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Follow-up Review of Information and Communication Technology Audits – Assessment of Progress – **Aneurin Bevan University Health Board**

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Ni fydd gohebu yn Gymraeg yn arwain at oedi.

The person who delivered the work was Andrew Strong.

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Aneurin Bevan University Health Board (Health Board) has made progress in some areas but needs to make further improvements such as in obtaining Board approval and funding for the Informatics Strategic Outline Programme 2016-21, improving the accuracy of information and testing divisional business continuity plans.

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Summary report

Introduction

- 1 The Wales Audit Office has previously undertaken reviews covering various aspects of Information and Communications Technology (ICT) at Aneurin Bevan University Health Board (the Health Board). These included:
 - Data Quality (2012)
 - ICT Disaster Recovery and Business Continuity (original 2009 review and follow-up in January 2012)
 - Caldicott arrangements for information confidentiality requirements (2013)
- 2 **Exhibit 1** summarises the overall conclusions from each of these reviews.

Exhibit 1: overall conclusions from previous ICT reviews

Review name and date	Key conclusions
Data Quality (2012)	The Health Board demonstrates a good standard of data quality, however complex governance arrangements present a potential barrier to improvement.
ICT Disaster Recovery and Business Continuity (2009 and 2012)	Although not all the recommendations we made in our previous report in 2009 have been acted upon, the Health Board has made some progress in strengthening its ICT disaster recovery and business continuity arrangements.
Caldicott arrangements for information confidentiality requirements (2013)	Whilst the Health Board appears to have appropriate management and planning arrangements to underpin Caldicott governance requirements and has approached planning based on a good understanding of information confidentiality responsibilities, the Health Board needs to strengthen its Caldicott arrangements to ensure they are fully effective.

- 3 In 2015 Wales Audit Office carried out a follow-up review of its earlier ICT recommendations shown in **Exhibit 1**. The review sought to answer the question 'Is the Health Board making progress in addressing the key issues and recommendations highlighted in our previous reports relating to ICT matters?'

- 4 We reported our findings to the Health Board in May 2015 and concluded that ‘the Health Board had made progress in some areas raised in previous reviews but further improvements were needed such as approving the e-Health strategy, improving the accuracy of information and testing business continuity plans’. In making this conclusion, we found that:
- whilst information governance arrangements and the updated data quality policy provide the foundations to improve data quality, challenges remained to improve the accuracy of the Health Board’s information;
 - the Health Board had a standard approach to disaster recovery and business continuity planning, although the testing of business continuity plans was limited and there was scope to strengthen the approach in some divisions; and
 - Caldicott arrangements were well developed at the Health Board, but there was scope to make further improvements by agreeing the updated Health Board’s information governance strategy, completing the information governance steward development programme and informing patients of the use of their information.
- 5 In previous audit reports, we made the following recommendations, set out in [Exhibits 2, 3 and 4](#).

Exhibit 2: recommendations made in 2012

Recommendations	
Data quality	
R1	Ensure that Information Governance arrangements are efficient, effective and appropriately include data quality on the agenda.

Exhibit 3: recommendations made in 2013

Recommendations	
IT disaster recovery and business continuity planning	
R1	Test the Disaster Recovery plans to ensure they work as intended and are fit for purpose. This test should be performed at least annually.
R2	Strengthen the environmental controls over the main computer room by replacing the ageing air conditioning units.
R3	Prepare a schedule of Disaster Recovery testing applicable at least to key financial and clinical systems.
R4	Review the current fire escape route which passes through the Mamhilad computer room and is a significant ICT risk. Arrangements need to be strengthened by, for example, re-routing the fire exit.

Recommendations	
R5	Complete and approve any outstanding business continuity plans and ensure that they are based on a standard agreed template and reflect the appropriate level of risk. Regularly test and update all business continuity plans.
Caldicott information confidentiality arrangements review	
R1	Update the current arrangements for informing patients about the use of their information needs.
R2	Increase the number of Information Governance Stewards.

