

Pwyllgor Llywodraethu a Diogelwch Digidol - Cyhoeddus

Thu 01 February 2024, 13:00 - 14:30

Agenda

13:00 - 13:05 1. MATERION RHAGARWEINIOL

5 min

1.1. Croeso a chyflwyniadau

I'w Nodi

Cadeirydd

1.2. Ymddiheuriadau am Absenoldeb

I'w Nodi

Cadeirydd

1.3. Datganiadau o Fuddiannau

I'w Nodi

Cadeirydd

1.4. Materion sy'n codi

I'w Nodi

Cadeirydd

13:05 - 13:10 2. AGENDA CYDSYNIO

5 min

2.1. Cofnodion y Cyfarfod Diwethaf

I'w Cymeradwyo

Cadeirydd

2.1.1. Cyhoeddus

2.1 DGS Minutes PUBLIC Cymraeg.pdf (18 pages)

2.1.2. Preifat - crynodeb

2.1ii DGS Minutes PRIVATE ABRIDGED Cym.pdf (5 pages)

2.2. Blaengynllun Gwaith

I'w Nodi

Ysgrifennydd y Bwrdd

2.2 Forward Plan.pdf (5 pages)

2.3. Adroddiad Blynyddol y Pwyllgor Llywodraethu a Diogelwch Digidol

I'w Gymeradwyo

Ysgrifennydd y Bwrdd

2.3 DG&S Annual Report.pdf (8 pages)

2.4. Hunanasesiad Effeithiolrwydd y Pwyllgor Llywodraethu a Diogelwch Digidol

I'w Nodi

Ysgrifennydd y Bwrdd

2.4 Effectiveness Self Assessment Survey.pdf (6 pages)

2.5. Cylch Gorchwyl y Pwyllgor Llywodraethu a Diogelwch Digidol

I'w Gymeradwyo


Ysgrifennydd y Bwrdd

 2.5 Committee Terms of Reference.pdf (5 pages)

2.6. Cylch Busnes y Pwyllgor Llywodraethu a Diogelwch Digidol

I'w Gymeradwyo

Ysgrifennydd y Bwrdd

 2.6 Committee Cycle of Business.pdf (4 pages)

13:10 - 14:30
80 min

3. PRIF AGENDA

3.1. Cofnodion Gweithredu

I'w Trafod

Cadeirydd

 3.1 Action log.pdf (1 pages)

3.2. Cofrestr Risgiau Corfforaethol

I'w Thrafod

Ysgrifennydd y Bwrdd

 3.2 Corporate Risk Register Report.pdf (8 pages)

3.3. Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol

Er Sicrwydd

Rheolwr Tîm Rheoli Gwasanaethau

 3.3 Incident Review and Organisational Learning Report.pdf (6 pages)

 3.3i IRLG DGS Report Q3 FY23-24.pdf (21 pages)

3.4. Adroddiadau Sicrwydd

Ar gyfer Sicrwydd

Cyfarwyddwr Meddygol Cyswllt ar gyfer Gofal Eilaidd

3.4.1. Adroddiad Sicrwydd Llywodraethu Gwybodaeth

Ar gyfer Sicrwydd

Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion

 3.4i Information Governance Assurance Report.pdf (7 pages)

3.4.2. Adroddiad Grŵp Sicrwydd Gwybodeg Cymru

Ar gyfer Sicrwydd


Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Reoleiddiol

 3.4ii Wales Informatics Assurance Group Report.pdf (8 pages)

3.4.3. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Ar gyfer Sicrwydd

Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil

 3.4iii Information Services Assurance Report.pdf (6 pages)

3.4.4. Adroddiad Sicrwydd Strategaeth Ymchwil ac Arloesi

Ar gyfer Sicrwydd

Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil

- I gynnwys: Adroddiad Blynnyddol Ymchwil ac Arloesi

 3.4iv Research & Innovation Strategy Assurance Report.pdf (6 pages)

 3.4iv Research and Innovation Annual Rep 2023 Final.pdf (22 pages)

4. MATERION I GLOI

4.1. Unrhyw Faterion Brys Eraill

I'w Trafod Cadeirydd

4.2. Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd


I'w Nodi Cadeirydd


4.3. Dyddiad y cyfarfod nesaf:2 Mai 2024

I'w Nodi Cadeirydd


CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 13:00 –15:00



 2 Tachwedd 2023



 MS Teams

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
Rowan Gardner	RG	Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	lechyd a Gofal Digidol Cymru (DHCW)
David Selway	DS	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	lechyd a Gofal Digidol Cymru (DHCW)
Marilyn Bryan-Jones	MBJ	Aelod Annibynnol	lechyd a Gofal Digidol Cymru (DHCW)
Alistair Klaas Neill	AKN	Aelod Annibynnol	lechyd a Gofal Digidol Cymru (DHCW)

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	lechyd a Gofal Digidol Cymru (DHCW)
Chris Darling	CD	Ysgrifennydd y Bwrdd	lechyd a Gofal Digidol Cymru

Cofnodion heb eu cadarnhau ar gyfer y:
Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol 02112023



			(DHCW)
Paul Evans	PE	Pennaeth Ansawdd a Rheoleiddio	Iechyd a Gofal Digidol Cymru (DHCW)
Stephanie Harries (ar gyfer eitem 3.6)	SH	Cyfarwyddwr Cyswllt Gweithwyr Proffesiynol Gwybodeg Glinigol a Newid Busnes	Iechyd a Gofal Digidol Cymru (DHCW)
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru (DHCW)
Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru (DHCW)
Darren Lloyd	DL	Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion	Iechyd a Gofal Digidol Cymru (DHCW)
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru (DHCW)
Keith Reeves	KR	Rheolwr Tîm Rheoli Gwasanaethau	Iechyd a Gofal Digidol Cymru (DHCW)
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru (DHCW)
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol - Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru (DHCW)



Ymddiheuriadau	Teitl	Sefydliad
Ifan Evans	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru (DHCW)
Rachael Powell	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru (DHCW)
Laura Tolley	Pennaeth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)

Acronymau			
SHA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
NDR	Adnoddau Data Cenedlaethol	ADS	Cymhwyso, Dylunio a Chymorth
R&I	Ymchwil ac Arloesi	SRO	Uwch Swyddog Cyfrifol
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	WEDS	System Adrannau Achosion Brys Cymru
WICIS	System Wybodaeth Gofal Dwys Cymru	WASPI	Cytundeb Rhannu Gwybodaeth Bersonol Cymru
GIG	Gwasanaeth Iechyd Gwladol	LINC	Rhwydwaith Gwybodaeth Labordai Cymru
Iechyd a Gofal Digidol Cymru (DHCW)	Iechyd a Gofal Digidol Cymru	BAU	Busnes fel Arfer
Prifysgol Bae Abertawe	Bwrdd Iechyd Prifysgol Bae Abertawe	DPIF	Cronfa Fuddsoddi Blaenoriaethau Digidol



Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithred u i'w Gofnodi
RHAN 1 – MATERION RHAGARWEINIOL			
1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd Rowan Gardner, Aelod Annibynnol a Chadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (RG), bawb i'r sesiwn gyhoeddus a rhoddodd groeso arbennig i Alistair Klaas Neill, Aelod Annibynnol, a oedd bellach yn aelod o'r Pwyllgor i sicrhau cworwm bob amser.</p>	Nodwyd	Dim i'w nodi
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <p>Nodwyd ymddiheuriadau am absenoldeb gan:</p> <ul style="list-style-type: none"> Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth Laura Tolley, Pennaeth Llywodraethu Corfforaethol Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil 	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Nodwyd nad oedd unrhyw Ddatganiadau o Fuddiannau; fodd bynnag, yn ôl protocol i reoli unrhyw wrthdaro posibl a allai godi yn ystod y cyfarfod, nodwyd bod RG yn gyd-sylfaenydd Precision Life, a oedd yn ymdrin â gwybodaeth cleifion at ddibenion eilaidd megis ymchwil, a chytunwyd y byddai David Selway, Aelod Annibynnol ac Is-Gadeirydd (DS), yn cymryd yr awenau ar unrhyw adeg pan na fyddai'n briodol i RG fod yn Gadeirydd.</p>	Nodwyd	Dim i'w nodi
1.4	<p>Materion sy'n codi</p> <p>Ni chodwyd unrhyw faterion.</p>	Nodwyd	Dim i'w nodi
<p>RHAN 2 – AGENDA GYDSYNIO</p> <p>Dosbarthwyd eitemau ar yr agenda gydsynio cyn y cyfarfod a nodwyd nad oedd y Cadeirydd wedi derbyn unrhyw sylwadau ymlaen llaw.</p>			
2.1	<p>Cofnodion y Cyfarfod Diwethaf</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: GYMERADWYO Cofnodion Cryno Cyhoeddus a Phreifat y cyfarfod diwethaf ar 3 Awst 2023</p>	Cymeradwywyd	Dim i'w nodi
2.2	<p>Blaengynllun Gwaith</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p>	Nodwyd	Dim i'w nodi

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	NODI'R Blaengynllun Gwaith		
2.3	<p>Cylch Gorchwyl a Diweddariad ar Lywodraethu yr Awdurdod Iechyd Arbennig (SHA)</p> <p>Holodd David Selway (DS) Aelod Annibynnol, gan fod DHCW yn cynnal rhaglenni mawr a oedd wedi'u tynnu o gwmpas y Pwyllgor hwn, a gytunwyd ar y diffiniad o'r hyn sy'n gyfystyr â rhaglen fawr, ac a fyddai'r rhaglenni llai yn cael eu hepgor o drosolwg y Pwyllgor newydd.</p> <p>Cadarnhaodd Chris Darling (CD), Ysgrifennydd y Bwrdd, y byddai papurau'r Pwyllgor Cyflawni Rhaglenni yn mynd allan y diwrnod hwnnw, ac y diffinnir cylch gorchwyl y Pwyllgor hwnnw yn y papurau, gan gynnwys y bwriad o gynnwys y rhaglenni mawr arfaethedig i'w cynnal gan DHCW o fewn cwmpas y Pwyllgor Cyflawni Rhaglenni. Nid oedd y rhaglenni a gynigiwyd yr un fath â'r dangosfwrdd a dderbyniwyd yn y Pwyllgor hwn, ond byddai un o'r pwyntiau trafod ar gyfer y Pwyllgor newydd yn ymwneud â'r cwmpas a sicrhau bod yr Aelodau'n fodlon ar y broses o drosglwyddo'r rhaglenni y mae'r Pwyllgor DG&S wedi eu goruchwyllo i'r Pwyllgor newydd. Byddai'r rhaglenni'n cael eu craffu yn y Pwyllgor Cyflawni Rhaglenni newydd.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'R Cylch Gorchwyl a'r Diweddariad ar Lywodraethu yr Awdurdod Iechyd Arbennig</p>	Nodwyd	Dim i'w nodi
RHAN 3 - PRIF AGENDA			
3.1	<p>Cofnod Camau Gweithredu</p> <p>Dan arweiniad Chris Darling, Ysgrifennydd y Bwrdd (CD), a nododd fod un cam gweithredu o'r cyfarfod diwethaf a oedd bellach wedi dod i ben ac a oedd wedi symud i'r Pwyllgor Cyflawni Rhaglenni newydd i'w oruchwyllo gan ei fod yn ymwneud â'r Rhaglen NDR.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: DRAFOD y Cofnod Gweithredu</p>	Trafodwyd	Dim i'w nodi
3.2	<p>Y Gofrestr Risg Gorfforaethol</p> <p>Nododd CD fod 21 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, yr oedd 12 ohonynt i'w hystyried gan y Pwyllgor hwn. Roedd 9 ohonynt yn cael eu dynodi'n rhai preifat a byddent yn cael eu trafod yn y sesiwn breifat gyda'r 12 arall yn destun trafodaeth yn y sesiwn hon. Nodwyd y newidiadau canlynol i risgiau cyhoeddus a neilltuwyd i'r Pwyllgor hwn ers y cyfarfod diwethaf fel a ganlyn:</p> <p>3 RISG NEWYDD 2 Gyhoeddus</p>	Trafodwyd	

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	<p>DHCW0326 – Ymrwymiad annigonol i ehangu swyddogaethau Ap GIG Cymru DHCW0327 – Oedi wrth roi platfform NDR ar waith, sy'n effeithio ar wasanaethau sydd angen NDR DHCW0328 **PREIFAT**</p> <p>NEWID YN SGÔR 10 RISG</p> <p>DHCW0322 – Cyllid NDR Cam 3 DHCW0277/DHCW0278/DHCW0279/DHCW0281/DHCW0282/DHCW0315/DHCW0317 **PREIFAT** - Cynnydd yn y sgôr oherwydd adolygiad o'r sefyllfa. DHCW0223 Costau trosglwyddo DHCW0318 ** PREIFAT** Gostyngiad yn y sgôr oherwydd adolygiad o'r sefyllfa a chamau lliniaru cyfredol.</p> <p>6 RISG WEDI EU DILEU</p> <p>DHCW0310 **PREIFAT** DHCW0299 Capasiti cyflenwyr i gefnogi gweithgareddau parodwydd y Gwasanaeth Rhagnodi Electronig DHCW0208 **PREIFAT** DHCW0328 **PREIFAT** DHCW0327 – Oedi wrth roi platfform NDR ar waith, sy'n effeithio ar Wasanaethau sydd angen NDR DHCW0326 – Ymrwymiad annigonol i ehangu swyddogaethau Ap GIG Cymru</p> <p>Dadansoddiad Tueddiadau Risgiau Corfforaethol</p> <p>Cyflwynodd CD sleidiau ar y Dadansoddiad Tueddiadau Risg Corfforaethol ar gyfer y cyfnod rhwng mis Hydref 2022 a mis Medi 2023.</p> <p>Gofynnodd y Pwyllgor yn flaenorol am rywfaint o ddadansoddiad o risgiau ers sefydlu DHCW a sut y rheolwyd risgiau yn ystod y cyfnod hwn. Roedd hyn bellach wedi'i gynnwys yn y cynllun gwaith a byddai adolygiad blynyddol o risgiau a neilltuwyd i Bwyllgorau yn cael ei dwyn gerbron y Pwyllgor priodol ym mis Hydref/Tachwedd ac yna'n cael ei gyflwyno i'r Bwrdd.</p> <p>Darparodd CD gyd-destun y dadansoddiad risg i'r Pwyllgor a thynnodd sylw at y canlynol:-</p> <ul style="list-style-type: none"> • Roedd gan y Pwyllgor DG&S fwy o risgiau wedi'u neilltuo iddo na Phwyllgorau eraill. • Neilltuwyd tair risg newydd i'r Pwyllgor, sef dau risg gyhoeddus ac un preifat. Byddai saith o'r risgiau'n cael eu neilltuo i'r Pwyllgor newydd gan eu bod yn ymwneud â chyflawni'r rhaglen. Byddai'r rhai sy'n ymwneud â risgiau sy'n gysylltiedig â seiber yn aros gyda'r Pwyllgor hwn. 		
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Cofnodion heb eu cadarnhau ar gyfer y:
Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol 02112023



Risgiau Corfforaethol – Newidiadau ers 1 Hydref 2022

- Ar 1 Hydref 2022 roedd 26 o risgiau ar y gofrestr risg gorfforaethol.
- Rhwng 1 Hydref 2022 a 30 Medi 2023 roedd 33 o risgiau newydd wedi'u huwchgyfeirio i'r Gofrestr Risg Gorfforaethol.
- Rhwng 1 Hydref 2022 a 30 Medi 2023 roedd 34 o risgiau wedi'u dileu (eu hisgyfeirio neu eu cau) o'r Gofrestr Risg Gorfforaethol.
- Dangosodd Symudiad Risg fod nifer tebyg o risgiau wedi'u huwchgyfeirio a'u hisgyfeirio neu eu cau yn ystod y cyfnod 12 mis.
- Roedd 11 risg yn parhau i fod ar y gofrestr dros y cyfnod o 12 mis gyda 10 ohonynt wedi'u neilltuo i'r Pwyllgor DG&S.
- Roedd dwy risg wedi bod ar y gofrestr ers sefydlu DHCW yn 2021, gydag un ohonynt wedi'i neilltuo i'r Pwyllgor DG&S DHCW0237 – Gofynion newydd yn effeithio ar adnoddau a'r cynllun. Roedd y sgôr risg wedi gostwng o 16 i'r sgôr risg bresennol o 12. Rhoddodd Michelle Sell (MS), Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol, sicrwydd i'r Pwyllgor fod mecanweithiau rheoli da o ran gofynion y cynllun a sut yr oedd y rhain yn cael eu hasesu at ei gilydd. Yn ogystal, roedd llawer o waith wedi'i wneud trwy gyfnod cynllunio'r IMTP ar gyfer y flwyddyn nesaf a'r gobaith oedd y byddai'r risg yn cael ei leihau ymhellach neu ei ddileu yn gyfan gwbl yn dilyn hyn.

Bu'r Pwyllgor yn trafod ymhellach y risg DHCW0237 a oedd wedi'i chreu oherwydd yr angen i'r system ystwytho a bod yn hyblyg mewn ymateb i Covid-19, a holodd sut yr oedd y Weithrediaeth yn ymateb erbyn hyn i'r heriau cyllidol presennol ac effaith hyn ar y cyllid economaidd ar gyfer GIG Cymru. Cadarnhaodd Rhidian Hurle (RH), y Cyfarwyddwr Meddygol Gweithredol, fod Covid-19 wedi peri newid mewn llywodraethu gwneud penderfyniadau yn gysylltiedig ag ymateb cyflym o ran y cyllid a oedd ar gael a'r strwythurau llywodraethu. Roedd rhaglenni a oedd yn rhai 'anhepgor', h.y. mae rhai rhaglenni diagnostig sy'n hanfodol h.y. LIMS, a byddai blaenoriaethu'r rhain yn cael ei bennu trwy strwythurau llywodraethu newydd sydd wedi'u rhoi ar waith gan Lywodraeth Cymru. Dim ond rhaglenni a ariannwyd y gallai DHCW eu darparu. Fodd bynnag, roedd opsiynau ariannu eraill yn cael eu trin a thrafod drwy broses y Cynllun Tymor Canolig Integredig ac ymgysylltu â'r Cyfarwyddwyr Cyllid ar Gytundebau Lefel Gwasanaeth a chyllid craidd canolog. Roedd y rhain yn

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galluogi'r Bwrdd Gweithredol i wneud rhai penderfyniadau anodd yn seiliedig ar y wybodaeth. Hysbyswyd y Pwyllgor fod proses y Cynllun Tymor Canolig Integredig yn llawer cliriach o ran yr hyn a oedd yn cael ei ariannu a'r hyn nad oedd yn cael ei ariannu. Bydd yr effeithiau ar y sefyllfa ariannu yn ystod y flwyddyn yn cael eu hamlygu i'r Bwrdd, a bydd yn goruchwyllo'r penderfyniadau anodd ynghylch ble i ganolbwyntio adnoddau y flwyddyn nesaf.

Roedd yr amgylchedd yn wahanol i amgylchedd Covid oherwydd mewn rhai agweddau roedd y ddyled yn cael ei thalu'n ôl. Sicrhaodd RH y Pwyllgor fod yr holl benderfyniadau a oedd yn cael eu gwneud yn agored ac yn dryloyw ynghylch y strwythurau a ddarparwyd ac wedi eu hystyried yn ofalus o ran sut y gallent effeithio ar ofal cleifion.

Bu'r Pwyllgor yn myfyrio ar y drafodaeth a chytunwyd y gallai'r risg fod wedi ateb ei diben ac y gellid ei lleihau neu o bosibl ei dileu yn gyfan gwbl; fodd bynnag, penderfyniad i'r Pwyllgor Gwaith oedd hwn.

Adolygodd y Pwyllgor y risgiau eraill nad oedd modd eu lliniaru a darparwyd diweddariad gan Darren Lloyd, Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion (DL) ar ddau o'r risgiau:-

DHCW0263 Swyddogaethau Data DHCW – daeth cychwyn y risg o heriau penodol yr oedd DHCW yn eu cael gan weinyddiaethau eraill o ran derbyn data a grëwyd o ganlyniad i drigolion Cymru a gafodd driniaeth mewn ysbytai yn Lloegr. Y rheswm pam yr oedd wedi parhau i fod ar y gofrestr ers peth amser oedd ei seiliau wrth greu DHCW fel sefydliad statudol a'i swyddogaethau er mwyn casglu, prosesu a lledaenu gwybodaeth. Mae DHCW yn prosesu llawer iawn o ddata yn ei swyddogaeth arferol o ddydd i ddydd ar gyfer gofal uniongyrchol y claf; fodd bynnag, roedd ceisiadau anuniongyrchol i ddefnyddio data ac roedd yn rhaid prosesu'r rhain yn gyfreithlon ar gyfer pob cais. Mae'r risg yn mynd yn ehangach o ran sicrhau, pan oedd y wybodaeth honno'n cael ei phrosesu, ei bod yn cael ei gwneud yn y cyd-destun cywir ac mewn modd diogel, sicr a thryloyw. Roedd sgysiau'n parhau gyda Llywodraeth Cymru i sicrhau bod pawb yn deall eu cyfrifoldebau.

Trafododd y Pwyllgor yr amserlenni ar gyfer y gwaith, yr oedd llawer ohono'n dibynnu ar Lywodraeth Cymru.

