to the inappropriate use of systems and messaging applications such as WhatsApp. There has also been good clinical engagement, leading to primary care professionals showing a willingness to share their data where appropriate and mutually beneficial.

The UHB's financial position in terms of discretionary revenue and capital has a high likelihood of being more challenging for the next 2 years, with the draft capital allocation for informatics in 2018/19 being £0.25 million and the revenue allocation reducing by c.12.5%. To mitigate the potential impact and associated risks, the Executive are leading a UHB wide engagement and review of UHB's requirements for informatics in order to reach an informed position on the priorities and requisite resource allocation for the next 3 year period covered by the IMTP.

A further material event occurring in the quarter, was the publication of the Welsh Audit Office's assessment of NWIS and its systems. The report identifies numerous risks around governance, resources, prioritisation and delivery which the UHB broadly accepts. The response to the report and its recommendations is anticipated to provide a mechanism for ultimately mitigating these risks.

Cardiff and Vale University Health Board - Informatics Risk Register

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Type	Consequence	Likelihood	Risk Score (Initial)	Risk Level (Initial)	Mitigation Action/Status	Risk Score (Target)	Risk Level (Target)	Risk Owner
Info1	NWIS Governance	Risk: Governance arrangements for overseeing and challenging NWIS are weak. There is insufficient transparency, blurred lines of accountability and they lack a clear set of priorities. Consequences: The significant resource we provide to NWIS is not optimally used to support the UHB in delivering its statutory obligations nor in supporting us to deliver our strategic objectives as identified in "Shaping Our Future Wellbeing"	2/2/2018	5/1/2018	Governance	3	5	15	SIGNIFICANT	UHB is engaged with WG and NHS peers to take forward the recommendations of the WAO review of NWIS with a view to addressing the numerous risks identified in the report.	1	Low	DOPH / DOTH
Info2	Data availability	Risk: Accessibility of data. UHB does not have an ability to access and use the data it requires to carry out its full range of statutory obligations. Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (eg WCRS, WRRS) Consequence - inability to identify potentially harmful or wasteful practice, inability to inform improvement and transformation, and inability to complete assurance process.	9/28/2015	1/4/18 - WRRS data "available"	Clinical / Service / Business Interruption	3	5	15	SIGNIFICANT	Approach identified to work with C&V GPs to share data across care sectors to inform improvement and to gain a better understanding of need, demand and the capacity available to meet it. National Architectural design group and interoperability group being set up in line with Once for Wales agreement and WG Informatics statement of intent should provide medium term solution. HB taking forward data acquisition programme in line with the development of the electronic care record. IPAD advised WRRS interface available from 1st April 2018	1	Low	DOPH
Info3	Compliance with data protection legislation	Risk - the UHB's progress in taking forward the action plan to reduce the risk of non compliance following the ICO's assessment of our limited compliance with the DPA is not sufficient to sufficiently mitigate the risk of non compliance with Data Protection Legislation. Consequence: Financial and reputational loss, leading to difficulties in providing an accessible shared health and care record available to all stakeholders as a key enabler to SOPW	9/28/2015	2/19/2018	Governance / Clinical	4	4	16	SIGNIFICANT	DPA action plan being progressed although slow going across a number of directorates. GDPR training being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement. Actions taken at an individual staff level were NIAS notifications of potential inappropriate access to clinical records have occurred. Market scanning exercise being initiated to find audit software to cover roll out of drill through functionality in the BIS.	9 (3x3)	MODERATE	SIRO
Info4	Readiness for forthcoming data protection legislation (GDPR / DPA 2018)	Risk: Non compliance with GDPR and the expected DPA (2018) Legislation Consequences exposes the UHB to the potential for significant financial penalties as well as being unable to provide effective health care if the patient record is not available when it is required.	6/1/2017	2/19/2018	Governance / Clinical	4	4	16	SIGNIFICANT	DPA action plan that is being progressed also supports GDPR compliance. Training sessions to enhance knowledge and awareness have been running across the UHB, with progress assured via the corporate and clinical board performance structure.	9 (3x3)	MODERATE	SIRO/DOPH / MD
Info5	Data quality and security	High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incomplete/late recording of activity resulting in under/over recovery of income. Absence of ISO 27001 certification & assessment that UHB is only partially compliant with the IG toolkit	2/19/2018	May-18	Governance	4	4	16	SIGNIFICANT	New dashboard release will expose greater amount of data to users, in a more user friendly way, enabling validation by relevant clinicians. Data quality group has established a work plan to improve quality and completeness of data and how it is presented.	8 (2x4)	MODERATE	DOPH
Info6	Insufficient Resource and Capability	Risk: Many areas do not have sufficient numbers of staff with appropriate skills (as benchmarked with the establishment of equivalent organisations) to provide resilient services, data and information, to clinical staff, decision makers and other parties to whom we have legal / statutory obligations. Consequence is the inability to support clinical staff to manage care effectively, resulting in potential harm and significant inefficiency & decision makers to optimise their decisions. It increases the risk of the UHB not being able to optimally discharge its actions for requisite improvement across the patch including in areas for which the organisation has legal obligations (data protection). Further it leads to a vicious cycle, of demoralised workforce who are in a suppliers market & can leave. "Mandated" tasks which offer less job satisfaction are shared amongst fewer staff, resulting in lower job satisfaction and further challenges service sustainability. There is also a loss of reputation and reduced success in gaining additional funding or benefit.	9/28/2015	3/1/2018	Human Resources	3	5	15	SIGNIFICANT	Update: Service and financial plan worked up to deliver 12.6% reduction in department's expenditure, which incorporates staff working flexibly across numerous departments requirement reduction in wage bill along with expectation of cost pressures being met. UHB scoping out requirements of informatics going forward as a fundamental review of informatics, and how we optimise the size and structure the department(s) to provide greatest value and maintain the reputation and legislative compliance of the UHB.	10 (2 x 5)	MODERATE	CEO
Info8	Outcome Measures	Risk: Unavailability of full, consistent care delivery information results in an inability to ascertain outcomes of care we provide, and commission, plan and improve services accordingly. Consequence - Low assurance on safety, quality and effectiveness of services and satisfaction with services, sub-optimal decision making, inability to execute policy and strategy, reputational damage.	9/28/2015	2/1/2018	Business and Organisational Strategy	3	4	12	SIGNIFICANT	National PROMs programme may not be supported by WG funding from 1st April 2018. HB approaching WG and Value Based Healthcare lead to work through how requisite services will be maintained & to minimise the huge loss of knowledge that will result. Formally escalated to AG at NIMB, who has asked HB to advise whether it is a priority. Work to include clinical audits and PROMs info into the warehouse data has been incorporated into the current workplan for 2018/19	4 C=2, L=2	MODERATE	DOPH
Info9	Cyber Security	Risk: The increasing rise in internet facing NHS websites/portals and increased prevalence of malware on the internet is increasing the likelihood of cyber security attacks against NHS Wales. This includes denial of service attacks (system downtime), ransomware attacks (ransom payments required to decrypt data encrypted by blackmailers – or to prevent the 'publishing' of stolen data) and data theft/leakage (reputational damage). Such increasingly sophisticated hacking techniques are putting security management under pressure. Also, recent threats by terror groups (e.g. ISIS) to maliciously alter medical record to cause patient harm and reputational damage. Likelihood of attacks are increased through the use of outdated IT infrastructure and software (e.g. Windows XP) Consequence is system unavailability affecting essential availability of critical clinical information needed for safe patient care. Also reputational and financial damage to NHS Wales bodies. Potential for harm to patients. User confidence could be severely impacted and could promote a move backwards to paper systems.	12/22/2015	2/1/2018	Service / Business Interruption	5	4	20	SIGNIFICANT	Update 01/02/18 External Security Assessment of C&V and all other NHS Wales organisations is nearing completion, the output from which will (in conjunction with the Welsh Cyber Assurance Process and Top 5) assist in the creation of both a local and national Security Improvement Plans, prioritisation of remediation activities and identification of associated budgetary / resource requirements in order to deliver improvement objectives. The UHB has received capital funding in support of the plan, and has made provision to provide additional revenue to meet the key requirements identified Digital Strategy Capital Funding issued for external cyber security assessment. Procurement for External Cyber Security Review now completed. Initial meetings with selected provider being planned. Top 5 issues for orgs to consider (as identified by the WCAP process) are: 1. Incident Response, 2. Management and maintenance of IT assets including an appreciation of the wider third party Medical Devices, Internet of Things, 3. Security Awareness to changes in behaviour 4. Monitoring of events across the networks 5. Backup management. An interim national cyber incident plan is in place but further work is now underway to enhance this further.	8 C=4 L=2	MODERATE	DOTH
Info10	Clinical Records Incomplete	Risk: Clinical records are not joined up across disciplines, care settings or geographical boundaries resulting in incomplete and out of date patient information. Summary information is not routinely shared across systems. Differing local service models which are also going through a period of significant change mean access to appropriate data is an increasing need. Consequence is unsupported clinical decision-making, introducing patient harm and/or disadvantage and failure to meet NHS Wales digital strategy	9/28/2015	2/1/2018	Clinical	3	4	12	SIGNIFICANT	UHB architectural design to be reviewed to consider local data repository for bringing together in a usable way clinical information held in numerous clinical systems. UHB working through a programme to implement once for Wales requirements for data and technical interoperability standards. National prioritisation for NWIS to open up the national data repositories	6 C=3, L=2	MODERATE	MD
Info11	Governance framework (IG policies and procedures)	Risk: IG policies and procedures are not up to date/do not cover all relevant areas. Procedures are not aligned to relevant national policies. Consequence: Lack of clarity in terms of how the UHB expects its staff to work to in order for relevant accountabilities to be discharged.	2/16/2018	5/1/2018	Governance	4	4	16	SIGNIFICANT	Update: Controlled document framework requirements delayed due to resource constraints	6 (x3)	MODERATE	SIRO
Info12	DPA related agreements	Risk: obligations and accountabilities relating to the way data is handled are not formalised Consequence: the UHB could suffer detriment and/or have difficulties applying remedies against a third party if data is not handled appropriately	2/16/2018	3/31/2018	Governance	4	4	16	SIGNIFICANT	Library of outline documents for sharing data available with completion supported by corporate information governance department. Requirements to use emphasised in training.	7 (x3)	MODERATE	SIRO
Info13	Compliance auditing	Risk: Access to sensitive data on relevant IT systems is not routinely audited. Consequence: Data may be being accessed in contravention of IG legislation. Potential for significant fines. Reputational damage.	2/16/2018		Governance	3	3	9	MODERATE	NIAS, malmarshall and local solutions in place. Options for fine grain auditing of the warehouse over and above logging SQL code being considered.	8 (x3)	MODERATE	DOPH

GENERAL DATA PROTECTION REGULATIONS – ACTION PLAN	
Name of Meeting :	Information Technology and Governance Sub Committee
Date of Meeting:	6 March 2018
Executive Lead :	Director of Public Health / Deputy Chief Executive
Author :	Senior Manager, Performance and Compliance
Caring for People, Keeping People Well :	This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact :	There are significant potential financial implications in relation to this work. The Information Commissioner has powers to fine organisations that are in breach of the law and through their acts or omissions materially harm or damage individual. The levels of fine can reach half a million or more and the ICO now has the right to undertake mandatory audits on NHS organisations. This does not exclude the ability for individuals to take legal action against the organisation in respect or harm or damage both as a result of physical or psychological harm or reputational harm.
Quality, Safety, Patient Experience impact :	The content of this report directly impacts significantly on the quality, safety and experience of our patients and their families.
Health and Care Standard Number	3.4 & 3.5 CRAF Reference Number 8
Equality and Health Impact Assessment Completed:	There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.

ASSURANCE AND RECOMMENDATION

LIMITED ASSURANCE is provided by:

- The submission of an action plan that shows that whilst the foundations are being laid to enable the UHB to meet the General Data Protection Regulations, a considerable amount of work will be needed to complete this process.

The Information, Technology and Governance Sub Committee is asked to:

- **NOTE** and **COMMENT** on a first draft of the UHB's Action Plan to deliver the General Data Protection Regulations

13

SITUATION

The first draft of the action plan gives members insights into the scope of work that the UHB will need to undertake to achieve compliance with the General Data Protection Regulations (GDPR) and the current level of preparedness.

