

## **Hywel Dda University Health Board**

### **Implications of COVID-19 on Information Governance**

#### **Final Internal Audit Report November 2020**

**Private and Confidential**  
**NHS Wales Shared Services Partnership**  
**Audit and Assurance Services**



<b>Contents</b>	<b>Page</b>
1. Introduction and Background	4
2. Scope and Objectives	4
3. Associated Risks	5
<u>Opinion and key findings</u>	
4. Overall Assurance Opinion	5
5. Assurance Summary	7
6. Summary of Audit Findings	9
7. Summary of Recommendations	11
Appendix A	Assurance Opinion and Action Plan Risk Rating
<b>Review reference:</b>	HDUHB-2021-08
<b>Report status:</b>	Draft Internal Audit Report
<b>Fieldwork commencement:</b>	15 <sup>th</sup> September 2020
<b>Fieldwork completion:</b>	19 <sup>th</sup> October 2020
<b>Draft report issued:</b>	9 <sup>th</sup> November 2020
<b>Management response received:</b>	12 <sup>th</sup> November 2020
<b>Final report issued:</b>	13 <sup>th</sup> November 2020
<b>Auditor/s:</b>	Sian Bevan
<b>Executive sign off:</b>	Huw Thomas (Director of Finance)
<b>Distribution:</b>	Anthony Tracey (Assistant Director of Informatics) Patrycja Duszyńska (Head of Information Governance)
<b>Committee:</b>	Audit & Risk Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

### **ACKNOWLEDGEMENT**

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

### **Disclaimer notice - Please note:**

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit & Risk Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit & Risk Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

## 1. Introduction and Background

In line with the revised 2020/21 Internal Audit Plan for Hywel Dda University Health Board (the Health Board) a review of the local Implications of COVID-19 on the Information Governance (IG) function was undertaken.

With COVID-19 now a global pandemic, NHS Wales organisations such as Hywel Dda University Health Board have had to work quickly, and flexibly under extraordinary pressure to meet the needs of its workforce and the public.

The scale of coordination and data management required for effectively implementing strategic plans to deal with the situation has relied on adopting digital technology and integrating it into the Health Board. Digital health technology can facilitate pandemic strategy and response in ways that are difficult to achieve manually, but it is essential that controls are maintained or established to mitigate Information Governance related risks.

Whilst regulators such as the information commissioner's office (ICO) have taken a pragmatic and proportionate approach during the pandemic situation, acting in a manner which takes into account circumstances faced by NHS organisations, as lockdown restrictions ease, the ICO expects organisations to be working towards a plan for full recovery of its Information Governance functions and responsibilities.

The relevant lead for the assignment is the Director of Finance.

## 2. Scope and Objectives

The objective of the audit is to ensure that robust measures and controls have been established by the Information Governance department to mitigate issues and risks arising from the COVID-19 crisis, where actions have been taken to enact new digital ways of working to cope with COVID-19, these were subject to Information Governance review / controls and that there is a recovery plan in place at the Health Board for Information Governance work post COVID-19.

The areas reviewed during the audit were:

- **New ways of working** – robust measures and controls have been established to mitigate issues and risks arising from the Covid-19 crisis, where actions have been taken to enact new digital ways of working, these have subject to Information Governance review such as Privacy Impact Assessments (PIAs) & Data Protection Impact Assessments (DPIAs);
- **Statutory requirements** – wherever possible the Health Board conformed to statutory requirements for areas such as General Data Protection Regulation (GDPR), Subject Access Requests (SAR) and Freedom of Information Requests (FOI);

- **Control of Patient Information (COPI) Requests** – any request for approval of processing of confidential patient information for Covid-19 purposes followed Welsh Government guidance; and
- **Post COVID-19** – there is a recovery plan in place at the Health Board for Information Governance work post COVID-19.