Exhibit 4: recommendations made in 2015

Recommendations	
Data quality	
R1	Ensure the Health Board meets the Information Governance and Confidentiality e-learning training target of 80% staff completion.
IT disaster recovery and business continuity planning	
R2	In conjunction with NWIS and the national LIMS supplier, the Health Board should develop and implement a plan to transition from the legacy Masterlab and Telepath pathology systems to the National LIMS system located in the national Data Centres.
R3	Document a systems resiliency map to assess all the local ICT systems used by the Health Board to map the availability, backup and restoration arrangements and procedures in place.
R4	Report the systems availability map to the IGC to provide assurance that Health Board's ICT systems and information are appropriately resilient.
Caldicott information confidentiality arrangements review	
R5	Ensure the Information Governance team is appropriately resourced to support information confidentiality training and education programmes for example, poster and leaflet campaigns and tailored information governance training.
R6	Establish an appropriate target for the number of Information Governance Stewards required to lead on information governance compliance throughout the organisation. This should take into account the support and training required for Information Governance Stewards. Ensure all Service areas are appropriately represented by Information Stewards, for example, Community Services.
R7	Where staff have access to a computer with an in-built writable CD/DVD drive, these staff should be reminded of the Health Board's ICT security policy requirements and the consequences of breach of this policy.
Informatics for the whole Health Board	
R8	Ensure the e-Health Strategy 2014-2019 is approved by the Executive Board and that it is appropriately resourced.

Source: Wales Audit Office

- 6 As part of the Audit Plan for 2016, we have tracked progress made by the Health Board in addressing the recommendations made in the 2015 Combined follow up of Information and Communications Technology Audits. This progress update commenced in January 2017 and we have assessed whether the Health Board has made sufficient progress in response to the findings and recommendations made in the original review.
- 7 In undertaking this progress update, we:
- reviewed a range of documentation, including reports to the Information Governance Committees; and
 - interviewed Health Board staff to discuss progress, current issues and future challenges.
- 8 A summary of our findings is set out in the following section with more detailed information provided in [Appendix 1 and 2](#).

The Health Board has made progress in some areas but needs to make further improvements such as in obtaining Board approval and funding for the Informatics Strategic Outline Programme 2016-21, improving the accuracy of information and testing divisional business continuity plans

- 9 Our overall conclusion is that we found that the Health Board has made progress against all recommendations, although in some areas the pace of improvement has been slow: In particular we found that the Health Board has:
- set out its strategic approach to improving its information technology and information governance services in the Informatics Strategic Outline Programme (2016-21) but this is not yet approved or resourced;
 - has made progress in preparing a schedule of ICT disaster recovery tests and testing the recovery plans for all locally managed ICT systems. Most ICT systems have been restored successfully although six ICT systems remain untested due to development and upgrade work;
 - has met its staff information confidentiality training target for 2016 and has developed and implemented a poster and leaflet campaign to inform patients about the use and processing of their information;
 - made progress in drafting and compiling an Information Asset Register to identify all electronic and paper based information and data sets and map their information governance and resilience details. The Health Board plans further work to complete the register and update its existing ICT continuity plans where required;

- further developed the number of information governance stewards with all service areas now represented including community services. The Health Board has identified that approximately 270 are required across all service areas and further work remains ongoing in unscheduled care to develop a further forty information governance stewards;
- started a number of initiatives aimed to help improve data quality through the better use of digital technologies, electronic forms for data capture and an awareness training programme for clinical staff. Internal Audit found 'reasonable assurance' over the Health Board's compliance to data quality and validation procedures and policies although there are a number of challenges to make the arrangements less manual; and
- in some of its Divisions, developed and tested business continuity plans, although challenges remain to update plans and increase the pace of progress. Further work is required by the Health Board to build on this progress made and develop and regularly test business continuity plans for all Divisions and areas.

