

# Digital & Health Intelligence Committee

04 February 2020, 09:30 to 12:00  
Cwm George, Woodland House

## Agenda

- 1. Preliminaries**
- 1.1. Welcome & Introductions**

5 min  
Michael Imperato
- 1.2. Apologies for Absence**

Michael Imperato
- 1.3. Declarations of Interest**

Michael Imperato
- 1.4. Minutes of the Committee Meeting held on 3rd December 2019**

5 min  
Michael Imperato

 1.4\_December Minutes\_DHIC0220.pdf (9 pages)
- 1.5. Action Log following the Committee Meeting held on 3rd December 2019**

10 min  
Michael Imperato

 1.5\_Action Log\_DHIC0220.pdf (3 pages)
- 1.6. Chairs Action taken since the Committee Meeting held on 3rd December 2019**

Michael Imperato
- 2. Items for Review & Assurance**
- 2.1. Digital Strategy - Update**

10 min  
David Thomas

 2.1 Digital strategy update Jan20.pdf (3 pages)

 2.1 CAV\_Digital\_Strategy\_DHIC.pdf (39 pages)
- 2.2. Data Repository Governance**

Verbal Update - 5 min
- 2.3. Digital Transformation Progress Report**

10 min  
David Thomas

 2.3 Digital Transformation Progress Report Feb 2020.pdf (7 pages)
- 2.4. Joint IMT Risk Register**

5 min  
David Thomas

 2.4 Joint IMT Risk Register Feb 2020.xlsx.pdf (3 pages)

 2.4 Joint IMT Risk Register Appendix 1.pdf (2 pages)

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<b>2.5.</b>	<b>IMT Audit Assurance</b>		5 min David Thomas
	 2.5 IMT Audit Assurance - Action Plan Feb 2020.pdf	(14 pages)	
<b>2.6.</b>	<b>Information Governance Audit Assurance</b>		5 min James Webb
	 2.6 Information Governance Audit Assurance Cover Paper Feb 2020.pdf	(2 pages)	
	 2.6 Information Governance Audit Assurance - Appendix 1.pdf	(41 pages)	
	 2.6 GDPR Summary of Progress Feb 2020 Appen B.pdf	(4 pages)	
<b>2.7.</b>	<b>Subject Access Requests – Improvement Plan</b>		10 min James Webb
	 2.7 Subject Access Requests Improvement Plan - Cover Paper Feb 2020.pdf	(3 pages)	
	 2.7 SAR Process - Current to Future state requirements.pdf	(2 pages)	
<b>2.8.</b>	<b>Work Plan Exception Report</b>		10 min David Thomas
	 2.9 Work Plan Exception Report 4th Feb 2020.pdf	(6 pages)	
<b>3.</b>	<b>Items for Approval/Ratification</b>		
<b>3.1.</b>	<b>Digital Mobile Strategy</b>		10 min David Thomas
	 3.1 Digital Mobile Strategy 4th Feb 2020.pdf	(4 pages)	
<b>3.2.</b>	<b>Information Governance Policy</b>		5 min James Webb
	 3.2 Information Governance Policy covering paper - Feb 2020.pdf	(2 pages)	
	 3.2 Information Governance Policy Appendix 1 - V3.pdf	(28 pages)	
<b>3.3.</b>	<b>Committee Annual Report</b>		5 min Nicola Foreman
	 3.3 DHIC Annual Report - Cover Paper.pdf	(2 pages)	
	 3.3 DHIC Draft Annual Report - Appendix.pdf	(4 pages)	
<b>3.4.</b>	<b>Committee Work Plan 2020-21</b>		5 min Nicola Foreman
	 3.4 Work Plan 2020-21 DHIC - Covering report.pdf	(2 pages)	
	 3.4 Committee Work Plan 2020.21 Appendix 1.pdf	(1 pages)	

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<b>3.5.</b>	<b>Committee Terms of Reference 2020-21</b>		5 min
			Nicola Foreman
	 3.5 DHIC Terms of Reference - Covering report.pdf	(2 pages)	
	 3.5 DHIC Terms of Reference - Appendix 1.pdf	(8 pages)	
<b>4.</b>	<b>Items for Noting &amp; Information</b>		
<b>4.1.</b>	<b>Information Governance Compliance</b>		5 min
			James Webb
	 4.1 IG compliance - Feb 2020.pdf	(6 pages)	
<b>4.2.</b>	<b>Clinical Coding Performance Data</b>		5 min
			James Webb
	 4.3 Clinical Coding Performance Paper Feb 2020.pdf	(3 pages)	
<b>4.3.</b>	<b>CDF Schedule (Policies &amp; Procedures)</b>		5 min
			David Thomas
	 4.4 CDF February 2020 (002).pdf	(2 pages)	
	 4.4 CDF Schedule (Policies Procedures) Appendix 1.pdf	(2 pages)	
<b>4.4.</b>	<b>Minutes for Noting</b>		5 min
<b>4.5.</b>	<b>Capital Management Group</b>		Information
			David Thomas
	 4.5 Capital Management Group Minutes of the meeting held 161219.pdf	(7 pages)	
<b>4.6.</b>	<b>NIMB</b>		Information
			David Thomas
	 4.6 2019-12-16 - NIMB Minutes.pdf	(10 pages)	
<b>5.</b>	<b>Items to bring to the attention of the Board</b>		5 minutes
			Michael Imperato
<b>6.</b>	<b>Review of the Meeting</b>		5 minutes
			Discussion
			David Thomas
<b>7.</b>	<b>Date &amp; Time of Next Meeting</b>		
<b>7.1.</b>	<b>Thursday 11th June 2020 – Cwm George Woodland House</b>		

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**Unconfirmed Minutes of the Digital Health & Intelligence Committee**  
**Tuesday 3<sup>rd</sup> December 2019 12:30pm – 3:30pm**  
**Cefn Mably, Woodland House**

**Chair:**

Eileen Brandreth EB Committee Chair & Independent Member

**Members:**

Michael Imperato MI Committee Vice Chair / UHB Vice Chair

**In Attendance:**

Martin Driscoll MD Deputy Chief Executive Officer / Executive Director of Workforce & Organisational Development

Nicola Foreman NF Director of Corporate Governance

Charles Janczewski CJ Interim UHB Chair

Christopher Markall CM Head of Finance

David Thomas DT Director of Digital & Health Intelligence

James Webb JW Information Governance Manager

**Secretariat:**

Laura Tolley LT Corporate Governance Officer

**Apologies:**

Jonathon Gray JG Director of Transformation & Implementation

Dr Fiona Jenkins FJ Executive Director of Therapies & Health Science

Christopher Lewis CL Deputy Finance Director

Len Richards LR Chief Executive Officer

Dr Stuart Walker SW Executive Medical Director

DHIC 19/12/001	Welcome & Introductions	Action
	<p>The Committee Chair (CC) welcomed everyone to the public meeting.</p> <p>The CC informed the Committee that Jonathon Gray would be attending the Digital &amp; Health Intelligence Committee going forward as the newly appointed Director of Transformation &amp; Informatics.</p> <p>The CC asked the Director of Digital &amp; Health Intelligence (DDHI) if he would maintain the role of Senior Information Risk Owner (SIRO). In response, the DDHI advised he was waiting for confirmation from the Chief Executive Officer and that an update would be provided at the next Committee meeting.</p>	<b>DT</b>
DHIC 19/12/002	<p><b>Quorum</b></p> <p>The Committee Chair confirmed the meeting was quorate.</p>	
DHIC 19/12/003	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were noted.</p>	

<b>DHIC 19/12/004</b>	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>	
<b>DHIC 19/12/005</b>	<p><b>Minutes of the Committee Meeting held on 15<sup>th</sup> August 2019</b></p> <p>The Committee reviewed the minutes of the meeting held on 15<sup>th</sup> August 2019.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee approved the minutes of the meeting held on 15<sup>th</sup> August 2019.</p>	
<b>DHIC 19/12/006</b>	<p><b>Action Log following the Meeting held on 15<sup>th</sup> August 2019</b></p> <p>The Committee reviewed the action log following the meeting held on 15<sup>th</sup> August 2019.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the action log following the meeting held on 15<sup>th</sup> August 2019.</p>	
<b>DHIC 19/12/007</b>	<p><b>Chairs Action taken since last meeting</b></p> <p>The CC confirmed that the Committee Terms of Reference were approved at the Board Meeting held on 26<sup>th</sup> September 2019.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the Chairs Action taken since the meeting held on 15<sup>th</sup> August 2019.</p>	
<b>DHIC 19/12/008</b>	<p><b>Digital Strategy – Update on Progress</b></p> <p>The DDHI introduced the presentation and confirmed the following:</p> <p>The Digital Strategy remained in development and a final version would come to the February meeting. The draft strategy had been shared at the Clinical Senate, HSMB and with all Clinical Boards, this was received positively, however, concerns were raised around the drive and ambition of the UHB to deliver the strategy.</p> <p>The DDHI explained that an open platform was the preferred option of delivery therefore investment would be required for the infrastructure and equipment across the UHB.</p> <p>The UHB Interim Chair (IC) asked if the digital team were engaging with the Third Sector as the strategy developed, and if there would be a single, common database for all to access and share? In response, the DDHI confirmed that engagement with the Third Sector had taken place and a National Data Resource was being implemented Nationally, along with an Interoperability Hub.</p>	<b>DT</b>

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<p>Tolley, Laura 01/28/2020 13:54:18</p> <p><b>DHIC 19/12/009</b></p>	<p>The Committee Vice Chair / UHB Vice Chair (VC) asked if the National Data Resource and Interoperability Hub currently existed? In response, the DDHI explained that it was currently under development and should be available in 12 months' time.</p> <p>The CC asked where the project was being managed? The DDHI confirmed that project management was with NHS Wales Informatics Service (NWIS). The CC queried if the UHB received regular updates on the development and if the project was being monitored? The DDHI explained that updates were received but not as regularly as they would like.</p> <p>The DDHI advised the Committee that he was confident that the digital team could deliver the strategy and confirmed that capital money was spent on the infrastructure for this last year. Cyber Security and Information Governance were challenges, however, these were being addressed.</p> <p>Office 365 is being managed centrally and hosted by WAST. The DDHI explained that the UHB Chief Executive Officer (CEO) had spoken with the CEO of WAST who advised that the UHB should be an early adopter of Office 365.</p> <p>The Committee were also informed that a Digital Management Board had been developed.</p> <p>The DDHI explained that work with the Communications team was required to simplify the strategy and to gain better engagement across the UHB.</p> <p>The Head of Finance (HF) asked how local data could be fed into a system and held Nationally so that if a Patient was treated in England and Wales, that data could be accessed by both Health Boards? The DDHI explained that conversations were being held with Welsh Government around this issue.</p> <p>The Deputy Chief Executive Office / Executive Director of Workforce &amp; Organisational Development (DCEO / EDWOD) explained that workforce engagement with the strategy was required and encouraged the DDHI to speak with his team to assist with this.</p> <p>The VC asked if GP's and Clinicians attended the National Data Resource and Digital Management Board Meetings, as Primary Care needed to be included. The DDHI advised that Clinicians attended, however, he was unsure about GP attendance. Therefore it was agreed that the DDHI would find this out and ensure that Primary Care were engaged.</p> <p>The CC requested that learning on how the data repository is being governed be brought to the next Committee meeting.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the Digital Strategy – Update on Progress.</p>	<p>DT DT</p>
	<p><b>Strategic Transformation – Programme Update</b></p>	

	<p>The DDHI introduced the paper and explained that it provided a high level report that detailed the ongoing work within the digital programme. The DDHI advised that the language within the paper needed refining and asked if this paper was helpful to the Board or if a dashboard style report would be preferred? In response, the IC confirmed that moving towards a dashboard would be welcomed, once the Committee were more familiar with the systems.</p> <p>The IC explained that the paper confirmed that referrals to the e-Optometry project expected a 6 – 9 month delay due to the review of the National Electronic Referral Platform. The IC asked if this would impact the commissioning work the UHB carried out when commissioning high street ophthalmologists? The DDHI confirmed that he would look into this outside of the meeting and report back to the IC and update the Committee at the next meeting.</p> <p>The VC asked for clarity on Transforming Primary Care and what that meant? The DDHI explained that a system was developed that supported Social Prescribing. The system went live as a pilot in November 2019 and will be evaluated and rolled out to clusters. The IC commented that the evaluation capability was a part of the funding requirement, therefore it was essential that the evaluation was correct.</p> <p>The CC explained that underneath each programme, an outline of objectives and key milestones that the digital team are working against would be welcomed as it would provide more assurance to the Board.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the Strategic Transformation – Programme Update.</p>	DT
<p><b>DHIC 19/12/010</b></p> <p>Tolley, Laura 01/28/2020 13:54:18</p>	<p><b>Joint IMT Risk Register</b></p> <p>The DDHI introduced the paper and confirmed that it brought together Information Governance and IT issues onto one joint register.</p> <p>The DDHI explained that the two red risks outlined in the paper were:</p> <ol style="list-style-type: none"> <li>1. Cyber Security</li> </ol> <p>Welsh Government Digital funding had recently been approved, therefore recruitment was being undertaken and a managed service had also been explored, should the recruitment process fail.</p> <p>The CC asked if the funding was recurrent? In response, the DDHI explained that funding for National Programmes had been confirmed as recurrent, however, the UHB were awaiting written confirmation from Welsh Government which confirmed if the Infrastructure funding would also be recurrent. An update on this will be provided at the next Committee meeting.</p> <ol style="list-style-type: none"> <li>2. Software End of Life</li> </ol>	DT

	<p>The DDHI explained that the deadline for Windows 10 had been extended for another 12 months and the team were pushing ahead with the Windows 10 migration. It was explained that this would require funding from UHB core business to deliver the replacement of the current equipment used. The DDHI added that other costs would be incurred should the funding not be given to support the migration of Office 365.</p> <p>The CC asked where this would be escalated to? In response, the DDHI confirmed that it would be escalated through the Capital Management Board.</p> <p>The DDHI also explained that prioritised user groups needed to be identified for the roll out of Office 365 whilst expectations of users who may not have it installed initially are managed.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the progress and updates to the Joint IMT Risk Register.</p>	
<b>DHIC 19/12/011</b>	<p><b>IMT Audit Assurance</b></p> <p>The CC commented that tracking for Wales Audit Office (WAO) recommendations could not be found within the reports and requested that the Committee be sighted on WAO recommendation tracking going forward.</p> <p>The Director of Corporate Governance (DCG) advised the Committee that all IMT recommendations could be found within the central Corporate Risk Register and that this would be brought to the next Committee meeting.</p> <p>The DCG explained to the Committee that for assurance purposes, Internal Audit would undertake spot checks using the Corporate Risk Register to ensure recommendations were actioned.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the IMT Audit Assurance report.</p>	<b>NF</b>
<b>DHIC 19/12/012</b>	<p><b>Information Governance Audit Assurance (Joint GDPR &amp; other IG action plan summary of progress)</b></p> <p>The Information Governance Manager (IGM) explained that the report consolidated the Information Commissioners Office (ICO), GDPR and Caldicott Guardian Report recommendations into a single action plan which had subsequently been prioritised into five recommendations. The CC advised the Committee that there were a total of 64 recommendations within the report, however, the five outlined would be focussed on as the highest priorities.</p> <p>The CC asked if the IGM believed that the report would satisfy the ICO at the planned inspection in February 2020? In response, the IGM explained</p>	

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	<p>that work was required however, he was confident that by February 2020 all work would be complete to meet the requirements of the ICO inspection.</p> <p>The IGM advised the Committee that half of the ICO Inspection in February 2020 would be on Cyber Security Compliance. It was discussed that this was not a usual area of inspection from the ICO.</p> <p>The CC requested that the IGM provide an updated, comprehensive list of recommendations that contained actions and objectives against them at the next Committee meeting, to ensure that the Committee were fully sighted in preparation for the ICO inspection.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the Information Governance Audit Assurance (Joint GDPR &amp; other IG action plan summary of progress)</p>	<p><b>JW</b></p>
<p><b>DHIC 19/12/013</b></p>	<p><b>Clinical Coding – Performance Data</b></p> <p>The IGM introduced the paper and it was taken as read. The IGM explained that he was very pleased with the performance improvement and confirmed that the report showed that the UHB were performing above expectations.</p> <p>The CC commended the team for the work that had been undertaken to achieve this and requested that Clinical Coding – Performance Data be a standing agenda item for monitoring. The CC explained that an update would be provided to the Board through the Chairs Report as the significant improvement would provide assurance to the Board on an area that had previously caused them considerable concern.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the performance of the UHB’s Clinical Coding Department.</p>	<p><b>LT</b></p>
<p><b>DHIC 19/12/014</b></p> <p>Tolley, Laura 01/28/2020 13:54:18</p>	<p><b>Work Plan Exception Report</b></p> <p>The DDHI informed the Committee of two areas of concern contained within the report.</p> <p>1. Patient Knows Best (PKB)</p> <p>Due to capacity issues within the team, PKB had not integrated as it was originally intended too, however, progress was still being made. The CC asked if advice was being sought from the Executive Medical Director / Caldicott Guardian? In response, the DDHI confirmed it was.</p> <p>2. Data to Knowledge Programme</p>	

	<p>Although, good progress has been made with providing data to Lightfoot there were challenges in being able to provide data feeds 7 days a week (current provision is Monday to Friday). Ways to overcome this were being explored and an update will be provided at the next meeting.</p> <p>The DDHI further explained that there was some pressure from the Welsh Community Care Information System (WCCIS) to take on that system, however the UHB maintained its position to resist the WCCIS at present as it would be taking a backward step from the current system used. The IC commented that it was unfortunate that WCCIS did not visit Barry to witness the integrated system working.</p> <p>The CC explained that the Committee acknowledged that adopting a joined up mechanism is a positive direction, however, the Committee were not confident that WCCIS currently supported this, therefore ongoing work with Welsh Government was underway to move forward.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the Work Plan Exception Report.</p>	DT
DHIC 19/12/015	<p><b>Information Governance Policy</b></p> <p>The IGM explained that the revised policy was based on an All Wales Policy that amalgamated the following:</p> <ul style="list-style-type: none"> <li>• Information Governance Policy</li> <li>• IT Security Policy</li> <li>• Email Use Policy</li> <li>• Internet Use Policy</li> </ul> <p>The DCEO / EDWOD asked in relation to working from home, would this require written authorisation or would verbal be acceptable? The IGM confirmed he would be content with verbal agreement.</p> <p>The DCG explained that the policy needed to go through the consultation process to be formally approved.</p> <p>After Committee discussion, it was agreed that the policy would go through the formalities, and if required, Chairs Action would be taken to approve the policy, subject to confirmation from the DCG that all correct processes had been followed.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the Information Governance Policy.</p>	NF
DHIC 19/12/016	<p><b>SAR Procedure</b></p> <p>The Committee reviewed the SAR Policy.</p> <p><b>Resolved – that:</b></p>	

	(a) The Committee approved the updated 'Dealing with Subject Access Requests under the Data Protection Act Procedure'.	
<b>DHIC 19/12/017</b>	<p><b>FOI 2000 &amp; EIR 2004 Procedure</b></p> <p>The DCG explained, in relation to appeals, that all background information should be submitted to the Head of Corporate Governance who would undertake an internal review should the requester appeal against a decision and request a review of the response to their request.</p> <p><b>Resolved – that:</b></p> <p>Subject to the above being incorporated into the procedure,</p> <p>(a) The Committee approved the FOI 2000 &amp; EIR 2004 Procedure.</p>	<b>JW</b>
<b>DHIC 19/12/018</b>	<p><b>Information Governance Compliance</b></p> <p>The IGM introduced the paper and confirmed that Subject Access Requests needed revision as the ICO advised that the current process was not appropriate. Whilst this would impact on compliance in future reporting, a new process would give good assurance that no physical or mental harm would come to patients which was an absolute priority.</p> <p>The CC requested information on the performance of the UHB compared to other Health Boards across Wales be brought to the next Committee meeting.</p> <p>The IC requested that an action plan to move compliance monitoring forward be brought to the next Committee meeting.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted a series of updates relating to significant Information Governance issues.</p>	<b>JW</b>  <b>JW</b>
<b>DHIC 19/12/019</b>	<p><b>CDF Schedule (Policies &amp; Procedures)</b></p> <p>The Committee reviewed the CDF Schedule. The DCG confirmed that the Corporate Governance Department were responsible for sending reminders to Executives to gain updates.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the status and planned actions for the remainder of the documents within the CDF Schedule (Policies &amp; Procedures)</p>	
<b>DHIC 19/12/020</b>	<p><b>Minutes for Noting</b></p> <p><b>Capital Management Group</b></p> <p><b>Resolved – that:</b></p>	

	<p>(a) The Committee noted the minutes of the Capital Management Group Meeting</p> <p><b>NIMB</b></p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the minutes of the NIMB Meeting</p>	
<b>DHIC 19/12/021</b>	<p><b>Items to bring to the attention of the Board</b></p> <p>The CC confirmed that a Chairs Report would be taken to the Board meeting in January 2020.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the items to be taken to Board</p>	
<b>DHIC 19/12/022</b>	<p><b>Review of the Meeting</b></p> <p>The Committee agreed that more strategic issues were now being addressed and scrutinised rather than operational issues, which was the correct role for the Committee.</p>	
<b>DHIC 19/12/023</b>	<p><b>Date &amp; Time of Next Meeting</b></p> <p><b>Tuesday 4<sup>th</sup> February 2020 9am – 12pm – Cwm George, Woodland House</b></p>	

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**Action Log**  
**Following the Digital Health & Intelligence Committee**  
**Held on 3<sup>rd</sup> December 2019**

Minute Ref	Subject	Agreed Action	Lead	Date	Status
<b>Actions Completed</b>					
<b>Actions in Progress</b>					
<b>ITGSC 18/028</b> <b>IGSC 17/031</b>	GP Pilot	Three month pilot report to be submitted to the next meeting	Paul Rothwell	TBC	Evaluation on hold
<b>19/08/008</b>	Mobile Strategy	It was agreed a Mobile Strategy would be brought to the Committee Meeting in February 2020	David Thomas	4 <sup>th</sup> February 2020	On February Agenda (See item 3.1)
<b>DHIC 19/08/014</b>	Information Governance Compliance	The UHB Interim Chair expressed concern as he had not seen Subject Access requests at satisfactory levels therefore requested an improvement plan be developed which included a trajectory outlining what the department were working towards achieving.	James Webb	4 <sup>th</sup> February 2020	On February Agenda (See item 2.7)
<b>DHIC 19/12/004</b>	Senior Information Risk Owner (SIRO)	Confirmation of which Executive Director would be the SIRO would be provided at the next meeting.	David Thomas	4 <sup>th</sup> February 2020	Confirmation to be provided in the February meeting.

Minute Ref	Subject	Agreed Action	Lead	Date	Status
<b>DHIC 19/12/008</b>	Digital Strategy – Update on Progress	A final version of the Digital Strategy be brought to the Committee in February for information.	David Thomas	4 <sup>th</sup> February 2020	On February Agenda (See item 2.1)
DHIC 19/12/008	Engagement with Primary Care	David Thomas to ensure that Primary Care practitioners were engaged in the National Data Resource and Digital Management Board Meetings.	David Thomas	Ongoing	Continuing process.
<b>DHIC 19/12/008</b>	Data Repository	Learning on how Data Repository is Governed be brought to the next Committee Meeting.	David Thomas	4 <sup>th</sup> February 2020	On February Agenda (See item 2.2)
<b>DHIC 19/12/009</b>	Commissioning of High Street Ophthalmologists	An update explaining if the 6-9 month delay from the National Referral Platform would impact on the commissioning work carried out by the UHB.	David Thomas	4 <sup>th</sup> February 2020	A verbal update be provided at the February meeting.
<b>DHIC 19/12/010</b>	Infrastructure Funding	An update on whether the Welsh Government Infrastructure Funding would be recurrent be provided at the next Committee Meeting.	David Thomas	4 <sup>th</sup> February 2020	A verbal update be provided at the February meeting.
<b>DHIC 19/12/011</b>	IMT Audit Assurance	IMT audit recommendations be provided from the Corporate Risk Register and brought to the Committee at the next meeting	David Thomas	4 <sup>th</sup> February 2020	On February Agenda (See item 2.5)
<b>DHIC 19/12/012</b>	Information Governance Audit Assurance	A comprehensive list of recommendations, actions and objectives be brought to the next Committee meeting.	James Webb	4 <sup>th</sup> February 2020	On February Agenda (See item 2.6)
<b>DHIC 19/12/014</b>	Work Plan Exception Report	Data to Knowledge Programme – An update on how to overcome current issues be provided at next Committee Meeting	David Thomas	4 <sup>th</sup> February 2020	A verbal update be provided at the February meeting.
<b>DHIC 19/12/015</b>	Information Governance Policy	Chairs Action be taken to approve this prior to the February meeting should it be required.	Nicola Foreman	4 <sup>th</sup> February 2020	An update be provided at the next February meeting.

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Minute Ref	Subject	Agreed Action	Lead	Date	Status
<b>DHIC 19/12/017</b>	FOI 2000 & EIR 2004 Procedure	Recommended amendments be made to the policy prior to being published.	James Webb	4 <sup>th</sup> February 2020	Confirmation of the updated procedures being rolled out be provided at the February meeting.
<b>DHIC 19/12/018</b>	Information Governance Compliance	A paper detailing performance of Cardiff & Vale UHB against other Health Boards be brought to the next Committee meeting	James Webb	4 <sup>th</sup> February 2020	On February Agenda (See item 4.1)
<b>DHIC 19/12/018</b>	Information Governance Compliance	A subject access request action plan to move compliance monitoring forward be brought to the next Committee meeting	James Webb	4 <sup>th</sup> February 2020	On February Agenda (See item 2.7)
<b>Actions referred to the Board / Committees of the Board</b>					
<b>19/08/019</b>	Committee Work Programme	The Committee recommended approval to the Board of Directors	Corporate Governance Officer	30 <sup>th</sup> January 2020	<b>Completed</b> - Included in Chairs Report and taken to Board Meeting on 30 <sup>th</sup> January 2020
<b>19/08/022</b>	Lightfoot	Lightfoot – A detailed response on how Lightfoot would integrate with the UHB system	Corporate Governance Officer	30 <sup>th</sup> January 2020	<b>Completed</b> – Included in Chairs Report and taken to Board Meeting on 30 <sup>th</sup> January 2020
<b>19/08/022</b>	Digital Strategy	Digital Strategy – Intention to Implement	Corporate Governance Officer	30 <sup>th</sup> January 2020	<b>Completed</b> - Included in Chairs Report and taken to Board Meeting on 30 <sup>th</sup> January 2020
<b>19/08/022</b>	Clinical Coding	Clinical Coding – Note the intention to receive more detailed assurance	Corporate Governance Officer	30 <sup>th</sup> January 2020	<b>Completed</b> – Included in Chairs Report and taken to Board Meeting on 30 <sup>th</sup> January 2020
<b>19/12/13</b>	Clinical Coding – Performance Data	DHIC Chairs Report to include reference to the Clinical Coding – Performance Data	Corporate Governance Officer	30 <sup>th</sup> January 2020	<b>Completed</b> - in Chairs Report and taken to Board Meeting on 30 <sup>th</sup> January 2020

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<b>Report Title:</b>	<b>Digital Strategy – update on progress</b>				
<b>Meeting:</b>	<b>Digital &amp; Health Intelligence Committee</b>			<b>Meeting Date:</b>	<b>04/02/2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	<b>x</b>
<b>Lead Executive:</b>	<b>Director of Transformation &amp; Informatics</b>				
<b>Report Author (Title):</b>	<b>Director of Digital &amp; Health Intelligence</b>				

### Background and current situation:

The work programme for the combined digital directorate (encompassing ICT and Information functions) has historically been based on the IMTP and Strategic Outline Plan for informatics spanning 1-3 years. A digital strategy is now being developed, led by the Director of D&HI and the CCIO which will support the UHB’s vision “Shaping our Future Wellbeing” as well as meeting the aspirations of patients and staff in the use of digital services to transform healthcare service provision and delivery.

This strategy is being developed to include a technical roadmap setting out the strategic priorities and the plan to achieve these during the next five years, aligned with the UHB’s strategy and supporting the national digital agenda and clinical plan, “A Healthier Wales”.

The UHB recognizes the need for a strategic decision making function process and to support good governance, a Digital Management Board has been established, to include representation from each of the Clinical Boards, with responsibility for the management and co-ordination of digital initiatives and projects in the delivery of the digital strategy, reporting in to HSMB and the Digital and Health Intelligence committee (a formal committee of the UHB board). The DMB will be supported by sub-groups covering: Technical Design Authority, Information Governance and Workflows and Interoperability.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

A key enabler of the UHB’s transformation programme, the Digital strategy consists of:

1. Roadmap – which sets out the technical solutions to delivering the National Data Repository at national level, facilitating the sharing and exchanging of health and social care data across Wales and the local Clinical Data Repository which will enable full exchange of clinical data across the UHB as well as interfacing with the NDR, (bidirectional)
2. Strategy – the vision is to move towards open platform approach using interoperability standards (apps to deliver functionality rather than named systems) to achieve real time data accessible anywhere
3. UHB strategy – strategy supports the vision set out in SOFW by using digital services and providing real time access to data for staff and patients

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Milestones: delivery of the roadmap will be spread over the next 3-5 years, with the modernisation of devices and infrastructure being completed during 2020/21, the National Data Repository and (local) Clinical Data Repository in phases spanning 2020/21/22.

The development of the digital strategy involves presenting the vision and evolving plans to each of the UHB's clinical boards to acquire buy-in and commitment to work with the digital management board in supporting the digital transformation agenda.

### **Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)**

Digital funding is limited to the monies available via the £50M digital fund from WG, which is recurrent for 3 years, with the UHB having received £2.8M this year to deliver modernisation of the infrastructure (of which £500K has been set aside to support the financial situation).

To support the necessary programme of works associated with these funds, it is essential that additional posts are recruited to deliver the wifi project (1 Band7 Project manager and 1 Band5 project officer), MS Windows10 upgrade and device mobilisaiton project (1 Band7 technical project lead, 2 Band6 IT support roles, 2 Band5 support roles and 1 Band4 IT support role).

In addition, a number of key roles in IT server and support functions are required (2 Band7 server consultants, 1 Band7 server support and 1 Band5 IT support role, all of which are necessary replacements due to staff turnover.

A small number of new, funded roles within the Digital structure have been matched and banded and will need to be recruited to as soon as possible. These total 5 roles.

Additionally, a new role, Director of Digital Transformation is being recruited, funded from WG digital funds, providing much needed senior resource to help drive and manage the digital transformation programme.

There is a requirement for organisational buy-in to the digital programme, which will impact on ways of working and require a cultural shift as the UHB moves to become a digitally enabled organisation.

### **Recommendation:**

Adequate resources need to be made available to ensure that the digital work programme can be delivered within a challenging timeframe (the Windows10 programme is being condensed to under a year, to take advantage of the funding available and to deliver the functional benefits that a modern operating system will offer). Coupled with the implementation of MS Office365, staff will be able to access systems and data anytime and anywhere. A separate presentation will be organized for the Management Executive team to fully demonstrate the benefits that 0365 will bring.

There is a real need to invest in additional staff to deliver on modernizing devices and infrastructure and to support the change management necessary to deliver the benefits of the digitization of the organisation.

In the event that additional resources were made available, the digital service would be able to support rapid implementation of other digital initiatives, eg roll out of digital dictation across multiple services, which would reduce the number of admin staff needed to support clinicians.

The Digital & Health Intelligence Committee are asked to:

- **Note** the Digital Strategy Update

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

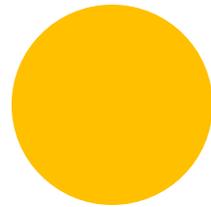
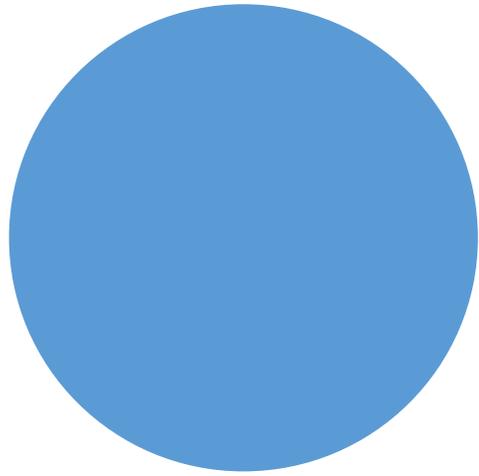
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	Long term	Integration	Collaboration	Involvement
<b>Equality and Health Impact Assessment Completed:</b> Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>				





# Cardiff & Vale UHB Digital Strategy

David Thomas

Director of Digital and Health  
Intelligence

Allan Wardhaugh,  
CCIO

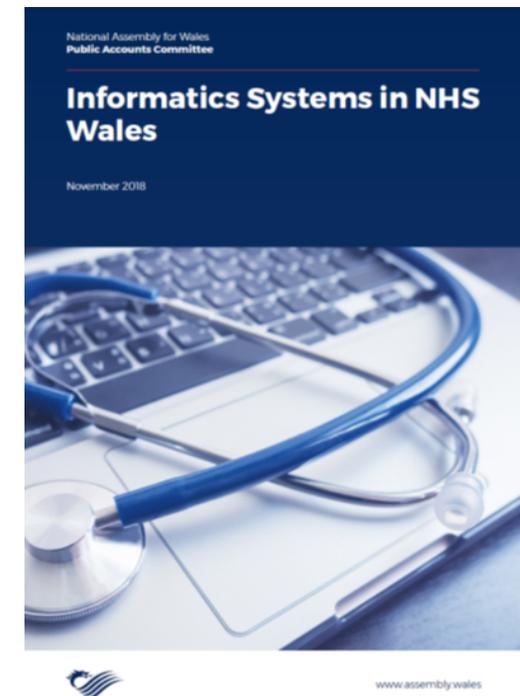
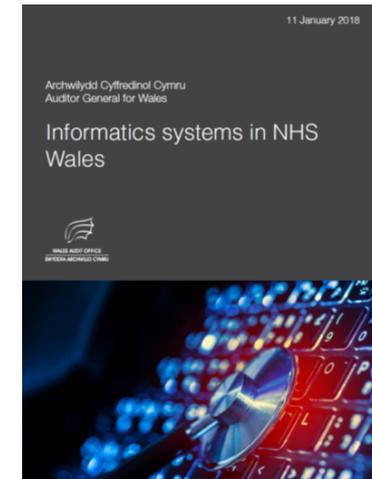
January 2020

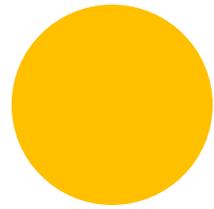
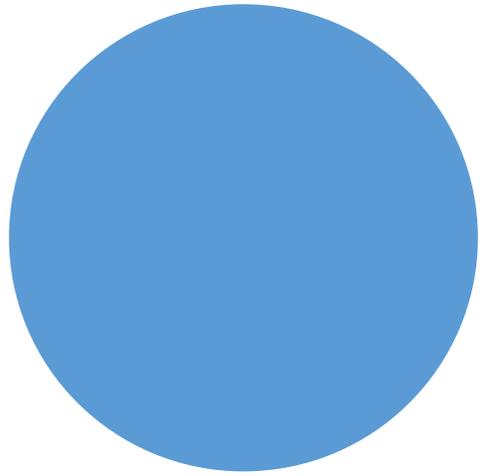
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# Why now?

- SOFW 5 years old
  - Digital elements not really delivered at required scale and pace
- Amplify – CAV started a journey of engagement among staff to transform services
- National context
  - Architecture Review
  - Governance Review
  - £50 million investment per year for 3 years for digital transformation
  - A Healthier Wales, National Clinical Plan

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# The What



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# Options

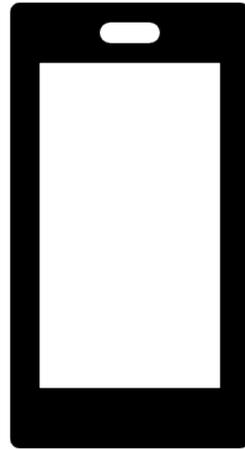
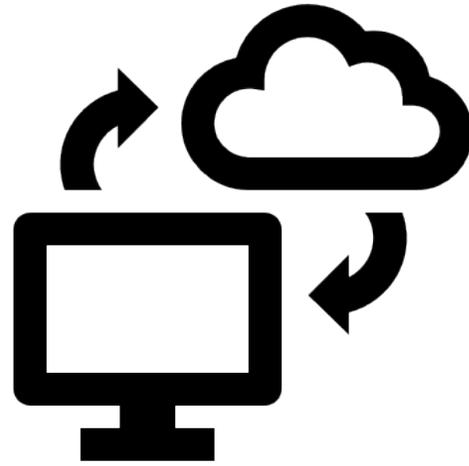
1. Status quo
  - NWIS co-ordinate most national 'systems'
  - Once for Wales for everything
  - Procurement and management of projects co-ordinated through NWIS
2. Big supplier
  - Cerner, Epic, Lorenzo, System C...
3. The third way

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The  
third  
way

Open Platform

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01/28/2020 13:54:18



Without these, further slides irrelevant

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Data

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Information

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# Information

Primary Care, Community Care, Hospital Care, Mental Health,  
Social Care, Third Sector

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National Data Resource  
and  
Interoperability Hub

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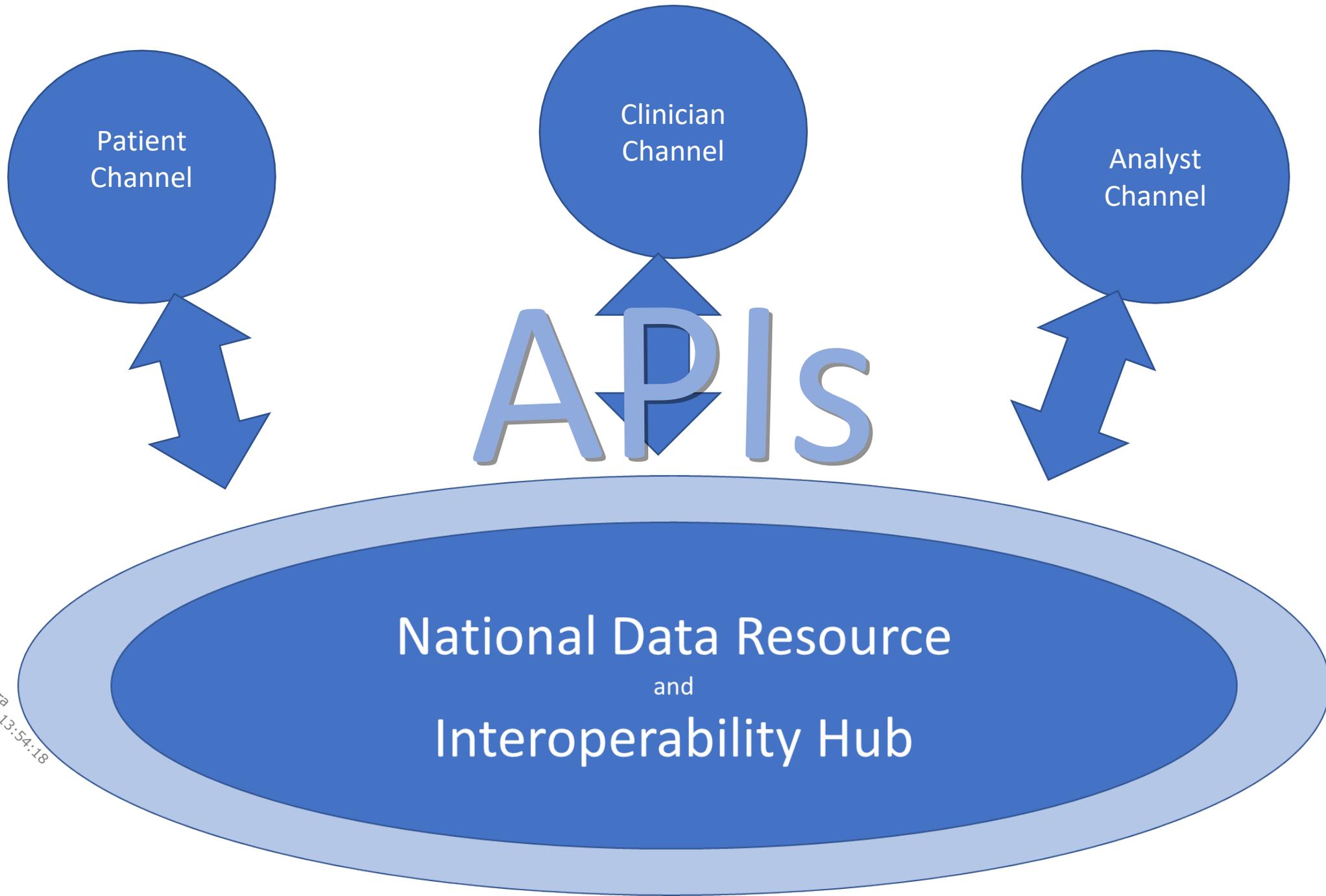
Patient  
Channel