BACKGROUND

GDPR were adopted by the EU in April 2016. They will take effect in the UK in 25 May 2018 despite Brexit. They are largely similar to the current Data Protection Act and broadly mirror concepts in it. Some things will be new and some things will be done differently.

ASSESSMENT

The first draft of the UHB's action plan to meet GDPR is attached as Addendum 1. Essentially the plan shows that some progress has been made in terms of meeting GDPR requirements. However, it highlights other areas where work is at a very early stage and in some instances has not commenced. This emerging picture is consistent with relevant findings from the WAO's assessment of UHB management arrangements in 2016/7 and documents presented earlier to the committee, such as the legacy statement of the former Information Governance Sub-Committee.

Implementation Plan for General Data Protection Regulation – February 2018					
				Proposed Completion date	Status
1	Awareness. Ensure decision makers and key people in your organisation are aware that the law is changing to the GDPR.	Action Identified	Current position	February 2018	
	Training sessions required	Develop schedule timetable	22/2/18 -Initial training completed for Clinical Boards. Further sessions required for Corporate Depts		Amber - 22/2/18 Partially completed 29 th January at 9:30am 29 th January at 1:30pm 12 th February at 9:30am Shared Services Legal to deliver training for Corporate Dept staff
	Clinical Board	<ul style="list-style-type: none"> • Identification of dedicated IAO & IAA on a formal basis Cascade training to Clinical Boards • Ensure risks identified in risk registers 			Amber 22/2/18 partially completed
	Executives	Training to be delivered	Board Development day training provided		Green 22/2/18 Completed
	Staff	Communcation and training required	No additional training scheduled at present to "cascade" GDPR awareness to staff at all levels		It is intended to hold a series of 1 hour "drop in sessions that all staff could attend
	Other	<ul style="list-style-type: none"> • Develop communication plan with comms team 	No work commenced		Ref 22/2/18 – No plan in place to progress

		<ul style="list-style-type: none"> • Web pages to be updated leaflets and trainibg material updated to reflect new legislation 			
2	<p>Information held Document what personal data held, where it came from and with whom it is shared. Identify all of our information systems (paper and electronic).</p>	Audit information held		May 2018	
	Document what personal data held and where	Information Asset Registers to be completed	22/2/18 – some IAR’s completed		Amber 22/2/18 Partially completed
	Policy requirements	Develop an Information Asset Register Procedure	22/2/18 - information asset procedure in place		Amber 22/2/18 awareness of procedure needs to be promoted in conjunction with further work to ensure there is complete and up to date IAR for each area
3	<p>Communicating Privacy Information When collecting personal data we must provide people with information, including:</p> <ul style="list-style-type: none"> • Identity • intended use of information, • legal basis for processing. The current DPA includes “legitimate interests” – 			May 2018	

	<p>this no longer applies in GDPR.</p> <ul style="list-style-type: none"> Retention periods Right to complain to the ICO. <p>Note that the GDPR requires the information to be provided in concise, easy to understand and clear language.</p>				
		Review privacy notices	National work ongoing to support the development of an All Wales high level fair processing notice. This is also being updated in conjunction with the ICO.		Amber 22/2/18 work in progress nationally
		Co-ordinate with Comms team to develop a schedule of messages	No work commenced		Red 22/2/18 no plan in place
		Link in with Medical Directors Bulletin	Draft to be completed for inclusion	0	Red 22/2/18 no document in place
	Clinical Boards	If newsletter produced include section in coming months	No work commenced		Red 22/2/18 no plan in place
4	<p>Individuals Rights</p> <p>Procedures must cover all the rights individuals have, including deletion of personal data or provide data electronically and in a commonly used format.</p>			May 2018	

	The rights under the GDPR are similar as those under the DPA but with some significant enhancements				
		Policies review	22/2/18 National task and finish group set up to develop, review and update national policies. UHB policies to be reviewed		Amber 22/2/18 National work in hand
		NIIAS in place to audit national systems.	22/2/18 Auditing commenced and actions taken		Amber 22/2/18 Auditing took place in January 2018 and plans being made to issue letters to staff who, after validation, appear to have accessed data inappropriately. Plans still to be agreed in terms of how to support this on permanent basis.
		Further development of control mechanisms for UHB patient information systems.	No work commenced		Red 22/2/18 no plan in place. However, there may be scope for utilising existing staffing resource to undertake limited compliance auditing.
5	Subject Access Requests				
		Policies and procedures to be reviewed and amended to reflect new legislation	Work planned for April 2018		Amber 22/2/18 work planned
		Develop simple guides for staff implementing procedures	Work planned for April 2018		Amber 22/2/18 work planned

		Targeted awareness sessions for health records staff.	Work planned for April 2018		Amber 22/2/18 work planned
6	Lawful Basis for processing Personal Data			May 2018	
		Review the various types of data processing performed and identify the legal basis for each.	Work has started to review the nature of data processing activities undertaken by relevant UHB contractors in order that this can be appropriately documented		Amber 22/2/18. Work to review data processing activities needs to be completed. Advice has been taken from ICO specifically in terms of UHB Health and Well Being activities, in particular whether this represents “marketing” as per ICO code.
		Place legal basis in Privacy Notices.	No work commenced		Red 22/2/18 no plan in place
		Education of staff for future knowledge of the GDPR legal basis requirement.	No work commenced		Red 22/2/18 no plan in place
		Review of WASPI ISP’s and other information sharing/disclosure documents	22/1/18 work commenced to review existing DPA’s and standard DPA been reviewed by legal representatives		Amber 22/2/18 work commenced Other standard agreements will need to be similarly updated to reflect GDPR in due course.
7	Consent			May 2018	
		Review processes for obtaining consent for medical purposes and direct care.	National Task and Finish Group set up to specifically look at this element and the impact on		Amber 22/2/18 – National work in progress

			Research and Development.		
		Review and strengthen privacy notices regarding legal basis for processing.	No work commenced		Red 22/2/18 no plan in place
		Review policies and procedures and applications to collect consent.	No work commenced		Red 22/2/18 no plan in place
8	Children GDPR will bring in special protection for children’s personal data, particularly in the context of commercial internet services such as social networking			May 2018	
		Information to be included as part of the information and asset registers to enable further risk assessment to be undertaken.	22/2/18 National work in place		Amber 22/2/18- National notices already written within strict communications guidelines. National documentation formally approved via NIGAG or WIGB.
9	Data Breaches Mandatory requirement to report incidents of data breach to ICO within 72 hours of becoming aware.				
		Review incident reporting procedure and establish a procedure for ICO reporting	22/2/18 Work completed to meet this requirement and systems now in		22/2/18 – Green process in place just need formal procedure to be completed. Consideration will need to be given to meeting 72

			place. Formal procedure to be produced		hour deadline on bank holidays etc.
10	Data Protection by Design and Data Protection Impact Assessments			May 2018	
		review and update policies, procedures and processes to ensure DPIA integral to every day working.	22/2/18 - National PIA template in development for consistency across Wales.		Amber 22/2/18 – National work in progress
		PIA local policy, processes and staff guidance documentation to be produced	No work commenced		Red 22/2/18 no plan in place
11	Data Protection Officer			May 2018	
		Formal appointment of DPO to be in place as mandatory requirement under GDPR	Subject to Management Executive agreement this role has been assigned and the postholder will be in place before May 2018		Green 22/2/18 completed
		Include new e-mail address for DPO on Internet and ensure resources in place to manage mailbox and enquiries. Role built into Information Governance Strategy.	No work commenced		Red 22/2/18 no plan in place
		Update IG documentation to reflect new role	No work commenced		Red 22/2/18 no plan in place

12	International			May 2018	
		Development of process to ensure that any risks are assessed for any data transferred.	No work commenced		Amber 22/2/18 arrangements are being made to stress to CBs/CDs the importance of ensuring that the IG dept is aware of any proposals to transfer data outside the EEA. The requirement not to process data outside the EEA is covered in the UHB Data Processor Agreement

CONTROLLED DOCUMENTS FRAMEWORK	
Name of Meeting :	Information Technology and Governance Sub Committee
Date of Meeting:	6 March 2018
Executive Lead :	Director of Public Health / Deputy Chief Executive
Author :	Corporate Governance Senior Information and Communication Manager
Caring for People, Keeping People Well :	This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact :	Well documented systems of work improve and maintain efficiency, reduce risk and the potential for legal action.
Quality, Safety, Patient Experience impact :	Well trained staff following well documented systems of work provide services that reduces risk and improves the patient experience.
Health and Care Standard Number	3.4 & 3.5 CRAF Reference Number 8
Equality and Health Impact Assessment Completed:	There are no equality and diversity implications; equality and diversity is a standard being self- assessed as part of this process.

ASSURANCE AND RECOMMENDATION	
ASSURANCE is provided by:	<ul style="list-style-type: none"> Report which outlines the position of policy and control documentation development in accordance with the Information Governance requirements.
The Information Technology and Governance Sub Committee is asked to:	<ul style="list-style-type: none"> NOTE the situation

Situation

The Controlled Document Framework (CDF) 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

14.1

Caldicott Principles in Practice (CPiP), IG Toolkit and to improve future audits that may be undertaken.

Background

CDF - Previous reports were produced from the recommendations of the IG Toolkit which is mandated within NHS England. Whilst not mandated in Wales this has become the accepted measure that the UHB will continue to work towards.

Assessment

The attached Appendix details the current position in respect of the control documents in place within the UHB. Red are documents that require review, amber indicates those coming up for review and green indicates documents that are well within date.

Red	9
Amber	4
Green	32

Items in pink have been withdrawn as no longer valid documents.

The work required to complete the reviews and updating/amending of the control documents has been significantly affected by the limited staff resource that has been experienced within the Information Governance Department during 2017 and which remains on-going. This situation is reflected within the risk register.