10 In summary, the status of progress against each of the previous recommendations is set out in [Exhibit 5](#).

Exhibit 5: status of previous recommendations

Total number of recommendations	Implemented	Good progress	Limited progress	Superseded
16	7	6	3	-

Source: Wales Audit Office

Recommendations

11 [Exhibit 6](#) sets out the recommendations that remain outstanding. The Health Board should continue to take action to address these recommendations. The appendices to this report set out progress made against the 16 previous recommendations and rates the Health Board's progress.

Exhibit 6: recommendations still outstanding

Recommendations that are still outstanding	
Data quality (2012)	
R1	Ensure that Information Governance arrangements are efficient, effective and appropriately include data quality on the agenda.
Review of ICT Disaster Recovery and Business Continuity (2013)	
R1	Test the Disaster Recovery plans to ensure they work as intended and are fit for purpose. This test should be performed at least annually.
R5	Complete and approve any outstanding business continuity plans and ensure that they are based on a standard agreed template and reflect the appropriate level of risk. Regularly test and update all business continuity plans.
ICT Disaster Recovery and Business Continuity (May 2015)	
R1	In conjunction with NWIS and the national LIMS supplier, the Health Board should develop and implement a plan to transition from the legacy Masterlab and Telepath pathology systems to the National LIMS system located in the national Data Centres.
R2	Document a systems resiliency map to assess all the local ICT systems used by the Health Board to map the availability, backup and restoration arrangements and procedures in place.
R3	Report the systems availability map to the IGC to provide assurance that Health Board's ICT systems and information are appropriately resilient.
Caldicott information confidentiality arrangements (May 2015)	
R1	Ensure the Information Governance team is appropriately resourced to support information confidentiality training and education programmes for example, poster and leaflet campaigns and tailored information governance training.
R2	Establish an appropriate target for the number of Information Governance Stewards required to lead on information governance compliance throughout the organisation. This should take into account the support and training required for Information Governance Stewards. Ensure all Service areas are appropriately represented by Information Stewards, for example, Community Services.
Informatics strategy (May 2015)	
R1	Ensure the e-Health Strategy 2014-2019 is approved by the Executive Board and that it is appropriately resourced.

Source: Wales Audit Office

Appendix 1

Progress that the Health Board has made since our 2012 and 2013 recommendations

Exhibit 7: assessment of progress

Recommendation	Status	Summary of progress
Review of Data Quality (2012)		
<p>R1 Ensure that Information Governance arrangements are efficient, effective and appropriately include data quality on the agenda.</p>	<p>Limited progress</p>	<p>The Health Board has a high reliance on clinical staff to enter information accurately and correctly, but data quality and coding does not always meet the 100% accuracy target. The Information Services and Information Governance teams provide support and direction to clinicians to help improve the accuracy of the Health Board's information and maintain data quality at a clinician level.</p> <p>The Information Governance Committee (IGC) and Information Development Group (IDG) maintain an ongoing focus on data quality.</p> <p>An Internal Audit review in September 2016 found 'reasonable assurance' over the Health Board's compliance with data quality procedures and policies. Internal Audit identified that the Health Board's data quality and validation processes are highly manual and the report identified several areas where the Health Board could make improvements.</p> <p>The Health Board's Information Services Department completes daily and weekly data quality checks on information from wards prior to input to the Myrddin Patient Administration System. Information Services Department passes any potential data errors, for example, invalid or no NHS number, invalid consultant codes or no time of discharge, to the Data Quality team in Health records Department for investigation and correction.</p> <p>The Health Board also has a programme of Information Governance audits on data quality. For example, it has conducted a data quality review of patient pathway referrals within acute services in scheduled care which was completed in June 2017</p>

