

<b>Name of Sub-Committee:</b>	<b>Information Governance Sub-Committee (IGSC)</b>
<b>Chair of Sub-Committee:</b>	<b>Huw Thomas, Director of Finance</b>
<b>Reporting Period:</b>	<b>11<sup>th</sup> February 2021</b>

**Key Decisions and Matters Considered by the Sub-Committee:**

**Clinical Coding Update**

The IGSC noted the clinical coding performance for November 2020 was 63.2%. Members were informed that the four-trainee staff recently appointed to the Clinical Coding Team are settling into their roles, and their training has been fast tracked and has now been completed. Members noted that HDdUHB was significantly below the Welsh average of 86.4% and requested that an urgent recovery plan be developed. It was noted that during the COVID-19 pandemic, the service has been running at approximately 80% capacity. Social distancing guidelines have destined that the Team has been required to organise a shift pattern to ensure appropriate space is maintained within the offices, which has had a substantial impact upon the number of cases that have been coded. In addition, Members noted the 'loss of hours' during the financial year (April 2020 to January 2021) by reason which is a substantial factor on both the productivity of the Team and the low monthly performance. The table below illustrates the extent of the issues affecting the clinical coding team:

	Hours lost				
	Total	BGH	GGH	PPH	WGH
Special Leave - Self Isolation	218	23	53	90	53
Special Leave - Track & Trace	150	53	38	60	0
Special Leave - Child Care (COVID)	27	12	15	0	0
Special Leave - Shielding	1,914	773	0	0	1,142
Special Leave - (Other)	90	8	8	75	0
Sick Leave - COVID	284	0	89	195	0
Sick Leave - Others	3,264	2,734	323	53	155
Social Distance reasons (office space)	4,473	409	1,245	2,027	794
Courses (standards & refresher)	925	0	595	330	0
Mentoring of Trainees	624	0	194	218	213
Trainee's Phase	1,680	0	1,290	390	0

Members noted the table, and requested officers to include the impact and possible options to improve this within their recovery plan to be presented at the next meeting.

**Enterprise Master Patient Index (EMPI) Implementation Plan**

The IGSC was presented with an update on the EMPI Implementation Plan. EMPI is an application developed by EMPI and managed by NHS Wales Informatics Service (NWIS) which creates a 'gold' standard demographic picture of the patient's details, taken from key clinical systems and databases from across Welsh Health Boards and central organisations, including Patient Administration System for Wales (WPAS); Research and Development Information System (RADIS); Welsh Demographic Service; Laboratory Information Management System (LIMS). The application collates the latest changes made to any of these records and using an algorithm provides a 'gold' standard picture of the demographics for the patient and, if set up, enters the demographic details back into the WPAS instance within the Health Board. The IGSC presented the benefits of the EMPI in detail, and also the associated risks from implementation. It was felt that the implementation of the EMPI was an important piece of work, and Members noted that the delays were as a result of the risks and impact upon the organisation. It was considered that the implementation team had documented all the necessary risks and issues and Members requested

that a rollout plan and subsequent implementation date be presented to the next meeting. The presenting officer provided a provisional date of the 1<sup>st</sup> Quarter of 2020/2021 for implementation. Members noted the provisional date, however requested the implementation plan and confirmed date be provided at the next meeting.

### **Digital Services / IG Document Review**

The request to defer the above until the April 2021 meeting to allow the Digital team to progress the policies through the internal Health Board processes was noted. The IGSC also noted that many of the policies were all Wales documents, which will not be governed by this process.

### **Information Governance Toolkit – Compliance Update**

The IGSC was informed on progress regarding the completion of the Information Governance Toolkit. It was noted that there are 224 areas requiring assessment, observing the following completion to date:

- 117 items have been assessed and are green (52%),
- 25 have been assessed and are amber (11%),
- 37 have been assessed and are red (17%),
- 45 (20%) are either waiting for the evidence to be provided or are still being investigated as at the 28<sup>th</sup> January 2021.