APPENDIX 1

Title of Document	Document Type	Document Status	Last review date	New Review Date	Comments	Actions	Ratification Details (1)	Ratification Details (2)
Historical Documents for review								
Health Records Policy	Policy	Out of Date Trust Policy	7/1/2002	12/13/2003	Published on Intranet See Ref 197 - Suggest this document be withdrawn from use as no longer relevant and Records Management Policy in place	IGSC 17/035 Approved to remove and archive document		
Keeping Medical Records A Complete Guide for Clinicians	Guidance	Out of Date Trust Document	12/1/2005	12/1/2008	Health Records Committee. Suggest this document be withdrawn due to the length of time since agreed and no longer relevant to the UHB	IGSC 17/035 Approved to remove and archive document		
Copying Letters to Patients Policy	Policy	Out of Date Trust Document	10/13/2008	10/1/2009	Published on Intranet. Suggest this document be withdrawn due to the length of time since agreed and no longer relevant to the UHB	IGSC 17/035 Approved to remove and archive document		
Management of Therapies Health Records Procedure	Procedure	Out of Date Trust Document	6/1/2008	6/1/2009	Published on Intranet - Suggest this document be withdrawn as requirements incorporated into Records Management Policy and procedures	IGSC 17/035 Approved to remove and archive document		
UHB Documents								
Data Protection Policy			11/8/2016	11/8/2019				
Remote Access Software	Protocol	Ratified review required	9/29/2010	1/11/2012	To be reviewed			
Patient Access Policy	Policy	Out of date	2/22/2011	2/1/2012	Suggest this document be withdrawn from use as no longer relevant.	IGSC 17/035 Approved to remove and archive document		
Disclosure of Personal Information to the Police	Guidelines	Review overdue	4/26/2011	4/1/2014	Incorporated in 290 Personal Information Use and Disclosure of and duty to Share Guidelines - Suggest stand alone document to be revised			
Internet and e-mail Monitoring Administration and Reporting Protocol	Protocol	Review overdue	4/26/2011	4/1/2014	All Wales document in place suggest that previous UHB document be withdrawn as new local procedures developed	IGSC 17/035 Approved to remove and archive document		
E-mailing Patients Template Protocol	Protocol	Review Overdue	4/26/2011	1/1/2014	Document to be reviewed			
BreakGlass Incident Procedure	Procedure	Approved	6/14/2012	6/14/2015	Reviewed and Rollover agreed 20/9/16 - IGSC 16/052			
Records Management Policy	Policy	Approved	1/30/2018	1/30/2021	Reviewed 8/8/17 Approved 30/1/18 R&D minute 17/042 New review date January 2021	RD: 17/042		R&D 30/1/18
Electronic and paper clinical results review and retention protocol	Protocol	Review Overdue	12/10/2012	12/10/2015	Amended following request to be reviewed 8/8/17			
Records Management Retention and Destruction Protocol	Protocol	Approved	8/8/2017	8/8/2020	Reviewed 8/8/17 approved 8/8/17 IGSC	IGSC 17/035 8/8/17		
Information Governance Policy	Policy	Approved	1/20/2015	1/20/2018	In Date Framework document developed for approval 8/8/17			
IT Security Policy	Policy	Approved	3/31/2015	3/31/2018				
Freedom of Information Act Procedure	Procedure	Approved	3/31/2015	3/31/2018				
Freedom of Information Act Policy	Policy	Approved	3/31/2015	3/31/2018				
Transportation of PII Procedure	Procedure	Approved	2/26/2015	2/26/2018				
IG Corporate training Policy	Policy	Approved	21/07/2015	7/21/2018				
Information Risk Management Procedure	Procedure	Approved	18/09/2015	9/18/2018				
Data Quality Management Procedure	Procedure	Approved	15/09/2015	9/15/2018				
Information Asset Procedure	Procedure	Approved	22/06/2015	22/06/2018	From CDF Procedure in place however Asset registers still need to be developed			
Personal Information Use and Disclosure of and duty to Share Guidelines	Guidelines	Approved	22/06/2015	22/06/2018				
Dealing with Subject Access Requests under DPA	Procedure	Approved	18/12/2015	18/12/2018				
Confidentiality Code of Conduct	Guidance	Approved	18/12/2015	18/12/2018	Reviewed 8/8/17			
Data Quality Policy	Policy	Approved	9/15/2015	9/15/2018				
IG Operational Management Responsibilities Procedure	Procedure	Approved	1/19/2016	1/19/2019				
IT Security Access Control Guidance	Guidance	Approved	6/10/2016	6/10/2019				
IT Security Authorised Users Guidance	Guidance	Approved	6/10/2016	6/10/2019				
IT Security Network Connection Guidance	Guidance	Approved	6/10/2016	6/10/2019				
Records Management Procedure	Procedure	Approved	6/10/2016	6/10/2019	Reviewed 8/8/17			
Data Protection Act Procedure	Procedure	Approved 20/9/16	New Doc	9/20/2019				
Anti-Virus Guidance	Guidance	Approved	9/20/2016	9/20/2019				
Offsite Mobile Computing Guidance	Guidance	Approved	9/20/2016	9/20/2019				
Software Licensing Guidance	Guidance	Approved	9/20/2016	9/20/2019				
IT Security Procedure	Procedure	Approved	9/20/2016	9/20/2019	Incorporates previous Appendix 1 & 14			
IM&T Incident Guidance	Guidance	Approved	9/20/2016	9/20/2019				
IM&T Equipment Procurement Guidance	Guidance	Approved	9/20/2016	9/20/2019				
Internet and E-mail Procedures	Procedure	In - Development	8/8/2017	8/8/2020	From IT Security Policy - Submitted for approval 8/8/17	IGSC 17/035		
Security of Assets	Guidance	In - Development	8/8/2017	8/8/2020	From IT Security Policy - Submitted for approval 8/8/17	IGSC 17/035		
IM&T Disposal of Equipment	Guidance	In - Development	8/8/2017	8/8/2020	From IT Security Policy - Submitted for approval 8/8/17	IGSC 17/035		
IM&T Business Continuity	Guidance	In - Development	8/8/2017	8/8/2020	From IT Security Policy - Submitted for approval 8/8/17	IGSC 17/035		
Code of Connection Summary	Guidance	In - Development	8/8/2017	8/8/2020	From IT Security Policy - Submitted for approval 8/8/17	IGSC 17/035		
Bring Your Own Device (BYOD)	Guidance	In - Development	8/8/2017	8/8/2020	From IT Security Policy - Submitted for approval 8/8/17	IGSC 17/035		
IG Mangement Framework	Framework	New Document in draft	8/8/2017	8/8/2018	New Document produced for approval to meet the requirement of IG Toolkit	IGSC 17/035		
Clauses within Employment Contracts Procedure	Procedure	Approved	6/22/2015	6/22/2018				
Contractual Clauses and Arrangements Procedure	Procedure	Approved	6/22/2015	6/22/2018				
Requests to restrict disclosure of personal information guidelines	Guidance	To be developed			From CDF Current document references existing document ref 290 Personal Information Use and Disclosure of and duty to Share Guidelines S7 references but process needs to be strengthened			
Confidentiality Audit Procedures	Procedure	To be developed linked into NIAS			From CDF			
Privacy Impact Assessment Procedure	Procedure	To be developed linked into NIAS			From CDF			
IG Incident Reporting Procedure	Procedure				Currently have SI reporting procedure in place until Sept 2017. Development of new procedure for IG incidents to be completed			
Business Continuity Arrangements					From CDF see (48) above due December 2016			
Audit of Clinical Records across all specialties Procedure	Procedure				From CDF To be developed to supplement the records management Policy and procedures			
Auditing of Corporate Records	Procedure				From CDF Under development by Non-Health Records Group. Originally due December 2016			
Local SOP's								
Identification and resolution of duplicate Patient records.	SOP (MROG)				To be reviewed 2019			
Monitoring and trace of paper health records	SOP (MROG)				To be reviewed 2019			



NOTES OF THE MEDICAL RECORDS MANAGEMENT GROUP

Meeting on 22 August 2017

Small Meeting Room, Head Quarters, UHW

Present:

Dr Graham Shortland	Medical Director/Caldicott Guardian	Chair (GS)
Paul Rothwell	Senior Manager Performance	(PJR)
Sion O'Keefe	Directorate Manager, OP Services	(SO'K)
Keeley Baker	Health Records Manager	(KB)
David Hanks	Project Manager, Children & Women	(DH)
Tina Bayliss	Deputy Director of Operations, Surgery	(TB)

Apologies:

Jenny Thomas, Matt Temby, Mike Bourne, Chris Darling and Eira Yassien

MRMG 17/026 WELCOME AND INTRODUCTION

GS welcomed everyone to the meeting. Members noted that Carolyn Jones would be retiring permanently in approx 5 weeks time. Catherine Thomas would then support GS on a 4 days per week basis.

MRMG 17/027 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 14 June 2017 were agreed as an accurate record of the meeting.

MRMG 17/028 MATTERS ARISING

- **ICO Report**

PJR advised members that after a desk based follow up review the ICO had expressed disappointment at the relative lack of progress in terms of delivering the action plan agreed after their in depth review of DPA compliance carried out the previous year. Although it was not expected that the ICO would carry out a further review at the current time, it was important to realise that the ICO would take the above into account in the event that, in the future, they felt the UHB had fallen short in terms of discharging its statutory obligations.

PJR explained that the thrust of the action plan going forward was for the IG dept to engage systematically with Clinical Boards (CBs)/Corporate Depts (CDs) on IG matters, specifically via attendance at relevant meetings on a quarterly basis. A pro forma had been produced to enable CBs/CDs to report relevant developments in a consistent manner. PJR was asked to supply a copy of this to members. Good progress had also been made in terms of “mainstreaming” IG via the Datix incident reporting process. In this way CBs/CDs were made aware of relevant incidents in order that they could learn from them as appropriate.

Action: PJR

Members noted that steps being taken to deliver the ICO action plan would be documented in a legacy statement relating to all work overseen by the Information Governance Sub-Committee. This would be presented by IGSC to a new committee that, subject to PPP approval, would be formed when IGSC and the IT Committee were merged. The new committee was scheduled to have its inaugural meeting on 4 October 2017. PJR explained that, going forward, the intention was to present IG matters to the new committee primarily for information, after relevant operational discussions overseen by the Director of Public Health (Executive lead for IG), the Caldicott Guardian and the SIRO. This “IG Executive” would escalate matters, primarily to Management Executive, where appropriate.

The legacy statement would also cover matters discussed by the Medical Records Management Group. In this way the MRMG would essentially have a work plan for 2017/8 even though one had not been formally submitted to IGSC.

- **Destruction of Records**

Members noted that the IGSC had agreed the following:

- A records management policy (for onward transmission to the new Strategy and Engagement Committee for formal adoption)
- A records management procedure (to be formally implemented once the policy agreed)
- Supporting detailed procedures including the Department of Health retention schedule

Collectively the above would provide a comprehensive framework that would inform the appropriate destruction of records going forward and thus would be fundamental to good governance.

- **Standard Operating Procedures**

PJR advised members that he still awaited a response from Charles Dalton in relation to the suggestion that the cut off point of max 6 months before a record was deemed to be “lost” as opposed to “misplaced” be documented in the updated UHB Incident Reporting Procedure. GS asked for the relevant correspondence to be forwarded to him.

Action: PJR

- **Digitisation**

Members noted that practice in this area i.e. whether to destroy paper records if the corresponding information was recorded digitally varied between Clinical Boards. It was agreed that a 3 month consultation exercise should be carried out with CBs to try and understand and standardise practice. SO’K was asked to give GS a max 1 side A4 SBAR that could be discussed via CB quality and safety leads. GS would present this initially at a forthcoming Monday CBD meeting.

Action: SO’K

Members noted the good progress that was currently being made in digitisation projects in some specialties, particularly in conjunction with IT platforms such as COM. This work was essentially guided by the principle of only digitising those records that the relevant clinician particularly wanted to access, which were not already available electronically. Other records could be accessed via the Portal, with paper records available as back up subject to relevant retention periods. The Health Records department were due to complete a three month trial of the Clinical Information Triage project by mid-September and would bring a review paper to the next MRMG.

Action: SO’K

- **Libraries**

SO’K advised members that progress with regards restricting access to filing libraries to Health Records staff only had been very limited due to funding reasons. The following actions were agreed:

- Reference should be made to the matter in the IGSC legacy statement

Action: PJR

- Reference should also be made in the UHB CRAF

Action: P Welsh

MRMG 17/029 Storage of Records at Whitchurch

Members noted that the transfer of records from Whitchurch to Treforest was progressing with the move of some physio records. It was noted that Management Executive supported the position that CBs should be required to make a financial contribution for the transfer of their records to Treforest unless the Board agree a global allocation specifically for this. Members noted that the latest estimate was that Whitchurch would need to be wholly vacated within 3 months. It was also noted that the current projection was that if all records currently stored at Whitchurch (i.e. without any prior culling) were transferred to Treforest that would take up approx 75% of available capacity. Records to be transferred from the decommissioned Lansdowne site, as well as pre-identified community locations, would take up a good deal of the remaining capacity.

It was agreed that this subject should be covered in the IGSC legacy statement.

Action: PJR

MRMG 17/030 Emergency Unit Cards – Standard Operating Procedures

Members agreed the SOP.

MRMG17/031 Transport of Medical Records

Members noted that, following concerns expressed by Tony Chatfield, a meeting would be held to look at costed options for the secure transport of medical records in particular to prevent packages breaking open.

MRMG 17/032 Chair's Action

SAR sign off

GS advised that HSMB, after considering an SBAR, had requested a robust proposal for the signing off of SARs. It was agreed that this subject would be discussed in more detail at the Group's next meeting prior to further discussion at HSMB. GS asked that mechanisms for improving the current system be provided ahead of this.

Action: SOK

MRMG 17/033 Any Other Business

It was agreed that the use of fax machines should be discontinued from a medical records perspective.

MRMG 17/034 Matters to be referred to IGSC

Given that IGSC would shortly be disbanded relevant MRMG matters would be picked up in the IGSC legacy statement.

MRMG 17/035 Date of Next Meeting

It was agreed that the Group's next meeting should be held after 5 October 2017.



NOTES OF THE MEDICAL RECORDS MANAGEMENT GROUP MEETING

Held on 10 January 2018

Seminar Room 3, Cochrane Building, UHW

Present:

Dr Graham Shortland	Medical Director/Caldicott Guardian	Chair (GS)
Paul Rothwell	Senior Manager Performance	(PJR)
Sion O'Keefe	Directorate Manager, OP Services	(SO'K)
Keeley Baker	Health Records Manager	(KB)
Jenny Thomas	Clinical Board Director, C&W CB	(JT)
Calum Davies	Graduate Trainee, PCIC	(CD)
Eira Yassien	Dental Clinical Board	(EY)
Ann Morgan	Senior Manager Corporate Governance	(AM)

Apologies:

Tina Bayliss	Ophthalmology, Surgery Clinical Board
Chris Darling	PCIC

In Attendance:

Catherine Thomas, EA to the Medical Director

MRMG 18/044 WELCOME AND INTRODUCTION

At Dr Shortland's request, PJR chaired the meeting until GS arrived. PJR welcomed everyone to the meeting and introductions were made. It was noted that no representatives were present from Surgery, Medicine and Specialist Services Clinical Boards (CBs). This was disappointing given the extent to which the medical records function had been devolved in directorates in these CBs which meant that they needed to be kept abreast of relevant key developments.