Recommendation	Status	Summary of progress
		<p>and a similar review is currently ongoing in outpatients. The Health Board plans to complete the data quality review and present the report to the September 2017 Information Governance Committee.</p> <p>The Health Board is exploring through the IGC and Medical Director, strategic ways of using enabling digital and communication technologies to help improve data quality and the accuracy of patient records, for example, digital pens and e-forms. The Health Board has initiated a development programme of using local e-forms in a number of areas to support data quality through information capture, sharing and maintaining data standards, for example, in Rheumatology Nursing Assessment.</p> <p>The Health Board intends that these e-forms will reduce the amount of processing of paper based records, speed up data capture and reduce data transcription errors. In January 2017, the Health Board formed a Data Quality task and finish group to review the data quality education and awareness programme, the frameworks to hold staff accountable and responsible for data quality and review the use of technology to help improve data quality.</p> <p>The Health Board identified its key challenges and areas of improvement for data quality in its Annual Information Governance report 2016-2017 as follows:</p> <ul style="list-style-type: none"> • embedding the personal ownership, accountability and responsibility for data accuracy within clinicians to increase engagement with data quality matters; • improving data quality through data standards, system validation and design through the standardisation of data items, data tables and datasets; • targeted education and training often through the information steward programme for those staff that enter and key-in data to Health Board information systems; and • improving clinical coding levels through providing additional coding resources and reviewing the structure of the clinical coding functions.

Recommendation	Status	Summary of progress
Review of ICT Disaster Recovery and Business Continuity (2013)		
<p>R1 Test the Disaster Recovery plans to ensure they work as intended and are fit for purpose. This test should be performed at least annually.</p>	<p>Good progress</p>	<p>The Health Board has scheduled a programme of ICT disaster recovery testing on locally managed application systems, infrastructure and computer room environments. It tests disaster recovery of some ICT systems in isolation to the rest of the ICT systems due to scheduling and capacity constraints. Business continuity testing has been completed in agreement with the service area owners and is often out of hours to reduce the impact on clinics.</p> <p>The Health Board reported progress on its completion of the scheduled business continuity testing to the IGC in April 2016. It had completed recovery tests on most of the local ICT systems identified prior to April 2016, having tested 44 ICT systems during 2016. Only three ICT systems (Clinical Workstation, Digital Health Records and Radiology information system) remain untested. The Health Board has scheduled business continuity tests on these three IT systems but has not yet completed them due to ongoing development and upgrade work.</p> <p>Whilst the majority of ICT business continuity tests were successful at recovering ICT systems, three systems (Medsecs, Endoscopy, Symphony) failed. These systems have had a resolution applied and follow up tests have been rescheduled. These have not yet been retested due to lack of resources.</p> <p>The Health Board does not perform an annual scheduled full ICT disaster recovery test on all ICT systems but instead aims to test ICT systems and infrastructure individually. Managers say that planning ICT disaster recovery testing is challenging due to the operational availability requirements of many of the Health Board's critical ICT systems.</p> <p>The Health Board has taken a number of actions to mitigate this risk above of testing recovery arrangements and provide an alternative solution to testing backup arrangements and plans. All of the Health Board's critical ICT systems, except for Materlab and Telepath pathology systems, are replicated from the main Mamhilad data centre to Ysbyty Aneurin Bevan (YAB). This network replication occurs a number of times a day. Those less critical Health Board ICT systems that are not replicated are backed up to Storage Area Network (SAN) devices which are themselves backed up real-time to another SAN located off-site at YAB.</p>

Recommendation	Status	Summary of progress
R2 Strengthen the environmental controls over the main computer room by replacing the ageing air conditioning units.	Implemented	The Health Board has strengthened the environmental controls over the main Mamhilad computer room. It installed four air conditioning units within the data centre by the end of 2015. These air conditioning units replaced the ageing air conditioning units previously used and now provide additional resilience.
R3 Prepare a schedule of Disaster Recovery testing applicable at least to key financial and clinical systems.	Implemented	The Health Board has prepared a schedule of the local clinical and financial systems, infrastructure and computer room environments that should be covered as part of testing locally managed IT systems. The Health Board has identified 44 ICT systems that require business continuity testing.
R4 Review the current fire escape route which passes through the Mamhilad computer room and is a significant ICT risk. Arrangements need to be strengthened by, for example, re-routing the fire exit.	Implemented	<p>The Health Board is restricted in its ability to move the fire escape route which passes through the Mamhilad computer data centre on the advice of the Health Board's Fire Officer. The Health Board's Fire Officer has assessed the fire escape routes in Mamhilad house and although an alternative fire route has been assessed and put in place outside the corridor of the data centre the route has not been altered within the data centre.</p> <p>The Health Board has strengthened, as a mitigating action, the controls that are in place within the data centre. It has CCTV of the entry and exit doors to the Mamhilad data centre room and access to the server racks is controlled with key access required to each rack. The Informatics Department has risk assessed these arrangements and considers the controls in place mitigate the risk of unauthorised access within the data centre to an acceptable level taking account of constraints by the layout of the Mamhilad building.</p>