The IGSC noted the work to date, however requested the reporting officer to progress with those deemed as red or those waiting for additional evidence. Members supported, that if required, the Chair of the IGSC would contact the Executive Director(s) to ensure that the areas are completed within the allocated timescales. As a result of the current completeness, it was agreed that an extra-ordinary meeting would be convened to sign off the toolkit, as the next meeting is outside of the reporting deadline of the 31<sup>st</sup> March 2021.

### **Information Asset Registers**

The IGSC was asked to approve four Information Asset Registers (IARs), following assurance by the Information Asset Owners Group (IAOG) meeting and the services' Directors:

- Finance - Counter Fraud.
- Finance - Major Projects and Planning.
- Finance – Financial Accounting & Statutory Reporting.
- Finance – Value, Costing and Business Intelligence.

### **IG Activity Report**

The IGSC received the IG Activity Report, noting the following:

- **Enquiries on Data Protection Framework** – the number of enquiries (**67**) received during Quarter(**Q3**) shows an increase in figure to the previous quarter (**56** enquiries), and a large increase compared to **Q3** of the previous year 2019/20 (**52**).
- **Information Sharing** – the number of information sharing requests (**19**) received during **Q3** demonstrates a further decrease from the previous quarter (**27** requests), and a significant reduction compared to **Q3** of the previous year 2019/20 (**26**).
- **Data Subject Requests** - The number of Health Subject Access Requests (SAR) received totaled at **638** during **Q3**, an decrease in comparison to the previous quarter (**697**) and of **Q3** of

the previous year (**839**). There were **8** Corporate Subject Access Requests (SAR) received in **Q3**, similar compared with **Q2 (7)**.

- **Freedom of Information** – there was an increase in the number of Freedom of Information Requests received during **Q3 (136)** compared to the previous quarter (**107**), and this figure has also increased compared with the same period during **Q3** of the previous year 2019/20 (**116**).
- **Training Compliance** – The IG training compliance has increased slightly with **Q3** recording **78.61%**, which is a marginal increase to the previous quarter (**76.16%**). There was a marginal increase compared to the end of **Q3** of the previous year 2019/2020 (**78.33%**). The booking onto the Electronic Staff Record (ESR) Weekly IG virtual training (Microsoft Teams) is being rolled out during February 2021 in order to encourage IG ESR compliance.

The IG Team has been delivering Information Governance Level 1 virtual training sessions via Microsoft Teams since the 3<sup>rd</sup> August 2020. From February 2021, staff will be able to book onto the IG Virtual Training via ESR. This will hopefully encourage staff to complete their IG training and increase the IG compliance rate. In addition, the new virtual training video is under development, providing staff with an option of how they wish to complete their IG compliance.

- **National Intelligent Integrated Auditing Solution (NIIAS) Monitoring** – Alerts received during **Q3 - 43** own access notifications were received, in comparison to the previous quarter (**41**). It is a disappointing increase, however upon considering the individual alerts it was identified that 1 of the triggers have been confirmed as legitimate accesses, whereby the member of staff record was accessed within A&E on a shared computer. This access has been verified as legitimate by the Line Manager of the Service. Of the **43** triggers, **22** staff have undertaken the virtual training and **9** staff member notifications remain outstanding.

During **Q3**, **25** potential family access notifications were recorded. **16** of these were found not to be relations and also some were legitimate accesses related to their work. **5** have been identified as requiring training whilst **14** remain outstanding. This is an increase in notifications requiring investigation in comparison with the previous quarter (**16**), and similar compared to **Q3** of the previous year 2019/20 (**24**).

There were **6,940** staff accessing staff files notifications during **Q3**. This is an expected increase to the last quarter (**6,574**), due to COVID-19 testing, etc. It is noted that these figures are similar compared with the same quarter as last year **Q3 2019/20 (6,901)**.

There were **8** choose pharmacy alerts during **Q3**, compared with 0 during the last quarter, this is a greater than 50% decrease compared with Q3 2019/20 (**19**).

HDdUHB's Information Governance team has met with the NWIS's National Monitoring System Development Manager, whose team is responsible for maintaining NIIAS, to discuss how the system can support HDdUHB in monitoring staff access notifications. As it was previously reported to IGSC, the Report Builder used by HDdUHB has been suspended. The meeting has also been attended by the Maxwell Stanley Consulting representative who will be implementing a new tool within NIIAS allowing us to export enough data to continue with the staff notifications monitoring.