Bu'r Pwyllgor yn trafod ymhellach ymwneud yn weithredol â thryloywder ac ennill ymddiriedaeth y cyhoedd o ran rhannu data. Ailbwysleisiwyd bod DHCW yn casglu, storio

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	<p>a rhannu, a bod angen sail gyfreithiol i wneud hyn yn ddiogel.</p> <p>Cadarnhaodd DL fod y Bil Rheoliadau (rheoli gwybodaeth cleifion) yn cael ei adolygu i gymryd rhai o'r gwersi a ddysgwyd o Covid ac i ddeall sefydliadau sydd â chyfrifoldebau canolog am brosesu data mewn modd tryloyw.</p> <p>CAM GWEITHREDU 20231102-01 Cynhelid archwiliad manwl o Swyddogaethau Data DHCW0263 DHCW yn y cyfarfod nesaf.</p> <p>DHCW0296 Alergeddau/Adweithiau Niweidiol – Un Ffynhonnell</p> <p>Rhoddodd RH y newyddion diweddaraf i'r Pwyllgor a rhoddodd grynoded o'r risgiau Alergeddau/Adweithiau niweidiol gan egluro'r gwahaniaeth rhwng y ddau. Mae'r gwasanaeth yn dal y risg hon mewn nifer o leoedd gan fod risgiau ym mhob man lle'r oedd papur yn ymwneud â chlaf.</p> <p>Disgwylid y byddai'r risg hon yn aros ar y gofrestr am y dyfodol rhagweladwy.</p> <p>Rhoddodd CD ddiweddariad byr ar y ddau risg hirsefydlog arall:</p> <ul style="list-style-type: none"> DHCW 0269 Byddai Newid Warws Data'r Gwasanaeth yn trosglwyddo i'r Pwyllgor Cyflawni Rhaglenni newydd. DHCW 0292 Capasiti annigonol yn y timau seilwaith i ymgymryd â gweithgarwch a gweithgareddau BAU yn y cynllun blwyddyn. Nid oedd digon o gapasiti i wasanaethu'r holl waith yn y cynllun, felly codwyd y risg. Roedd cyllid yn cael ei geisio i wneud y gwaith ar brosiect y ganolfan ddata. Cafwyd cadarnhad gan Lywodraeth Cymru nad oedd cyllid yn mynd i ddod i law. Roedd y tîm yn ymgysylltu â'r tîm cyllid i ymdrin â hyn drwy amrywiol lithriadau. Argymhellwyd y byddai'r risg hon naill ai'n cael ei hisraddio neu ei chau yn yr adolygiad nesaf a hefyd yn cael teitl newydd gan ei fod yn cyfeirio at nifer o swyddi heb eu hariannu. <p>Nododd y Pwyllgor symudiad risgiau o fewn y cyfnod 12 mis a chanmolodd y gwaith hwn, a oedd yn dangos bod risgiau'n cael eu rheoli'n weithredol.</p> <p>Cododd DS ddau bwynt o ddiddordeb, h.y. roedd tua'r un nifer o risgiau wedi'u hychwanegu/dileu; fodd bynnag, pe bai'r sgôr risg yn cael ei chydgrynhoi ar gyfer pob un a ychwanegwyd/dilëwyd, a fyddent yn cydbwysu, ac o'r</p>		<p>Cam Gweithredu: Cynhelid archwiliad manwl o DHCW0263 Swyddogaethau Data DHCW yn y cyfarfod nesaf</p>
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	<p>risgiau hynny nad ydynt wedi symud oddi ar y gofrestr, beth oedd y sgôr risg gronnus 12 mis yn ôl, o gymharu â heddiw.</p> <p>Diolchodd CD i'r Pwyllgor am eu hadborth a chytunodd i gynnwys hyn yn y dadansoddiad nesaf.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: DRAFOD y Gofrestr Risg Gorfforaethol a NODI symudiadau risgiau o fewn y Dadansoddiad Tueddiadau Risg Corfforaethol</p>		
3.3	<p>Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol</p> <p>Wedi'i gyflwyno gan Keith Reeves, Rheolwr Tîm Rheoli Gwasanaeth (KR); nododd ei fod yn cwmpasu cyfnod Chwarter 2.</p> <p>Cyflwynwyd yr uchafbwyntiau canlynol:</p> <ul style="list-style-type: none"> • Elfen adrodd – roedd un digwyddiad Cenedlaethol adroddadwy a adroddwyd i Lywodraeth Cymru o fewn yr amserlen. • Adolygiadau a Wnaed Eleni – roedd nifer yr adolygiadau ychydig yn is na'r chwarter blaenorol, ond roedd mwy yn dod drwodd erbyn hyn ac roedd cymhlethdod y digwyddiadau a oedd yn cael eu hadolygu yn cynyddu. Roedd Fframwaith Gwella ar waith, sef offeryn a ddefnyddiwyd yn y lleoliad clinigol i nodi meysydd dysgu allweddol ac a addaswyd ar gyfer yr amgylchedd digidol. Roedd dau brif faes a oedd â nifer uchel o ffactorau a gyfrannodd at y digwyddiadau; roeddent yn y parhadrannol yn bennaf, o amgylch rhyngwynebau cymhwysiad seilwaith. Wrth i systemau ddod yn fwy cymhleth, dyma lle y canfuwyd bygiau meddalwedd sydd angen mwy o ymchwilio. Y maes arall a oedd wedi cynyddu o ran cymhlethdod oedd y parth allanol, lle'r oedd ceisiadau'n cael eu cynnal gan fyrddau iechyd unigol nad ydym yn gallu rheoli eu seilwaith byrddau iechyd lleol na'u cysylltiadau rhwydwaith. Parth allanol ychwanegol oedd cyflenwyr a digwyddiadau o fewn eu parth. • Y gwelliannau – mae rhai ohonynt bellach yn gweld manteision o roi gwelliannau ar waith. Wedi nodi ei fod yn gallu rheoli digwyddiad mewn modd mwy rheoledig. • Y broses rheoli newid – bu cynnydd mewn rhyddhau newid, felly cytunwyd ar ail-archwiliad o'r broses honno. Un o'r meysydd allweddol oedd pan roddwyd newid ar waith, gan nodi beth oedd effaith 	Trafodwyd er Sicrwydd	Dim i'w nodi

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	<p>gwneud y newid hwnnw yn erbyn peidio â gwneud y newid hwnnw. Felly datblygu hyfforddiant a chanllawiau ar wneud asesiadau effaith.</p> <p>Gofynnodd DS am eglurhad ar y pwynt o drosiant staff a chadw gwybodaeth ac a oedd yn rhychwantu'r sefydliad cyfan neu wedi'i gyfyngu i feysydd penodol. Cadarnhawyd mai sylw cyffredinol oedd hwn; tra bod staff newydd yn cael eu recriwtio, roedd staff â blynyddoedd o wybodaeth yn ymddeol/gadael.</p> <p>Nodwyd nad oedd cadw staff yn unigryw i DHCW ond ar draws y diwydiant, ac yn rhannol gysylltiedig â'r sgiliau a chymhwysedd proffesiynol parhaus. Sicrhau bod staff yn gwybod beth maent yn ei wneud ac yn gwybod sut mae'r systemau'n cysylltu â'i gilydd Cafwyd trafodaethau mewn meysydd ehangach na gofal iechyd ar sut i gadw gwybodaeth. Dylai'r ddesg wasanaeth fod yn ddrws ffrynt i unrhyw sefydliad ac mae lefel eu gwybodaeth a'u dealltwriaeth o'r dogfennau sydd ar gael yn allweddol.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: DRAFOD yr Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol er SICRWYDD</p>		
3.4	<p>Adroddiadau Sicrwydd</p> <p>I. Adroddiad Sicrwydd Llywodraethu Gwybodaeth</p> <p>Cyflwynodd DL yr Adroddiad Sicrwydd Llywodraethu Gwybodaeth oedd yn nodi gwaith y tîm Llywodraethu Gwybodaeth o'r cyfnod rhwng 7 Gorffennaf 2023 a 3 Hydref 2023.</p> <ul style="list-style-type: none">• Roedd Cytundeb Rhannu Gwybodaeth Bersonol Cymru (WASPI) wedi cyrraedd y rhestr fer ar gyfer 'Tîm Preifatrwydd y Flwyddyn' a 'Tîm Llywodraethu'r Flwyddyn' yng ngwobrau Risg Fforymau Llywodraethu, Risg a Chydymffurfiaeth y Byd.• Trafodwyd adolygiad yr archwiliad GDPR yn y sesiwn breifat.• Y Tîm Llywodraethu Gwybodaeth a oedd yn ymdrin â cheisiadau Rhyddid Gwybodaeth, ac mae achosion difrifol o dorri rheolau data yn y DU wedi dangos effaith datgelu gwybodaeth bersonol yn anfwriadol. Mae DHCW yn defnyddio proses gadarn iawn wrth ddatgelu gwybodaeth, a amlinellwyd yn Atodiad C.• Gweithiwyd ar nifer o Asesiadau Effaith Diogelu Data yn ystod y chwarter diwethaf.	Nodwyd er Sicrwydd	Dim i'w nodi

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Dywedodd DS, wrth edrych drwy'r Asesiad o'r Effaith ar Ddiogelu Data (DPIA), fod cryn dipyn o eitemau yn ymwneud â'r dangosfyrddau ar gyfer Gwerth am Iechyd. Holodd a oedd y ffaith bod y dangosfwrdd yn ddeinamig wedi'i gymryd i ystyriaeth, sef y byddid yn cymryd cipolwg a chyfeirio'n ôl ato, i sicrhau bod yr hyn a oedd yn cael ei adrodd yn ddilys. Roedd nifer o wahanol ffyrdd y sicrhawyd hyn; un oedd y llinell sylfaen a sut y cynhaliwyd y DPIA, yn enwedig mewn perthynas â'r dangosfwrdd.

II. Adroddiad Sicrwydd Gwybodeg

Cyflwynodd Paul Evans (PE), Pennaeth Sicrwydd Ansawdd a Chydymffurfiaeth Rheoleiddiol, yr Adroddiad Sicrwydd Gwybodeg a thynnodd sylw at y canlynol:-

- Enwebwyd y Tîm Ansawdd a Sicrwydd ar gyfer Gwobrau GIG Cymru a oedd yn cael eu cynnal ar 15 Tachwedd.
- Bu 20 adolygiad yn chwarter 2 ac roedd gwaith pellach wedi'i gwblhau ers i'r adroddiad gael ei gyflwyno felly roedd y rhan fwyaf o adroddiadau'n mynd drwy'r camau cymeradwyo terfynol.
- Roedd gan Gofnod Gofal Nyrsio Cymru ddyddiad 'mynd yn fyw' bellach, sef 20 Tachwedd; fodd bynnag, bu oedi o ran APIs Cofnod Meddyginiaethau a Rennir. Roedd cyfarfod wedi'i gynnal gydag Ian Williams i sicrhau bod y darnau o sicrwydd sy'n weddill yn cael eu cwblhau.
- Blaengynllunio – byddai chwarter 3 yn brysur, gyda 13 o bapurau wedi'u harchebu a mwy i'w disgwyl.
- Gwaith datblygu i barhau gyda chydweithwyr o'r Ganolfan Ragoriaeth gan ddefnyddio'r llwyfan Power.
- Arddangosiad i'w gynnal gydag arweinwyr Sicrwydd o grŵp o reolwyr prosiect i edrych arno o'u safbwynt nhw. Mantais hyn oedd nid yn unig adeiladu tystiolaeth gynyddrannol ar draws gwahanol feysydd, ond bydd y broses weirio gyfredol, a oedd yn broses dau gam, yn dod yn broses un cam gyfannol.

Ymhelaethodd PE ar y mater gyda'r Rhaglen Rheoli API Meddyginiaethau a Rennir a'r effaith debygol y byddai hyn yn ei chael. Roedd hyn yn cynnwys rhywfaint o dystiolaeth brofi y gofynnwyd amdani ar gyfer y rheolaeth API drosfwaol nad oedd wedi dod i law. Roedd y dystiolaeth yn cael ei chasglu ond roedd wedi gohirio'r broses gymeradwyo.



III. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Cyflwynodd RH Adroddiad Sicrwydd y Gwasanaethau Gwybodaeth a thynnodd sylw at y pwyntiau o ddiddordeb i'r Pwyllgor:-

- Yn dilyn cyfres o sesiynau ymgysylltu gyda rhanddeiliaid allweddol a chymeradwyaeth i'r nodau strategol lefel uchel gan gyfarwyddwyr DHCW, roedd datblygiad y Strategaeth Gwybodaeth a Dadansoddeg wedi symud ymlaen.
- Roedd y Grŵp Sicrwydd ISD (ISDAG) wedi adolygu 12 Cynllun Sicrwydd Ansawdd ers dechrau mis Awst.
- Roedd DHCW wedi bod yn llwyddiannus yn adolygiad achredu blynyddol cyntaf Deddf yr Economi Ddigidol, gan roi sicrwydd bod cynnydd yn cael ei wneud ar ddarparu gwasanaeth trydydd parti i SAIL.
- Cafwyd cymeradwyaeth ar gyfer fframwaith llywodraethu a sicrwydd Power BI.

Roedd platfform dadansoddol yr Adnodd Data Cenedlaethol bellach yn fyw ac roedd Byrddau Iechyd yn defnyddio rhan ohono. Roedd DHCW wrthi'n casglu data a mewnbynnu i'r system.

IV. Adroddiad Sicrwydd Strategaeth Ymchwil ac Arloesi

Cyflwynodd RH Adroddiad Sicrwydd y Strategaeth Ymchwil ac Arloesi gyda'r uchafbwyntiau canlynol:

- Llywodraethu - dull mwy strwythuredig o lywodraethu a sicrwydd ymchwil ac arloesi.
- Roedd y Bwrdd Ymchwil ac Arloesedd cyntaf wedi'i gynnal, lle cafwyd llawer o ymgysylltu.
- Mae DHCW wedi cefnogi 3 phrosiect Enghreifftiol Bevan.
- Prosiectau Ymchwil ac Arloesedd -
Bydd astudiaeth SIMPLIFY yn gwerthuso'r prawf gwaed aml-ganser chwyldroadol i'w weithredu yn y GIG yn y dyfodol.
Bydd ASCENT PLUS yn profi a all cymryd tabled dyddiol helpu i amddiffyn pobl â diabetes math 2 rhag dioddef digwyddiadau cardiofasgwlaidd.
Mae Blood Cancer UK - dan arweiniad Bwrdd Iechyd Caerdydd a'r Fro, SAIL a Thîm Gwerth mewn Iechyd Cymru wedi cael cyllid gan Blood Cancer UK i edrych ar ganlyniadau o ganser y gwaed yng

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	<p>Nghymru.</p> <p>Bu'r Pwyllgor yn trafod mater adnoddau ac a oedd cyllidebau'n cyfyngu ar DHCW. Oherwydd dyled y GIG, bu cyfnod o graffu dwys ar swyddi ar draws y GIG ehangach. Mae'r Swyddogion Gweithredol wedi ymrwymo i arbed costau ond maent hefyd yn gwybod bod angen pobl mewn swyddi, felly bydd capasiti'n cynyddu o fewn y cyfyngiadau, pan fo hynny'n bosibl. Fodd bynnag, roedd gan yr is-adran Ymchwil ac Arloesi y gallu i gynhyrchu incwm o'r gwaith a wnaed i eraill a byddai hyn yn galluogi'r cynnydd mewn capasiti i gael ei gyflawni'n gyflymach.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'R adroddiadau er SICRWYDD.</p>		
3.5	<p>Polisi Eiddo Deallusol</p> <p>Cyflwynodd Michelle Sell, (MS) Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol, y polisi a dderbyniwyd yn ddiweddar yn y Bwrdd Rheoli.</p> <p>Roedd y polisi wedi'i ailddrafftio i fod yn gyson â'r Polisi Cenedlaethol ac roedd yn canolbwyntio ar reoli Eiddo Deallusol yn hytrach na gweithgarwch Masnacheiddio. Mae'r polisi Eiddo Deallusol (ED) yn nodi'r egwyddorion cyffredinol y byddai DHCW yn eu defnyddio i reoli a/neu ddefnyddio eiddo deallusol yn ei holl ymrwymadau busnes.</p> <p>Roedd y polisi'n sail i'r gwaith o ddarparu cymorth a gofal gan nad oedd DHCW yn sefydliad masnachol ac felly roedd angen iddo fod yn ymwybodol o'r modd yr oedd eiddo deallusol yn cael ei ddefnyddio. Yn ogystal, yn amodol ar gymeradwyo'r adroddiad, byddai rhai arfau hyfforddi yn cael eu datblygu i gynorthwyo unigolion i ddefnyddio eiddo deallusol.</p> <p>Canmolodd y Pwyllgor MS a'r tîm am ansawdd y polisi.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: GYMERADWYO'R Polisi Eiddo Deallusol.</p>	Nodwyd er Sicrwydd	Dim i'w nodi
3.6	<p>Strategaethau Clinigol</p> <p>Derbyniodd y Pwyllgor y tair Strategaeth Glinigol i'w cymeradwyo. Cyflwynodd Rhidian Hurle RH, Cyfarwyddwr Meddygol Gweithredol, ynghyd â'i gydweithwyr, Stephanie Harris (SH), Cyfarwyddwr Cyswllt Gweithwyr Proffesiynol Gwybodeg Glinigol a Newid Busnes, a Darren Lloyd (DL) y strategaethau.</p>	I'w Cymeradwyo	

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Roedd y strategaethau wedi'u cynhyrchu gan ei bod yn bwysig bod rhanddeiliaid yn deall y gwaith a oedd yn cael ei wneud a sut y gallent ymgysylltu â DHCW. Roedd y tair strategaeth wedi'u ffurfio drwy ymgysylltu'n helaeth â rhanddeiliaid.

Roedd tair cydran i'r strategaeth a rhoddwyd yr uchafbwyntiau:-

Gwybodaeth a Dadansoddeg

Defnyddiwyd gwybodaeth casglu data ar gyfer gwybodaeth a mewnwleidiad; fodd bynnag, roedd hyn yn ei ddyddiau cynnar fel y trafodwyd yn flaenorol gan ei bod yn anodd cadw arbenigedd dadansoddol hynod arbenigol gan ei fod yn sgîl y mae galw mawr amdano.

Amlinellodd y strategaeth y weledigaeth a'r nodau i ysgogi gwerth o ddata:-

- Nod Un – darparu gwasanaeth gwybodaeth a dadansoddeg cenedlaethol sy'n cofleidio arloesedd.
- Nod Dau – canolbwyntio ar ansawdd, gwerth a phrofiad y defnyddiwr o'r gwasanaeth a'r cynnyrch.
- Nod Tri – sicrhau'r cynnig a'r gwerth mwyaf drwy gydweithio effeithiol.
- Nod Pedwar – datblygu'r proffesiwn a buddsoddi mewn pobl.

Gwybodeg Glinigol a Newid Busnes

Cyflwynodd Stephanie Harris y Strategaeth Gwybodeg Glinigol a Newid Busnes a hysbysodd y Pwyllgor ei bod yn llai aeddfed nag eraill, ar ôl tyfu'n organig ac wedi'i hariannu'n bennaf o'r Gronfa Buddsoddi mewn Blaenoriaethau Digidol (DPIF).

Roedd y ffocws wedi bod ar adeiladu'r sylfeini gyda phedwar nod:

- Nod Un – sicrhau'r gefnogaeth fwyaf i ddarpariaeth Iechyd a Gofal. Roedd hyn yn cyd-fynd â'r Safonau Iechyd a Gofal a'r Ddyletswydd Ansawdd.
- Nod Dau – mabwysiadu ymagwedd o ansawdd gyda safonau proffesiynol h.y. arweinyddiaeth, gweithlu, diwylliant ac ati.
- Nod Tri – yn ymwneud â sefydlu canolfan ddysgu i fuddsoddi mewn pobl a'u galluedd dysgu.
- Nod Pedwar – galluogi cyflymu trawsnewid digidol a gwireddu buddion.



Llywodraethu Gwybodaeth

Tynnodd DL sylw at rai o'r elfennau o fewn y strategaeth a chadarnhaodd bwysigrwydd sicrhau ei bod yn strategaeth y gellid ei chyflawni. Hwn oedd y pwynt sbardun o ran llywio ac ymgysylltu â phroses Cynllun Tymor Canolig Integredig DHCW. Byddai'r strategaeth yn adeiladu ar gynlluniau ar draws y strategaeth i roi sicrwydd i'r sefydliad a'r rhanddeiliaid bod y dull cywir yn cael ei ddefnyddio. Roedd cydbwysedd bregus rhwng rhoi gwybodaeth o flaen gweithwyr proffesiynol clinigol a chleifion eu hunain a diogelu'r wybodaeth. Y strategaethau oedd y cam cyntaf tuag at gyflawni'r cydbwysedd hwn.

- Nod Un – rhoi sicrwydd i'r Bwrdd bod Iechyd a Gofal Digidol Cymru yn parhau i fodloni ei rwymedigaethau statudol o dan ddeddfwriaeth hawliau gwybodaeth a sicrhau bod ein swyddogaeth llywodraethu gwybodaeth yn cymhwyso'r datblygiadau polisi ac arferion da diweddaraf.
- Nod Dau – darparu cyngor Llywodraethu Gwybodaeth i sefydliadau a gweithwyr proffesiynol yng Nghymru.
- Nod Tri – cyfrannu at ddatblygu a gweithredu polisi sy'n meithrin ymddiriedaeth cleifion a'r cyhoedd trwy ganiatáu iddynt arfer eu hawliau gwybodaeth.
- Nod Pedwar – ymgorffori parthau a galluogwyr y Ddyletswydd Ansawdd ar draws swyddogaeth llywodraethu gwybodaeth Iechyd a Gofal Digidol Cymru

Canmolodd y Pwyllgor y strategaethau a sut yr oeddent yn ategu ei gilydd a rhoddodd rai awgrymiadau ar gyfer sut y gellid eu gwella ymhellach, a gafodd eu hamlinellu:-

- Holwyd a oedd y Fframwaith Gwireddu Manteision Cenedlaethol a'r Fframwaith Gwireddu Buddion Digidol yr un peth. Os felly, gofynnwyd am enwi'r fframwaith hwn yn gyson.
- Os gallai un o'r canlyniadau fod yn Fframwaith Gwireddu Manteision a oedd yn cael ei ddefnyddio'n eang, ac yn cyfeirio at yr achosion hynny a oedd yn dangos tystiolaeth o wireddu buddion. Nid oedd DHCW yn arwain ar y Fframwaith Gwireddu Manteision, felly dylai fod yn fwy eglur yn y strategaeth.
- Gallai Strategaeth Gwybodaeth a Dadansoddi fod yn fwy uchelgeisiol. Bydd strategaeth dda yn nodi sut olwg fydd ar y sefydliad yn y dyfodol o gymharu â sut olwg sydd arno ar hyn o bryd.

