Pwyllgor Llywodraethu a Diogelwch Digidol - GYHOEDDUS

Thu 11 May 2023, 13:00 - 15:45

MS Teams

Agenda

13:00 - 13:05
5 min

1. SESIWN GYHOEDDUS

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
5 min

2. AGENDA GYDSYNIO

2.1. Cofnodion y Cyfarfod Diwethaf: Cyhoeddus & Crynodeb preifat

I'w Cymeradwyo *Cadeirydd*

- 2.1 Cofnodion Llywodraethu a Diogelwch Digidol Cyhoeddus Chwefror 2023.pdf (18 pages)
- 2.1i Cofnodion Cryno Llywodraethu a Diogelwch Digidol Preifat Chwefror 2023.pdf (5 pages)

2.2. Blaengynllun Gwaith

I'w Nodi *Ysgrifennydd y Bwrdd*

- 2.2 Forward WorkPlan Report.pdf (4 pages)
- 2.2i DG&S FWP 11 May 2023.pdf (1 pages)

13:10 - 15:45
155 min

3. PRIF AGENDA

3.1. Cofnodion Gweithredu

I'w Trafod *Cadeirydd*

- 3.1 DG&S Action Log PUBLIC.pdf (1 pages)

3.2. Y Gofrestr Risg Gorfforaethol

I'w Thrafod *Ysgrifennydd y Bwrdd*

- 3.2 Corporate Risk Register Report.pdf (7 pages)
- 3.2i Appendix A DHCW Corporate Risk Register.pdf (8 pages)

3.2ii Corporate Risk Deep Dive Report - DHCW0296 Allergies.pdf (3 pages)

3.3. Adroddiad Blynyddol Adolygu Digwyddiadau a Dysgu Sefydliadol

Ar gyfer Sicrwydd *Rheolwr Tîm Rheoli Gwasanaethau*

3.3 Incident Review and Organisational Learning Annual Report.pdf (24 pages)

3.4. Adroddiadau Sicrwydd

Ar gyfer Sicrwydd *Cyfarwyddwr Meddygol Gweithredol*

3.4.1. Adroddiad Sicrwydd Llywodraethu Gwybodaeth

Ar gyfer Sicrwydd *Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion*

3.4i Information Governance Assurance Report.pdf (11 pages)

3.4.2. Adroddiad Sicrwydd Gwybodeg

Ar gyfer Sicrwydd *Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Reoleiddiol Dros Dro*

3.4ii Informatics Assurance Report.pdf (11 pages)

3.4.3. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Ar gyfer Sicrwydd *Pennaeth y Rhaglenni Gwybodaeth a Chofnodion Iechyd*

3.4iii Information Services Assurance Report.pdf (5 pages)

3.5. Adroddiad Ymchwil ac Arloesi

Ar gyfer Sicrwydd *Cyfarwyddwr Meddygol Gweithredol*

3.5 RI DGSC Assurance Report May 23.pdf (34 pages)

Egwyl - 15 munud

3.6. Diweddariad ar Drosolwg y Rhaglen Ddigidol

Ar gyfer Sicrwydd *Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaeth*

3.6 Digital Programme Overview Update.pdf (4 pages)
3.6i DHCW Portfolio Dashboard Report 2303-MARCH 2023 v2.pdf (7 pages)

3.7. Diweddariad ar Polisi Eiddo Deallusol

I'w Nodi *Cyfarwyddwr Gweithredol Strategaeth*

3.7 Intellectual Property Policy Update.pdf (5 pages)

3.8. Ymgynghoriad Cod Ymddygiad WASPI (Cytundeb Rhannu Gwybodaeth Bersonol Cymru)

I'w Nodi *Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion*

3.8 WASPI Code of Conduct consultation.pdf (7 pages)

3.9. Cyflawni'r Addewid Data ar gyfer Iechyd a Gofal Cymdeithasol yng Nghymru

I'w Nodi *Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion*

3.9 Delivering the Data Promise for Health and Social Care in Wales (1).pdf (7 pages)

3.10. Adroddiad Rhannu Data yn ystod y coronafeirws

I'w Nodi *Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion*

3.10 Data Sharing during Coronavirus report.pdf (5 pages)

15:45 - 15:45
0 min

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: Dydd lau 3 Awst 2023

I'w Nodi *Cadeirydd*

15:45 - 15:45
0 min

5. Egwyl o 10-15 munud rhwng y sesiwn Gyhoeddus a’r sesiwn Breifat

Egwyl

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

13:00 –15:05

2 Chwefror 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
David Selway	DS	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
Marilyn Bryan Jones	MJ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Keith Reeves	KR	Rheolwr Tîm Rheoli Gwasanaeth	Iechyd a Gofal Digidol Cymru
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru
Darren Lloyd	DL	Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion	Iechyd a Gofal Digidol Cymru

Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
David Sheard	DSh	Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau	Iechyd a Gofal Digidol Cymru
Carys Richards	CR	Cydlynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru
Rachael Powell	RP	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Iechyd a Gofal Digidol Cymru
Paul Evans	PE	Pennaeth Dros Dro Ansawdd a Rheoleiddio	Iechyd a Gofal Digidol Cymru
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd Jones	CLJ	Cyfarwyddwr TGCh (hyd at ac yn cynnwys eitem 3.2)	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Rheolwr Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Andrea Harris	AH	Cynorthwy-ydd Gweithredol (yn arsylwi)	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad
Ifan Evans	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru

Acronymau			
SHA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
NDR	Adnoddau Data Cenedlaethol	DPIF	Cronfa Buddsoddi Blaenoriaethau Digidol
R&I	Ymchwil ac Arloesi	ETR	Ceisiadau Prawf Electronig
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	WEDS	System Adran Argyfwng Cymru
WICIS	System Wybodaeth Gofal Dwys Cymru	RISP	Rhaglen Gaffael y System Gwybodeg Radioleg
WIAS	Gwasanaeth Archif Delweddu Cymru	DMTP	Portffolio Trawsnewid Gweinyddu Meddyginiaethau'n Ddigidol
DHCW	Iechyd a Gofal Digidol Cymru	IM	Aelod Annibynnol

ISD	Cyfarwyddiaeth Gwasanaethau Gwybodaeth	GIG	Gwasanaeth Iechyd Gwladol
BAU	Busnes fel Arfer	IRLG	Grŵp Adolygu Digwyddiad a Dysgu
MB	Y Bwrdd Rheoli	LPF	Fforwm Partneriaeth Lleol
MIU	Uned Mân Anafiadau	WG	Llywodraeth Cymru

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
RHAN 1 — MATERION RHAGARWEINIOL			
1.1	**Croeso a Chyflwyniadau** **Dechreuodd** David Selway, Aelod Annibynnol, Is-Gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (DS) y cyfarfod fel Cadeirydd dros dro oherwydd bod Rowan Gardner, Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (RG) wedi'i rwystro. Croesawodd DS bawb i'r cyfarfod ac estynnodd groeso arbennig i Sam Lloyd (SL), Cyfarwyddwr Gweithredol Gweithrediadau a oedd yn mynychu'r pwyllgor am y tro cyntaf ers cael ei benodi.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau am Absenoldeb** Nodwyd ymddiheuriadau am absenoldeb gan: • Ifan Evans (IE), Cyfarwyddwr Gweithredol Strategaeth •	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiannau** 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 DS yn cymryd yr awenau i reoli unrhyw wrthdaro posibl.	Nodwyd	Dim i'w nodi
1.4	**Materion sy'n Codi** Ni chodwyd unrhyw faterion.	Nodwyd	Dim i'w nodi
RHAN 2 – AGENDA GYDSYNIO			