### 3. Associated Risks

The potential risks considered in the review are as follows:

- New digital ways of working established under COVID-19 were not subject to the proper IG control and review.
- Statutory requirements not met during the COVID-19 pandemic.
- Government guidance not followed in relation to COVID-19 IG issues.
- No plan for full recovery of IG function post COVID-19.


## OPINION AND KEY FINDINGS

### 4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with Implications of COVID-19 on Information Governance is **Substantial** assurance.

RATING	INDICATOR	DEFINITION
Substantial Assurance		The Board can take <b>substantial assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with <b>low impact on residual risk</b> exposure.

The review of implications of COVID-19 on information governance highlighted the significant and positive work undertaken by the Health Board's Information Governance (IG) team during extremely challenging times.

The speed with which compliant new ways of working were introduced in response to COVID-19 is commendable and we noted a robust framework of controls, consistently applied in all the areas reviewed.





Statutory compliance requirements were maintained and work that was initially paused in light of the outbreak such as Information Asset Registers and training sessions, were quickly resumed and robustly monitored.

Efficient information flows were a central factor in the performance of decision making, processes and communications. This was evidenced by the established Command and Control structure, specifically the Informatics and Digital Bronze groups and wider collaboration under 'One Wales' and the National Information Governance Management Advisory Group (IGMAG).

No findings were noted as part of this review.

## 5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Audit Objective		Assurance Summary*			
					
1	<b>New ways of working</b> – robust measures and controls have been established to mitigate issues and risks arising from the Covid-19 crisis				✓
2	<b>Statutory requirements</b> - wherever possible the health board conformed to statutory requirements for areas such as General Data Protection Regulation (GDPR), Subject Access Requests (SAR) and Freedom of Information Requests (FOI).				✓
3	<b>Control of Patient Information (COPI) Requests</b> – any request for approval of processing of confidential patient information for Covid-19 purposes followed Welsh Government guidance.				✓
4	<b>Post COVID-19</b> – there is a recovery plan in place at the Health Board for Information Governance work post COVID-19.				✓

\* The above ratings are not necessarily given equal weighting when generating the audit opinion.

**Design of Systems/Controls**

There were no issues that are classified as weaknesses in the system control/design for Implications of COVID-19 on Information Governance.

**Operation of System/Controls**

There were no issues that are classified as weaknesses in the operation of the designed system/control for Implications of COVID-19 on Information Governance.



## 6. Summary of Audit Findings

**OBJECTIVE 1: New ways of working – robust measures and controls have been established to mitigate issues and risks arising from the Covid-19 crisis, where actions have been taken to enact new digital ways of working, these have been subject to Information Governance review such as Privacy Impact Assessments (PIAs) & Data Protection Impact Assessments (DPIAs).**

A significant number of DPIAs were undertaken by the IG team from mid-March 2020 to allow essential services and meetings to continue. Each DPIA is recorded on an action log with full detail.

A sample of three DPIAs was tested for completeness:

<b>IG Ref Number</b>	<b>Title</b>
<b>IGQ2178</b>	Consultant Connect
<b>IGQ2256</b>	Command Centre SharePoint
<b>IGQ2596</b>	Antigen Test Booking

Each DPIA within our sample was completed in full and we noted evidence of approval by the Senior Information Risk Owner (SIRO) and the Information Governance Sub-Committee (IGSC) where applicable. Two of our sample DPIAs will be presented to the IGSC for formal assurance in November 2020.

The Health Board adopted a risk-based approach to the development of agreements and DPIAs and a shorter DPIA template was implemented to allow processes to be implemented quickly. The Head of IG confirmed that only a couple of “mini” DPIAs were undertaken but those initiatives did not go ahead, negating the requirement to complete a full assessment. It was noted that a full DPIA was preferred as it ensured that the IG team had all the required information to make an informed decision.

The Head of IG was a member of the Health Board’s Informatics and Digital Bronze Groups and the National NHS Wales Information Governance Management & Advisory Group (IGMAG) and provided regular updates of key actions and discussions to the IGSC.