MRMG 18/045 APOLOGIES FOR ABSENCE

The above apologies were noted.

MRMG 18/046 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 31 October 2017 were agreed as an accurate record.

MRMG 18/047 MATTERS ARISING

ICO report

PJR confirmed that the legacy statement of the former Information Governance Sub-Committee had been circulated to members. This set out the considerable volume of work that the UHB would need to undertake particularly in relation to delivering the action plan agreed with the ICO in relation to compliance with the Data Protection Act.

It was noted that the Health and Care Standards Timetable should be available via Alex Scott in February 2018. Details would be shared with the Group in due course.

Incident Reporting Procedure

It was noted that the corporate UHB incident reporting procedure had not yet been formally agreed. Differentiation between records that were “misplaced” as opposed to “lost” had been discussed, but it had been decided it was not appropriate to include such detail. This should be covered in a dedicated IG/Data Protection incident procedure. This should include a flow chart showing, on a step by step basis, the action necessary when any Medical Records were not available for any reason. It was important to realise that in some instances the non availability of a record should not be regarded as an incident if the required information was available via other sources such as the Clinical Portal.

Destruction of Records/Storage of Records at Whitchurch

All bar 300 boxes have been cleared from Whitchurch for relocation to Treforest. This had been a very complex job for Medical Records staff. The work of Nathan Williams and his team was acknowledged.

Other areas at Whitchurch still need to be checked, especially the mortuary to ensure there were no medical documents remaining. There still needs to be a transfer of records from different sites to Treforest e.g. Lansdowne, Community Mental Health Centres etc. The Decommissioning group and in particular the Mental Health Clinical Board (Barbara John), will be asked to facilitate the search for any remaining records.

It needs to be noted that there has been a tremendous amount of excellent work done in emptying Whitchurch.

EY confirmed that Dental records have been cleared.

Action: Nathan Williams / Jonathan Nettleton / Barbara John (Operations)
Action: PJR/AM (Report of Caldicott Guardian to Information Technology and Governance Sub Committee - ITGSC)

The Treasury Building at Lansdowne and other sites/GP practices would also be checked to ensure that records were indexed and packaged correctly. Jonathon

Nettleton would check the Treasury building at Lansdowne. A SOP will be developed to indicate pre-requirements prior to transfer of any records to Treforest.

Action: Nathan Williams to facilitate with Masons

7,500 to 8,000 boxes were originally earmarked for transfer to Treforest back in 2014. Already approx 10,000 have been transferred just from the decommissioning of Whitchurch. As 16,000 is the maximum hold, capacity will be an issue and a longer term plan will be necessary. Destruction will help. There remains an issue with retrieval from high shelves. Manual Handling are facilitating the procurement of appropriate devices to aid retrieval.

With regard to GP Surgeries / Community, KB stated that work still has to be undertaken to identify relevant records to transfer to Treforest. The areas affected, the order of priority and the opportunity for storage, will become clearer now that the move from Whitchurch is almost complete; the impending move from Lansdowne will clarify matters further. Health Records will provide guidance on this process via a Standard Operating Procedure but the onus will remain with the services responsible for these records.

Digitisation

A meeting is planned for 16 February. The Agenda has not been set as yet, but the meeting is likely to compliment ongoing discussions and “kick start” pipeline plans.

Merger of IG and IM & T Committees

PJR stated that ITGSC had held a successful first meeting and would meet again on 6 March. Eileen Brandreth, Independent Member is the Chair. Allan Wardhaugh is invited to attend these meetings to represent the Clinical Boards.

CD, on behalf of Chris Darling, PCIC, referred to a meeting that was being held on 12 January with the Bro Taf LMC and the ICO. The aim was to regularise activity envisaged under the UHB's Health and Well Being (HWB) Contract i.e. the contractor would contact the patients of GP practices in order to promote the take up of immunisation and vaccination programmes. This would require the HWB contractor to enter into a Data Processor Agreement with GP practices as controller of the relevant data. As a separate but related issue, the UHB's lawyers (Blake Morgan), had been asked to review the current UHB exemplar DPA in order to align it to the GDPR. PR agreed to give an update on these discussions at the next MRMG meeting.

Action: PJR

15.1

MRMG 18/048 Medical Records Library

SO'K provided an update on the planning documentation associated with restricted access to medical records libraries managed by the Patient Administration department. This is awaiting sign-off as part of the IMTP planning cycle.

The area will be secured and will be on lock down, with access to frontline medical records staff only. It will be monitored with regard to all medical records that are received and removed from the department, plus the benefits associated with streamlining the collection and drop off process. This will result in a more effective service enabling the retrieval of records to be managed more efficiently and timely. The intention is to manage requests similar to a click and collect service. There remain however, some urgent resource issues to be resolved within CBs.

JT enquired as to the possibility of taking this through the Transformation Group and it was agreed that Brendan Boylan should be contacted to take this forward.

Action: S'OK to share the POD with BB to link with the Transformation Group

MRMG18/049 Subject Access Request (rescheduled from HSMB)

GS stated that the paper did not go to the last meeting of the HSMB as the Agenda was full but that it would be going to the next meeting.

Action: GS to take paper to the next meeting of the HSMB

MRMG 18/050 Chair's Action taken since last Meeting

GS advised members that the updated Records Management Policy had not been agreed by the Resource and Delivery Committee, which had taken over responsibility for this function from the former People, Places and Performance Committee. The principal reason for this was that the Committee felt the policy did not make the following points adequately clear:

- The policy related to both medical and non-medical records.
- The only change of substance in the policy was incorporation of the latest document retention and destruction schedules adopted by the Department of Health

He had now discussed this matter further with the Chair of the Resource and Delivery Committee who had agreed in principle to take Chair's action subject to the policy being re-submitted to the next meeting of the Committee.

MRMG 18/051 Standardising Destruction of Medical Records Post Digitilisation – Consultation Process

It was noted that this issue was raised at the Medical Records Operational Group and it was agreed that the destruction of medical records after they have been

digitised needs to be undertaken in a consistent manner. Barbara John (Mental Health) has offered to take this forward. There would be a 3 month consultation period.

Action: GS will take this matter to HSMB to note that this will be an important consultation. GS will also raise with CBDs at a Monday morning meeting and CBDs will be asked to contribute.

Action: PJR will draft a letter for GS to send to Rhidian Hurle, NWIS Medical Director seeking clarification of his statement that electronic records should be kept in perpetuity as this could be in conflict with the Data Protection Act.

MRMG 18/052 Any Other Business

JT raised the issue of access by locums to UHB IT systems. It was noted that any non-employee whose role involved the processing of UHB data needed to be subject to the same confidentiality framework as UHB staff. For this reason steps had been taken to extend this framework to students in clinical disciplines. AM agreed to look into extending this arrangement to locums.

Action: AM

MRMG 18/053 Items to bring to the attention of Committees

MRMG minutes will be taken to the ITGSC meeting on 6 March.

Action: GS

It was noted that the Medical Director and the Director of Public Health were due to embark on a safety walkaround of the medical records library at UHW. Feedback will be provided in the Caldicott Guardian report to the Information Technology and Governance Sub Committee.

MRMG 18/054 Date of Next Meeting

Monday, 5 March 2018 at 11 am in the Corporate Meeting Room, UHB HQ



**Brief notes from NHMRG meeting held on 14th August 2017
In the Small Meeting Room HQ**

<p>Present:</p> <p>P Welsh N Mason A Hughes H Williams</p> <p>P Rothwell P Emmerson C Thain</p>		<p>Apologies:</p> <p>C Morgan A Stephenson</p>		
<p>ICO Audit</p>		<p>Update on the Action was discussed and shown below:</p> <p>I.C.O will not be returning to audit again but we will consider the relevant issues if and when they have to revisit the UHB</p> <p>Noted that a new template was being provided for Directorates to document what non-records information they receive. P.R / Ann Morgan to visit Corporate/Clinical Boards to discuss.</p> <p>The monitoring of the Action will continue from IG Sub Committee and new joint Sub Committee.</p>		<p>PR</p>

	<p>P.R will review this and report back relevant sections for the Non Medical Group to further consider.</p> <p>P.E raised the Information Register still relevant and this was confirmed.</p>	
Training	Need to consider further training for 2018/19	All
Corporate Records	<p>P.E raised issues of Brecknock Security / front entrance needs resourcing. Suggest new assessment required and security of the post room.</p> <p>Huw suggested an access control policy should be received and brought back to the next meeting.</p> <p>All to check their security systems</p>	<p>PE/NM</p> <p>HW</p> <p>All</p>
Use of Fax Machines for Non Medical Records	<p>The use of the fax machines was discussed at the last IG meeting, need to audit where they are.</p> <p>CT reported this was being reviewed by Procurement, as part of a cash saving scheme. This is currently with C.D.T Clinical Board and rolled out to other Clinical Boards in time, this will require greater use of a confidential print system.</p> <p>Corporate Department to review if they have faxes and are they secure and do they need them.</p> <p>Paul will check the current policy on the use of fax machines</p>	<p>CT</p> <p>All</p> <p>PR</p>
NHMR Annual Plan	Review Terms of Reference annually alongside the Annual Report	

Staff Records	All to check the safety and security of staff personal records which are not on the ESR system.	All
Central Departments	PE raised IT based IG (NMR) Depository was going to be developed for this purpose NM agreed to look into this with IT	NM
Publicity and Awareness	Agreed to plan a 'IG' awareness day for all staff. To be discussed at the next meeting.	
Management of 2 Sub Committees	PR outlined the 2 sub committees and the need to develop a legacy statement. Non Medical components to be shared with the group for comments. Formally receive this at the next meeting.	
Date of Next Meeting	7 th November 2pm Small Meeting Room HQ	



**Brief notes from NHMRG meeting held on 7th November 2017
In the Small Meeting Room HQ**

Present: P Welsh A Crook Apologies:		P Rothwell	K Craig P Emmerson A Stephenson	N Mason A Hughes C Thain
Item			Lead	Action
Notes of previous meeting 14th August 2017	Agreed as an accurate record		All	
Matters Arising	<ul style="list-style-type: none"> • Corporate Training for CDFR Need to agree training for new CDPR training for Corporate Departments. PR agreed to contact Legal and Risk for Executive / Corporate functions in February 2018. • Records Managements Policy Draft policy not approved at Resource and Delivery Committee earlier in the day. Number of comments received and would need to be brought back to the 			

	<p>next Committee in January 2018</p> <ul style="list-style-type: none"> • Policy Management Work to remove out of date policies is in progress and need to 'call' those. Agreed to support this and take paper to IG/IT Sub Committee. • Risk Register Need to consider risk register for the Sub-Committee as this would be discussed at the next meeting. 		
<p>ICO Audit</p>	<p>Update on the Action was discussed and shown below:</p> <p>I.C.O will not be returning to audit again but we will consider the relevant issues if and when they have to revisit the UHB</p> <p>Noted that a new template was being provided for Directorates to document what non-records information they receive. P.R / Ann Morgan to visit Corporate/Clinical Boards to discuss.</p> <p>The monitoring of the Action will continue from IG Sub Committee and new joint Sub Committee.</p> <p>P.R will review this and report back relevant sections for the Non Medical Group to further consider.</p> <p>P.E raised the Information Register still relevant and this was confirmed.</p>	<p>PR</p>	<p>Paul reported that the new Information Governance / Information Governance Sub-committee would like us to be pro-active and send updates of the action plan to the IGC.</p>

Training	Need to consider further training for 2018/19		Training planned end of January 2018
Corporate Records	<p>P.E raised issues of Brecknock Security / front entrance needs resourcing. Suggest new assessment required and security of the post room.</p> <p>Huw suggested an access control policy should be received and brought back to the next meeting.</p> <p>All to check their security systems</p>	<p>PE/NM</p> <p>HW</p> <p>All</p>	In progress
Use of Fax Machines for Non Medical Records	<p>The use of the fax machines was discussed at the last IG meeting, need to audit where they are.</p> <p>CT reported this was being reviewed by Procurement, as part of a cash saving scheme. This is currently with C.D.T Clinical Board and rolled out to other Clinical Boards in time, this will require greater use of a confidential print system.</p> <p>Corporate Department to review if they have faxes and are they secure and do they need them.</p> <p>Paul will check the current policy on the use of fax machines</p>	<p>CT</p> <p>All</p> <p>PR</p>	Confirmed on policy is not to use unless there is a compelling need to use them e.g contingency planning AC to see if HR fax can be removed.
Staff Records	All to check the safety and security of staff personal records which are not on the ESR system.	All	In progress

Central Departments	PE raised IT based IG (NMR) Depository was going to be developed for this purpose NM agreed to look into this with IT	NM	
Management of 2 Sub Committees	PR outlined the 2 sub committees and the need to develop a legacy statement. Non Medical components to be shared with the group for comments. Formally receive this at the next meeting.		New Committee now
Date of Next Meeting	6 th February 2018 2pm Small Meeting Room HQ		

MINUTES OF THE DATA QUALITY GROUP MEETING ON 29 NOVEMBER 2017

Participants

A V Nelson	AVN	Chair
P J Rothwell	PJR	
S O'Keefe	SO'K	
J Webb	JW	
K Ashmore	KA	
C Evans	CE	
L Jenkins	LJ	
J Cottam	JC	

1 Apologies for Absence

C Darling, K Baker, A Crook, E Yassien.