Dosbarthwyd eitemau ar yr agenda gydsynio cyn y cyfarfod a nodwyd nad oedd unrhyw sylwadau wedi'u derbyn gan y Cadeirydd ymlaen llaw.			
2.1	**Cofnodion y Cyfarfod Diwethaf** • Cyhoeddus • Crynodeb preifat Ar wahân i un mân ddiwygiad i'r teitl "safonau <pasbort> claf rhyngwladol" yn y set gyhoeddus o gofnodion, cymeradwywyd y ddwy set o gofnodion fel cofnod cywir o'r cyfarfod blaenorol ym mis Tachwedd 2022. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Gymeradwyo Cofnodion y cyfarfod diwethaf	Cymeradwywyd	Dim i'w nodi
2.2	**Blaengynllun Gwaith** **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r Blaengynllun Gwaith	Nodwyd	Dim i'w nodi
2.3	**Adolygiad o Aelodaeth y Pwyllgor a'r Cylch Gorchwyl** Tynnodd Chris Darling (CD), Ysgrifennydd y Bwrdd, sylw aelodau'r pwyllgor at ychwanegu Ymchwil ac Arloesi at y Cylch Gorchwyl at ddibenion sicrwydd. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** GYMERADWYO Aelodaeth y Pwyllgor a'r Cylch Gorchwyl	Nodwyd	
2.4	**Cylch Busnes y Pwyllgor** Nododd Julie Ash, Pennaeth Gwasanaethau Corfforaethol, ddiwygiad i'r Safonau Iechyd a Gofal o fis Ebrill 2023 y cyfeirir atynt fel y Safonau Ansawdd. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** GYMERADWYO Cylch Busnes y Pwyllgor 2023/24	Nodwyd	
2.5	**Hunanasesiad Effeithiolrwydd Pwyllgorau** **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi Hunanasesiad Effeithiolrwydd Pwyllgorau	Nodwyd	
2.6	**Adroddiad y Pwyllgor Blynyddol** **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:**	Cymeradwywyd	

	Gymeradwyo Adroddiad Blynyddol y Pwyllgor		
2.7	**Safonau Iechyd a Gofal** **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r Safonau Iechyd a Gofal	Nodwyd	
RHAN 3 - PRIF AGENDA			
3.1	**Cofnod Gweithredu** Cadeiriodd RG y cyfarfod o'r eitem hon ymlaen. O dan arweiniad Chris Darling (CD), Ysgrifennydd y Bwrdd a nododd fod 2 gam gweithredu agored yn y parth cyhoeddus ar hyn o bryd, y ddau ohonynt ar y gweill gyda diweddariadau wedi'u cynnwys yn y log ac wedi'u cyflwyno ym mhecyn y bwrdd. • 2022-04-08-A02 – Diweddariad Strategaeth Ymchwil ac Arloesi: RP i archwilio adnoddau ac i adrodd yn ôl i'r pwyllgor i gynnwys darn gwybodaeth deallusrwydd cystadleuol." Camau i'w cau gan y diweddarir Ymchwil ac Arloesi fel eitem reolaidd o dan 3.4 Adroddiadau Sicrwydd o gyfarfod heddiw. • 2022-12-05-A02 – "Addewid data – DL i roi'r wybodaeth ddiweddaraf yn y Pwyllgor nesaf, y datrysiad posibl, a'r amserlenni i'w hamlinellu." Gan fod y cam hwn yn ymwneud ag un o risgiau allweddol Iechyd a Gofal Digidol Cymru byddai'n cael ei drafod yn eitem 3.2 Y Gofrestr Risg Gorfforaethol. Ni chafwyd trafodaeth bellach gan fod y Pwyllgor yn fodlon ar y cynnydd a wnaed a'r diweddariadau a ddarparwyd. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Drafod y Cofnod Gweithredu.	Trafodwyd	Dim i'w nodi
3.2	**Y Gofrestr Risg Gorfforaethol** Dywedodd CD wrth y Pwyllgor fod 23 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, y mae 16 ohonynt i'w hystyried gan y Pwyllgor hwn, ac mae 9 ohonynt yn cael eu dosbarthu fel risgiau cyhoeddus gyda'r newidiadau a ganlyn wedi'u nodi fel eithriad fel:	Trafodwyd	Dim i'w nodi

	4 NEWYDD, 2 ohonynt wedi'u neilltuo i Lywodraethu a Diogelwch Digidol: • DHCW0299 Capasiti cyflenwyr i gefnogi gweithgareddau parodrwydd y Gwasanaeth Presgripsiwn Electronig • DHCW0300 Canisc (Sgrinio a Gofal Lliniarol) 0 risg WEDI'I LLEIHAU o fewn y cyfnod; TYNNWYD 8, 5 ohonynt wedi'u neilltuo i Lywodraethu a Diogelwch Digidol, 1 yn breifat: • DHCW0295 Diffyg adnoddau i weithredu Cerrig Milltir allweddol y Cynllun Tymor Canolig Integredig • DHCW0204 System Canisc • DHCW0294 Perchnogaeth Gwasanaeth Iechyd a Gofal Digidol Cymru ac ymrwymiad adnoddau heb eu cytuno ar gyfer Ap GIG Cymru • DHCW0291 Oedi Offer Rhwydwaith mewn perthynas â Symud Canolfan Ddata 2 Nodwyd sylwadau pellach fel a ganlyn: • DHCW0269 Gwasanaeth cyfnewid – nododd CLJ mai'r adborth o'r adroddiad archwilio diweddar oedd rhannu'r risg yn risgiau mwy penodol fel y gellir rheoli elfennau unigol. Cytunwyd y bydd gwelliannau i'r ddogfennaeth Adfer ar ôl Trychineb yn cael eu gwneud, bydd ymchwil yn cael ei wneud i weld a oes opsiynau i ddarparu gwell cadernid ar draws y canolfannau data, yn ogystal, byddai cynlluniau parhad busnes yn cael eu rhoi ar waith ar gyfer Cyfarwyddiaeth Gwasanaethau Gwybodaeth i sicrhau bod y tîm gwasanaethau integreiddio yn gallu cefnogi â llaw os oes angen. **Ychwanegodd** Rachael Powell (RP) , Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil fod y dybiaeth weithredol y byddai'r rhaglen Adnodd Data Cenedlaethol yn cymryd lle y Gwasanaeth Cyfnewid bellach wedi'i chadarnhau, gydag ymateb adroddiad archwilio yn cael ei gyflwyno i'r Pwyllgor Archwilio a Sicrwydd ym mis Chwefror. • Nododd CLJ fod y risg parthau Nam, sydd wedi bod ar y gofrestr ers 18 mis wedi'i chau ers hynny, bod gwaith wedi'i gwblhau o fewn yr ychydig wythnosau diwethaf, a oedd yn cynnwys y mudo.		