Cofnodion heb eu cadarnhau ar gyfer y:
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	<ul style="list-style-type: none"> Rhai mesuriadau o gwmpas y gwerth a fyddai'n cael ei gyflenwi ymhen tair blynedd. <p>Trafododd y Pwyllgor y gwelliannau a awgrymwyd, a chytunwyd bod adenillion ar fuddsoddiad yn ymwneud â llawer mwy na chyllid – roedd yn ymwneud ag ysgogi canlyniadau ac yn lleihau'r galw. Roedd diogelwch yn elfen fesuradwy allweddol a bu'r sefydliad yn gweithio gydag Ombwdsmyr a Chronfa Risg Cymru i edrych ar themâu niwed.</p> <p>Y strategaethau oedd y camau cyntaf i ddangos yr hyn y gall y timau ei wneud a'r gwerth y gallant ei gynnig i'r GIG.</p> <p>Derbyniodd y Pwyllgor sicrwydd ynghylch y model cyllido a'r ffyrdd yr oedd cyllid yn dod i mewn i'r sefydliad. Caeodd y Cyfarwyddwr Gweithredol Cyllid y gwariant a fonitrwyd a pha werth a allai ddod yn ei sgil.</p> <p>CAM GWEITHREDU: 20231102-A02 SH i wirio ei bod yn amlwg yn y Strategaeth Gwybodeg Glinigol a Newid Busnes nad yw'r tîm yn arwain ar ddatblygu fframwaith gwireddu buddion, ond yn cefnogi gweithrediad y fframwaith presennol sydd wedi'i gynhyrchu gan Dîm y Gyfarwyddiaeth Gyllid, gan ddatblygu pecyn cymorth gwireddu buddion digidol.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: GYMERADWYO'R tair Strategaeth Glinigol.</p>		<p>Cam Gweithredu: SH i wirio ei bod yn amlwg yn y Strategaeth Gwybodeg Glinigol a Newid Busnes nad yw'r tîm yn arwain ar ddatblygu fframwaith gwireddu buddion, ond yn cefnogi gweithrediad y fframwaith presennol sydd wedi'i gynhyrchu gan Dîm y Gyfarwyddiaeth Gyllid, gan ddatblygu pecyn cymorth gwireddu buddion digidol.</p>
RHAN 4 - MATERION I GLOI			
4.1	<p>Unrhyw Faterion Brys Eraill</p> <p>Nid oedd unrhyw faterion brys eraill i'w nodi.</p>	Nodwyd	Dim i'w nodi
4.2	<p>Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd</p> <p>Nodwyd yr eitemau i'w cynnwys yn Adroddiad Crynhoi Cynnydd y Cadeirydd ar gyfer Bwrdd yr Awdurdod Iechyd Arbennig ym mis Tachwedd fel;</p> <ul style="list-style-type: none"> Rheoli risg yn weithredol a sut yr oedd yn aeddfedu. Roedd yr holl adroddiadau sicrwydd o ansawdd uchel ac yn rhoi sicrwydd i'r Pwyllgor. Roedd y sefydliad yn gweithio'n fwriadol ar draws y system ac yn edrych ar bwyntiau trosglwyddo. Roedd y strategaethau clinigol a'r adroddiadau Adolygu Digwyddiadau yn cefnogi hyn. Llongyfarch MS ar sefydlu polisi Eiddo Deallusol. 	Nodwyd	Dim i'w nodi



4.3	Dyddiad y cyfarfod nesaf Cadarnhawyd y byddai dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol yn cael ei gynnal ar Chwefror 1 2024 am 1.00pm.	Nodwyd	Dim i'w nodi
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CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL - PREIFAT

COFNODION CRYNO, PENDERFYNIADAU A CAMAU GWEITHREDU I'W CYMRYD

 15:10 – 16:30

 2 Tachwedd 2023

 MS Teams

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
Rowan Gardner	RG	Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru (DHCW)
David Selway	DS	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru (DHCW)
Marilyn Bryan-Jones	MBJ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (DHCW)

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (DHCW)
Meirion George (ar gyfer eitem 3.3)	MG	Cyfarwyddwr Cynorthwyol Cymorth Dylunio Cymwysiadau	Iechyd a Gofal Digidol Cymru (DHCW)
Jamie Graham	JG	Cyfarwyddwr Cynorthwyol, Seiberddiogelwch	Iechyd a Gofal Digidol Cymru (DHCW)
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru (DHCW)

Cofnodion CRYNO heb eu cadarnhau ar gyfer y:
Pwyllgor Preifat ar Lywodraethu a Diogelwch Digidol 02 Tachwedd 2023

Darren Lloyd	DL	Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion	Iechyd a Gofal Digidol Cymru (DHCW)
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru (DHCW)
Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru (DHCW)
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru (DHCW)
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru (DHCW)

Ymddiheuriadau	Teitl	Sefydliad
Ifan Evans	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru (DHCW)
Rachael Powell	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Iechyd a Gofal Digidol Cymru (DHCW)
Laura Tolley	Pennaeth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)
Alistair Klaas Neill	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (DHCW)

Acronymau			
SHA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
Iechyd a Gofal Digidol Cymru (DHCW)	Iechyd a Gofal Digidol Cymru	GIG	Gwasanaeth Iechyd Gwladol
IM	Aelod Annibynnol	SLA	Cytundeb Trwydded Sengl
NDR	Adnoddau Data Cenedlaethol	LINC	Rhwydwaith Gwybodaeth Labordai Cymru
RISP	Caffael y System Gwybodeg Radioleg	PAM	Egwyddorion a Safonau Rheoli Mynediad Breintiedig

Cofnodion CRYNO heb eu cadarnhau ar gyfer y:
Pwyllgor Preifat ar Lywodraethu a Diogelwch Digidol 02 Tachwedd 2023



Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
RHAN 1 – MATERION RHAGARWEINIOL			
1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd Rowan Gardner, Aelod Annibynnol a Chadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (RG), bawb i'r sesiwn cyhoeddus.</p>	Nodwyd	Dim i'w nodi
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <p>Nodwyd ymddiheuriadau am absenoldeb gan:</p> <ul style="list-style-type: none">• Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth• Laura Tolley, Pennaeth Llywodraethu Corfforaethol• Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil• Alistair Klaas Neil, Aelod Annibynnol	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Nodwyd bod RG yn gyd-sylfaenydd Precision Life, sy'n ymdrin â gwybodaeth am gleifion at ddibenion eilaidd megis ymchwil, a chytunwyd, os ar unrhyw adeg pan nad yw'n briodol i RG fod yn Gadeirydd, y byddai David Selway, Aelod Annibynnol ac Is-Gadeirydd (DS), yn cymryd yr awenau er mwyn rheoli unrhyw wrthdaro posibl.</p>	Nodwyd	Dim i'w nodi
RHAN 2 – AGENDA GYDSYNIO			
Dosbarthwyd eitemau ar yr agenda gydsynio cyn y cyfarfod a nodwyd nad oedd y Cadeirydd wedi derbyn unrhyw sylwadau ymlaen llaw.			
2.1	<p>Cofnodion y cyfarfod diwethaf</p> <p>Cymeradwywyd cofnodion cyfarfod diwethaf y pwyllgor a gynhaliwyd ar 03 Awst 2023 fel cofnod cywir.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol wneud y canlynol:</p> <p>GYMERADWYO cofnodion y cyfarfod diwethaf</p>	Cymeradwywyd	Dim i'w nodi
RHAN 3 – PRIF AGENDA			
3.1	<p>Cofnod Camau Gweithredu</p> <p>Nid oedd unrhyw gamau gweithredu preifat agored ar y cofnod i'w trafod.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a</p>	Nodwyd	Dim i'w nodi

Cofnodion CRYNO heb eu cadarnhau ar gyfer y:
Pwyllgor Preifat ar Lywodraethu a Diogelwch Digidol 02 Tachwedd 2023



	Diogelwch Digidol wneud y canlynol: NODI'R Cofnod Gweithredu.		
3.2	Adroddiad Sicrwydd Seiberddiogelwch Cyflwynodd Jamie Graham, Cyfarwyddwr Cynorthwyol, Seiberddiogelwch (JG), yr Adroddiad Sicrwydd Seiberddiogelwch yn amlygu'r gwaith a gwblhawyd dros gyfnod Chwarter 2. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol wneud y canlynol: DRAFOD yr Adroddiad Sicrwydd Seiberddiogelwch er SICRWYDD	Trafodwyd	Dim i'w nodi
3.3	Y Gofrestr Risg Gorfforaethol Nododd CD fod 26 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, yr oedd 21 ohonynt i'w hystyried gan y Pwyllgor hwn. Roedd 9 ohonynt yn cael eu hystyried yn rhai preifat a byddent yn destun trafodaeth. Nodwyd y newidiadau i risgiau preifat a roddwyd i'r Pwyllgor hwn ers y cyfarfod diwethaf ym mis Mai. GWEITHREDU:202031102-A01 Cytunodd y Pwyllgor i ymchwilio'n fanwl i risgiau sydd wedi bod ar y gofrestr am fwy na 12 mis. Cynhaliodd y Pwyllgor ymchwiliad manwl i DHCW0325 a chawsant eu sicrhau ynghylch y gwaith a oedd wedi'i wneud a arweiniodd at leihau'r risg. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol wneud y canlynol: DRAFOD y Gofrestr Risg Gorfforaethol a Plymiwch yn ddwfn i DHCW0325	Trafodwyd	Dim i'w nodi
3.4	Diweddariad ar yr Ymchwiliad i Covid Rhoddodd Carwyn Lloyd Jones, Cyfarwyddwr TGCh, y wybodaeth ddiweddaraf i'r Pwyllgor ar yr hyn a ddysgwyd o'r Ymchwiliad i COVID-19. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol wneud y canlynol: NODI'R Adroddiad Diweddarau ar yr Ymchwiliad i COVID-19	Nodwyd	Dim i'w nodi
3.5	Adolygiad Archwilio Mewnol o Ddiogelu Data Cyffredinol		

Cofnodion CRYNO heb eu cadarnhau ar gyfer y:
Pwyllgor Preifat ar Lywodraethu a Diogelwch Digidol 02 Tachwedd 2023

	<p>Cyflwynodd Darren Lloyd, Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion, yr Adolygiad Archwilio Mewnol o Ddiogelu Data Cyffredinol a oedd hefyd wedi'i gyflwyno i'r Pwyllgor Archwilio a Sicrwydd y mis diwethaf, a dywedodd ei fod yn cael ei rannu gyda'r Pwyllgor hwn er gwybodaeth.</p> <p>Roedd y Pwyllgor yn fodlon ar yr adroddiad a'r sicrwydd sylweddol a chafodd ei sicrhau y byddai argymhellion o'r adroddiad yn cael eu gweithredu gyda diweddariadau ar gynnydd yn cael eu holrhain trwy'r Pwyllgor Archwilio a Sicrwydd.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol wneud y canlynol:</p> <p>NODI'R Adolygiad Diogelu Data Cyffredinol Archwilio Mewnol er SICRWYDD.</p>		
RHAN 4 - MATERION I GLOI			
4.1	<p>Unrhyw Faterion Brys Eraill</p> <p>Nid oedd unrhyw faterion arall.</p>	Nodwyd	Dim i'w nodi
4.2	<p>Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd</p> <p>Cadarnhaodd y Cadeirydd y meysydd i'w cynnwys yn adroddiad Crynhoi Cynnydd y Cadeirydd i Fwrdd SHA.</p>	Nodwyd	Dim i'w nodi
4.3	<p>Dyddiad y cyfarfod nesaf:</p> <p>Cadarnhawyd y byddai dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol i'w gynnal ar Chwefror 1 2024 am 1.00pm.</p>	Nodwyd	Dim i'w nodi

DIGITAL HEALTH AND CARE WALES

FORWARD WORKPLAN

Agenda Item	2.2
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	01 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the report.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Digital Governance and Safety Committee	February 2023	Initial workplan approved
Chris Darling	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WASPI	Wales Accord on the Sharing of Personal Data
NIIAS	National Intelligent Integrated Audit Solution		



3 SITUATION / BACKGROUND

- 3.1 The Digital Governance and Safety Committee has a Cycle of Committee Business that is reviewed on an annual basis. In addition, a [Forward Workplan Appendix A](#) is used to identify any additional items for inclusion to ensure the Committee is reviewing and receiving all relevant matters in a timely fashion.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Chair of the Committee previously requested additional horizon scanning be undertaken by officer members for inclusion in the Forward Workplan including the large-scale projects identified within the Annual Plan with the highest potential to materially affect delivery of DHCW's strategic objectives. The Corporate Governance team will continue to support the officer members to identify items for the Forward Workplan.
- 4.2 The Chair of the Committee has met with the Board Secretary to identify items for discussion at possible Committee Development sessions during 2023-24.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 The following items as noted in Appendix A Forward Workplan are due to be presented to the Committee meeting on 1 February 2024:

- Digital Governance & Safety Committee Annual Report
- Digital Governance & Safety Committee Effectiveness Self-Assessment
- Digital Governance & Safety Committee Terms of Reference
- Digital Governance & Safety Committee Cycle of Business
- Research and Innovation Annual Report
- BAF Deep Dive areas – PRIVATE session
- WASPI Code of Conduct Final Report – PRIVATE session

5.2 The items below have been identified for the following meeting on 2 May 2024

- NIIAS Reporting and Accessing – PRIVATE session
- Safety Alerts Report
- Artificial Intelligence
- Digi-trails Wales Research - The Find, Recruit and Follow Up Proposal

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report.	

DIGITAL HEALTH AND CARE WALES

ANNUAL REPORT OF THE DIGITAL
GOVERNANCE AND SAFETY COMMITTEE

Agenda Item	2.3
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	1 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Endorsement
Recommendation	The Committee is being asked to
ENDORSE the Annual Report of the Digital Governance and Safety Committee 2023/24 for APPROVAL to the SHA Board.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	Provide a platform for enabling digital transformation
CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	
<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	
<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	
<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	
<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
Choose an item.	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance	January 2024	Reviewed
Rowan Gardner, Committee Chair	January 2024	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WASPI	Wales Accord on the Sharing of Personal Information	AUP	Acceptable Use Policy



3 SITUATION / BACKGROUND

- 3.1 In accordance with best practice and good governance, the Digital Governance and Safety Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.
- 3.2. In line with Schedule 3 of the Standing Orders, the SHA Board nominated a committee which covers oversight and scrutiny of quality, safety, information governance, data quality, security and risk. In addition, the remit of the Committee would extend to include Organisational Learning in digital in relation to health and care and have oversight of DHCW Major Programmes. The SHA Board agreed the Committee would be known as the Digital Governance and Safety Committee.
- 3.3 Following an independent review into Programme Governance Arrangements that was commissioned by DHCW, supported by Welsh Government, a new Committee of the Board was established during 2022-23, the Programmes Delivery Committee. To avoid duplication, the Digital Governance and Safety Committee Terms of Reference were updated and approved on 9 November 2023 to remove the reference below:

The Committee will, in respect of its provision of advice and assurance:

Assure the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to discharge its responsibilities, with specific reference to;

- Major national digital programmes and projects

- 3.4 The purpose of the Digital and Safety Committee is to advise and assure the SHA Board in discharging its responsibilities with regard to the quality and integrity, safety, security and appropriate use of information and data to support health and care delivery and service improvement and the provision of high-quality digital health and care.
- 3.5 The Committee seeks assurance on behalf of the SHA Board in relation to DHCW's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Committee was appointed by the SHA Board from amongst the non-officer members of the SHA and consists of no less than 3 members, comprising:

Chair: Independent Member

Members: Independent Member x 3 – however, to strengthen member resilience, a further Independent Member was appointed to the Committee in October 2023 (i.e. moving to 4 Independent Members).

Other usual expected attendees:

- Executive Medical Director (Caldicott Guardian)
- Director of Information and Communication Technology
- Associate Director of Information, Intelligence and Research
- Associate Director of Information Governance
- Board Secretary

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair. In the interests of effective governance, it is expected that at least one Director listed above will also be in attendance.

- 4.2 The Committee met four times during the period 1 April 2023 and 31 March 2024. This is in line with its Terms of Reference. The Digital Governance and Safety Committee achieved attendance rate of 93.75% for this period.

	11.05.23	03.08.23	02.11.23	01.02.24	Attendance
Rowan Gardner (Chair)	✓	✓	✓	✓	100%
David Selway (Vice Chair)	✓	✓	✓	✓	100%
Marilyn Bryan Jones	X	✓	✓	✓	75%
Alistair Klaas Neill (Appointed October 2023)	N/A	N/A	✓	✓	100%
Total	75%	100%	100%	100%	93.75%



4.3 During the financial year 2023/24 the Digital Governance and Safety Committee reviewed the following key items at its public meetings:

4.3.1 Standing items presented at each Committee throughout the year are as follows:-

Forward Workplan (informed by the Annual Cycle of Business)

The workplan as identified by members of the Committee in developmental meetings with Board Secretary and Executive Medical Director around the Annual Cycle of Business is noted at each meeting with the opportunity for further input.

Digital Programme Overview Update

The Digital Programme update gives a high-level overview of the Programme Portfolio noting by exception the status of programmes. Following the independent review into Programme Governance arrangements and the subsequent update to the Committee terms of reference, this item transitioned to the Programmes Delivery Committee in October 2023.

Risk Management Report including Risk Register

At all meetings during the period, the Committee received and reviewed Corporate Risks assigned to the Committee for scrutiny and oversight. In addition, deep dives into all corporate risk assigned to the DG&S Committee that have remained on the corporate risk register since 1 April 2021 were undertaken, one of which was included for discussion in the public session and the remaining five were taken to the private session.

Incident Review and Organisational Learning Report

The Incident Review and Organisational Learning Report is presented as a standing agenda item, with an emphasis on themes and learning trends.

Assurance Reports

At each meeting during the period, the Committee received detailed assurance reports on the following areas:

- Information Governance Assurance Report – noting the Welsh Information Governance Toolkit at the August 2023 meeting;
- Informatics Assurance Report;
- Information Services Assurance Report;



4.3.2 In addition, the following items were presented to the Committee for oversight and endorsement:

- Wales Accord on the Sharing of Personal Information (WASPI)
- Delivering the Data Promise for Health and Social Care Wales
- Data Sharing during the Corona Virus Pandemic

Policies and Strategies

- Principles & Standards of Privileged Access Management
- Anti-Malware
- Access Control
- Acceptable Use Policy (AUP)
- Information Security
- Wales Informatics Assurance
- NEW Vulnerability Management
- NEW Service Management
- Intellectual Property Policy
- Clinical Strategies – Information and Analytics, Clinical Informatics and Business Change and Information Governance.
- Research and Innovation Strategy

Committee Membership, Terms of Reference, and Effectiveness Self-Assessment

As an annual exercise the Committee Membership and Terms of Reference are reviewed, and Committee members undertake a Committee Effectiveness Self-Assessment with results presented to the Committee at the end of each financial year.

4.4 During the financial year 2023/24 the Digital Governance and Safety Committee reviewed the following key items at its **private** meetings:

- Corporate Risk Register – all risks deemed private were reviewed in detail for assurance at each meeting.
- Cyber Assurance Report – this report was presented at each Committee meeting throughout the period.
- Cyber Resilience Report – Audit Wales
- Covid Inquiry Update
- Internal Audit on General Data Protection Review
- Early insight into the WASPI Code of Conduct Consultation Process
- WASPI Code of Conduct Final Report

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Digital Governance and Safety Committee is of the opinion that the draft Digital Governance and Safety Committee Annual Report 2023/24 is consistent with its role as set out within the Terms of Reference and that there are no matters the Committee is aware of at this time that have not been disclosed appropriately.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
ENDORSE the Annual Report of the Digital Governance and Safety Committee 2023/24 for APPROVAL to the SHA Board.	



DIGITAL HEALTH AND CARE WALES

DIGITAL GOVERNANCE AND SAFETY

COMMITTEE EFFECTIVENESS SELF

ASSESSMENT REPORT

Agenda Item	2.4
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	1 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the content of the report and DISCUSS the findings.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	ALL
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DG&S	Digital Governance and Safety Committee	SOs	Standing Orders

3 SITUATION / BACKGROUND

3.1	The Chair of the Digital Governance and Safety Committee is required to present an annual report outlining the business of the Committee throughout the financial year to the DHCW SHA Board. The report is designed to provide assurance on the monitoring and scrutiny on behalf of the DHCW Board in relation to their remit. As part of this process the Committee are required to undertake an annual effectiveness self-assessment questionnaire.
3.2	Members of the Committee are asked to discuss and review the Committee effectiveness self-assessment questionnaire relating to the activities and performance of the Committee on behalf of the Board during 2023/24.
3.3	Members should note nine responses were received. The report does not include comments in order to ensure anonymity.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Summary report

The report is split into three areas:

- Positive assurance
- Areas requiring further assurance
- Areas requiring further action

Positive Assurance	Area: Composition, Establishment and Duties
	<p>Members were aware that:</p> <ul style="list-style-type: none">• There were approved Terms of Reference and there was an expectation they were reviewed annually to take into account governance developments and the remit of other Committees within the organisation.• The Committee will prepare an annual report on its work and performance for 2023/24 to the SHA Board. A third of the responses were not aware of the production of an annual report.• The Committee have established an annual cycle of business to be dealt with across the year. <p>Members felt:</p> <ul style="list-style-type: none">• The Committee had been provided with sufficient authority and resources to perform its role effectively.• The Committee meet sufficiently frequently to deal with planned matters and there was sufficient time for questions and discussions, however it was noted that sometimes the agenda is quite full.• The atmosphere is considered conducive to open and productive debate and behaviour is courteous and professional however, one Member commented that there was always room for improvement.• There was appropriate use of private sessions of the Committee when attended.• Agenda items are appropriately 'closed off'.



Area: Committee Leadership and Support

Findings:

- The meetings are effectively chaired with clarity of purpose and outcome, with one member commenting the Chair was excellent.
- The Chair provided clear and concise information to the Board on the activities of the Committee and any gaps in assurance and/or control with one member unsure on this matter and one member noting the Chair has excellent knowledge and was able to provide a constructive challenge role.
- Members felt the Committee is adequately supported by the Executive Directors in terms of attendance, quality and length of papers and response to challenges/questions, however it was noted that whilst Executive Director attendance had improved, there was other officer representation for the entire meeting which was not required or added value.
- Members felt there was adequate secretariat support.
- Members felt their training was adequate, and no further training was required to fulfil their roles, but one member noted that they received extensive Information Governance training in other roles and would be pleased to attend additional training if it would be beneficial.
- General comments from members indicate the Committee had matured over the past year, with an open, honest and no surprises approach. It had made a significant contribution to the oversight of the SHA in the areas defined by the Terms of Reference. The private sessions had provided a platform to discuss Cyber and support the development of a case for further investment. The Committee identified issues with the programme governance arrangements and was satisfied this was addressed following the Independent Review into Programme Governance Arrangements and subsequent establishment of a new Committee of the SHA Board.