Recommendation	Status	Summary of progress
<p>R5 Complete and approve any outstanding business continuity plans and ensure that they are based on a standard agreed template and reflect the appropriate level of risk. Regularly test and update all business continuity plans.</p>	<p>Good progress</p>	<p>The Health Board has clearly set out Divisional responsibilities and accountabilities for completing business continuity plans in its Business Continuity Management policy. Business continuity plans include the use of a proposed template and action card model to standardise plans.</p> <p>The Health Board plans to ensure Divisional Business Continuity plans are updated through Divisional Information Governance meetings and the Information Governance Steward programme.</p> <p>The Health Board has made some good progress in developing business continuity plans, such as, in Family and Therapies Team. However, work remains ongoing within the Health Board's Divisions to develop and update all of the business continuity plans required, for example, challenges remain in developing the Scheduled and Unscheduled Care Business Continuity plans due to the size and complexity of these areas.</p> <p>The Health Board's Business Continuity Management policy requires all business continuity plans to be reviewed and risk assessed at least annually or earlier if arrangements have significantly changed. Whilst some of the Divisional business continuity or emergency plans have been periodically tested, for example, in Accident and Emergency, work remains ongoing to test all of the Health Board's business continuity plans.</p>

Recommendation	Status	Summary of progress
Review of Caldicott arrangements for information confidentiality requirements (2013)		
R1 Update the current arrangements for informing patients about the use of their information needs.	Implemented	<p>The Health Board's Information Governance manager documented and completed a poster and leaflet campaign in late 2015 which included notices to inform patients about the use and processing of their information.</p> <p>The 'Your information Your rights' posters and leaflets outlines the way the Health Board uses patient information for care, planning services, monitoring quality, staff training and how information is shared with partner agencies for health and wellbeing with patient consent.</p> <p>The Health Board displayed these posters and distributed leaflets widely at its buildings in early 2016, including the main Hospitals (clinics and wards), secondary care settings and community services.</p>
R2 Increase the number of Information Governance Stewards.	Implemented	<p>The Health Board's 2016 Caldicott self-assessment produced a score of 88% compliance to Caldicott requirements demonstrating continuous improvement in this area. The Health Board's Executive team approved the 2015-16 Caldicott self-assessment in April 2016.</p> <p>The Health Board's focus on improving against Caldicott requirements in 2016-17 is underpinned by the further deployment of the Information Governance Stewards programme and further embedding the personal responsibility and accountability of all Health Board staff towards information confidentiality.</p> <p>The Health Board has made good progress developing its programme to establish a network of Information Governance Steward's to help improve its compliance to Caldicott requirements and provide information governance advice to service areas. The Information Governance Steward position is targeted at managers who enable Health Board staff to perform their job function with proper regard for information confidentiality requirements. Whilst the Information Governance Steward role is not a formal Health Board role, it is regarded as a 'supervisory position' within their existing managerial job function.</p> <p>The number of Information Governance Stewards has increased from 60 in early 2013 to over 230 by the early 2017. The Health Board has provided the Information</p>

Recommendation	Status	Summary of progress
		<p>Governance stewards with specific training appropriate for this supervisory role. The Health Board is aware that the development of the Information Governance Steward network is a long process and at present whilst all service areas are represented, more work is required to further develop Information Governance Stewards to fulfil these roles.</p> <p>The Health Board has not set a formal target for the number of Information Stewards it requires to appropriately support all medical and administrative staff. The Health Board understands that the number of Information Governance Stewards needed will need to be realistic and sustainable due to the support and training requirements.</p>