Clinician  
Channel

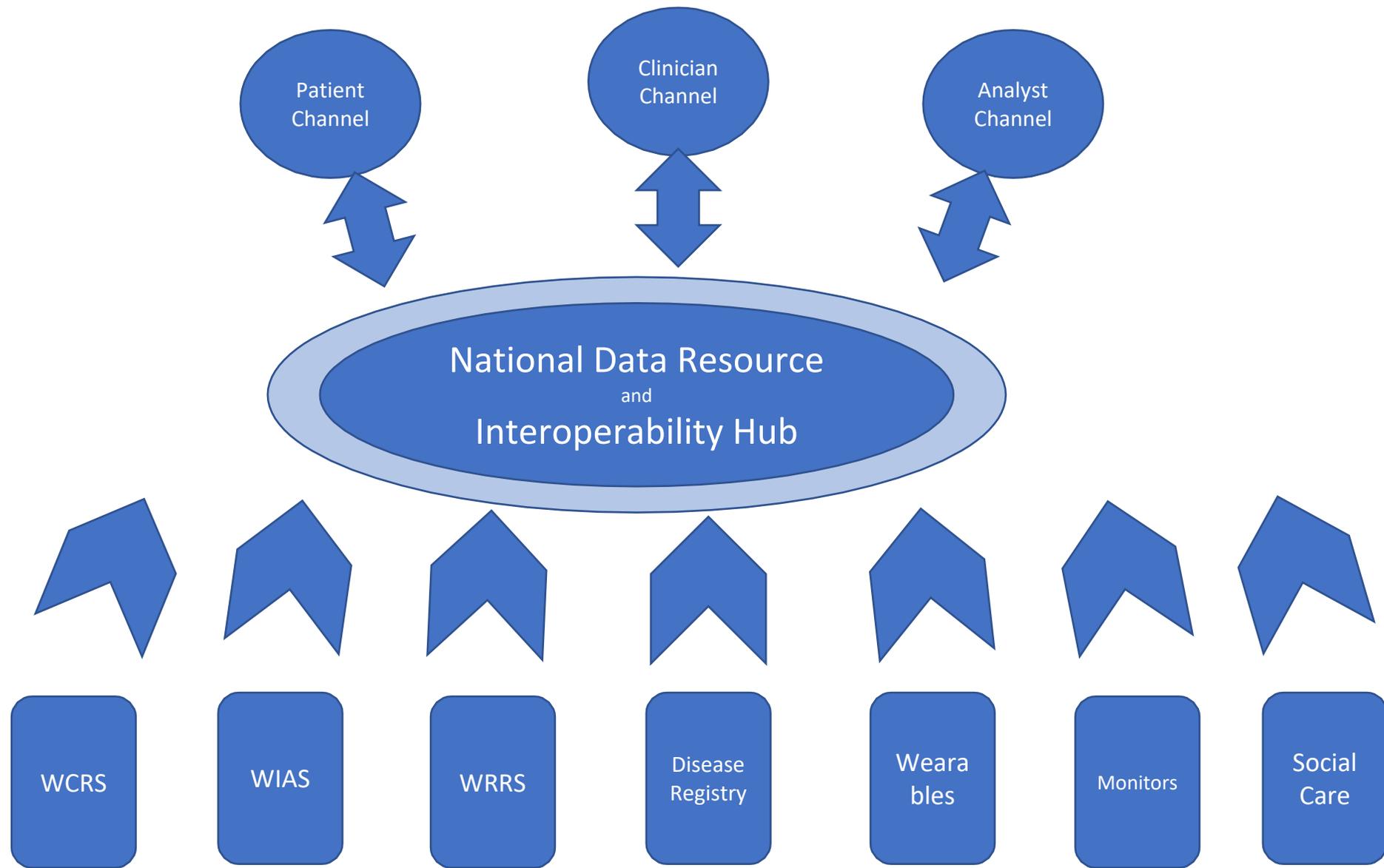
Analyst  
Channel

National Data Resource  
and  
Interoperability Hub

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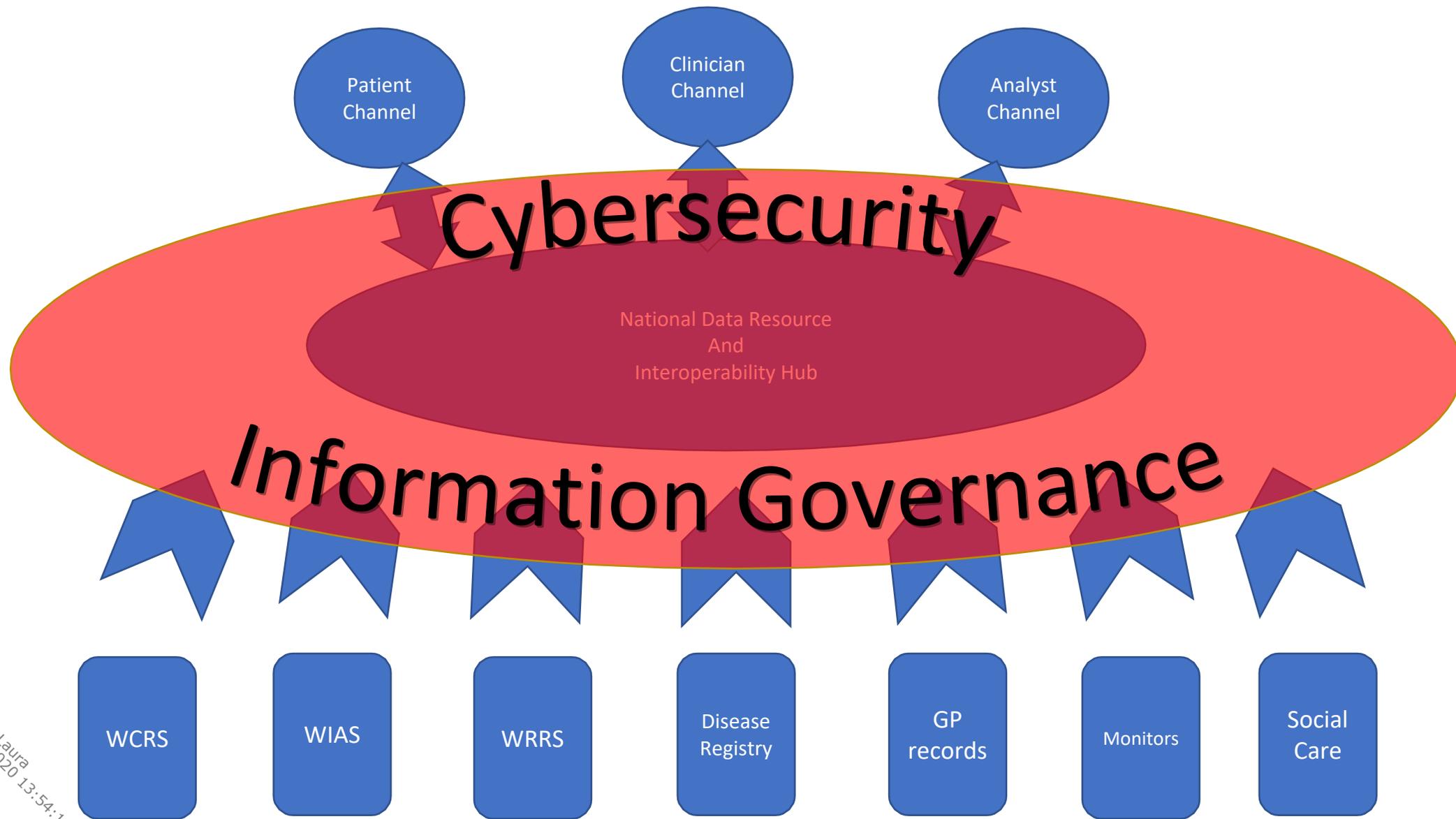


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## Data Repositories



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# National Strategy – Informed Health and Care



## Workstream 1: Information for You

Patient facing applications (patient portal, PROMS, TECS)



## Workstream 2: Supporting the professional

Clinician facing applications (Welsh Clinical Portal)



## Workstream 3: Improvement and Innovation

National Data Resource  
Building analytic capacity and capability

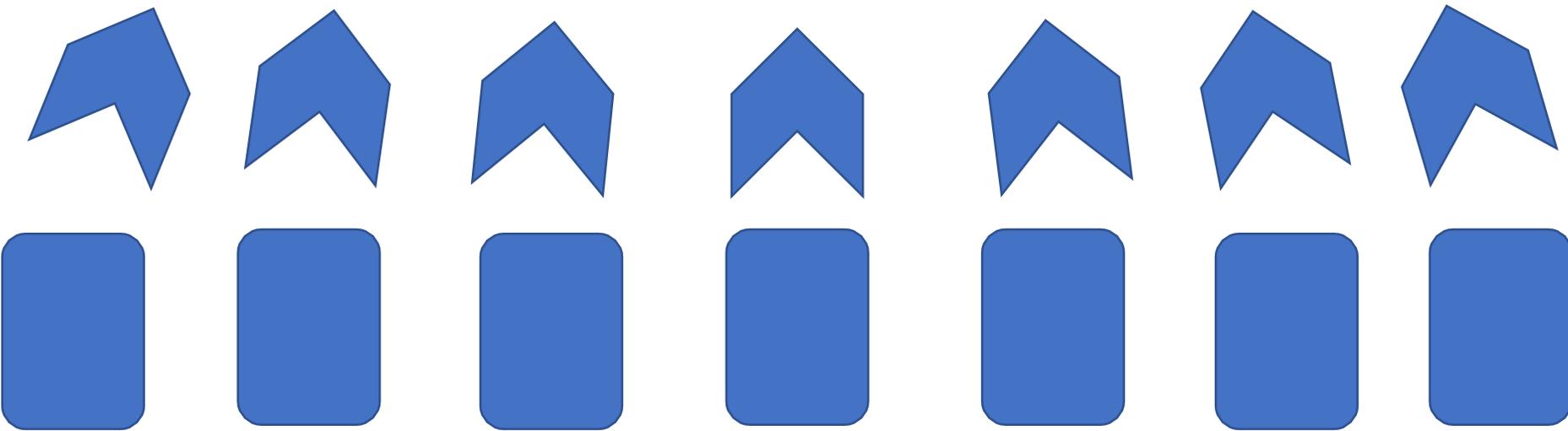
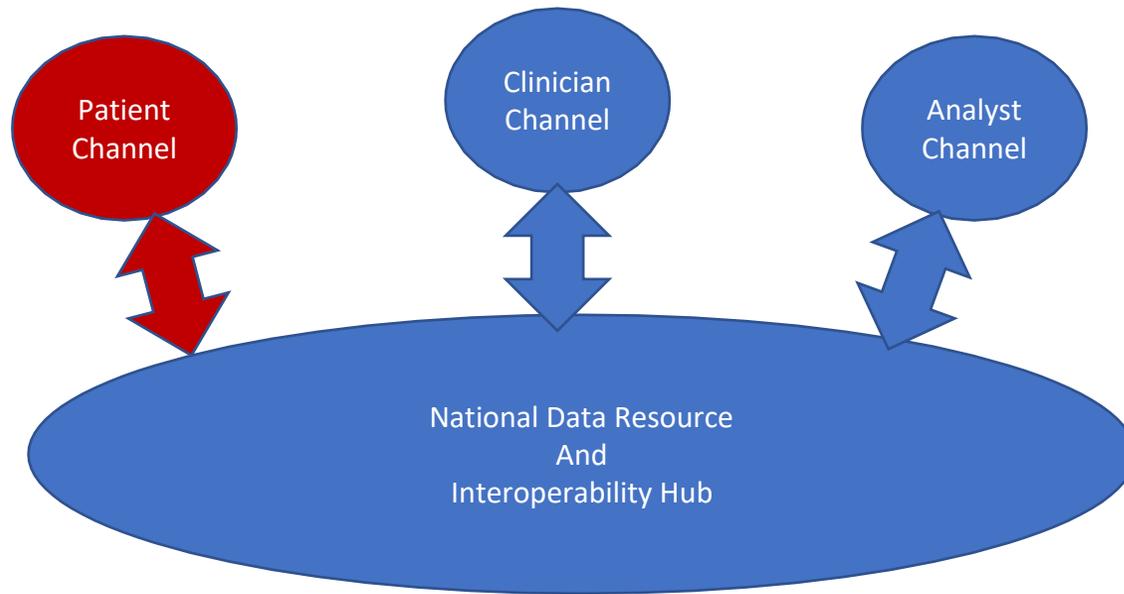


## Workstream 4: A Planned Future

Governance and planning

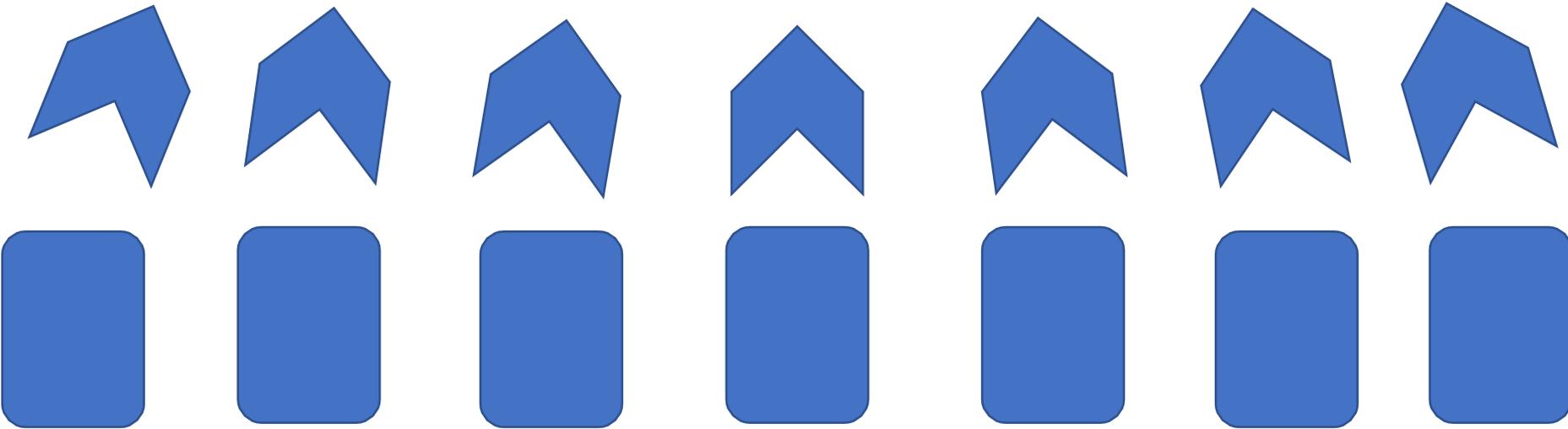
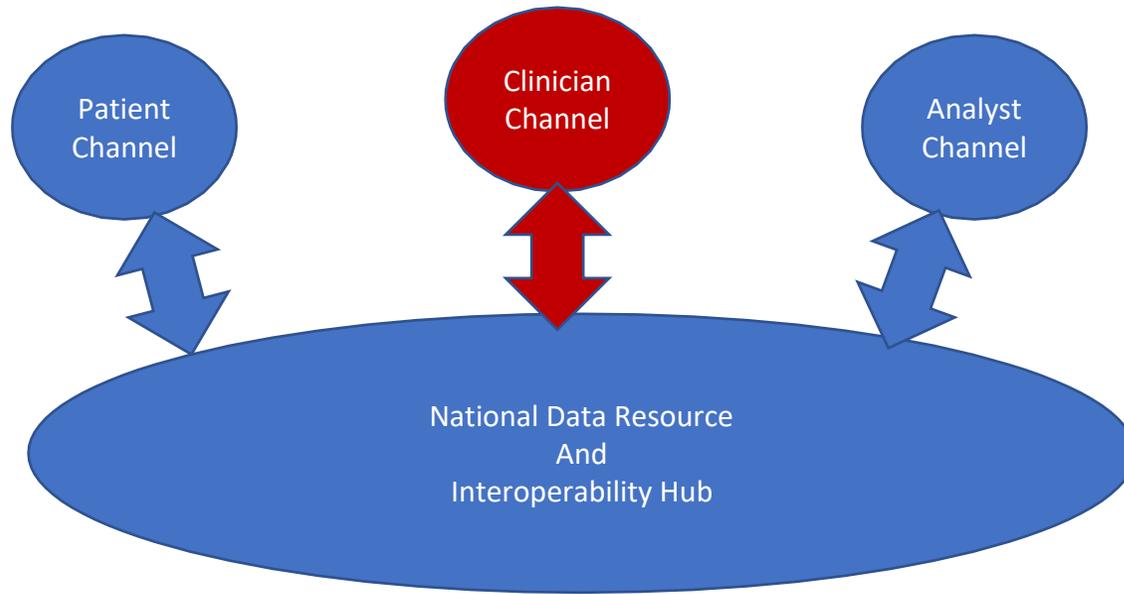
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# Workstream 1



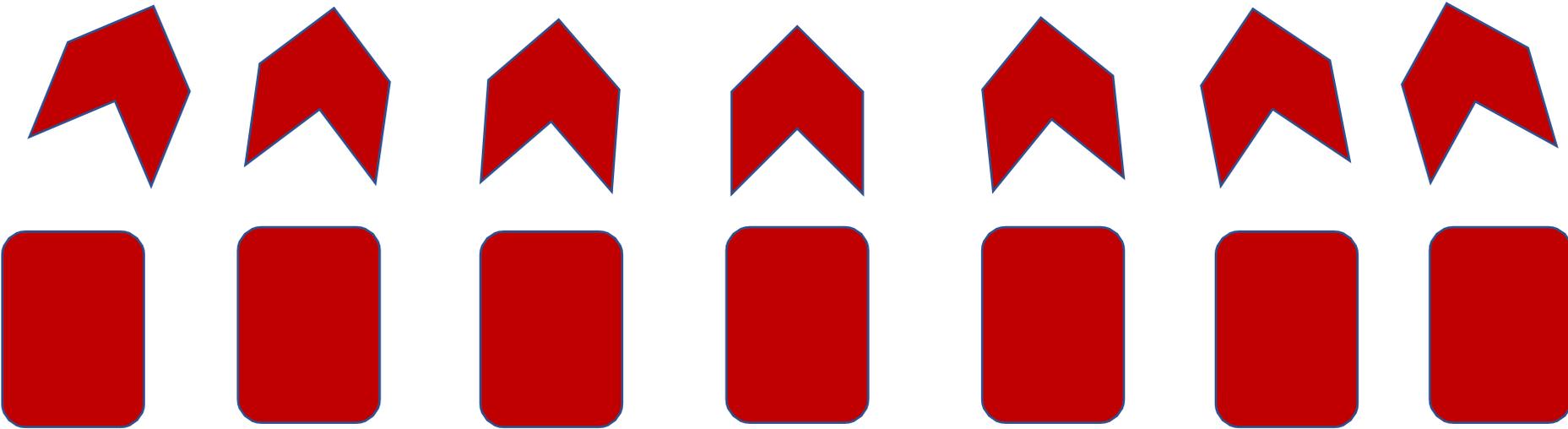
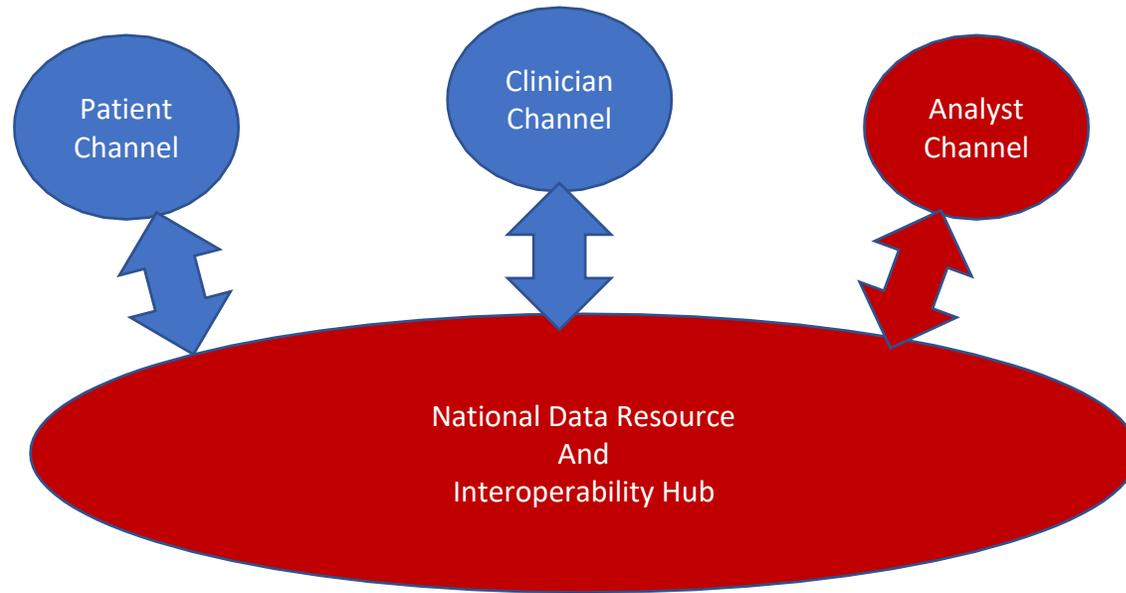
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# Workstream 2



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# Workstream 3



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# National Strategy – Informed Health and Care



## Workstream 1: Information for You

Patient facing applications (patient portal, PROMS, TECS)



## Workstream 2: Supporting the professional

Clinician facing applications (Welsh Clinical Portal)



## Workstream 3: Improvement and Innovation

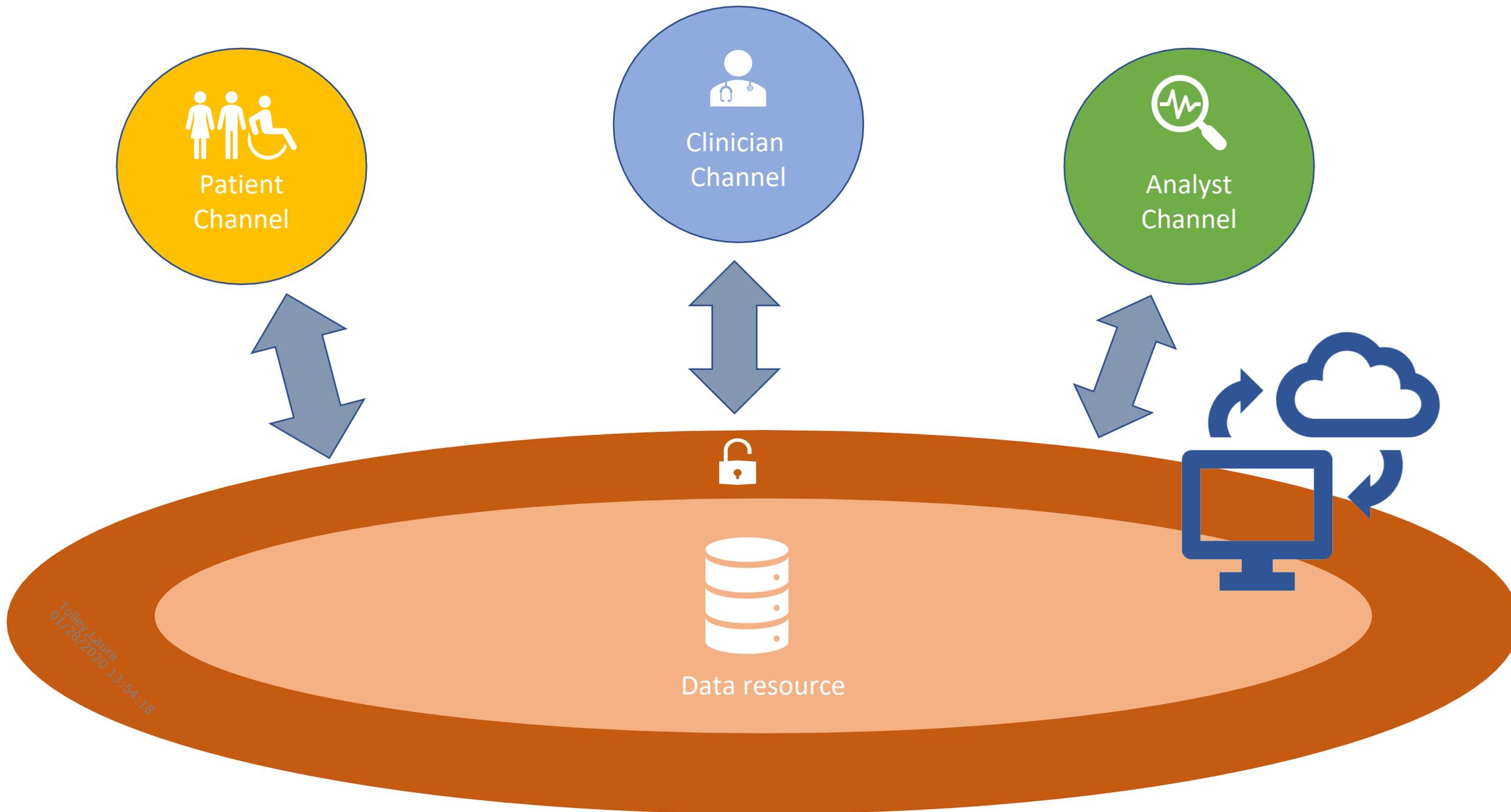
National Data Resource  
Building analytic capacity and capability



## Workstream 4: A Planned Future

Governance and planning

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# Platform elements

## Security



- Cyber-security
- Information Governance (sharing data across primary care clusters and into information platform)

## Cloud and communications



- Office 365
- Teams
- Email
- Other elements
- Single sign-on

## Information Resource



- Vonk server
- SMART-FHIR
- Collaboration with neighbours?

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# Channel elements

## Patient channels



- Patient Knows Best
- Seamless Social Prescribing
- Single point of Access GP triage

## Clinician Channels



- eNursing documents
- ePatient flow
- ePrescribing
- Accelerated cluster model
- Eye Care system
- Welsh Clinical Portal

## Analyst channel



- Lightfoot
- PROMS
- Cognos Bis

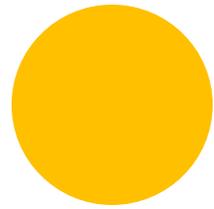
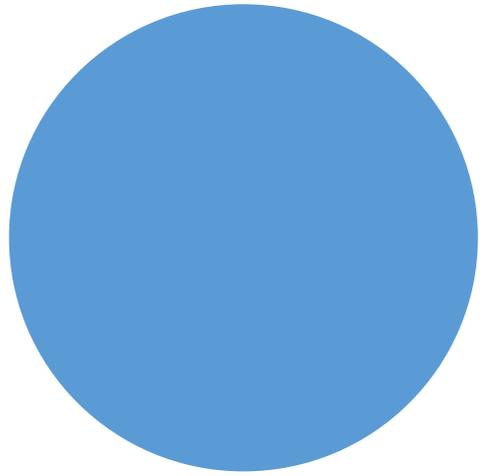
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# Open Platform Approach: Summary

- Platform ‘Once for Wales’
  - Mandated information and interoperability standards – co-ordinated by ‘NWIS’
- Applications not *necessarily* Once for Wales
  - Open APIs
  - Applications developed locally – HBs in partnership with SMEs, maybe ‘NWIS’
  - Developed to deliver functionality

Applications to deliver functionality – we need to stop talking about systems

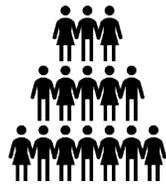
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# The How

Stuff, staff and adaptive  
change

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# Stuff, staff and adaptive change

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- Need to ensure we buy the right stuff for the right reasons
- Need to ensure we have the staff to implement
- Need to ensure there is wide staff engagement to optimise

Clear decision making processes with clinician and patient involvement

Clear roadmap to deliver strategy

WE'VE ALWAYS  
DONE IT THAT WAY

THE GOV  
WILL BAIL US OUT

WE'RE NOT FUNDED  
TO DO THAT

I'M NOT CONTRACTED  
TO DO THAT

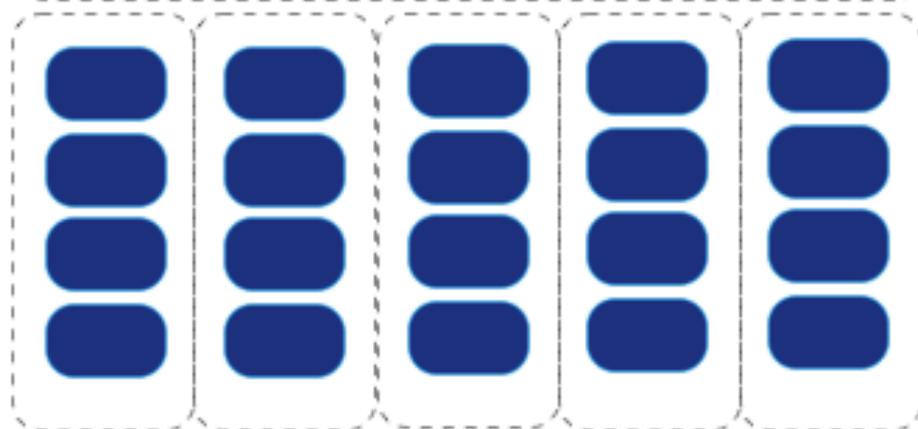
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*multiple and lightweight, web, mobile, desktop  
internal, local, national and external (ecosystem)*

## Applications



## API gateway / management



Security  
Authentication  
Authorisation  
Logging / audit trail  
Lifecycle management  
API key management

## Business domains

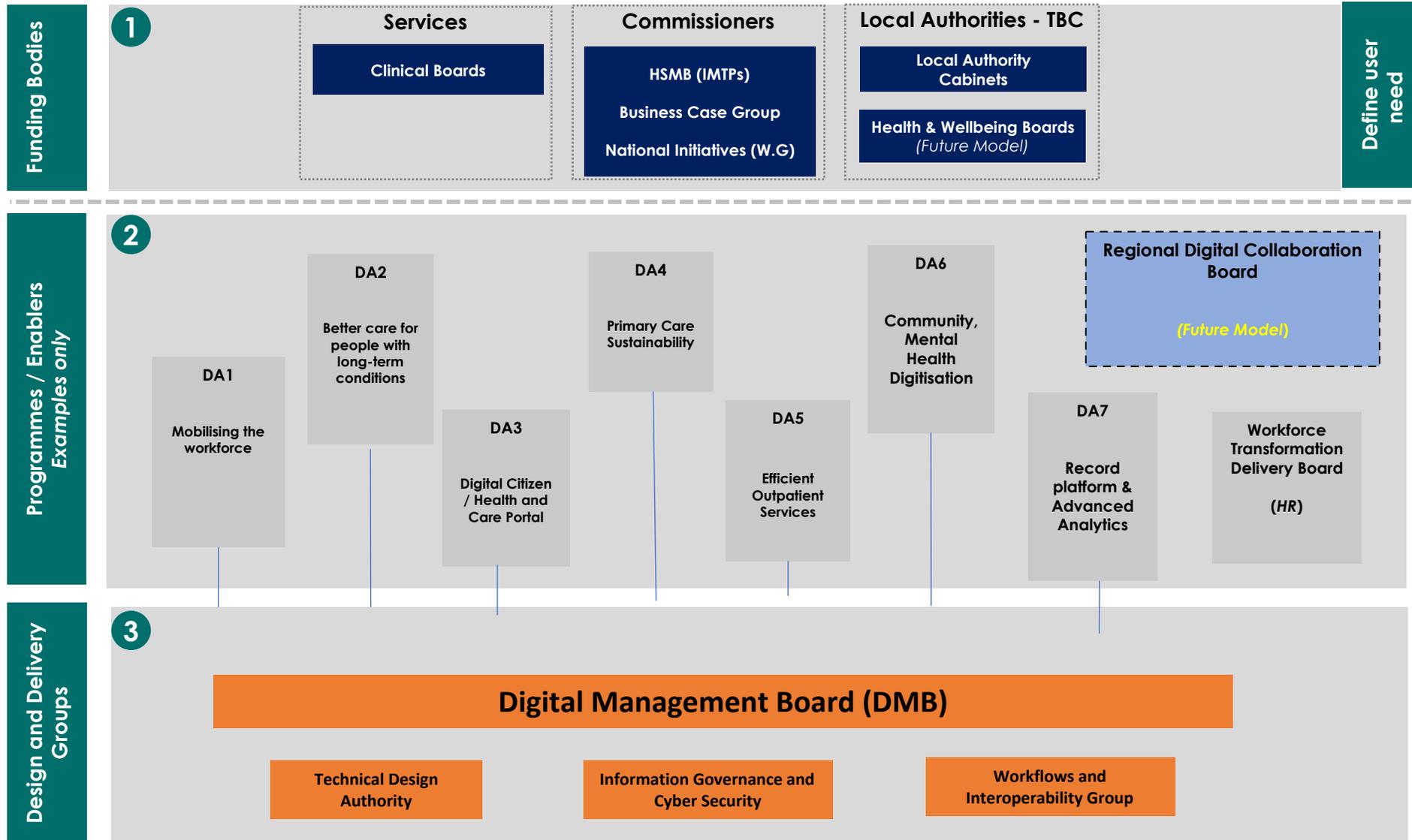
*e.g demographics  
appointments/scheduling,  
clinical documents, clinical data,  
staff identity, results/requesting*

*e.g. security, information,  
standards, clinical*

**Functional domains**

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## Cardiff and Vale Digital Governance Structure



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# Digital Management Board

## Purpose

- Strategic overview
- Strategic Review
- Set the roadmap
- Prioritise resource

## Membership

- CIO
- CCIO
- CNIO
- Head of IG
- Head of Tech
- Head of Ops
- Representative of Clinical Board CXIOs

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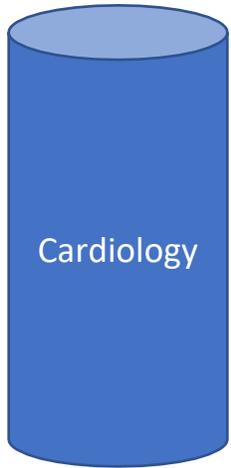




Information

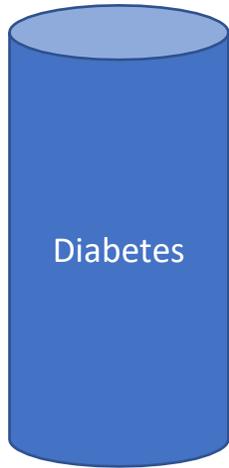
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French