Areas Requiring Further Action / Assurance	There were no findings requiring further action or assurance.
Appendices	DG&S Effectiveness Self Assessment Survey

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The outcome of the Digital Governance and Safety Committee Effectiveness Survey will input to the Committee Annual Report to the SHA Board to include addressing areas where further improvements can be made to the operating of the Committee.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the content of the report and DISCUSS the findings.	

DIGITAL HEALTH AND CARE WALES

DIGITAL GOVERNANCE AND SAFETY

COMMITTEE TERMS OF REFERENCE

REVIEW

Agenda Item	2.5
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	1 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	The Committee is being asked to
APPROVE the Digital Governance and Safety Committee Terms of Reference to go to the SHA Board.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	ALL
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DG&S	Digital Governance and Safety Committee	SOs	Standing Orders
SFI's	Standing Financial Instructions		

3 SITUATION / BACKGROUND

3.1	In-line with the SHA's Standing Orders, Terms of Reference for Committees of the Board should be reviewed on an annual basis.
3.2	The Digital Governance and Safety Committee Terms of Reference were reviewed and agreed by the Committee in February 2023 and approved by the SHA Board in March 2023.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The review of the Digital Governance and Safety Committee Terms of Reference by Members of the Committee allows for any comments or changes to be incorporated prior to submission to the SHA Board for approval.

4.2 Following an independent review into Programme Governance Arrangements that was commissioned by DHCW, supported by Welsh Government, a new Committee of the Board was established during 2022-23, the Programmes Delivery Committee. To avoid duplication, the Digital Governance and Safety Committee Terms of Reference were updated and approved by the Committee on 9 November 2023 to remove the reference below:

The Committee will, in respect of its provision of advice and assurance:

Assure the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to discharge its responsibilities, with specific reference to;

- Major national digital programmes and projects

4.3 The Terms of Reference have been reviewed by the Corporate Governance Team and can be found at item [2.5i Appendix A](#). There are a limited number of changes made to the Terms of Reference, these changes have been tracked and left in the document so that Committee members can easily see the changes made.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 There are no key risks/matters for escalation to Board/Committee

6 RECOMMENDATION

Recommendation	The Committee is being asked to
APPROVE the Digital Governance and Safety Committee Terms of Reference to go to the SHA Board.	

DIGITAL HEALTH AND CARE WALES

DIGITAL GOVERNANCE AND SAFETY

COMMITTEE CYCLE OF BUSINESS

2024-25

Agenda Item	2.6
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	1 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	The Committee is being asked to
APPROVE the DHCW Digital Governance and Safety Committee Annual Cycle of Business.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	All
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	January 2024	Approved
Rhidian Hurle, Executive Medical Director	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DG&S	Digital Governance and Safety Committee	SO's	Standing Orders

3 SITUATION / BACKGROUND

- 3.1 The DHCW Digital Governance and Safety Committee should, on annual basis, receive an Annual Cycle of Committee Business which identifies the agenda items and reports which will be regularly presented to the Committee for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Cycle of Business is presented as item [2.6i Appendix 1](#). The approval of the annual Cycle of Committee Business will take place before the start of the new financial year.
- 4.2 The Cycle of Business covers the period 1 April 2024 to 31 March 2025. The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 There are no key risks / matters for escalation to Board / Committee.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
APPROVE the DHCW Digital Governance and Safety Committee Annual Cycle of Business.	

ACTION LOG 3.1									
Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised action	Revised due date	Session Type
2023-11-02-A01	02/11/2023	A deep dive to be put on agenda for Feb meeting of risk DHCW0263 DHCW Data Functions	Sam Lloyd (DHCW - Executive Director of Operations)		On February Committee meeting agenda.	Complete			Public
2023-11-02-A02	02/11/2023	SH to check that it is explicit within the Clinical Informatics & Business Change Strategy that the team are not leading on the development of a benefits realisation framework, but supporting the implementation of the existing framework which has been produced by the Finance Directorate Team, with the development of a digital benefits realisation toolkit'	Rhidian Hurle (DHCW - Executive Medical Director)		For the purposes of the SHA Board version, Aim 4 bulleted list has been amended to reflect aim 4 elements correctly with reference to benefits realisation and the language reviewed in the document relating to the benefits realisation framework and the digital benefits realisation toolkit which are separate elements. Confirmed that the strategy does state to 'Champion the national benefits realisation framework' by supporting 'the development and adoption of a Digital Benefits Realisation Toolkit'. This is also documented in the SBAR to Board	Complete			Public

DIGITAL HEALTH AND CARE WALES

CORPORATE RISK REGISTER

Agenda Item	3.2
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	1 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Bethan Walters, Corporate Risk Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	To Receive/Discuss
Recommendation	The Committee is being asked to
NOTE the status of the Corporate Risk Register DISCUSS the Corporate Risks assigned to the Digital Governance and Safety Committee.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	All are relevant to the report
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO20000 ISO 27001 BS10008	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below: Safe Care Governance, Leadership and Accountability	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
Choose an item.	Outcome: N/A
Statement:	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications
FINANCIAL	No, there are no specific financial implications related



IMPLICATION/IMPACT	to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report. The risk owners will be clear on the expectations of managing risks assigned to them.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	02/01/2024	Reviewed
Management Board	15/01/2024	Reviewed

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WG	Welsh Government
NI	National Insurance	DPIF	Digital Priorities Investment Fund
DSPP	Digital Services for Patients and the Public	WICIS	Welsh Intensive Care Information Service
WASPI	Wales Accord on the Sharing of Personal Information	NDR	National Data Resource
SLA	Service Level Agreement	IMTP	Integrated Medium Term Plan
IRAT	Integration and Reference Team	ICU	Intensive Care Unit
ISD	Information Services Directorate	HBs	Health Boards
WG	Welsh Government	FDU	Finance Delivery Unit
SAIL	Secure Anonymised Information Linkage	CAPEX	Capital Expenditures
OPEX	Operating Expenditures	DU	Delivery Unit
WEDs	Weekly Executive Directors		



3 SITUATION / BACKGROUND

3.1 The [DHCW Risk Management and Board Assurance Framework \(BAF\) Strategy](#) outlines the approach the organisation will take to managing risk and Board assurance.

3.2 A full review of the BAF took place during April 2023 and was approved by the SHA Board in May 2023.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 Committee members are asked to consider risk, in the context of DHCW Digital Governance and Safety 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)'.
- 4.2 There are wider considerations regarding organisational factors which include, sector, stakeholder, and system factors, as well as National and International environmental factors.
- 4.3 In terms of DHCW's Corporate Risk Register, there are currently 19 risks on the Corporate Risk Register, of which 11 are for the consideration of this Committee. The Risk register presents the full public register with the green highlighted ID number representing the 7 public risks assigned to this Committee at item [3.2i Appendix A](#) with the other 4 classified as private due to their sensitivity to be received in the private session of the Committee.
- 4.4 Committee members are asked to note the following changes to the Corporate Risk Register as a whole (new risks, risks removed and changes in risk scores):

NEW RISKS (4) – 4 public, 0 Private

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0330	WCCIS Future Programme Funding	Financial	Programmes Delivery Committee
DHCW0331	Fixed Term Resource Funding	Financial	Audit & Assurance
DHCW0332	Sustainable Major Programmes funding	Financial	Programmes Delivery Committee
DHCW0333	WICIS Implementation Delay	Service Delivery	Programmes Delivery Committee

RISKS WITH SCORE CHANGES (1) – 0 public, 1 private

There was 1 change in score with 1 reduction during the period

Reference	Name	Commentary	Committee Assignment
DHCW0318	**PRIVATE**	Decreased in score due to review of position and current mitigations	Audit & Assurance Committee



RISKS REMOVED (11) – 7 public, 4 private

Reference	Name	Commentary	Committee Assignment
DHCW0259	Staff vacancies	Control Measures in place providing mitigation	Audit & Assurance Committee
DHCW0278	**PRIVATE**	Downgraded and closed due to implementation of mitigating actions	Digital Governance & Safety Committee
DHCW0279	**PRIVATE**	Downgraded and closed being managed under DHCW0317	Digital Governance & Safety Committee
DHCW0237	New Requirements Impact on Resources and Plan	Downgraded as robust mitigation is in place	Digital Governance & Safety Committee
DHCW0292	High concentration of unfunded posts in infrastructure teams	Downgraded to Directorate level due to the mitigation actions in place	Digital Governance & Safety Committee
DHCW0323	Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services	Linked to overarching risk DHCW0332 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee
DHCW0322	NDR Phase 3 Funding	Linked to overarching risk DHCW0332 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee

Reference	Name	Commentary	Committee Assignment
DHCW0324	Availability of Resources to support the WICIS Programme	Linked to overarching risk DHCW0332 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee
DHCW0325	**PRIVATE**	Downgraded for management within the Programme plan in place	Programmes Delivery Committee
DHCW0317	**PRIVATE**	Downgraded to Directorate level procurement approved	Digital Governance & Safety Committee
DHCW0330	WCCIS Future Programme Funding	Linked to overarching risk DHCW0332 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee

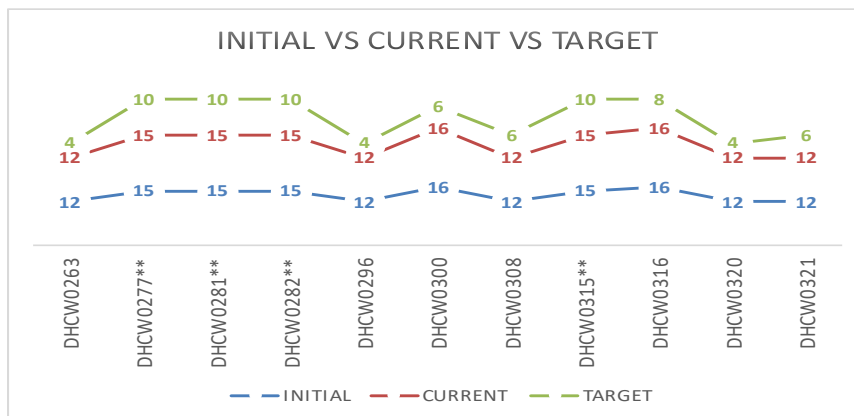


- 4.5 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 5 Significant and 6 Critical risks assigned to the Committee. The key indicates movement since the last risk report to the Committee.
- 4.6 Six of the Eleven critical risks currently on the Corporate Risk Register are assigned to the Digital Governance and Safety Committee.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0277 **DHCW0281 **DHCW0282 **DHCW0315		
	MAJOR (4)			DHCW0263: DHCW Functions DHCW0296 – Allergies/Adverse Reactions – Single Source DHCW0313 – Digital Cost Pressure – Service Model Changes DHCW0320 – Citizen and stakeholder trust in use of HSC data	DHCW0300 – Canisc (Screening and Palliative Care) **DHCW0301 DHCW0316 – Technical Debt Accumulation DHCW0329 – Choose Pharmacy – DHCW maintaining funding gap	DHCW0331 – Fixed term resource funding DHCW0332 – Sustainable Major Programmes Funding DHCW0333 – WICS Implementation Delay
	MODERATE (3)			DHCW0269 – Switching Service – Data warehouse **DHCW0318	DHCW0308 – Sustainable funding for NIAS DHCW0321 – Sustainable funding for WASPI	
	MINOR (2)					
	NEGLIGIBLE (1)					

★ New Risk ← Non-Mover ↓ Reduced ↑ Increased ** Private Risks

- 4.7 The Committee are also asked to consider of the risks assigned to the DG&S Committee, the overview of initial risk score versus current versus target and risks that may be identified for further investigation and action. Those highlighted with a red circle represent those risks with a score increased from their initial scoring, those with a green circle represent those risks with a score decreased from their initial scoring, the remainder are the same as their initial score. The public risks assigned to the DG&S Committee are as follows: DHCW0263 DHCW Data Functions, DHCW0296 Allergies / Adverse Reactions – Single Source, DHCW0300 Canisc (Screening & Palliative Care), DHCW0308 Sustainable funding for NIAS, DHCW0316 Technical Debt Accumulation, DHCW0320 Citizen and stakeholder trust in uses of Health and Social Care data and DHCW0321 Sustainable funding for WASPI.



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 The Committee is asked to note the changes in the risk profile during the reporting period as a result of the changes to the Corporate Register.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the status of the Corporate Risk Register. DISCUSS the Corporate Risks assigned to the Digital Governance & Safety Committee.	



DIGITAL HEALTH AND CARE WALES

INCIDENT REVIEW AND LEARNING

GROUP QUARTER 3 REPORT 2023-24

Agenda
Item

3.3

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	1 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Keith Reeves, Service Management Team Manager
Presented By	Keith Reeves, Service Management Team Manager

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
NOTE the report for ASSURANCE.	

WC:
APP:
TOTAL:

Tŷ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

Tŷ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Resilient Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	Choose an item.
If more than one standard applies, please list below: ISO 20000, ISO 27001, ISO 9001, ISO 13485, SDI (Service Desk Institute Standard)	

<u>DUTY OF QUALITY ENABLER</u>	Learning Improvement and Research
<u>DOMAIN OF QUALITY</u>	Choose an item.
If more than one enabler / domain applies, please list below: All Domains	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Quarterly Assurance Report	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The report provides a summary of all reportable incidents and any quality and safety activities undertaken as remediation.
	Should the remedial required action not be undertaken there could be a detrimental impact on quality and safety.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The report provides a summary of all reportable incidents including any which meet our legal, regulatory, and statutory requirements.

	Should corrective and remedial action not be undertaken appropriately there could be a legal impact.
FINANCIAL IMPLICATION/IMPACT	<p>Yes, please see detail below</p> <p>The report contains a summary of any incidents where redress is required.</p> <p>Some incidents may result in financial redress for the organisation.</p>
WORKFORCE IMPLICATION/IMPACT	<p>No, there is no direct impact on resources as a result of the activity outlined in this report.</p>
SOCIO ECONOMIC IMPLICATION/IMPACT	<p>No, there are no specific socio-economic implications related to the activity outlined in this report.</p>
RESEARCH AND INNOVATION IMPLICATION/IMPACT	<p>No, there are no specific research and innovation implications relating to the activity outlined within this report.</p>

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Incident Review & Learning Group	08/01/2024	Approval
Management Board	15/01/2024	Approval

Acronyms			
CFF	Contributory Factors Framework	DHCW	Digital Health and Care Wales
eQMS	Electronic Quality Management System	IRLG	Incident Review & Learning Group
LHB	Local Health Board	MHRA	Medicines and Healthcare products Regulatory Agency
QIAL	Quality Improvement Actions List	SHA	Special Health Authority
SLA	Service Level Agreement		



3 SITUATION / BACKGROUND

- 3.1 The purpose of the Incident Review and Learning Group (IRLG) is to have an organisational wide reporting group which covers all aspects of incident review and associated learning across the organisation, and to make and take forward recommendations for improvement.
- 3.2 This report provides a quarterly review of activities to provide assurance to the Digital Governance and Safety Committee around the four areas of the group covering:
- Reporting
 - Reviewing
 - Learning
 - Improving
- 3.3 The report includes information on all Early Warning Notifications & National Reportable Incidents by Digital Health and Care Wales (DHCW), any additional reviews undertaken, identification of lessons learned, and recommendations made, feeding into improvements for the organisation to take forward.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

For Noting:

Under Section 4.1 of the attached report

There has been an increase in enquiries rising from 7 in Q2 to 87 in Q3.

Under Section 4.3

To note that contributory factors for Major Incidents relating to External Factors is higher than at this point last year. External Factors are causal factors outside of the control of DHCW, where a failure still impacts DHCW Services. These typically fall into two groups

- 3rd Party (as an example a PSBA Network Outage)
- Local Health Board (as an example – planned local infrastructure changes overrunning affecting Radiology systems)

There are two improvements (Improvement 7: Local Health Board Incident Management, and Improvement 8: Supplier Incident Management) identified in Section 4.5 that relate specifically to these.

Under Section 4.5:

Improvement 1: (driven by Service Management) Major IT Incident Management.

As part of this ongoing improvement there are four activities which will be taken forward in FY 24/25 in relation to training of all rota'd staff. These are:

- Development and delivery of On-Call Competency training programme as part of a wider Service Management improvement around training, competencies, and continual professional development.
- Ensure that refresher training is provided to all management rota'd staff
- Continued Management On-Call Overview Training schedule
- Review of the approach to training to focus more on scenario based training

Three new improvements have also been identified:

Improvement 9: (driven by Clinical Directorate): This relates to the Enhanced Learning Programme being driven by Public Health Wales, focusing on learning and improvement across NHS Wales. Primarily focused on clinical learning, however will also include learning from DHCW. The programme is in a stage of development and this improvement will look to increase awareness and ties between DHCW and the Local Health Boards Clinical Safety Teams

Improvement 10: (driven by Clinical Directorate) Clinical Directorate Sub-Strategy Improvements. Within the Clinical Directorate Sub Strategies, there are programmes of improvement being identified. These will be established with updates being discussed at IRLG.

Improvement 11: (collaboration between Clinical Informatics and Service Management) Clinical System Impact Assessments. This is, initially, to capture general clinical impact statements for Clinical systems within the Service Catalogue to enable operational support teams and those on the management on call rota to have an early indication of the potential impact following system failure. The purpose of this is to be able to then provide a more appropriate and business focussed response. Future improvements will be identified to also cover other areas of business impact.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 There are no key risks / matters for escalation to Board / Committee.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the report for ASSURANCE.

DIGITAL HEALTH AND CARE WALES

INCIDENT REVIEW AND LEARNING GROUP QUARTER 3 REPORT 2023-24

APPENDIX

Agenda Item	3.3i
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	1 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Keith Reeves, Service Management Team Manager
Presented By	Keith Reeves, Service Management Team Manager

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
NOTE the contents of this report for ASSURANCE.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Resilient Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	Choose an item.
If more than one standard applies, please list below: ISO 20000, ISO 27001, ISO 9001, ISO 13485, SDI (Service Desk Institute Standard)	

<u>DUTY OF QUALITY ENABLER</u>	Learning Improvement and Research
<u>DOMAIN OF QUALITY</u>	Choose an item.
If more than one enabler / domain applies, please list below: All Domains	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Quarterly Assurance Report	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The report provides a summary of all reportable incidents and any quality and safety activities undertaken as remediation.
	Should the remedial required action not be undertaken there could be a detrimental impact on quality and safety.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The report provides a summary of all reportable incidents including any which meet our legal, regulatory, and statutory requirements.

	Should corrective and remedial action not be undertaken appropriately there could be a legal impact.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below The report contains a summary of any incidents where redress is required. Some incidents may result in financial redress for the organisation.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

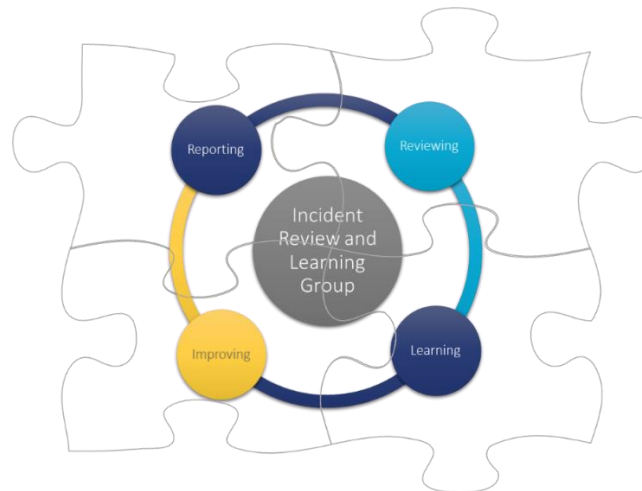
2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Incident Review & Learning Group	08/01/2024	Approval
Management Board	15/01/2024	Approval
Digital Governance and Safety Committee	01/02/2024	For Assurance

Acronyms			
CFF	Contributory Factors Framework	DHCW	Digital Health and Care Wales
eQMS	Electronic Quality Management System	IRLG	Incident Review & Learning Group
LHB	Local Health Board	MHRA	Medicines and Healthcare products Regulatory Agency
QIAL	Quality Improvement Actions List	SHA	Special Health Authority
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3 BACKGROUND



The purpose of the Incident Review and Learning Group (IRLG) is to have an organisational wide reporting group which covers all aspects of incident review and associated learning across the organisation, and to make and take forward recommendations for improvement.

This report provides a quarterly review of activities to provide assurance to the Digital Governance and Safety Committee around the four areas of the group covering:

- Reporting
- Reviewing
- Learning
- Improving

The report includes information on all Early Warning Notifications & National Reportable Incidents by Digital Health and Care Wales (DHCW), any additional reviews undertaken, identification of lessons learned, and recommendations made, feeding into improvements for the organisation to take forward.

Section 3 of which breaks the report down into these four areas.

The outcome of reviews will support the work of the Board in the Shared Learning approach.

For governance purposes the IRLG reports to the Digital Governance and Safety Committee.

This report covers the period **1st of October 2023 to 31st of December 2023** inclusive.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)



4.1 Early Warning Notifications and National Reportable Incidents

Early warning notifications are used in circumstances where the Welsh Government needs to be alerted to an immediate issue of concern or prior warning of something due to happen which might relate to the following:

- has the potential to affect a number of patients/ staff / communities etc.
- has a significant impact on service provision.
- may have an adverse impact in the media.
- might cause national or political embarrassment.
- following an inquest which has resulted in a Regulation 28 or public interest in a Public Services Ombudsman for Wales (PSOW) report OR
- a positive good news story.

This table provides a summary of all incidents where there is a legislative / regulatory requirement to notify an appropriate body (typically known as an Early Warning Notification or National Reportable Incident), as well as a summary of the number of complaints, concerns or feedback received in line with organisational processes.