2 Minutes of the Meeting on 13 July 2017.

The minutes were agreed.

3 Action Log

The following updates were noted in relation to items on the action log:

- DQ Baseline assessment – PJR to escalate to Sharon Hopkins non-completion by the Medicine and Surgery Clinical Boards of the data quality baseline assessment. **Action: PJR**
- Strengthening of integration – AVN explained that the WG 10 year strategy is predicated in inter-operatbilty i.e. to enable the core patient record to be seen on any IT system anywhere in NHS Wales. One enabler for this is the ability to map the NHS Number (which in future may be issued by NHS Wales) to the EMPI.
- Internal Audit – Theatreman Coding. It was noted that coding recorded on Theatreman was essentially only used to support the internal trading framework between Theatres and relevant specialties. It was agreed that more work was needed to understand in more detail inconsistencies between the codes recorded by different people. **Action: JW**
- Follow Ups – AVN advised members that a workshop had been held with relevant Directorate Managers. This had promoted the use of COM as a vehicle for recording FU activity. Directorates had been asked to advise by end November 2017 how they wanted FUs to be managed. AVN

advised members that guidance had been released on how to appropriately account for OP (to include DAT) activity. This was necessary in order to move from unstructured to structured/semi structured data. Digitally enabled functionality would be needed. SO'K gave details of the Patient Communication Portal. This will provide patients with the ability to view their appointment letter online and also confirm, rebook or cancel. To do this it would be essential to have the patient's correct mobile number. There was also the potential to signpost patients other UHB information and links.

4 Matters Arising Not Covered Elsewhere on the Agenda

4.1 Zero Length of Stay

KA advised that she had observed little change in terms of patients having very short lengths of stay being recorded against them (e.g. this could potentially happen if a patient was initially recorded incorrectly against the wrong consultant) but agreed to look into it further, in particular in terms of whether training would assist. **Action: KA**

4.2 Cardiac Pathways

KA was asked to ascertain the status of the report of the Delivery Unit's audit of the accuracy of reported cardiac pathway waiting times. **Action: KA**

4.3 Overlayers.

JW advised that he had received no response to date from Leitchan Smith regarding his request for a BIS report that highlighted whether there had been 3 or more demographic changes over a 24 hour period. This could give insight into possible overlayers. AVN agreed to pursue this matter. **Action: AVN**

4.4 Clinic Cashing Up

SO'K reported on problems being experienced because of COF forms were not being completed, which was to some extent attributable to simple operational factors such as clinics finishing late i.e. co-ordinators no longer present to ensure COF forms collected from clinicians etc. It was agreed that greater use of COM was potentially a simple solution to many of these problems. AVN agreed to request a COM roll out plan from the PMS Development Team. **Action: AVN**

Members also discussed the problem of patients being issued with target dates on PMS but these were not being regarded as valid and so were not being sent to

BIS. It was agreed that KA would raise this at the next meeting of the follow up group with Caroline Bird. AVN gave details of discussions about introducing an algorithm driven solution to this. **Action: KA**

5 Risk Register

The Risk Register was noted.

6 VASS Submissions

The VASS submissions were noted in relation to data validity and consistency, pooled consultant codes for APC activity and to record nurse led activity. JW highlighted the increasing trend for directorates to pool waiting lists which could make it difficult to identify which patients were under the care of which consultant. It was agreed that JW should present a proposal to make it easier for clinic coordinators to select the correct consultant. **Action: JW**

7 Access to Data

AVN highlighted ongoing discussions with NWIS about UHB lack of access to data relating to its own patients stored on NWIS systems, such as MTED. AVN expressed concern that the E-form model being discussed by the All Wales nursing group was not AI friendly. This was not consistent with a key strategic principle signed off by the UHB.

8 APC Datasets with ungroupable HRGs

JC presented the above paper which highlighted problems that occurred some times in grouping records because invalid codes had been assigned. JW highlighted the fact that a contributory factor could be the recent delay in updating encoding software. Members recognised the importance of ensuring there was no repetition of this.

9 Date of Next Meeting

To be advised.

NHS WALES INFORMATICS MANAGEMENT BOARD

Minutes of the meeting
Wednesday 13 September 2017 – 10:00-12:30

Attendees:

Vaughan Gething	Cabinet Secretary for Health, Well-being and Sport
Andrew Goodall (AGD)	Welsh Government
Frank Atherton (FA)	Welsh Government
Steve Ham (SH)	Velindre NHS Trust
Dylan Williams (DW)	Betsi Cadwaladr University Health Board
Rhidian Hurle (RhH)	NHS Wales Informatics Service
Hamish Laing (HL)	Abertawe Bro Morgannwg University Health Board
Daniel Phillips (DP)	Velindre NHS Trust
Sharon Hopkins (ShH)	Cardiff and Vale University Health Board
Stuart Morris (SM)	Velindre NHS Trust
Aled Williams (AW)	Welsh Ambulance Service Trust
Peter Jones (PJ)	Welsh Government
Evan Moore (EM)	Betsi Cadwaladr University Health Board
Karen Miles (KM)	Hywel Dda University Health Board
Eifion Williams (EW)	Powys Teaching Health Board
Nicola Prygodzicz (NP)	Aneurin Bevan University Health Board
John Palmer (JP)	Cwm Taf University Health Board
Karen Winder (KW)	Cwm Taf University Health Board
Robert Bleasdale (RB)	Cwm Taf University Health Board
Liz Cook (LC)	Welsh Government
Cath Bridges (CB)	Welsh Government
Ruth Chapman (RC)	NHS Wales Informatics Service
Matthew John (MJ)	Abertawe Bro Morgannwg University Health Board
Neil Frow (NF)	NHS Wales Shared Services Partnership
Frances Duffy (FD)	Welsh Government
Caren Fullerton (CF)	Welsh Government
Bradley Kearney (Secretariat)	Welsh Government

Apologies:

Andrew Griffiths	NHS Wales Informatics Service
Liz Waites	NHS Wales Informatics Service
Patsy Roseblade	Welsh Ambulance Service Trust
Huw George	Public Health Wales
Mike Ogonovsky	Aneurin Bevan University Health Board
Fiona Jenkins	Cardiff and Vale University Health Board

1. Welcome and Introductions

AGD welcomed the Cabinet Secretary for Health, Well-being and Sport to the meeting, saying that it would be a useful opportunity for the Cabinet Secretary to have some reassurance about the progress being made in IM&T.

2. Opening statement from the Cabinet Secretary for Health, Well-being and Sport

The Cabinet Secretary said we need to be better at reflecting on the progress being made in IM&T, whilst also being realistic about what still needs to be done. He said that the public expectations of what digital solutions can do for them sometimes do not match up to what is provided by the NHS, and increased progress against the strategy would help address this. He also said it is important that we ensure digital products and services are not only delivered, but used and adopted, which requires promoting the benefits of these digital products.

The Cabinet Secretary also mentioned that the Minister for Skills and Science, Julie James, has indicated that she would like to attend NIMB on a more regular basis, as her portfolio includes digital. He said she would be particularly interested in whether we are doing the things we set out to do in the strategy, and whether they are having the expected impact.

3. Detailed update from Cwm Taf University Health Board

JP, KW and RB gave a presentation to members about the current work and future plans for IM&T in Cwm Taf.

Some key points from the presentation were:

- Cwm Taf have a transformation programme that has been approved by their board.
- The organisation's ICT strategy and Strategic Outline Programme have also been signed off by their board prior to submission to Welsh Government. They reflect the ICT elements of their IMTP.
- There is a focus on the digitisation of records, including the recent reduction of 31 sites for medical records into one single site.
- Engagement work has taken place with stakeholders across the organisation to determine the biggest challenges facing the organisation, and to map the initiatives the health board is delivering.
- Through the development of a digital health vision, Cwm Taf has signalled that ICT is a key enabled to overcome these challenges and to help deliver these initiatives.
- Cwm Taf has applied the McKinsey model of opportunity versus ease of implementation to determine which digital products should be prioritised.
- RB explained the importance of clinical engagement, and the positive impacts that delivery of digital products can have on staff e.g. morale improvements, and a reduction in drug errors through the Pharmacy Orders system.
- JP said that momentum has been established through the delivery of smaller projects, but now there was a desire to look at larger projects such as WCCIS, Choose Pharmacy and Vision 360.

The Cabinet Secretary welcomed the update, and said he was interested to know how learning is shared and implemented across health boards. He said that the Minister for Skills and Science would be particularly interested in how health boards share learning with other public sectors. ShH said that a lot of work is being done to share learning at the regular ADI meetings.

AGD said that managing to move all records to one site was a major task to have achieved. He was pleased to have the examples of increased morale due to digital project delivery. He also mentioned the reduction of drug errors, and indicated he would like to see a paper detailing this.

Action – JP to produce a paper detailing the reductions in drug errors achieved through digital advancements in Cwm Taf

RhH said it was important that clinicians and ADIs to work in closer partnership with each other. DW said it was important that clinicians were given the opportunity to engage, as they are often the best-placed people to change ways of working for the better, as sometimes the problems lie in the ways of working rather than the supporting systems. HL said it was also important to have leaders in other healthcare roles, such as nursing.

JP said that in instances such as the response to the cyber attack on the NHS, health boards have been able to work together to pull together a good response. He questioned why upgrades to national systems are done so incrementally, and said if the adoption of digital products was more visible to chief executives it could help with rollout speeds. The Cabinet Secretary said that his expectation was that progress would now be made on the adoption of national systems.

4. Once for Wales

The Cabinet Secretary said if we are to achieve the goal of genuinely integrated national system, it was vital to know what we meant when we say Once for Wales, and welcomed the update from the task and finish group.

MJ said that although Once for Wales was frequently mentioned in the digital strategy, there was a lack of clarity about what it meant, which was why the task and finish group was established to look at the three actions arising from the Team Wales event in September 2016.

MJ updated on progress against these three actions:

- 1. Agree and communicate a clear definition of ‘Once for Wales’ which takes in to account the delivery of both national systems and local innovation**
 - The group have agreed that Once for Wales is about all parties involved in health and care in Wales working collaboratively to add value and deliver the strategy of a single electronic patient record, ensuring that information is entered once and is made available to all those who need it, at the time and place they need it.
- 2. Agree what systems should form part of the ‘core’ national system (the ‘must haves’) and should therefore be delivered as part of a single, national system, which should be adopted and fully rolled out by all organisations. Current progress in terms of implementation should be understood, along with potential benefits that can be achieved**

- Services/functions that allow data to flow effectively to and from all systems/applications in Wales should be mandated. The group would need further time to consider and clarify which services/functions should be mandated.
- There are a set of core systems/applications that would be beneficial to provide on a Once for Wales basis, and which would also benefit from having a common user interface. There would be more strategic planning needed to determine a criteria by which a system is given Once for Wales status.