Cardiology

German



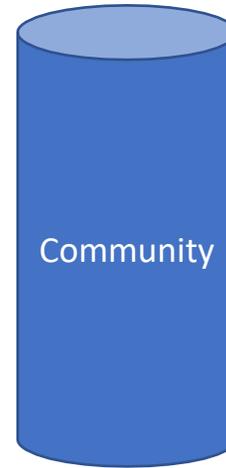
Diabetes

Mongolian



Child  
Health

Portugese



Community

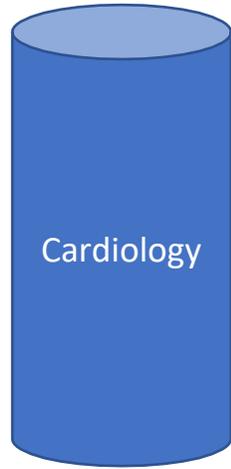
Mandarin



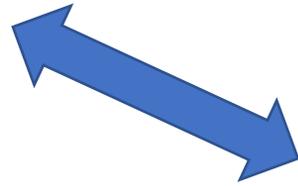
Emergency  
Unit

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French



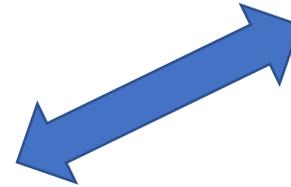
Cardiology



Mongolian



Child  
Health

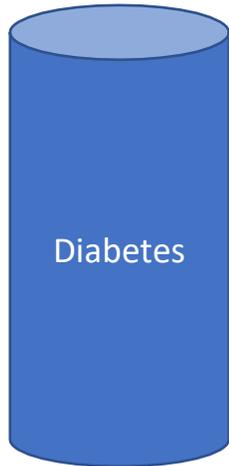


Mandarin

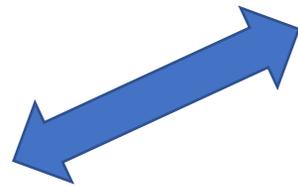


Emergency  
Unit

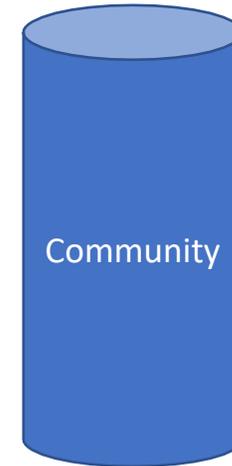
German



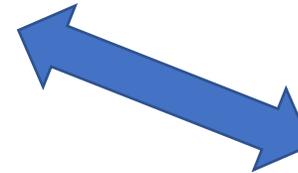
Diabetes



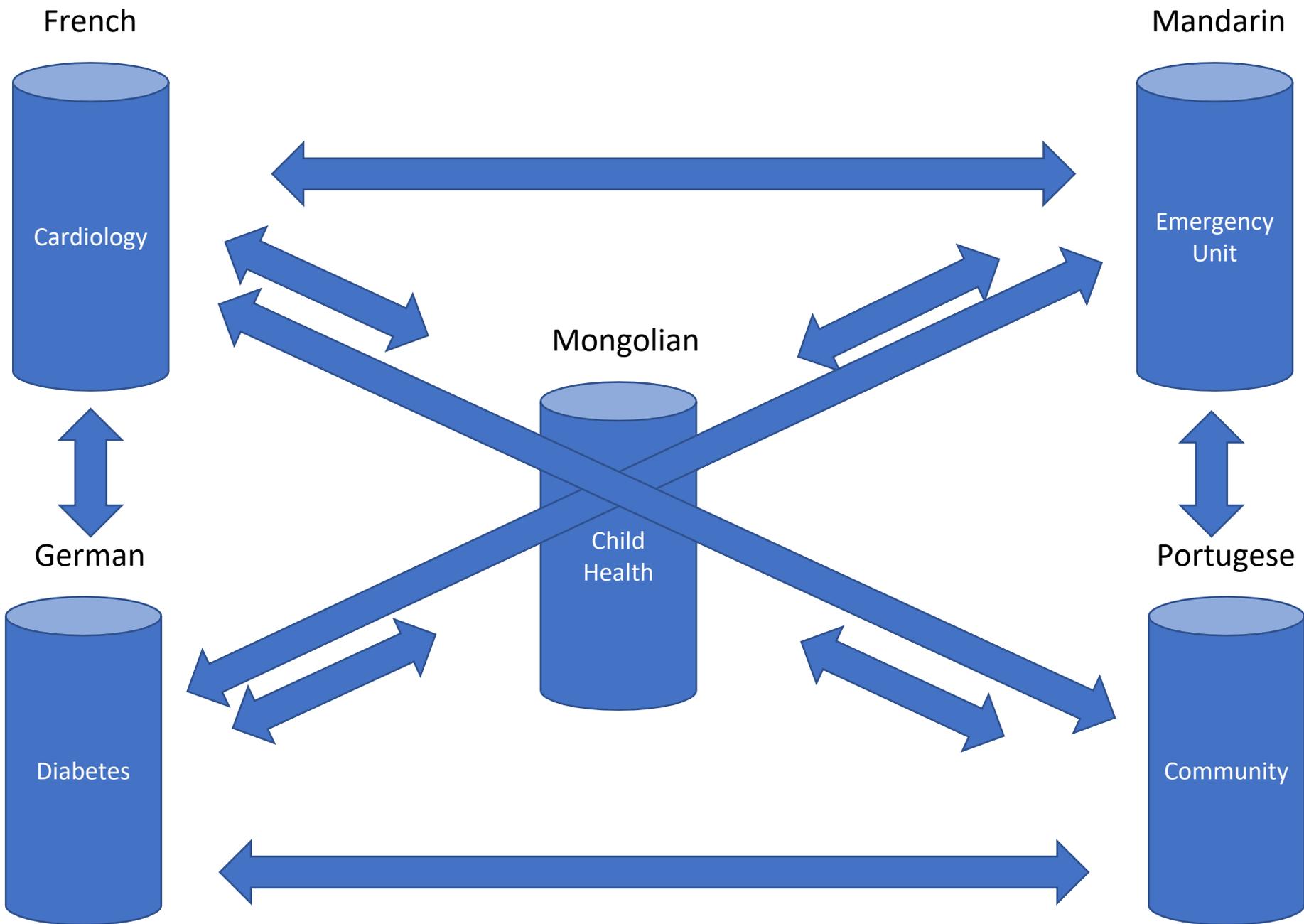
Portugese



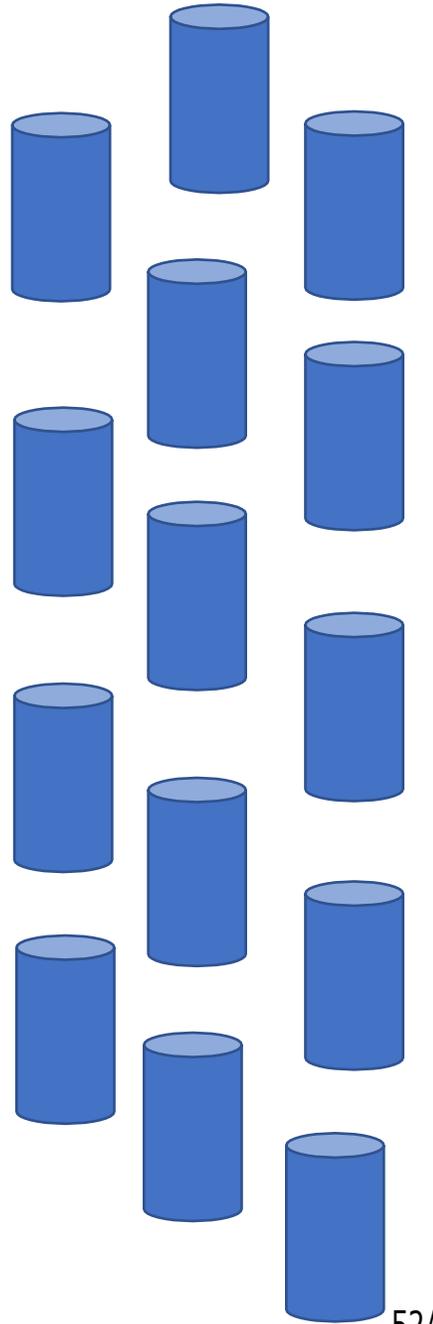
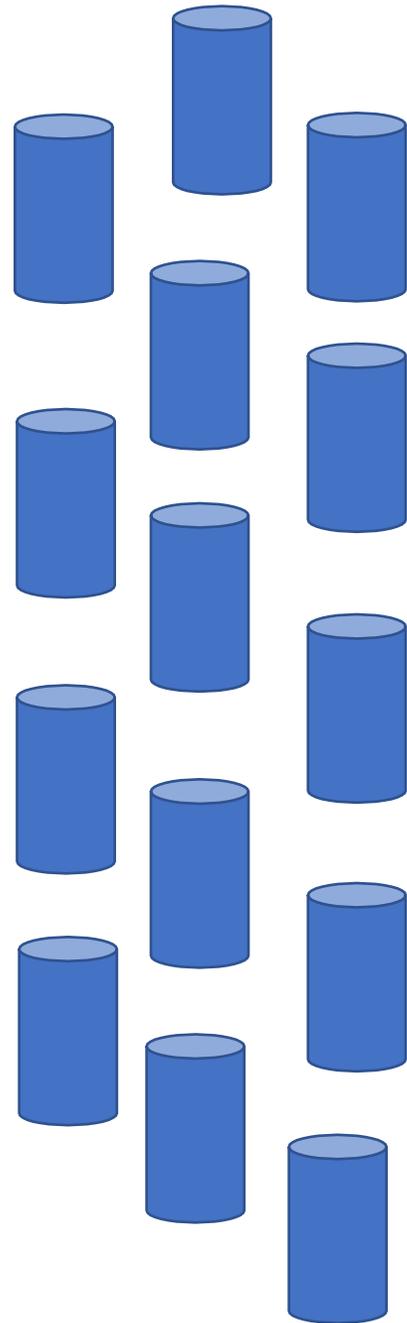
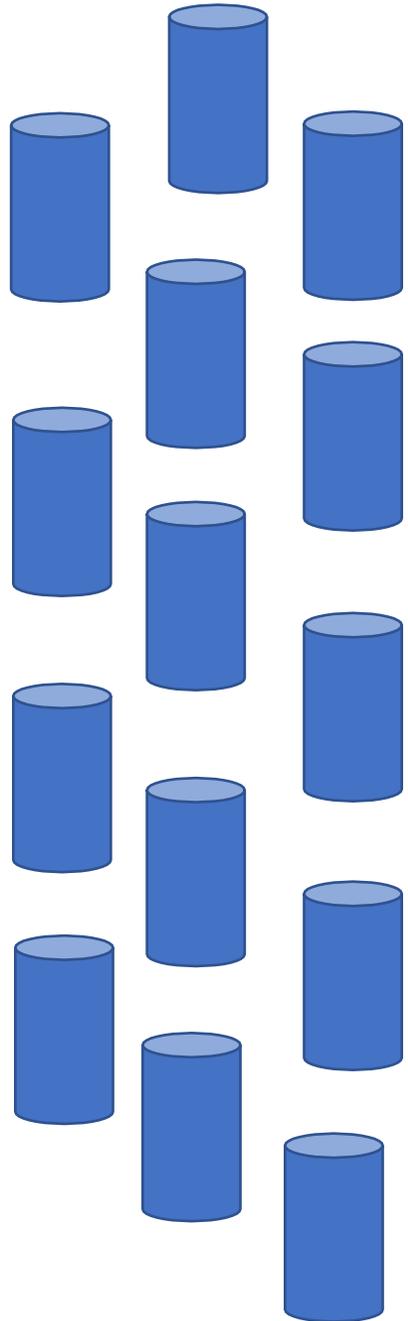
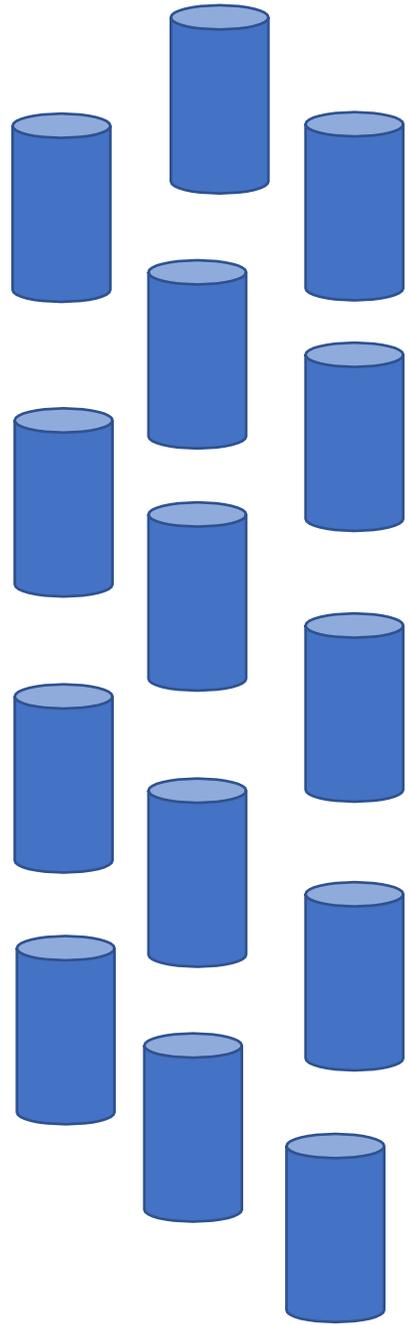
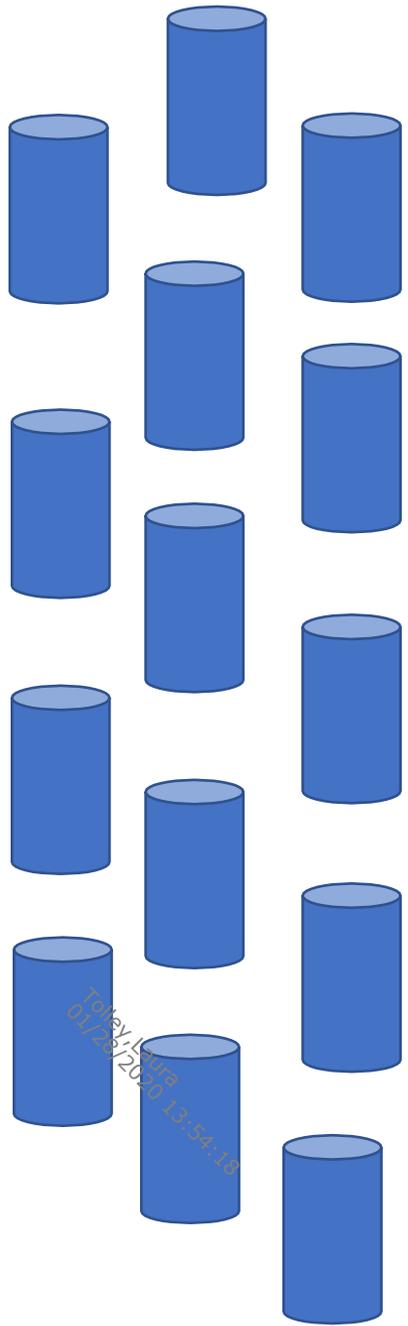
Community

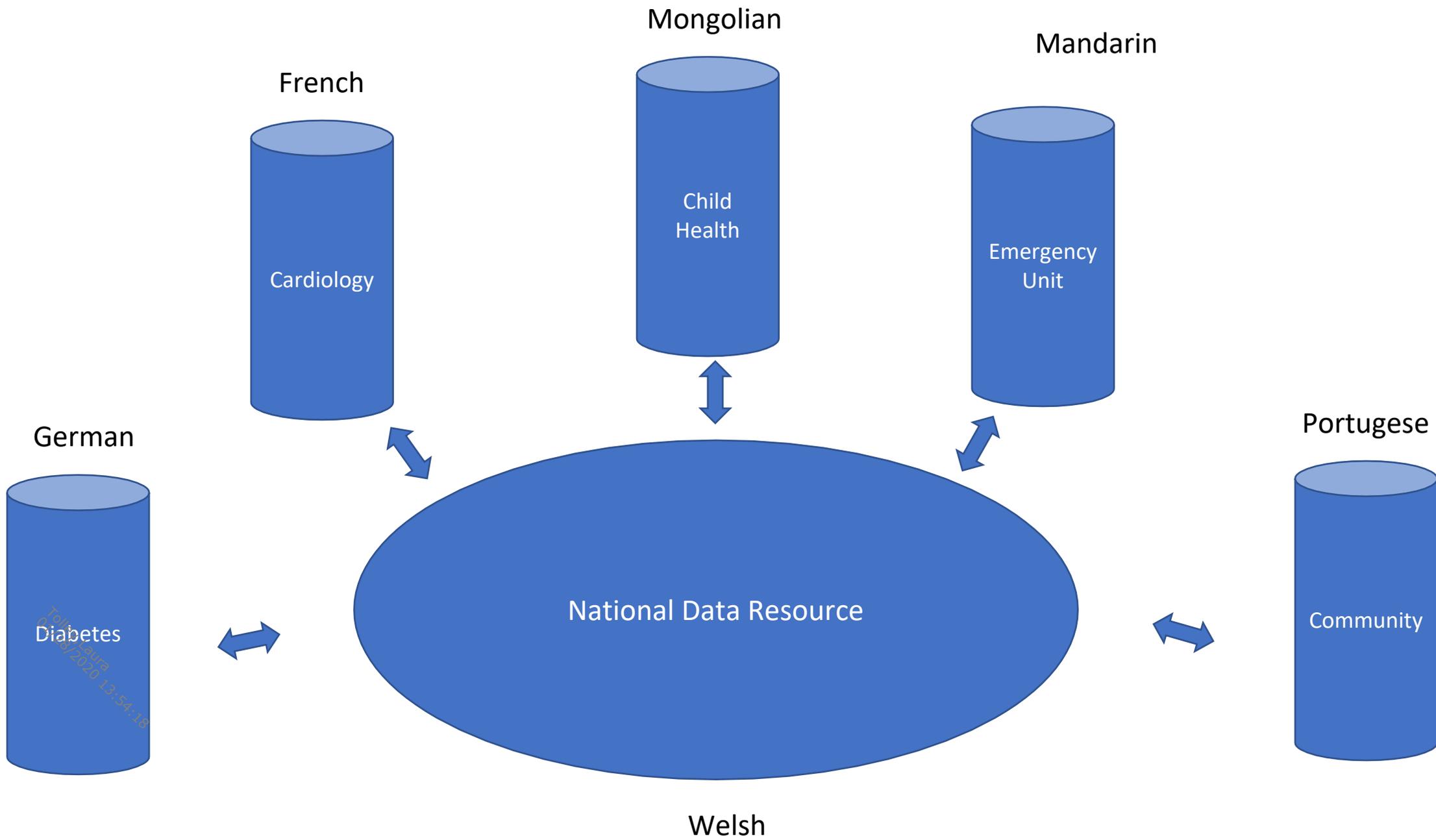


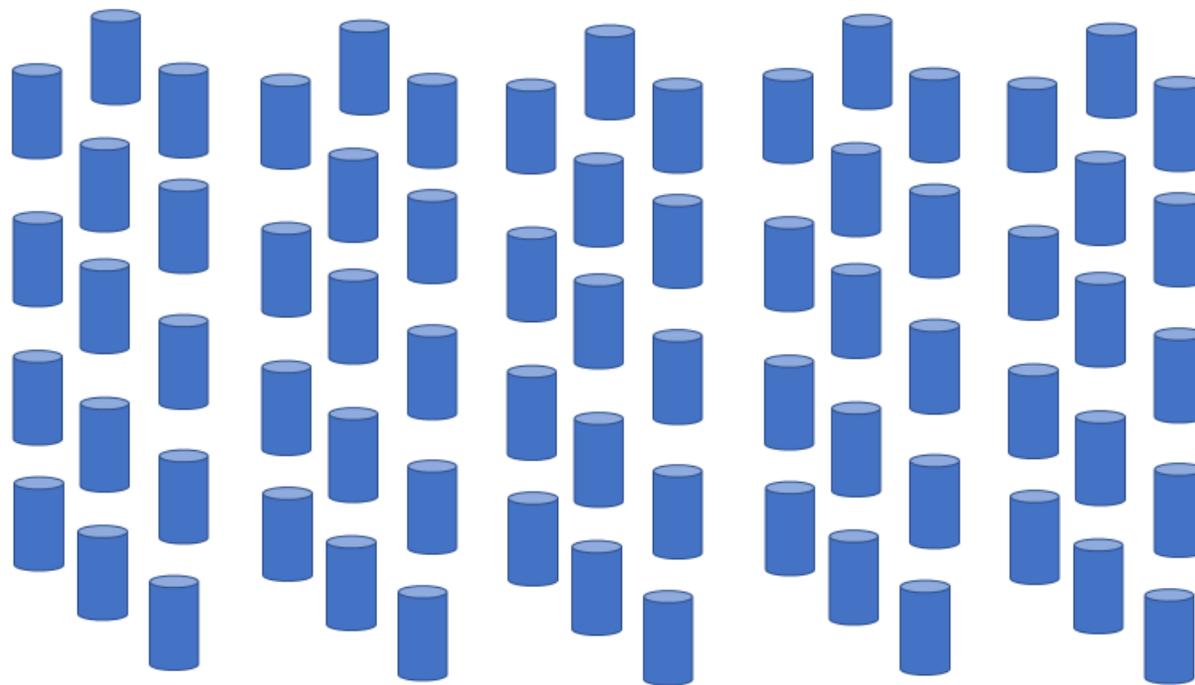
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National Data Resource

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<b>Report Title:</b>	<b>Digital &amp; Health Intelligence – Digital Transformation Progress Report</b>				
<b>Meeting:</b>	<b>Digital and Health Intelligence Committee</b>			<b>Meeting Date:</b>	<b>4<sup>th</sup> February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Director of Digital and Health Intelligence</b>				
<b>Report Author (Title):</b>	<b>Assistant Director of IT</b>				

### Background and current situation:

The UHB has a constantly evolving 3 year strategic outline plan for informatics development designed to underpin delivery of our strategy, IMTP, transformation programme and the Welsh Government’s Healthier Wales and Informed Health and Care policies and strategies.

Our plan includes the **3 delivery programmes**, all of which support and the C&V data repository and interoperability hub (the clinical data repository and national data repository):

- Intelligent Citizen Portal, which is focussed on the implementation of the “Patient Knows Best” solution
- Integrated digital health and care record, involving data sharing and interoperability from multiple systems
- Data to knowledge programme – using insights from the “signals from noise” work being delivered by Lightfoot Solutions

### Being built on **3 enabling programmes**:

- Digitally included population
- Digitally enabled workforce
- Modern Architecture & Infrastructure

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The Work Plan to support the emerging Digital Strategy (2020-2025) consists of multiple projects and programmes, both local and national which are grouped under the headings as outline above.

### C&V Data Repository

This work stream focusses on accessible data, through sharing and wider clinical use of data stored in GP, community, mental health, EU, outpatient, theatre and maternity information systems. Work is continuing to deliver phase 1 of the Clinical Data Repository (CDR) with preparation including hardware and training on FHIR (Fast Healthcare Interoperability

Resources), which is the standard describing data resources and APIs for exchanging electronic health records.

### Intelligent Citizen Portal

As described within the emerging Digital Strategy, work is continuing to develop the Patient Portal (using the “Patient Knows Best” solution), which will enable secure and confidential communication between patients and clinicians. A formal Patient Portal programme board has been established, chaired and led by a clinical board director to oversee the delivery of PKB implementation across a wide range of services. Existing live implementation of PKB include ENT, Adult Audiology, Cochlear implant, Paediatric audiology, Adult diabetes and the HIV service. The programme board will determine and manage the registration and adoption plans for PKB as it looks to implement the solution at scale. .

### Integrated Digital Health and Care Record

Work has progressed with enabling multi-disciplinary teams to share common records, e.g. use of Vision 360 GP clinical record system to allow clinicians to see primary care data at a cluster level. GPs can now access and see community data via the PARIS system. Further enabling work is being progressed via the mobilisation programme, which aims to provide all clinical staff with access to the right information at the right time. A key enabler is the investment being made in mobile devices to support this access.

### Data to Knowledge

In addition to working with Lightfoot to better understand insights from the data and to manage capacity and demand, we are increasing the scope and accessibility of clinical information, providing more near real-time dashboards and decision support tools, supported by modern servers and the data repository. Data being shared with Lightfoot to support the “signals from noise” insights work will move from 5 to 7 days a week, allowing for better planning and resource management on a daily basis, including the weekends. Work is continuing to determine a framework and process by which information sharing between health and social care providers can become routine, creating a unified view of patient demand for core services, understanding patient flow between organisations and patient outcomes and interventions.

The key enabler programmes include the **digitally included population** where work to extend the availability of free wi-fi across the C&V estate is being progressed as well as improving access and reducing costs of translation services by greater use of digital applications. In supporting the **digitally enabled workforce**, we are embarking on a programme of PC replacement, including mobile devices where more appropriate; we recognize the importance of training and developing staff in the use of digital technologies and are developing training and support via web-based means as well as retaining a training function. The **architecture and infrastructure** requirements to support our digital strategy require additional storage and server capabilities, which are being addressed via the Welsh Government digital funds allocation as well as the use of discretionary capital.

A more detailed update on progress against specific projects forms the remainder of this report.

*Local / National Projects*

- Implementation of the new EMG system into neurology – Complete 3<sup>rd</sup> Dec 2019
- Pharmacy system replacement programme – due to go live in CAV October 2020 (a delay in getting the business case signed off nationally may lead to the go live date moving back) – IT preparation work with the service ongoing
- National Critical Care system – procurement underway – award of contract expected October 2019 – technical review of current infrastructure within the ITU units is underway in readiness for implementation (funding available this financial year to support Network / Electrical requirements at the patient's bedside)
- E-Nursing pilot scheduled to commence at the beginning of February 2020. Accounts are currently being set-up to allow temporary staff to access the system. Next stage will be to look at receiving information back to PMS.
- Carecube scheduling system – support Cardiology (Cath Lab) in the implementation of a new scheduling system – due to go live Autumn 2020.
- Adastra – support the GP Out Of Hours service with an upgrade to the infrastructure and application
- Philips Cardiology system upgrade – due to go live Spring 2020, IT preparation work with the service ongoing.
- Chemocare Version 6 Upgrade – due to go live Summer 2020, IT and IG preparation work with the service ongoing
- Windows 10 Implementation – Ongoing throughout 2020
- Office 365 Implementation – Ongoing throughout 2020

### *Welsh Clinical Portal and GP Test Requesting*

- Following implementation of WCP 3.10 during the summer, a pilot of Hospital to Hospital Referrals commenced in September with Cardiology/Cardiac Surgery. Referral numbers are steadily increasing.
- Pathology Electronic Test Requesting continues to be rolled out across the UHB. Recent go lives have been in Maternity, Dental and Pre Op Assessment Unit and Paediatric Inpatients. Planning is underway for implementation in Paediatric Outpatients, Paediatric Oncology, CAVOC (Orthopaedic inpatient & outpatients) and Emergency Unit.
- WCP Results and Notifications functionality is being implemented in additional specialties following the successful pilot in Gastroenterology.
- The GP Test Requesting Pilot at Saltmead Medical Practice is continuing with Penarth Healthcare Partnership planned to be the second practice to pilot. The project has received several expressions of interest from other practices.
- The UHB has commenced a pilot which gives GPs access to the Welsh Clinical Portal. It is recognised that extended access to other practice staff to support MDT meetings is required to ensure this initiative delivers the expected benefits.
- Pharmacy Medicine Order Sets (MOSSs) functionality was deployed with WCP v3.10 on 31 July 2019. Configured new Medicine Order Sets are awaiting approval by CAV Medicines Management Group before release to live. Once released, the Implementation of MTeD in Maternity is expected in February 2020.
- WCP v3.11 User Acceptance Testing has commenced. This version will bring Radiology Test Requesting which will be piloted in CTM UHB first before being rolled out to other health boards.
- WCP Radiology Results – Radiology results live feed to WRRS switched on to display CAV

validated results from midnight 10 December 2019. Awaiting NWIS plan for back loading of historic results and links to images.

- Myeloma Outpatient Continuation Sheet (v.2) for new patient appointments commenced 12 December 2019 and its use within the Myeloma specialty is ongoing awaiting bug fix to allow use for the majority of appointment which are for follow-up patients.

### *PARIS*

- Expansion of G.Ps direct access to PARIS in support of cluster working agreed to be expanded across the region. Rollout will be through Q1/Q2 2020..
- Overhaul of PARIS solution (major efficiency version change from vendors) in testing and preparation for April 2020 rollout. In-system dashboards, navigation shortcuts, customisation and Subject access request (SAR) are all major component parts. This is the focus of PARIS based workload for Q1 2020.

### *Transforming Primary Care*

- Social prescribing platform specified, IG assessed, and procured (Elemental). Currently being configured for use, and developed in sprints with the vendors. Go-Live will be 4<sup>th</sup> March 2020.
- Discharge Hub – Enabled and established for south west cluster, gifting access to PARIS, WCP, GP record, and Council record (CareFirst). Making this the most richly informed MDT group in Wales. This successful solution will now be augmented and include frequent fliers to out of hours for the S.W cluster, more firsts for CaV in Wales.

### *National Eye Care Digitisation Programme*

- The National EPR for Ophthalmology has been awarded to ToukanLabs (open Eyes) a 100% HTML product. The licence agreement enables every Optometrist in NHS Wales's connectivity to the EPR with read/write access. A working group has been set-up supported to develop an IG Toolkit in-line with the NHS Digital DSPToolkit.
- NHS Wales devices will be allocated to Optometrists to "safely and securely" connect to the national EMS Platform managed by NWIS and is being supported by Microsoft partner RedCortex.
- The Welsh Government instructed the procurement lead Cardiff and Vale UHB to review the options of e-Optometry (referral) as the National Electronic Referral Platform for Optometrists against the Market Place. An options appraisal was undertaken by the Eye Care Digitisation Programme in November 2019 and tested in January, with the preferred option is via the EPR for "triage" and then "pushed" into the national architecture (WAP/WCCG/CWS).
- This will be tested within the FBC process.
- The tender to support the delivery of 9,000 low risk patients has been awarded and we have already commenced connecting Specsavers Llanishen onto the Domain via Meraki Technology and the first patients will be seen 29<sup>th</sup> January 2020 and a Virtual Clinic undertaken by Professor Morgan.

### *Infrastructure*

Items completed:

- Additional Services deployed on to RDS infrastructure
- Further migration of internally developed applications onto a common platform of .NET v4 and Visual Studio 2017.

Good Progress / ongoing work:

- Continuing EOL Virtual Server Farm upgrade – end of year capital spend – implementation phase
- Continuing updating of Service Dept EOL Server Operating Systems – Cyber Security Essential requirements
- Continuing migration of all corporate national systems onto Windows 2012 including interface functionality;

*Applications*

Items completed:

- WAP v2.6.5 development completed; passed to NWIS for testing.
- Changes to the WCCG Letters feed system, to assist NWIS in fixing a bug that was affecting the display of letters within the GP systems.
- Process changes within WAP to prevent the printing of Expedite referrals, allowing more referrals to flow through the entire electronic process.
- On Screen training modules released in replacement of aged EOS modules
- PMS Postcoder enhancement
- COM2 enhancements
- On Call Utility (added Desktop checker – to alert if PMS Processes are greater than 6000 during working day)

Good Progress / ongoing work:

- e-Advice: In discussions with the Neurosurgery team about some potential changes to their “on-call referrals” within eAdvice.
- Major Trauma System. Due to launch in UHW in 2020, including regulatory submissions to the Trauma Audit & Research Network (TARN), rehab prescriptions and M&M processes. Core functionality is mostly in place with phase 2 work underway.
- PKB – core interface functionality well underway. Awaiting on some decisions from the recently established project board to give direction to the remaining technical work.
- Work is underway on a replacement for CAV Portal, built upon the existing “CP Lite” application.
- Single Cancer Pathway - Discussions have taken place with the trackers within Cancer services. We tabled our views and proposals and asked for them to deliberate and feedback along with any thoughts of their own. Still awaiting feedback from service. Have asked to meet with management leads to progress. COM2 rollout will play a big part in this development.
- Outpatient Follow Up - There are 3 government targets that need to be met:
  1. 95% of Patients must have a target date by end of December 2019 up from 82%. This

has been achieved.

2. The number of patients in follow up to be reduced from 240000+ to 189000 by end of March 2020. Currently down to 211000, work ongoing.
3. Number of target dates over 100% down from 77000 to 65000 by end of March 2020. Currently down to 71000, work ongoing.

Once all the targets have been met, operational changes will need to be made along with retraining and system changes within PMS to prevent the Health Board returning to this position. As with SCP, COM2 will be key in achieving this.

- Data Warehouse – Extracts – various ongoing.
- Forms 12C upgrade
- Medical Records Filing Library app. Controls placement of clinical notes and efficiency improvements in storage.
- Data Warehouse – Functional Database (Build/Schema Creation/Test Imports) – Imports scheduled for w/c 27th Jan
- PSA Tracker D&T – Brain Injury service
- CaV Clinical Portal – ongoing interoperability (CCube)
- NHS no Batch Processing PMS data submission to NWIS

#### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Assurance is provided by regular internal updates and planning reviews with items for exception highlighted to the Digital Health and Intelligence Committee.

#### Recommendation:

The Digital & Health Intelligence Committee is asked to:

- **NOTE** the progress in many areas of the IT Delivery Programme

#### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are		9. Reduce harm, waste and variation sustainably making best use of the	

entitled to expect				resources available to us			
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time				10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>							
Prevention		Long term		Integration		Collaboration	Involvement
<b>Equality and Health Impact Assessment Completed:</b>		Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>					



<b>Report Title:</b>	<b>Joint IMT Risk Register</b>				
<b>Meeting:</b>	<b>Digital &amp; Health Intelligence Committee</b>			<b>Meeting Date:</b>	<b>4<sup>th</sup> February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Director of Digital and Health Intelligence</b>				
<b>Report Author (Title):</b>	<b>Director of Digital and Health Intelligence</b>				

### Background and current situation:

The joint IMT Risk register is a combined register consisting of digital / Information Governance and Information / Performance.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

There are currently 16 joint IMT risks identified on the report:

2 x Risks in red status with a score of 20 which include:

- Cyber Security
- Software End of Life Implications

12 x Risk in amber status with various scores which include:

- Server Infrastructure (score 16)
- Compliance with data protection legislation (score 16)
- Data Quality (score 16)
- Governance framework (IG policies and procedures) (score 16)
- Insufficient Resource – Capital & Revenue (score 15)
- NWIS Governance (score 15)
- Data availability (score 15)
- End of Life Infrastructure (access devices) (score 15)
- Clinical Records Incomplete (score 12)
- Outcome Measures (score 12)
- Effective resource utilisation (score 12)

2 x Risks have been reduced on this report to yellow status which include:

- WLIMS (score 10)

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- Use of UHB Standard data processing contract (score 9)

Procurement Department continues to send out data processing contracts to suppliers where the contract involves the processing of personal data.

- WCCIS Local team not resourced (score 8)

ICF funding has been confirmed for 2019/20 and 2020/21 based on assessment of WCCIS impact for integrated Vale of Glamorgan teams and for paper-based therapeutics teams in the UHB.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Full Risk Register Report is attached

### Recommendation:

The Digital & Health Intelligence Committee is asked to:

- **NOTE** progress and updates to the Risk Register report.

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	Long term	Integration	Collaboration	Involvement
<b>Equality and Health Impact Assessment Completed:</b> Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>				

Kind and caring  
Caredig a gofudd

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

Objective	Risk Title	Principal Risks	Opened Date	Review Date	Risk Type	Exec lead for the corporate objective	Corp assessment of Impact	Corp assessment of Likelihood	Total	Risk Score (Target)	Risk Level (Target)	Mitigation Action	Further action agreed	Source of control	Lead Committee
6.8.11 A4/0023	Cyber Security	The Cyber Security threats to service continuity	13.12.2013	18.11.2019	Cyber /Service Interruptions	DD&HI	5	4	20	10	MODERATE	The UHB has in place a number of Cyber security precautions. These have include the implementation of additional VLAN's and/or firewalls/ACL's segmenting and an increased level of device patching. However further necessary work is dependent on additional capacity to supplement the current level of staffing within the department.	The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. The requirements have been further highlighted in the National Stratia Cyber security review. Plans are currently under discussion at Welsh Government level to resource Health Boards to undertake additional Cyber security monitoring tasks. All of these requirements have been acknowledged and are included in the current re-organisation plans within the Digital and Health Intelligence Department. <b>Jan 20: Confirmation of WAG funding to support investment in Cyber resource and infrastructure have been confirmed and recruitment and procurement plans are now underway. Jan 2020: Confirmation of WAG funding to support investment in Cyber resource and infrastructure have been confirmed and recruitment and procurement plans are now underway. Delays to recruitment have been unblocked and cyber roles are being advertised funded from Welsh Government Digital monies.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.9 A5/0013	Software End of Life implications	The UHB is at risk because its PCs require upgrading to Windows 10 due to support ending for Windows 7 in January 2020. There are potentially significant issues with compatibility with applications systems in use both Nationally and within the HB specifically. The UHB has circa 11,000 devices (laptops and PCs) that require operating systems upgrade; of these, 5,500 will additionally require either replacement or physical hardware upgrade.	01.06.2019	18.11.2019	Cyber /Service Interruptions	DD&HI	4	5	20	10	MODERATE	update 02/08/19: Microsoft will offer extended support on Windows 7 as part of the all Wales MS 065 contract recently negotiated and in place for all NHS organisations in Wales. This will provide support for Windows 7 PCs, beyond 2020.	The Firepower Firewalls have been configured to stop ALL Internet access, if/when a possible serious virus attack is identified and will be implemented immediately. Microsoft Windows 10 security support has been extended to March 2021. <b>Jan 2020: The UHB is utilising WAG Digital investment to help address Windows 10 migration. The UHB is actively engaged with Welsh Government and has been allocated £1,450,000 Capital and £1,336,000 revenue as part of the Digital Priorities Investment Fund (DPIF) for 2019/20. Non compliant devices will be upgraded or replaced during the next 6 months to ensure devices are Cyber compliant using Windows 10 operating system. The UHB is also leading with NWIS in undertaking a review of National Infrastructure requirements as part of the plans to significantly increase Digital investment in Wales going forwards.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.6 A3/0110	Server Infrastructure	The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to complete and revenue based support to maintain. There is a requirement to also retain a minimal number of physical servers for those systems not capable of virtualisation.	13.12.2013	18.11.2019	Service Interruptions	DD&HI	4	4	16	10	MODERATE	Whilst the processes in place provide adequate protection of server infrastructure in line with the availability of existing resources, the UHB should identify funding for the vFarm infrastructure if these improvements are to be maintained. Failure to do so will dramatically increase costs to the UHB as a whole and reduce availability and resilience of implemented systems.	The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Over recent years significant progress has been made with capital investment. This progress will need to be maintained on an ongoing basis in capital and revenue investment. <b>Jan 2020: Whilst only a further £500K discretionary capital has been allocated so far for 2019/20 the UHB is actively engaged with Welsh Government in undertaking a review of National Infrastructure requirements as part of the plans to significantly increase Digital investment in Wales.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Obtaining information fairly and efficiently	Compliance with data protection legislation	Risk:- Non compliance with Data Protection & Confidentiality Legislation - 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 mitigate the risk of non compliance with Data Protection Legislation. <b>Consequence:</b> Mistrust of our population and other stakeholders resulting in their unwillingness to share / divulge essential information, Significantly financial penalties - and increasing post BA case	28.09.2015	18.11.2019	Governance / Clinical	DD&HI	4	4	9	16	MODERATE	Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOs/IAAs from this. GDPR awareness 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.	Restructuring of IG department will increase amount of expert resource. Resolution of long term absence will also increase available expertise and resource to support GDPR plan, and manage the operational requirements on the corporate department. Ongoing implementation of GDPR/ICO action plan. <b>Information Governance Team are implementing the GDPR / ICO action plan.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Recording information accurately and reliably	Data quality	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, Incorrect/incomplete/late recording of activity Absence of ISO 27001 certification. <b>Consequences:</b> Potential for poorer patient outcomes and experience, analysis and benchmarking flawed resulting in poor decision making, under recovery of income, inability to maximise potential of R&D	19.02.2018	18.11.2019	Governance	DD&HI	4	4	8	16	MODERATE	Further re-invigoration of the role out of COM2 will increase clinically validated data. Updates and training programme scheduled for mental health and our partners in order to address issues identified in recording and reporting compliance with parts 2 and 3 of the mental health measures. 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.	Data Quality Group needs to be refocused. It is currently not meeting due to IG staffing pressures	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Using information effectively and ethically	Use of UHB standard data processing contract now incorporated within procurement's standard toolkit and deployed for all relevant procurements	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	16.02.2018	18.11.2019	Governance	SIRO/DD&HI	4	4	7	16	MODERATE	Library of outline documents for sharing data available, with completion of these supported by corporate information governance department. Requirements to use and refer to are being emphasised within the training.	Procurement are greatly assisting process by referring all issues involving data sharing to the corporate IG department. Working with ICO on specific issues relating to the patient portal. <b>Jan 2020 Dedicated legal advice being sought to ensure compliance with DPA &amp; GDPR - defining transformation programme.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Effective governance, leadership and accountability	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.	16.02.2018	18.11.2019	Governance	SIRO/DD&HI	4	4	6	16	MODERATE	Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy to be considered at DHIC for approval.	Restructuring of IG department will increase amount of expert resource. Resolution of long term absence will also increase available expertise and resource to support the review of policies. <b>A formal review of policies and procedures is underway.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.1 A2/0004	Insufficient Resource - Capital and Revenue	The delivery of the IM&T Strategic Work plan is based on the UHB being able to ensure that the IM&T Department is appropriately resourced to manage infrastructure and deliver projects. All bench marking information indicates that the UHB is significantly under resourced in this area. <b>Consequence:</b> Inability to support operational and strategic delivery at pace required, reliance on outsourcing at enhanced cost, non compliance with legislation (FOI / GDPR)	13.12.2013	18.11.2019	Capital / HR / Service Interruptions	DD&HI	5	3	15	10	MODERATE	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.	To access the £125m digital transformation fund there is a requirement to work more collaboratively with other organisations and to share tools etc. It is also essential that we support the move to a standards-based modular open architecture. It is imperative that the UHB stick to these design requirements if we are to maximise our chances of receiving funding and retaining control of our decision making authority in the digital space. <b>Jan 2020 Whilst only a further £500K discretionary capital has been allocated so far for 2019/20 the UHB is actively engaged with Welsh Government in undertaking a review of National Infrastructure requirements as part of the plans to significantly increase Digital investment in Wales.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Effective governance, leadership and accountability	NWIS Governance	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. <b>Consequences:</b> 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"	02.02.2018	18.11.2019	Governance	DD&HI/DOH	3	5	1	15	Low	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.	<b>CAV involvement in National programme activities and Governance review.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Sharing information appropriately and lawfully	Data availability	<b>Risk:</b> 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 and enable delivery of our strategy and IMTP. - Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (e.g. WCRS, WRRS) <b>Consequence</b> - inability to deliver strategic UHBs, namely - Supporting people in choosing healthy behaviours, - Encouraging self management of conditions, - Enabling people to maintain or recover their health in or as close to home as possible, - Creating value by enabling the achievement of outcomes and experience that matter to people at appropriate cost, - Enable and accelerate the adoption of evidence based practice, standardising as appropriate	28.09.2015	18.11.2019	Clinical / Service / Business Interruption	DD&HI	3	5	1	15	Low	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 data repository programme will provide access to tools and expertise	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.	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI

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Objective	Risk Title	Principal Risks	Opened Date	Review Date	Risk Type	Exec lead for the corporate objective	Corp assessment of Impact	Corp assessment of Likelihood	Total	Risk Score (Target)	Risk Level (Target)	Mitigation Action	Further action agreed	Source of control	Lead Committee
6.8.2 A3/0104	End of Life Infrastructure (access devices)	Each year a number of access devices (PC's, laptops, netbooks etc.) fall in to the category of being end of life. The Health Board's clinical and business needs requires continued and expanding use access devices. This infrastructure has a maximum lifespan of typically 5 years and then requires replacement.	13.12.2013	18.11.2019	Service Interruptions	DD&HI	3	4	12	10	MODERATE	There is an impact to Business and Clinical Systems because of the age of the hardware and clinical/business application software - replacement relates to the availability of resources and departmental agreement/priorities.	The UHB recognises that it is necessary to ensure appropriate capital and revenue funding is made available to address this risk on an ongoing basis as outlined on the UHB corporate Risk Register. Over recent years significant progress has been made with capital investment. <b>Jan 2020: This progress will need to be maintained on an ongoing basis in capital and revenue investment. Whilst only a further £500K discretionary capital has been allocated so far for 2019/20 the UHB is actively engaged with Welsh Government and has been allocated £1,450,000 Capital and £1,336,000 revenue as part of the Digital Priorities Investment Fund (DPIF) for 2019/20. The UHB is also leading with NWIS in undertaking a review of National Infrastructure requirements as part of the plans to significantly increase Digital investment in Wales going forwards.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Recording information accurately and reliably	Clinical Records Incomplete	<b>Risk:</b> 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. <b>Consequence</b> is unsupported clinical decision-making, introducing patient harm and/or disadvantage and failure to meet NHS Wales digital strategy	28.09.2015	18.11.2019	Clinical	MD	3	4	12	6	MODERATE	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. <b>Jan 2020: NDR &amp; CDR workshops to understand the technical roadmap this will be picked up via the national IT infrastructure review being undertaken in Feb / March 2020</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Using information effectively and ethically	Outcome Measures	<b>Risk:</b> 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. <b>Consequence</b> - 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.	28.09.2015	18.11.2019	Business and Organisational Strategy	DD&HI	3	4	12	4	MODERATE	Analysis and wider engagement and communication of outcome and audit data, triangulated with efficiencies and effectiveness data as part of Medical Director led programme established. UHB and national investment in data repositories and clinical forms will support programme	Acceleration of programme	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
Effective governance, leadership and accountability	Effective resource utilisation	With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.	01.10.2018	18.11.2019	Governance	DD&HI	3	4	12	4	MODERATE	Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.	New digital directorate's operating model (being implemented in Sept/Oct 2019) will require a change in governance and priority setting across the digital arena at the UHB. A proposed digital design group will be established to set direction and priorities for the Digital and Health Intelligence functions. <b>Terms of Reference with HSMB. Jan 2020 Digital strategy being developed. Digital Management Board established.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.12 A4/0024	WLIMS	The Welsh Pathology Information management system (WLIMS) implementation has taken longer than envisaged. As a result of this all Health Boards will not have migrated off their legacy pathology systems (Telepath) by end of March 2018, which is when their current telepath contracts will expire.		18.11.2019	Clinical Service Interruptions	DD&HI	5	2	10	10	MODERATE	The UHB is engaged with NWIS and other Health Boards to evaluate options available to mitigate this risk.	It has been agreed to upgrade Telepath Hardware and Software to mitigate risks. Telepath application software has been upgraded to latest version - Hardware has been installed - System has now been configured by DXC - final testing/validation now complete - <b>Went live 23rd Nov 2019</b> <b>Jan 2020 : WLIMS continues to full short of the full range of functionality. Therefore Telepath system will need to be monitored providing mitigation to the new LINC system in the future.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI
6.8.13 A4/0025	WCCIS local teams not resourced	<b>Risk:</b> The delivery and implementation of a single instance of national Mental Health, Community and Therapies System (WCCIS) requires significant local resource to co-ordinate work streams and implement key deliverables across the UHB. <b>Consequence:</b> Delayed milestones, poor quality deliverables and ultimately delayed realisation of benefits. <b>Critical deliverables are being held up, including: local business case; delivery of full functionality against the Statement of Requirements; delivery of</b>	2018	18.11.2019	Business and Organisational Strategy	DOI	4	2	8	1	MODERATE	Update 18/11/2019: Temporary posts have been funded from regional ICF monies, including 2 Business Analyst posts, regional technical, programme and project lead resources.  Implementation in the UHB remains dependent on delivery of extensive functional enhancements, for which there is currently no delivery roadmap.	UHB is working with NWIS, WG and Regional HSCOP on review of WCCIS deliverables including health functionality, information standards, data migration and reviewed commercial arrangements.  <b>ICF funding has been confirmed for 2019/20 and 2020/21 based on assessment of WCCIS impact for integrated Vale of Glamorgan teams and for paper-based therapeutics teams in the UHB.</b>	Digital & Health Intelligence Committee established to oversee progress Standards for Health Services: Information management and communications technology	D&HI

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<b>Report Title:</b>	<b>IMT Audit Assurance</b>				
<b>Meeting:</b>	<b>Digital &amp; Health Intelligence Committee</b>			<b>Meeting Date:</b>	<b>4<sup>th</sup> February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>X</b>	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Digital and Health Intelligence</b>				
<b>Report Author (Title):</b>	<b>Senior Programme Manager</b>				

### Background and current situation:

Audits undertaken in 2018 /19 comprise of the following:

Cyber security - Audit complete with outstanding actions

Virtualisation - Audit complete with outstanding action

Maternity - Audit complete with one outstanding action

E- Advice - Audit complete with all actions complete removed from Audit Assurance Plan

E- IT Training - Audit complete with all actions complete removed from Audit Assurance Plan

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

A brief update on progress against recommendations is shown below the full report is attached:

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Assurance is provided by: Regular reviews of recommendations within the Digital & Health Intelligence senior management meetings.

### Recommendation:

The Digital & Health Intelligence Committee is asked to:

- **NOTE** progress and updates to the IMT Audit Assurance report.

**Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term	X	Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								

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# Cardiff and Vale University Health Board Audit Assurance Review Plan

## Internal Audit Plan 2018/19

Planned output	Audit Ref	Corporate Risk Register	Outline Scope	Indicative Audit days	Executive Lead	Outline timing
<b>IM&amp;T</b>						
Cyber Security			Audit Complete and attached		Director Digital & Health Intelligence	

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**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
<b>IM&amp;T</b>						
Virtulisation			Review the security and resilience of the updated virtualised environment.	15 days	Director of Therapies	Q3

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<b>Audit</b>	<b>Progress</b>	<b>Notes</b>
Cyber Security	No actions complete as yet due to the following Welsh Government are reviewing the £25:£25M Capital & Revenue funding offer which will include funding for Cyber security staff. It is anticipated that the outcome of this review will report in the Autumn in the meantime the UHB continues to address highest Cyber security risk on a prioritised basis within existing resources.	Welsh Government Digital funding confirmed in November 2019 However delays with matching and banding of posts have resulted in posts being put on hold via vacancy panel.
Virtualisation	3 actions outstanding: The UHB has recently agreed and started the recruitment process to fill one of the existing vacancies within the Server Team with a view to increasing the pool of resources. Currently at the very early stages of preparing documentation. It will not be possible to upskill existing staff due to the demand on their time in undertaking other tasks. Once the vacancy (above) is filled this may enable opportunities for upskilling. Further actions to be complete by March 2019 - Continue to monitor progress	Recruitment process underway with 2 x Band 7 and 1 x Band 6 Server resource advertise via NHS jobs with a closing date of the 30 <sup>th</sup> January 2020
Maternity	1 action still open - Development now agreed with supplier with no cost to the service. Awaiting confirmation of timescales	Continue to monitor progress –Service has confirmed development required will be available in Version 1.8 of the system which should be available later this year quarter 3.

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## Cyber Security Audit Report May 2019

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p><b>Finding 1 – Resource and Actions (Operating effectiveness)</b>  <b>Finding</b>                      The Stratia report identified the need for investment in cyber security staff in order to improve the UHBs position. However this has not been provided and the majority of the actions defined within the Stratia report have not been completed with the main reason for the lack of action being a lack of resource within IM&amp;T. This has been exacerbated by key staff having left, which has led to the organisation struggling to meet the day to day demands with little scope for improvements.                      This leads to an increased risk of vulnerabilities existing and being exploited within the organisation.</p> <p><b>Risk</b>                      Poor or non-existent stewardship in relation to cyber-security.</p> <p><b>Recommendation</b>                      A review of the resources available within IM&amp;T and the requirements of the organisation should be undertaken to ensure that the department can appropriately meet the demands. Additional investment should be considered in order to provide a cyber security function.</p>	<p><b>High</b></p>	<p>A review of the current IT and Information departments has been completed and a restructure proposal created. This includes additional cyber security resources to manage and deliver the NESSUS and SIEM requirements, utilising the additional funding being made available by Welsh Government.</p>	<p>David Thomas</p> <p>Deadline Sept 2019</p>		<p>Welsh Government are reviewing the £25:£25M Capital &amp; Revenue funding offer which will include funding for Cyber security staff. It is anticipated that the outcome of this review will report in the Autumn in the meantime the UHB continues to address highest Cyber security risk on a prioritised basis within existing resources.</p>
<p><b>Finding 2 – Management Process (design)</b></p>	<p><b>High</b></p>	<p>The restructure of the directorate includes additional resource to manage cyber</p>	<p>David Thomas</p>	<p>In anticipation of receiving WG</p>	<p>Delays in WG funding have</p>

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p><b>Finding</b> Due to the lack of a cyber security lead, cyber security is dealt with in a reactive and ad hoc manner without any structure as there is no formal / operational cyber security group and currently no reporting process for cyber security or KPI reporting on this. This means that the UHB is not fully sighted on its cyber security position.</p> <p><b>Risk</b> Poor or non-existent stewardship in relation to cyber-security.</p> <p><b>Recommendation</b> An active monitoring process which feeds into KPI reporting should be developed and maintained within IM&amp;T.</p>		<p>security issues. A key role for this function will be the development of a monitoring system that supports the KPI reporting against cyber security.</p>	<p>Deadline Sept 2019</p>	<p>funding, resources are being recruited to in November 2019. In the meantime, monitoring process has been developed with the technical IT team.</p>	<p>impacted on the recruitment. A further review process for all vacancies resulted in more delay</p>
<p><b>Finding 3 – Lead Role (Operating effectiveness)</b> <b>Finding</b> There is no current operational lead for cyber security and no structured programme to improve the UHBs position with respect to cyber security. Without this role being extant and operational the UHB will not be able to fully reduce its cyber security risks.</p> <p><b>Risk</b> Poor or non-existent stewardship in relation to cyber-security.</p> <p><b>Recommendation</b> Resources should be provided to allow for a cyber security role to be properly defined and operating appropriately.</p>	<p><b>High</b></p>	<p>The restructure of the IT and information functions being proposed will result in the establishment of cyber security roles which will monitor and respond to cyber incidents and will develop policy, processes and procedures to reduce the likelihood of a cyber security incident.</p>	<p>David Thomas  Deadline Sept 2019</p>	<p>In anticipation of receiving WG funding, resources are being recruited to in November 2019. This includes a Head of Cyber Security position</p>	<p>Slippage due to lateness in the allocation of funding and the need to band roles has coincided with the freeze on new recruitment</p>
<p><b>Finding 4 – Active Monitoring (Operating effectiveness)</b> <b>Finding</b></p>	<p><b>High</b></p>	<p>The creation of new cyber security roles in the restructured directorate will mean that a proactive stance on monitoring of cyber</p>	<p>David Thomas  Sept 2019</p>		<p>Delays in matching posts (banding) and</p>

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>Although the Health Board has security tools in place, due to a lack of resource it has not maximised the benefits of these with Nessus (a vulnerability scanner) not being used. In addition, the organisation does not have the ability to efficiently deal with a cyber incident as it has not yet enacted the national Security Incident and Event Management (SIEM) product, and there is no incident response plan in place.</p> <p>As such the organisation is not fully able to quantify and fix its vulnerabilities, and would find it difficult to identify and deal with a malicious actor gaining access to the network.</p> <p><b>Risk</b> Risk of loss of IT services as a result of attack from entities external to the organisation, exploiting common vulnerabilities.</p> <p><b>Recommendation</b> Active monitoring should be established. A Cyber response plan should be developed.</p>		<p>security is created as part of a wider Cyber response plan, which will also incorporate use of the NESSUS and SIEM solutions.</p>			<p>recruitment freeze have impacted on the recruitment process.</p>
<p><b>Finding 5 – Old software (Operating effectiveness)</b> <b>Finding</b> The organisation continues to use a number of devices running old software (operating system, servers, databases), and is also using old hardware such as switches. Although these are known to IM&amp;T, there is no formal, resourced plan to remove all of these. Until these are updated / removed the organisation will be at increased risk of</p>	<p><b>Medium</b></p>	<p>A formal plan is in the early stages of production and will address removal of aged and insecure software as well as devices. This will be implemented by the cyber security team proposed in the new directorate structure.</p>	<p>David Thomas  Deadline Sept 2019</p>		<p>Delays in matching posts (banding) and recruitment freeze have impacted on the recruitment process.</p>

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>a cyber attack, or a that a cyber attack becomes more widespread within the UHB as older devices contain security vulnerabilities and no longer have manufacturer support.</p> <p><b>Risk</b> Risk of loss of IT services as a result of attack from entities external to the organisation, exploiting common vulnerabilities.</p> <p><b>Recommendation</b> A formal, resourced plan for the removal of old software and devices should be established.</p>					
<p><b>Finding 6 – Patching (Operating effectiveness)</b> <b>Finding</b> There are weaknesses within the patching regimen for the organisation:</p> <ul style="list-style-type: none"> <li>• for desktops, although patching is automatic, there are some where this process is not working and so the pc is not getting the patch;</li> <li>• for servers, patching is manual, with the timing of patching varying dependant on the nature of the server. Some can be patched and restarted, however some that are running clinical systems cannot be taken down, and are therefore patched opportunistically. However there is no formal patch plan / process that set this out;</li> <li>• for firmware / network hardware, this is also on an ad hoc basis without a formalised structure.</li> </ul>	Medium	<p>Patching of PCs is being investigated as time allows to identify the scale of the risk. A patch management procedure will be developed to address matching of all devices. This procedure will describe how patches and updates will be managed, with reference to the national standards and alerts managed through NWIS.</p>	<p>David Thomas</p> <p>Deadline Sept 2019</p>		<p>A deployment programme is in place and patching/ updates are included as part of this programme. Additional capital investment is being utilised to upgrade infrastructure including the move to Windows 10 operating system.</p>

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>Without a formal procedure that defines the patching mechanism for all items within the UHB, there is a risk that vital updates will be missed and the UHB will be exposed to unnecessary risk.</p> <p><b>Risk</b> Risk of loss of IT services as a result of attack from entities external to the organisation, exploiting common vulnerabilities.</p> <p><b>Recommendation</b> A formal patch management procedure should be developed that sets out the mechanisms for patching / updating all items within the Health Board.</p>					
<p><b>Finding 7 – Staff awareness (Operating effectiveness)</b> <b>Finding</b> Although there is an Information Security Policy, together with other related policies, there is no structured mechanism for providing regular updates / reminders to staff on good practice related to cyber security. Studies have shown that in general, employee actions / mistakes have led to approximately 50% of breaches. As such, this leads to an increased risk to the Health Board.</p> <p><b>Risk</b> Poor or non-existent stewardship in relation to cyber-security.</p> <p><b>Recommendation</b></p>	Medium	The profile of cyber security will be raised via the creation of regular proactive bulletins, available to all staff via the intranet, which will remind staff of good practice.	David Thomas  Deadline Sept 2019	In Progress - Communications in relation to Cyber will be ongoing and also form part of the Window 10 / office 365 deployments	Window10 / 0365 programmes are underway with communications being drafted to remind staff of good practice re cyber security

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
Regular cyber security "bulletins" should be published via the intranet, with reminders of good practice.					
<p><b>Finding 8 – Security Policy (Operating effectiveness)</b></p> <p><b>Finding</b> The IT Security Policy is out of date as it dates from 2015 with the next review date given as 31 march 2018. The policy still refers to the Data Protection Act 1998 and not the GDPR.</p> <p><b>Risk</b> Poor or non-existent stewardship in relation to cyber-security.</p> <p><b>Recommendation</b> The IT Security Policy should be reviewed and updated.</p>	Medium	The current IT security policy is scheduled to be reviewed to reflect changes in legislation, IT architecture and national policy.	David Thomas  Deadline Sept 2019		The IT security policy is incorporated within the overall IG policy which has been approved by the DHIC (Dec 2019)

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## Virtualisation Audit Report December 2017

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p><b>R1 – Resilience</b></p> <p><b>Finding</b> There are weaknesses regarding the resilience of the server team and the virtual environment.</p> <p>The team responsible for managing the virtual environment is very small, with knowledge concentrated in a limited number of staff. Although the wider IT team can provide support on an on-going basis the UHB is at risk should any significant event occur when the key staff members are absent.</p> <p><b>Recommendation</b> The UHB should consider widening the pool of staff with the skills to manage the virtual environment by: - recruitment; and - up skilling existing staff and providing protected time to develop the skills.</p>	<p><b>High</b></p>	<p>The IT Department will review potential opportunities for recruitment and training and provide an update on potential for progress.</p> <p><b>October 2018 – update</b> <i>The UHB has recently agreed and started the recruitment process to fill the existing vacancy within the Server Team with a view to increasing the pool of resources. Currently at the very early stages of preparing documentation.</i></p> <p><i>It will not be possible to upskill existing staff due to the demand on their time in undertaking other tasks. Once the vacancy (above) is filled this may enable opportunities for upskilling.</i></p>	<p>Phil Clee / N Lewis</p> <p>6 months</p>	<p>Due to be complete Sept 2018</p> <p>New completion date March 2019 (See management response update)</p> <p>Actions being addressed by the departmental restructure process which is ongoing and recruitment process will begin November 2019</p>	<p>Recruitment for key server team personnel underway. A skill set review is being done aligned to ensure the right skill to deliver the digital plans</p>
<p><b>R2 –Patching</b></p> <p><b>Finding</b> Although the ESXi hosts are currently patched and up to date, there is no formal SOP for patching these, and patching is done on an ad-hoc / infrequent basis. This is partly due to the small size of the team and the lack of a test environment which would allow for verification that the updates are safe / stable.</p>	<p><b>Medium</b></p>	<p>Agreed</p> <p><b>October 2018 – update</b> <i>The demand on existing resources prevents this approach being changed. Once the recruitment of new Server Team staff is completed the opportunity to formalise this approach will be reviewed.</i></p>	<p>Phil Clee / N Lewis</p> <p>6months</p>	<p>Due to be complete Sept 2018</p> <p>New completion date March 2019 (See management response update)</p>	<p>Recruitment for key server team personnel underway. A skill set review is being done aligned to ensure the right skill to deliver the digital plans</p>

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p>This introduces the risk of a significant weakness being unpatched in the future</p> <p><b>Recommendation</b>  <i>A formal SOP should be developed setting out the basis for patching / updating ESXi hosts and the mechanism for doing this.</i></p> <p><i>Consideration should be given to providing a test environment.</i></p>					
<p><b>R3 – VM Creation Finding</b>            VMs are created from pre created template, however there is no SOP for this process. Given that there are only 2 people who create VMs this leaves the UHB at risk in the event of loss of staff, as any replacements couldn't easily pick up the role.</p> <p><b>Recommendation</b>  <i>A SOP for VM creation should be developed, setting out the process and the location of the templates.</i></p>	Medium	<p>Agreed</p> <p><b>October 2018 – Update</b>  <i>The demand on existing resources prevents this approach being changed. Once the recruitment of new Server Team staff is completed the opportunity to formalise this approach will be reviewed.</i></p>	<p>Phil Clew / N Lewis</p> <p>6 months</p>	<p>Due to be complete Sept 2018</p> <p>New completion date March 2019 (See <i>management response update</i>)</p>	<p>Recruitment for key server team personnel underway. A skill set review is being done aligned to ensure the right skill to deliver the digital plans</p>

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## Maternity Audit Report June 2015

Risk & Recommendation	Priority	Management Response	Responsible Officer	Previously agreed actions	Current Status
<p><b>R2. Password reset</b> 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 style="text-align: right; font-size: small; transform: rotate(-30deg);">Tolley, Laura 01/28/2020 13:54:18</p>	<p><b>MEDIUM</b></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</p> <p>Head of Operational Delivery</p>	<p>Still awaiting development from EuroKing</p> <p>Discussion underway with other HBs to support the development and split the costs for E3 development due to financial position.</p> <p>Previous Update: Meeting with Euroking in February 2018 to discuss progress but restricted due to Euroking system modification</p> <p><b>Jan 2019</b> Due to be delivered next financial year 2019. Jan 2019 Service awaiting confirmation from EuroKing to find out which upgrade it will be developed in.</p>	<p><b>Partially Complete:</b></p> <p><b>July 2019</b></p> <p>Awaiting confirmation of date from supplier for upgrade to the system – continue to monitor this action.</p> <p>Development now agreed with supplier with no cost to the service. Monitor progress of development &amp; implementation.</p> <p><b>February 2020</b> Service has confirmed development required will be available in Version 1.8 of the system which should be available later this year.</p>

<b>Report Title:</b>	<b>Information Governance Audit Assurance</b>			
<b>Meeting:</b>	<b>Digital &amp; Health Intelligence Committee</b>		<b>Meeting Date:</b>	<b>4<sup>th</sup> February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>x For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Digital &amp; Health Intelligence</b>			
<b>Report Author (Title):</b>	<b>Information Governance Manager</b>			

### Background and current situation:

To streamline assurance arrangements, a combined ICO/GDPR action plan/ Caldicott Guardian Report (CPiP) has previously been presented to DHIC. This has been updated to reflect progress made since the last meeting and is attached as Appendix A.

The Information Governance Department has also presented a summary of progress against the prioritised outstanding recommendations from the action plan. The progress report, shown in Appendix B, demonstrates actions undertaken since the last meeting and lists 4 new priorities.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Progress continues to be made against outstanding actions from previous audits. Following the ICO audit in February 2020, new recommendations will supersede any existing actions and a new work plan will be developed.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Progress continues to work through recommendations made from a number of audits since 2016. It is anticipated that following the ICO audit in February, a new set up recommendations will supersede all previous actions. The Information Government Department advocates that it continues with a progress report which sits alongside the recommendations but concentrates high priority areas.

Appendix B demonstrates that 4 actions presented at the last meeting have been completed and have been replaced with 4 new actions and their current progress.

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**Recommendation:**

The Digital & Health Intelligence Committee is asked to:

- **NOTE** progress on the audit assurance report

**Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, click [here](#) for more information*

Prevention	X	Long term		Integration		Collaboration		Involvement	
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**Equality and Health Impact Assessment Completed:**

Yes / No / Not Applicable  
*If “yes” please provide copy of the assessment. This will be linked to the report when published.*



# Cardiff and Vale University Health Board Information Governance Improvement Plan Incorporating

## - Information Commissioner's Office Data Protection Audit May 2016

### Detailed findings and action plan

#### Action plan and progress

Recommendation	Agreed action, date and owner	Progress at January 2020 Describe the status and action taken.
<p>A4. Progress work to embed the Deputy SIRO, IAO and IAA structure within the Health Board throughout 2016 ensuring there are IAOs and IAAs in place for each information asset.</p>	<p><b>Management Response:</b> Recommendation accepted. The UHB will ensure that:</p> <ul style="list-style-type: none"> <li>1 -All IAOs and IAAs are in place</li> <li>2- All have clear job descriptions</li> <li>3 - All have received training - The IG training rate needs to be 76 – 100%</li> <li>4 - All are actively performing their roles</li> </ul> <p><b>Responsibility:</b></p>	<p><b>Partially Complete</b></p> <p><b>Evidence:</b></p> <p>Asset registers continue to mature, with a flow mapping exercise for pan NHS flows near to completion.</p> <p>The IG policy has reviewed roles and responsibilities across the organisation and seeks to clarify expectations around information asset management and training.</p> <p>The present IG training rate is 72%</p> <p><b>Following trials in two of the Clinical boards, all clinical boards will now have a section on their quality and safety committee agendas for clinical governance with corporate IG department presence.</b></p>

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	<p>Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>		<p>From these meetings the UHB has started to develop a community of practice to provide mutual support to asset owners and administrators &amp; share knowledge and lessons.</p> <p>The success of this approach can be seen by the following</p> <ul style="list-style-type: none"> <li>• Every Clinical Board/Directorate/Corporate Department has a named IAO</li> <li>• The number of area specific Information Asset Registers (IARs) in place (see A37)</li> <li>• Take up of the role of system managers as set out in the Information Asset Register for corporate/large scale IT systems (see A37)</li> </ul> <p>The UHB has also made progress by tying in business continuity and the information asset register together in an aligned process.</p>
<p>A5. Ensure role specific training is completed by all current IAOs and IAAs and that a process is in place to ensure this training is completed by staff who are appointed to be a deputy SIRO, IAO or IAA in future within reasonable timescales.</p>	<p><b>Management Response:</b> Recommendation accepted The UHB will ensure that:</p> <p>1 - All IAOs and IAAs complete training by March 2017.</p> <p>2 - All IAOs will be trained 4th November 2016</p> <p>3 - All IAAs will be trained by March 2017</p>		<p><b>Partially Complete Evidence</b></p> <p>The Information Governance training policy describes the requirements on IAOs and IAAs and sets out a tactical approach to delivering this.</p> <p>The roles are also referenced in the all Wales IG training module which has been adopted by the UHB</p>

	<p><b>Responsibility:</b> Deputy SIROs/SIRO/ <b>Date for implementation:</b> Immediate – completion March 2017</p>	
<p>A7. Ensure up to date information is available to staff through relevant policies and the intranet relating to the IG committee structure and specific roles within the IG Team including contact details.</p>	<p><b>Management Response:</b> Recommendation accepted</p> <p>The UHB will ensure that the Information Governance Policy and supporting procedures will be updated at the end of its first full year to reflect the:</p> <p>1 - evolving nature of the IG management framework</p> <p>2 - high level controlled documents framework.</p> <p><b>Responsibility:</b> SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>	<p><b>Partially Complete Evidence</b></p> <p>Policies have been reviewed &amp; updated, re:</p> <ul style="list-style-type: none"> <li>- Information Governance which incorporates the IT security policy</li> <li>- Information Governance Corporate Training Policy</li> </ul> <p>Once approved by committee 4<sup>th</sup> February 2020 they will be updated on the intranet</p> <p>As at 1<sup>st</sup> July 2019 the IG website was up to date</p> <p>Please see also: A16 – 19 – updating of Information Governance policy.</p>
<p>A10. Document a clear process for Clinical Boards and Corporate areas to provide assurance to the DHIC.</p>	<p><b>Management Response:</b> Recommendation accepted. The UHB will review the current arrangements to ensure that the CBs and corporate areas provide regular reports to the SIRO and DHIC</p>	<p><b>Complete Evidence</b></p> <p>See A14 for summary details of governance arrangements</p> <p>Assurance to the Information Technology and</p>

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	<p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>	<p>Governance Sub-Committee (DHIC – successor to IG and IT committees) is also provided via the following reports to which Clinical Boards/Corporate Depts contribute via their designated leads as per A4:</p> <ul style="list-style-type: none"> <li>• Risk register</li> <li>• Report of Caldicott Guardian</li> <li>• Integrated Governance Report/SIRO Report</li> <li>• Sensitive data issues report</li> </ul> <p>On a corporate level this is supplemented by the following audit work:</p> <ul style="list-style-type: none"> <li>• External – WAO e.g. Annual structured assessment, NHS digital risk assessment on IT and IG risks</li> <li>• Internal – regular covering in annual audit plan</li> </ul>
<p>A12. Create a role description for IG Leads and ensure this role is included within the wider IG structure to help raise staff awareness.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that a job description is provided for all IG leads.</p> <p><b>Responsibility:</b> Head of IG</p> <p><b>Date for implementation:</b> December 2016</p>	<p><b>Partially Complete Evidence</b></p> <p>See A4 – Covered by IG Policy – this needs to be formally agreed and actions implemented</p>
<p>A14. Develop an IG Strategy that sets out the Health Board’s long-term IG vision and</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that there is</p>	<p><b>Complete Evidence</b></p> <p>Modern Architecture, Strong Governance is an</p>

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<p>targets.</p>	<p>an overarching plan that sets out the long term IG vision and targets.</p> <p><b>Responsibility:</b> SIRO/</p> <p><b>Date for implementation:</b> December 2016</p>	<p>established workstream in the UHB’s 2019-22 IMTP. It seeks to ensure that the accessibility and availability of data, whenever and wherever it is required, is central to the realisation of the UHB’s 10 year strategic plan “Shaping our Future Wellbeing” (SOFW). An example of this is sharing of UHB and GP data to support the development of integrated care models. The UHB’s IG strategy is therefore predicated on the premise that data must be handled at all times in an exemplary manner, demonstrating to our population and numerous partners who we would wish to share data with that we are trustworthy and using the data for improving health and wellbeing.</p> <p>The UHB’s tactical approach to this has been to adopt the principles of Data Protection by Design, and is taking actions to embed IG good data protection practice into our routine procurement and operational practices in a way that is pragmatic and sensitive to the operational environment in which our staff operate. The focus is very much on attempting to make life easier for departments by providing the toolkits to ease the requirements (e.g. standard data protection impact assessments and contracts, information sharing protocols and disclosure agreements) &amp; issuing 12 clear ‘commandments’ of steps staff can take to minimise the risk of non compliance.</p> <p>The UHB regards itself as leading the way in NHS Wales in terms of some areas of the governance arrangements supporting this:</p> <ul style="list-style-type: none"> <li>• DPO now appointed with dedicated generic e-</li> </ul>
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			<p>mail address. Arrangements are being made to replace the current DPO who retires end April 2019.</p> <ul style="list-style-type: none"> <li>Detailed privacy notices have been produced for both 'patients' and staff members which are widely available. These set out in detail the legal basis for the UHB to process personal data in relation to its core business activities. Legal advice has also been taken in terms of those settings where the Common Law Duty of Confidentiality (CLDC) applies and those where it does not. It is recognised that these are dynamic documents that will need to be kept under regular review. In particular, the patient facing notice will need to support the requirement under GDPR for special protection for children's personal data, particularly in the context of commercial internet services, such as social networking. In line with CPiP question 21, staff need to actively promote understanding of the ways in which patient/service user information is used, including where patient information is used for purposes other than direct care. It will also be important to be aware of emerging case law in relation to CLDC etc.</li> </ul>
<p>A 16, A17, A 18, A19, A21, A22 Create or update relevant policies and procedures as soon as practicable ensuring accompanying or</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that the: Information Governance Policy and supporting procedures will be updated at the end of its first</p>		<p><b>Partially Complete Evidence</b></p> <ol style="list-style-type: none"> <li>DHIC committee monitors progress through the Controlled Document Framework. Whilst primary focus of the UHB has been on improving compliance with FOI and GDPR legislation, the</li> </ol>

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<p>supporting documents are clearly referenced.</p> <p>Introduce an annual review cycle of critical IG related policies and procedures in particular the Information Security Policy to ensure the policies are still relevant, fit for purpose and contain links to supporting documents</p>	<p>full year to reflect the evolving nature of the IG management framework and completion of the high level controlled documents framework.</p> <p>The UHB will ensure that the IT Security Policy will be completed by December 2016</p> <p><b>Responsibility:</b> SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>	<p>three main policies (IG, IG training and IT security) have been reviewed, updated and rationalised into one overarching IG policy.</p> <ol style="list-style-type: none"> <li>2 Since the last meeting the policy has been updated for IT security and IG corporate training and is now awaiting formal ratification and implementation.</li> <li>3 The proposed IG policy is based on the exemplar Information Governance policy developed by Welsh Government’s Information Governance Management Advisory Group (IGMAG). This is being expanded to make it more relevant to a healthcare provider environment by adding the following sections: <ul style="list-style-type: none"> <li>• Use of e-mail</li> <li>• Data standards and accessibility</li> <li>• Use of internet</li> <li>• Information security</li> <li>• Data protection by design</li> <li>• Training and awareness</li> </ul> </li> </ol> <p>The aim of the policy is to give users a “one stop shop” in terms of accessing fundamental information about IG compliance. Further area specific policies/procedures will be developed as they are produced at a national level. E.g. An all Wales exemplar for Minimising non compliance with Freedom of Information requests is presently in development to which the UHB are actively contributing.</p> <p>The UHB Subject Access Procedure was updated to align it to GDPR. Following review by the UHB’s lawyers, further work is being undertaken to ensure it is both</p>
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			achievable and comprehensive, recognising the scale of the organisation's operations and the complexity of NHS Wales data architecture.
A29. Add a reference relating to Information risk in the Risk Management Policy, Risk Assessment and Risk Register Procedure along with information relating to the role of the SIRO (for example, as they are in the procedures highlighted in A35).	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that all risk management controlled documents are updated with specific reference to the information governance framework.</p> <p><b>Responsibility:</b> SIRO/ <b>Date for implementation:</b> March 2017</p>		<p><b>Incomplete Evidence</b></p> <p>This will be effected as the IG policy is formally ratified</p>
A32. Conduct a review to ensure all teams/ departments are maintaining an adequate up to date risk register in line with Health Board Policy and that all risk registers are reviewed on a regular basis.	<p><b>Management Response:</b> Recommendation approved.</p> <p>The UHB will ensure that:</p> <p>1 - A review of risk registers is undertaken 2 -An annual review is undertaken</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO/ <b>Date for implementation:</b> Immediate – completion March 2017</p>		<p><b>Partially Complete Evidence</b></p> <p>In line with the GDPR action plan, significant clinical board risks relating to IG will be covered at the quarterly Q&amp;S meetings. With corporate IG presence at these meetings we anticipate greater likelihood of success in standardisation and understanding “cross cutting” areas of risk and options for their successful mitigation.</p> <p>Where organisation-level responses to mitigating risks are required, these will be considered and prioritised at the digital design board.</p> <p>The over arching corporate risk register, which draws</p>

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		<p>together the significant risks carried by the UHB is received as a standing item by the DHI committee.</p> <p>Risk issues are also covered in Information Asset Registers (A37).</p>
<p>A34. Report all IG related risks through the board committee on a regular basis.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that the DHIC will review all IG risks periodically.</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>	<p><b>Partially Complete Evidence</b></p> <p>1 - The IG Dept produces a risk register setting out all “cross cutting” areas of risk. This is received as a standing item by the DHIC</p> <p>2 - The DHIC will also receive a schedule of “extreme” i.e. score 20+ IG tasks from the UHB CRAF twice a year, in July and December nb the format for the CRAF is under review.</p>
<p>A35. Review all policies and procedures outlining the information risk structure within the Health Board ensuring each role is clearly outlined and has a role description. Communicate the structure to staff throughout 2016 to ensure awareness is raised to facilitate full implementation.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that the Information Governance Policy and supporting procedures will be updated at the end of its first full year to reflect the evolving nature of the IG management framework, the information risk structure and the completion of the high level controlled documents framework.</p> <p><b>Responsibility:</b> SIRO/</p>	<p><b>Complete Evidence</b></p> <p>The IG policy has taken evidence and input from all NHS Wales organisations and their risk registers</p>

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	<b>Date for implementation:</b> Immediate March 2017		
A36. Implement regular risk assessments and reporting of information risks through the information risk structure for all information assets as soon as possible to provide assurance to the SIRO that information risk is being adequately controlled across the Health Board.	<b>Management Response:</b> Recommendation approved.  See A4. This action will include routine information risk management activities.  <b>Responsibility:</b> Deputy SIROs/SIRO/ <b>Date for implementation:</b> Immediate – completion March 2017		<b>Partially complete Evidence</b>  See item A37 (IARs)
A37. Ensure IARs for each clinical board are completed as soon as possible, reviewed regularly and updated where necessary. Consider if these registers will feed into a Health Board wide IAR or who will have oversight of all Information Assets across the organisation. Review the contents of each IAR to ensure they include all manual records, smaller databases and medical devices that may hold personal data.	<b>Management Response:</b> Approve recommendation.  The UHB will ensure that: 1 - All IARs for clinical boards will be completed as soon as possible and include all information assets.  2 - The corporate risk register arrangements will include a separate register for all information risks.  <b>Responsibility:</b> Deputy SIROs/SIRO  <b>Date for implementation:</b> December 2016		<b>Partially Complete Evidence</b>  IARs are in place as follows:  Clinical Boards  The status of IAR completion is variable. Approximately 27% received by the IG department who will maintain a central UHB IAR complete with named IAOs.  Corporate Depts  An IAR has been produced setting out the following in relation to large scale IT systems: <ul style="list-style-type: none"> <li>• IAO/IAA</li> <li>• System manager</li> <li>• Description of data processing undertaken</li> </ul>

			<ul style="list-style-type: none"> <li>• Legal basis</li> <li>• Data retention</li> <li>• Risk e.g. impact of down time</li> <li>• Business continuity plans</li> <li>• Other relevant issues e.g. arrangements for the protection of children’s personal data</li> </ul> <p>In line with CPiP question 26, IARs need to comprehensively map all information flows, establish and record ownership subject to regular review.</p>
<p>A39. Provide enhanced access to Datix to relevant members of the IG team to ensure they are able to view all IG related incidents reported across the Health Board.</p>	<p><b>Management Response:</b> Recommendation approved.</p> <p>The UHB will ensure that a process is developed to give access to the IG team so that they can view all IG incidents across the UHB</p> <p><b>Responsibility:</b> Head of Information Governance</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>		<p><b>Complete Evidence</b></p> <p>Coding and functionality has been developed on DATIX to ensure that all incidents that could potentially relate to IG breaches can be identified from coding or deliberately flagged by reporters or managers. E-mail notifications are automatically sent to managers of the IG Dept and they have access to all such records and a review mechanism. These arrangements will be progressively refined.</p> <p>Reports on incidents that have IG implications are reported to DHIC in open and in committee settings.</p> <p>Incident reporting is covered in the “12 Commandments” podcast referred to in A4.</p> <p>The IG dept regularly takes advice via the ICO helpline</p>

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		on whether an incident needs to be reported to them, thus helping the UHB meet the 72 hour reporting deadline for relevant incidents.
<p>A40. Consult external organisations using Datix within Wales to look into the feasibility of making IG a category on Datix. The current situation makes it difficult to conduct swift effective searches for IG related incidents across the organisation.</p> <p>If a category for IG incidents is introduced the Health Board should create alerts for all levels of information incident to be sent to the IG team and relevant directorate managers.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that a process is developed to create e-datix alerts to the IG team and IAOs.</p> <p><b>Responsibility:</b> Head of Information Governance</p> <p><b>Date for implementation:</b> January 2017</p>	<p><b>Complete Evidence</b></p> <p>Coding and functionality have been developed on DATIX at the UHB to ensure that all incidents that could potentially relate to IG breaches can be identified by coding or deliberately flagged by reporters or managers. E-mail notifications are automatically sent to members of the IG Dept, and they have access to all such records and a review mechanism.</p> <p>These arrangements commenced in January 2017 and are being progressively refined. Introduction of an IG incident category would require the agreement of the supplier to undertake this development. The procurement of a replacement for Datix has commenced and a request for this functionality in the new system has been made.</p>
A42. Conduct a review of incidents reported	<b>Management Response:</b> Recommendation approved	<b>Complete Evidence</b>

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<p>across the organisation to ensure directorates do not have backlogs of incidents that have not been adequately investigated or closed when actions have been completed.</p>	<p>The UHB will ensure that:</p> <p>1 - A comprehensive review is undertaken</p> <p>2 - A report is brought to the DHIC</p> <p>3 - Actions taken to reduce and eliminate any backlogs</p> <p>4 - A routine report to the QSCs and DHIC on persistent backlogs</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO/ <b>Date for implementation:</b> Programme September 2016 to March 2017</p>		<p>All incidents have been reviewed and there is presently no backlog of outstanding issues.</p>
<p>A43. Update the incident reporting policies and procedures to ensure they reflect the current process followed within the Health Board. Information incidents should be defined as a specific type of incident with a specific procedure staff should follow in the event of such an incident occurring.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that the Incident, Hazard and Near Miss Reporting Policy and Procedure and a Guide to Incident Reporting is updated to include comprehensive reference to information governance.</p> <p><b>Responsibility:</b> Director of Nursing</p> <p><b>Date for implementation:</b></p>		<p><b>Complete Evidence</b></p> <p>The Incident, Hazard and Near Miss Reporting Policy and Procedure and a Guide to Incident Reporting has been approved. The procedure makes reference in S4.7 to the necessity to report relevant IG incidents to ICO. It is intended to have an IG incident reporting procedure that will be linked to this and will clarify the process to be followed in relation to specific incidents relating to information governance and the sanctions that could be taken in relation to staff who breach UHB policies and procedures in this area.</p> <p>The UHB recognises that it is essential for this process to</p>

	December 2016		be adopted and “mainstreamed” into operational practice.
A44. Create a PIA Policy Statement and amend and publish the Information Assets Change Procedure to include specific information about completion of PIAs interlinking this into project management procedures and to the PIA template as soon as possible.	<p><b>Management Response:</b> Recommendation approved.</p> <p>The UHB will ensure that:</p> <p>1 – An Information Assets Change procedure is in place.</p> <p>2 – A Data Protection Act Policy will be in place</p> <p>3 - Both the above documents will reference Privacy Impact Assessments</p> <p><b>Responsibility:</b> Head of Information Governance</p> <p><b>Date for implementation:</b> December 2016</p>		<p><b>Partially Complete Evidence</b></p> <p>Included within the proposed but not yet ratified IG policy</p> <p>The UHB is committed to the principles of Data Protection by Design and has adopted the Data Protection Impact Assessment (DPIA) pro forma developed by IGMAG.</p> <p>The IG dept stresses the importance of users completing a DPIA where this is appropriate in the light of the scope of the data processing operating they are intending to undertake and any associated risks to data subjects.</p>
A45. Include a link to the PIA template within the PIA Policy statement and supporting procedures and make completion of this template mandatory as part of the project approval process.	<p><b>Management Response:</b> Recommendation</p> <p><b>Responsibility:</b> Head of Information Governance</p> <p><b>Date for implementation:</b> December 2016</p>		<p><b>Partially Complete Evidence</b></p> <p>See A44</p>
A46. All PIAs should be authorised by a relevant member of the IG team,	<p><b>Management Response:</b> Recommendation approved</p>		<p><b>Complete Evidence</b></p>

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<p>reported through the DHIC and a log of all PIAs completed should be held by IG.</p>	<p><b>Responsibility:</b> Head of Information Governance</p> <p><b>Date for implementation:</b> December 2016</p>		<p>A central log of DPIAs has been set up.</p>
<p>A50. Report an overview of all IG related incidents through the DHIC on a regular basis.</p>	<p><b>Management Response:</b> Recommendation approved See B39/B40</p> <p>The UHB will ensure that:</p> <p>1 - An overview of all IG related incidents is reviewed periodically</p> <p>2 - The development and access to the e-datix system will be supported to provide the tools for the IG team.</p> <p><b>Responsibility:</b> Head of Information Governance</p> <p><b>Date for implementation:</b> January 2017</p>		<p><b>Complete Evidence</b></p> <p>Coding and functionality have been developed on Datix to ensure that all incidents that could potentially relate to IG breaches can be identified from coding or deliberately flagged by reporters or managers. E-mail notifications are automatically sent to managers of the IG dept, and they have access to all such records and a review mechanism. These arrangements will be progressively refined. Incidents will continue to be reported to DHIC as per existing arrangements.</p>

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<p>A51. Introduce a programme of IG spot checks/ confidentiality audits across the Health Board. Consider utilising the IG Leads, IAOs or IAAs within each CHB or incorporating these checks into a programme of clinical checks or security checks already in operation.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that:</p> <p>1 - There is an audit/spot check programme in place.</p> <p>2 - They are recorded and reported to the SIRO as part of the IG reports.</p> <p>3 - They are reported to the DHIC</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> March 2017</p>	<p><b>Partially Complete Evidence</b></p> <p>Directors and senior staff are aware that a proactive IG awareness culture is a key enabler supporting realisation of SOFW (the UHB's 10 year strategic plan). They are therefore encouraged to report any incidents, issues etc from which relevant lessons can be learned. These incidents are picked up in reports submitted to DHIC as per item A10.</p> <p>The UHB has a number of tools for user access and security audits, which are used largely on a re-active basis.</p>
<p>A53. Make clear how compliance with each IG related policy will be monitored and put procedures in place to ensure this happens as set out in policy.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that each policy will set out monitoring arrangements as part of the overall policy review as described in A7.</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>	<p><b>Complete Evidence</b></p> <p>All new and updated policies will have a section on compliance and audit.</p> <p>Monitoring arrangements need to be finalised by annual audit plans.</p> <p>Details of future internal audit reviews of IG arrangements will be submitted to DHIC.</p>

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<p>B1. Ensure that as the newer management structures mature, the framework is assessed to ensure the original goals are being met and it remains an effective mechanism for managing UHB's records management responsibilities.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: Policies and procedures will be: updated to reflect the matured management arrangements.</p> <p>All IG leads have clear job descriptions and training.</p> <p>Arrangements in place to check that Deputy SIROs, IAOs and IAAs are performing to target.</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>	<p><b>Partially Complete Evidence</b></p> <p>Updated records management policy completed. Retention arrangements aligned to Information Governance Alliance guidelines (adopted by Dept of Health). These now need to be reviewed in the light of the requirements of the Infected Blood Enquiry.</p> <p>Older policies to be updated in annual reviews.</p> <p>Task lists circulated (NB see A4)</p> <p>This work overlaps with Health and Care Standard 3.5</p>
<p>B5. Review the mechanisms that are in place to direct changes in records management policy throughout the UHB. Ensure there are mechanisms that cover all the areas of UHB and provide for feedback to give assurance that changes have been successfully</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: 1 - Records policy and controlled document changes are disseminated through the IG management framework.</p> <p>2 - This responsibility will be clearly documented in policy.</p>	<p><b>Complete Evidence</b></p> <p>Records Management Procedure approved by former PPP Committee in September 2016. Updated records management policy agreed by Chair of Resources and Delivery Committee (subject to ratification by full Committee on 31 January 2018). Retention arrangements aligned to Information Governance Alliance guidelines (adopted by Dept of Health)</p>

<p>implemented.</p>	<p>3 - Arrangements are in place to assure the SIRO that any changes are successfully implemented.</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>		<p>Current version of policy posted on UHB Policy site.</p> <p>1 Dissemination of documentation follows the UHB Policy for Management of Policies and other Control Documents</p>
<p>B9. Ensure that ongoing work is monitored and carried on to successful completion.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that the records audit improvement plan is monitored routinely by the DHIC.</p> <p><b>Responsibility:</b> SIRO</p> <p><b>Date for implementation:</b> Immediate –completion March 2017</p>		<p><b>Partially Complete Evidence</b></p> <p>2 See B5</p>
<p>B10. Update the posters with the correct web address.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that the posters are updated.</p> <p><b>Responsibility:</b> Head of Information Governance</p> <p><b>Date for implementation:</b></p>		<p><b>Complete Evidence</b></p> <p>Poster amended on line and link working. Mechanism needed to ensure that the posters are kept up to date</p>

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B12. Consider altering the website to increase the keywords that return information on processing personal information, or providing a clear link to the fair processing information in the footer of web pages.	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that the website is altered to include keywords that return information on personal information</p> <p><b>Responsibility:</b> Head of information</p> <p><b>Date for implementation:</b> September 2016</p>		<p><b>Complete Evidence</b></p> <p>Upgraded link to fair processing information</p>
B13. Ensure there is a written requirement that changes to documents that constitute the UHBs fair processing notices to patients are agreed with IG.	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that all documents that constitute the UHBs fair processing notice are approved by the IG team.</p> <p><b>Responsibility:</b> Head of Information Governance</p> <p><b>Date for implementation:</b> September 2016</p>		<p><b>Complete Evidence</b> DPA Policy.</p> <p>Clinical Boards/Corporate Depts informed that all fair processing notifications must be approved by the IG team.</p>
B15. See A37	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: All IARs are completed by July 2017</p>		<p><b>Partially Complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. All areas are developing/reviewing their IARs.</li> <li>2. They are being developed at varying rates between services and progress is slow generally across the</li> </ol>