Appendix 2

Progress that the Health Board has made since our 2015 recommendations

Exhibit 8: assessment of progress

Recommendation	Status	Summary of progress
Informatics strategy (May 2015)		
<p>R1 Ensure the e-Health Strategy 2014-2019 is approved by the Executive Board and that it is appropriately resourced.</p>	<p>Limited progress</p>	<p>The Welsh Government has requested that all local health boards produce an Informatics Strategic Outline Programme (SOP) 2016 – 2021. The Health Board’s ICT strategy and Information Governance Strategies have expired their review dates.</p> <p>The Health Board has drafted an Informatics Strategic Outline Programme in the second half of 2016 and submitted this to the Welsh Government. The SOP sets out how the service aims to ‘facilitate the provision of high quality improvement and health and social care through supporting and enabling local strategic developments in analytics, information management and communications technologies aligned to the national agenda’. The Informatics SOP sets out the proposed local capital and revenue investment and workforce requirements to provide the infrastructure, systems, capacity and expertise to enable the delivery of the Health Board’s strategic objectives including the Clinical Futures Strategy and the new Grange University Hospital.</p> <p>The Health Board sought Executive Board approval for the Informatics Strategic Outline Programme in early 2017 and plans to present it to the Health Board for challenge and scrutiny by Independent Members. In the meantime, the Health Board has asked the National Informatics Management Board (NIMB) and the Welsh Government for further clarity on the levels of national capital funding required to deliver the national informatics strategy before it can approve the local SOP.</p>

Recommendation	Status	Summary of progress
Data Quality (May 2015)		
R2 Ensure the Health Board meets the Information Governance and Confidentiality e-learning training target of 80% staff completion.	Implemented	The Health Board has exceeded its e-learning training target in 2016. The Informatics Annual Report for 2015-16 presented to the IGC showed that in April 2016 81% of staff had completed the Information Governance and Confidentiality training. All Health Board staff, who are likely to handle confidential information, are required to complete the Information Governance and Confidentiality e-learning training every two years.
ICT Disaster Recovery and Business Continuity (May 2015)		
R1 In conjunction with NWIS and the national LIMS supplier, the Health Board should develop and implement a plan to transition from the legacy Masterlab and Telepath pathology systems to the National LIMS system located in the national Data Centres.	Good progress	<p>The Health Board has implemented locally the NHS Wales Informatics Service (NWIS) national Laboratory Information Management System (LIMS) for blood sciences and microbiology. The national LIMS components of Histopathology, Mortuary and Blood Transfusion remain unavailable for deployment for all of the health boards due to problems found in testing the software. NWIS is planning to revise the implementation date for the health boards to July 2017.</p> <p>The Health Board is still using, in addition to National LIMS modules already implemented for operational services, their legacy local pathology systems. This is the Telepath system for the Royal Gwent Hospital and Masterlab servicing Neville Hall. Both the Masterlab and Telepath systems have been running on ageing infrastructure.</p> <p>The Masterlab server hardware was replaced in 2016. Further discussions at an all Wales Pathology level are ongoing regarding technical options to refresh hardware which is now difficult to source for Telepath. This risk has been discussed at the NIMB and the Health Board is seeking quotes from CSC (the Telepath supplier) for a new technical refresh. The Health Board has sought agreement from NWIS for continuation of the funding beyond 1 April 2017 to support the continued dual running of the legacy Pathology ICT systems.</p>