3. Establish a common set of standards which enable integration and interoperability across systems in a consistent and secure manner, in order to support local innovation and the use of third party delivery partners

- The group agreed that a catalogue of standards and requirements should be mandated to enable interoperability across systems. The group also recommend the establishment of a Standards and Interoperability Board, which would agree these standards and ensure they are built into future procurement and innovation.

MJ said the group would aim to provide an update to the November NIMB meeting, however to report on the work under action 2, the group may need until the February meeting.

Action – Updates on Once for Wales to be provided at the November and February NIMB meetings

ShH said that the paper showed that the work was moving in the right direction, and that it was important to remain as flexible as possible and to pay attention to interoperability in order to enable Once for Wales. She also said that she hoped the proposed Standards and Interoperability Board would replace a current board rather than add to the number of meetings people need to attend.

JP said that the work doesn't seem too far off being completed. He said the work done to date on Once for Wales should be reflected in the next IMTP cycle, and hoped that any revisions needed wouldn't stop this. MJ said that he thought actions 1 and 3 were complete, but recognised that work on action 2 was an ongoing process, which would require further clinical representation and assurance. The Cabinet Secretary agreed that we wouldn't want to miss an IMTP cycle.

RhH said it can be difficult for clinicians to engage with and attend groups such as this one. In particular to Once for Wales, he said it was important that the clinician's viewpoint on a common user experience was heard, and that the group needed to take more time to get a consensus from a clinical body. He also highlighted that for national systems to be delivered, identifying different models of funding may be required.

CF said the group should be mindful of what the benefits of Once for Wales should be for patients. She said there is lots of work being done around standards in other

public sectors across the UK, which may be worth considering. CF also said the group should consider how local innovations get elevated nationally.

RB suggested that the group could interface with a clinical group going forward, and that in the future, groups that require clinical engagement should be put in diaries months in advance to ensure that clinicians are able to attend.

HL suggested that a paper detailing the work being done by the task and finish group could go to the next Welsh Clinical Informatics Council in September.

The Cabinet Secretary said that having an agreed definition for Once for Wales was helpful, and he wanted to make sure that opportunities were taken to make progress. He also said he would expect Once for Wales to be considered by organisations during the next round of IMTPs.

AGD acknowledged the broad support for the work done so far by the task and finish group, and the Board endorsed the recommendations made in the paper. He recognised that there was still work to be done, and further engagement was necessary with clinicians. It was also agreed that a paper would be taken to the September meeting of the Welsh Clinical Informatics Council, focussing on the further work required on action 2. He also recognised that Once for Wales can't and shouldn't be applied to all systems, and that it was primarily for core systems.

Action – Paper to be submitted to WCIC focusing on the further work required on action 2.

The Cabinet Secretary left the meeting at this point.

5. My Health Online

JP presented an update paper on My Health Online. The key points from this paper were:

- My Health Online is widely available to GP practices, however the uptake by GPs has not been good enough. The public feel as though the service is not accessible.
- The MHOL Steering Group has worked with NWIS to agree a number of upgrades to the service, including online registration and the development of a mobile application.
- Work has been done alongside GPC Wales to agree that access to a summary of the medical record will be made available to patients, with rollout this year. The aim is then for access to the full medical record to be available by April 2018.
- There remain cultural barriers around the adoption of the service by GPs. It is hoped that with the increased functionality, demand from patients for the service will influence more of them to implement My Health Online. There are ongoing conversations with LMCs and cluster leads about these barriers.

AGD said that online registration is important to provide greater accessibility to the service, and also said the development of a mobile application is a step forward. FA said that the main barrier to adoption is GP practices protecting appointments. SH said it may be useful to speak to GPs and practices who have adopted MHOL successfully to learn more of their experiences with it, which may be useful in persuading others. RhH said that the demand on GPs meant that triage services were vital to steer patients to see the most appropriate healthcare professional, and MHOL would have to consider that.

NF said that MHOL has been available for a long time with little success in terms of adoption, and asked whether a review was needed to determine why things aren't progressing as they should be. NP agreed that registration was a fundamental barrier to people signing up to MHOL, and asked what more would it take to make registrations faster, and to increase the pace of the upgrades required.

AGD said there was work to do to reassure both GPs and patients that the service works, and to ensure that the role of multi-disciplinary teams is considered. JP said that linking with LMCs was an attempt to allay GP concerns. He said he is confident there is an operable model now for MHOL. AGD said it would be useful to see a clear timetable for the delivery of service improvements to MHOL, as well as a reflective piece of work by NWIS to look at the lessons that can be learned from the original rollout and adoption of MHOL.

Action – JP to put together a timetable for the delivery and implementation of the improvements to MHOL

Action – NWIS to undertake a lessons learned exercise, looking into the issues around adoption of MHOL

6. Informed Health and Care, a digital health and social care strategy for Wales

AGD asked RhH to give a brief update from the Welsh Clinical Informatics Council. RhH said that he was acting at the interim SRO for workstream 2 of Informed Health and Care. He said it is important that the clinical voice is heard in IM&T, and that effort is taken to help clinicians understand the wider issues.

Update on progress

Highlight reports setting out progress on the four Informed Health and Care delivery Workstreams (Information for You, Supporting Professionals, Improvement and Innovation and A Planned Future) were distributed in advance of the meeting, for information.

RC updated the board on the work of the workstream steering groups. She said terms of references and dependencies between the workstreams are being worked through.

AGD said that these updates are useful, and it would be good if there could be dedicated time at the start of NIMB meetings to go through these updates in detail.

Action – Updates on progress against Informed Health and Care to be at the top of the agenda for forthcoming meetings

RhH said that a clear method of engagement was needed with the workstream steering groups to ensure that the clinical voice is heard. DW said that ADIs often struggle to engage as well, and that there were often conflicted views about what the priorities are. AGD suggested that WG could assist in giving an overview of what we see as the priorities. FD said that prioritisation would be part of the conversation at the next NIMB around the national plan.

Action – WG to work with health boards to establish an overview of priority national projects

NP suggested that the McKinsey model referenced in Cwm Taf's presentation could be used to aid the discussion around prioritisation. ShH said that the resources required to implement systems needs to be taken account of.

Risks/issues

AGD asked what the latest update on WEDS is. DP said there is a meeting on 20 September to reflect on the response from the supplier. AGD said WEDS should remain as a risk, and that he would like updates on progress.

AGD asked if there were any other risks to raise. NP asked about WCCIS, and asked about the timescales for the gateway review. PJ said these should be confirmed in this calendar year. AGD said there will always be issues to address with WCCIS, and it would be useful to discuss these at the next NIMB.

Action – WCCIS to be added to the agenda for the November NIMB

EW said that there were clear benefits to the system, in that both health and social care are able to access the same records. JP said he thought more reassurance was needed in regards to the interoperability of WCCIS, and that it should be kept in view of NIMB. He also said there was lots of appetite for implementation. DW said Betsi Cadwaladr UHB is going through the requirements with CareWorks at the moment, and that they will know more in the next couple of weeks. AGD said that NIMB will continue giving a national oversight of WCCIS.

7. National catering IT solution – business case

AGD said clarity is needed one way or the other about whether we are going to go ahead with the national solution. FD said that IPAD and other groups considered whether a national catering solution was needed, and colleagues in Aneurin Bevan UHB were asked to put together this business case. The paper recommends a more detailed look at the revenue and capital cost of the project.

NF said that this was not reflected in NWSSP's work plan, and said that there would be a significant resource requirement to implement. AGD said other resource options such as Invest2Save would be looked at to implement this if taken forward. NF

asked if it was possible to upscale an existing system being used in another health board such as Cwm Taf.

HL said he was not sure of the benefits of a single system for Wales for catering. FD said there would be a single procurement process for a national system as opposed to multiple processes.

AGD asked that the recommendations in the paper are now taken forward, and also asked what the mechanism would be if it was decided to upscale the current system used in Cwm Taf. JP said this could be managed through a framework contract.

Action – FD to oversee future work on the national catering IT solution

8. Team Wales

National Plan

DP presented his paper on the development of a national plan, for information. He said that there will be an opportunity for a larger discussion at the next NIMB, and the plan will also be discussed at WCIC. He said that the recent digital strategy workshop was important in building relationships between stakeholders.

PJ mentioned the recent agreement from the Cabinet Secretary for £5.579m of capital funding for the implementation of national projects, and that his team would be working on offer letters to health boards shortly.

JP asked whether this exhausted the available capital funding for this financial year. AGD said yes for now, and that other funding mechanisms are always being looked at. PJ said that the funding for each health board is being discussed by deputy directors of finance this week. AGD asked if confirmation of funding could be sent out to health boards after these discussions.

Action – Confirmation of capital funding to be provided to health boards

Action – National plan to be discussed at the next NIMB

9. Information Governance/Security/Standards

Sub group reports/escalations

The reports and escalations provided by sub groups were noted.

NIS Directive

PJ said that there is a workshop session taking place next week to discuss Welsh Government's designation as the competent authority for Wales, and the implications of the Directive's implementation. AGD asked if there could be a general update on this at the next NIMB.

Action – NIS Directive to be on the agenda at the next NIMB**10. Minutes and actions from the previous meeting**

The board reviewed the minutes from the previous meeting, and some minor amendments were noted.

Action – Amendments to be made to the note of the previous meeting**Updates**

KW said that due to delays to WLIMS, there is a risk that legacy telepath systems will not be supported for 6-9 months unless there is a refresh. She said that the potential cost of this refresh would be £2.5m. The board endorsed the suggested approach for NWIS to commence negotiations with the suppliers. ShH said that for the histology rollout to be completed by the end of March, there would need to be a movement of resources. KW said this could be discussed at the next implementation board in October.

Action – KW to raise the resourcing of the histology rollout at the next WLIMS Implementation Board

PJ updated the board on PACS, confirming that Cardiff and Vale UHB have now signed the deployment order.

The updated timetable for the implementation of WCCIS was noted by the board.

11. AOB

AGD said that to make room for a more detailed discussion about the strategy workstreams in November, the detailed update from Powys would be moved to the February NIMB.

AGD said that the early draft of the response to the Auditor General's report on NWIS needs some changes. FD said she was meeting with Andrew Griffiths and SH next week to discuss. AGD said that a consistent response was needed.

PJ asked if GDPR could be on the agenda for the next NIMB. AGD said it would be included if there was availability.

Action – GDPR to be held as a possible agenda item for the November NIMB

AGD mentioned that the increased involvement of the Minister for Skills and Science at future meetings was a step forward for IM&T. CF said that the Minister would take a particular interest in data sharing.

NHS Wales Informatics Management Board

NIMB – Feb 2018 (Doc 011)

NHS WALES INFORMATICS MANAGEMENT BOARD

Minutes of the meeting
Thursday 9 November 2017 – 14:00-16:30

Attendees:

Andrew Goodall (AGD)	Welsh Government
Frances Duffy (FD)	Welsh Government
Rhidian Hurle (RhH)	NHS Wales Informatics Service
Daniel Phillips (DP)	Velindre NHS Trust
Huw George (HG)	Public Health Wales
Steve Ham (SH)	Velindre NHS Trust
Hamish Laing (HL)	Abertawe Bro Morgannwg University Health Board
Evan Moore (EM)	Betsi Cadwaladr University Health Board
Neil Frow (NF)	NHS Wales Shared Services Partnership
Mark Osland (MO)	Velindre NHS Trust
Aled Williams (AW)	Welsh Ambulance Service Trust
Karen Winder (KW)	Cwm Taf University Health Board
Michelle Sell (MS)	NHS Wales Informatics Service
Ruth Chapman (RC)	NHS Wales Informatics Service
Andrew Griffiths (AG)	NHS Wales Informatics Service
Helen Thomas (HT)	NHS Wales Informatics Service
Eifion Williams (EW)	Powys Teaching Health Board
Caren Fullerton (CF)	Welsh Government
Peter Jones (PJ)	Welsh Government
Cath Bridges (CB)	Welsh Government
Karen Miles (KM)	Hywel Dda University Health Board
Sharon Hopkins (ShH)	Cardiff and Vale University Health Board
Nicola Prygodzicz (NP)	Aneurin Bevan University Health Board
Dylan Williams (DW)	Betsi Cadwaladr University Health Board (via VC)
Bradley Kearney (Secretariat)	Welsh Government

Apologies:

Frank Atherton	Welsh Government
Albert Heaney	Welsh Government
Patsy Roseblade	Welsh Ambulance Service Trust
John Palmer	Cwm Taf University Health Board

1. Welcome and Introductions

AGD welcomed members to the meeting, and members introduced themselves. CF mentioned that she was attending to represent the Leader of the House, Julie James, who holds the digital portfolio in Cabinet. AGD reminded members that Julie James will be taking an interest in attending future NIMB meetings.