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	<p>The area referred to in this finding completed a first draft in June 2016.</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> December 2016</p>	<p>organisation (approximately 15 submitted in total to date)</p> <p>3 The issue of where responsibility lies in relation to the management of corporate information assets e.g. IT systems that have multiple users such as PMS still needs to be resolved.</p>
<p>B16. Storage areas should be regularly audited to check for any risks that have developed to either the information held or the efficacy of the records management systems.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that all areas that store records have a rolling programme of audit</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>	<p><b>Partially Complete Evidence</b></p> <p>Central Medical Records Dept have developed a robust system underpinned by Standard Operating Procedures (finalised SOPs taken to MRMG for noting). Where not in place these need to be replicated in all other settings where this has not already been done. This process is overseen by the Medical Records Operational Group (MROG) although Clinical Boards and Corporate Depts will need to engage with central management in this process.</p>
<p>B19. Ensure that there are written processes available for staff to follow relating to the processing of medical records. These processes should include what happens if records are not locatable. (See below).</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: All areas will have documented procedures related to the records management.</p> <p>All areas will have documented procedures for the tracking and tracing of records.</p>	<p><b>Partially Complete Evidence</b></p> <p>Central Medical Records Dept are developing a robust system underpinned by Standard Operating Procedures When finalised these SOPs need to be taken through MRMG for noting. This needs to be replicated in devolved areas. This process will be overseen by the Medical Records Operational Group (MROG) although Clinical Boards/Corporate Depts will need to engage with central management in this process</p>

	<p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> Immediate – March 2017</p>	<p>In line with CPIP the following procedures are required:</p> <p>Question 32 - identification and resolution of duplicate or confused paper and electronic records for patients and service users</p> <p>Question 33 – monitoring, measurement and tracing of paper health records</p>
<p>B20. The written processes for the processing of medical records should include a clear workflow for dealing with missing records. They should also include at what points the status of the record should be recorded for monitoring purposes. These figures should then be used to reduce the incidents of lost or missing files. The monitoring of outcomes would also provide useful information to establish patterns that could be addressed.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that:</p> <p>There is clear guidance on how to manage mislaid, missing and lost records.</p> <p>There are documented procedures that support the guidance.</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> Immediate –completion March 2017</p>	<p><b>Partially Complete Evidence</b></p> <p>Central Medical Records Dept has produced SOP HR011 “Missing Health Records”. Relevant elements were to be incorporated in an updated UHB Incident Reporting Procedure, however it has subsequently been decided this detail could be better placed 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 Record is not available and mitigation if required information if available via other sources i.e. Clinical Portal (as per notes of Medical Records Management Group on 10 January 2016).</p>
<p>B22. Ensure there are suitable disaster recovery plans in place covering all business critical records.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that:</p> <p>- All areas will have comprehensive disaster recovery</p>	<p><b>Partially Complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. Disaster recovery (DR) plans are in place covering corporate and some local IT systems</li> <li>2. The UHB has instigated clear guidance and</li> </ol>

	<p>plans in place -The plans will be tested routinely</p> <p><b>Responsibility:</b> /SIRO/Deputy SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>	<p>documentation around Business continuity (BC) plans and disseminated training for all CBs</p> <ol style="list-style-type: none"> <li>3. DR and BC plans need to be tried, tested and regularly reviewed.</li> <li>4. The above arrangements need to be covered in Medical Records SOPs.</li> </ol>
<p>B23. Prioritise the digitisation of records held by the UHB.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: The expansion of digitisation remains high priority.</p> <p>It will make best efforts among competing priorities to fund expansion.</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO/COO</p> <p><b>Date for implementation:</b> 2017/2018</p>	<p><b>Partially Complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. The Digital Health Record (DHR) programme has now successfully scanned over half a million Emergency Unit (A &amp; E) attendances since June 2016.</li> <li>2. In line with the IM &amp; T Strategic Outline Plan, discussion on the expansion of the wider DHR programme has centred on sustainable expansion and thus the importance of exploring paper light/less options, as well as the ability to retrieve data and ultimately sit well within an EHR platform. The following key points have been agreed: <ul style="list-style-type: none"> <li>• The adoption of an electronic patient record is an essential platform for the realization of evidence/outcome based, pathway driven care.</li> <li>• Key objectives for delivery are appropriately represented by the Once for Wales design principles:</li> </ul> </li> <li>3. Current strategy is thereby focussed on use of e-forms and specifically e-progress notes, which integrate with the UHB's IT infrastructure and with specific regard to future national requirements. Funding has been made available by both WG and</li> </ol>

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<p>B24. Ensure that the SOPs in place are as comprehensive as a policy or series of policies, outlining the key requirements for the correct storage, handling and transport of medical records.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: All areas will have documented procedures related to all aspects of record management.</p> <p>All procedures will be linked to the Records Management Policy and procedure.</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO/ Heed of Information Governance</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>		<p>the UHB to increase the pace of this work as above.</p> <p><b>Partially Complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. See “Transportation of Case notes and PII procedure”. Central Medical Records has produced its own SOP which reflects this.</li> <li>2. Consideration needs to be given to having equivalent documentation in all settings.</li> </ol>
<p>B26. Ensure the Data Protection Policy and Data Security Guidance reference the transport of paper records, and the specific procedures in place.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: The updated Data Protection Policy will reference the transportation of papers records procedure.</p> <p>The Data Security Policy and procedures will reference the transportation of papers records procedure</p> <p><b>Responsibility:</b></p>		<p><b>Complete Evidence</b></p> <p>Data Protection Policy and Transportation PII procedure covers this item.</p>

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	<p>Head of Information Governance</p> <p><b>Date for implementation:</b> January 2017</p>		
<p>B30. Ensure that there is enough space for records to be stored, either through finalising the commissioning of the new offsite storage, or through weeding and disposing of records that have exceeded their retention date.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that an integrated plan and costs is considered urgently:</p> <p>All records that have exceeded their retention date and cannot meet the test for continuing retention should be identified and disposed of.</p> <p>Medical record digitisation should be expanded.</p> <p>The remaining requirement for physical storage facilities on site should be defined.</p> <p>It will make best efforts among competing priorities to fund the requirements.</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> Immediate – programme for 2017/18</p>		<p><b>Partially Complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. The UHB has provided additional off-site storage. Implementation commenced in August 2017.</li> <li>2. Retention arrangements have been clarified with the approval of the revised Records Management Policy at the meeting of the Resource and Delivery Committee on 30 January 2018.</li> <li>4. The UHB has discussed a strategy for the expansion of digitisation (B23). The following key points have been agreed: <ul style="list-style-type: none"> <li>• The adoption of an electronic patient record is an essential platform for the realization of evidence/outcome based, pathway driven care.</li> <li>• Key objectives for delivery are appropriately represented by the Once for Wales design principles:</li> </ul> </li> </ol>

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<p>B32. Revoke access to areas containing central medical records for all staff not under the direct control of the Outpatients and Health Records (Central) directorate manager. Where push-button code locks are used change the code on a regular basis and keep the combination restricted to records staff.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: Pending the closure of the library, entry codes will be changed regularly.</p> <p>Access lists will be reviewed, updated and streamlined.</p> <p>An updated business case for the closure of the central medical records library is completed and considered by the HSMB.</p> <p>It will make best efforts among competing priorities to fund expansion.</p> <p><b>Responsibility:</b> Deputy SIRO CDT/COO</p> <p><b>Date for implementation:</b> September 2016</p>		<p><b>Partially Complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. POD for “Restricted Access to Health Records Libraries and Assurance in Locating Health Records” was submitted in November 2016 as part of the 2017/8 planning process but not supported. Financial restrictions have meant associated bids have not been successful</li> <li>2. The department has implemented restricted access at UHL and partially introduced it for 2 of its 5 libraries at UHW. Cross-Clinical Board collaboration continuing to secure sufficient re-allocated resource through process efficiencies to fully restrict access. Access lists have and continue to be reviewed and suitable restrictions applied</li> <li>3. However, there has been a successful capital bid for the redesign of the “front of house” section of UHW Health Records. This provides an enabler for a “click and collect” service should the required staffing resource follow.</li> <li>4. CD &amp; T Clinical Board is embracing a trial of this service in partnership with Surgery Clinical Board to fully assess resource requirements and benefits realisation ahead of any planned expansion.</li> <li>5. The results of this “restricted” trial and particularly the impact on medical record availability rates, efficiency levels and staff resource, will be shared through MRMG/IT&amp;GSC.</li> <li>6. In the interim where push button codes are used they are routinely changed, whilst funding is being sought to replace these with electronic access controls (part of this aligned to the capital redesign).</li> </ol>
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<p>B34. Continue to seek a solution to allow full audit trails to be logged in case of a query.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that discussions with health records, software provider and IM&amp;T move on efficiently.</p> <p><b>Responsibility:</b> Deputy SIRO CD&amp;T</p> <p><b>Date for implementation:</b> December 2016</p>	<p><b>Partially Complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. Discussions are on-going</li> <li>2. The EDRM (Electronic Document and Records Management) does have comprehensive audit functionality and will log users and usage.</li> <li>3. Reports are in development to more readily monitor and share information as part of the channels of information security management and administration.</li> <li>4. Aligned to this are plans to mirror the active directory associated with the Clinical Portal for the EDRM, specifically in terms of access restrictions.</li> <li>5. However, break glass functionality exists for results. A similar process for an entire record requires whole scale clinical review.</li> </ol>
<p>B36. Ensure that there is a procedure that defines the actions to be taken in response to a missing or lost record. Ensure figures are correctly reported so trends can be identified and tackled as part of departmental monitoring.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>See B20 The UHB will ensure that arrangements are in place.</p> <p><b>Responsibility:</b> Deputy SIRO/SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>	<p><b>Partially complete Evidence</b></p> <p>See B20</p>
<p>B37. Consider adding IG issue as an option on the Datix system for flagging up to the IG</p>	<p><b>Management Response:</b> Recommendation approved See A39 and A40</p>	<p><b>Partially Complete Evidence</b></p> <p>Coding and functionality have been developed on Datix</p>

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<p>team (see also a40).</p>	<p>The UHB will ensure that a process is developed to give access to the IG team so that they can view all IG incidents across the UHB.</p> <p><b>Responsibility:</b> Head of Information Governance</p> <p><b>Date for implementation:</b> January 2017</p>		<p>to ensure all incidents that could potentially relate to IG breaches can be identified from coding or deliberately flagged by reporters or managers. E mail notifications are automatically sent to members of the IG Dept and they have access to all such records and a review mechanism. These arrangements will be progressively refined. See also B20 specifically in relation to missing notes.</p>
<p>B38, 39. Begin the process of confidentially destroying all records that have passed their retention date in line with the UHB retention schedule. Where not already present senior managers should put in place procedures to ensure that staff members reporting to them who have responsibility for the destruction of expired records are carrying out that obligation.</p>	<p><b>Management Response:</b> The UHB will ensure that an integrated plan and costs is considered urgently:</p> <p>All records that have exceeded their retention date and cannot meet the test for continuing retention should be identified and disposed of.</p> <p>Medical record digitisation should be expanded.</p> <p>The remaining requirement for physical storage facilities on site should be defined.</p> <p>It will make best efforts among competing priorities to fund the requirements.</p> <p><b>Responsibility:</b></p>		<p><b>Partially complete Evidence</b></p> <p>Retention arrangements have been clarified with the approval of the revised Records Management Policy at the meeting of the Resources and Delivery Committee on 30 January 2018. Services are now embarking on destruction programmes aligned to this, which will include revising or developing local SOPs to bolster governance of the process. Resource for the destruction has not commonly been factored into budgets and as such delivery of plans may be hindered.</p> <p>See also B30.</p>

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	Deputy SIRO /SIRO		
	<b>Date for implementation:</b> December 2016 for 2017/18		
B41. The ICO recommends that there should wherever possible be only one copy of information to reduce the chance of updates not being reflected across all copies. With multiple copies there is also an increased risk of incorrect handling. Review all records that are held in multiple formats to ensure that there remains a compelling reason to keep all the copies. Where they are to be kept, there should be written procedures to ensure the accuracy of the records is maintained.	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that:</p> <p>Unnecessary printing of paper records is minimised.</p> <p>Digitisation is expanded B23 and B31.</p> <p>Duplicate paper medical records are managed and merged.</p> <p>Disposal schedules are adhered to B3.</p> <p>Spot checks and audits will check record accuracy.</p> <p><b>Responsibility:</b> Deputy SIRO/SIRO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>		<p><b>Incomplete Evidence</b></p> <ol style="list-style-type: none"> <li>1. UHB is moving to paper lite organisation. One example of this is avoiding duplication of e-results by eliminating paper copy.</li> <li>2. Procedure for merging duplicate medical records for patients presenting at OPs to be produced.</li> <li>3. A plan to implement a medical records destruction programme is agreed.</li> <li>5. Further discussions have been held regarding a digitisation strategy. The following key points have been agreed: <ul style="list-style-type: none"> <li>• The adoption of an electronic patient record is an essential platform for the realization of evidence/outcome based, pathway driven care.</li> <li>• Key objectives for delivery are appropriately represented by the Once for Wales design principles:</li> </ul> </li> </ol>
B43. Ensure there is a mechanism to regularly review the new retention schedule and up-date it	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that:</p>		<p><b>Partially Complete Evidence</b></p> <p>Records Management Procedure approved by former</p>

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<p>as necessary in the future.</p>	<p>The retention and destruction protocol and procedure is aligned with the records management policy.</p> <p>Its review date is recorded in the controlled documents framework. It is monitored by the DHIC routinely.</p> <p><b>Responsibility:</b> Head of Information Governance/DHIC</p> <p><b>Date for implementation:</b> September 2016</p>	<p>PPP Committee in September 2016. Updated records management policy agreed in principle by Chair of Resources and Delivery Committee (subject to ratification by full Committee on 31 January 2018).. Retention arrangements aligned to Information Governance Alliance guidelines (adopted by Dept of Health)</p>
<p>B49. Raise staff awareness (for example, through posters near the bins) of who to contact should a bin need emptying.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that the guidance poster is re-circulated to all areas</p> <p><b>Responsibility:</b> Deputy SIROs</p> <p><b>Date for implementation:</b> September 2016</p>	<p><b>Complete Evidence</b></p> <p>A4 sheet Waste Management Guidance circulated to IG leads August 2016.</p> <p>This needs to be displayed in all areas and on or near bins</p>
<p>B50. Carry out regular inspections of the contractor's facilities to gain assurance that the disposal of confidential waste is being carried</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: An annual visit to the company to check operational and</p>	<p><b>Partially Complete Evidence</b></p> <p>1. Annual visit made in November 2016 with subsequent annual review dates scheduled</p>

<p>out securely and in accordance with the contract provisions.</p>	<p>environmental matters is undertaken.</p> <p>An annual meeting is held to discuss performance standards.</p> <p><b>Responsibility:</b> Deputy SIRO CD&amp;T/Head of Procurement</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>		<p>Clarification needed of any arrangements made by other departments with firms other than Datashred</p> <p>2. Further discussion needed via MROG to discuss contract and performance measures.</p>
<p>B52. If not already completed, review the mechanisms in place for recording the evidence of destruction. Particular attention should be given to ensuring there a trackable record of the destruction of patient notes.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>See B50 The UHB will ensure that an urgent review of this matter will be undertaken</p> <p><b>Responsibility:</b> Deputy SIRO CD&amp;T/Head of Procurement</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>		<p><b>Partially Complete Evidence</b></p> <p>1. To be discussed in the meeting with DataShred. 2. This is covered in the SOP for EU cards</p> <p>The UHB Records Management Retention and Destruction Procedure includes a template destruction certificate.</p>
<p>B53. Review the reports submitted for monitoring purposes. Establish if they provide enough information to be used for gaining assurance.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>See B50 The UHB will ensure that: A range of performance metrics</p>		<p><b>Partially Complete Evidence</b></p> <p>There is a medical records scorecard (attached) with some KPIs (e.g. use of temporary folders) but arrangements for using this to submit monitoring data to</p>

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	<p>are developed.</p> <p>-Routine reports will be developed for operational use and for assurance at the clinical board QSE and DHIC.</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO/COO</p> <p><b>Date for implementation:</b> March 2017</p>		DHIC need to be formalised
<p>B54, 55. Complete the establishment of performance measures that can be used to ensure that a clear picture of the state and effectiveness of records management is available to those responsible for it.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: A range of performance metrics are developed.</p> <p>Routine reports will be developed for operational use and for assurance at the clinical board QSE and DHIC</p> <p><b>Responsibility:</b> Deputy SIRO/SIRO/COO</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>		<p><b>Partially Complete Evidence</b></p> <p>See B53</p>
<p>B56. Regularly review MRMG's progress in relation to meeting its targets to ensure its effectiveness.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The MRMG is a working group of the DHIC.</p>		<p><b>Partially Complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. Annual work plan in place</li> <li>2. DHIC monitors performance. Assurance outstanding</li> </ol>

	<p>The DHIC will ensure that the MRMG:</p> <p>Has an appropriate work plan linked to record management audits, and standard requirements.</p> <p>Is discharging its duties and demonstrating progress in the group minutes.</p> <p>Is escalating any risks identified.</p> <p><b>Responsibility:</b> DHIC/MRMG Chair</p> <p><b>Date for implementation:</b> Implemented</p>		<p>on some points.</p> <p>3. Minutes received by DHIC. Process is for Chair to raise any items to be escalated.</p>
<p>B57. Regularly (for example, annually) conduct internal records management audits.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: A range of performance metrics are developed.</p> <p>Routine reports will be developed for operational use and for assurance at the clinical board QSE and DHIC.</p> <p><b>Responsibility:</b> Deputy SIRO/COO/SIRO</p>		<p><b>Complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. Internal audit May 2015</li> <li>2. ICO audit May 2016</li> <li>3. Internal Audit March 2017 of MH and CD &amp; T CBs will cover aspects of records management</li> </ol>

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	<p><b>Date for implementation:</b> Immediate – completion March 2017</p>		
<p>C1. Complete the draft of IT Security policies (and associated procedures) and implement these. Ensure they are subject to regular review. They should also identify who is responsible for carrying out this review and how often it will be completed.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that the IT security policy and procedures/guidance will be completed.</p> <p><b>Responsibility:</b> IT Security Manager /DHIC approval</p> <p><b>Date for implementation:</b> December 2016</p>	.	<p><b>Complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. IT security policy approved by the PPP</li> <li>2. Procedures now completed</li> <li>3. Responsible officer is IT security manager</li> <li>4. Review annually initially and thereafter three years.</li> </ol>
<p>C6. Ensure that users of Good App have to change their passwords regularly.</p>	<p><b>Management Response:</b> Recommendation approved: The UHB will ensure that the Migration by the UHB from Good for Enterprise to GOOD for Works will implement a three month complex password change</p> <p><b>Responsibility:</b> Technical Development Network and Support Manager</p> <p><b>Date for implementation:</b> December 2016</p>		<p><b>Complete Evidence</b></p> <p>All Good Users are being migrated onto the Good for Works platform which requires enforced complex password change. Users now need to change their passwords every 3 months.</p> <p>Linked to this CPIP Question 39 requires that strong passwords need to be used on all systems and changes enforced on a regular basis.</p>
<p>C8. Ensure there are</p>	<p><b>Management Response:</b></p>		<p><b>Complete</b></p>

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<p>formal requirements in the revised policies for the use of mobile media to be signed off by managers and staff with their use reviewed at least annually. There should also be consideration for additional training and ensure that staff sign to say they've read and understood the associated policy. Consider building on the process already in place for managers to authorise the payments and ensure these elements are in place for future plans to allow home working for non-NHS owned devices.</p>	<p>Recommendation approved</p> <p>The UHB will ensure that the revised Remote Working Procedure includes the above</p> <p><b>Responsibility:</b> Technical Development Network and Support Manager</p> <p><b>Date for implementation:</b> December 2016</p>	<p><b>Evidence</b></p> <p>Remote working procedure approved in September 2016.</p>
<p>C11. Implement end point security to ensure that only approved devices can be used on UHB systems. Ensure that where information is transferred to removable media that encryption is forced as a default. Also implement and review audit logs of the</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that the solution is planned to be tested in the summer and its implementation is subject to a risk assessment and a funding stream being identified by the UHB.</p>	<p><b>Complete Evidence</b></p> <p>BitLocker now being used on all laptops.</p> <p>Migration to Microsoft 7 Enterprise for UHB standard O/S has commenced.</p> <p>This is the most cost effective option.</p> <p>Phil Clee to advice.</p>

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<p>information that is copied to removable media.</p>	<p><b>Responsibility:</b> Technical Development Network and Support Manager</p> <p><b>Date for implementation:</b> March 2017 (subject to funding)</p>		
<p>C22. Review the use of generic accounts to ensure they are still required. Ensure there are compensatory controls in place to mitigate the risks of unauthorised access. For example, restricting which PCs can access generic accounts, ensuring PCs that can access generic accounts are in restricted areas, minimising the records that can be viewed to those in the particular area, and ensuring that audit trails are in place to monitor access.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: The need for generic accounts is reviewed and where they remain mitigation of risks is applied.</p> <p>Access rights will be reviewed</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> To be completed by March 2017</p>		<p><b>Incomplete Evidence</b></p> <p>In the short term the HB recognises this risk and PC generic accounts are only allocated to users in secure areas. However, it is potentially possible for users knowing generic accounts to log on in other areas.</p> <p>The uHB will address itself to removal of this risk as part of the Office 365 deployment which will require non generic accounts across the organisation.</p>
<p>C24. Implement formal methods to monitor staff access rights and ensure managers are reviewing these. For example, require managers to confirm on</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: All access rights are reviewed and updated regularly.</p>		<p><b>Partially Complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. Managers determine the need for access levels for all staff on recruitment or transfer to another role within the UHB or when leaving the organisation. Formal documentation is completed and shared with</li> </ol>

<p>a regular basis that current access levels are still required. Consider auditing a sample of these to ensure what is being reported is accurate.</p>	<p>Correct procedures are completed when staff transfer within the UHB or leave the UHB.</p> <p>This forms part of the clinical boards IG annual programme.</p> <p>This forms part of the IG annual report that goes to the SIRO/DHIC for assurance.</p> <p><b>Responsibility:</b> Deputy SIROs/SIRO</p> <p><b>Date for implementation:</b> March 2017</p>		<p>IT security team.</p> <p>2. Managers will spot check this as part of their responsibilities as IAOs</p>
<p>C29. Review current arrangements and confirm that measures to prevent this type of access are not available. If it cannot be prevented, ensure that its mitigation is considered during hardware/ software refreshes. Establish whether current audit trails record users logging to their PARIS or PMS accounts through another user's Nadex. Include these parameters in any automated auditing tools</p>	<p><b>Management Response:</b> Recommendation not approved</p> <p><b>Responsibility:</b></p> <p><b>Date for implementation:</b></p>		<p>This recommendation was not agreed by the UHB and remains under discussion.</p>

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that are implemented.			
<p>C38. Implement proactive monitoring of audit log data to help ensure that access is appropriate.</p>	<p><b>Management Response:</b>  Recommendation approved  The UHB will ensure that: the need to expand NIIAS monitoring will be brought to the attention of the Board.</p> <p>Business case to be provided to inform to best way forward</p> <p><b>Responsibility:</b>  SIRO/Caldicott Guardian</p> <p><b>Date for implementation:</b>  March 2017</p>		<p><b>Partially complete Evidence</b></p> <ol style="list-style-type: none"> <li>1. The function for monitoring system access is subject to review given the current and future requirements and the need for adequate number and expertise to deliver the service.</li> <li>2. Consideration is being given to making available resource to undertake a nominal amount of compliance auditing both in relation to Welsh Clinical Portal (via NIIAS) and UHB systems.</li> </ol>
<p>C57. Update older software to ensure that both the server and the system are supported. Where the use of server 2003 has to be continued, ensure that it is captured within an information security risk register until such time as Windows server 2003 can be updated.</p>	<p><b>Management Response:</b>  Recommendation approved</p> <p>The UHB will ensure that:  All systems capable of being upgraded within the current deployment have been upgraded.</p> <p>All systems not upgraded are subject to continuing review and will be upgraded when situation change enables this upgrade to take place.</p> <p>A risk register will be created to identify and support</p>		<p><b>Partially Complete Evidence</b></p> <p>The process of migrating users applications onto Microsoft supported software continues. Completion date to be confirmed. Latest figures are the uHB has reduced this figure by 75%</p>

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	<p>management of non upgraded systems.</p> <p><b>Responsibility:</b> Owning Service Department/Development Manager</p> <p><b>Date for implementation:</b> The process has started</p>		
<p>C59. Ensure that PCs using Windows XP are updated.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB continues to upgrade its XP device infrastructure to Windows 7 and above with a planned completion by the end of the year, subject to suitable funding by the UHB. The UHB has increased its virus scanning and is reviewing options for firewall “packet” scanning for malware, which is dependent on identifying a suitable product and a funding stream the UHB.</p> <p><b>Responsibility:</b> Technical Development Network and Support Manager</p> <p><b>Date for implementation:</b> March 2017</p>		<p><b>Complete Evidence</b></p> <p>The UHB has 68 Windows XP PCs which cannot be upgraded. The IT dept is working with clinical boards to ensure that as many possible of these PCs are removed from the network as functions undertaken by these PC's are replaced.</p>

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<p>C66. Ensure that removal of old exceptions for the firewall is formalised and carried out regularly.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The Firewall Rules will be updated when the new hardware is installed later this year.</p> <p><b>Responsibility:</b> Network manager</p> <p><b>Date for implementation:</b> Immediate – completion March 2017</p>	<p><b>Complete Evidence</b></p> <ul style="list-style-type: none"> <li>• Old firewalls are reviewed on a regular basis</li> <li>• New firewall rules have a 12 month allocation</li> </ul>
<p>C67. Implement appropriate time constraints to network access through the firewall.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will:</p> <p>Implement a rule for N3 firewall access where access will be added for a set period of time. To remain in the firewall, additional access will be required, this will be the same form submitted with an extension of time. Failure to complete the form adequately will mean a removal of the firewall rule. At present calendar reminders will be used to do this. Long term the UHB will need to assess if it can get this added as a flow management in service point.</p>	<p><b>Complete Evidence</b></p> <p>Time rules are allocated to those applications that are only supported during operational hours.</p> <p>Applications that have remote management Out of Hours cannot have this function enabled.</p>

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	<p><b>Responsibility:</b> Network Manager</p> <p><b>Date for implementation:</b> September 2016</p>		
<p>C68. Implement methods to automate the process of monitoring firewall activity. Ensure that reports generated about inappropriate firewall activity are considered for reporting through the incident management process.</p>	<p><b>Management Response:</b> Recommendation approved</p> <p>The UHB will ensure that: The Cisco firewall manager's latest version that is currently being installed is completed</p> <p>The UHB has syslog/traps enabled at a high rate but activity is exceptionally high. Further investigations dependent upon risk assessment and identification of funding streams required.</p> <p><b>Responsibility:</b> The network manager</p> <p><b>Date for implementation:</b> March 2017</p>		<p><b>Complete Evidence</b></p> <p>The UHB firewalls have the latest version operational</p> <p>The UHB has procured CISCO fire-power to its internet Facing PBSA Link. These are fully operational at the 2 boundary entrances to the UHB.</p>

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I can confirm that this management response is a true representation of the current situation regarding progress made against our Action Plan outlined in the ICO Data Protection Audit Report dated July 2016.

Signature.....

Position.....

Organisation.....

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## GDPR Summary of Progress

Ref:	Recommendation	Action	Current Status/Completion Date
R1	NIIAS re-implementation	<p>NWIS to deliver NIIAS training and set up accounts for new team</p> <p>Communication to UHB staff regarding the use of NIIAS in our clinical systems.</p> <p>Agree a reporting mechanism with Medical Director</p>	<p><u>Action Plan</u></p> <p>NIIAS training delivered 19<sup>th</sup> December 2019</p> <p>Communication sent out to staff on 24<sup>th</sup> January 2020</p> <p>As of the 1<sup>st</sup> February 2020, the initial chosen areas for audit will be:</p> <ul style="list-style-type: none"> <li>• Accessing own record</li> <li>• Family record</li> <li>• Historical record</li> </ul> <p>On a weekly basis, the IG team will perform a routine search on the three above areas. A preliminary investigation will be conducted on each result. Those which are considered to represent a potential risk to an individual(s) will be escalated to the professional line manager for further investigation.</p> <p>Where a serious breach has occurred, the Caldicott Guardian and Information Governance Department will consider whether the ICO need to be informed.</p> <p>In all other cases, either there will be no action or a letter on behalf of the Medical Director/Caldicott Guardian can be sent to address the issue.</p> <p>Results to be reported quarterly to DHIC and the Caldicott Guardian.</p>
R2	FOIA IA Report	Accept/reject findings.	Report for noting in private papers

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	management response	Implement two high priority recommendations	at DHIC 4 <sup>th</sup> February 2020.
<b>R3</b>	All areas should be asked to complete an IAR or feed into an IAR.  Further guidance should be issued over what information to collect and how to record it using the standard template.	The IG team has targeted the two areas highlighted in the internal audit. As a result, Dermatology now has an IAR and Internal Medicine has been issued guidance over what to include and how to record it on the standard template.  Clinical Boards reminded of their responsibility to maintain all IARs on a 'live' basis.	A total of 64 areas (Clinical Boards, Clinical Directorates and Corporate Departments) have been identified and requested to designate an IAO and provide an IAR.  <ul style="list-style-type: none"> <li>• 64 of 64 (100%) have designated an IAO</li> <li>• 17 of 64 (27%) have provided the IG department with an IAR</li> <li>• All are aware that these are required by the end of January and that an ICO audit is scheduled for February</li> </ul>
<b>R4</b>	GDPR posters present in clinical areas	To ensure that appropriate IG posters/ privacy notice are displayed in clinical areas.	DPO walk around planned for w/c 10 <sup>th</sup> February. Advise to be provided where necessary.
<b>R5</b>	Caldicott Guardian /SIRO role training	To investigate how effective CG/SIRO training can be delivered.	Classroom and web based training explored. Nothing suitable within current timescales. Continue to investigate with an aim of delivery by mid February.
	<b>Previous Actions</b>		
	<b>Recommendation</b>	<b>Actions undertaken</b>	<b>Current Status/Completion Date</b>
	Create or update relevant policies and procedures as soon as practicable ensuring accompanying or supporting documents are clearly referenced.	<b>Information Governance Policy</b> The UHB has adapted four national policies and consolidated these into a single overarching policy to enable a pragmatic approach to working.  NHS Wales need to work through implications of Office 365 implementation	<b>IG Policy:</b> Submitted to DHIC for consideration prior to formal ratification.  01.02.2020 (subject to ratification procedure)  <b>Subject Access Request Procedure:</b>  01.02.2020 (subject to ratification procedure)

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		<p>regarding retention of emails.</p> <p><b>Subject Access Request Procedure</b> The previous procedure has been updated and is now in line with GDPR. In line with recent ICO guidance, there is a requirement to reassess local working practices.</p> <p><b>Freedom of Information Procedure</b> The previous procedure has now been updated.</p>	<p><b>Freedom of Information Procedure:</b></p> <p>01.02.2020 (subject to ratification procedure)</p>
	<p>A reminder should be sent to all staff to ensure that all IG breaches are entered onto Datix immediately.</p>	<p>Requirements for IG reporting are clearly outlined in the UHB's draft IG policy.</p> <p>Requirements are clearly outlined in mandatory e-learning training.</p> <p>Requirements are being re-iterated through the quarterly quality and safety committee meetings.</p>	<p><b>Staff memo</b></p> <p><b>Outlined in IG Policy:</b> 01.02.2020 (subject to ratification procedure)</p> <p><b>Outlined in e-learning training:</b> Complete</p> <p><b>Re-iterated through quarterly quality and safety committee meetings:</b> Ongoing</p>
	<p>The UHB should seek to ensure all staff complete the IG training module.</p>	<p>The IG team has developed an Information Governance training presentation, which has been trialed in Cardiology and is available to other areas. This is intended for classroom-based</p>	<p>Staff memo</p>

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		delivery and is aimed at increasing compliance among clinical staff.	
	The processes / guidance for staff dealing with transfers of information to non-EEA states is not complete. Staffs do not always understand the need for gaining explicit consent for this and thus may not do so.	Whilst explicit consent is not necessarily required, UHB staff should be aware that certain conditions must be met in order for transfers to be made outside of the EEA. This is explicitly covered in the UHB's draft IG Policy and supported by the UHB's Data Protection Impact Assessment.	IG policy

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<b>Report Title:</b>	<b>Health Records Subject Access Request Improvement Plan</b>				
<b>Meeting:</b>	<b>Digital &amp; Health Intelligence Committee</b>			<b>Meeting Date:</b>	<b>4<sup>th</sup> February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>x</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Digital &amp; Health Intelligence</b>				
<b>Report Author (Title):</b>	<b>Information Governance Manager</b>				

### Background and current situation:

Under the GDPR, individuals are afforded a number of rights that all organisations must comply with. One such right is known as the right to access. This allows a data subject to request their personal data held by an organisation. This isn't a new right, however under GDPR, organisations now have one month to comply with the request. In most cases a fee cannot be charged and requests can be received by any means. These changes have added to the pressures faced by departments having to service requests, particularly the Access to Records team in Health Records.

Subject Access Request (SAR) compliance has historically been unsatisfactory but under the GDPR, the UHB faces an increased risk of receiving a significant regulatory penalty for non-compliance. Cambridge Analytica were fined £15k in 2019 for failing to respond to a subject access request. In 2016 a GP practice was fined £40k for unlawfully disclosing the personal data of two individuals to a third party. Both penalties were issued under previous legislation so in theory, any breach that occurs since the GDPR was enacted, will be much larger. The UHB is therefore minded of the fine balance between non-compliance and processing all requests with sufficient due diligence.

Compliance has improved quite markedly in the previous two quarters and has reached its highest recorded level of 90% (October 2019) The increase in part is a result implementing a programme of local operational improvements, however, a significant proportion is due to the temporary redeployment of staff resource. To improve or indeed sustain compliance rates without detriment to other sections, the improvement programme is required to broaden. The collaboration of Clinical Boards and Digital & Health Intelligence is vital to this and the creation of a more effective and standardised process which satisfies regulators and requesters alike. Appendix A outlines a Subject Access Improvement plan.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Processing SARs against the one month timescale is achievable. Recent compliance levels testify to this.

Whilst the upturn observed is to be commended, the manner in which it has been achieved masks the significant waste, variability and risk in the process. It remains extremely manual

when it needn't be, prone to (clinical) personal preference and its priority not universally acknowledged. There is often a telling lack of collective responsibility.

It would be unfair to infer fortunes have altered just by employing sticking plaster tactics, however, sustainability is in jeopardy. The direction required, namely utilisation of technical solutions (readily and internally available in the most part), supplemented by an agreed collaborative approach, will provide substantial mitigation if delivered timely and whole heartedly.

Resource for overseeing the programme of work can be made available within the existing operational envelope. Accountability and responsibility will need to be shared accordingly. To ensure good governance and drive delivery of this UHB wide imperative, it is recommended the Senior Responsible Officer (SRO), is of sufficient standing and influence. The Caldicott Guardian or Executive Director with portfolio for Information Governance are suggested options.

### **Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)**

The improvement plan seeks to work on existing good practices whilst tightening processes which have previously led to a delay in issuing a response. The model requires:

- A bespoke or tailored system (Datix is under consideration), to effectively capture, track and monitor SARs, facilitating analysis of compliance rates at a macro and micro level
- An electronic platform as the mechanism to process and make requested data available; ideally utilising functionality within Patients Know Best (PKB)
- E-consent to be adopted universally; with an agreed Clinical Board mechanism to address sign-off delays and process any related fines
- E-redaction software
- Commitment, input and support from all relevant parties to the improvement plan outlined in Appendix A

The requirements above are not envisaged to have significant financial or workforce impact. Some licensing costs are likely for redaction software but larger outlays should be avoided if existing national and acquired third party systems are utilised.

Existing functional development and implementation resource is essential however, as will be the need to prioritise delivery. Failure to do so will restrict the pace of improvements, prevent workforce efficiencies and continue reliance on manual transfer of medical records, with a tangible impact on regulatory compliance and operating costs. This rests outside of any fines that may be imposed by the regulator.

### **Recommendation:**

The Digital & Health and Intelligence Committee is asked to:

- **APPROVE** the Subject Access Request improvement plan

## **Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								



# HIGH LEVEL – ‘CURRENT STATE’ HEALTH RECORDS SUBJECT ACCESS REQUEST PROCESS

## Stage 1

### Request Received

- Post
- E-mail
- Phone call
- Face to face

## Stage 2

### Triage to proceed

- Identify patient
- Gain consent inc ID
- Send to other depts.
- Acknowledgment sent

## Stage 3

### Pre-sign off

- Locate records
- Prep & scan if e-sign off
- Send record to clinician

## Stage 4

### Sign off

- Clinician views record
- Consent obtained
- Redact as necessary

## Stage 5

### Release the record

- Receive record back
- Prep & scan if manual
- Final document check
- Copy to requestor

# HIGH LEVEL – ‘FUTURE STATE’ HEALTH RECORDS SUBJECT ACCESS REQUEST PROCESS

## Stage 1

### Request Received

**Aim: 1 working day**

- a) standardise advice in order that non-digital SAR copies become an exception
- b) Solicitors to send SARs via e-mail (80%)
- c) Application template for solicitors
- d) An auto acknowledgement process (link to above)
- e) Enable ‘applications’ to be completed on-line

## Stage 2

### Triage to proceed

**Aim: 1 working day**

- a) FAQs for SAR process including departmental contacts
- b) A bespoke system for recording SAR details and uploading related documents e.g. use of Datix modules
- c) Prior to the above, improve the current spreadsheet - *for assessing compliance levels inc. by stage*

## Stage 3

### Pre-sign off

**Aim: 8 working days**

- a) Upload functionality available for test results
- b) Priority given to ensuring the timely provision of records and consent for release
- c) Accountability for the above suitably understood & owned
- d) An established review and escalation mechanism for each CB to mitigate delays in record provision
- e) All records scanned for sign-off process
- f) Send all records via encrypted PDF

## Stage 4

### Sign off

**Aim: 7 working days**

- a) E-consent (to disclose) provided within 7 days
- b) An established mechanism with each CB to mitigate delays in the sign-off process
- c) E-redaction available to those signing-off

## Stage 5

### Release the record

**Aim: 1 working day**

- a) Final electronic document check
- b) All copies provided electronically via PKB – *exceptions for patients with no digital options*
- c) ‘MoveIt’ the preferred interim method of transfer to patients & solicitors
- d) Charges applied for all re-requested documents previously provided *i.e. timed out*

All points in orange text require wider support

A total of 20 working days for all stages

# Support / Approval to Proceed Requirements: delivering a 20 working day SAR process

<b>Requirement</b> <i>tick indicates area(s) of support / approval needed</i>	<b>DH&amp;I - Internal</b>	<b>DH&amp;I - External</b>	<b>IG - Internal</b>	<b>UHB</b>
<b>Stage 1 d)</b> Auto-acknowledgment process for electronic SARs i.e. e-mails, on-line forms	✓		✓	
<b>Stage 1 e)</b> Enable SAR applications to be completed on-line	✓		✓	
<b>Stage 2 b)</b> Utilise a bespoke system for recording SAR details; Datix modules used in A.B	?	✓		
<b>Stage 3 a)</b> Functionality to upload test results; patient tests imported from CP / WCP	✓	✓		
<b>Stage 3 b)</b> Priority given the timely provision of records and consent for release				✓
<b>Stage 3 c)</b> Accountability for the above understood & owned i.e. associated fines / concerns				✓
<b>Stage 3 d)</b> A review & escalation mechanism per CB to mitigate delays in record provision				✓
<b>Stage 3 f)</b> Send all records via encrypted PDF; replaces Movelt (simpler, quicker, as secure)			✓	
<b>Stage 4 a)</b> E-consent (to disclose) provided within 7 working days; no paper records sent			✓	✓
<b>Stage 4 b)</b> An established mechanism per CB to mitigate delays in the sign-off process				✓
<b>Stage 4 c)</b> E-redaction available to those signing-off; may require Adobe licensing extensions	?		✓	✓
<b>Stage 5 a)</b> Electronic checking functionality; identifies CRNs / PII belonging to other patients	✓	?	?	
<b>Stage 5 b)</b> Copies available electronically via PKB; sign-up to PKB (? limited version) required	?		✓	✓
<b>Stage 5 c)</b> Movelt used as the preferred interim method of transfer to patients & solicitors			✓	
<b>Stage 5 d)</b> Charges applied for documents previously provided; with an electronic audit trail				

<b>Report Title:</b>	<b>Digital Delivery Programme – Exception &amp; Issues Report</b>				
<b>Meeting:</b>	<b>Digital &amp; Health Intelligence Committee</b>			<b>Meeting Date:</b>	<b>4<sup>th</sup> February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Director of Digital &amp; Health Intelligence</b>				
<b>Report Author (Title):</b>	<b>Assistant Director of IT</b>				

### Background and current situation:

This paper provides a high level exception report on the high priority programmes within CAV UHB's IT Delivery Plan.

The UHB has a constantly evolving 3 year strategic outline plan for informatics development designed to underpin delivery of our emerging digital strategy, IMTP, transformation programme and the Welsh Government's Healthier Wales and Informed Health and Care policies and strategies.

Our plan includes the **3 overarching delivery programmes:**

- Intelligent Citizen Portal - this focusses on the implementation of the "Patient Knows Best" system to provide an integrated portal solution
- Integrated digital health and care record – enabling the sharing of patient data from multiple systems across health and social care
- Data to knowledge programme- gaining insights via "signals from Noise" working with our partner, Lightfoot Solutions

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

*Exception items raised for noting:*

High level issues to report to the DHIC:

**Intelligent Citizen Portal:** delays in implementing PKB in a fully integrated way – this is due to specific requirements in how to integrate between CAV's patient administration system (PMS) and PKB – the necessary components being demographics and clinical documents. A formal Patient Portal Programme Board has been established chaired by Alun Tomkinson Clinical Board Director for Surgery and ENT. Terms of Reference and membership to be agreed at the initial meeting on 24<sup>th</sup> January 2020.