	• DHCW 0264 Addewid Data – Rhoddodd Darren Lloyd (DL), Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion, yr wybodaeth ddiweddaraf i'r pwyllgor fod y gwaith yn cynnwys rhywfaint o berchnogaeth gan y gwasanaeth, fodd bynnag roedd cyfarfod â LlC i ddeall rolau a chyfrifoldebau o ran cyflawni rhai o'r elfennau o dan sylw wedi'i drefnu. Byddai hyn yn caniatáu i Iechyd a Gofal Digidol Cymru edrych ar adnoddau i gyflawni'r ymgyrch. Holodd DS ynghylch y broses gymhleth sy'n ymwneud â gwaith yr Addewid Data ac a fyddai, o safbwynt Iechyd a Gofal Digidol Cymru, yn cynnal cynlluniau strategaeth yr Adnodd Data Cenedlaethol / Ymchwil ac Arloesi. Mewn ymateb, rhoddodd DL sicrwydd y byddai'n cael llai o effaith ar ddibyniaethau ac yn fwy felly yn dylanwadu ar gyfleoedd. Ychwanegodd DL y byddai angen adnoddau ychwanegol i wella offer ac addasu mewn rhai meysydd i ddatblygu gwaith yr Addewid Data unwaith y bydd y cynlluniau wedi'u cyflawni gan LlC. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Drafod y Gofrestr Risg Gorfforaethol		
3.3	**Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol** **Trosglwyddodd** Michelle Sell (MS), Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol, yr awenau i Keith Reeves (KR), Rheolwr y Tîm Rheoli Gwasanaeth a gyflwynodd adroddiad Chwarter 3 ar gyfer y cyfnod rhwng 1 Hydref 2022 a 31 Rhagfyr 2022 yn gynwysedig, gan nodi'r eitemau canlynol ar gyfer sylw: • Roedd 1 Hysbysiad Rhybudd Cynnar / Digwyddiad Adrodd Cenedlaethol y chwarter hwn - 1 Digwyddiad Clinigol, gyda hysbysiad wedi'i gyhoeddi o fewn yr amserlen (gwyrdd) yn parhau i gael ei ymchwilio a'r canlyniadau'n cael eu bwydo'n ôl i'r adroddiad chwarterol nesaf i'r pwyllgor. • Roedd y nifer uchel o argymhellion / camau gweithredu a gwblhawyd ar gyfer mis Medi 2022 yn ymwneud â'r gwelliannau a nodwyd ac a roddwyd ar waith ar gyfer	Trafodwyd er Sicrwydd	Dim i'w nodi

	Rheoli Digwyddiad TG Mawr. • Mae gweithgor wedi'i sefydlu i adolygu pob agwedd ar broses Rheoli Digwyddiad TG Mawr Iechyd a Gofal Digidol Cymru gan gynnwys effeithiolrwydd ei strwythur ymateb i ddigwyddiadau (Efydd, Arian, Aur), cyfathrebu, rheoli prosesau, adrodd ac adolygu, ac ymgysylltu â rhanddeiliaid. Bydd yr allbynnau'n cynnwys datblygu llifoedd gwaith symlach, proffiliau rôl cliriach, gwell llinellau adrodd ac uwchgyfeirio, templedi cyfathrebu yn ogystal â datblygu deunyddiau hyfforddi a phrofi agweddau ar y broses o un pen i'r llall o bryd i'w gilydd. • Cynhaliwyd adolygiad o Fframwaith Ffactorau Cyfrannol presennol Swydd Efrog yn erbyn y dull o ddarparu systemau a gwasanaethau digidol, o'r offeryn sy'n defnyddio sylfaen dystiolaeth ar gyfer optimeiddio dysgu a mynd i'r afael ag achosion digwyddiadau diogelwch cleifion drwy helpu clinigwyr, rheolwyr risg ac adolygwyr digwyddiadau. nodi ffactorau cyfrannol. Mae gwaith mireinio pellach ar y gweill ar gyfer Ch4 ochr yn ochr â chynllun peilot o'r fframwaith gyda phroses adolygu fyw, darparu hyfforddiant, ymwybyddiaeth a hyrwyddo. Holodd RG am yr hyfforddiant ymwybyddiaeth Misol gyda 62% o'r rheolwyr ar alwad wedi mynychu'r sesiynau hyn, eisiau gwybod y targed i'w gwblhau erbyn diwedd y flwyddyn ariannol. Cadarnhaodd KR 75%, gyda'r bwriad o ymgysylltu â dechreuwyr newydd o fewn eu cyfnod sefydlu fel gweithgaredd parhaus y flwyddyn nesaf. Ychwanegodd MS fod adolygiadau thematig a gwersi a ddysgwyd ar agenda'r grŵp ar gyfer dysgu ehangach, er mwyn cael persbectif ehangach a'u rhoi ar waith ar draws Iechyd a Gofal Digidol Cymru yn y dyfodol, y tu allan i'r safon bresennol o adolygiadau technegol da y mae'r tîm eisoes wedi'u sefydlu eleni. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Drafod yr Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol er Sicrwydd.		
3.4	**Adroddiadau Sicrwydd** I. Adroddiad Sicrwydd Llywodraethu Gwybodaeth	Nodwyd er Sicrwydd	**Polisi Eiddo Deallusol** MS Polisi

	Cyflwynodd DL yr adroddiad, yn amlinellu gweithgareddau sicrwydd allweddol ar gyfer y cyfnod adrodd rhwng 11 Hydref 2022 a 10 Ionawr 2023. • Mae Strategaeth Llywodraethu Gwybodaeth Iechyd a Gofal Digidol Cymru yn y broses o gael ei diweddaru i adlewyrchu'r cynnydd, cyflawniadau a datblygiadau sydd eu hangen i fodloni anghenion y gwasanaeth. Mae fframwaith yn cael ei ddatblygu a fydd yn cynnwys Cytundeb Rhannu Gwybodaeth Bersonol Cymru, Pecyn Cymorth Llywodraethu Gwybodaeth Cymru, Teclyn Archwilio Integredig Deallus Cenedlaethol (NIIAS). • Mae Cytundeb Rhannu Gwybodaeth Bersonol Cymru (WASPI) yn parhau i wneud cynnydd o ran creu Cod Ymddygiad a gymeradwywyd gan Swyddfa'r Comisiynydd Gwybodaeth o dan Erthygl 40 o Reoliad Diogelu Data Cyffredinol y DU. Bydd y Cod Ymddygiad yn ymrwymo sefydliadau i ddilyn arferion rhannu gwybodaeth Cytundeb Rhannu Gwybodaeth Bersonol Cymru. Bydd fersiwn drafft terfynol o'r Cod yn cael ei rannu fel rhan o ymgynghoriad cyhoeddus yn fuan. • Mae platfform technegol newydd ar gyfer Pecyn Cymorth Llywodraethu Gwybodaeth Cymru yn cael ei roi ar waith ar gyfer blwyddyn ariannol 2023/2024. Bydd y platfform newydd yn caniatáu i Iechyd a Gofal Digidol Cymru ehangu o'r sefydliadau hynny sy'n defnyddio'r platfform presennol ar hyn o bryd (Bwrdd Iechyd Cymru, Ymddiriedolaethau, Awdurdodau Iechyd Arbennig a Meddygfeydd Teulu Cyffredinol) i set ehangach o randdeiliaid sydd angen darparu sicrwydd Llywodraethu Gwybodaeth. • Gweithiwyd ar 24 Asesiad o'r Effaith ar Ddiogelu Data yn ystod y cyfnod adrodd, gyda 10 newydd, a 10 wedi'u cymeradwyo. • 1 Digwyddiad Llywodraethu Gwybodaeth wedi'i nodi fel Diogelu Data a Chyfrinachedd (Wedi'i ddatgelu'n amhriodol). • Derbyniwyd 11 cais Deddf Rhyddid Gwybodaeth (FOIA) gan Iechyd a Gofal Digidol Cymru rhwng 11 Hydref 2022 a 10 Ionawr 2023, ac atebwyd pob un ohonynt o fewn yr amserlenni statudol.		Eiddo Deallusol i'w gyflwyno i gyfarfod nesaf y Pwyllgor ym mis Mai.

- Derbyniwyd 3 Chais am Fynediad at Ddata o fewn y cyfnod, ac atebwyd pob un ohonynt o fewn yr amserlen statudol.