2. Informed Health and Care, a digital health and social care strategy for Wales

AGD welcomed the opportunity to have a detailed discussion around progress against the strategy, and said he hoped it would be an opportunity for members to feel as though they are linked in to the work being done within each Workstream. He

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also said he hoped the discussion would be able to highlight the progress made to date, and also the upcoming risks.

AG introduced a presentation on progress against the strategy. Some key points from this introduction were:

- The “view” of the single record held three main components: The ability to identify the clinician through the NADEX ID, the ability to identify the patient through the NHS number and audit access to confidential information through tools such as audit logs and NIAS.
- Underneath these three requirements, systems could be grouped into five categories:
 - Speciality Systems (e.g. LIMS, Child Health) – where it is important for clinicians to be able to see processes and outcomes;
 - Results – systems that allow clinicians to see the results of tests and treatments;
 - Notes (e.g. E-Forms, WCRS) – systems that allow clinicians to see notes about their patient from all of the clinicians involved in their care, in one place;
 - Images (e.g. PACS, Digital Pathology) – systems that allow the upload of images to be shared throughout a patient’s care; and
 - Process Data – systems that allow data to be used in many different forms.
- These systems are underpinned by the Primary Care Record and the Community & Social Care Record.
- Data from the single record is used as reference data, and through the data lake for analysis purposes.
- Platforms such as Welsh Clinical Portal, Patient Access, Primary Care Record, Emergency Department Record and the Community & Social Care Record all allow clinicians and patients to view and contribute to the record.
- Population of the record through these various systems and platforms is a sign of delivery progress. For example, it is possible to see the percentage of referrals that have been done electronically.

AGD agreed that the percentage of functions performed electronically was one indicator of progress, but it was also important to use a geographical indicator of delivery as well.

Action – Strategy Programme team to develop improved illustration and reports of progress and benefits, including indicators of usage

Workstream 1 – Information for You

MS presented progress against Workstream 1. Some key points from this update were:

- HG has agreed to chair the workstream, and there is further work needed to ensure the workstream group is representatives of all stakeholder groups, including citizens.

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- A roadmap for delivery of the workstream has been developed, which reflects the following priority areas for this year:
 - Online platform;
 - Patient Identity and Authentication;
 - Architecture/Interoperability;
 - PROMS/PREMS;
 - Access to GP record; and
 - Working with HBs and Trusts to understand their local developments.
- There was a focus on rolling out My Health Online (MHOL) this year, in particular the function for providing patients with access to their records. MHOL functionality has improved. Patients are now able to initiate their registration online, before they are required to present at their GP with identification. All practices have the ability to provide access to the summary record, access to which can be enabled by each practice to particular patients if they so wish. Access to the full record will be available to a small number of pilot practices initially, before full rollout is completed by April 2018. A decision has been taken on a common content management system.

AGD said that the issues that were being focused on were the right issues, although they may be things that have been worked on for a while.

FD asked if all health boards had signed up to the new content management system. MS said that the system had been agreed on, but there was further work to do on the rollout. PJ said there were upcoming meetings on the CMS to progress the work. HL said that he welcomed the new CMS, but there were issues to resolve around cost of teaching and deployment.

HL asked how many patients representatives were on the MHOL board. PJ said that there was no specific representation, but that was something he could take back to the board. MS reiterated that the workstream was reviewing representation across its sub-groups.

Action – PJ to raise the issue of patient representation with the chair of the My Health Online programme board

AGD said that we need to find ways of drawing a line under pieces of work once completed, and that the NHS in Wales was in a position of catching up with the technology it offers to users rather than innovating. HL said that he was aware of some work being done by the Royal College of Physicians into what patients want, and that it may be worth this workstream linking in with work like this.

CF said that some of the data held on MHOL would be valuable if linked to other public services, giving the example of applying for a blue badge. She also said that on the subject of authentication, there was also work being done on this by local authorities, and that health should try to link in with this.

ShH said it is important in the presentation of this work to be clear about what the benefits will be, and that we should all keep sight of what the intended benefits will be all the way through in order to focus efforts. She agreed that some of the potential

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links with wider public services could provide great benefits to users, and that the workstream should keep sight of that.

NP said that we needed to be clearer on what has been achieved to date and what may have slipped. She highlighted an example she was aware of, where MHOL was being used in care homes to order repeat prescriptions, and asked what more can be done by organisations to realise the wider benefits of digital initiatives.

SH said that sometimes there is little sight of what a certain project is aiming to achieve. He also asked what was being done to increase the adoption of MHOL.

RhH said that patients are frustrated that they cannot see where they are in the system. He said that he thought we were in a better position now than before, but he had some reservations about being prescriptive about what patients want. He also highlighted the importance of avoiding providing multiple services across different localities that provide the same function, and that could be managed through a single service.

AGD said that some of the updates provided can still seem quite technical, and said that clarity shouldn't be lost in overviews of progress.

Workstream 2 – Supporting Professionals

RC presented progress against workstream 2. Some key points from the update were:

- A system rollout map showed the rollout of secondary care systems in 2014 compared to today. Since the strategy has been launched, the completion of system rollouts has doubled across all health boards and trusts. The number of instances of plans being put in place ready for implementation has also more than doubled.
- There is a similar picture in primary care, where instances of implementation have tripled.
- Figures were provided on the usage of a number of systems through October 2017:
 - Welsh Clinical Portal (WCP) – 104,000 electronic test requests made;
 - Welsh GP Record (WGPR) – 20,000 record views;
 - Welsh Care Records Service (WCRS) – 80,000 electronic documents viewed;
 - Medicines Transcribing and eDischarge (MTeD)– 9,000 electronic discharge letters sent;
 - Welsh Results Reporting Service (WRRS) – 13,000 test requests viewed outside of area; and
 - Welsh Patient Referral Service (WPRS) – 19,000 electronic referrals prioritised.
- A number of graphs showing the usage of these systems illustrated where they were slowly replacing paper. It was highlighted that some systems such as MTeD have taken longer to implement due to change management issues.

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NF asked why some health boards still used paper when they didn't need to, and highlighted the administration costs of using paper that could be saved. ShH said that sometimes it is not easy to change practice, but that all organisations needed to find the time to try. AGD said there is usually a pattern of adding new systems, services and ways of working on top of what is already there, rather than replacing it. He asked how can organisations drive this change of behaviours. AW highlighted a recent example in WAST where a new CAD system was introduced, which resulted in the old way of working being discontinued within three hours.

HL said that paper systems are often held onto due to a perceived risk, however highlighted that paper can sometimes be a greater risk, as it is harder to track who has viewed a certain document. He said organisations have to be bold in implementing new systems whilst maintaining patient safety, otherwise no savings can be made and the risks of paper systems will remain.

RhH asked why electronic test requesting is not available everywhere, and why it cannot be mandated centrally.

DW said it is important to track where paper is no longer needed, which might assist with the change of processes.

AGD said that there are often defences of old paper systems, but organisations need to point out where old systems pose a greater risk. AGD said he was happy to take advice outside of the meeting on what can be done to make sure organisations fully switch to new systems. AGD said a process needs to be in place for discontinuing old ways of working.

Action – Health boards to work with Workstream Boards to develop a process for organisations to discontinue old ways of working once a new system has been fully implemented

AGD emphasised the 30 systems that workstream 2 was delivering, and said there was a question about whether all of these projects were priorities. He said there needed to be a focus on finishing things that had already been started, and that NWIS and other organisations need to be realistic about what they can deliver.

RhH said the fact that WCRS requires authorisation of documents has contributed to a change in practice. AGD said it was important to look at where systems are rolling out and being used well, and to ask why that is and what can be learned from that for other systems rollouts. PJ said he thought more investment was required in change management and champions in each organisation.

KM said it would be beneficial to develop some universal comms around the benefits of the digital developments in Wales. CF said that the comms being done in England is particularly strong, and that maybe lessons can be learned there. AGD said further thinking was needed on the approach taken to comms, and thought it might be worth involving Welsh Government comms on this, as there was plenty of work being done that was not being conveyed. RhH said that cooperation and leadership needs to be reinforced as the way to deliver in Wales.

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AGD asked if CF would be happy to assist in the development of a narrative around the digital developments being worked on in NHS Wales.

Action – Welsh Government members to discuss how digital developments could be better communicated with Comms colleagues

Workstream 3 – Improvement and Innovation

HT presented progress against workstream 3. Some key points from the update were:

- John Peters has been appointed as the chair of the workstream board, and that there was a need to focus on stakeholder engagement, with more to happen through various sub-groups.
- The Statement of Intent provides a number of priority areas for the workstream to focus on, and there has been some good early thinking around how these areas can be progressed.
- There is design work to be done on the planned data repository.
- The workstream board is looking at getting leads around the table to work on capacity and capability.
- A Technical Interoperability Group has been set up to take forward work on standards.
- New data flows are being developed to help improve data quality, and a roadmap for the implementation of SNOMED CT has been developed.
- A National Audit Tool has been rolled out and is now in use.

AGD said the work of this workstream is important, and that time needs to be focused on this. He highlighted his background in data science, and offered to help to raise the profile of the importance of this work if needed.

SH said that this workstream will help provide a needed step change. DP said this work was a key enabler, and that it is vital to get the foundations down in this area. HL highlighted the opportunities for value based healthcare. AGD said he doesn't want there to be an imbalance of focus on this workstream going forward.

Workstream 4 – A Planned Future

DP presented progress against workstream 4. Some key points from the updates were:

- The workstream group is benefiting from good stakeholder engagement.
- The group has been able to help prioritise the use of recent capital funding, which is now being taken forward.
- There is also work ongoing on change management, which was the focus in recent workshop sessions.
- The workstream will also focus on a refresh of the communications plan for the strategy, so that it takes advantage of technology in its messaging.

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AGD said it has been useful for members to hear updates from all the workstreams together. He said there were encouraging messages coming from the updates on delivery, and that he was pleased with the direction of work to date. ShH asked how information on this work can be communicated to others within health boards.

Action – Strategy programme team to consider how strategy updates can be communicated to stakeholders within health boards

Risks and issues

AG gave an update around the risk log for the strategy. There were no new risks to note, and there had been some rescoring down of projects. AG said that some scores would drop further due to capital spend. He said that the risk around the WLIMS telepath would be rescored once the extension agreement has been signed.

AGD asked for a brief update on WEDS. AG said that discussions were ongoing with the suppliers about revised plans. He said he hoped a position would be agreed after a meeting on 21 December.

3. National Plan and prioritisation

DP said that the development of this draft national plan was about making choices about what projects are prioritised, and also about outlining milestones for delivery of each.

DP said that the financial context has changed since the launch of *Informed Health and Care*, and that we need to make sure that financial challenges are still adhered to and that investment delivers on benefits. He said there was huge scope and complexity when coming up with a prioritised list of projects, and that the SOPs provided by health boards and trusts were looked at, and compared against the benefits of each.

DP said that after this first draft of priorities and milestones, it is important for stakeholders to be reconvened to discuss. He asked how we now take this further, and if further work was needed on a financial strategy.

AGD said it was not the first time looking at these types of issues, and that DP's comment on the financial challenges was right. He asked members for their views and if they were supportive of the methodology used in developing this priority list.

ShH said the national plan is a material step change, and the work done so far is very good. She said she was interested to see more on the sequencing of projects, and what those provisions might look like in the plan. NP said she was interested in seeing how organisation resources will be used, and on which priorities. She asked whether the right people have been asked about prioritisation, and said she wasn't sure if the discussion had gone much further than those working around informatics.

KM said that it would be worth considering being brave on setting the financial agenda, as we know that digital will be such a key enabler to change going forward.

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AGD said that the Cabinet Secretary wants to see investment in projects that can enable change, but highlighted the pressures organisations have in living within their means. SH said there was an important decision to make as to whether we challenge the investment structure or not.

AGD left the meeting at this point, and FD took over chair of the meeting.