**Data to knowledge programme:** although good progress has been made with providing data to Lightfoot (now an automated feed for in-patient and out-patient data), there are challenges in being able to provide data feeds 7 days a week (current provision is Monday to Friday). The information team are working on a plan to provide data feeds 7 days a week (rather than the

current provision of Monday to Friday) by early March 2020. Progress is being monitored by the Signals from Noise steering group chaired by the CEO.

*Exception items raised for noting:*

- **Major Incident:** Blaenavon National Data Centre outage on Saturday 29<sup>th</sup> June due to air conditioning failure, which resulted in the entire outage of the Data Centre. It took several hours to fail over to Newport Data Centre and in some cases days to recover. The review recommendations are being overseen by the National Service Management Board (NSMB). The option of upgrading to a Tier 3 Data Centre Facility is being reviewed as part of the current National IT Infrastructure review.
- **WCCIS:** WCCIS continues to fall functionally short of the procurement SoR, as well as UHB requirements. A roadmap for delivery of some relevant functionality (supporting the ABHB implementation of WCCIS for Mental Health services) has been produced, but does not contain delivery timescales. The regional partnership board has agreed that, as an interim measure, alternative mechanisms for sharing information across health and social care should be investigated. The UHB commitment to adopt WCCIS at a point when it is functionally mature still stands.
- **WG Digital Funding Programme 2019/20:** The UHB has been successful in gaining a WG Digital Funding allocation for 2019/20 of £1,450,000 capital and £1,336,000 revenue to help commence the delivery of an exciting programme of Digital Infrastructure transformation in the following areas:
  - Windows 10 implementation Programme
  - Launch of Office 365 programme
  - Investment in Cyber security Infrastructure and Team
  - Expansion of pervasive WiFi
  - Mobilisation Programme

To support the Windows 10 implementation programme a location has been secured at UHW via Estates to set up a Windows 10 'factory' environment and Windows 10 support desk for the entirety of the programme.

- **Windows 10 upgrade project:** Windows 7 becomes End of Life on 14/1/2020. It is necessary that the Health Board either replace or upgrade all of its Devices that are not currently Windows 10 to avoid Cyber Security risks. As part of the agreement for the new Office 365 enterprise Contract, agreement has been reached to provide an extension to Windows 7 security support until 31/3/21. Plans have now been finalised to work with a partner upgrade the entire UHB 11000 device infrastructure to Windows 10 within a year. The Health Board has been successful in gaining WG Digital Priorities Investment Fund (DPIF) Capital and Revenue allocation to help deliver this project. The Procurement and recruitment plans underway to deliver this programme will mitigate this Cyber security risk and provide a springboard for Digital infrastructure transformation and mobilisation.

To support the Windows 10 implementation programme a location has been secured at UHW to set up a Windows 10 'factory' environment and Windows 10 support desk for the entirety of the programme.

Advertisements for Windows 10 support team are now on NHS jobs with a closing date of 30<sup>th</sup> Jan

2020. These posts are for technically experienced IT Support Officers with proven sufficient skill sets and experience to assist with the implementation and support of computer systems/services and associated peripherals during a period of digital transformation within C&V, specifically for migration to Windows 10.

- IM&T Technical Project Lead band 7
- 2 x IT Help desk windows 10 Band 6
- 2 x IT Support windows 10 band 5
- 2 x IM&T IT Support Officer band 4

**A high level plan is attached as appendix 1 to this report.**

- **Office 0365 Programme:** The UHB is working with NWIS and the National Programme on the planning process to migrate the UHB to Office 365. This is a large scale technical and change management project with the potential to deliver many transformational and mobilisation benefits. A number of engagement planning sessions have been undertaken with Martyn Mathews the 0365 National Programme Manager. Plans are being put in place to establish and recruit to a Cardiff and Vale 0365 Project Team and to establish a 0365 Programme Board. The National programme plan is the migrate email to 0365 by autumn 2020. A presentation on Microsoft Office365 is scheduled for the UHB's Management Executive meeting on 10<sup>th</sup> February 2020.

#### **Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)**

**Major Incident:** Review of the recommendations are being overseen by NSMB. In addition the option to upgrade the National Data centre, or to relocate elsewhere, are being looked at as part of the current National IT Infrastructure Review.

**WCCIS:** assurance is provided through ongoing local and regional involvement in national programme groups, including the new Service Management Board.

**Windows 10 Upgrade:** Plans have now been finalised to work with a supply partner to upgrade the entire UHB 11000 device infrastructure to Windows 10 within a year. A programme has commenced, facilitated by WG Digital funding, to deliver this during 2020.

**WG Digital Funding Programme 2019/20:** Plans are in place with Finance, Procurement and Recruitment to take forward the components outlined in the programme for 21019/20.

**Office 0365 Programme:** The UHB is working with the National 0365 programme board on planning arrangements to migrate to 0365 and planning is underway to establish a UHB 0365 Project Board.

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## Recommendation:

The Digital & Health Intelligence Committee is asked to:

- **NOTE** the areas of exception which require further attention and consideration.

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	Long term	Integration	Collaboration	Involvement
<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>			

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**APPENDIX 1**

The timelines below give an indication of the duration and expected completion timings for the work streams required for the Windows 10 Deployment project, Wifi Programme & phase 1 of Office 365.

<i>OS Upgrade &amp; Deployment</i>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb
<b>Service Scope</b>														
<b>Requirements Workshops</b>														
<b>Workstyle Assessment</b>														
<b>Application Assessment</b>														
<b>SCCM Infrastructure Review</b>														
<b>GPO Assessment</b>														
<b>Windows 10 Build</b>														
<b>Dell Migration Tool Configuration</b>														
<b>Windows 10 Task Sequence Creation</b>														
<b>Device Ordering</b>														

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Deployment Planning														
Deployment Pilot														
Managed Deployment														
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Wifi Programme- Scoping														
Wifi installs														
0365 Phase 1 (scoping)														

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<b>Report Title:</b>	<b>Digital Mobile Strategy – Progress</b>				
<b>Meeting:</b>	<b>Digital &amp; Health Intelligence Committee</b>			<b>Meeting Date:</b>	<b>4<sup>th</sup> February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	<b>x</b>
<b>Lead Executive:</b>	<b>Director of Digital &amp; Health Intelligence</b>				
<b>Report Author (Title):</b>	<b>Director of Digital &amp; Health Intelligence</b>				

### Background and current situation:

The UHB is working with the National Mobilisation Programme and the Office 365 programme to enhance and develop its mobilisation strategy.

The national Mobilisation Programme is aimed at providing:

- increased access to portable electronic devices for individual users,
- improved infrastructure to support the wired and wireless needs of the increase in devices,
- improved infrastructure to maintain robust resilience for clinical network requirements,
- identification of the detailed business change requirements of policy and training at national and local levels

A key pre-requisite to mobilisation in the UHB is the upgrade of all Devices to Windows 10 following the expiry of support for Windows 7 in March 2021. This is being taken forward this year (with funding from the WG Digital Priorities Investment Fund) across all of the UHBs circa 11000 devices. Our devices fall into 4 categories:

- 3750 that desktop devices are too old for Win 10 and are being replaced
- 2800 desktop devices that are new enough are being upgrade to Windows 10
- 1800 are having RAM, Disc and Windows 10 upgrades
- 2500 Mobile devices are being replaced or upgraded as shown below

Working with a partner, all devices will be upgraded and nearly half will be replaced. This will be a step change in Digital Infrastructure Transformation and Modernisation with more than a third of the replacements being mobile devices. This Infrastructure modernisation and mobilisation will be further enhanced by a comprehensive review and redesign of the UHB Wi-Fi infrastructure. This will then act as a platform for further mobilisation opportunities brought about by the Office 365 National Programme where we are working with National colleagues to enhance mobilisation. The target date for moving email to the cloud is autumn 2020.

This particular update focusses more closely on our mobile deployment in our community settings where we are ahead of the rest in Wales and already have over 1200 users of mobile devices connecting over 4G.

The existing estate of 1,225 mobile working devices, supported through the MHCS programme, utilise Windows 7 only. Windows 7 support ended on 14/1/2020 and the paid extended support (ESU) included with the Wales Office 365 license continues support until March 2021 only.

All MHCS-managed mobile devices will need to be either migrated to Windows 10 or replaced by this date. Device update/refresh has been minimal since 2018 due to a lack of available Windows 7 devices, therefore there is a backlog of devices that will need to be refreshed over the next 3

years.

To enable a migration away from Windows 7, circa 600 devices (precise requirements will be identified via device upgrade programme) will need to be replaced by March 2021; the remainder will be able to migrate to windows 10.

The existing model of unmanaged, unsecured 'kiosk mode' devices cannot be perpetuated, as it has not been possible to configure Windows 10 to support this model. The UHB will explore the approach to utilising the device and application management tools available as part of the all-Wales Office 365 contract. Similarly, the UHB will explore the potential to roll-out of any replacement devices, and upgrades to existing devices as part of the local O365 deployment.

This could serve to establish an approach to mobilisation which is resilient, scalable and sustainable for the UHB. Key features of this will include:

- Platform-agnostic – we will support the use of devices that are appropriate to the setting and use-case; these may include Windows 10, Apple iOS and Android; laptop, foldable, tablet and phone; touch, stylus, pen and keyboard/mouse;
- Connectivity – devices will connect through the most appropriate mechanism, whether from UHB controlled wifi networks, public wifi or mobile networks;

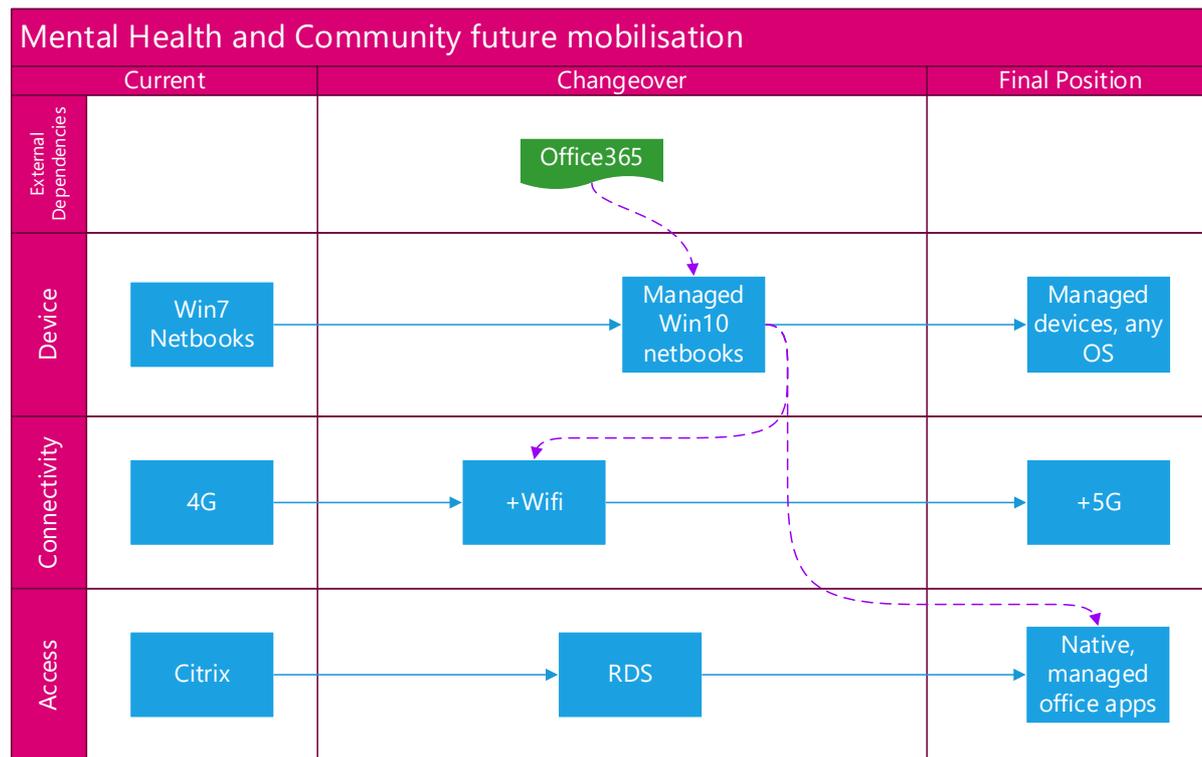


Figure 1 - High-level roadmap

**Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:**

The approach identified, once assessed and resourced, offers a number of benefits:

**Platform-agnostic approach** – able to support devices with either Windows 10, iOS or Android

**SSL certificates/OS updates/Estate-management** – could be managed remotely; devices will be secure and up-to-date; further updates/changes can be made remotely without devices

needing to be returned; device lifecycle is managed entirely remotely.

**Wifi** – whitelisting/blacklisting approach to connecting to insecure Wifi connections; could be managed remotely at a cohort-level

**Connectivity drop-outs** – RDS is inherently more resilient; support for mobile apps working in an offline/online capacity

**2FA tokens** – may potentially not be needed if device-level authentication is enabled (TPM for Windows, T2/T3 for iPads)

**Dictation** – device-based dictation using native tools (OK Google on android, Siri on apple, Cortana on Windows) and/or dedicated dictation packages on Windows (e.g. Dragon Dictate)

### **Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)**

The UHB will be able to consider the appropriate mix of mobile devices over the project lifetime. Lack of experience (both technical and end-user) with non-windows platforms means we should take a risk-managed approach to their roll-out. A complete switch to iOS or Android would be risky and undesirable, however introduction of some of these devices into the fleet will introduce some resilience, and support the specialisation of use-cases for mobilisation.

Replacement of the remaining 623 devices in financial years 2021/22 and 2022/23 without any agreement that funding will be available in these years. This should be taken as an indication of need, which should inform financial planning in these years.

The UHB should consider the prioritisation of the InTune device management tools as part of the local O365 implementation. Progress with these tools is important in ensuring changeover to Windows 10 for both existing and new mobile devices.

The UHB will need to resource and carry out migration from the legacy Citrix infrastructure onto the newer RDS service in parallel, and will need to manage any potential conflict with the Windows 10 migration timelines.

Data usage may increase on devices utilising the newer model, particularly if Windows 10 makes devices more user-friendly; Increased data usage will carry a revenue cost.

### **Recommendation:**

The Digital & Health Intelligence Committee is asked to

- **Note** and **approve** the direction of travel within the Digital Mobile Strategy

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### **Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB's objectives, so please tick the box of the*

<i>relevant objective(s) for this report</i>									
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance							
2. Deliver outcomes that matter to people		7. Be a great place to work and learn							
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology					x		
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us					x		
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives							
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>									
Prevention		Long term		Integration	x	Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								

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<b>Report Title:</b>	<b>Information Governance Policy</b>					
<b>Meeting:</b>	<b>Digital &amp; Health Intelligence Committee</b>				<b>Meeting Date:</b>	<b>4<sup>th</sup> February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>x</b>	<b>For Information</b>	
<b>Lead Executive:</b>	<b>Director of Digital &amp; Health Intelligence</b>					
<b>Report Author (Title):</b>	<b>Information Governance Manager</b>					

### Background and current situation:

The UHB requires a central Information Governance policy to underpin its Information Governance framework. This policy must outline the overarching IG principles and draw together all appropriate IG procedures needed to comply with current data protection legislation, including the GDPR and the Data Protection Act 2018. This will act as a point of reference for all UHB employees and link with all other relevant UHB policies and procedures.

### BACKGROUND:

Four All-Wales policies have been issued across all NHS Wales organisations. These are:

- Information Governance Policy
- Information Security Policy
- Email Use Policy
- Internet Use Policy

The UHB currently has individual corresponding policies which require to be updated to be brought in line with current legislative requirements.

The policy has been through its consultation period including consideration at the Employment Policies Sub Group.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The central IG policy will replace a number of other policies and procedures in one single document for ease of reference by staff. This will require specific communication to ensure that all staff are made fully aware of and adhere to the contents.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The UHB's IG team has consolidated these four national policies into a single overarching IG policy for ease of reference.

It is also believed that incorporating these elements under the IG umbrella will help to increase understanding of the broad remit of IG and, consequently, raise the profile of IG within the UHB. The IG team has also adapted the content of these policies to enable UHB staff to apply a proportionate and pragmatic approach to working.

**Recommendation:**

The Digital & Health Intelligence Committee is asked to:

- **APPROVE** the updated 'Information Governance Policy'.

**Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, click [here](#) for more information*

Prevention	Long term	Integration	Collaboration	Involvement
<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>			



**Cardiff and Vale UHB  
Information Governance Policy  
DRAFT**

**Author:** Information Governance Department  
**NOT YET Approved by:** Information Governance Executive Team  
**NOT YET Approved by:** Digital Health Intelligence Committee  
**Version:** DRAFT 0.3  
**Date:** 15/11/2019  
**Review date:** 2 years following ratification

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## 1. Introduction

Cardiff and Vale UHB considers information to be a vital asset, and a key enabler, on which the UHB is dependent as we move forward in delivering our Shaping Our Future Wellbeing strategy and becoming a data driven organisation.

It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures, management accountability and structures provide a robust governance framework for information management.

## 2. Purpose

It is the policy of the UHB to ensure that:

- We protect the legal rights of individuals, patients and staff in respect of confidentiality and privacy.
- We safeguard our information and systems.
- We make appropriate use of ICT services, such as email and the internet.
- Our staff have access to the relevant and appropriate information they require at the point that it is required.
- The value of the information that the UHB manages is increasingly realised
- All services transition towards the appropriate adoption of the UHB's technical and data standards and achieve these by 2023.
- Opportunities to achieve improvements in clinical and cost-effective care provided by digital technologies are realised.
- We improve the ability of our population, patients, and staff to make timely, evidence-based decisions.
- Our staff are valued, trusted and enabled.
- Our staff are supported to better manage and balance work and out-of-work commitments.
- We comply and act in the intended spirit of the Welsh Government's policy and notably the '[Once for Wales](#)' design principles.

## 3. Scope

This policy applies to the workforce of Cardiff and Vale UHB including staff, students, trainees, secondees, volunteers, contracted third parties and any other persons undertaking duties on behalf of the UHB, across all areas of our business, including: the provision, planning and commissioning of direct care, teaching and training; and scientific work including research.

It applies to all forms of information controlled and processed by Cardiff and Vale UHB including video, digital and paper; and covers all business functions and the information, information systems, networks, physical environment and relevant people who support those business functions.

The policy covers the following areas:

- [Roles and Responsibilities](#)
- [Use and protection of Data](#)

- [Data and technical standards](#)
- [Privacy notices](#)
- [Information security](#)
- [Internet Use](#)
- [Email Use](#)

## 4. Roles and responsibilities

This policy is intended to be enabling and expects that the professionalism of all staff to familiarise themselves with the policy content and ensure the policy requirements are implemented and followed at all times. In adopting a high trust approach, it is an absolute requirement that all staff members undertake the appropriate level of information governance training at least every two years. It is also essential that breaches of this policy and related legislation are reported by the individual via Datix or agreed local reporting mechanisms and to the Data Protection Officer at the earliest opportunity.

[UHB.DPO@Wales.NHS.UK](mailto:UHB.DPO@Wales.NHS.UK)

The UHB's accountability and governance structure for Information Governance requires specific roles to be fulfilled. These are set out below:

The Chief Executive is responsible for ensuring the highest level of organisational commitment to the policy and the availability of resources to support its implementation and any associated legal requirements. The Chief Executive is responsible for ensuring that there is a designated individual within the UHB who assumes the responsibilities of three statutory positions.

The Data Protection Officer is responsible for ensuring that the UHB processes the personal data of its staff, patients and population in compliance with the data protection legislation.

The Senior Information Risk Officer (SIRO) is responsible for ensuring that information security and information governance risks are managed. Specific responsibilities include:

- Leading and fostering a culture that values, protects and uses information for the success of the organisation and benefit of its customers.
- Owning the organisation's overall information risk policy and risk assessment processes and ensuring they are implemented consistently by Information Asset Owners.
- Advising the Chief Executive or relevant accounting officer on the information risk aspects of his/her statement on internal controls.
- Owning the organisation's information incident management framework.

The Caldicott Guardian is responsible for safeguarding the processing of patient information.

The Head of each Clinical Directorate, Clinical Board & Corporate Department is responsible for appointing Information Asset Owners and Administrators to act as accountable officers and named points of contact for IG matters.

Information Asset Owners are responsible for the implementation of this policy in respect of the data held acquired, stored within their assets and transferred from their assets (e.g. IT systems, databases, video stores, clinical record libraries). Specifically, Information Asset Owners should have undertaken a self assessment of their directorate's compliance with data protection regulation, using the ICO's tools (link: <https://ico.org.uk/for-organisations/data-protection-self-assessment/>) once every 24 months and have logged completion with the IG department. Information Asset Administrators will support the Information Asset Owners in fulfilling these obligations.

Managers are responsible for the implementation of this policy within their department/directorate. In addition, they must ensure that their users and staff are aware of this policy, understand their responsibilities in complying with the policy requirements and are up to date with mandatory information governance training.

## 5. Data Protection and Compliance

Data protection legislation is about the rights and freedoms of living individuals and in particular their right to privacy in respect of their personal data. It stipulates that those who record and use any personal data must be open, clear and transparent about why personal data is being collected, and how the data is going to be used, stored and shared.

While the emphasis on this policy is on the protection of personal data, the UHB owns and processes business and other sensitive data. The security of 'sensitive' data is also governed by this policy.

### 5.1.1 Definition of Personal Data

For the purpose of this policy, the use of the term "personal data" encompasses any information relating to an identifiable person who can be directly or indirectly identified, in particular by reference to an identifier.

This definition provides for a wide range of personal identifiers to constitute personal data, including name, identification number, location data or online identifier, reflecting changes in technology and the way organisations collect information about people.

Personal data that has been pseudonymised – e.g. key-coded – will fall within the scope of the GDPR depending on how difficult it is to attribute the pseudonym to a particular individual.

### 5.1.2 Special Categories of Personal Data

Special categories of personal data are defined by data protection legislation as including any data concerning an individual's racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, health, sex life, sexual orientation, genetic and biometric data where processed to uniquely identify an individual.

## 5.2 Using data

### 5.2.1 Fair and Lawful Processing

The UHB will process personal, special category and sensitive data fairly and lawfully, in line with data protection legislation and in accordance with the UHB's patient and staff privacy notices. Processing broadly means collecting, using, disclosing, sharing, retaining or disposing of personal data or information.

In order for the processing of data to be fair, the SIRO, on behalf of the UHB will maintain and publish in a highly open, transparent and accessible way, privacy notices for patients and staff which clearly set out the information held by the UHB and how it is used are available below.

[Patient Privacy Notice](#)

[Employee Privacy Notice](#)

All sizeable patient facing areas should provide patients with clear information signposting them to the web page at which the UHB's privacy notice for patients can be viewed. It is the responsibility of the manager of the clinical area to have this in place.

Where an activity can be carried out without the need for personal or sensitive data to be disclosed, anonymised data should be used. Where personal data is required, then the minimum amount of identifiable information required should be used and, wherever appropriate, the data should be pseudonymised.

Personal or sensitive information should not be processed where the UHB does not have a lawful basis for processing such information under the data protection legislation which is not reliant on the consent of individuals (e.g. necessary for the health or social care purposes). Exceptions to this must be agreed with the SIRO and Caldicott Guardian.

Where there are any queries, staff must consult the Information Governance Office before processing or sharing personal or sensitive data.

## 5.2.2 Information Asset Management

### 5.2.1.1 Information Asset Registers

To protect individual's rights laid out in the Data Protection Act 2018 and the GDPR (2018), it is important that the UHB has knowledge of, and can swiftly access, all of the personal and sensitive data that it holds, regardless of the medium in which it is held. To achieve this, each Clinical Directorate, Clinical Board and Corporate Department must identify and record the lawful basis for the information it processes in an information asset register. It is the responsibility of the Information Asset Owners to ensure that the information asset registers are accurate and up to date and the responsibility of individual members of staff to store data they hold in a way it can be accessed swiftly.

As a minimum, information asset registers should document all "departmental" shared drives managed by an individual within the Directorate, all servers owned by the directorate and all systems used and contracted for by the Directorate (including messaging systems), incorporating:

- the type of information held

- where it came from,
- who it is shared with
- how this information is used
- the legal basis for holding this data – If in doubt consult the UHB’s web page or ask the IG department
- When it should be destroyed (if not in the medical record or essential for business use – e.g. a contract, then the longest retention period including email should be 6 months unless specifically referenced in the UHB’s retention schedule, available via Information Governance webpage.
- Who this data is shared with – e.g. Royal Colleges, WG, other NHS organisations, Local Authorities
- Where data is shared, the legal basis for sharing the data (as above, public duty should be used where the basis is patient care)
- Confirmation that no data is stored or transferred outside the European Economic Area, including for Artificial Intelligence processing within the cloud.

#### 5.2.1.2 Registering Security, Hosting and Back up arrangements

To ensure that the UHB maintains service resilience in line with the EU directive on the security of Networks and Information Systems, all existing and new systems provided or used by the UHB should have a Security, Hosting and Back Up agreement with the UHB’s informatics department, with the required details included on the information asset register. It is the responsibility of the Information Asset Owners to ensure that these details are accurate and up to date.

#### 5.2.1.3 Managing paper care records

Members of staff who have received and are using the paper care record are responsible for ensuring that the location of the record is known and tracked on the appropriate electronic system.

The paper care record must not be split. Where only a single volume of a file containing several volumes is required, this may be moved for a very minimal time (never longer than the current working shift) and holders of both segments of the record must be aware. This must be reflected via the tracking mechanism on the appropriate electronic system.

#### 5.2.1.4 Storing and moving data

[Section 6.1](#) refers to expected standards and requirements for the control and storage of data.

### 5.2.3 Individual’s Rights & Consent

Individuals have certain rights with regard to the processing of their personal data. Information Asset Owners must ensure that appropriate arrangements are in place to manage these rights.

In particular, where the directorate is reliant on “Consent” as the legal basis for holding patient identifiable data, you must ensure that the way you have attained the consent follows the ICO’s guidance:

- A request to gain consent to use information about the patient should be made prominent and be clearly separated from other requests for consent – such as those in regards to treatment.

- Consent has required a positive opt-in such as un-ticked opt-in boxes or similar active opt-in methods.
- Consent should be specific and granular. You should allow individuals to consent separately to different purposes and types of processing wherever appropriate.
- Be clear that this consent is for NHS Wales & Cardiff and Vale UHB and name any specific third party organisations that will rely on this consent.

#### 5.2.4 Accuracy of Personal Data

Arrangements must be in place to ensure that any personal data held by the UHB is accurate and up to date, or contains a time stamp.

#### 5.2.5 Establishing new data processing activities

New data processing activities include, but are not limited to: the introduction of new data capture systems, the collection of additional data items, the undertaking of Artificial Intelligence which does not involve the intervention of a human and extending the sharing of data.

##### 5.2.5.1 Data Protection Impact Assessment (DPIA)

All new projects or major new flows of information must consider information governance practices from the outset to ensure that personal data is protected at all times. Any processing that is likely to result in a high risk must be assessed by a DPIA, especially any transfer outside of the European Economic Area. This also provides assurance that the UHB is working to the necessary standards and are complying with data protection legislation. In order to identify information risks, a DPIA must be completed. If there is any doubt as to what and whether a DPIA is required, the information governance department should be requested to assist.

The results of the DPIA must both be filed and discussed with the Information Governance Department (who may consult the ICO) and signed off by the UHB's Data Protection Officer and Senior Information Risk Owner. Any controls identified as being required must be acted upon and put in place.

##### 5.2.5.2 Third Parties and Contractual Arrangements

Where the organisation uses any third party who processes personal data on its behalf, any processing must be subject to a legally binding written contract which meets the requirements of data protection legislation.

UHB documents & specifications (such as the UHB's Data Processing Contract, Security Arrangements, Contracts, Procurement technical specification, codes of conduct, access and auditing specifications) must be used in formalising the arrangements for the processing and sharing of the personal data the UHB controls or will be controllers of (that which it processes for its own purposes). This is to ensure that personal data is processed in a consistent manner and the roles of responsibilities of the parties are clearly understood.

No part of a UHB agreement can be varied without the prior written approval of the relevant Director, particularly the minimum indemnity limit of £5 million per annum.

#### 5.2.6 Incident Management and Breach Reporting

Staff must be aware of their department's arrangements that are in place to identify, report (via Datix), manage and resolve any data breaches within specified legal timescales (presently 72 hours). Lessons learnt will be shared to continually improve procedures and services, and consideration given to updating risk registers accordingly. Incidents must be reported immediately following local reporting arrangements.

### 5.2.7 Information Governance Compliance

All information asset owners and departments must have monitoring arrangements in place to ensure that personal and sensitive data is being used appropriately and lawfully.

## 5.3 Records Management

Cardiff and Vale University Health Board (the UHB) understands the definition of records to be:

“Information created, received and maintained as evidence and information by an organisation or person, in pursuance of legal obligations, or in the transaction of business”. *Reference BS ISO 15489.1*

“An NHS record is anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of NHS employees including consultants, agency or casual staff.” *Reference. Department of Health Records Management: NHS Code of Practice Part 1*

All records held by the UHB fall within the scope of this policy as these are either personal (relating to patients, public and employees) or corporate (for example financial records, letters, reports) and regardless of whether they are held in electronic, virtual or physical format. It applies to all areas and services within the remit of the UHB.

The UHB is committed to the handling and processing of all health records in accordance with the legal requirements, codes of practice and guidance issued by relevant authorities including, but not restricted to, the Welsh Government and the Information Commissioner's Office.

To achieve this, the UHB and its employees will follow the [Lord Chancellor's Code of Practice on the management of records issued under section 46 of the Freedom of Information Act 2000](#).

All staff should understand and be aware of the importance attached to the way in which records are managed and the relationship of records management to assist in achieving the overall business strategy of the organisation.

Records will be managed in accordance with the UHB's [Records Management Retention and Destruction Protocol and Schedule](#).

### 5.4 Access to Information

The UHB is in some circumstances required by law to disclose information. Examples include information requested under:

- Freedom of Information Act 2000
- Environmental Information Regulation 2004
- General Data Protection Regulation

For further detail, please see the below links or contact the Information Governance department.

[\[Link to UHB's FOI & EIR Procedure\]](#)

[\[Link to UHB's Subject Access Request Procedure\]](#)

All staff have a responsibility to provide information for where requested to do so by the Information Governance team.

Processes must be in place for disclosure under these circumstances. Where required, advice should be sought from the UHB's information governance department.

## 5.5 Confidentiality

### 5.5.1 Confidentiality: Code of Practice for Health and Social Care in Wales

The UHB has adopted the Confidentiality: Code of Practice for Health and Social Care in Wales. All staff have an obligation of confidentiality regardless of their role and are required to respect the personal data and privacy of others.

Staff must not access information about any individuals who they are not providing care, treatment or administration services to in a professional capacity. Rights to access information are provided for staff to undertake their professional role and are for work related purposes only. It is only acceptable for staff to access their own record where self-service access has been granted.

Appropriate information will be shared securely with other NHS and partner organisations in the interests of patient, donor care and service management. (See section 5.6 on Information Sharing for further details).

## 5.6 Sharing Personal Data

### 5.6.1 Wales Accord for the Sharing of Personal Information (WASPI)

The WASPI Framework provides good practice to assist organisations to share personal data effectively and lawfully. WASPI is utilised by organisations directly concerned with the health, education, safety, crime prevention and social wellbeing of people in Wales. << <http://www.waspi.org/nhs> >>

The UHB will use the WASPI Framework for any situation that requires the regular sharing of information outside of NHS Wales wherever appropriate. Advice must be sought from the information governance department in such circumstances.

## 5.6.2 One-off Disclosures of Personal Data

Formal Information Sharing Protocols (ISPs) or other agreements must be used when sharing information between external organisations, partner organisations, and external providers acting in the capacity of a data controller. ISPs provide a framework for the secure and confidential obtaining, holding, recording, storing and sharing of information. Advice must be sought from the information governance department in such circumstances.

Personal data may need to be shared externally on a one-off basis, where an ISP or equivalent sharing document does not exist. Advice must be sought from the information governance department in such circumstances.

## 5.7 Welsh Control Standard for Electronic Health and Care Records

### 5.7.1 The Control Standard

The Wales Control Standard for Electronic Health and Care Records describes the principles and common standards that apply to shared electronic health and care records in Wales, and provides the mechanism through which organisations commit to them. NHS Wales organisations have committed to abide by the Control Standard. The Control Standard will be underpinned by local level policies and procedures to ensure electronic records are accessed and used appropriately.

## 5.8 Data Quality

Key components of data quality include; accuracy, completeness, validity, timeliness, free from duplication or fragmentation, defined and consistent. Data from all areas should be recorded and processed at all levels in the Health Board using relevant skills and knowledge.

The Health Board has set 8 key objectives in order to achieve the policy aims. They are:

1. Data is accurate and up to date:
  - Correct and accurately reflects what actually happened
  - Precise and includes all data processed in the organisation
2. Data is complete: Data should be captured in full and where applicable a valid and traced NHS number must be included to support operational use.
3. Data is valid
  - Data should be held in a format which conforms to recognised national standards
  - Must be mapped by codes to national values where these are in existence
  - Held in computer systems that are programmed to only accept valid entries wherever possible
4. Data is timely
  - Data should be collected at the earliest opportunity, preferably at the time and place of the activity taking place
  - Data is available when required for its intended use

Data is free from duplication and fragmentation: Patients must not have duplicated or confused patient records e.g. should not have two or more separate records held on Patient Management

Systems.

6. Data is defined and consistent: The data being collected should be understood by the staff collecting and interpreting it.
7. Coverage: Data from all areas of activity - clinical or corporate should be recorded in the appropriate place and format.
8. Data quality management: At every level across the Health Board those managing data quality must have the appropriate skills and knowledge.

## 5.9 Data and Technical Standards

The UHB will adopt and comply with the standards set out in Welsh Health Circulars, Data Set Change Notices and the Welsh Data Dictionary.

The UHB will adopt the WTSB technical standards as they are produced for all new systems and upgrades, and information asset owners should be establishing development programmes for systems to be fully compliant by 2023.

Asset owners will ensure that the data and images are made available to the UHB's clinical data repository, via a method agreed with the corporate informatics department.

# 6. Information Security

## 6.1 User Access Controls

Access to information will be controlled on the basis of business requirements.

System Managers will ensure that appropriate security controls and data validation processes, including audit trails, will be designed into application systems that store any information, especially personal data.

The workforce has a responsibility to access only the information which they need to know in order to carry out their duties. Examples of inappropriate access include but are not restricted to:

- Accessing your own health record;
- Accessing any record of colleagues, family, friends, neighbours etc., even if you have their consent, except where this forms part of your legitimate duties;
- Accessing the record of any individual without a legitimate business requirement.

### 6.1.1 Physical Access Controls

Maintaining confidentiality in clinical areas can be challenging and the need to preserve confidentiality must be carefully balanced with the appropriate care, treatment and safety of the patient.

Individuals, departments and Information Asset Owners are responsible for determining the relevant security measures required based on local risk assessment.

All reasonable steps should be taken to ensure high standards of security in areas where data is kept. As a minimum, offices, vehicles and computers should be locked when the user is absent. Access cards, PIN codes, key codes, etc. must be kept secure and regularly changed as required.

All central file servers and central network equipment will be located in secure areas with access restricted to designated staff as required by their job function.

### 6.1.2 Passwords

The workforce are responsible for the security of their own passwords which must be developed in line with NHS guidance ensuring they are regularly changed. Passwords must not be disclosed to anyone. Recognising that, at the current time, the UHB still has a limited number of generic accounts, users will be held fully responsible and accountable for any infringement and breaches of data protection legislation where they have shared their log in details.

In the absence of evidence to the contrary, any inappropriate access to a system will be deemed as the action of the user. If a user believes that any of their passwords have been compromised, they must change them immediately.

### 6.1.3 Remote Working

NHS Wales recognises that there is a need for a flexible approach to where, when and how our workforce undertake their duties or roles. Handling confidential information outside of your normal working environment brings risks that must be managed.

Examples of remote working include, but are not restricted to:

- Working from home
- Working whilst travelling on public/shared transport
- Working from public venues (e.g. coffee shops, hotels etc.)
- Working at other organisations (e.g. NHS, local authority or academic establishments etc.)
- Working abroad

As a control measure to mitigate risks involved in remote working, no member of the workforce will work remotely unless they have been authorised to do so. Remote working must not be authorised for anyone who is not up to date with mandatory training in information governance.

### 6.1.4 Staff Leavers and Movers

Managers will be responsible for ensuring that local leaving procedures are followed when any member of the workforce leaves or changes roles to ensure that user accounts are revoked / amended as required and any equipment and/or files are returned. Confidential, patient or staff information must not be transferred to a new role unless authorised by the relevant heads of service. A leaver's checklist should be completed in all cases.

### 6.1.5 Third Party Access to Systems

Any third party access to systems must have prior authorisation from both the IT and IG departments.

## 6.2 Storage of Information

All information stored on or within the UHB is the property of the UHB, unless there are contractual agreements that state otherwise. For legal purposes the UHB should be informed of, and agree to, all arrangements where we are hosting an information asset but are not the asset owner. An example of this is information stored in an email, which has been sent by a member of staff, but not in their capacity as an employee of Cardiff and Vale UHB (e.g. on trade union, University or Royal College business)

All software, information and programmes developed for the UHB by the workforce during the course of their employment will remain the property of the UHB.

Wherever possible, personal information should be stored on a UHB secure server. If it is to be stored outside a secure server (e.g. laptop c drive, flash stick): - the computer / device should be password protected and the data encrypted. The storage of personal data in the "Cloud" presently requires approval by the Welsh Information Governance Board

All systems should be backed up as part of an agreed backup regime. Where business critical information is held on local hard drives, portable devices or removable media, the IT department must be informed and agreements on how to back up the data reached.

## 6.3 Portable Devices and Removable Media

Whilst it is recognised that both portable devices and removable media are widely used throughout NHS Wales, unless they are used appropriately they pose a security risk to the organisation.

Portable devices include, but are not limited to, laptops, tablets, Dictaphones®, mobile phones and cameras.

All portable devices must either be encrypted, or access the network via NHS Wales approved applications (e.g. Mobile Device Management Software).

Users must ensure that all portable devices are physically connected (plugged in) to the UHB's network every 4 weeks and that all upgrades and cyber patches are updated at this time. Upgrades via wifi are not acceptable at the present time due to affordability and available bandwidth.

Users must not attach any personal (i.e. privately owned) portable devices to any NHS organisational network without prior authorisation.

Removable media includes, but is not limited to, USB 'sticks' (memory sticks), memory cards, external hard drives, CDs / DVDs and tapes. Appropriate controls must be in place to ensure any personal information copied to removable media is encrypted.

All removable media such as CDs must be encrypted if used to transport confidential information and should only be used if no other secure method of transfer is available. Users must not send details of how to unencrypt with the removable media.

## 6.4 Secure Disposal

For the purposes of this policy, confidential waste is any paper, electronic or other waste of any other format which contains personal data or business sensitive information.

### 6.4.1 Paper

All confidential paper waste must be stored securely and disposed of in a timely manner in the designated confidential waste bins or bags; or shredded on site as appropriate. This must be carried out in line with local retention and destruction arrangements.

### 6.4.2 Electronic

Any IT equipment or other electronic waste must be disposed of securely in accordance with local disposal arrangements. For further information, please contact your IT Department.

### 6.4.3 Other Items

Any other items containing confidential information which cannot be classed as paper or electronic records e.g. film x-rays, orthodontic casts, carbon fax/printer rolls etc, must be destroyed under special conditions. For further information, please contact your information governance team.

## 6.5 Transporting and relocation of information

### 6.5.1 Transporting Information

When information is to be transported from one location to another location, local procedures must be formulated and followed to ensure the security of that information.

### 6.5.2 Relocating information

When information is to be relocated to another location, local procedures must be formulated and followed to ensure no information is left at the original location.

## 7. Use of the internet

### 7.1 Position Statement

Internet access is provided to staff to assist them in the performance of their duties. The provision of these facilities represents a major commitment on the part of the UHB in terms of investment and resources.

All members of staff should become competent in using internet services to the level required for their role in order to be more efficient and effective in their day-to-day activities.

The UHB will support its workforce in understanding how to safely use internet services and it is important that users understand the legal, professional and ethical obligations that apply to its use. If used correctly, the internet can increase efficiency and safety within patient care.

## 7.2 Conditions & Restrictions on Internet Use

To avoid inadvertent breaches of this policy, inappropriate content will be blocked by default where possible. Inappropriate material must not be accessed. Exceptions may be authorised for certain staff where access to particular web pages are a requirement of the role. Subject matter considered inappropriate is detailed in the [appendix](#).

Some sites may be blocked by default due to their general impact on network resources and access to these for work purposes can be requested by contacting the Local IT Service Desk.

Regardless of where accessed, users must not participate in any online activity or create or transmit or store material that is likely to bring the organisation into disrepute or incur liability on the part of NHS Wales.

Business Sensitive Information or Personal Data (which includes photographs and video recordings) of any patient, member of the public, or member of staff taken must not be uploaded to any form of non-NHS-approved online storage, media sharing sites, social media, blogs, chat rooms or similar, without both the authorisation of a head of service and the consent of the individual who is the Data Subject of that recording. The NHS Wales Social Media Policy provides information on the appropriate use of social media.

It is each user's responsibility to ensure that their internet facilities are used appropriately.

## 7.3 Personal Use of the Internet

The UHB allows staff reasonable personal use of internet services providing this is within the bounds of the law and decency and compliance with policy.

Personal use should be incidental and reasonable and should be included in your personal time. In addition to this, users must not stream or download large volumes of data (e.g. streaming audio or video, multimedia content, software packages) as these may have a negative impact on network resources.

Staff members are encouraged to use the CAV free Wi-Fi facilities by default on personally-owned devices.