Additionally, NWIS is currently working on integrating the Welsh Immunisation System (WIS) with NIIAS, in order for accesses to be easily monitored. Therefore staff who have access to NHS Wales systems, and are not directly employed by NHS Wales (their details are not available through ESR) will be monitored, as there will be a separate process in place to input their demographic data into NIIAS directly.

Moreover, the current contract with the NIIAS provider will be renewed for a further 2 years. NWIS are enquiring with other Health Boards about possible integrations with other systems locally used. HDdUHB will be exploring the integration of the CarePartner with NIIAS, due to a number of patients and staff currently using the system. Further details will be provided upon implementation.

### **Data Protection Impact Assessments (DPIA)**

The IGSC noted that five recently developed DPIAs were presented for assurance purposes, as they had been previously approved by the Acting Senior Information Risk Owner (SIRO). The DPIAs approved were:

- Antibody tests App.
- Antigen testing App.
- Physio Now.
- Malinko Scheduling System.
- Lightfoot Solution.

### **Risk Register**

The IGSC was provided with a summary of the current IGSC Risk Register. There were three main risks associated with IGSC which were discussed in detail:

- Risk 343 (General Data Protection Regulation (GDPR) Compliance): Work is in progress and the risk will be mitigated when the GDPR Compliance Action Plan has been completed (December 2020 – March 2021).
- Risk 225 (Duplicate Records): Meetings have been arranged within the Digital Team to discuss how to proceed with a mitigation plan to decrease the risk score and an update will be provided at the next meeting.

Members requested that the migrations against each of the risks are reviewed to provide assurance that the actions are being taken forward.

### **Audit of Network Communications Rooms**

A verbal update was received from the reporting officer, and Members noted the current delays in providing a formal report, however requested that an update document is presented at the next meeting.

### **Brexit and Data Flows**

The new guidance from Welsh Government (WG) concerning the data adequacy and the sharing of any information with the European Union (EU) was noted. It was also noted that WG have requested that all Public Bodies ensure compliance with the extant guidance and that personal data can continue to be transferred following the exit from the EU and to put in place appropriate alternative transfer mechanisms. WG is kept informed on developments and progress of the

adequacy assessment through the Digital, Culture, Media and Sport Committee (DCMS) Adequacy Hub.

**Test, Trace and Protect (TPP) Programme – letters from the Information Commissioners Office (ICO)**

The IGSC were requested to note the guidance being released, and those measures that have been put in place to ensure personal data of Welsh citizens being processed, as part of the TTP programme, is in accordance with data protection legislation.

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

Members noted the recent internal audit report into the implications of COVID-19 on Information Governance. The objective of the audit was to ensure that robust measures and controls had been established by the Information Governance Department to mitigate issues and risks arising from the COVID-19 crisis, where actions had been taken to enact new digital ways of working to manage COVID-19, these were subject to Information Governance review / controls and that there was a recovery plan in place at HDdUHB for Information Governance work post COVID-19.

The areas reviewed during the audit were:

- New ways of working.
- Statutory requirements.
- Control of Patient Information (COPI) Requests.
- Post COVID-19.

The level of assurance provided 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.

**Matters Requiring People Planning and Performance Assurance Committee Level Consideration or Approval:**

- No matters to be considered or approved.

**Risks / Matters of Concern:**

- No matters of concerns or risk were raised.

**Planned Sub-Committee Business for the Next Reporting Period:**

**Future Reporting:**

- Information Asset Owners and Information Asset Mapping update.
- Data Quality and Clinical Coding.
- Information Governance Risk Register.
- Information Governance Toolkit.
- IG Training Strategy.
- Clinical Coding Recovery Plan.
- Update on Cyber Security.
- Caldicott Register to be returned to the IGSC meetings.
- Enterprise Master Patient Index – Implementation plan.
- Digital / IG policies and procedures.
- Audit of Network Communications Rooms.

**Date of Next Meeting:**

Tuesday 13<sup>th</sup> April 2021 at 13:00