Recommendation	Status	Summary of progress
<p>R2 Document a systems resiliency map to assess all the local ICT systems used by the Health Board to map the availability, backup and restoration arrangements and procedures in place.</p>	<p>Good progress</p>	<p>The Health Board has drafted and compiled an Information Systems Asset Register (IAR) to include all the local electronic and paper based information data sets and systems used. The Information Commissioner's Office (ICO) recognises this as a good practice requirement to ensure the security of information across the Health Board and provide the necessary information assurance. It enables information risk assessments to be completed, facilitates the co-ordination of data and informs the Health Board regarding any procurements of new systems and data sets introduced.</p> <p>The IAR maps the key information governance and resilience details on these electronic and paper data sets. This includes, the information asset owner, location, storage of the information and details of access restrictions. The IAR can be used in conjunction with the Health Board's existing ICT continuity plans which include the backup and recovery procedures for critical and non-critical ICT systems and arrangements for the daily backup and replication of all ICT systems data off-site. The Health Board, can, using the IAR more effectively map the availability, backup and restoration arrangements and update these as technical changes are implemented.</p> <p>The Health Board is completing work to finalise and update the information within the IAR. It is also updating its existing ICT continuity plans as appropriate with the information contained within the IAR and recent changes to the infrastructure used in the backup and replication of ICT systems.</p>
<p>R3 Report the systems availability map to the IGC to provide assurance that Health Board's ICT systems and information are appropriately resilient.</p>	<p>Good progress</p>	<p>The Health Board reported progress on populating the IAR to the Information Governance Committee in April 2017. This register will help provide the IGC with assurance that Health Board's information data sets are appropriately identified, risk assessed and resilient. The Information Governance Committee noted the progress made in populating the register and that some further work is required on the evaluation and completion of the information held. The Health Board plans to report the completed Information Systems Asset Register to the Information Governance Committee in September 2017.</p>

Recommendation	Status	Summary of progress
Caldicott arrangements for information confidentiality requirements (May 2015)		
R1 Ensure the Information Governance team is appropriately resourced to support information confidentiality training and education programmes for example, poster and leaflet campaigns and tailored information governance training.	Limited progress	<p>The Health Board has drafted an SOP to replace the Information Governance Strategy. The Health Board's draft SOP outlines the strategic approach to information governance and the improvement programme of work required, these include:</p> <ul style="list-style-type: none"> • continuing the deployment of the information governance steward programme; • reviewing the information governance training programme; • replacing the Caldicott compliance monitoring mechanism with the Information Governance toolkit; and • establishing processes to implement the new General Data Protection Requirements (GDPR) by May 2018. <p>The SOP is currently awaiting Executive Board approval and the Health Board plans to confirm the resources for the Information Governance improvement programme in 2017. The Health Board has not provided any additional resources for the Information Governance team to support activities in 2016 but has reviewed and reassigned roles and responsibilities to better support information governance training and guidance. The Information Governance team has requested additional Health Board resources for a short-term two-year secondment to implement the requirements of the GDPR.</p>

Recommendation	Status	Summary of progress
<p>R2 Establish an appropriate target for the number of Information Governance Stewards required to lead on information governance compliance throughout the organisation. This should take into account the support and training required for Information Governance Stewards. Ensure all Service areas are appropriately represented by Information Stewards, for example, Community Services.</p>	<p>Good progress</p>	<p>The Health Board has made good progress and put in place approximately 230 Information Governance Stewards to lead on and support compliance with information governance throughout the organisation. The Health Board made progress on the deployment of Information Governance Stewards in Community Services in 2016. All Service areas are now represented although the Health Board plans further work in 2017 within Unscheduled Care to develop approximately another 40 Information Governance Stewards. The Health Board has estimated that approximately 270 Information Stewards is the highest sustainable target to support the current information governance programme.</p>
<p>R3 Where staff have access to a computer with an in-built writable CD/DVD drive, these staff should be reminded of the Health Board's IT security policy requirements and the consequences of breach this policy.</p>	<p>Implemented</p>	<p>The Health Board has reminded staff who have access to a computer with an in-built writable CD/DVD drive through the Information Governance and Confidentiality training about the ICT security policy requirements and the consequences of a breach of this policy.</p> <p>The Health Board has disabled CD/DVD drives which are not required by staff to complete their job functions. New laptops are now procured without CD/DVD drives.</p>

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