II. Adroddiad Sicrwydd Gwybodeg

Cyflwynodd Paul Evans (PE), Pennaeth Ansawdd a Rheoleiddio Dros Dro yr adroddiad yn nodi dadansoddiad o'r gweithgaredd a adolygwyd gan Grŵp Sicrwydd Gwybodeg Cymru yn y cyfnod rhwng Hydref 2022 a Rhagfyr 2022, gyda'r materion penodol a godwyd i'w hystyried gan y pwyllgor fel a ganlyn:

- Mae'r holl wasanaethau sy'n ymwneud â COVID y nodwyd yn flaenorol bod angen sicrwydd ôl-weithredol arnynt bellach wedi dod drwy'r broses Grŵp Sicrwydd Gwybodeg Cymru. Mae un gwasanaeth, DSPP Private Beta angen sicrwydd ôl-weithredol fel yr amlygir yn Adran 3.1. Mae'r gwaith hwn bron wedi'i gwblhau a disgwylir iddo gael ei gwblhau cyn bo hir.

  Holodd DS y rhesymau pam yr oedd angen sicrwydd ôl-weithredol? Dywedodd PE, ychydig o ddiofalwch ar gyfer y Preifat ac nawr yn Gyhoeddus yn mynd drwy'r broses Grŵp Sicrwydd Gwybodeg Cymru..

- Yn dilyn Gweithdai Grŵp Sicrwydd Gwybodeg Cymru a gynhaliwyd yn 2022, mae Arweinwyr Sicrwydd ychwanegol wedi'u hychwanegu at y broses Grŵp Sicrwydd Gwybodeg Cymru ac maent yn addasu i fformat y cyfarfodydd a'r gofynion Dangosyddion Perfformiad Allweddol ar gyfer datganiadau. Mae ychydig o oedi gyda chymeradwyaeth Cynllun Sicrwydd Ansawdd ac Achos Diogelwch ac Adroddiad Parodrwydd oherwydd y newid hwn. Mae'r Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Rheoleiddiol Dros Dro a Hwylusydd Sicrwydd Gwybodeg Cymru yn cysylltu â chydweithwyr i ddarparu cymorth gyda'r broses Grŵp Sicrwydd Gwybodeg Cymru.

  Dywedodd PE fod rhestr wirio safonol yn cael ei datblygu, ynghyd â phecyn dogfennau ar gyfer rheolwyr prosiect, yn ogystal â hyfforddiant fel bod dealltwriaeth o geisiadau sicrwydd a fydd yn dod trwy Grŵp Sicrwydd Gwybodeg Cymru.

III. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

	Cyflwynodd RP yr adroddiad yn nodi'r gwaith parhaus ar ddatblygu: • System a ddatblygwyd yn fewnol a phroses gysylltiedig sy'n cydgysylltu llawer o'r prosesau rheoli presennol mewn un gofod, eisoes yn cael eu defnyddio gan y tîm Rheoli Rhaglenni Gwybodaeth. Roedd hyn yn helpu i roi sicrwydd ynghylch rheoli cerrig milltir i gefnogi'r gwaith o gyflawni'r Cynllun Tymor Canolig Integredig / Cynllun Blynyddol, rheoli risgiau a rheoli gofynion hyfforddi allweddol ar draws Cyfarwyddiaeth Gwasanaethau Gwybodaeth. Y datblygiad nesaf, sydd bron wedi'i gwblhau, oedd y broses Cais am Wasanaeth Newydd, a fydd yn caniatáu i gais am waith gael ei godi, ei frysbennu a'i sianelu i'r tîm(au) priodol gydag ychydig iawn o ymyrraeth â llaw. Bydd yn cynnwys ceisiadau ar y cyd rhwng Cyfarwyddiaeth Gwasanaethau Gwybodaeth a'r Adnodd Data Cenedlaethol. • Mae'r grŵp gweithredol ar y cyd Cyfarwyddiaeth Gwasanaethau Gwybodaeth a'r Adnodd Data Cenedlaethol bellach yn cyfarfod bob mis, i adolygu gwaith newydd a sicrhau bod dull cydgysylltiedig ar gyfer blaenoriaethu a chyflawni gwaith o'r fath. Mae'r grŵp hefyd yn darparu cymorth ar gyfer datblygu cynlluniau pontio gan symud o rai o'r dulliau Cyfarwyddiaeth Gwasanaethau Gwybodaeth presennol tuag at y Google Cloud Platform (GCP) arfaethedig, sy'n cael eu datblygu gan y rhaglen Adnodd Data Cenedlaethol. • Ers dechrau mis Tachwedd 2022, mae'r Grŵp Sicrwydd Cyfarwyddiaeth Gwasanaethau Gwybodaeth (ISDAG) wedi adolygu wyth Cynllun Sicrwydd Ansawdd (AQP) ac 13 o Adroddiadau Achos Diogelwch a Pharodrwydd (SCRR) ar gyfer datblygiadau newydd, i ystyried yr effaith ar y Gwasanaethau Gwybodaeth. Mae pum prosiect wedi mynychu'r Grŵp Sicrwydd Cyfarwyddiaeth Gwasanaethau Gwybodaeth i gyflwyno i'r grŵp, gan ysgogi ymgysylltiad amserol â thimau Cyfarwyddiaeth Gwasanaethau Gwybodaeth. Er bod y tîm Safonau Gwybodaeth yn parhau i gymryd rhan yn y Grŵp Sicrwydd Cyfarwyddiaeth Gwasanaethau Gwybodaeth ar gyfer trafodaethau ar y cyd, mae dogfennaeth Grŵp Sicrwydd Gwybodeg Cymru wedi'i rhannu'n ddwy adran i ddarparu dealltwriaeth gliriach o'r sylwadau gan y grŵp yn ôl i'r prosiectau.		

	• Fel yr adroddwyd yn flaenorol, roedd cofnodion Portffolio'r Gwasanaeth Cyfarwyddiaeth Gwasanaethau Gwybodaeth wedi dyddio ac nid oeddent yn adlewyrchu'r COVID a'r gwasanaethau presennol newydd a ddarperir gan y Gyfarwyddiaeth Gwasanaethau Gwybodaeth. Daeth y secondiad 12 mis a ariannwyd gan Brofi Olrhain Diogelu i ben ym mis Hydref ac ymdriniodd â'r gwasanaethau mwy "hanfodol" o ran defnydd gan drydydd partïon. Erys nifer o gofnodion Portffolio Gwasanaeth y Gyfarwyddiaeth Gwasanaethau Gwybodaeth y mae angen eu mireinio a'u diweddaru o hyd gan ddefnyddio dull "dechrau o'r dechrau" i greu'r holl ddogfennaeth ar gyfer pob gwasanaeth o'r newydd. Ni fydd hyn yn cael ei gwblhau nawr gan fod y gefnogaeth Rheolaeth Gwasanaeth wedi dod i ben. Fodd bynnag, mae'r Gyfarwyddiaeth Gwasanaethau Gwybodaeth wedi nodi dau aelod o staff sydd wedi derbyn hyfforddiant Llyfrgell Seilwaith Technoleg Gwybodaeth ers hynny, i gwblhau gweddill cofnodion y Portffolio Gwasanaeth gan weithio ochr yn ochr â Rheoli Gwasanaethau. • Cyflwynwyd papur yn amlinellu cyfrifoldebau Iechyd a Gofal Digidol Cymru ar gyfer Cyhoeddi Ystadegau Swyddogol ac argymhellion ar gyfer gwella i'r Cyfarwyddwyr Gweithredol ym mis Ionawr a bydd yn cael ei drafod a'i ystyried ymhellach yn sesiwn Strategol y Cyfarwyddwyr ar 9 Mawrth 2023. Y dyhead yw y gallai Iechyd a Gofal Digidol Cymru ddod yn arweinydd yng Nghymru yn y maes hwn a chefnogi eraill, fel rydym yn ei wneud mewn meysydd eraill. Gyda datblygiad yr Adnodd Data Cenedlaethol a'r galw cynyddol am ystadegau swyddogol dibynadwy o ansawdd uchel y mae'r angen hwn yn debygol o dyfu. • Mae ymateb y rheolwyr i ganfyddiadau cychwynnol yr adolygiad archwilio mewnol a gynhaliwyd gan Bartneriaeth Cydwasanaethau GIG Cymru mewn perthynas â Gwasanaeth Cyfnewid Data GIG Cymru wedi'i gwblhau gyda set o gamau gweithredu cyfatebol wedi'u darparu mewn ymateb i'r argymhellion a nodir yn yr Adroddiad Archwilio Mewnol. Mae'r cam gweithredu rheoli ar y Gyfarwyddiaeth Gwasanaethau Gwybodaeth i gynhyrchu dogfennaeth yn ymwneud â "gwaith llaw dros dro" tymor byr pe bai'r Gwasanaeth Cyfnewid yn methu, wedi'i gwblhau a'i ymgorffori		