Type	Timescale	Total Notifications	Q1	Q2	Q3	Q4
Business Continuity	As Required.	-	-	-	-	
Clinical / Patient Safety	7 days	6	1	-	5	
Cyber Security	3 days	2	-	1	1	
Health & Safety	10 days	-	-	-	-	
Information Governance	72 hours	-	-	-	-	
Information Services	As Required.	-	-	-	-	
MHRA Reportable Event	2 days	-	-	-	-	
	10 days	-	-	-	-	
	30 days	-	-	-	-	
Redress	As Required.	-	-	-	-	
Technical	As Required.	-	-	-	-	
Welsh Language Standards	As Required.	-	-	-	-	
Other	As Required.	-	-	-	-	

Total		8	1	1	6	
Complaints. Concerns, & Feedback (no timescales)	Formal	7	1	2	4	
	Enquiries	99	5	7	87	
	Suggestions	2	1	1	-	

Table 1: National Reportable Incidents, Early Warning Notifications, and Feedback

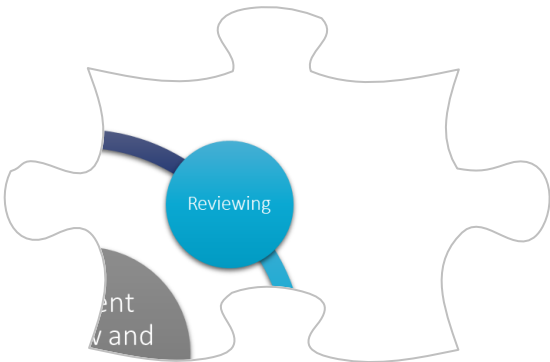
The compliance parameters for notifying appropriate bodies of National Reportable Incidents are listed in the table below:

Status	Definition	Next Steps
Red	Notification was issued outside of timescale	Escalate through IRLG report
Amber	Notification was issued at end of timescale	Consider improvements in reporting
Green	Notification was issued within timescale	No action

The increase in enquiries from previous reporting periods is due to two main factors, more general enquiries are being received as the promotion of DHCW has improved.

Secondly, is the promotion of the NHS Wales App, with the general public contacting DHCW across a number of areas, including signposting for where to get support to access, and also enquiries relating to the move from My Health Online to the App, with My Health Online switch off coming to some practices during 2024.

From analysis of these enquiries DHCW have identified four areas of improvement both to the App and support processes which are scheduled to be implemented in Q4 2023 / 24. These include identity verification, proxy access, email verification and data misalignment updates. DSPP and DHCW Comms are evaluating improvements made to the NHS Wales App Help and Support page. Usage by page is tracked and plans are being developed to monitor public satisfaction to continually improve.



4.2 Reviews Undertaken This Year

This table provides a summary of review activity within the reporting period for any reports that have come to IRLG. This includes reviews which were undertaken but were not required to be notified to an appropriate body (typically internal DHCW technical reviews), as well as any commissioned thematic reviews which investigate patterns of incidents, to identify

commonality with root causes and contributory factors.

Review Type	Financial Year 2023/24			
	Q1	Q2	Q3	Q4
Business Continuity	-	-	-	
Clinical / Patient Safety	2	-	1	
Complaints	-	-	-	
Cyber Security	1	1	-	
Health & Safety	-	-	-	
Information Governance	-	-	-	
Information Services	-	-	-	
MHRA Reportable Event	-	-	-	
Technical	5	4	3	
Thematic Reviews	1	-	1	
Welsh Language Standards	-	-	-	
Other Reviews (i.e., Audits)	-	2	2	
Total	9	7	7	

Table 2: Reviews undertaken this year.

The graph below provides the quarterly comparison for the number of reviews undertaken by financial year.

Quarterly Comparison of Reviews

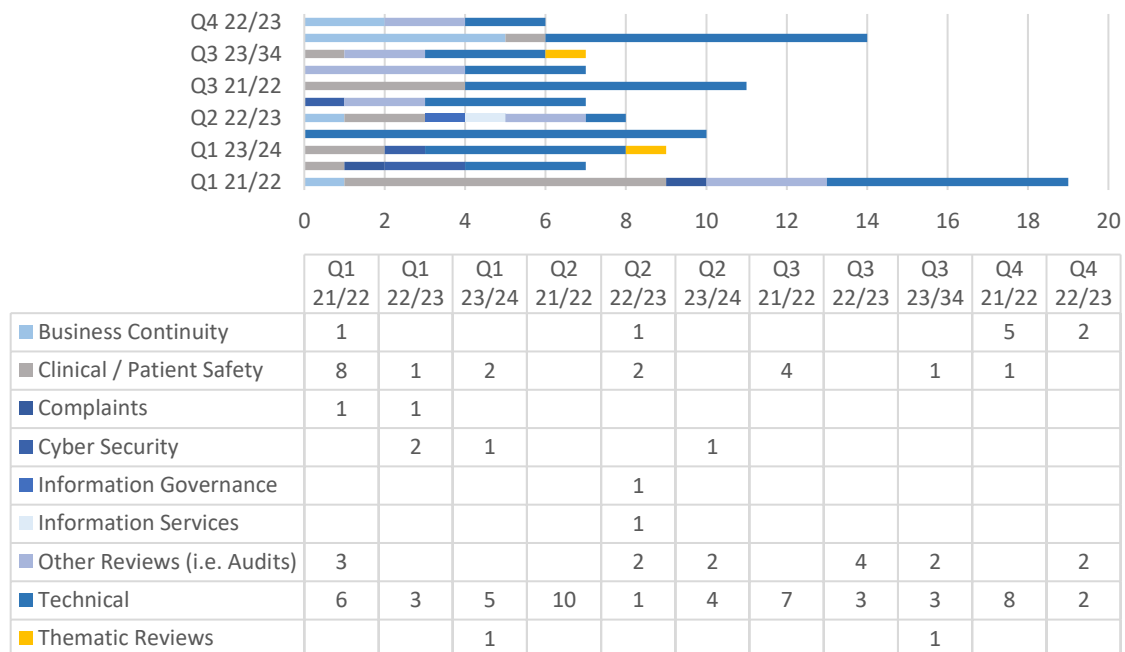
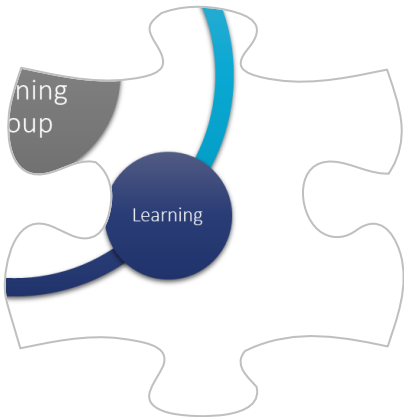


Image 1: Quarterly Comparison of Reviews.

For clarity, Health & Safety, MHRA Reportable Events, and Welsh Language Standards have been removed from the graph as no reviews have been undertaken.



4.3 Contributory Factors

The Contributory Factors Framework (CFF) is a tool used within incident review for optimizing learning and addressing causes of incidents by helping incident reviewers identify contributory factors, and aid with learning.

The underlying aim of the tool is not to ignore individual accountability, but to try to develop a more sophisticated understanding of the factors that cause incidents.

These factors can then be addressed through learning and improvement, and making changes in systems, structures, and local working conditions. Finding the true causes of incidents offers an opportunity to address systemic flaws effectively.

The CFF is based on the Yorkshire Contributory Factors Framework and was reviewed internally by DHCW Service Management, and a format adapted to fit a digital organisation in relation to technical and other reviews.

It is one of several tools and techniques that will be used as part of the incident review process.

Implementation has helped to improve the root cause analysis and lessons learned elements of the review process, as well as for other incidents which may not necessarily generate a review to be undertaken but could still function as a trigger for identifying further improvement recommendations.

A high-level breakdown based on incidents affecting DHCW Services is as follows with comparison across previous years incidents.

Domain		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Active	FY 21/22	-	1	-	2	1	1	2	-	-	-	3	-	10
	FY 22/23	2	2	-	4	-	-	-	2	4	-	2	2	18
	FY 23/24	2	-	1	-	1	1	4	2	-				11



Situational Domain	FY 21/22	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 22/23	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 23/24	-	-	-	-	-	-	-	-	-				0
Departmental	FY 21/22	5	1	-	-	4	1	1	-	1	-	-	-	13
	FY 22/23	1	2	2	3	2	2	2	2	2	2	2	1	23
	FY 23/24	4	4	3	3	2	-	2	2	-				20
Organisational	FY 21/22	-	-	-	-	-	-	-	-	-	1	-	-	1
	FY 22/23	-	-	-	-	-	1	-	-	-	-	-	-	1
	FY 23/24	-	-	-	-	-	-	-	-	1				1
External	FY 21/22	-	1	1	-	1	-	-	1	-	-	-	-	4
	FY 22/23	-	-	2	1	4	5	1	1	1	1	1	1	18
	FY 23/24	5	2	3	3	2	1	3	1	1				21
Communication and Culture	FY 21/22	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 22/23	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 23/24	-	-	-	-	-	-	-	-	-				0
Grand Total	FY 21/22	5	3	1	2	6	2	3	1	1	1	3	0	28
	FY 22/23	3	4	4	8	6	8	3	5	7	3	5	4	60
	FY 23/24	11	6	7	6	5	2	9	5	2	0	0	0	53

Table 3: Contributory Factors Domains Analysis

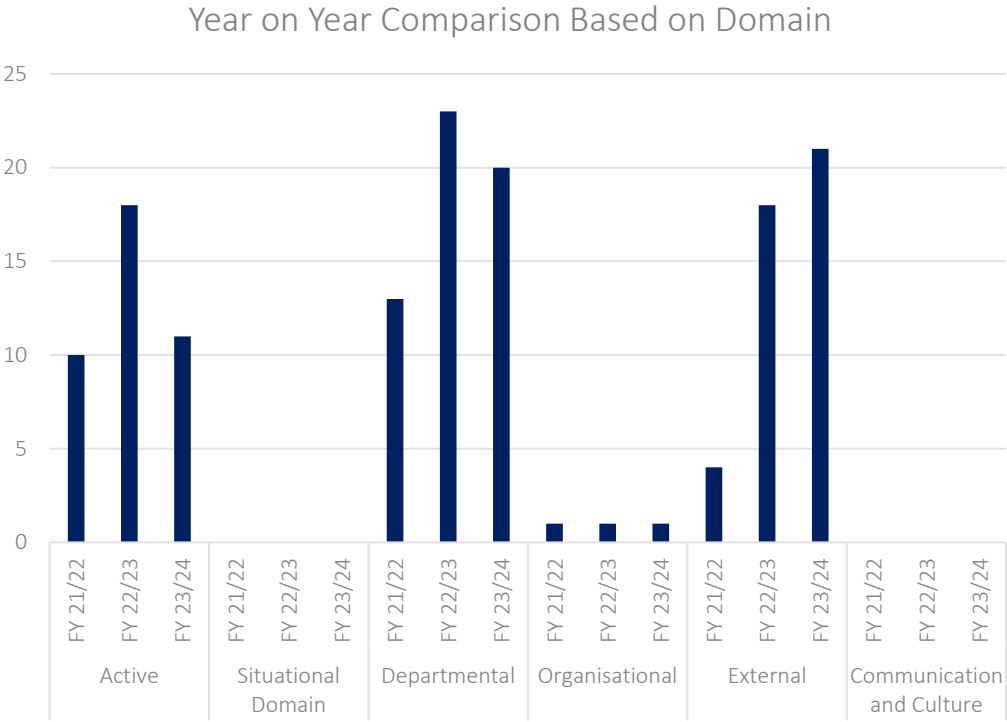


Image 2: Year on Year Comparison of Contributory Factors based on Domain.

The challenge for this financial year is to look to reduce these factors through the identification of improvements in learning, training, and sharing of best practices.

As examples, for **Active Domain** factors – given the increased number of recently recruited staff, there is an identified requirement to review the improvement approach and to ensure that processes are trained out appropriately, and that competencies are recorded appropriately. This is being managed under Improvement 5.

For factors within the **Departmental** Domain including infrastructure, interfaces, data, and software –further investigation in Problem Management should lead to additional improvements in the technical development of products and services.

The **External Domain** covers incidents where the contributory factor has been identified as with either a supplier (for example a software bug, or wide area network outage) or is within the local health board or stakeholder organisation (for instance local network issues or application of patching locally).

For factors within this domain improvements will also be sought through SLA and Engagement Meetings, the Service Management Board governance structure, and through supplier management with third party suppliers. These will be managed under Improvements 7 and 8

4.4 Additional recommendations arising from review.

Following each review that is undertaken a report is completed which results in recommendations being made. These recommendations are recorded on the Quality Improvement Actions List (QIAL).

The outcome from these recommendations' feeds into the identification of improvements.

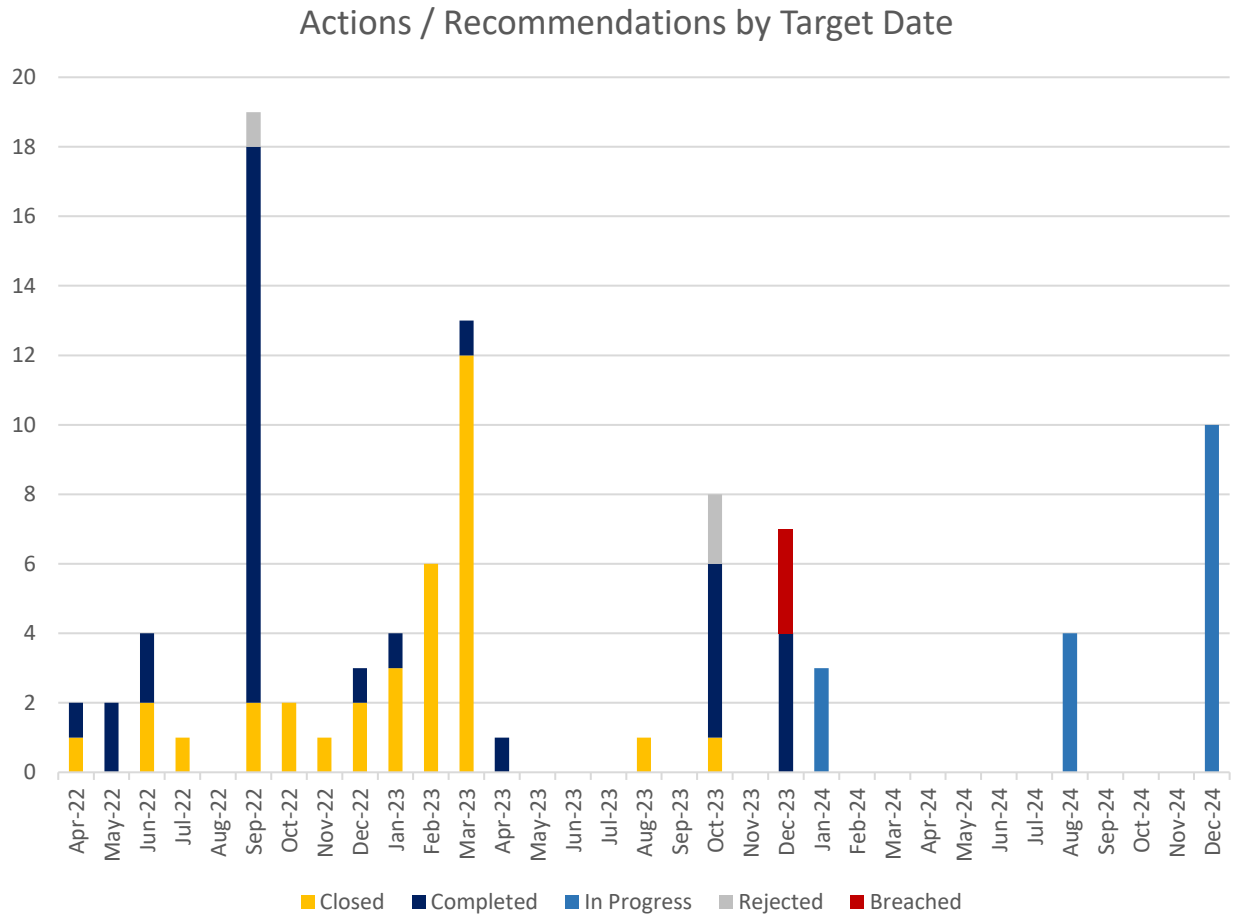
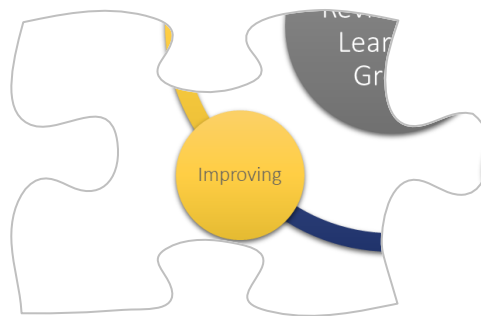


Image 3: Actions / Recommendations by Target Date

To note that from the 5th of October 2023 the QIAL moved from its legacy solution into the electronic quality management system (eQMS), and recommendations that remain open from that point were transferred across¹.

¹ For simplicity this graph has been combined to reflect information held in both systems, however this graph will be subject to change from Q1 FY 24/25.



4.5 Continual Improvements

The following improvements are currently ongoing, and the progress is being monitored through the Incident Review and Learning Group.

Theme	Major IT Incident Management	Improvement Type(s)	Process, Documentation, Resourcing, Training
Commencement Date	28/04/2022	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	2 and 5
Description	A working group was established to review all aspects of DHCW's Major IT Incident Management process including the effectiveness of its incident response structure (Bronze, Silver, Gold), communications, process management, reporting and review, and stakeholder engagement. Outputs included the development of simplified workflows, clearer role profiles, improved reporting and escalation lines, communication templates as well as the development of training materials and periodic testing of aspects of the end-to-end process.		
Improvements Implemented	<ul style="list-style-type: none"> Review of Management On-Call Overview Training Offering Commenced development of on call competency training approach (see Improvement 5) as the expectation is for everyone on the management on-call rota to have undertaken the overview training before going on-call. Engagement commenced with Clinical Informatics in relation to identifying sooner the clinical impact of service non-availability. Further collaboration with the Service Desk to define their roles in relation to communications 		
Planned Improvements	<ul style="list-style-type: none"> Quarter 4 Deliverables <ul style="list-style-type: none"> Wider spotlight sessions with non-operational support areas of the organisation to ensure awareness of the management on call processes, the DHCW Portfolio of Services and the wider service management practices. Role profiles for other areas of on call to be reviewed. FY 24/25 Deliverables <ul style="list-style-type: none"> Rota resourcing to be reviewed. Development and delivery of On-Call Competency training programme as part of a wider Service Management improvement around training, 		



	<p>competencies, and continual professional development.</p> <ul style="list-style-type: none"> ▪ Ensure that refresher training is provided to all management rota'd staff. ▪ Continued Management On-Call Overview Training schedule (this will form part of the Service Management Training plan for 24/25) ▪ Review of the approach to training to focus more on scenario-based training
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Improvement 1: Major IT Incident Management

Theme	Incident Review Toolsets – Contributory Factors Framework	Improvement Type(s)	Process, Review, Documentation, Tools
Commencement Date	13/12/2022	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	5
Description	<ul style="list-style-type: none"> • The Contributory Factors Framework was reviewed internally by DHCW Service Management, and a draft format adapted to fit a digital organisation in relation to technical and other reviews. • It is one of several tools and techniques that could be used as part of the incident review process. • Implementation looked to improve the root cause analysis and lessons learned elements of the review process, as well as acting as a trigger for identifying further improvement recommendations. 		
Improvements implemented	<ul style="list-style-type: none"> • Embedded Contributory Factors Framework into reporting systems. • Analysis and learning linked to improvements and recommendations. • Attendance of some staff at Masterclass on Post Incident Review to identify additional tools and approaches 		
Planned Improvements	<ul style="list-style-type: none"> • Quarter 4 Deliverables <ul style="list-style-type: none"> ▪ Deliver training, awareness, and promotion to incident reviewers. ▪ Further analysis and learning linked to improvements and recommendations. ▪ Identify other toolsets and approaches that can be used to improve review and learning processes. ▪ Documentation of Incident Review Framework to take into consideration all incident types. • FY 24/25 Deliverables <ul style="list-style-type: none"> ▪ Further refinement of the CFF following ongoing feedback 		

Improvement 2: Incident Review Toolsets – Contributory Factors Framework

Theme	Change Management – Change Success Review	Improvement Type(s)	Process, Review
Commencement Date	13/12/2022	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	2 and 5



Description	<ul style="list-style-type: none"> Following several repeat incidents linked to the implementation of Changes made, a review was undertaken to identify deviations from the Change Management Process It was identified that Change Advisory Boards (CABS) were not necessarily reviewing Changes post implementation where the Change attracted related Incidents
Improvements implemented	<ul style="list-style-type: none"> Reports developed for inclusion in Integrated Organisational Performance Report (IOPR) around Change Success / Failure Promotion and training on revised process for DHCW CAB Members
Planned Improvements	<ul style="list-style-type: none"> Quarter 4 Deliverables <ul style="list-style-type: none"> Monitor performance throughout the financial year. Identify route for sharing lessons learned. <p>Following an increase in Change related incidents, the following activities have also been added.</p> <ul style="list-style-type: none"> Re-audit of the Change Enablement process Develop guidance and training around impact assessments for Change Enablement <ul style="list-style-type: none"> FY 24/25 Deliverables <ul style="list-style-type: none"> Change Enablement Training schedule (this will form part of the Service Management Training plan for 24/25) Development and delivery of On Call Competency training programme as part of a wider Service Management improvement around training, competencies, and continual professional development.