HG said it was clear that we cannot do everything that has been set out to date, and that criteria for assessing affordability and deliverability was needed. He said it was also important to consider what we do with projects that we decide not to progress. SH said that in some cases, it might be that we postpone progress on a project rather than stop it entirely. FD said it was important to be aware however of instances where there are things that we cannot do. She said we should be asking what the fundamentals are to roll out, and then layer up on top of those.

CF said that whilst some of the priorities may be the larger projects that have the most change, sometimes it is worth doing the smaller things that make people aware that change is happening.

HL said he felt the agenda set out was mainly driven by secondary care, and said that the needs of patients and citizens need to be reflected.

DP said that there is focus on the citizen, mainly through the inclusion of authentication in the draft plan, as that is the main issue that needs to be resolved there. He said he would welcome ideas on how to get the right people together to discuss sequencing and phasing. He said that views from all stakeholders have to influence the decisions made in this plan.

KM said it was important to consider the shift of service towards primary care when setting strategic direction. NP said it was important to have this first draft to work from, but that it needs to be clearer to a non-informatics audience what the schemes are, what their benefits are and what the impact of not doing them is. RhH said he thought it does not make sense that there is not more pressure for some of the larger projects to be funded centrally.

SH said it was important to get this initial shorter term view to build up priorities over time. He said that every speciality has things they want to do, and that some people in organisations do not have the wider context of their organisation when talking about priorities. RhH said that further clinical engagement will only improve the situation.

EW said we should be prioritising things that have already been started, so that we can focus on finishing and delivering projects.

FD said that DP would take on board the views of members, and would look to move this work on ahead of the next meeting of NIMB in February 2018. DP agreed, saying he was conscious of the requirement for health boards and trusts to submit first drafts of their IMTPs by January 2018. He said he was keen to find a single event to get many of the stakeholders groups discussed together.

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Action – DP to continue work on the draft national plan and list of priorities, whilst engaging with NIMB members, in readiness for an update at the February NIMB meeting

4. WCCIS

AG provided an update on the rollout of WCCIS, as requested at the last NIMB meeting. He said there was a Gateway review taking place this week, which would report in the following week. He said that issues to help facilitate the rollout were being looked at, including integration, data quality and standardisation.

KM said that the view of local authorities is important when talking about WCCIS, and that it must be kept in discussions. NP suggested that it might be useful to hear the regional view of WCCIS from Powys in their presentation at the February meeting.

Action – EW to ensure that the regional view of the implementation of WCCIS is reflected in the update presented by Powys at the February NIMB meeting

5. Team Wales

FD said that the update on the Team Wales actions was a paper for members to note. She was keen for there to be an assessment of how far progress against each action has come to take place, either in time for the February or April NIMB meeting.

6. Digital Ecosystem – Memorandum of Understanding

KW presented the Memorandum of Understanding for the Digital Ecosystem to members. She said that the MoU had been ratified by IPAD and WCIC, and that it will allow health boards and trusts to work with industry and academia for a period of three years, and that it was not binding or with any financial cost.

KM said that the information governance component of the MoU needed strengthening, and HL said that IP arrangements needed further clarification. FD said that the board was in agreement with the principle of the MoU, but recognised the further work needed before health boards and trusts would sign. KW said that these suggestions would be taken to the next project board.

Action – KW to ensure that comments from NIMB members are addressed before the Memorandum of Understanding is issued

7. CCIO update

RhH said that his update was for members to note. He made particular reference to the requirement for all organisations to submit their data from the National Intelligent Integrated Audit Solution (NIIAS) for reporting purposes. RhH said that at present, only WAST had done so.

Action – Organisations to ensure that they submit their NIIAS data for reporting to NWIS

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8. Information Governance/Security/Standards

Sub-group reports/escalations

There were no reports or escalations from sub-groups to note.

NIS Directive

AG asked members to consider the contents of the paper that had been tabled at the meeting, and to pay particular reference to the requirement for all organisations to identify leads to be responsible for taking forward the work required to be compliant with the Directive.

FD suggested that the SIRO in each organisation is made responsible for taking forward this work. AG said that is the approach he was expecting. PJ said that the paper confirms that the risks and responsibilities around implementation of the NIS Directive lie with each individual organisation.

Action – Organisations to designate their SIRO as the lead for taking forward the work required to be compliant with the NIS Directive

9. Minutes and actions from the previous meeting

The minutes from the previous meeting were agreed.

Updates on actions

Update papers on My Health Online and the Digitisation of medicines management in Cwm Taf were both noted. These papers fulfilled actions that were taken at the previous meeting.

10. AOB

It was noted that representatives from Powys Teaching Health Board will provide a detailed update and presentation of current work and future plans for IM&T in the organisation at the February NIMB meeting.



Capital Management Group Meeting

15th January 2018 at 11:30am

CORPORATE MEETING ROOM, HQ, UHW

Present:

Abigail Harris, Executive Director of Strategic Planning - Chair

Richard Hurton, Finance Department

Geoff Walsh, Director of Capital, Estates and Facilities

Jeremy Holifield, Head of Capital Planning

Tony Ward, Head of Discretionary Capital & Compliance

Nigel Mason, Business Manager, Capital, Estates & Facilities

Nigel Lewis, Head of IM&T

Fiona Jenkins, Executive Director of Therapies

Steve Curry, Chief Operating Officer

Mike Bourne, CD&T

Christopher Dawson-Morris, Corporate Strategic Lead (for Marie Davies)

1.0 APOLOGIES FOR ABSENCE

There were apologies from Chris Lewis, Marie Davies and Clive Morgan.

2.0 MINUTES OF LAST MEETING

Minutes of the previous meeting were accepted as a true and accurate record.

MATTERS ARISING

Cystic Fibrosis GW has attended several meetings to discuss the space available which can only accommodate 11 beds, possibly rising to 14 with the use of an area within West 1. This will displace 2 office areas, but the Medicine Clinical Board were happy to take this on board. These additional 3 beds will be used as either an overflow or for infectious patients.

Since the last user meeting, Ian Ketchell wrote to GW stating he was unhappy with this proposal, GW advised that the options presented were based on discussions with Executive colleagues and that any change of direction would need to be agreed with them. The capital costs amount to around £2m or the 11 bed option, with the extension being a further £1.5m which would only provide an extra 2 beds on that. GW to brief Sharon Hopkins prior to Ian Ketchell's proposed meeting on Thursday 18th.

Radiopharmacy MB and TW have met with their teams; a project board will now be established to discuss moving forward with the project. MB confirmed that following a meeting with Velindre NHS Trust it had been agreed that the

ACTION

GW

15.5

proposed radio pharmacy currently included in the Specialist Cancer Centre business case would be removed, allowing C&V UHB to move forward with the plan for a facility suitable to prepare products to supply both organisations. MB highlighted the complex nature of developing a compliant MHRA certified facility. The MHRA have not yet advised when they are visiting to re-inspect the existing facility at UHW. When we have an timescale Ian Gunney, WG has agreed to provide assurance to the MHRA that the proposed replacement facility is supported by WG.

3.0 CAPITAL PROGRAMME REPORT

GW provided the group with an overview of the progress report of the current Major Capital, Discretionary Capital and Compliance programmes.

- **Capital Resource Limit**

GW confirmed that the current CRL was £40.965m. The CRL will soon change to reflect slippage, against planned spend, including the CRI safeguarding works. The Neo Natal scheme is posing some risk with works in delay for a number of justifiable issues, but there will be a push to deliver the planned spend by the end of the financial year.

- **Major Capital Programme**

CHfW

JH advised the group that the remedial works to the cold water services were progressing and despite some dispute regarding the extent of the works, he remained confident that completion by the end of February 2018 was a realistic target.

Neonatal (including MRI)

The MRI building demolition was complete and groundwork was progressing. As previously reported the identification of asbestos material and historic foundations during the groundwork phase had impacted on the programme.

Piling work was scheduled to commence late January which would take around 5 weeks to completion. The method chosen was designed to cause minimal noise disruption. MB stated that there were issues on previous construction projects where the vibrations were experienced in the IR rooms and CT, with some rooms having to be shut. GW advised that the activity would be monitored closely and that his team would work with the users adjacent to the site to avoid where possible disruption to clinical services.

- **Discretionary Capital**

Relocation of Ophthalmology Outpatients to suite 7 has now been completed, with negotiations ongoing for the costs relating to removal of

the portable accommodation unit. The supplier had now indicated that the Health Board could purchase the facility at a cost of £156k, which was agreed to be value for money.

GW TW

B Block lifts are due for completion mid February 2018. AH asked if the 2 lifts in concourse could be included in the lift upgrade programme, and if costs could be advised by GW and TW.

- **Service Planning**

GW advised the group that a number of Business Cases could be delayed as there was currently no active procurement framework available from NHS Wales for projects over £4m. The plan originally was for the new Regional and National frameworks to commence in October 2017. However, for a number of reasons there was a delay in their introduction whilst some of the details were being reviewed. Shared Services had issued advice and options to utilize alternative other public sector frameworks and the UHB were progressing a number of schemes via the SCAPE framework.

Currently, however, the design of the SoFW in the community schemes was not progressed. GW advised that he was expecting an announcement imminently regarding the regional and national, NHS Wales frameworks and was of the opinion that if they were available from April 2018 he would be keen for these project to be included. He felt that the framework was far more flexible than the alternatives currently being used.

AH queried progress on the Theatre 10 refurbishment and in particular the revised costs to include the Hybrid theatre. AH was aware that the cost for the development at CAVOC was circa £10m. AH suggested that it may be beneficial for both business cases to be submitted at the same time and not as currently programmed.

Renal Dialysis BJC was being finalised been for submission to Welsh Government for scrutiny and approval.

- **Compliance**

The 4 main areas being looked at are Legionella, AHU, Medical Gas and Air Conditioning which are either signed up or in process.

- **Approval Letters**

No letters for approval were included in the pack.

4.0 DRAFT CAPITAL PROGRAMME 2018/19

A draft capital programme was issued as part of the papers for comment and discussion. The programme had been populated with known annual commitments, funding for schemes that had/would be started in 2017/18 but due to complete in 2018/19.

GW advised that the management of the 2017/18 CRL was challenging as the ability to return any under spend resultant from delays etc from the Major Capital schemes was not an option as WG had confirmed that their 2018/19 budget was already over committed. The UHB had agreed to manage any slippage across its programme which would potentially impact on its 2018/19 Discretionary funding. A further update on the position and impact would be provided for the February meeting.

GW, NL

GW advised the group that the UHB was expected to develop a BJC with funding from its Discretionary Capital allocation but that the fees would be repaid when approval of the BJC had been received. Large schemes could incur around £1m of fees prior to the BJC being approved.

Discretionary Capital figure of £14.871m, with an additional £0.208m coming in from Carbon Reduction Credits totalling £15.079m.

GW suggested whether the £0.600m allocated for the roofs of non inpatient areas at Rookwood Hospital would be better spent at St David's Hospital to enable the services to move. AH requested that SC discuss this option with the clinical boards, and GW to speak to Geraldine Johnson, Director of Operations Medicine Clinical Board.

SC

Works to CRI building 11 will be completed in this financial year out of the slippage from the CRI safeguarding works so is included in the draft as it will be a pay back. This scheme is to enable the IM&T department to vacate the PSA Building (DWP Facility) on expiration of the lease at the end of March 2018.

Ward upgrades are on plan, SC stated that one ward will be closing, possibly Heulwen. GW suggested that Pre-Op Assessment could move into the unit previously occupied by Ophthalmology, meaning Heulwen ward could then be used for decant and winter pressures as and when needed.

5.0 MEDICAL EQUIPMENT

FJ informed the group that there is a medical equipment priority list drawn up in the event of any funds availability towards the end of the financial year. With regards to the £1m on the programme, CM is confident this will be spent before the end of the financial year.

FJ asked if there was an authorised person for medical equipment decontamination, GW answered by saying there isn't at the moment.

6.0 IM&T REPORT

GW and NL to meet to discuss the breakdown of costs for 'Keeping the Lights On' and for this to be added to the agenda for the next meeting.

The IM&T report was available but will be discussed at the Management Execs meeting scheduled for the afternoon of 15th January 2018.

7.0 ANY OTHER BUSINESS

No other business was discussed.

8.0 DATE AND TIME OF NEXT MEETING

Next meeting is scheduled for 19th February 2018 at 11.30 a.m., Corporate Meeting Room, HQ, UHW.