	mewn Cynllun Parhad Busnes Caffael Data llawn. Mae camau gweithredu sy'n ymwneud â'r gofynion presennol ar gyfer Adfer ar ôl Trychineb a chynnwys ymarferoldeb y Gwasanaeth Cyfnewid yn y tymor hwy o fewn yr Adnodd Data Cenedlaethol yn parhau i fynd rhagddynt. Bwriedir cyflwyno'r Adroddiad i'r Pwyllgor Archwilio a Sicrwydd ym mis Chwefror. • Bydd dogfennaeth y fframwaith llywodraethu a ddatblygwyd drwy dîm PowerBI Corfforaethol y Gyfarwyddiaeth Gwasanaethau Gwybodaeth ar gyfer cyhoeddi dangosfyrddau o fewn Iechyd a Gofal Digidol Cymru yn cael eu cyflwyno i Gyfarwyddwyr Gweithredol ar 1 Chwefror 2023. Mae'r fframwaith llywodraethu PowerBI hwn yn cael ei sefydlu i roi sicrwydd ar draws Iechyd a Gofal Digidol Cymru mai dim ond pan fo rheswm dilys dros wneud hynny y rhennir data, ac ni fydd unrhyw ddata personol neu sensitif yn cael eu rhannu'n anfwriadol drwy gyhoeddi dangosfyrddau. Bydd hefyd yn darparu strwythur o amgylch y prosesau cymeradwyo a chyhoeddi. • Ymhellach, nodwyd bod risg DHCW0269 sy'n mynd i'r afael â'r angen i ddisodli swyddogaethau Gwasanaeth Cyfnewid Data GIG Cymru (NWDSS) presennol yn parhau ar y gofrestr risg gorfforaethol a throsglwyddwyd perchnogaeth y risg i'r Cyfarwyddwr Gweithredol Gweithredoedd. Mae gwaith yn mynd rhagddo i ddarparu'r ymateb priodol i argymhellion yr adolygiad archwilio mewnol o'r Gwasanaeth Cyfnewid gan Bartneriaeth Cydwasanaethau GIG Cymru. Cynhaliwyd trafodaeth ar y broses lywodraethu sydd ar waith, gyda cheisiadau gwasanaeth presennol sy'n dod i mewn i'r Gyfarwyddiaeth Gwasanaethau Gwybodaeth yn annibynnol, ac a fyddai system newydd i wella'r broses bresennol i gynnwys yr Adnodd Data Cenedlaethol, yn cael ei datblygu mewn ymdrech reoli ar y cyd. Esblygodd y drafodaeth tuag at gapasiti'r tîm Gyfarwyddiaeth Gwasanaethau Gwybodaeth gyda RP yn nodi eu bod yn cwrdd â'r galw presennol oherwydd capasiti Busnes Fel Arfer sy'n cynnwys y llif presennol o geisiadau sy'n dod i mewn, fodd bynnag pan ddaw'r Adnodd Data Cenedlaethol ar-lein byddai angen adolygu'r broses. Nodwyd y bydd y ceisiadau presennol yn cael eu hymgorffori yn yr Adnodd Data Cenedlaethol a bydd y Gyfarwyddiaeth Gwasanaethau Gwybodaeth yn gwsmer i'r Adnodd Data		

	Cenedlaethol, felly bydd yr holl waith yn trosglwyddo i'r Adnodd Data Cenedlaethol a fydd yn darparu ffynhonnell gyson o ddata y gall y tîm ei ddefnyddio. IV. Adroddiad Sicrwydd Ymchwil ac Arloesi Darparodd RP yr ychwanegiad newydd i'r adroddiadau sicrwydd, gan nodi ei fod yn dilyn cymeradwyo'r strategaeth Ymchwil ac Arloesi a'i fod yn llywio cyflawni'r gwaith yn y dyfodol. Mae'r adroddiad yn amlygu'r materion canlynol i'w hystyried gan y pwyllgor: • Mae Strwythur Llywodraethu mwy cadarn, atebol ac agored yn cael ei ddatblygu gan y Gweithgor Ymchwil ac Arloesi gyda tharged Cynllun Tymor Canolig Integredig a gytunwyd arni i'w gyhoeddi'n ffurfiol erbyn diwedd Ch4 2022/23. • Mae sicrhau ymgysylltu effeithiol â phartneriaid a rhaglenni ymchwil ac arloesi academaidd ac eraill yn cael ei ystyried yn elfen hanfodol o'r llywodraethu arfaethedig gan gydnabod y gall y partneriaethau hyn fod â chylch gwaith ehangach nag Ymchwil ac Arloesi yn unig. Mae'r Tîm Rheoli Gweithredol wedi penderfynu peidio â dilyn statws Dynodiad Prifysgol yn ffurfiol ar gyfer y sefydliad o ystyried ein cylch gorchwyl unigryw a'n hymrwymiad i ffurfioli partneriaethau gyda Diwydiant ac Academia trwy weithredu ein Strategaeth Ymchwil ac Arloesi. • Er mwyn helpu i nodi meysydd blaenoriaeth a dibyniaethau ar gyfer Ymchwil ac Arloesi, ac i annog holl berchnogion rhaglenni a phrosiectau Iechyd a Gofal Digidol Cymru i ystyried goblygiadau a chyfleoedd Ymchwil ac Arloesi, mae Proses Asesu Effaith Bwrdd Iechyd a Gofal Digidol Cymru a rhestr wirio Cyflwyno Papur y Bwrdd Cyswllt bellach yn cynnwys ystyriaeth benodol o Ymchwil ac Arloesi a rheoli gwybodaeth, drwy Asesiad Effaith Ymchwil ac Arloesi penodol. • Mae cynnydd hefyd wedi'i wneud o ran adnoddau Ymchwil ac Arloesi gyda phenodiad llwyddiannus y Pennaeth Ymchwil ac Arloesi, Rachel Gemine, a ymunodd ag Iechyd a Gofal Digidol Cymru ym mis Ionawr 2023.		