Staff who use NHS equipment outside NHS Wales premises (for example – in a home environment) are permitted to connect to the internet. Use of the internet under these circumstances must be through a secure VPN connection provided by the UHB. Use of the equipment for such purposes is still subject to the same conditions as laid out in this policy.

All personal use of the internet is carried out at the user's own risk. The UHB does not accept responsibility or liability for any loss caused by or liability arising from personal use of the internet.

Internet access facilities must not be used to run or support any kind of paid or unpaid personal business venture outside work, whether or not it is conducted in a user's own time or otherwise.

## 8. Email

### 8.1 Inappropriate emails

Inappropriate content and material must not be sent by email. Inappropriate content including prohibited language in emails may be blocked. Subject matter considered inappropriate is detailed in the [appendix](#).

Regardless of where accessed, users must not use the UHB's email system to participate in any activity, to create, transmit or store material that is likely to bring the UHB into disrepute or incur liability on the part of the UHB.

Some users may need to receive and send potentially offensive material as part of their role (for example - child protection). Arrangements must be authorised to facilitate this requirement.

### 8.2 Personal Data and Business Sensitive Information: Filtering and Misdirection

The NHS Wales network is considered to be secure for the transfer of any information including personal data and business sensitive information within NHS Wales and organisations with Transport Layer Security (TLS) enabled. This includes all email addresses within the NHS email directory that end in "wales.nhs.uk", which are hosted on the NHS Wales email service and the email services of TLS enabled organisations as listed on HOWIS. The list can be accessed here:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=852&pid=74727>

Whilst it is safe and secure to transfer personal data between these addresses without encryption or passwords, the user must have a lawful basis for doing so. Please note that universities are not included in this list.

Transfer of personal data or business sensitive information between any email address not ending in "wales.nhs.uk", or TLS enabled is not currently considered secure. Where this type of information needs to be sent, appropriate security measures must be implemented. For example, the information should be sent via the Secure File Sharing Portal or via email with an appropriate level of encryption.

Users must be vigilant in ensuring that all emails are sent to the correct recipient and must check that the correct email address is used, for example by checking the NHS Wales email address book. Even where the recipient email address is considered secure, as a mitigating factor to avoid any inadvertent misdirection, encryption of any email attachment containing sensitive data should be considered. Misdirected emails should be reported via local incident reporting processes.

### 8.3 Personal Use of Email

The UHB allows staff reasonable personal use of their email account providing this is within the bounds of the law and decency and compliance with policy.

Personal use should be incidental and reasonable and should be included in your personal time. It is a requirement that you mark personal emails as personal in the subject heading. In doing so, staff should recognise that these emails will be monitored and may be subject to Information Access requests made to the UHB. Staff members are therefore strongly encouraged to use their personal email accessed via CAV free Wi-Fi facilities by default on personally-owned devices.

Staff who use NHS equipment outside NHS Wales premises (for example – in a home environment) are permitted to send personal emails. Use of the email under these circumstances must be through a secure VPN connection provided by the UHB. Use of the equipment for such purposes is still subject to the same conditions as laid out in this policy.

All personal use of email is carried out at the user's own risk. The UHB does not accept responsibility or liability for any loss caused by or liability arising from personal use of email.

The UHB's email must not be used to run or support any kind of paid or unpaid personal business venture outside work, whether or not it is conducted in a user's own time or otherwise.

Users must not subscribe to or provide any NHS email address to any third party organisation for personal use.

#### **8.4 Records Management and Access to Information requests in respect of Email**

Staff are encouraged not to use the email system as a storage facility. By design, all emails should either be deleted or saved securely to the appropriate record (e.g. to a clinical / business record or network drive).

Information held on computers, including those held in email accounts may be subject to requests for information under relevant legislation and regulation. As such any staff member who stores data in email folders should comply with section 5.2.1.1 Information Asset Registers.

To minimise risk of non compliance with data protection, from the 1<sup>st</sup> October 2019 (6 months post 1<sup>st</sup> April 2019) any email received after the 1<sup>st</sup> April 2019 which is over 6 months old and is not stored in a size limited archive named 'Archive' on your personal folders within Outlook will be automatically and irretrievably deleted by the UHB.

All staff should be mindful that it may be necessary to conduct a search for information and this may take place with or without the author's knowledge or consent.

## **9. Training and Awareness**

Information governance is everyone's responsibility. Training is mandatory for UHB staff and must be completed at commencement of employment and at least every two years subsequently. Non-NHS employees must have appropriate information governance training in line with the requirements of their role.

Staff who need support in understanding the legal, professional and ethical obligations that apply to them should contact their local Information Governance Department.

The UHB's workforce should become competent in using email services to the level required of their role in order to be efficient and effective in their day-to-day activities.

In order to ensure that this work is successfully supported and completed, there must be robust IGT programmes in place. To this effect, managers will:

- Complete training needs analyses for all staff as part of mandatory training in line with the [Information Governance Training Programme Framework](#)
- Manage staff training attendance -for new staff and refresher training
- Maintain ESR and local training records
- Identify and implement refresher training where incidents and poor performance has been identified

The arrangements for regular monitoring compliance are as follows:

- Overall compliance – to the DHIC via the SIRO
- Local compliance – to the clinical board performance reviews by clinical board directors
- Corporate arrangements – to the DHIC via the SIRO
- Compliance by formal assessment:
  - Health and Care Standards 3.4 and 3.5
  - Caldicott annual assessment - Internal Audits sponsored by the DHIC
  - Annual and specific audits by the Welsh Audit Office
  - Any other audits or assessments directed by the Welsh Government

## 10. Monitoring and compliance

The UHB trusts and respects the privacy of its employees and does not want to interfere in their personal lives. However, it reserves the right to monitor work processes to ensure the effectiveness of the service as a legitimate business interest. This will mean that any personal activities that the employee practices in work may come under scrutiny.

The UHB uses software to automatically and continually record the amount of time spent by staff accessing the internet and the type of websites visited by staff. Attempts to access any prohibited websites which are blocked is also recorded.

The UHB uses software to scan emails for inappropriate content and filters are in place to detect this. Where an email is blocked, emails may be checked for compliance when a user requests an email to be released. All email use will be logged to display date, time, username, email content; and the address to which the message is being sent.

Staff should be reassured that the UHB will take a considered approach to monitoring. However, it reserves the right to adopt different monitoring patterns as required. Monitoring is normally conducted where it is suspected that there is a breach of either policy or legislation. Furthermore, on deciding whether such analysis is appropriate in any given circumstances, full consideration is given to the rights of the employee.

Managers are expected to speak to staff of their concerns should any minor issues arise. If breaches are detected, an investigation may take place. Where this or another policy is found to have been breached, disciplinary procedures will be followed.

Concerns about possible fraud and or corruption should be reported to the counter fraud department.

In order for the UHB to achieve good information governance practice staff must be encouraged to recognise the importance of good governance and report any breaches to enable lessons to be learned. They must be provided with the necessary tools, support, knowledge and training to help them deliver their services in compliance with legislation. Ultimately, a skilled workforce will have the confidence to challenge bad information governance practice and understand how to use information legally in the right place at the right time. This should minimise the risk of incidents occurring or recurring.

## 11. Review

This policy will be reviewed every two years or more frequently where the contents are affected by major internal or external changes such as:

- Changes in legislation;
- Practice change or change in system/technology; or
- Changing methodology.

## 12. Equality Impact Assessment

This policy has been subject to an equality assessment.

Following assessment, this policy was not felt to be discriminatory or detrimental in any way with regard to the protected characteristics, the Welsh Language or carers.

## 13. Documents to read alongside this Procedure

- Records Management Procedure
- Records Management Retention and Destruction Protocol and Schedule
- Information Governance Policy and Framework
- Data Protection Act Policy and Procedures
- Freedom of Information Act Procedure
- Risk Management Policy
- Information Risk Management Procedure
- Guide to Incident Reporting Incident Management Investigation and Reporting.  
[Serious incidents]
- Electronic and Paper Clinical Results Review and Retention Protocol

- Records Management Code of Practice for Health and Social Care 2016
- Data Quality Operational Management and Responsibilities
- Records Management Policy
- Records Management Retention and Destruction Protocol
- Validation at Source System (VASS) checks mandated by Welsh Government.
- Data Standard Change Notifications (DSCNs) issued by the National Wales Informatics Service
- Other relevant documents mandated by Welsh Government

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## Appendix: Inappropriate use

For the avoidance of doubt, the UHB will generally consider any of the following inappropriate use:

- Knowingly using another person's NHS Wales email account and its functions, or allowing their email account to be used by another person without the relevant permission. Note: If an email is required to be sent on another person's behalf then this must be performed using delegated permissions functionality and must be approved for use beforehand;
- Allowing access to NHS Wales email services by anyone not authorised to access the services, such as by a friend or family member;
- Communicating or disclosing confidential or sensitive information unless appropriate security measures and authorisation are in place;
- Communicating or saving any information or images which are unlawful, or could be regarded as defamatory, offensive, abusive, obscene, hateful, pornographic, violent, terrorist, indecent, being discriminatory in relation to the protected characteristics, or using the email system to inflict bullying or harassment on any person.
- Knowingly breaching copyright or Intellectual Property Rights (IPR)
- 'Hacking' into others' accounts or unauthorised areas;
- Obtaining or distributing unlicensed or illegal software by email;
- Deliberately attempting to circumvent security systems protecting the integrity of the NHS Wales network;
- Any purpose that denies service to other users (for example, deliberate or reckless overloading of access links or switching equipment);
- Deliberately disabling or overloading any ICT system or network, or attempting to disable or circumvent any system intended to protect the privacy or security of employees, patients or others;
- Intentionally introducing malicious software such as Viruses, Worms, and Trojans into the NHS Wales network;
- Expressing personal views that may bring the UHB into disrepute;
- Distributing unsolicited commercial or advertising materials;
- Communicating unsolicited personal views on political, social, or religious matters with the intention of imposing that view on any other person. This does not preclude Trade Union officials from communicating with staff on Trade Union related matters;
- Installing additional email related software, or changing the configuration of existing software without appropriate permission;
- Sending unlicensed or illegal software or data including executable software, such as shareware, public domain and commercial software without correct authorisation;
- Forwarding chain email or spam (unsolicited mail) within the organisation or to other organisations;
- Subscribing to a third party email notification using a NHS Wales email account for reasons not connected to work, membership of a professional body or trade union;
- Sending personal photos or videos;
- Registering an NHS Wales e-mail address with any third party company for personal use (e.g. department store accounts; online grocery shopping accounts);
- Access to internet based e-mail providers including services such as Hotmail, Freeserve, Tiscali etc is prohibited for reasons of security with the exception of:
  - Access to email services provided by a recognised professional body or a trade union recognised by the employer;
  - Any UK university hosted e-mail account (accounts ending in .ac.uk);
  - Any email account hosted by a body which the employee contributes to in conjunction with their NHS role, such as a local authority or tertiary organisation.

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## Annex 1: Policy Development - Version Control

### Revision History

Date	Version	Author	Revision Summary
1/8/18	-	Andrew Fletcher, NWIS	NWIS policy documents for Information Governance, Information Security, Internet Use and Email Use
15/8/18	V0.1	Andrew Nelson	Amendments to draw documents together and include UHB 12 commandments, local variation and requirements for adoption of technical and data standards
17/8/18	V0.2	PJR, JW & AVN	Inclusion of DQ, data standards and medical records. Clarification of information ownership in respect of data stored on UHB network
15/11/2019	V0.3	JW & DJ	Incorporation of all-Wales Email Policy.

### Reviewers

This document requires the following reviews:

Date	Version	Name	Position

### Approvers

This document requires the following approvals:

Date	Version	Name	Position

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## Annex 2: Equality Impact Assessment

<b>Equality Impact Assessment (EQIA) Form</b>	
<b>Ref no: POL/IGMAG/IG/v1</b>	
Name of the policy, service, scheme or project:	Service Area
C&V Information Governance Policy	Information Governance
<b>Preparation</b>	
Aims and Brief Description	The policy is a new All Wales Information Governance Policy. The policy will replace all local policies in this area.
Which Director is responsible for this policy/service/scheme etc	Adaptation of existing policies and the NWIS policy
Who is involved in undertaking the EQIA	
Have you consulted with stakeholders in the development of this policy?	<i>Yes. A sub group has developed this policy with a membership consisting of information governance leads and an OSSMB representative. IM&amp;T leads and the Wales Partnership Forum have been consulted.  The NHS Wales Information Governance Management and Advisory Group have approved the text of this Policy. The policy will be approved by the Wales Information Governance Board.</i>
Does the policy assist services or staff in meeting their most basic needs such as; Improved Health, fair recruitment etc	<i>Yes. The policy will provide consistency throughout NHS Wales in having a single policy. This will ensure that staff who work across boundaries have a consistent standard to work to, hence strengthening the governance framework. A key driver during the process was the need to recognise that organisations needed to trust their staff.</i>
Who and how many (if known) may be affected by the policy?	<i>All NHS Wales staff within the Health Boards and NHS Trusts.</i>
What guidance have you used in the development of this service, policy etc?	<i>The policy is based on good practice and legal obligations as set out by the Information Commissioners Office and in the legislation. The policy has also been constructed from existing agreed principles and the corporate knowledge of its stakeholders.</i>

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**Equality Duties**

The Policy/service/project or scheme aims to meet the specific duties set out in equality legislation.	Protected Characteristics										Welsh Language	Carers
	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Partnerships	Marriage & civil		
<b>To eliminate discrimination and harassment</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Promote equality of opportunity</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Promote good relations and positive attitudes</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Encourage participation in public life</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>In relation to disability only, should the policy / service / project or scheme take account of difference, even if involves treating some individuals more favourably?</b>								✓				

Key	
✓	Yes
x	No
-	Neutral

**Human Rights Based Approach – Issues of Dignity & Respect**

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed below.			
Consider is the policy/service/project or scheme relevant to:	Yes	No	N/A
<b>Article 2: The Right to Life</b>	X		
<b>Article 3: the right not to be tortured or treated in a inhumane or degrading way</b>	X		
<b>Article 5: The right to liberty</b>	X		
<b>Article 6: the right to a fair trial</b>	X		
<b>Article 8: the right to respect for private and family life</b>	X		
<b>Article 9: Freedom of thought, conscience and religion</b>	X		
<b>Article 14: prohibition of discrimination</b>	X		

**Measuring the Impact**

What operational impact does this <b>policy, service, scheme or project</b> , have with regard to the Protected Characteristics. Please cross reference with equality duties	
	<b>Impact – operational &amp; financial</b>
<b>Race</b>	<p>This is a high level framework approach which aims to achieve the values under the policy, it is the protection of everybody’s information and gives clear guidelines.</p> <p>The policy details how the organization protects someone’s data and security without prohibiting access to services and providing adequate access to data to meet individual needs and the appropriate sharing of data.</p>
<b>Sex/gender</b>	
<b>Disability</b>	
<b>Sexual orientation</b>	
<b>Religion belief and non belief</b>	
<b>Age</b>	
<b>Gender reassignment</b>	
<b>Pregnancy and maternity</b>	
<b>Marriage and civil partnership</b>	

<b>Other areas</b>	
<b>Welsh language</b>	
<b>Carers</b>	

**Outcome report**

<b>Equality Impact Assessment: Recommendations</b>						
Please list below any recommendations for action that you plan to take as a result of this impact assessment						
<b>Recommendation</b>		<b>Action Required</b>	<b>Lead Officer</b>	<b>Time-scale</b>	<b>Resource implications</b>	<b>Comments</b>
1	Communication of the changes	Make sure staff aware of the changes	AF	ASAP	Time	

<b>Recommendation</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Grading</b>
1	2	2	4
2	2	2	4

**Risk Assessment based on above recommendations**

<b>Reputation and compromise position</b>		<b>Outcome</b>		
It is providing security and reassurance to stakeholders that the information we hold is used appropriately and any breach may lead to fines and reputational damage.		To ensure that information is used and protected appropriately and a framework in place to ensure that happens.		
<b>Training and dissemination of policy</b>				
More training and dissemination in Health Boards on this policy.				
<b>Is the policy etc lawful?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<b>Review date</b>	
<b>Does the EQIA group support the policy be adopted?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<b>3 years</b>	
Signed on behalf of C&V Equal Impact Assessment Group	S Brooks	Lead Officer		
Date:	8 May 2018	Date: 8 May 2018		
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>

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<b>Statutory duty</b>	No or minimal impact or breach of guidance / statutory duty	Breach of statutory legislation	Single breach in statutory duty	Multiple breaches in statutory duty	Multiple breaches in statutory duty
	Potential for public concern	Formal complaint	Challenging external recommendations	Legal action certain between £100,000 and £1million	Legal action certain amounting to over £1million
	Informal complaint	Local media coverage – short term reduction in public confidence	Local media interest	Multiple complaints expected	National media interest
	Risk of claim remote	Failure to meet internal standards  Claims less than £10,000  Elements of public expectations not being met	Claims between £10,000 and £100,000  Formal complaint expected  Impacts on small number of the population	National media interest	Zero compliance with legislation Impacts on large percentage of the population  Gross failure to meet national standards

**Risk Grading Descriptors**

LIKELIHOOD DESCRIPTION	
5 Almost Certain	Likely to occur, on many occasions
4 Likely	Will probably occur, but is not a persistent issue
3 Possible	May occur occasionally
2 Unlikely	Not expected it to happen, but may do
1 Rare	Can't believe that this will ever happen

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<b>Report Title:</b>	Draft Annual Report 2019/20 – Digital Health & Intelligence Committee				
<b>Meeting:</b>	Digital Health & Intelligence Committee			<b>Meeting Date:</b>	04/02/2020
<b>Status:</b>	For Discussion	For Assurance	For Approval	X	For Information
<b>Lead Executive:</b>	Director of Corporate Governance				
<b>Report Author (Title):</b>	Corporate Governance Officer				

### Background and current situation:

It is good practice and good governance for the Committees of the Board to produce an Annual Report from the Committee to demonstrate that it has undertaken the duties set out in its Terms of Reference and provide assurance to the Board that this is the case.

The purpose of the report is to provide Members of the Digital & Health Intelligence Committee with the opportunity to discuss the attached Annual Report prior to submission to the Board for approval at the end of March 2020.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The Committee has achieved an overall attendance rate of 100% and has met on three occasions during the year.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The attached Annual Report 2019/20 of the Digital & Health Intelligence Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

### Recommendation:

The Digital & Health Intelligence Committee is asked to:

- **REVIEW** the draft Annual Report 2019/20 of the Digital & Health Intelligence Committee
- **RECOMMEND** the Annual Report to the Board for approval.

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## Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

## Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	X	Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								

Kind and caring  
Caredig a gofudd

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

# **Annual Report of Digital Health & Intelligence Committee 2019/20**

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## 1.0 Introduction

In accordance with best practice and good governance, the Digital & Health Intelligence Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

## 2.0 Membership

The Committee membership is a minimum of two Independent Members. In addition to the Membership, the meetings are also attended by the Director of Digital & Health Intelligence and/or an Executive Director to ensure the quorum of the Committee. Meetings are also attended by the Director of Corporate Governance, Caldicott Guardian, Information Governance Manager and the Director of Transformation & Informatics. The Chair of the Board is not a Member of the Committee but attends at least once annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

## 3.0 Meetings & Attendance

The Committee met three times during the period 1 April 2019 to 31 March 2020. This is in line with its Terms of Reference. The Digital & Health Intelligence Committee achieved an attendance rate of 100% (80% is considered to be an acceptable attendance rate) during the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 as set out below:

	15/08/2019	03/12/2019	04/02/2020	Attendance
Eileen Brandreth (Chair)	✓	✓	✓	100%
Michael Imperato (Vice Chair)	✓	✓	✓	100%
Charles Janczewski	✓	✓	✓	100%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## 4.0 Terms of Reference

The Terms of Reference were reviewed and approved by the Committee on 15<sup>th</sup> August 2019 and were approved by the Board on 26<sup>th</sup> September 2019.

## 5.0 Work Undertaken

During the financial year 2019/20, the Digital Health & Intelligence Committee reviewed the following key items at its meetings:

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## 15<sup>th</sup> August and 3<sup>rd</sup> December 2019

- **Digital Strategy**

At both the August and December meetings, the Committee was provided with positive progress updates on the Digital Strategy which had also been shared at the Clinical Senate, HSMB and with all Clinical Boards. The Committee planned to see the final version of the Digital Strategy at the meeting in February.

- **IMT Audit Assurance**

At both the August and December meetings, the Committee were informed that a full list of all IMT Audit Recommendations could be found within the central Corporate Risk Register. It was agreed that the Corporate Risk Register would be presented at a future meeting for the Committee to gain assurance that all recommendations were being actioned.

- **Clinical Coding – Performance Data**

Whilst the Committee were initially disappointed with the Clinical Coding – Performance Data during the August meeting, the Committee were extremely encouraged and assured to see the work that had been undertaken within the Clinical Coding Department in the December meeting, which had resulted in a significant improvement in this area. The Clinical Coding Department are performing above expectations and this area will continue to be monitored by the Committee.

- **Information Governance Compliance**

At the August meeting, the Committee noted a series of updates relating to significant information governance issues. During the December meeting, the Committee were informed that the Subject Access Request Procedure was being revised after the Information Commissioners Office advised the current process was not appropriate. It was explained that although a new procedure would impact compliance in future reporting, it would give good assurance that no physical or mental harm would come to patients which was an absolute priority.

## 3<sup>rd</sup> December 2019

- **Strategic Transformation – Programme Update**

The Committee received an informative report which outlined the detailed work that was being undertaken within the digital programme. It was agreed that a dashboard style report would be presented to the Board in future.

- **Joint IMT Risk Register**

The Committee welcomed the new style of the IMT Risk Register which brought together Information Governance and IT issues onto one joint register. The Committee noted the progress that had been made within the risk register and the update provided in respect of Cyber Security and Software End of Life.

- **Information Governance Audit Assurance**

The Committee were encouraged to see the Information Governance Audit Assurance report which had consolidated previous recommendations and prioritised them into the five highest priorities that the UHB faced. The Committee were pleased to note that the Information Governance Officer was confident that the report would satisfy the Information Commissioners Office when they inspect the UHB in February 2020.

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The Committee noted that half of the planned inspection being carried out by the Information Commissioners Office in February would be on Cyber Security Compliance. This is not a usual area of inspection, however the approach will be welcomed. In preparation for the inspection, the Committee planned to receive a comprehensive list of recommendations, objectives and action plans during the Committee meeting in February.

- **Work Plan Exception Report**

The Committee were informed of two areas of concern within the Work Plan these were:

- Patient Knows Best – it was explained that due to capacity issues within the team the system had not integrated as planned. However the Committee were assured that progress was still being made
- Date to Knowledge Programme – the Committee were advised that progress had been made providing data to Lightfoot, however the team faced some challenges in providing data feeds 7 days a week as current provision is Monday – Friday. The Committee were informed that ways to overcome this were being looked at and the Committee planned to hear an update on this during the February meeting.

- **Information Governance Policy**

The Committee were extremely pleased to see the revised Information Governance Policy, this is an overarching policy, based on an All Wales Policy, which included the following:

- Information Governance Policy
- IT Security Policy
- Email Use Policy
- Internet Use Policy

## **6.0 Reporting Responsibilities**

The Committee has reported to the Board after each of the Digital Health & Intelligence Committee meetings by presenting a summary report of the key discussion items at the Digital Health & Intelligence Committee. The report is presented by the Chair of the Digital Health & Intelligence Committee.

## **7.0 Opinion**

The Committee is of the opinion that the draft Digital Health & Intelligence Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

**Eileen Brandreth**

**Committee Chair**

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<b>Report Title:</b>	<b>Digital Health Intelligence Committee – Annual Workplan 2020-21</b>				
<b>Meeting:</b>	<b>Digital Health Intelligence Committee</b>			<b>Meeting Date:</b>	<b>04.02.2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>x</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Corporate Governance</b>				
<b>Report Author (Title):</b>	<b>Director of Corporate Governance</b>				

#### Background and current situation:

The purpose of the report is to provide Members of the Digital Health and Intelligence Committee with the opportunity to review the Work Plan 2020/21 prior to presentation to the Board for approval.

The work plan for the Committee should be reviewed on an annual basis to ensure that all areas within its Terms of Reference are being delivered.

The work plan was last reviewed by the Committee in August 2019 due to the Committee reviewing its function and remit from the previous Information Governance and IT Committee and the change of reporting into the Board rather than the Strategy and Delivery Committee.

#### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The work plan for the Digital Health and Intelligence Committee has been developed based upon the requirements set out in its Terms of Reference (also on the agenda). It ensures that the Committee will receive reports from Executive to provide assurance to the Board on the Digital Health and Intelligence Committee and its operations.

#### Recommendation:

The Digital Health Intelligence Committee is asked to:

**REVIEW** the Work Plan 2020/21;

**APPROVE** the Work Plan 2020/21;

**RECOMMEND** approval to the Board of Directors.

#### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities	<input checked="" type="checkbox"/>	6. Have a planned care system where demand and capacity are in balance	<input checked="" type="checkbox"/>
2. Deliver outcomes that matter to people	<input checked="" type="checkbox"/>	7. Be a great place to work and learn	<input checked="" type="checkbox"/>

3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, click [here](#) for more information*

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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**Equality and Health Impact Assessment Completed:**

Yes / No / Not Applicable  
*If "yes" please provide copy of the assessment. This will be linked to the report when published.*



Digital Health Intelligence Committee Work Plan 2020-21				
A -Approval D- discussion I - Information	Exec Lead	11-jun	08-okt	11-feb
<b>Agenda Item</b>				
<b>Assurance</b>				
Assurance Review on processes and systems for Data, Information management	JG	D		
Assurance on Information Governance Training, Communications and Engagement Plans	JG		D	
Assurance on the development and the delivery of the Digital Strategy	JG		D	
Review of the framework of policies , procedures and controls	JG	D	D	D
Internal Audit Reviews	JG	D	D	D
WAO Reviews	JG	D	D	D
Other external reviews	JG	D	D	D
Risk Register	JG	D	D	D
Development, procurement and implementation of national and Local IMT systems	JG			D
<b>Statutory and Mandatory Requirements</b>				
Assurance that Caldicott Guardian requirements are met	SW	D	D	D
Assurance that Freedom of Information requirements are met	JG	D	D	D
Assurance that GDPR Compliance is met	JG	D	D	D
Data Breach Reports: Serious Reportable Data Breaches to the ICO Sensitive Information Email National and Local Auditing FOI Subject Access Requests Data Quality Incidents	JG	D	D	D
Policies and Procedures	JG	D	D	D
<b>Digital and Health Intelligence Committee Governance</b>				
Annual Work Plan	NF			A
Self assessment of effectiveness	NF	D		
Induction Support for Committee Members	NF			
Review Terms of Reference	NF			A
Produce Digital and Health Intelligent Committee Annual Report	NF			A
Minutes of Digital and Health Intelligent Committee Meeting	NF	A	A	A
Action log of Digital and Health Intelligent Committee Meeting	NF	D	D	D

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<b>Report Title:</b>	<b>Digital Health and Intelligence Committee – Terms of Reference</b>				
<b>Meeting:</b>	<b>Digital Health and Intelligence Committee</b>			<b>Meeting Date:</b>	<b>04/02/2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>x</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>x For Information</b>
<b>Lead Executive:</b>	<b>Director of Corporate Governance</b>				
<b>Report Author (Title):</b>	<b>Director of Corporate Governance</b>				

**Background and current situation:**

In line with the UHB’s Standing Orders, Terms of Reference for Committees of the Board, should be reviewed on an annual basis.

This report provides Members of the Digital Health and Intelligence Committee with the opportunity to review the Terms of Reference prior to submission to the Board for approval.

**Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:**

The Terms of Reference for the Digital Health and Intelligence Committee were last reviewed in August 2019 and approved by the Board in September 2019 therefore, only a few changes have been recommended.

**Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)**

The Terms of Reference for the Strategy and Delivery Committee have been reviewed by the Director of Corporate Governance. There are a limited number of changes to the document, these have been tracked and left in the draft so Committee Members can identify the changes that have been made since approval by the Board in September 2019.

**Recommendation:**

The Strategy and Delivery Committee is asked to:

**APPROVE** the changes to the Terms of Reference for the Digital Health and Intelligence Committee and  
**RECOMMEND** the changes to the Board for approval.

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### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	x	Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	Yes/No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								





GIG  
CYMRU  
NHS  
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# Digital and Health Intelligence Committee (DHIC)

## Terms of Reference

Approved by the Board: ~~September 2019~~ March 2020

Next Review Due: March ~~2020~~ 2021

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# DIGITAL AND HEALTH INTELLIGENCE COMMITTEE

## TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

### 1. INTRODUCTION

- 1.1 The UHB Standing Orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”*.
- 1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Digital and Health Intelligence Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 Digital & Health Intelligence Committee comprises Information Technology, Business Intelligence/Analytics, Information Management, Information Governance, Clinical Coding. It includes some specific IT project teams including those managing the PARIS system, use for mental health/Community services and local management of the Welsh Clinical Portal. Its function is to provide enabling services across the UHB to support the effective use of technology and the use of data/intelligence in the delivery of services.

### 2. PURPOSE

The purpose of the DHIC is to:

2.1 Provide **assurance** to the Board that;

- Appropriate processes and systems are in place for data, information management and governance to allow the UHB to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.
- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.
- Effective communication, engagement and training is in place across the UHB for Information Governance

2.2 Seek assurance on the development and delivery of a Digital Strategy (which encompasses the areas detailed in paragraph 1.3 above) for the UHB ensuring that:

- It supports Shaping our Future Wellbeing and detail articulated within the IMTP
- Good partnership working is in place
- Attention is paid to the articulation of benefits and an implementation programme of delivery
- Benefits are derived from the Strategy

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### 3. DELEGATED POWERS AND AUTHORITY

In order to achieve its purpose the DHIC must receive assurance that:

- The UHB has an appropriate framework of policies, procedures and controls in place to support consistent standards based processing of data and information to meet legislative responsibilities.
- Recommendations made by internal and external reviewers are considered and acted upon on a timely basis.
- A risk register is in place and that risks are being appropriately identified, assessed and mitigated at all levels in relation to information governance, management and technology.
- Statutory and mandatory requirements are being met such as Caldicott Guardian, FOI, GDPR etc.

In order to do this the Committee will take the following actions:

- 3.1 Approve policies and procedures in relation to the Strategy
- 3.2 Receive assurance that all statutory and mandatory requirements are being met such as Caldicott Guardian, FOI, GDPR etc.
- 3.3 Receive assurance on the delivery and implementation of the strategy and associated work plan.
- 3.4 Receive assurance on clinical and staff engagement of the digital agenda.
- 3.5 Receive, by exception, data breach reports on the following areas:
  - Serious reportable data breaches to the Information Commissioner (ICO) and the Welsh Government
  - Sensitive information (break glass system)
  - E-mail
  - National and local auditing such as NIIS
  - freedom of information,
  - subject access requests
  - Data Quality
  - IG risk assessments
  - Incidents – lessons learned from all recorded / reported incidents.
- 3.6 Receive periodic reports on development, procurement and implementation of national and local IM&T systems
- 3.7 Review risks:
  - Periodically consider risks escalated to the Committee from Clinical Boards / Corporate Departments in relation to:
    - Information Governance
    - Information Management
    - Information Technology

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- Review risks escalated to the Committee that have a risk rating of 12 and above.

#### 4. AUTHORITY

4.1 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee’s remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board’s procurement, budgetary and other requirements.

#### 5.0 ACCESS

5.1 The Chair of Digital & Health Intelligence Committee shall have reasonable access to Executive Directors and other relevant senior staff.

#### 6.0 SUB COMMITTEES

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

#### 7. MEMBERSHIP

##### Members

7.1 A minimum of ~~three~~four (34) members, comprising:

Chair	Independent member of the Board
Vice Chair	Chosen from amongst the Independent members on the Committee
Members	At least one other independent members of the Board

The committee may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge and expertise.

##### Attendees

7.2 In attendance:

Director of Transformation and Informatics

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Director of Digital and Health Intelligence

Assistant Medical Director IT

Director of Corporate Governance

Data Protection Officer

Workforce Representative

Other Executive Directors will attend as required by the Committee Chair

7.3 By invitation

The Committee Chair may invite:

- any other UHB officials; and/or
- any others from within or outside the organisation
- to attend all or part of a meeting to assist it with its discussions on any particular matter.

**Secretariat**

7.4 Secretary

- As determined by the Director of Corporate \_\_\_\_\_

\_\_\_\_\_ Governance

**Member Appointments**

7.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

7.6 Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

**Support to Committee Members**

7.7 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

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## 8. COMMITTEE MEETINGS

### Quorum

- 8.1 At least two members of the Committee must be present in addition to the Director of Digital and Health Intelligence and/or an Executive Director to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

### Frequency of Meetings

- 8.2 Meetings shall be held no less than three times per year, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

### Withdrawal of Individuals in Attendance

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

## 9. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
  - sharing of information

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

- 9.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the UHB overall framework of assurance.

- 9.5 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

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## **10. REPORTING AND ASSURANCE ARRANGEMENTS**

10.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

10.2 The Committee shall provide a written, annual report to the board and the Accountable Officer on its work in support of the Annual Governance Statement..

10.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

10.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

## **11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

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

- quorum (set within individual Terms of Reference)

## **12. REVIEW**

12.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

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<b>Report Title:</b>	<b>Information Governance Compliance</b>			
<b>Meeting:</b>	<b>Digital &amp; Health Intelligence Committee</b>		<b>Meeting Date:</b>	<b>4<sup>th</sup> February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>x For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Digital &amp; Health Intelligence</b>			
<b>Report Author (Title):</b>	<b>Information Governance Manager</b>			

### Background and current situation:

This report considers key information governance issues considered by the responsible Executive Director, Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO). Specifically it provides information on the following areas of Information Governance within Cardiff and Vale University Health Board (the UHB).

- Information Governance (IG) Staffing levels and capacity
- Data Protection Act - Serious Incident Summary and Report
- Freedom of Information Act - Activity and Compliance
- Data Protection Act (DPA) - Subject access requests (SAR)
- Compliance monitoring/National Integrated Intelligent Auditing Solution (NIAS)

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

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 2018 (DPA), General Data Protection Regulation (GDPR) and the Freedom of Information Act 2000 (FOI).

Quarterly reports are produced for the DHIC to receive assurance that the UHB continues to monitor and action breaches of the GDPR / DPA 2018 and that FOI requests and 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

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Current compliance measures have been sustained during Q3. Medical Records Subject Access Requests compliance has continued to increase.

Non-medical records requests have increased by 171% since the enactment of GDPR.

The National Intelligent Integrated Audit System (NIIAS) to be operational from 1<sup>st</sup> February 2020.

Caldicott Principles in Practice assessed at 82% for 2019/20.

## Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

### ASSESSMENT

#### 1. Information Governance Staffing Levels and Capacity

Information Governance staffing levels are stable. The staffing structure is essentially as follows:

- David Thomas, Director of Digital and Health Intelligence is the Senior Information Risk Owner
- Stuart Walker, Medical Director, is the Caldicott Guardian
- James Webb is the interim Data Protection Officer
- The information governance department is currently resourced at 5.8 WTE but is functioning below this level due to long term sickness of 1 WTE.

#### 2. Data Protection Act – Serious Incident Report

##### Date reported: Q1 2019/2020

During Q3 (excluding December) 2019/2020, the Information Governance Department reviewed 211 IG related incidents via the UHBs e-Datix incident module.

The UHB felt it necessary to discuss 1 incident with the ICO and following this discussion, the decision was made that the breach failed to meet the reporting threshold so it was logged and managed internally.

As per the GDPR action plan, through ongoing engagement and uptake of the training module there is growing awareness as to the importance of IG incidents being reported on e-Datix within 24 hours of a staff member being made aware.

#### 3. Freedom of Information Act

The 20 day compliance rate for Q1 2019/2020 can be broken down as follows:

	Total requests	Compliant requests	Compliance %
Oct-19	54	47	87.0
Nov-19	50	43	86.0

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Average compliance for Q1 & Q2 was 85.4%. For Q3 the position has been sustained but not significantly improved and is below the ICO minimum requirement of 90%. Only 1 request for 2019/20 remains outstanding. The current position across NHS Wales is as follows:

Aneurin Bevan	93.0%
BCU	72.0%
Cwm Taf	96.0%
C&V	86.0%
Hywel Dda	N/A
Public Health Wales	N/A
Powys	68.0%
Swansea Bay	71.0%
Velindre	89.0%

#### 4. Subject Access Requests Processed

##### 4.1 Health Records requests Q1 2019/2020

	Total requests	Compliant requests	Compliance %
Oct-19	352	316	89.8
Nov-19	338	292	86.4

The average compliance for Q1 & Q2 was 68.4% so Q3 represents a continued improvement. A further shift is supported by the Subject Access Improvement Plan covered in Agenda item 2.7. Completeness across Wales for the three organisations that responded to our request was between 90% to 99%.

##### 4.2 Non Health Records

There were a total of 19 subject access requests submitted for non-health records during Q3 (excluding December) 2019/2020. 18 were completed within the regulatory timeframe and 1 was extended due to the complexity of the request. Important to note that since the implementation of GDPR, yearly requests have risen by 171%.

#### 5. Compliance Monitoring/NIAS

NIIAS training has been delivered. Following wider communication to all staff regarding its use within the UHB, NIIAS will become operational. Please refer to Recommendation 1 in the GDPR Summary of Progress paper for the compliance monitoring action plan.

## 6. Information Governance Mandatory Training

Overall UHB Information Governance training compliance is currently 72% and is broken down by Clinical Boards as follows.

Clinical Board	Compliance
All Wales Genomics Service	85%
Capital, Estates & Facilities	79%
Children & Women Clinical Board	76%
Clinical Diagnostics & Therapeutics Clinical Board	79%
Corporate Executives	78%
Medicine Clinical Board	65%
Mental Health Clinical Board	72%
Primary, Community Intermediate Care Clinical Board	73%
Specialist Services Clinical Board	69%
Surgical Services Clinical Board	61%
<b>UHB</b>	<b>72%</b>

Completeness figures organisation across Wales is

Aneurin Bevan	82.0%
BCU	81.0%
Cwm Taf	73.2%
Hywel Dda	77.8%
Public Health Wales	90.0%
Powys	93.0%
Swansea Bay	85.0%
Velindre	81.2%

provided by each NHS as follows:

## 7. Caldicott Principles in Practice 2019/20

Cardiff and Vale University Health Board is required to complete a Caldicott Principles in Practice (CPIp) self assessment exercise each year to provide assurance that continuous improvement is made.

A self- assessment as at January 2020 has now been undertaken. This indicates a score of 82% i.e a rating of "4\*" – this is defined as follows:

****	76-90%	Your responses to the assessment demonstrate a good level of assurance of information governance risks; but there is still work to be done.
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For ease of reference areas that need addressing i.e. because the full score was not achieved for the relevant questions have been highlighted in the Information Governance Audit Assurance paper (item 2.6) where these come under the scope of that piece of work.

**ASSURANCE** is provided by:

- Reports detailing compliance against legislative requirements.

**Recommendation:**

The Digital Health & Intelligence Committee is asked to:

- **RECEIVE** and **NOTE** a series of updates relating to significant Information Governance issues

**Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, click [here](#) for more information*

Prevention	Long term	Integration	Collaboration	Involvement
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**Equality and Health Impact Assessment Completed:**

Yes / No / Not Applicable  
*If “yes” please provide copy of the assessment. This will be linked to the report when published.*



Kind and caring  
Caredig a gofudd

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

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**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

<b>Report Title:</b>	<b>Clinical Coding – Performane Data</b>			
<b>Meeting:</b>	<b>Digital &amp; Health Intelligence Committee</b>		<b>Meeting Date:</b>	<b>4<sup>th</sup> February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>x For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Digital &amp; Health Intelligence</b>			
<b>Report Author (Title):</b>	<b>Information Governance Manager</b>			

## Background and current situation:

### Situation

This report considers the performance of the Clinical Coding department. Clinical Coding performance is measured against Welsh Government targets in terms of its completeness and accuracy.

### Background

All secondary care organisations are mandated to translate medical terms used in the inpatient setting that describe a patient's complaint, problem, diagnosis, treatment into a sequence of alphanumeric codes standardised by national guidelines . This permits easy storage, retrieval and analysis of the data for the purpose of, for example, patient level costing, clinical research and audit, clinical benchmarking, case mix management, statistics.