Improvement 3: Change Management – Change Success Review

Theme	Promotion of Lessons Learned (internally and externally)	Improvement Type(s)	Reputation, Promotion, Sharing Lessons Learned
Commencement Date	01/04/2023	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	1, 2, 3, 4, 5
Description	<ul style="list-style-type: none"> This promotional improvement came about following a SWOT analysis exercise undertaken at the end of FY 22/23. The findings identified that whilst reviews and learning were being presented to the group, and the outputs reported to the Digital Governance and Safety Committee, wider promotion, and communication of the outputs of the group could be improved both for DHCW staff and wider externally. 		
Improvements implemented	<ul style="list-style-type: none"> Engagement with the Communications Team on the options for promotion and communication of outputs from the group Development of an action plan to deliver: <ul style="list-style-type: none"> Promotion of the IRLG <ul style="list-style-type: none"> Further development of the current SharePoint presence Inclusion in the insider staff newsletter Promotion of the lessons learned from reviews. <ul style="list-style-type: none"> TenTalks on specific incidents / programmes Blogs Q&As 		



	<ul style="list-style-type: none"> ▪ Sessions at the Staff Conference • For wider external promotion – 2 x IRLG members speaking at the itSMF conference on 13th and 14th November 23 • Development of a technical solution for lessons learned
Planned Improvements	<ul style="list-style-type: none"> • Quarter 4 Deliverables <ul style="list-style-type: none"> ▪ Development of a promotion calendar for FY 24/25 • FY 24/25 Deliverables <ul style="list-style-type: none"> ▪ Other opportunities to be identified throughout the financial year

Improvement 4: Promotion and Communication of Lessons Learned

Theme	Training on ITSM Processes	Improvement Type(s)	Training, Competencies, Staff Development, Process Management
Commencement Date	01/04/2023	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	5
Description	<ul style="list-style-type: none"> • Following review of contributory factors in the active domain, in relation to errors and deviations from working practices, feedback from staff, and the outcomes from audits relating to the Service Management standard (ISO 20000), which requires that: <p><i>“The organization shall:</i></p> <ul style="list-style-type: none"> • <i>determine the necessary competence of persons doing work under its control that affects the performance and effectiveness of the SMS and the services.</i> • <i>ensure that these persons are competent based on appropriate education, training, or experience.</i> • <i>where applicable, take actions to acquire the necessary competence and evaluate the effectiveness of the actions taken.</i> • <i>retain appropriate documented information as evidence of competence.”</i> • This improvement is for the development of training material around the Service Management practices, and the capture of the delivery of that training to staff within their electronic staff record (ESR) • This improvement will also support the professionalism agenda with the People and Organisational Development Strategy by using the SFIA 8 framework to assess course content. • Finally, the approaches taken in the improvement could also help to drive forward similar requirements from other Organisational Standards. 		
Improvements implemented	<ul style="list-style-type: none"> • Development of the Service Management Approach to Staff Development guidance document <ul style="list-style-type: none"> ▪ This guidance document reflects the approach that the Service Management Department will follow to deliver Service Management related training to develop DHCW staff. 		

	<ul style="list-style-type: none"> It covers what is in scope for training, delivery methods, how staff records will be managed, and how it relates to continual professional development. Development of a course catalogue on ESR, and population of ESR records for staff training (where captured previously) from April 2021 Training undertaken on the SFIA 8 Framework to allow for assessment of course content against the framework to support the professionalism agenda with the People and Organisational Development Strategy
Planned Improvements	<ul style="list-style-type: none"> Quarter 4 Deliverables <ul style="list-style-type: none"> Training Calendar Developed FY 24/25 Deliverables <ul style="list-style-type: none"> Further development and delivery of course content to DHCW Staff Implementation of competency-based assessments against key roles Monitoring of training progress through internal monthly reports

Improvement 5: Training of Service Management Processes

Theme	Embedding Lessons Learned and Continual Improvement	Improvement Type(s)	Process Management, Communication, Promotion, Development
Commencement Date	01/04/2023	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	5
Description	<ul style="list-style-type: none"> As described in the IRLG Annual Report - Stage three for 23/24 is to embed a culture of learning and improvement within the organisation which will help to underpin the five strategic missions within the IMTP. Moving forward, the development of a forward work plan which identifies the priorities for the group for 2023/24 has also been developed, and this will help to support stage three which is around embedding a culture of learning and improvement. This will include activities such as the promotion of the group both internally within DHCW and externally through other forums and groups, wider communications of the lessons that have been learned and how as an organisation we can improve. 		
Improvements implemented	<ul style="list-style-type: none"> Developed the IRLG workplan for 2023/24 Reviewed and extended membership to include Business Change Further collaboration with Quality Manager to embed Duty of Quality reporting mechanisms and approaches to improvement into the IRLG agenda. 		
Planned Improvements	<ul style="list-style-type: none"> Quarter 4 Deliverables <ul style="list-style-type: none"> Development of toolsets and training to support continual quality improvement techniques. FY 24/25 Deliverables <ul style="list-style-type: none"> Development of toolsets and training to support 		



	<p>continual quality improvement techniques.</p> <ul style="list-style-type: none"> Promotion approach through Improvement 4
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Improvement 6: Embedding of Lessons Learned and Improvement approaches in DHCW forward Work Plan

Theme	Local Health Board (LHB) Incident Management	Improvement Type(s)	Stakeholder Management, Engagement, Communications
Commencement Date	01/10/2023	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	5
Description	<p>Through the Contributory Factors Framework, the External Domain covers incidents where the contributory factor has been identified as with either a supplier (for example a software bug, or wide area network outage) or is within the local health board or stakeholder organisation (for instance local network issues or application of patching locally).</p> <p>For factors within this domain improvements will also be sought through SLA and Engagement Meetings, and (where applicable) Service Management Boards.</p>		
Improvements implemented	<ul style="list-style-type: none"> Development of a template for National Service Management Board for LHBs to report local incidents. Reminder within SLA meetings of local incidents 		
Planned Improvements	<ul style="list-style-type: none"> Quarter 4 Deliverables <ul style="list-style-type: none"> Reminder within SLA meetings of local incidents FY 24/25 Deliverables <ul style="list-style-type: none"> Encourage greater ownership and sharing lessons learned leading to local improvement activities. Identify scope and scale through existing reporting lines. Raise awareness of LHB responsibilities in line with current SLA Raise awareness of local incidents impacting national services through SLA and Engagement Meetings Encourage peer review through the Service Management Board (where applicable) 		

Improvement 7: Local Health Board Incident Management

Theme	Supplier Incident Management	Improvement Type(s)	Stakeholder Management, Engagement, Communications, Contract Management Commercial Services
Commencement Date	01/10/2023	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	5
Description	<p>Through the Contributory Factors Framework, the External Domain covers incidents where the contributory factor has been identified as with either a supplier (for example a software bug, or wide area</p>		



	<p>network outage) or is within the local health board or stakeholder organisation (for instance local network issues or application of patching locally).</p> <p>For factors within this domain improvements will also be sought through supplier management with third party suppliers.</p>
Improvements implemented	This is a new improvement identified in October 2023
Planned Improvements	<p>Focussing initially on supplier related incidents, tighten contractual arrangements through:</p> <ul style="list-style-type: none"> • Identify scope and scale through existing reporting lines. • Review contractual provisions. • Review and identify improvements around delivery of training to contract owners. • Raise awareness of supplier responsibilities in line with current contracts • Raise awareness of supplier incidents impacting national services through Contract Review Meetings and (where applicable) Service Management Boards

Improvement 8: Supplier Incident Management

Theme	Enhancing Learning Programme	Improvement Type(s)	Reputation, Promotion, Sharing Lessons Learned
Commencement Date	08/01/2024	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	1, 2, 3, 4, 5
Description	This improvement relates to the Enhanced Learning Programme being driven by Public Health Wales, focusing on learning and improvement across NHS Wales. The primary focus of this is on clinical learning, however, will also include learning from DHCW. The programme is in a stage of development and this improvement will look to increase awareness and ties between DHCW and the Local Health Boards Clinical Safety Teams		
Improvements implemented			
Planned Improvements	<ul style="list-style-type: none"> • This is a new improvement, but is also linked to Improvement 4: Promotion of Lessons Learned (internally and externally) 		

Improvement 9: Enhancing Learning Programme

Theme	Clinical Strategies	Improvement Type(s)	Reputation, Promotion, Sharing Lessons Learned
Commencement Date	08/01/2024	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	1, 2, 3, 4, 5
Description	Within the Clinical Directorate Sub Strategies, there are programmes of improvement being identified. These will be established with updates being discussed at IRLG		
Improvements implemented			
Planned Improvements	<ul style="list-style-type: none"> • This is a new improvement 		

Improvement 10: Improvements identified through Clinical Strategy

Theme	Review of clinical impact statements for Services	Improvement Type(s)	Service Portfolio,
Commencement Date	08/01/2024	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	5
Description	This collaboration between Clinical Informatics and Service Management is, initially, to capture general clinical impact statements for Clinical systems within the Service Catalogue to enable operational support teams and those on the management on call rota to have an early indication of the potential impact following system failure. The purpose of this is to be able to then provide a more appropriate and business focussed response. Future improvements will be identified to also cover other areas of business impact.		
Improvements implemented			
Planned Improvements	<ul style="list-style-type: none"> This is a new improvement 		

Improvement 11: Review of clinical impact statements for services

Lessons Identified Through Review

This table highlights some of the lessons that have been identified through reports received by the Incident Review and Learning Group, the lessons identified here are in relation to the responses to the DHCW Staff Survey which was held in 2023. This survey had questions which focussed as a follow up on the outcomes of previous IRLG work implemented around embedding DHCW values and behaviours.

Report	Finding Summary	Immediate Action	Follow Up Action
DHCW Staff Survey 2023	Shaping the Values for DHCW. Building on the sessions held during the Staff Conference to develop and embed the Vision and Values for DHCW, including a Leadership Development Programme to underpin role modelling behaviour and appropriate action to be taken in response to concerns raised	Shared in the Senior Leadership Day on 14 th Sept.2022 and included in new People & OD strategy which was signed off at SHA Board on 29 th Sept. 2022.	Evidence of improvement
		During 2023 – Leadership programme developed with Kings Fund which incorporates our Values as part of the programme	Evidence of improvement
		New SharePoint page developed, and all documents updated	Evidence of improvement
		Working with Silver Maple on the development of a Behavioural Framework aligned to our Values.	Evidence of improvement
		Continuous improvement and work in progress	Evidence of improvement

DHCW Staff Survey 2023	Development of the Strategic Equality Plan to include Anti-Racism and Anti-Bullying action plan	Strategic Equality Plan Adopted and launched in April 2023. Implementation of action plan through the work of the EDI workstream.	Evidence of improvement
DHCW Staff Survey 2023	Relaunch of the Respect & Resolution Policy: commencing in 2023 through training sessions to be mandated for all staff, TenTalks and other support materials	Respect & Resolution Policy and Toolkits are available on new SharePoint site. Training is now available	Evidence of improvement
DHCW Staff Survey 2023	People Business Partners to audit Respect & Resolution training delivered to Managers and discuss in their Directorates to address any issues pertaining to behaviour in the workplace	People and Organisational Development Team engage in early interventions concerning conflict and signposting to appropriate support.	Evidence of improvement
		People and Organisational Development Business partners attend monthly Senior Leadership Team meetings to present People and Organisational Development dashboard and discuss any issues related to people and directorates.	Evidence of improvement
DHCW Staff Survey 2023	Decrease in scoring in core areas around values and behaviour suggests additional improvements can be made	Reconvene the sub-group of IRLG to reflect on the values and behaviours findings	People and Organisational Development to reconvene the IRLG sub-group
Developing theme from reviews	Identification of differences in DHCW's approach to testing environment management has identified contributory factors to some incidents occurring	Undertake a risk-based audit of DHCW's approach to testing and validation	Quality to schedule a risk-based audit around testing and validation

A new Risk-Based approach to the Internal Audit Programme has been developed. This enables the Organisation to determine the factors that may cause any processes and the quality management system to deviate from planned results.

Data and information are collated from various sources throughout the Organisation to capture any areas of risk and ensure that preventive controls are put in place to minimise negative effects.

Forward Work Plan

For 2023/24 a forward work plan has been developed for the IRLG to monitor the progress of planned activities, including commissioned reviews, improvements, thematic reviews, and other activities as they arise.

Proposed IRLG Forward Work Plan		Quarter 4	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		M	A	M	J	J	A	S	O	N	D	J	F	M
Standing Items														
DG&S Quarterly Report	SM					complete			complete					
IRLG Annual Report	SM		complete											
Contributory Factors Report	SM					complete			complete					
Duty of Quality Report	QUAL		complete											
Duty of Candour Report	CLIN		complete											
Business Continuity / Emergency Planning Response	EP													
Terms of Reference Review	IRLG													
Commissioned Reviews														
Follow Up - Workforce Behaviour Review (Staff Survey)	POD										complete			
Follow Up - Service Desk Feedback Review (Qualtrics)	SD													
Service Evaluation Review (Digital Systems Usability Survey)	Strat													
Health Board Engagement (Tractivity)	ENG													
SMB Effectiveness Review	SM							defer						
IRLG Effectiveness Review	IRLG	complete												
QIAL Effectiveness for managing incident recommendations	AUD					complete								
Staff Survey	POD									complete				
Incident Review Process Audit	AUD													
Management On Call Review	SM													
Service Portfolio - Review	SM										defer			
Service Desk Staff Wellbeing (new)	SD													
DHCW CAB Effectiveness (new)	SM													
Change Management Audit	QUAL													
Improvements from Review														
Management On Call Improvements - Rota Policy	ICT / POD				defer									
IRLG Improvement - Near Misses	CLIN				defer									
IRLG Improvements - Lessons Learned Log	SM / EP													
IRLG Improvements - Greater Focus on Improvements	IRLG													
Embedding Contributory Factors into Review	SM													
Service Management Training Offering	SM													
Thematic Reviews														
Clinical Incident Analysis	CLIN							defer						
Follow Up - Change Failure Lessons Learned	SM							defer						
Cyber Incident Analysis	CYB													
PRSS-CRM-002 - Document Review	CLIN								complete					

Image 4: IRLG Forward Work Plan 2023/24

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1 There are no matters or risks for escalation.

6 RECOMMENDATION

6.1 The Digital Governance and Safety Committee is being asked to **NOTE** the contents of this report for **ASSURANCE**.

DIGITAL HEALTH AND CARE WALES

INFORMATION GOVERNANCE

ASSURANCE REPORT

Agenda Item	3.4i
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	1 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Marcus Sandberg, DHCW Information Governance
Presented By	Darren Lloyd, Associate Director for Information Governance and Patient Safety and Data Protection Officer

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
NOTE this report from the DHCW Information Governance team for ASSURANCE.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	BS 10008
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Report outlines some methods by which Digital Health and Care Wales complies with Information Governance legislation, standards and good practice
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE	No, there is no direct impact on resources as a result of

IMPLICATION/IMPACT	the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

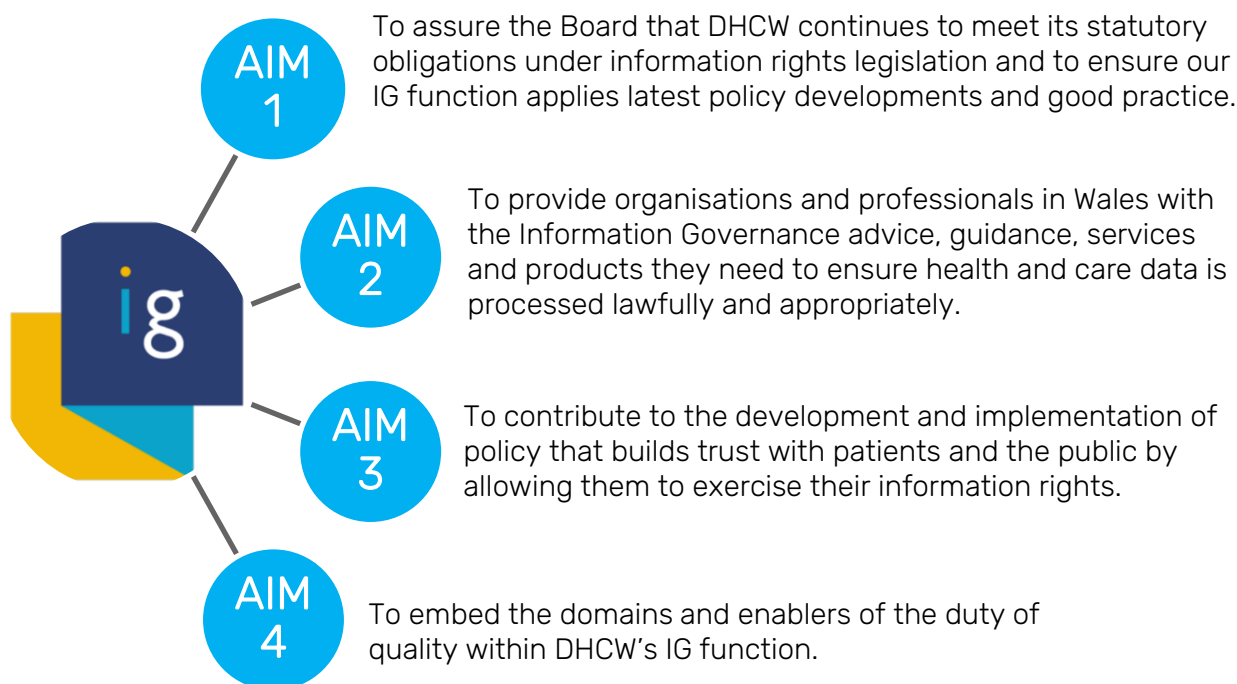
2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Rhidian Hurle, Executive Medical Director	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	IG	Information Governance
IMTP	Integrated Medium-Term Plan	WASPI	Wales Accord on the Sharing of Personal Information
DPIA	Data Protection Impact Assessment	GMP	General Medical Practitioners
DPO	Data Protection Officer	WG	Welsh Government
ICO	Information Commissioner’s Office	FOIA	Freedom of Information Act

3 SITUATION / BACKGROUND

- 3.1 This report is presented to Committee to provide assurance about the way in which Digital Health and Care Wales (DHCW) manages its information about patients and staff highlighting its compliance with Information Governance (IG) legislation, standards and good practice.
- 3.2 This report complements the DHCW three-year IG strategy, which sets out how the Information Governance team support the delivery of DHCW's statutory functions and contribute to its Integrated Medium-Term Plan (IMTP) and associated business plans.
- 3.3 This report outlines key assurance activities to the Committee for the reporting period of 1st October 2023 to 31st December 2023. Relevant updates from this reporting period are provided based around the strategic aims of the Information Governance team, as set out in the DHCW IG three-year IG strategy:





4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Corporate Information Governance Compliance (AIM 1)

Aim: To assure the Board that DHCW continues to meet its statutory obligations under information rights legislation and to ensure our IG function applies latest policy developments and good practice.

Relevant updates for this Committee period are:

- DHCW Welsh Information Governance Toolkit actions
- DHCW Information Governance incidents and complaints
- DHCW Information Governance access for information requests

Updates on these items are provided in [Appendix A](#).

4.2 National Information Governance Framework (AIM 2)

Aim: To provide organisations and professionals in Wales with the Information Governance advice, guidance, services and products they need to ensure health and care data is processed lawfully and appropriately.

Relevant updates for this Committee period are:

- DHCW Data Protection Impact Assessments
- Number of calls into DHCW Information Governance ActionPoint System

Updates on these items are provided in [Appendix B](#).

4.3 Information Governance Policy (AIM 3)

Aim: To contribute to the development and implementation of policy that builds trust with patients and the public by allowing them to exercise their information rights.

Relevant updates for this Committee period:

- 4.3.1 The four national All Wales Information Governance policies are currently being consolidated into a single policy by a Information Governance Management Advisory Group's Policy Sub Group. This has recently been shared to Information Governance leads from across NHS Wales organisations for comment. These comments will be subsequently considered by the Policy Subgroup, enabling the new consolidated policy to be approved and available for adoption by organisations.



4.3.2 DHCW's statutory functions are not always specific enough to allow it to process personal data without further clarification of its role and responsibilities. DHCW's Information Governance team continue to support Welsh Government to establish a clear lawful basis for processing personal and confidential data for specific purposes.

4.3.3 DHCW Information Governance team also continuing to support Welsh Government on the public engagement campaign on the use of Health and Social Care data. Welsh Government are currently working with the Bevan Commission to assist in progressing this work.

4.4 Duty of Quality (AIM 4)

Aim: To embed the domains and enablers of the duty of quality within DHCW's IG function.

The Duty of Quality, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 applies to NHS bodies in Wales and has two overarching aims:

- To improve the quality of health services
- To improve outcomes for people in Wales

Relevant updates for this Committee period:

4.4.1 The DHCW IG team have developed their [2023-2026 Strategy](#), which was approved as part of Clinical Strategies developed at the last Committee meeting in November. The IG Strategy outlines the team's vision, mission statement and strategic aims, highlighting any challenges and opportunities and how the team are intending to meet their key aims identified in the Strategy. This standard report presented to Committee has been reviewed to align with the strategic aims of the 2023-2026 strategy.

4.4.2 Aligned to the IG Strategy, the Associate Director for Information Governance and Patient Safety has identified Integrated Medium Term Plan items for financial year 2024/25.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 There are no key risks / matters for escalation to Board /Committee.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE this report from the DHCW Information Governance team for ASSURANCE.	

DIGITAL HEALTH AND CARE WALES

WALES INFORMATICS ASSURANCE

GROUP REPORT

Agenda Item	3.4ii
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	1 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Sian Jones, WIAG Facilitator
Presented By	Paul Evans, Head of Quality Assurance and Regulatory Compliance

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
NOTE the report for ASSURANCE.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A More Equal Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below: ISO 13485	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Safe
If more than one enabler / domain applies, please list below: Workforce, Culture, Information, Learning Improvement and Research Timely, Effective, Efficient, Equitable	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome:
Statement:	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report. The WIAG process supports Quality and Safety by providing relevant assurance for new and changed developments.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report



WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Rhidian Hurle, Executive Medical Director	10/01/24	Approved

Acronyms			
WIAG	Wales Informatics Assurance Group	AQP	Assurance Quality Plan
SCRR	Safety Case and Readiness Report	DHCW	Digital Health & Care Wales
RFC	Request for Change	NHS	National Health Service
GCP	Google Cloud Platform	LIMS	Laboratory Information Management System
NDAP	National Data and Analytics Platform	ACS	Acute Coronary Syndrome
NDR	National Data Resource	ETR	Electronic Test Requesting
WCWM	Welsh Clinical Worklist Manager	CaNISC	Cancer Network Information System Cymru
WISDM	Welsh Information Solution for Diabetes Management	WCP	Welsh Clinical Portal



3 SITUATION / BACKGROUND

- 3.1 The Wales Informatics Assurance Process will provide the Digital Governance & Safety Committee assurance that where appropriate, services developed or procured by Digital Health and Care Wales have been proportionally assured. That where interfaces to the national architecture have been developed, they have been appropriately assured and that cloud hosted services have been risk assessed.
- 3.2 The Wales Informatics Assurance Process has been in place since 2015 and is reviewed bi-annually (SOP-WIA-001) by Quality Manager (Regulatory Compliance). The process involves a two-stage check point: Assurance Quality Plan and Safety Case & Readiness Report. Wales Informatics Assurance Group (WIAG) may assure minor changes via a Request for Change submission (for definitions of document types see [Appendix A](#)). There are 20 work streams associated with the process. Details of the workstreams are included in [Appendix B](#).