	• Er mwyn sicrhau rheolaeth perfformiad a chyflawniad Ymchwil ac Arloesi yn erbyn targedau y Cynllun Tymor Canolig Integredig y cytunwyd arnynt a thargedau eraill, mae proses 'Adrodd Allan' fisol hefyd wedi'i sefydlu. Mae cerrig milltir a thargedau Cynllun Tymor Canolig Integredig chwarterol ar gyfer 2023/2024 a thu hwnt hefyd wedi'u cyflwyno fel rhan o Broses Gynllunio Iechyd a Gofal Digidol Cymru. Nododd RG bwysigrwydd ac angen i'r Polisi Eiddo Deallusol gael ei gyflwyno i gyfarfod nesaf y Pwyllgor ym mis Mai yn ddi-ffael. Holodd DS ynghylch y capasiti a'r sgôp presennol i weithredu'r strategaeth Ymchwil ac Arloesi ac a oedd angen adnoddau ychwanegol. Mewn ymateb, nododd Rhidian Hurle (RH), Cyfarwyddwr Meddygol Gweithredol, yr angen i Iechyd a Gofal Digidol Cymru gadw talent a datblygu sgiliau o fewn ei weithlu presennol, gan ychwanegu y bydd yr Adnodd Data Cenedlaethol yn caniatáu echdynnu i ddarparu gwerth i gefnogi hyn. Cadarnhaodd RP mai adnodd bach iawn oedd yn y tîm Ymchwil ac Arloesi ar hyn o bryd, ond bod meysydd i'w gwella o ran gwreiddio'r strategaeth ar draws Iechyd a Gofal Digidol Cymru wedi'u nodi. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r adroddiadau er Sicrwydd.		
3.5	**Diweddariad ar Drosolwg y Rhaglen Ddigidol** **Amlygodd** David Sheard (DSh), Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaeth y canlynol i'w nodi yn erbyn y Rhaglenni Digidol: • Mae sgôr Coch i brosiect System Adrannau Achosion Brys Cymru (WEDS) yn aros yn Goch. Y prif fater yw problemau system parhaus sy'n effeithio ar Uned Mân Anafiadau Castell-nedd Port Talbot, sy'n effeithio ar yr hyder ar gyfer mynd yn fyw yn y dyfodol. Mae'r cyflenwr yn parhau i weithio gyda Bwrdd Iechyd Prifysgol Bae Abertawe ac Iechyd a Gofal Digidol Cymru i ymchwilio i ddichonoldeb a goblygiadau gweithrediad posibl ar y safle. Bydd Arfarniad Opsiynau'n cael ei gyflwyno i Fwrdd Prosiect Gwasanaethau'r Gweithlu, Addysg a Datblygu Cenedlaethol ynghylch cyfeiriad y	Nodwyd er Sicrwydd	**Diweddariad ar Drosolwg y Rhaglen Ddigidol** David Sheard i ymchwilio i'r amserlen o ran sut a phryd y bydd buddion o'r Adnodd Data Cenedlaethol yn cael eu hadrodd fel mecanwaith i fesur yr effaith ehangach ar y

	dyfodol. Holodd DS pryd y byddai'r bwrdd rhaglen nesaf yn cael ei gynnal, mewn ymateb cadarnhaodd DSh o fewn y mis nesaf. • Sgôr Rhaglen Rhwydwaith Gwybodaeth Labordai Cymru yw Coch. Mae'r Rhaglen Rhwydwaith Gwybodaeth Labordai Cymru wedi'i graddio'n Goch ar hyn o bryd yn dilyn yr adolygiad mewnol a ddaeth i'r casgliad yn ôl y dystiolaeth a ddarparwyd nad yw'n bosibl cyflawni'r rhaglen erbyn haf 2025. Mae cynnydd wedi'i wneud yn hyn o beth ond ni chytunwyd ar gynllun derbyniol i ddarparu'r gwasanaeth newydd erbyn Mehefin 2025. Trosglwyddwyd y Rhaglen i Iechyd a Gofal Digidol Cymru o Gydweithrediaeth y GIG ar 1 Ionawr 2023, mae ystod o gamau gweithredu ar y gweill i fynd i'r afael â'r oedi ac mae briffiau rheolaidd yn cael eu darparu i Brif Weithredwyr Byrddau Iechyd/Ymddiriedolaethau. • Mae prosiect Llwybr Trawsffiniol Powys / Lloegr wedi lleihau i Oren. Nid yw Iechyd a Gofal Digidol Cymru hyd yma wedi gallu recriwtio Pensaer Atebion i barhau â'r dyluniad ar gyfer y prosiect hwn. Mae opsiynau cyrchu amgen yn cael eu harchwilio. • Mae'r Rhaglen Gwybodeg Canser bellach wedi'i graddio'n Wyrdd. Mae hyn yn dilyn llwyddiant o fynd yn fyw ym mis Tachwedd yng Nghanolfan Ganser Felindre o gam 1 y datrysiad, gan gynnwys datblygiadau System Gweinyddu Cleifion Cymru a Phorth Clinigol Cymru. Mae Felindre bellach yn dibynnu llai ar yr hen ateb CANISC. Gofynnwyd i David Sheard ymchwilio i'r amserlen o ran sut a phryd y bydd buddion yr Adnodd Data Cenedlaethol yn cael eu hadrodd fel mecanwaith i fesur yr effaith ehangach ar y rhaglenni wrth i Iechyd a Gofal Digidol Cymru symud i ddull sy'n canolbwyntio mwy ar y cynnyrch ac adrodd yn ôl i'r Pwyllgor. Cafwyd trafodaeth ar yr anhawster i benodi Penseiri gyda'r profiad a'r sgiliau perthnasol sydd eu hangen i ymuno â'r tîm a gallu gweithio gyda chynnyrch pwrpasol o'r fath ar gontractau tymor byr, a'r cyfyngiadau o fewn y sector cyhoeddus o allu denu gweithwyr proffesiynol medrus o'r fath. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI'r Diweddariad ar Drosolwg y Rhaglen Ddigidol er SICRWYDD.		rhaglenni wrth i Iechyd a Gofal Digidol Cymru symud i ddull sy'n canolbwyntio'n fwy ar gynnyrch ac adrodd yn ôl i'r Pwyllgor.

3.6	**Adolygiad o Hyfforddiant Llywodraethu Gwybodaeth a Seiberddiogelwch ar draws y GIG** Nododd RG y dylid gwneud yr aelodau'n ymwybodol y byddai'r sgwrs hon yn parhau mewn manylder yn y sesiwn Breifat. Derbyniodd DL ddiweddariad ar yr Adolygiad o Hyfforddiant Llywodraethu Gwybodaeth a Seiberddiogelwch ar draws y GIG, ac roedd ystadegau pellach wedi'u cyflwyno gan Jamie Graham, (JG) Cyfarwyddwr Cynorthwyol Seiber i sesiwn breifat y pwyllgor i'w hadolygu ymhellach. Amlygodd DL y canlynol: • Mae gwaith wedi bod ar y gweill i ddod â Llywodraethu Gwybodaeth, Seiberddiogelwch a Rheoli Cofnodion o dan un modiwl hyfforddi statudol a gorfodol ar ESR. • Adolygwyd yr hyfforddiant Llywodraethu Gwybodaeth yn ddiweddar gan Lywodraethu Gwybodaeth Iechyd a Gofal Digidol Cymru ochr yn ochr â chynrychiolwyr Llywodraethu Gwybodaeth o Fyrddau Iechyd y GIG, Ymddiriedolaethau ac Awdurdodau Iechyd Arbennig i sicrhau ei fod yn parhau i fod yn gyfredol, yn berthnasol ac yn haws ei ddefnyddio. • Cafodd yr hyfforddiant Seiberddiogelwch ei ailgaffael yn ddiweddar hefyd i sicrhau bod gweithwyr yn deall pwysigrwydd diogelwch systemau a rhwydweithiau GIG Cymru. • Mae manteision pellach creu modiwl hyfforddi popeth-mewn-un sy'n cwmpasu Llywodraethu Gwybodaeth, Seiberddiogelwch a Rheoli Cofnodion yn cynnwys creu'r Prif Fynegai Staff. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI'r Adolygiad o Hyfforddiant Llywodraethu Gwybodaeth a Seiberddiogelwch ar draws y GIG	Nodwyd	Dim i'w nodi
RHAN 4 - MATERION I GLOI			
4.1	**Unrhyw Faterion Brys Eraill** Nid oedd unrhyw fater arall i'w nodi.	Nodwyd	Dim i'w nodi
4.2	**Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd** Nodwyd yr eitemau i'w cynnwys yn Adroddiad Crynhoi	Nodwyd	Dim i'w nodi