Internal Audit also noted the supplementary COVID-19 Privacy Notices, including Antigen and Antibody testing, disseminated and published by the Health Board.

**No matters arising.**

**OBJECTIVE 2: Statutory requirements – wherever possible the health board conformed to statutory requirements for areas such as General**

## **Data Protection Regulation (GDPR), Subject Access Requests (SAR) and Freedom of Information Requests (FOI).**

All Information Governance statutory and regulatory requirements were maintained throughout the pandemic, which was evidenced by dashboards and reports to the IGSC detailing progress made against actions required to ensure compliance with data protection legislation.

Monitoring of the Health Board's systems for inappropriate access to patients' personal data through the National Intelligent Integrated Audit Solution (NIIAS) platform continued, however, face-to-face training sessions were paused initially and then replaced with virtual sessions in July 2020.

IG mandatory training for Health Board staff was also replaced by virtual sessions and online assessments.

Information Asset Register (IAR) work was also initially paused but quickly resumed with a detailed work plan to track and monitor individual IARs with the onus put on Information Asset Owners (IAOs) to drive the work forward. Detailed updates were provided to the IGSC and we noted the swift action taken by the IG Team on the areas deemed to be outliers. Additional temporary staff resource has been provided by the Health Board to work solely on the IAR to ensure compliance and a target has been set to have a complete record of data flows by the end of December 2020.

A review of the IGSC Chair's assurance reports noted the sufficient level of detail and assurance provided to the People, Planning and Performance Assurance Committee (PPPAC) and to the Board.

### **No matters arising.**

## **OBJECTIVE 3: Control of Patient Information (COPI) Requests – any request for approval of processing of confidential patient information for Covid-19 purposes followed Welsh Government guidance.**

The Health Board was well informed of the COPI regulations and they were discussed in detail at the IGMAG, which was evidenced in regular updates to the IGSC.

The Head of IG confirmed the main development under COPI was the Track, Trace and Protect (TTP) app. Work was carried out across NHS Wales to prepare a national DPIA and Information Sharing Protocol (ISP) for the TTP app and regular discussions took place at IGMAG and ISGSC and evidenced in update reports and meeting minutes.

One enquiry was received to share information about patients with COVID-19, however following discussions at the Bronze Informatics meetings, it was agreed not to undertake as the matter was covered by national arrangements.

**No matters arising.**

**OBJECTIVE 4: Post COVID-19 – there is a recovery plan in place at the Health Board for Information Governance work post COVID-19.**

The Head of IG confirmed that a recovery plan was not required by the Health Board as a business-as-usual approach was adopted early in the pandemic. Where work was initially paused, it was quickly resumed by enacting new ways of working such as virtual training sessions and by redirecting resource and focus such as the IAR.

Papers regularly submitted to the IGSC include detailed work plans, activity reports, query logs and progress reports covering all areas of IG. We also note the ongoing positive progress made with the IG Toolkit.

Internal Audit was satisfied that consistent and robust monitoring continued throughout the pandemic.


**No matters arising.**


## **7. Summary of Recommendations**


No findings were identified during this review.


**Appendix A - Assurance Opinion and Action Plan Risk Rating**

**2020/21 Audit Assurance Ratings**

 **Substantial Assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable Assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

 **Limited Assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** arrangements in place to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

**Prioritisation of Recommendations**

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
<b>High</b>	Poor key control design OR widespread non-compliance with key controls.  PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
<b>Medium</b>	Minor weakness in control design OR limited non-compliance with established controls.  PLUS Some risk to achievement of a system objective.	Within One Month*
<b>Low</b>	Potential to enhance system design to improve efficiency or effectiveness of controls.  These are generally issues of good practice for management consideration.	Within Three Months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



Office details: St Brides  
St David's Park  
Carmarthen  
Carmarthenshire  
SA31 3HB

Contact details: 01267 239780 – james.johns@wales.nhs.uk