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The following is a breakdown of activity reviewed by WIAG in the period October 2023 to December 2023.

Go-Live Compliance – Breakdown of compliance of the go-lives within the reporting period

Status	Rating
In Progress/Completed	Green
Project/Programme Delay/No Confirmed Go-Live date	Yellow
Overdue/Not Completed prior to Go-Live	Red

Activity	WIAG review sign off	Director sign off
Swansea Bay MediLogik MPI Cloud Feed	13/10/2023	Approved
MailMarshal Rule Bypass	06/12/2023	Approved
DSPP- NHS Wales App Public Beta WP9 R7	14/12/2023	Approved
SBU Medilogik Cloud WRRS Feed	16/11/2023	Approved
Welsh Clinical Worklist Manager	Pending (attended WIAG 04.12.2023) Caseload management functionality went live in December 2023. Testing certificate has not been completed.	Awaiting approval from: Testing Medical Devices
Anticoagulation eForm	Pending (attended WIAG 18.12.2023) Go-live has been delayed until the end of January as the integration element of the project has not been completed.	Awaiting approval from: Application Development Support, Technical Architecture and Integration Assurance



Assurance Quality Plans within the reporting period

Details of each activity / project are included in [Appendix C](#)

Activity/Project	Date received by WIAG	Ref Number	Outcome of WIAG
DHCW Bypass MailMarshal Rules	09/10/2023	AQP-WIA-117	Approved
Canisc Palliative Care replacement	09/10/2023	AQP-WIA-115	Approved
SB UHB Medilogik Cloud WRRS Feed	09/10/2023	AQP- WIA-116	Approved
WISDM Diabetes View	09/10/2023	AQP-WIA-114	Approved
Digital Growth chart for Wales- Single Record	23/10/2023	AQP-WIA-118	Approved
Patient Access- Push Notification	06/11/2023	AQP-WIA-123	Approved
Demographics in CDR	06/11/2023	AQP-WIA-122	Approved
Endoscopy ETR	06/11/2023	AQP-WIA-120	Approved
ACS Pathway	06/11/2023	AQP- WIA-121	Approved
PCS Onboarding Qualifying Community Optometrists to NADEX & M365	20/11/2023	AQP-WIA-124	Approved
NHS Exec into NDAP	04/12/2023	AQP-WIA-125	Awaiting statements from Application Development Support
LIMS 2.0	18/12/2023	AQP- WIA-126	Awaiting statements from: Application Development Support



Safety Case and Readiness Reports within the reporting period

Details of each activity / project are included in [Appendix D](#)

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
Swansea Bay MediLogik MPI Cloud Feed	09/10/2023	SCRR-WIA-0094	Approved	N/A
MailMarshal Rule Bypass	06/11/2023	SCRR-WIA-0096	Approved	N/A
DSPP- NHS Wales App Public Beta WP9 R7	06/11/2023	SCRR-WIA-0097	Approved	N/A
SBU Medilogik Cloud WRRS Feed	06/11/2023	SCRR-WIA-0095	Approved	N/A
WISDM Diabetes View	20/11/2023	SCRR-WIA-0098	Approved	N/A
Welsh Clinical Worklist Manager	04/12/2023	SCRR-WIA-0100	Pending	Awaiting approval from: Testing Medical Devices
WRAPPER Phase 2B	04/12/2023	SCRR-WIA-0099	Pending	Awaiting approval from: Application Development Support
Anticoagulation eForm	18/12/2023	SCRR-WIA-0102	Pending	Awaiting approval from: Application Development Support, Technical Architecture and Integration Assurance,
ACS Pathway	18/12/2023	SCRR-WIA-0101	Pending	Awaiting approval from: Application Development Support

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The WIAG PowerApp has been reviewed by assurance leads and project managers and will be shared with the Medical Director for review in Quarter 4. The PowerApp aims to streamline the WIAG process for both assurance leads and project managers, limiting the number of attendances required at WIAG and the number of documents by merging the AQP and SCRR into one process.
- 5.2 The capacity within WIAG meetings is proactively managed. Emails are sent to the Project Managers every 6 weeks providing details of the future meeting dates, and it is advised that any requests to attend these meetings are sent in advance within the timescales provided.

Date	Project Title	Document Type
January 2024	WRAPPER API	SCRR
January 2024	NHS Exec Migration to NDAP	SCRR
January 2024	WCP Mobile Document View	SCRR
January 2024	Onboarding Qualifying Community Optometrists to NADEX and M365 (inc EM&S)	SCRR
January 2024	Growth Chart	SCRR

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report for ASSURANCE.	



DIGITAL HEALTH AND CARE WALES INFORMATION SERVICES ASSURANCE REPORT

Agenda Item	3.4iii
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	1 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Trevor Hughes, Information Programmes and Planning lead.
Presented By	Rachael Powell, Associate Director of Information, Intelligence and Research

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
NOTE the current position in relation to the ongoing work to enhance the ASSURANCE around the management and reporting of data.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	Drive better value and outcomes through innovation
CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	
<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	
<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	
<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Choose an item.
If more than one enabler / domain applies, please list below:	
<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The formalisation of internal assurance processes for information will have a positive impact on the organisation. The DEA accreditation ensures safe and secure management of information which will have a positive impact.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL	No, there are no specific financial implications related

IMPLICATION/IMPACT	to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below ISD and NDR are developing an approach to operationalise UK SeRP to further support R&I activities through safe, secure access to read data.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Rhidian Hurle, Executive Medical Director	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ISD	Information Services Department	WIS	Welsh Immunisation Systems
DEA	Digital Economy Act	ISDAG	Information Services Directorate Assurance Group
WIAG	Welsh Information Assurance Group	R&I	Research and Innovation
TTP	Test, Track, Protect	OSB	Operational Services Board
SeRP	Secure eResearch Platform	IMTP	Integrated Medium Term Plan
NDR	National Data Resource	AQP	Assurance Quality Plan
SCRR	Safety Case and Readiness Report		



3 SITUATION / BACKGROUND

- 3.1 This report outlines the current position regarding some of the key priorities being progressed in relation to internal assurance processes for the acquisition, management, reporting and sharing of data.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Information and Analytics Strategy has been approved and published, providing a clear vision for the organisation, endorsed by Management Team, which will benefit all of NHS Wales. A detailed Implementation Plan is currently in development, to be delivered as a Q4 2023/24 IMTP milestone and setting out key deliverables for the 2024-2027 IMTP.
- 4.2 Since the beginning of November 2023, the ISD Assurance Group (ISDAG) has reviewed 10 Assurance Quality Plans (AQP's), 10 Safety Case and Readiness Reports (SCRR's) and two Change Requests (RFC) to consider the impact on Information Services. Six projects have attended the ISDAG to present to the group to ensure timely engagement with ISD teams, and the ISDAG facilitator enabled engagement between projects and impacted teams outside of the formal meetings.
- 4.3 All Information Services milestones within the IMTP are on target for completion as planned by the end of Q4 2023/24.
- 4.4 As part of the Data Centre migration (DC2T) and fulfilling our audit requirements, ISD achieved a successful failover of all services from Data Centre (DC1) to Data Centre (DC2) and back into DC1 again. This included the switching service which is now geographically resilient for the first time ever. This ensures services are completely compliant for DC2T project resilience testing, and further mitigates a previous corporate risk, benefitting all of NHS Wales organisations using the service.
- 4.5 Following board approval of the Power BI governance and assurance framework in respect of the external publication of dashboards within DHCW, further work has been undertaken to provide training materials to provide staff with awareness of this framework and how it should be implemented to provide assurance across DHCW that data is only shared externally where there is a legitimate reason to do so, and that no personal or sensitive data is shared inadvertently through the publication of dashboards. Additional retrospective review of published dashboards will be undertaken to ensure compliance with the framework and all new licences for PowerBI that are issued will be subject to user confirmation of adherence to the framework.
- 4.6 The re-designed Primary Care Information Portal (PCIP) with improved functionality has now been released to Health Boards and General Practitioners. This includes new features to help both Practices and Health Boards with various General Medical Services (GMS) requirements and increases functionality to monitor progress against the GMS contract.



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 There are no key risks / matters for escalation to Board / Committee.

6 RECOMMENDATION

Recommendation	
	The Committee is being asked to
NOTE the current position in relation to the ongoing work to enhance the ASSURANCE around the management and reporting of data.	

DIGITAL HEALTH AND CARE WALES RESEARCH AND INNOVATION ASSURANCE REPORT

Agenda Item	3.4iv
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	1 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Rachel Gemine, Head of Research and Innovation
Presented By	Dr Matthew Wintle, Associate Medical Director for Secondary Care

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
NOTE for ASSURNACE further progress in the taking forward of delivering the strategy for Research and Innovation and ENDORSE the R&I Annual Report.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	Drive better value and outcomes through innovation
CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	
<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	
<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	
<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	
<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below This work supports the quality and safety agenda by contributing to research and innovation that enables evidence-based care.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below There are ongoing developments to attract further investment into this area and cost recover activities to support the sustainability and growth of R&I



	activities that DCHW supports and leads.
WORKFORCE IMPLICATION/IMPACT	<p>Yes, please see detail below</p> <p>As part of ongoing planning, the team will be assessing resource implications associated with new work (i.e. costing proposals and identifying required resource).</p>
SOCIO ECONOMIC IMPLICATION/IMPACT	<p>Yes, please detail below</p> <p>There are significant socio-economic benefits linked to increased R&I activity.</p>
RESEARCH AND INNOVATION IMPLICATION/IMPACT	<p>Yes, please see detail below</p> <p>The R&I function is committed to driving the strategic mission, 'Drive better outcomes and value through Innovation'</p>

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Matthew Wintle, Associate Medical Director – Secondary Care	18/01/2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
R&I	Research and Innovation	MoU	Memorandum of Understanding
IMTP	Integrated Medium Term Plan	DG&SC	Digital Governance and Safety Committee
IP	Intellectual Property	AI	Artificial Intelligence
WIAG	Welsh Informatics Assurance Group	NWIS	NHS Wales Informatics Service



3 SITUATION / BACKGROUND

- 3.1 Towards the end of 2022, the DHCW SHA Board approved its first Research & Innovation Strategy, setting out a clear vision and four strategic aims:
- 1) Deliver the assets and resource to facilitate the research and innovation environment across Wales.
 - 2) Focus on quality and the impact of our research and innovation.
 - 3) Identify, develop and nurture effective partnerships.
 - 4) Develop a culture of innovation that promotes creativity, learning, encouragement and support.
- 3.2 Following the launch, three prerequisite actions were flagged and agreed:
- Resourcing: Establishing a more substantive and resilient R&I resource, attracting new funding opportunities, whilst also realigning existing inhouse R&I expertise and resources.
 - Governance: Ensuring a more structured approach to R&I governance and assurance. Whilst NWIS/DHCW have a long history of supporting and taking forward successful R&I programmes with partners, putting such work on a more secure and business-like footing with assured processes for prioritisation of work, management of projects, funding agreements and clarification of intended outcomes was seen as essential.
 - Engagement: Improved engagement, marketing and communication of recent and planned R&I activities and projects, for example, the production of an Annual Report for R&I, summarising achievements from the last year and planned future work.
- 3.3 At the start of 2023, DHCW's Research and Innovation function was formally established and since then, the team have undertaken an array of activities and contributed to Mission 4 of the IMTP, deriving value through information, innovation and research.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Committee are asked to consider progress made towards the Research & Innovation actions and specifically noting the activity including that set out in the R&I Annual Report 2023 (attached) and endorse this report for wider circulation.
- 4.1.1 Resourcing: An interim costing mechanism for data requests and R&I projects has been approved and is in pilot use with engagement activity underway to establish a substantive costing model. An R&I Support Manager has been appointed joining the team in December 2023 and a new Head of R&I joining in January 2024.
- 4.1.2 Governance: R&I Operational and Engagement group continues to meet monthly to review new projects and activities. The R&I Board commenced on 7th September 2023 and is scheduled to meet bi-monthly, chaired by the Executive Medical Director.
- 4.1.3 Engagement: R&I team continue to meet with key stakeholders, including representatives from academia and life sciences ecosystem. The Annual R&I report has been finalised and agreed by R&I Board and Management Group. R&I are leading the development of an all-Wales Innovation Training Module with WIDI and the national Innovation Leads Group. R&I Marketing plan and R&I Engagement Plan are in development.
- 4.1.4 Activities:
- The Find, Recruit and Follow-up (FRF) service aims to provide a streamlined and standardised approach to identifying, consenting and tracking patients for clinical trials across Wales. This will enable faster and more efficient recruitment of patients into trials, as well as improve data quality and patient safety. The business case development continues to be reviewed via the R&I Operational and Engagement Group and the R&I Board, supported by Welsh Government and Health and Care Research Wales through the FRF working group. The business case is on track to be completed by end of Q4 23/24.
 - Bevan Commission - Following discussions with Bevan Commission and the Engagement Team we are exploring opportunities for partnerships and ways to support activity including evaluation of specific innovations and projects.
 - DHCW are continuing to support 3 Bevan Exemplar projects:
 1. Display of Vulnerable Children Information to Enable Safeguarding.
 2. Developing a framework to measure the value of healthcare information systems in Wales.
 3. Integrated Health Community List.



- R&I Projects –
 1. **Ascend Plus** – ASCEND PLUS will test whether taking a daily tablet that contains semaglutide can help to protect people with type 2 diabetes from suffering heart attacks, strokes and other cardiovascular events. DHCW are looking to support through scoping identification of patients and mail out of invitations – in England this is done via DigiTrials.
 2. **Blood Cancer UK** – Led by Cardiff and Vale Health Board, DHCW, SAIL and Wales Value in Health Team were awarded funding from Blood Cancer UK (£27,956 with £23,906 to DHCW) to look at outcomes from blood cancer in Wales, linking to UK partners to better understand incidence, demographics and survival from blood cancer and factors affecting these.
 3. **RITA** – Funded by Velindre, R&I are supporting the evaluation of RITA, an AI Chatbot to support patients attending Velindre for cancer treatment. This work is supported by the Centre for Healthcare Evaluation at Cardiff and Vale HB (CEDAR).
 4. **DHCW MSc/MRes/PhDs** – The R&I team continue to support a variety of student projects led by colleagues within DHCW.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The team have reflected on the R&I activities throughout 2023 and the key learning from these which will help to support the development of our plan for 2024 and build on the progress already made in this important area.
- 5.2 No formal risks and matters for escalation are flagged in this quarter.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE for ASSURNACE further progress in the taking forward of delivering the strategy for Research and Innovation and ENDORSE the R&I Annual Report.	



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NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Digital Health and Care Wales **Research and Innovation Annual Report** 2023

CONTENT

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STRATEGIC AIM 4: Developing a culture that promotes R&I creativity, learning, encouragement and support

CONCLUDING REMARK

FOREWORD

It has been an exciting year for Research and Innovation within DHCW. From the launch of our R&I strategy in October 2022, to the establishment of a dedicated R&I function and scoping of national projects to support the R&I landscape in Wales.

The R&I strategy focuses on four over-arching strategic aims to develop knowledge, innovation and insight for service improvement, transformation and better healthcare outcomes. Adherence to these strategic aims is vital to deliver a high-quality portfolio that has translational benefit in health and care in Wales. Releasing value from data can help improve efficiencies, effectiveness and experience.

Working in partnership helps bring in new skills, experiences and opportunities which ensure we are at the forefront of development. This will be achieved by utilising data, skills and knowledge to accelerate clinical trials and R&I projects.

Key to supporting R&I across Wales is an internal culture of promoting R&I, from Board level support to engagement of colleagues and teams. The value to be gained through research and innovation is vast, driving transformation through linking into national programmes and projects.

The initial focus has been on the establishment of a more robust, transparent and assured governance process for the prioritisation and management of all R&I proposals, requests, programmes and collaborations.

We have also promoted the use of both traditional and emerging new data resources, infrastructure, skills support services and secure platforms for R&I purposes.

Work has commenced to review, rationalise and where need be formalise current R&I partnerships and agreements with academia and industry. Looking ahead, it is envisaged and hoped that increased funding for R&I activities in DHCW will be secured as a result of resource recuperation for services delivered, and the submission of successful and substantive bids. Working with partner organisations will expand opportunities for funding in key growth areas for digital transformation, where government and industry are looking to invest.

Achieving our vision has only been possible with support from colleagues and partners across Wales. We will continue to work towards a high quality and impactful service, as a key member of the life sciences ecosystem.

This Annual Report has been produced to describe core activities, focussing on achievements and progress to date in line with our strategic aims. Planned future activities for the next 12 months and beyond that support, national and organisational infrastructure for R&I are also detailed.

Rachael Powell Associate Director of
Information, Intelligence and Research



OUR VISION AND STRATEGY

Research and innovation is central to moving forward and improving health and care through data and digital. Mission 4 of the DHCW Strategic Plan focuses on value through information, innovation and research.

The R&I strategy sets out four key strategic aims to support our ambition and guide our activities.

THE FOUR STRATEGIC AIMS



STRATEGIC AIM 1:

Delivering assets and resources required to support R&I across Wales



DHCW aims to deliver world-class digital health and care services. This will enable more effective, efficient and safer decision making, by providing access to content-rich, person focused health and care data and information. Through providing an environment of research and innovation we can explore and propose transformative solutions.

To deliver the assets and resources required, there are several key challenges to address, including understanding the R&I ecosystem and how we can support this, focusing on key priorities to make the best use of our skills and resources and finally building our capacity and infrastructure.

As a priority we will continue to support national strategies and agendas and the delivery of these, such as the development of an All-Wales IP policy and AI Strategy. We will continue to support the Wales Innovation Strategy and R&D Framework, both launched in 2023 and associated activities and will build these into our planning once available. DHCW is also proud to be hosting the NHS Innovation Webpages.

To ensure prioritisation of resources, understand interest and organisational strength, a full review of R&I activities has been undertaken.

This will enable alignment of local and national priorities. This will then be reviewed on a quarterly basis to ensure it is meeting the needs of DHCW.

In the last year we have been navigating the ecosystem and understanding what DHCW can offer in Wales. We have now established a formalised function with a clear governance process. We have input into national priorities and objectives, including supporting the development of the Innovation Strategy for Wales and the Health and Care Research Wales R&D framework. To understand our offerings, we are working with DHCW's Information Services to map data and ways to utilise this, and the skill sets within the organisation.

We are scoping the need and requirements for a 'Find - Recruit - Follow-up' service to support more clinical trials within Wales. We will strengthen the mechanisms for the provision of data for research, increasing the breadth and frequency of data available via the National Data Resource (NDR) and its associated Secure Data Environments (SDE). Through strong branding and a clear offering of how we can facilitate and support R&I through the provision of data and insight, we will clearly establish our role within the ecosystem.

Resources and opportunities

Establishment of a Data Flows Catalogue

To raise awareness of the types and variety of information held to support R&I and other secondary use purposes, we have developed and promoted the use of a Data Flows Catalogue. This details all inputs, flows, outputs, self-service tools and dashboards that are available. This is an important resource in understanding the data and how it can support R&I activities within DHCW and nationally.

Requests for data for research from academic, industry and other organisations

DHCW has a long-established and substantive ad hoc Business and Health Intelligence information request service utilised by Health Boards, Welsh Government and other stakeholders. Research related requests have continued to grow, with a third of such information requests estimated to now be R&I related. The complexity and significance of requests have also increased post-pandemic. A number of key R&I data and insight resources are now accessible via self-service e-Products, accessible via our [Health Intelligence Portal](#) and Official Statistics reporting outputs (including [Health Maps Wales](#) and [PEDW on-line Archived PEDW Data Online](#)). We are exploring how to improve the management of data requests for R&I purposes and to continue to make more high-quality information accessible in line with our responsibilities as an official statistics producing body.

Understanding the value in research and innovation is key to sustainability. A review of costings for data requests and the current processes is completed to allow capacity building and opportunity for increased partnership working.



R&I web portal and associated online resources

We are building a new webpage and SharePoint site for accessing all R&I materials including details of processes, groups, services available and points of contact for R&I requests. This will help those within DHCW understand and explore opportunities and also provide a front door for academic and commercial partners. [Research and Innovation on SharePoint.](#)

Digital Services for Patients and the Public Programme

The Digital Services for Patients and the Public Programme (DSPP) is developing the NHS Wales App. The App and accompanying desktop website will offer convenient access to a range of health and care services through smartphones, tablets, and personal computers.

The NHS Wales App includes a variety of useful features such as appointment booking, access to GP health record and prescription ordering and eventually access to services in secondary and community settings.

The App went live in public beta on 17th April 2023 and by end of December there were over 80,000 people using it across Wales in 202 GP practices. New features include My Health Timeline and My Health Journal were tested with two practices at the end of December to be evaluated before further roll out.

The aim for 2024 is to complete rollout with the remaining 175 GP practices and have the Welsh Identity Verification Service and Proxy access available before the public awareness campaign in the summer. As part of this we are exploring research and innovation opportunities and will be procuring a third party supplier to be responsible for managing onboarding accreditation of apps, websites and services to be added to the core platform.



Find-Recruit-Follow up service

We are working with Welsh Government, Health and Care Research Wales and NHS England to scope the potential and consider the establishment of a Find-Recruit-Follow up service in Wales, based on a model developed in England, to facilitate Clinical Trials. This service aims to support research activities by improving ways of identifying participants and collecting data. This will support those who are developing, trialling, and evaluating new medications, interventions and treatments, for the benefit of patients within Wales and beyond.