	Cynnydd y Cadeirydd ar gyfer Bwrdd yr Awdurdod Iechyd Arbennig ym mis Mawrth fel; - nifer y risgiau sy'n dod oddi ar y Gofrestr Risg Gorfforaethol - aeddfedrwydd Iechyd a Gofal Digidol Cymru bod yr adroddiadau Sicrwydd wedi'u cyflwyno'n dda ac yn amlinellu'n glir sut mae prosesau o fewn y timau yn sefydlu arferion gweithio da.		
4.3	**Dyddiad y cyfarfod nesaf** Cadarnhawyd dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol ar 11Mai 2023 am 1.00pm.	Nodwyd	Dim i'w nodi

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

COFNODION CRYNU CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL – PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

15:15 – 17:00

2 Chwefror 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
David Selway	DS	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
Marilyn Bryan Jones	MJ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Jamie Graham	JG	Cyfarwyddwr Cynorthwyol, Seiberddiogelwch	Iechyd a Gofal Digidol Cymru
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru
Darren Lloyd	DL	Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion	Iechyd a Gofal Digidol Cymru

Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Carys Richards	CR	Cydlynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru
Rachael Powell	RP	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Iechyd a Gofal Digidol Cymru
Stuart Price	SP	Prif Reolwr Prosiect (Seiberddiogelwch)	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Rheolwr Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad
Ifan Evans	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru

Acronymau			
SHA	Awdurdod Iechyd Arbennig	IM	Aelod Annibynnol
DHCW	Iechyd a Gofal Digidol Cymru	DG&S	Llywodraethu a Diogelwch Digidol
GIG	Gwasanaeth Iechyd Gwladol	TGCh	Technoleg Gwybodaeth a Chyfathrebu

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
RHAN 1 — MATERION RHAGARWEINIOL			
1.1	**Croeso a Chyflwyniadau** Croesawodd Rowan Gardner, Aelod Annibynnol a Chadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (RG) bawb i'r sesiwn breifat.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau am Absenoldeb** Nodwyd ymddiheuriadau am absenoldeb gan: - Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth (IE)	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiannau**	Nodwyd	Dim i'w nodi

	Nodwyd bod RG yn gyd-sylfaenydd Precision Life, sy'n ymdrin â gwybodaeth cleifion at ddibenion eilaidd megis ymchwil a chytunwyd os ar unrhyw adeg pan nad yw'n briodol i RG fod yn Gadeirydd, y byddai DS yn cymryd yr awenau i reoli unrhyw wrthdaro posibl.		
RHAN 2 - PRIF AGENDA			
2.1	**Cofnodion y cyfarfod diwethaf** Yn amodol ar un newid bach a addaswyd yn ystod y cyfarfod, cymeradwywyd cofnodion Tachwedd 2022 fel cofnod cywir. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** GYMERADWYO cofnodion y cyfarfod diwethaf.	Cymeradwywyd	Dim i'w nodi
2.2	**Cofnod Gweithredu** Nid oedd unrhyw gamau gweithredu agored, ac nid oedd angen trafodaeth ar y ddau a oedd wedi dod i ben ers y cyfarfod diwethaf ym mis Tachwedd. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI'r Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
2.3	**Y Gofrestr Risg Gorfforaethol** Gofynnwyd i aelodau'r Pwyllgor nodi'r newidiadau canlynol i risgiau preifat a neilltuwyd i'r Pwyllgor hwn ers y cyfarfod diwethaf: RISGIAU NEWYDD (0) Ni chodwyd unrhyw risgiau preifat newydd yn ystod y cyfnod RISGIAU WEDI'U GOSTWNG (0) Ni wnaed unrhyw ostyngiadau i risgiau preifat yn ystod y cyfnod RISGIAU A DDILEWYD (1) Ni chafwyd trafodaeth bellach ar y risgiau corfforaethol preifat. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** DRAFOD y Gofrestr Risg Gorfforaethol	Trafodwyd	Dim i'w nodi
2.4	**Adroddiad Sicrwydd Seiberddiogelwch** Cyflwynwyd gan Jamie Graham, Cyfarwyddwr Cynorthwyol Seiber (JG) a roddodd drosolwg o'r adroddiad. Cytunwyd bod safbwynt Iechyd a Gofal Digidol Cymru yn derbyn bod risgiau seiber o fewn y parodrwydd i dderbyn y risg ac y byddant yn cael eu monitro fel	Trafodwyd	**Adolygiad o Hyfforddiant Llywodraethu Gwybodaeth a Seiberddiogel**

	effaith gronnol. - **Adolygiad o Hyfforddiant Llywodraethu Gwybodaeth a Seiberddiogelwch ar draws y GIG** Parhaodd yr eitem hon o'r Sesiwn Gyhoeddus lle cafodd y pwyllgor ddiweddariad gan Darren Lloyd (DL), Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion ar statws hyfforddiant Llywodraethu Gwybodaeth ar draws y GIG. Rhannodd JG ei gyflwyniad ar y data seiber roedd yn gallu eu tynnu o bob rhan o'r GIG. Nodwyd fel rhywbeth cadarnhaol bod Byrddau Iechyd ac Ymddiriedolaethau yn fodlon rhannu'r data sydd ar gael. Nododd Chris Darling, Ysgrifennydd y Bwrdd (CD), fod Archwilio Cymru wedi adrodd ar Seiberddiogelwch yn 2021. CD i rannu'r adroddiad gyda RG. Awgrymwyd y gallai Iechyd a Gofal Digidol Cymru yn ei rôl ategol i bob Bwrdd Iechyd roi data yn ei gyd-destun ac estyn allan i ddarparu canllawiau mewn math o rôl ymgynghorol. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** DRAFOD yr Adroddiad Sicrwydd Seiberddiogelwch, yr Adolygiad o Lywodraethu Gwybodaeth a Hyfforddiant Seiberddiogelwch ar draws y GIG.		**wch ar draws y GIG -** nododd Chris Darling, Ysgrifennydd y Bwrdd (CD), fod Archwilio Cymru wedi adrodd ar Seiberddiogelwch yn 2021, CD i rannu'r adroddiad ag RG.
2.5	**Achos buddsoddi cynllun 3 blynedd seiber** Arweinir gan Carwyn Lloyd-Jones, Cyfarwyddwr TGCh Nodwyd bod y papur achos busnes ariannu wedi'i gyflwyno i Fwrdd Rheoli Iechyd a Gofal Digidol Cymru ym mis Ionawr a'i gymeradwyo i'w gyflwyno i Lywodraeth Cymru. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI achos buddsoddi Cynllun 3 Blynedd Seiber.	Nodwyd	Dim i'w nodi
RHAN 3 - MATERION I GLOI			
3.1	**Unrhyw Faterion Brys Eraill** Nid oedd unrhyw fusnes arall.	Nodwyd	Dim i'w nodi
3.2	**Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd**	Nodwyd	Dim i'w nodi

	Cytunwyd ar yr eitemau i'w cynnwys yn Adroddiad Crynhoi Cynnydd y Cadeirydd ar gyfer Bwrdd yr Awdurdod Iechyd Arbennig ym mis Mawrth fel y camau gweithredu a gynhwyswyd yn ystod trafodaethau a barnwyd eu bod yn briodol i'w cyflwyno i'r bwrdd cyhoeddus.		
3.3	**Dyddiad y cyfarfod nesaf:** Cadarnhawyd dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol ar 11 Mai 2023 am 1.00pm.	Nodwyd	Dim i'w nodi

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN

Agenda Item	2.2

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	11 May 2023

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Carys Richards, Corporate Governance Coordinator
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	
The Digital Governance & Safety Committee is being asked to: NOTE the contents of the report.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organisation

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	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.