All Clinical Coding departments are mandated by Welsh Government to submit a minimum of 95% completeness within 30 days of discharge. Coding departments are audited each year by NWIS and accuracy is based on a requirement for a year on year improvement. The UHB is required to code approximately 160,000 finished consultant episodes (FCEs) per annum.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

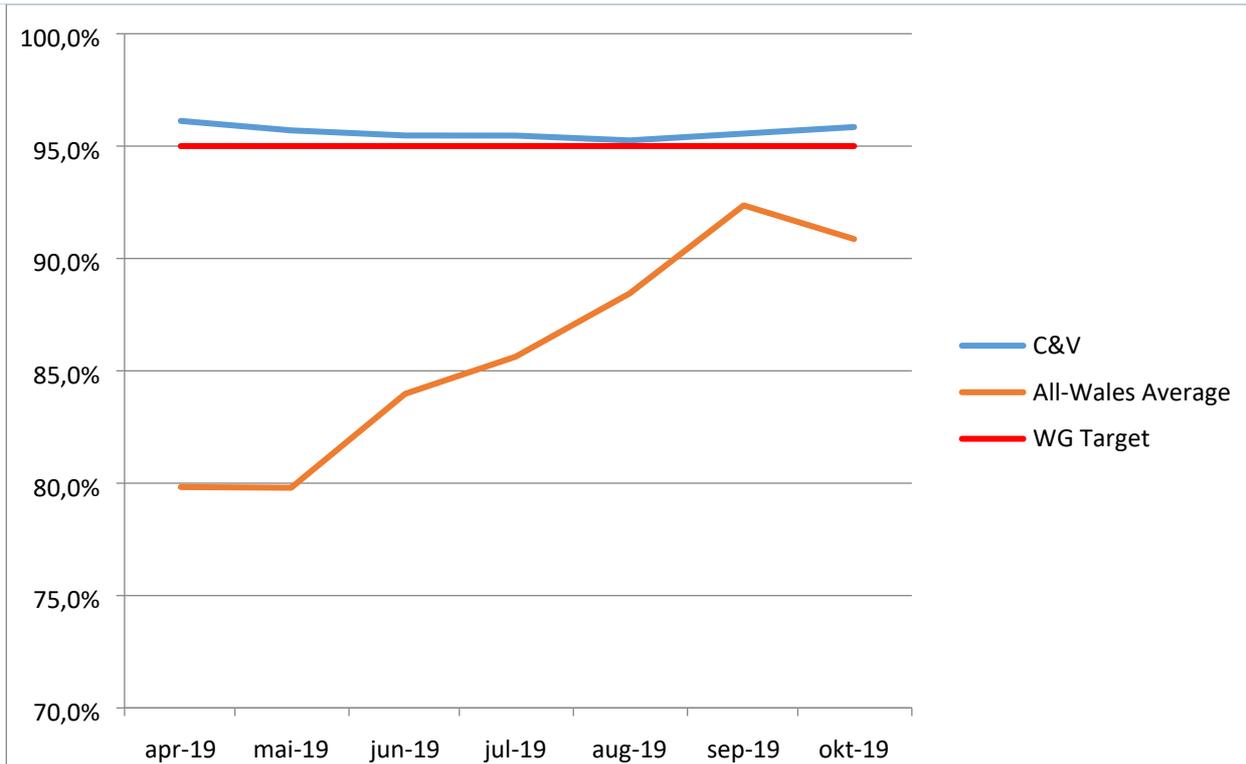
The UHB's Clinical Coding department has exceeded the 95% completion target for each month during the 2019/20 financial year to date.

There have been no further audits on coding accuracy since the previous performance paper. A further audit is anticipated in June or July 2020.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

The below graph compares the UHB's coding completeness within one month against the Welsh Government target and the all-Wales average.

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Exact figures are shown below:

UHB	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
C&V	96.1%	95.7%	95.5%	95.5%	95.3%	95.6%	95.8%

**Assurance** is provided by:

- The UHB's ongoing level of compliance with Welsh Assembly accuracy and completion targets.

**Recommendation**

The Digital & Health Intelligence Committee is asked to:

- Note** the performance of the UHB's Clinical Coding Department.

**Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities

6. Have a planned care system where demand and capacity are in balance

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2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**  
*Please tick as relevant, click [here](#) for more information*

Prevention		Long term	x	Integration		Collaboration		Involvement	
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<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable If “yes” please provide copy of the assessment. This will be linked to the report when published.
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<b>Report Title:</b>	<b>CDF Schedule (Policies &amp; Procedures)</b>				
<b>Meeting:</b>	<b>Digital &amp; Health Intelligence Committee</b>			<b>Meeting Date:</b>	<b>4<sup>th</sup> February 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>X</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Digital &amp; Health Intelligence</b>				
<b>Report Author (Title):</b>	<b>Information Governance Manager</b>				

**Background and current situation:**

The CDF Schedule (Policies & Procedures) highlights all Policies & Procedures which the Digital and Health Intelligence Committee are responsible for approving.

The following policies & procedures have been submitted to the Digital and Health Intelligence Committee for approval / ratification:

1. Overarching Information Governance Policy which captures the following policies:
  - Information Governance policy
  - Information Security policy
  - Email policy
  - Internet policy
2. Freedom of Information Procedure
3. Dealing with Subject Access Request (SAR)

**Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:**

4 policies and 2 procedures are ready for approval.

A large number of policy and procedure documents remain out of date and require review. These will be fully reviewed by the end of March 2020.

**Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)**

In the absence of up to date policies, employees will be unaware what to comply and adhere to.

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**Recommendation:**

The Digital & Health Intelligence Committee is asked to:

- **APPROVE/ RATIFY** the attached policies and procedures

**Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term		Integration	x	Collaboration		Involvement	
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**Equality and Health Impact Assessment Completed:**

Yes / No / Not Applicable  
*If “yes” please provide copy of the assessment. This will be linked to the report when published.*



UHB Ref Number	Previous organisation Ref no	Version Number	Title of Document	Type of Document	Previous Organisation	Area of applicability	Status	Last review date	New review date	Original UHB Approving Committee	Current UHB Approving Group/Committee	Minute Approval Number	Responsible Director UHB	Author(s) & Job Title	HCS Cross Ref	HCS Exec Lead Director	Procedure	EQIA	EHIA	Intranet	Database	Internet	Internet Sub Category	Clinical Portal	Review Date expired	Date uploaded	Documents superseded	6 month reminder date	12 month reminder date	Comments		
UHB 006	218	1	<a href="#">Data Protection Guidance For Researchers</a>	Guidelines	Trust	UHB Wide	Ratified	07/12/2015	07/12/2018	Research Governance Group	Research Governance Group		Director of Transformation and Informatics	Nic Drew Data Protection Officer			No	Yes	No	Yes	Yes	Yes	Corporate	Yes	Yes	19/05/2016				04/02/15 - Emailed Pat Tamplin and Maureen Edgar - MJW R&D advised not an R&D document. E-mailed AM and MM. MM responded to say would add to list of IG docs for review (030315)	To be reviewed in Q4 2019/20	
UHB 007	208	1	<a href="#">Remote Access Software</a>	Protocol	Trust	IT	Ratified	29/09/2010	11/01/2012	Information Governance sub-Committee	Information Governance sub-Committee		Director of Transformation and Informatics	Nic Drew Data Protection Officer			No	Yes	No	Yes	Yes	Yes	Corporate	Yes	Yes	13/01/2011					To be reviewed in Q4 2019/20	
UHB 048	N/A	1	<a href="#">Internet and E-mail Monitoring, administration, and Reporting Protocol</a>	Protocol	N/A	UHB Wide	Ratified	26/04/2011	01/04/2014	Information Governance sub-Committee	Information Governance sub-Committee	PPP16/113	Director of Transformation and Informatics	Medical Director			No	No	No	Yes	Yes	Yes	Corporate	Yes	Yes	26/05/2011			Currently IT Security and Information Governance are revising procedure, guidance and protocol documents that support the IT Security Policy. A plan has been put in place for the IGSC meetings to review documents in stages. The remaining review stages are scheduled for September, December and March 2017. I will be meeting with IG next week for a progress update and will ensure that this document is appended to the plan for December or March IGSC review. Once again thank you for highlighting this document.	To be reviewed in Q4 2019/20		
UHB 049	N/A	1	<a href="#">Emailing Patients Template Protocol</a>	Protocol	N/A	IT Security Office	Ratified	26/04/2011	01/01/2014	Information Governance sub-Committee	Information Governance sub-Committee		Director of Transformation and Informatics	Executive Director of Therapies and Health services			No	No	No	Yes	Yes	Yes	Corporate	Yes	Yes	26/05/2011					To be reviewed in Q4 2019/20	
UHB 246	N/A	1	<a href="#">Information Governance Policy</a>	Policy	N/A	UHB	Ratified	20/01/2015	20/01/2018	People Performance and Delivery Committee	Information Governance sub-Committee		Director of Transformation and Informatics	Head of Information Governance and Assurance			No	No	No	Yes	Yes	Yes	Corporate	Yes	Yes	30/01/2015	N/A				Complete and needs to be formally ratified - D&H Committee Feb 20	
UHB 254	T133	1	<a href="#">IT Security Policy</a>	Policy	Trust	UHB	Ratified	31/03/2015	31/03/2018	People Performance and Delivery Committee	Information Governance sub-Committee		Director of Transformation and Informatics	Head of Information Governance and Assurance			No	No	No	Yes	Yes	Yes	Corporate	Yes	Yes	10/04/2015	N/A				Complete and needs to be formally ratified - D&H Committee Feb 20	
UHB 255	T151	1	<a href="#">Freedom of Information Procedure</a>	Procedure	Trust	UHB	Ratified	31/03/2015	31/03/2018	People Performance and Delivery Committee	Information Governance sub-Committee		Director of Transformation and Informatics	Senior Information Governance Officer			Yes	No	No	Yes	Yes	Yes	Corporate	Yes	Yes	13/04/2015	T151				Procedure has been updated will be sent for approval at next D&H Committee Feb 20	
UHB 256	N/A	1	<a href="#">Freedom of Information Policy</a>	Policy	N/A	UHB	Ratified	31/03/2015	31/03/2018	People Performance and Delivery Committee	Information Governance sub-Committee		Director of Transformation and Informatics	Senior Information Governance Officer			No	Yes	No	Yes	Yes	Yes	Corporate	Yes	Yes	14/04/2015	N/A				Procedure has been updated will be sent for approval at next D&H Committee Feb 20	
UHB 263	N/A	1	<a href="#">Transportation of Personal Identifiable Information</a>	Procedure	N/A	UHB	Ratified	26/02/2015	26/02/2018	People Performance and Delivery Committee	People, Planning and Performance Committee		Director of Transformation and Informatics	Head of Information Governance and Insurance			Yes	No	No	Yes	yes	yes	Corporate		Yes	02/07/2015					To be reviewed in Q4 2019/20	
UHB 286	N/A	1	<a href="#">Information Governance Corporate Training Policy</a>	Policy	N/A	UHB	Ratified	21/07/2015	21/07/2018	People, Performance and Planning Group	People, Performance and Planning Group	PPP15/017	Director of Transformation and Informatics	Medical Director			No	Yes	No	Yes	Yes	Yes	Corporate		Yes	05/04/2016					To be reviewed in Q4 2019/20	
UHB 287	N/A	1	<a href="#">Information Risk Management Procedure</a>	Procedure	N/A	UHB	Ratified	18/09/2015	18/09/2018	Information Governance Sub Group	Information Governance sub-Committee		Director of Transformation and Informatics	Medical Director			Yes	No	No	Yes	Yes	Yes	Corporate		Yes	06/04/2016					To be reviewed in Q4 2019/20	
UHB 288	N/A	1	<a href="#">Data Quality Management Procedure</a>	Procedure	N/A	UHB	Ratified	15/09/2015	15/09/2018	Information Governance Sub Group	Information Governance sub-Committee		Director of Transformation and Informatics	Medical Director			Yes	No	No	Yes	Yes	Yes	Corporate		Yes	06/04/2016					To be reviewed in Q4 2019/20	
UHB 289	N/A	1	<a href="#">Information Asset Procedure</a>	Procedure	N/A	UHB	Ratified	22/06/2015	22/06/2018	Information Governance Sub Group	Information Governance sub-Committee		Director of Transformation and Informatics	Medical Director			Yes	No	No	Yes	Yes	Yes	Corporate		Yes	06/04/2016					To be reviewed in Q4 2019/20	
UHB 290	N/A	1	<a href="#">Personal Information use and Disclosure of and the Duty to Share Guidance</a>	Guidelines	N/A	UHB	Ratified	22/06/2015	22/06/2018	Information Governance Sub Group	Information Governance sub-Committee		Director of Transformation and Informatics	Medical Director			No	No	No	Yes	Yes	Yes	Corporate		Yes	06/04/2016					To be reviewed in Q4 2019/20	
UHB 291	N/A	1	<a href="#">Dealing with Subject Access under Data Protection Act Procedure</a>	Procedure	N/A	UHB	Ratified	18/12/2015	18/12/2018	Information Governance Sub Group	Information Governance sub-Committee		Director of Transformation and Informatics	Medical Director			Yes	No	No	Yes	Yes	Yes	Corporate		Yes	06/04/2016					Procedure has been updated will be sent for approval at next D&H Committee Feb 20	
UHB 298	N/A	1	<a href="#">Data Quality Policy</a>	Policy	N/A	UHB	Ratified	15/09/2015	15/09/2018	People, Performance and Planning Group	People, Performance and Planning Group		Director of Transformation and Informatics	Medical Director			No	No	Yes	Yes	Yes	Yes	Corporate		Yes	06/04/2016					To be reviewed in Q4 2019/20	
UHB 301	N/A	1	<a href="#">Information Governance, Operational Management, Responsibilities Procedure</a>	Procedure	N/A	UHB	Ratified	19/01/2016	19/01/2019	People, Performance and Planning Group	People, Planning and Performance Committee		Director of Transformation and Informatics	Medical Director			Yes	Yes	No	Yes	Yes	Yes	Corporate		Yes	17/05/2016					To be reviewed in Q4 2019/20	
UHB 335	N/A	1	<a href="#">All Wales Internet Use Policy</a>	Policy	N/A	All Wales	Ratified	07/01/2016	07/01/2018	People, Planning and Performance committee	People, Planning and Performance committee	PPP 16/113	Director of Transformation and Informatics	Marie Mantle			No	Yes	No	Yes	Yes	Yes	Corporate		Yes	08/11/2016					Complete and needs to be formally ratified - D&H Committee Feb 20	
UHB 336	N/A	1	<a href="#">All Wales Social Media Policy</a>	Policy	N/A	All Wales	Ratified	07/01/2016	07/01/2018	People, Planning and Performance committee	People, Planning and Performance committee	PPP 16/113	Director of Transformation and Informatics	Marie Mantle			No	Yes	No	Yes	Yes	Yes	Corporate		Yes	08/11/2016					To be reviewed in Q4 2019/20	
UHB 337	N/A	1	<a href="#">All Wales Email Use Policy</a>	Policy	N/A	All Wales	Ratified	07/01/2016	07/01/2018	People, Planning and Performance committee	People, Planning and Performance committee	PPP 16/113	Director of Transformation and Informatics	Marie Mantle			No	Yes	No	Yes	Yes	Yes	Corporate		Yes	08/11/2016					Complete and needs to be formally ratified - D&H Committee Feb 20	
UHB 356	N/A	1	<a href="#">Contractual Claims and Arrangements Procedure</a>	Procedure	N/A	UHB	Ratified	22/06/2015	22/06/2018	IGSC	IGSC	IGSC 15/039	Director of Transformation and Informatics	Ann Morgan				Yes	No	Yes	Yes	Yes	Corporate		Yes	27/07/2017					Contractual claims and arrangement procedure. This is all about Information Governance and hasn't been in the DGF portfolio of responsibilities for years. This is probably the responsibility of David Thomas.	To be reviewed in Q4 2019/20
UHB 357	N/A	1	<a href="#">Clauses within Employment Contracts Procedure</a>	Procedure	N/A	UHB	Ratified	22/06/2015	22/06/2018	IGSC	IGSC	IGSC 15/039	Director of Transformation and Informatics	Ann Morgan				Yes	No	Yes	Yes	Yes	Corporate		Yes	27/07/2017					To be reviewed in Q4 2019/20	



**CAPITAL MANAGEMENT GROUP  
MINUTES OF THE MEETING HELD MONDAY 16<sup>TH</sup> DECEMBER 2019  
TAFF ROOM, 1<sup>ST</sup> FLOOR, WOODLAND HOUSE**

**Present:**

Robert Chadwick, Executive Director of Finance (Chair)  
Chris Lewis, Deputy Finance Director  
Abigail Harris, Executive Director of Strategic Planning  
Geoff Walsh, Director of Capital, Estates and Facilities  
Chris Dawson-Morris, Corporate Strategic Planning Lead (For Marie Davies)  
Nigel Mason, Business Manager  
Richard Hurton, Assistant Finance Director  
Helen Lawrence, Head of Finance  
Lee Davies, Director of Operations, On behalf of Steve Curry  
Nigel Lewis, Assistant Director of IT  
Ed Hunt, Programme Director

<b>1.</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>
	<p>RH introduced Helen Lawrence (HL) to the group. HL, Head of Finance Medicine Service Group had been appointed Head of Capital Finance following RH retirement scheduled January 2020.</p> <p>Apologies were received from Clive Morgan, Steve Curry, Mike Bourne, Nigel Mason, Marie Davies</p>
<b>2.</b>	<b>MINUTES FROM THE PREVIOUS MEETING</b>
	<p>The minutes of the previous meeting held November 18 2019 were accepted as a true and accurate record</p>
<b>2.1</b>	<b>ACTIONS FROM THE PREVIOUS MEETING</b>
	<p>All items on the action log were reviewed and discussed. All actions were closed.</p>
<b>3.0</b>	<b>PHARMACY EQUIPMENT SPEND PROFILE</b>
	<p>Darrell Baker,(DB) Head of Pharmacy services, attended the meeting to present a report of the successful bids which had been submitted to WG for equipment relating to the transport of products across Wales. It became apparent that some of the funding included equipment which would be used primarily by Hywel Dda</p>

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	<p>UHB. RH advised that the UHB would be required to confirm with WG how this element of the funding will be treated as it should be via their CRL and not that of C&amp;V UHB.</p> <p>DB reported that the challenges would be, ensuring that the continuation of service was robust and dependable across the various sites.</p> <p>The procurement process was underway, although the CMG were advised of the significant lead time. RH reported that arrangements would be made for Sarah Yellen to make contact with DB to ensure that the units were procured with the correct capital codes.</p>
<p><b>4.</b></p> <p><b>4.1</b></p>	<p><b>CAPITAL REPORT</b></p> <p><b>PROPERTY SALES</b></p> <p><b>Amy Evans</b>  Despite several extensions given to allow the purchaser to resolve their financial package to enable completion, they had failed to meet the final deadline provided. Subsequently, the UHB had been advised by Shared Services Partnership property surveyors, that the most appropriate way forward to dispose of the asset was to offer the site at auction. This was supported by the UHB and agreed that it would be offered in the auction scheduled for February 2020. The property had been valued at £260k however, the group were advised that at auction this may be considerably less. The CMG agreed to manage the pressure if required.</p> <p><b>Wedal road</b>  In 2017, the UHB purchased the former recycling site on Wedal Road for future development. In the interim it had been agreed to lease the site to the neighbouring Residential Home operator, to support them whilst they were extending their property. GW reported that the original lease had come to an end and following a discussion with the Executive Director of Finance it had been agreed to offer a further 12 month lease with a break clause subject to 30 day's notice.</p> <p><b>Lansdowne Hospital</b>  CL queried the status of the sale of Lansdowne. GW advised that the GP's were in discussion with their legal advisors regarding the acquisition of the parcel of land adjacent to the property. The CMG agreed to set a deadline of 31/12/2019 for the GP's to advise of their decision and position. As previously noted, the UHB are committed to dispose of the Lansdowne Hospital site within the financial year 2019/20 in the brokerage agreement with WG relating to the acquisition of Woodland House.</p> <p><b>PROJECT INITIATION ENQUIRIES (PIE's)</b></p> <p>Seven PIE's had been received during the reporting month. The CMG acknowledged receipt of the enquiries PR0023 – PR0029. (Extract of the summary report item 1.1)</p>

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GW highlighted PR0024 – Additional works to provide a RadioPharmacy store room, in line with the recommendations from the MHRA. A budget cost had been estimated £50k. RC requested that GW identified funding within the Discretionary Capital programme to progress this work. GW advised that £50k would be taken from the programme contingency allocation, which the CMG agreed to support.

The remaining enquiries were recorded on the Clinical Board's IMTP. GW and LD agreed to review at their scheduled meetings.

### **CAPITAL RESOURCE LIMIT (CRL)**

The Replacement Imaging Equipment £4.500m, Cystic Fibrosis Services £1.205m, and Major Trauma Centre £3.717m had been included on the latest CRL, dated 2 December 2019 in Group 2, capital projects with approved funding.

### **MAJOR CAPITAL PROJECTS**

GW reported the following highlights from the body of the report.

#### **Rookwood Relocation (2.2)**

The significant issue previously reported was in relation to the fire partition walls. Whilst progress had been made with the specialist supplier, Siniat, final sign off of the proposals remained outstanding.

The latest cost report, issued by the cost advisor (CA) in the project manager (PM) report indicated a funding shortfall of £228,804k construction works, resulting in unforeseen works to staff relocation from the templates who had been occupying other areas on a temporary basis. The team continued to identify cost savings to mitigate the predicted overspend.

#### **Haematology (2.3)**

A meeting had been held with the Director of R&M Williams to review the programme and completion dates. The contractor committed to construction completion 20 December 2019 to allow commissioning by 7 January 2020. The Pharmacist was scheduled to attend 10 January 2020 to carry out tests on the oxygen pipework installation.

The revised date supported the UHB with the winter bed pressure, by releasing Heulwen Ward.

The latest cost report indicated an anticipated final account of £200k above the original contract sum of £717.8k excl. VAT.

The Project Director requested a comprehensive review of the events that had impacted upon both cost and programme.

#### **Major Trauma Vascular Hybrid Theatre (MTVH)**

A workshop was scheduled for 19 December 2019, where specialist diagnostic suppliers would present options and capabilities of their Hybrid/CT equipment for installation in the MTHV Theatre.

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AH raised concerns regarding the timeline and potential delay to the overall programme for delivery of the theatre and requested to note that a number of workshops had been held previously with the same agenda. GW advised that design works continued to progress, however, the submission of the Outline Business Case (OBC) and Full Business Case (FBC) would be delayed. GW also highlighted that the UHB would require WG to sign up and agree to advanced enabling works which would be critical if the programme was to be recovered to a timescale close to June 2021. The UHB may be faced with a potential 8 month delay if WG did not agree to the works. AH reported that AB UHB had anticipated completion of their Hybrid Theatres by May 2021. AH to raise at ME.

#### **Maelfa Wellbeing Hub**

The UHB had received a letter of approval for fees to continue with the FBC whilst the OBC was under scrutiny. The fees were noted in the group 2 of the CRL dated 2 December 2019.

#### **Penarth Wellbeing Hub**

The Vale of Glamorgan (VoG) Council had drafted a letter to the UHB, Executive Director of Strategic Planning, raising a number of concerns in relation to the draft heads of terms that had been submitted for consideration. Following advice taken from property surveyors at Shared Services Partnership, a reply to each of the points raised in the letter had been issued.

Failure to agree the land transaction deal and obtain outline planning permission had impacted considerably on the delivery programme.

GW advised that the UHB continued to pay prolongation fees to the Supply Chain Partner (SCP) and had considered 'stepping' the team down which would place the scheme on hold. AH confirmed that a meeting was scheduled with VoG Council, January 2020 and advised GW to await the outcome of the meeting prior to giving any instruction.

#### **Major Trauma Interim works**

The tender return date for the PolyTrauma works as scheduled 17 December 2019 with the Emergency Resus to follow later in December 2019.

All works were scheduled to commence January 2020.

#### **Radiopharmacy**

Appointment of SCP, PM & CA were scheduled mid- January 2020.

#### **CRI Redevelopment**

The formal launch meeting for the redevelopment of CRI was held with 26 November 2019 with the project team in attendance where a presentation was delivered by the SCP and design team. A workshop to include a broader audience would be scheduled for January 2020.

#### **CRI Block 11 & 4**

The Community Mental Health Team (CMHT) had been relocated from the Links building. The Dispensing and Treatment Team (DATT) services remained in the

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building, whilst a BJC was being developed for the re-provision of a modular building on the site for the service to relocate on a temporary basis. GW reported that the BJC was to include the demolition of the Links Building. However, following discussions with the planning authority it was made clear that a planning permission required for its demolition would only be considered with a proposal for a replacement building and of a similar size and scale.

### **Genomics**

Appointments of SCP, PM & CA were awarded in December 2019. The 'agreement to lease' was being finalised which allowed the UHB to continue with the necessary design work to deliver the Business Justification Case (BJC) by the end of 2020.

A formal start up meeting was due to be scheduled in January 2020.

### **CAPITAL DEVELOPMENT MATRIX SCHEDULE**

The schedule of all current major capital and discretionary capital schemes was presented for noting. GW highlighted that the IMTP schedule had been included.

AH raised the potential capital and revenue implications linked with Whitchurch GP Practice and advised CMG that PCIC were preparing a paper for consideration by ME on the options available to resolve the practice's immediate issues.

### **DISCRETIONARY CAPITAL AND ESTATE COMPLIANCE**

The CMG acknowledged the reports provided, GW advised that the key issues had been highlighted during the meeting.

### **LETTERS OF APPROVAL**

Three letters of approval were received within the reporting month, extracts of the letters were included in the report;

- Award of Capital Funding to Cardiff and Vale University Health Board in respect of Cystic Fibrosis Services at University Hospital Llandough
- Award of Capital Funding to Cardiff and Vale University Health Board in respect of Replacement Imaging Equipment 2019-20
- Award of Capital Funding to Cardiff and Vale University Health Board in respect of Phase 1 Major Trauma Centre works at the University Hospital of Wales

### **MEDICAL EQUIPMENT**

FJ attended the Medical Equipment Group where a key issue was raised regarding lost and or untracked equipment and insufficiencies with the current

	<p>system. Following investigation FJ advised the group that the size of the Medical Equipment library facilities at both UHW and UHL were inadequate and could not accommodate any further items. FJ requested that consideration be given to options to expand the existing facilities and if not, whether it was possible to include the options in the Academic Avenue Development or any other schemes in development.</p> <p>GW advised that it was not anticipated that central storage for medical equipment would be included within the developments although storage space within departments would be provided as standard. GW suggested that FJ submit a PIE and CoS for the medical equipment library expansions so that it can be considered along with the other capital schemes, by the CMG and ME.</p> <p>FJ presented the Medical Equipment report and requested that the CMG approve the provision of £88k from the medical equipment budget to replace malfunctioning Optical Coherence Tomography device used by Ophthalmology. CMG supported the funding.</p> <p>It was reported that each CB had assigned a Medical Equipment Officer (MDSO) for the Medical Equipment Group. Each MDSO had been requested to prioritise their equipment lists in preparation for any potential slippage when approaching year end. Representation was required from IM&amp;T.</p> <p>RC requested that when the CMG are considering projects and equipment for the priority list for capital slippage to ensure that there is no revenue tail.</p> <p>A verbal update was given in relation to Community Dental. A paper had been drafted by PCIC for presentation at ME, 23 December 2019, to advise the capital and revenue costs to allow the UHB to meet the requirements of the recent WG inspection of the community dental facilities.</p>
<p><b>6.</b></p>	<p><b>IM&amp;T</b></p> <p>NL presented the IM&amp;T report and confirmed that letter received from WG, 19 November 2019, for funding support of capital and revenue for Windows 10 deployment, Wi-Fi, Windows 365 mobility and security had been signed by the UHB and returned to WG.</p> <p>NL reported a challenging timescale, however advanced works were ongoing to prepare the financial, recruitment and procurement plans to ensure that the programme and spend was met as agreed with WG.</p> <p>LD requested further clarification of the Mobile Wi-Fi, NL advised that an assessment of the current infrastructure was ongoing and the team were procuring additional devices for access points to plug gaps for system and staffing uses. Following the developments achieved within the financial year NL advised that a recommendation and proposal would be developed for potential future use for software systems.</p>

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<p><b>7</b></p>	<p><b>ANY OTHER BUSINESS</b></p> <p><b>Appendix 1 – CRM Minutes</b></p> <p>AH reported that Bobath, located on Park Road, had approved WG funding to relocate to a new facility. Bobath had offered the UHB first refusal to purchase the property. Benefits of the purchase were identified as the UHB already own a number of properties on Park Road.</p> <p>GW advised that the building may be appropriate for the planned Children’s Respite Centre.</p> <p>The market cost for the property was reported £450k. WG had indicated that a loan agreement could be arranged to purchase during the current financial year and pay back 2020/21.</p> <p>RC raised concerns regarding the loan agreement until the capital plan had been finalised.</p> <p>GW highlighted that the LA were interested in purchasing Radyr Health Centre and advised that Fairwater, which was already owned by the UHB, may be a potential location for Radyr to relocate. RC would want clarification that staff would move prior to finalising the decision.</p> <p><b>Capital Management Procedure</b></p> <p>RH advised that the Capital Management Procedure was due for review and requested that the CMG review the document and confirm any changes that were required to be made.</p>
<p><b>8.</b></p>	<p><b>TIME AND DATE OF NEXT MEETING</b></p> <p>Monday 20<sup>th</sup> January 2020, Taff Room, 1<sup>st</sup> Floor Woodland House</p>

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Digital Health and Care Strategy –  
 NHS Wales Informatics Management Board (NIMB)  
 Minutes, Decisions and Actions

NHS Informatics Planning and Delivery Group  
 Minutes, Decisions & Actions to be Taken

**Date:** Monday 16 December 2019  
**Time:** 14:30 to 17:00  
**Venue:** Room 4.03, Welsh Government, Cathays Park, Cardiff, CF10 3NQ

In Attendance	Organisation	Apologies	Organisation
Ifan Evans ( <b>Chair</b> ) - IE	WG	Huw George	PHW
Fliss Bennee – FB	WG	Emma Coles	WG
Caren Fullerton - CF	WG	Craig Stevens	WG
Chris Field - CMF	WG	Ffion Thomas	WG
Aled Williams - AW	WAST		
Matt John – MJ	SBUHB		
Mike Ogonovsky - MO	ABUHB		
David Fearnley - DF	BCUHB		
Neil Frow - NF	NHS SSP		
Helen Thomas - HT	NWIS		
Rhidian Hurle – RH	NWIS		
Claire Bevan - CB	WAST		
Pete Hopgood - PH	Powys		
Angela Fisher - AF	PHW		
Daniel Phillips – DP	VCC		
Claire Osmundsen-Little - COL	NWIS		
David Thomas - DT	CAV		
Karen Winder - KW	CTMUHB		
Ruth Chapman - RC	NWIS		
Stuart Morris - SM	Velindre		
Anthony Tracey – AT (vc)	HDd		

**Note:** Due to changes in secretariat staff, a full list of apologies is not available.

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Item No.	Item
1	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair welcomed everyone to the meeting and introductions were made. He took the opportunity to reflect on 2019 and the considerable change that has happened in digital in health this year, including the architectural and governance reviews, ministerial announcements and new digital priorities funding. He anticipated 2020 would be even busier with the implementation of new governance arrangements, the creation of a new SHA and more digital transformation.</p> <p>Apologies received:</p> <ul style="list-style-type: none"> <li>• Huw George (Angela Fisher deputising).</li> </ul>
2	<p><b>Chair's Opening Remarks</b></p> <p>The Chair gave an update on PAC, confirming that the session went as well as can be expected and asked members to note that PAC was particularly concerned with informatics and were expecting an update in May, before a return to the committee in October 2020.</p> <p>The Chair re-affirmed that digital is a key area of A Healthier Wales (AHW) and the next PAC sessions would focus on key digital deliverables such as the CDO appointment process and addressing the reported issues around My Health Online (around GP mergers and transfers) and how this process can be simplified for patients.</p> <p>The Chair laid out his expectations around improving particular areas in readiness for the next PAC session including:</p> <ol style="list-style-type: none"> <li>1) Having an improved understanding on exactly how money for digital, data and technology is forecasted/allocated/spent across Trusts, Health Boards and NWIS. The following discussion highlighted that this could be achieved through the planning framework and via a national IMTP. <b>Action: NWIS to explore if this can be achieved using information from IMTP's.</b></li> <li>2) Formalising how lessons learnt from previous programmes are being captured and recorded, with an increased emphasis on the importance of capturing benefits in a more formal, consistent and recognisable way. The Chair highlighted that it becomes more difficult to make a case for additional funds if we are unable to provide evidence the benefits of current investment. <b>Action: Members to share how they currently capture lessons learnt and benefits with WG.</b></li> </ol> <p>Members re-iterated their commitment to contribute relevant information for use at future PAC sessions.</p>

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3	<p><b>Minutes and Actions from the previous meeting</b> Members accepted the minutes of the previous meeting as a true record.</p> <p>The Chair highlighted a number of incomplete actions from the previous meeting and requested their addition to the Actions Log attached to these minutes. Members agreed that the quick circulation of minutes is necessary to ensure they accurately reflect the meeting. <b>Action – Secretariat to circulate draft minutes within a week of this and subsequent meetings.</b></p>
4	<p><b>Strategy Highlight Report</b> Members received the Strategy Highlight Report well and identified its usefulness in re-iterating the Chair’s earlier statements around improvements made in recent years. In particular, members expressed their gratitude on progress with the Wales Clinical Portal and the increased ability for medical professionals to deliver vastly improved care.</p> <p>It was noted that having to produce different versions of the report for different audiences was not an efficient use of time. Members requested a narrative alongside numbers in future reports, so that the quantitative benefits are supported by qualitative evidence. Members would like to have measurable targets in the report, to support the digital strategy. This will improve reporting and understanding of the vision for digital, and allow a single reporting process for both management meetings and Senedd business. <b>Action – NWIS to explore targets and narrative options, and present an updated version of the report at the next meeting.</b></p> <p><b>Risk Register</b> Members discussed the risk register, particularly focussing on the need for better clarity of ownership of risk and the ongoing management of mitigating actions.</p> <p>Members noted that discussions were ongoing with Emma Spear (WG) around approaches to risk management and advice. There was informal agreement for the February meeting of the Clinical Information Forum (CIF) (with extended membership, including representation from WG) to be used to discuss risk. Members saw this as an opportunity to ensure that the new governance arrangements would address risks, empower individuals to commit to doing something about the risk and provide a firm mandate to manage it. <b>Action: Ruth Chapman agreed to make the necessary arrangements (with endorsement from the CIF Chairs).</b></p>
5	<p><b>WTSB Architecture Document</b> WTSB had requested NIMB review the Architecture Document and provide their advice on implementing and enforcing the principles. The paper was generally accepted and members acknowledged the good work of WTSB and the principles were valued. In the following discussion members were unsure on the relationship between WTSB and NIMB; what decisions were being sought (as the paper was considered too technical for NIMB to consider); what the expectations are around</p>

endorsing the paper; what the next steps are; what this meant in practice; and how the decision would be taken forward.

Members requested a summary paper to review at the next meeting with context around the history of the paper, a description of the decisions needed and suggestions on how to take the principles forward. **Action: Secretariat to inform WTSB of the requirement to submit a summary paper for documents sent for NIMB consideration.**

### **Developing Governance Structure**

Members received a presentation on the developing governance structure, sparking discussion as they worked through a specific example. The Board noted that this was a work in progress, acknowledging its development with a great deal of stakeholder interaction. Members emphasised the need to move to something new and that the proposed structure would help get there. Members highlighted the importance of the new structure being more digitally orientated, with clearer lines of responsibility, with clinical engagement and an overarching blend of responsiveness.

Members requested written working examples of programmes/projects through the new structure to identify how the new structure would address specific topics (such as cyber security).

Members agreed to share lessons learned from previous experience on the Clinical Informatics Forum exercise with WG and the Chair requested that members send through examples to work through the new structure as soon as possible and in time for the next meeting in February. **Action: Members to send suggested programmes/projects as working examples to test the developing governance structure to WG.**

The following discussion raised points around terminology and the need for clarity around the roles and responsibilities of Boards, Groups, Networks/Forums and proposed memberships of each. Members requested circulation of proposed Terms of Reference for each in the New Year accompanied by a glossary of terms. **Action: Welsh Government to circulate of proposed Terms of Reference for the new governance structure accompanied by a glossary of terms.**

### **Digital Priorities Investment Fund (DPIF) – Update and Next Steps**

Members received an update on progress with the DPIF and the Chair confirmed his intentions to be able to release monies a lot sooner. He confirmed his priorities for early 2020 are mapping out remaining funds; identifying how to prioritise investment; allocating funds to programmes/projects and streamlining the decision-making processes to support investment.

The Chair confirmed that the business case pipeline suggests that there may not be enough funds to go around all programmes and there would be big and difficult decisions to make for 2020 funding.

6	<p><b>CDO for Health and Care – Role Description</b></p> <p>Members discussed an update paper on the CDO recruitment, noting the close ties between the CDO appointment and work to establish the NHS Executive. The following discussion identified particular challenges as it becomes difficult to recruit without first knowing how the NHS Executive would want to proceed.</p> <p>Members strongly highlighted that the CDO is a key position and rushing to appoint the wrong person could almost be as bad as not making an appointment at all. The Chair noted member's remarks but confirmed that the CDO job description/ specification needed to be finalised as early as possible.</p>
7	<p><b>NHS Executive Update</b></p> <p>Members received an update on progress with the establishment of the NHS Executive. In the following discussion, member's highlighted key lessons learnt from previous projects and strongly expressed that the functions of the NHS Executive should not include the re-procurement of core systems, but acknowledges the opportunity to strengthen the procurement approaches within the Executive. Action: <b>Members agreed to contact Emma Coles (<a href="mailto:emma.coles@gov.wales">emma.coles@gov.wales</a>) directly for any further information as this piece of work develops.</b></p>
8	<p><b>Any other business</b></p> <p>No AOB items were raised but the Chair took the opportunity to thank members for their continued engagement and support over the past 6 months, expressing optimism for building a more open and supportive relationship throughout 2020 to improve engagement across the digital space. He asked members to take time over the Christmas break to reflect on the size of the task in hand for 2020.</p>
9	<p><b>Date and Time of next meeting</b></p> <p>Members agreed the next meeting to be in February 2020.</p>

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NHS Wales Informatics Management Board (NIMB) – Action Log (Dec 2019)

Meeting Date	Action ID	Action	Owner	Target Date	Status	Comments
16-Dec-19 (Rolloed forward from 14 Oct)	1	<b>Digital Innovation Review</b> To Circulate the link to the Digital Innovation Review to the Board for comment.  <b>LINK:</b> <a href="https://gov.wales/revision-digital-innovation-final-report">https://gov.wales/revision-digital-innovation-final-report</a>	Secretariat	20-Dec-19	Closed	Link circulated with Dec-19 Minutes
16-Dec-19 (Rolloed forward from 14 Oct)	2	<b>Resources for Work Streams</b> Members to seek volunteers to assist with work streams and resource requirements for potential secondment.  Emails to be sent to Fliss Bennee ( <a href="mailto:fliss.bennee@gov.wales">fliss.bennee@gov.wales</a> )	All Members	31-Jan-20	Open	
16-Dec-19 (Rolloed forward from 14 Oct)	3	<b>Agreed Definitions of Programme Roles</b> Members to agree definitions of programme roles so that roles are consistent across all work streams for accountability and risk assessment.	Dan Phillips	Feb-20	Open	Dan Phillips has drafted a paper and will circulate for comment prior to discussion at next meeting.

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Digital Health and Care Strategy –

NHS Wales Informatics Management Board (NIMB)

Minutes, Decisions and Actions

Meeting Date	Action ID	Action	Owner	Target Date	Status	Comments
16-Dec-19 (Rolled forward from 14 Oct)	4	<b>Further Clarification on whether the SHA Board is to be a Ministerial Appointments process</b> Key Question is to whether the Chair is to be an interim appointment or advertised.	Ifan Evans	Feb-20	Open	Ifan Evans to take a view on this with Minister.
16-Dec-19 (Rolled forward from 14 Oct)	5	<b>Blaenavon Data Centre (BDC)</b> BDC review paper to be circulate to members for information	Secretariat	20-Dec-19	Open	
16-Dec-19	6	<b>My Health On Line</b> Helen Thomas to discuss the reported issues around GP mergers and patient transfers) and how this process can be simplified for patients directly with Welsh Government Primary Care Team and report back at next meeting.	Helen Thomas	Feb-20	Open	
16-Dec-19	7	<b>Improving Understanding of how digital funding is forecasted/ allocated/spent across Trusts, Health Boards and NWIS.</b> Claire Osmundsen-Little to explore if this can be achieved using information from IMTP's and	Claire Osmundsen-Little	Feb-20	Open	

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**Digital Health and Care Strategy –  
NHS Wales Informatics Management Board (NIMB)  
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Meeting Date	Action ID	Action	Owner	Target Date	Status	Comments
		report at the next meeting.				
16-Dec-19	8	<p><b>Formalising Lessons Learnt and Capturing Benefits in a more consistent way.</b> Members to share how they currently capture lessons learnt and benefits to allow the implementation of a more consistent approach.</p> <p>Members to send documentation to Welsh Government (<a href="mailto:HSS.TechnologyAndDigital@gov.wales">HSS.TechnologyAndDigital@gov.wales</a>) in time for the next meeting.</p>	Members	Feb-20	Open	
16-Dec-19	9	<p><b>Producing measureable targets to support the digital strategy.</b> NWIS to explore targets and narrative options, and present an updated version of the report at the next meeting.</p>	NWIS (Helen Thomas)	Feb-20	Open	
16-Dec-19	10	<p><b>Risk Management Workshop</b> Ruth Chapman to work with Chairs of the Clinical Information Forum to extend membership of the CIF February meeting to discuss risk management, involving Emma</p>	Ruth Chapman	Feb-20	Open	Ruth to report the outcome of the workshop at the next meeting.

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NHS Wales Informatics Management Board (NIMB)  
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Meeting Date	Action ID	Action	Owner	Target Date	Status	Comments
		Spear ( <a href="mailto:emma.spear@gov.wales">emma.spear@gov.wales</a> ) as required.				
16-Dec-19	11	<b>WTSB Architecture Document</b> Secretariat to request a summary paper from WTSB to detail the history of the paper, a description of the decisions needed and suggestions on how to take the principles forward.	Secretariat	20-Dec-20	Closed	NIMB request sent to WG colleagues to raise at next WTSB meeting.  This would also apply for future documents from WTSB.
16-Dec-19	12	<b>Developing Governance Structure</b> Members to send suggested programmes/projects as working examples to test the developing governance structure to Fliss Bennee ( <a href="mailto:fliss.bennee@gov.wales">fliss.bennee@gov.wales</a> )	Members	10-Jan-20	Open	
16-Dec-19	13	<b>Developing Governance Structure</b> Welsh Government to circulate proposed Terms of Reference for the new governance structure accompanied by a glossary of terms.	Fliss Bennee		Open	

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Digital Health and Care Strategy –  
NHS Wales Informatics Management Board (NIMB)  
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NHS Wales Informatics Management Board (NIMB) – Future Agenda Items (as at Dec 2019)

Target Meeting Date	Agenda ID	Agenda Item	Status	Comments
Feb-20	1	<b>WTSB Architecture Document</b> <b>Members to review and endorse the WTSB</b> document based on the summary paper requested.	Open	<b>(See action 11 from 16-Dec-19)</b>

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