“The use of data to support delivery of research trials offers the potential to be more inclusive, offering the opportunity to participate in research trials to a wider range of individuals and increase the speed at which these trials can be set up and delivered”

Alex Newberry, Head of Research Governance, Public Involvement & Digital Research, Division for Social Care and Health Research, Welsh Government



Developing capacity and resources

To address this, we have now appointed a Head of Research and Innovation and are exploring ways to fund the team in the long term to enable growth and development. We are exploring training and collaborative opportunities to enable better knowledge and skills utilisation within R&I across DHCW. We work with partners to maximise horizon scanning of opportunities and collectively contribute to a thriving ecosystem, with clarity on our contributions and roles as part of this ecosystem. By developing our approach for identifying R&I priorities, we will align with key healthcare challenges and demonstrate a collaborate approach and strengthen our ability to leverage funding and building our R&I portfolio. SeRP and our e-library services are key examples of the infrastructure needed to support national R&I activities.

Secure Data Environment

NDR and DHCW have established our own trusted and secure platform for R&I. The Secure Data Environment, utilising the Secure Data Environment (SDE) provides an environment in which projects can be undertaken in a collaborative area utilising secure datasets. The environment is accessed



via virtual desktops from users' laptops. A variety of open and reference data can be provided to users and additional software, storage & processing power can also be arranged if required. SDE can be utilised to support

research, evaluations, proof of concept work and cross-organisational collaborative projects.

Within the team, support is available to understand, develop and implement projects. The R&I team can also support with funding applications and future implementation and roll out of ideas.

Development of our Knowledge Management and e-Library services

The e-Library team continue to support DHCW to embed a research-first culture through learning and training opportunities as well as continuing to achieve a holistic, user-led digital collection of evidence-based information for all NHS Wales. Training this year has encouraged NHS Wales to find digital information and evidence that the e-Library subscribes to, such as guidelines, e-Journals, databases, evidence summaries and e-Learning to support continued learning and progression in their roles to improve ways of working. New for this year was the addition of the Comorbidities Manager tool to BMJ Best Practice; this tool supports health and care professionals to treat the whole patient by including guidance on the treatment of a patient's acute condition alongside their pre-existing comorbidities. Further to this, from January 2023, the e-Library has extended access to nearly 10,000 people working in social care across Wales, supporting service collaboration by ensuring evidence-based information is available to both health and social care. To support these new users, the e-Library collections have grown with the addition of new social care subject matter, including databases (e.g. Social Policy and Practice), e-books (e.g. Transforming Racial and Cultural Lines in Health and Social Care) and e-journals (e.g. Journal of Social Work).

STRATEGIC AIM 2:

Focus on improving the quality and impact of our research and innovation activities



In order to achieve the greatest impact in terms of improved services and health outcomes for the people of Wales, the research and innovation activities that we undertake must be of high quality and relevant to the greatest needs of the service. We need to ensure that our activities follow established prioritisation policies, so that we are committing our resources to the areas of greatest need and impact. We also need to ensure that we follow robust governance processes, to improve the confidence that others will have in what is discovered through these activities. A governance structure and process for managing all R&I activities has been developed and is now in place.

Alongside this however, it is also imperative that we develop an effective approach to translating the knowledge and learning gained through research and innovation into practice. We must embed an approach that is informed and knowledge-based wherever possible, whilst also creating optimum conditions to innovate and explore.

To improve quality and impact we need to ensure a coordinated approach to R&I, a systematic way to measure impact and track activity and implementation of an adoption pathway to enable translation of knowledge.

Work has already commenced on the development of a Benefits Realisation Framework for R&I, based on DHCW's own policy and process for this. This will be formalised and incorporated within the R&I Governance and Approval Process in order to ensure that measurable benefits and intended outcomes are clear.

In keeping with DHCW's Planning and Performance Management processes, consideration will also be given to identifying and incorporating KPIs (Key Performance Indicators) and OKRs (Objective and Key Results) into all substantive DHCW R&I projects and programmes.

Translation of knowledge

Encourage and embed evidence-based practices and knowledge translation throughout all of DHCW's business activities. We will commit to publish and share the learning from our activities, raising awareness of the role of DHCW in the R&I ecosystem, through regular updates and ongoing communications (e.g. joint publications and presentation of abstracts at conferences, creation of case studies for public and teaching purposes, press releases, dissemination events and activities, recognition awards, etc).

Improving volume and quality of publications

The R&I group manage a register of academic and commercial publications by DHCW staff on a range of subject areas and varying ranking. Moving forward we aim to encourage and support publications, in partnership with e-libraries.

Innovation pipeline

Examples of the impact of innovations can be seen across DHCW, such as Choose Pharmacy and the All Wales Digital Nursing Record. Moving research and innovation into practice is crucial in adding value to health and care. Key examples of this can be seen through the Bevan Commission Exemplar and Fellow programmes. In 2023, we have 3 Exemplar programmes running which will pilot, with the aim to scale up and implement. We will be working to plan a clear adoption framework to support the innovation pipeline.

Research and Innovation projects

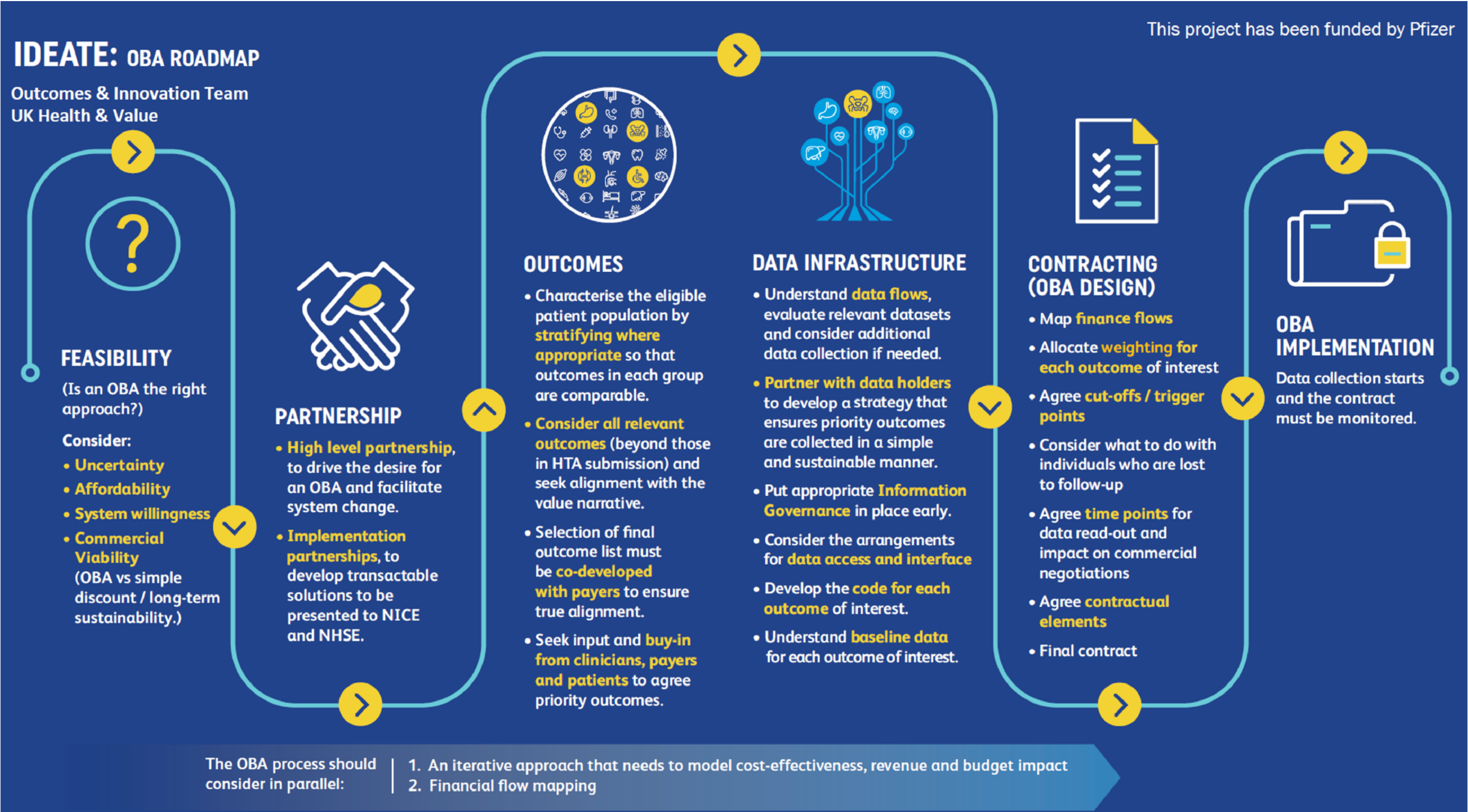
Project work is a fundamental part of R&I delivery. We will utilise strong partnerships and draw on collective strengths, to undertake and support more high-quality R&I projects across Wales, such as IDEATE and the SYMPLIFY study.

Examples of R&I projects

Case Study: working with industry – Project IDEATE. Outcomes Based Agreement (OBA) measurement of new breast cancer treatments

DHCW collaborated with Welsh Health Boards, Swansea University, the Value in Health Unit (WViHU), Health Analytics UK and Pfizer (who funded the study) to create a Health Event Linkage based OBA methodology for the measurement, commissioning and improved understanding of breast cancer medications.

Research conducted identified key areas for future developments to the surveillance system, including extraction of data from free-text fields in EHRs, multiple variables for 'progression-free survival,' and broader measures including Patient-Reported Outcomes Measures (PROMs) to enhance OBA measurement of patient benefit of treatment.



R&I and the DHCW Covid-19 Response

DHCW supported numerous Covid-19 related research studies and intelligence gathering processes, including Covid-19 disease modelling, mortality and morbidity reporting, capacity planning, service utilisation, outcomes analysis and impact assessment of initiatives such as the Shielded Patient Scheme. This crucial work was vital to help inform the overall pandemic response and to critically evaluate the effectiveness of the various interventions that were implemented.

Capture recapture methodologies for the analysis of mortality and comorbidities

Working with Public Health Wales and ONS, Data Science based 'capture recapture' methodologies were developed by DHCW and applied during the pandemic by DHCW analysts to derive more accurate measures for Covid-19 mortality population rates. Whilst 'capture recapture' is a well-established sampling technique in biological and ecological studies where accurate counts are incomplete or impractical, combining this approach with innovative Data Science toolsets and linked records proved highly valuable.

The results and approach were shared nationally and opportunities to deploy this approach for all areas of mortality demonstrated, including by combining with Random Forest and Machine Learning methods. A DHCW senior analyst was also successful in applying for postgraduate WIDI funded study to research and publish this work under the co-supervision of The University of South Wales.

Digital Medicines Transformation Portfolio

Digital Medicines Transformation Portfolio is aimed at making the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient and effective, for patients and professionals, through digital innovation. The digital medicines transformation portfolio and the move to digitalisation is a key example of partnership working to develop and implement a novel system that has a huge impact on patients and the delivery of care. With Life Sciences Hub Wales, the digital medicines transformation portfolio have launched a new fund to help the suppliers of digital community pharmacy systems in Wales deliver an electronic prescription service.

Simplify Trial

The UK multi-site SYMPLIFY trial ([SYMPLIFY – Nuffield Department of Primary Care Health Sciences, University of Oxford](#)) led by Oxford University aims to evaluate a simplified treatment plan for patients with early breast cancer. The trial compared the usual combination of surgery, radiotherapy and hormone therapy with a new approach that involves only surgery and hormone therapy. The trial assesses whether the new approach can offer similar outcomes and quality of life for patients, while reducing the burden of treatment and the costs for the health service. Digital Health and Care Wales in partnership with Public Health Wales and Health and Care Research Wales have been supporting the providing of data in line with ethical and governance approvals. Utilising routine data for research has potential to support clinical trial and advance patient and service outcomes moving forward.

STRATEGIC AIM 3:

Identify, assure, develop and nurture established and new effective collaborations and partnerships



DHCW is a key part of the national transformation programme working to make the health system in Wales fit for the future. We recognise that the most impactful research and innovation depends on strong and effective partnerships. By investing in our partnerships, moving from transactional relationships to long-term mutually beneficial partnerships, with organisations with shared values and goals, this will support DHCW's ambition to co-develop and co-deliver effective innovative solutions.

Currently there is a lack of established frameworks within DHCW to facilitate engagement with industry and academia, in order to develop and test products and enable spread and scale of innovative solutions and approaches. We are looking to develop these frameworks and associate guides and templates.

To support effective partnerships, we need to be aware of partners strengths and promote our own, develop formal arrangements to guide R&I activities and develop a framework within Wales to facilitate engagement.

We plan to clearly set out our key aims and ambitions so that our partners have the opportunity to engage and support us in these areas. As well as a dedicated R&I function, we will facilitate ongoing, effective communication with our partners through formal

partnership boards where there are opportunities for mutual exploration of key challenges and opportunities.

There is a lack of awareness of the opportunities available in DHCW to support and facilitate R&I activities. To address this, we are taking the opportunity to present at various events and grow our national presence through engaging with the wider R&I landscape in Wales. We are now represented on various

groups, committees and boards, such as Innovation Leads Group, Bevan Commission Fellowship Steering Group, Health and Care Research Wales R&D Directors Meetings. We need to increase awareness across the UK and recently presented at BioWales in London, and at MediWales Connects in June

2023 and Bevan Commission 'The Tipping Point' in July 2023 to further support NHS, academic and industry engagement.



DHCW are committed to support quality national funding bids. Recently we have supported a pan-Wales bid to host a national hub for AI projects and evaluations. We have also supported a Green Transitions bid focusing on sustainability. Understanding our national priorities will enable us to identify and contribute to the most pertinent projects. Moving forward our partnership groups will horizon scan opportunities and work within the Welsh R&I ecosystem to support applications and delivery.

Examples of current partnerships

Wales Institute of Digital Information

The Wales Institute of Digital Information (WIDI) is a dynamic strategic alliance between DHCW, The University of Wales Trinity Saint David (UWTSD) and University of South Wales (USW). Since its launch in March 2017, WIDI has created an innovative and sustainable institute that is able to move seamlessly between the areas of research, product and service innovation. The WIDI partnership has the knowledge and expertise to enhance digital workforce development in health and care and innovation to establish medical data research projects.



Cloud Computing - Realising the benefits of Big Data in healthcare

A WIDI funded postgraduate study supervised by UWTSD was established with the National Data Resource (NDR) Programme to investigate the enabling barriers to, and technical options for, Big Data Cloud-based technologies for the storage and analysis of high- volume healthcare data.

Case Study: Clinical Data Science - Natural Language Processing (NLP) and Machine Learning (ML)


This WG, WIDI and ESRC funded collaboration involving DHCW and the University of South Wales has centred on the development and testing of methodologies for the extraction, analysis and subsequent use of unstructured text-based data from systems managed by DHCW. A vast amount of clinically rich 'unlocked' data is contained within such systems – NLP enabling the extraction and transformation of, ML the use of complex algorithms to analyse.

Two PhD and two MSc students embedded within the organisation have to date successfully completed and published work based on, obtaining data from systems such as WCRS, WCP, the ISD Data Warehouse and ESR, examining areas such as appropriateness of clinical decision taking, referral tracking, the reasons for patients not attending for appointments and in a separate study with our People and OD function, the automated analysis of workforce data using job descriptions and information extracted from Electronic Staff Record.


Secure Anonymised Information Linkage Databank

SAIL Databank is a rich and trusted population databank hosted by Swansea University and supported by DHCW to provide anonymised and linked health and care data for use in research. SAIL provides analytical support and tools to support the use of data to answer your research question.


DHCW were awarded Accreditation under the Digital Economy Act (DEA) by the UKSA Research Accreditation Panel (RAP) in February 2022. DHCW are now accredited to receive additional datasets in our role as a Trusted Third Party to SAIL (Swansea University) allowing them to expand their research capabilities. This formal accreditation lasts for five years with annual reviews to ensure that the organisation maintains its capability and security levels, and where possible improves and moves towards a more mature state.




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PhDs and collaborative projects

Cardiff University Data Science Academy (CUDSA) Partnership

In order to expand DHCW’s own Data Science capabilities, facilitate workforce recruitment to this area, and explore the potential for applying Data Science to complex NHS health analytics challenges, DHCW has been working with the Cardiff University Data Science Academy since its launch several years ago. Examples of outcomes to date have included:

- Two co-supervised projects looking at the use of the Charlson Comorbidity Index (CCI) for the automated analysis of comorbidities, mortality and variations in health
- A study of Liver Disease co-morbidities (the incidence of having greatly increased during the pandemic)
- A multi-agency (DHCW, CU DSA, NHS Shared Services and Delivery Unit) project looking at the potential for Natural Language Processing to data mine and unlock workforce data stored within Job Descriptions and ESR
- The appointment to analyst position within DHCW ISD of three CU DSA postgraduate students.

Unlocking unstructured data: University of South Wales NLP and Machine Learning Collaborations

Two co-supervised PhD programmes have been completed looking at the development of Data Science based methodologies based on Natural Language Processing (NLP) algorithms and Machine Learning to unlock and support clinical analysis of unstructured Big Data sources derived from operational systems managed by DHCW.

Whilst the initial focus has been developing methods for the tracking and reviewing the effectiveness of referral pathways and associated clinical management processes, this technology and approach has the potential to be far more widely deployed to help achieve improvements and innovation by supporting the advanced analytics required, for example as part of the DHCW:NDR NLP programme now being established.

Case Study: Artificial Intelligence and Human Centred AI Design in Healthcare

In this ESPRC and NDR funded collaboration, we are working with the Centre for Doctoral Training at the Computational Foundry at Swansea University to support and take forward a number of highly innovative collaborative projects and programmes aimed at realising the benefits of AI in healthcare (for example, the use of AI in Screening and Diagnostics and the development of a Diagnostic Imaging Artificial Intelligence Medical Device Evaluation Framework (with the National Imaging Academy and Welsh Health Boards).

STRATEGIC AIM 4:

Developing a culture that promotes R&I creativity, learning, encouragement and support



High-quality research and innovation requires DHCW to foster and embed a culture of innovation, that encourages and supports our own staff and sets the tone for our engagement with stakeholders. The conduct of high-quality research and innovation, requires DHCW staff to have the appropriate skills, expertise and access to resources, alongside the capacity to support and lead such activities.

We recognise that through effective partnerships and investment in a core research and innovation function, we want to develop and support our staff across the organisation and to encourage active participation in R&I activities.

Incorporating many years and variety of expertise, the research and innovation function will influence positive change nationally by inspiring national attitudes and perspectives to align with critical projects by using scientifically informed outcome projections highlighting the efficiencies gained while delivering relevant services.

Currently, due to limited capacity there are challenges in accessing specialist R&I knowledge.

Specialist R&I knowledge and capacity within DHCW

We are influencing and supporting educational programmes to equip our current and future workforce with the skills and expertise required to drive our data and digital agenda. e.g. keeping abreast of the required data and digital skills to deliver transformational change. We also support collaborative outreach and engagement activities to raise the profile of digital healthcare careers to encourage a diverse and inclusive approach e.g. creating role models and ambassadors, bursary programmes, apprenticeships, schools engagement etc.

Staff engagement and awareness

The R&I team have engaged academic partners and WIDI to support career and training opportunities but additional efforts is required in terms of compiling information to measure this aspect. We are also promoting R&I opportunities to groups and national networks through presentations, such as to the Programme and Projects Network and the DHCW Staff Conference 2023.



The Postgraduate Research Group

An informal Postgraduate Research Networking group will also be established in order to facilitate, encourage and where possible provide practical support to any DHCW employees attempting to take forward any research-based PhD, MSc, M.Res or other studies.

Opportunities to become involved in R&I activities

There are opportunities to get involved within DHCW and through national programmes, such as through the Bevan Commission Exemplar Programme. We are working to establish Masters and PhD opportunities for colleagues to undertake and support.

Case Study: Bevan Commission Exemplar Programme

Through the Bevan Exemplar Programme, health and care staff across Wales are supported to develop and test their own prudent ideas to improve and transform health and care. Their projects, which are exemplars of innovation and transformation in clinical and community settings, can inform and inspire others to adopt and spread new ways of working across Wales and internationally. In 2023, DHCW, have 3 projects supported:

- Andrew Green on Display of Vulnerable Children Information to Enable Safeguarding.
- Naveen Madhavan on Developing a framework to measure the value of healthcare information systems in Wales
- Joint Bevan Exemplar with Gwynedd County Council on Integrated Health Community List

Recruitment and retention, secondment opportunities into funded programmes and universities.

We are increasing the number of studentships and academic qualifications for our staff that are aligned to DHCW's overall strategic priorities, as signalled through our Integrated Medium-Term Plan (IMTP) which will support in house knowledge and attractiveness to potential employees and create opportunities for successful career pathways, enhanced by participation in R&I.

We want to promote our work and achievements through providing a platform to share and promote opportunities and raising awareness of the work of DHCW to identify and attract the best talent. Showcasing the achievements of our colleagues is vital in demonstrating our approach to R&I.

Collaborate to raise the profile of digital healthcare careers

This is part of a series of promotional activities that the team have been working on but will still require wider engagement and planning involving all organisational areas.

Leadership to drive and enable innovation

There is organisational support for R&I across DHCW. We are currently inviting R&I champions to join the team, to support and promote our activities. We are also involved in advocating the value of research to leaders and managers across the organisation.

DHCW leadership programme are developing extraordinary and compassionate leaders to enable innovation and continuous improvement. We are planning on working with this programme and within Business Change to advocate R&I and enable top-down support.




CONCLUDING REMARK

Research and Innovation within DHCW is an emerging and crucial area. We are committed to delivering on the strategic aims through improving robust and transparent networks and processes. Aligning our organisational mission with that of partners is key to success and building a culture within DHCW and nationally.

We need to continue to develop infrastructure to support R&I activity, with an initial focus on the long-term sustainability of the team including capacity and resourcing. Moving forward we are committed to creating a 'front door' for R&I.

The research and innovation landscape in Wales is flourishing and DHCW has the opportunity to enable and contribute to this ecosystem, building on the national Innovation Strategy and R&D framework. Building on our strategy, we aim to support and lead high quality research and innovation across Wales, driving digital services and utilising data to improve care and services for our population and opportunities for our workforce and partners.



"As a learning organisation, to lead and enable high quality health and care through world-leading data and digital research and innovation"



Visit the Digital Health and Wales website: dhcw.nhs.wales

For further information please contact: DHCW_R&I@wales.nhs.uk