Acronyms			
DHCW	Digital Health and Care Wales	IP	Intellectual Property
NIIAS	National Intelligent Integrated Auditing Solutions		

2 SITUATION/BACKGROUND

2.1 The Digital Governance and Safety Committee has a Cycle of Committee Business that is reviewed on an annual basis. Additionally, to that is a forward workplan which is used to identify any additional timely items for inclusion to ensure the Committee is reviewing and receiving all relevant matters in a timely fashion.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The Chair of the Committee previously requested additional horizon scanning be undertaken by officer members for inclusions 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.

3.2 The Chair of the Committee has met with the Board Secretary to identify items for discussion at possible Committee Development sessions during 2023-24.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The following items from the Forward Workplan are due to be presented at the Committee meeting on 11 May 2023:

- Update on the IP Policy
- Delivering the Data Promise for Health and Social Care in Wales
- Research and Innovation Annual Report
- Cyber Resilience report - Audit Wales
- Data Sharing during coronavirus report

- WASPI Code of Conduct consultation
- Incident Review and Organisational Learning Annual Report

4.2 The below items have been identified for the following meeting on 3 August 2023:

- Information Governance Strategy
- NIIAS Reporting and Accessing
- Staff Identity Update

4.3 Please see attached the updated forward workplan item 2.2i Appendix 1.

5 RECOMMENDATION

5.1 The Digital Governance & Safety Committee is being asked to:
NOTE the content of the report.

6 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

Digital Governance and Safety Committee Forward Workplan

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

Standing Items	Lead	Type	Detail				
Welcome and Introductions	Chair	Preliminary Matters					
Minutes	Chair	Consent					
Declarations of interest	Chair	Preliminary Matters					
Action log	Chair	Main					
Corporate Risk register	Board Secretary	Main					
Corporate Risk register - Private Risks	Board Secretary	PRIVATE					
Forward Work Programme	Board Secretary	Consent					
Committee Highlight Report to SHA Board	Chair	Main	Items noted throughout for secretariat				
Policy Report	Board Secretary	PRIVATE	Usually taken in Private				
Information Governance Assurance Report	Executive Medical Director	Main					
Informatics Assurance Report	Executive Medical Director	Main					
Information Services Assurance Report	Executive Medical Director	Main					
Research and Innovation Strategy Assurance Report	Executive Medical Director	Main					
Incident Review and Organisational Learning Report	Executive Medical Director	Main					
Digital Programme Dashboard Overview	Executive Director of Strategy	Main					
Cyber Security Assurance Report	Executive Director of Operations	PRIVATE					
Additional Items	**Executive Lead**	**Type**	**Route in & detail**	**11-May-23**	**03-Aug-23**	**02-Nov-23**	**01-Feb-24**
Digital Governance & Safety Committee Annual Report	Board Secretary		Cycle of Business				✓
Digital Governance and Safety Committee Effectiveness Self-Assessment	Board Secretary		Cycle of Business				✓
Digital Governance and Safety Committee Terms of Reference	Board Secretary		Cycle of Business				✓
Digital Governance and Safety Committee Cycle of Business	Board Secretary		Cycle of Business				✓
Corporate Risk Tending Analysis	Board Secretary		Cycle of Business			✓	
Health and Care Standards – Relevant to Digital Governance and Safety Committee	Board Secretary		Cycle of Business				✓
Safety Alerts Report	Executive Medical Director		Cycle of Business				✓
Information Governance Strategy	Executive Medical Director		Cycle of Business		✓		
Research and Innovation Annual Report	Executive Medical Director		Cycle of Business				✓
NIIAS Reporting and Accessing	Executive Medical Director		DL		✓		
IP Policy Update	Executive Director of Strategy	Main	MS/JF	✓			
Delivering the Data Promise for Health and Social Care in Wales	Executive Medical Director	Main	DL	✓			
Research and Innovation Annual Report	Executive Medical Director	Main	RP	✓			
Cyber Resilience report - Audit Wales	Executive Director of Operations	PRIVATE	DL to CD	✓			
Data Sharing during coronavirus report	Executive Medical Director	Main	DL	✓			
Staff Identity Update	Executive Director of Strategy		Private - returning from Aug 22		✓		
Information Governance Strategy	Executive Medical Director		DL		✓		
WASPI Code of Conduct consultation	Executive Medical Director	Main	MS/DL	✓			
Incident Review and Organisational Learning Annual Report	Executive Medical Director	Main	KR	✓			

Reference	Date of Meeting	Action/Decision	Action Lead	Status/Outcome Narrative	Status	Session Type
2022-12-05-A02	12/05/2022	Data promise – DL to provide an update at the next Committee, potential resolution, and timelines to be outlined.	Darren Lloyd (DHCW - Information Governance)	03.05.2023 Update on agenda for May can be closed. 02.02.2023 DHCW 0264 Data Promise – Darren Lloyd, Associate Director for Information Governance and Patient Safety (DL), updated the committee, noting that the work involves some ownership from the service, however a meeting with WG to understand where the responsibility falls with delivering some of the elements involved is scheduled. This will allow DCHW to look at resources to deliver the campaign. 14.07.2022 DL waiting for feedback from seconded position in WG before a plan can be established	Underway	Public
2023-02-02-A01	02/02/2023	Digital Programme Overview Update: David Sheard to research into the timeline of how and when benefits from the NDR will be reported as a mechanism to measure the broader impact on the programmes as DHCW moves into a more product approach.	David Sheard (DHCW - Service Transformation)	03.05.2023 The NDR team have a deep dive 4th May with Exec Directors regarding NDR delivery, which is needed to enable NDR benefits realisation.	Underway	Public

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

DIGITAL HEALTH AND CARE WALES
CORPORATE RISK REGISTER

Agenda Item	3.2

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	11 May 2023

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Bethan Walters, Risk and Regulation Officer
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Discussion/Review

Recommendation

The Digital Governance and Safety Committee is being asked to:

NOTE the status of the Corporate Risk Register.
DISCUSS the Corporate Risks assigned to the Digital Governance & Safety Committee.
NOTE and **DISCUSS** The Deep Dive report for DHCW0296 Allergies and Adverse Reactions.

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	All are relevant to the report

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

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO 20000 ISO 27001 BS 10008	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below: Safe Care Effective Care	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Risk Management and Assurance activities, equally affect all. An EQIA is not applicable.	

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 IMPLICATION/IMPACT	No, there are no specific financial implication 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.

	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.

Acronyms			
DHCW	Digital Health and Care Wales	ICT	Information and Communication Technology
BAF	Board Assurance Framework	WG	Welsh Government

2 SITUATION/BACKGROUND

2.1 The DHCW Risk Management and Board Assurance Framework (BAF) Strategy was approved formally at the SHA Board on the 27 May 2021. This outlined the approach the organisation will take to managing risk and Board assurance which highlighted that risks on the Corporate Risk Register would be assigned to a committee for further scrutiny and oversight.

2.2 The BAF is currently under review with the Board and an updated version will be presented to the SHA Board in May 2023 for approval.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 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)'.

3.2 There are wider considerations regarding organisational factors which include, sector, stakeholder, and system factors, as well as National and International environmental factors.

3.3 In terms of DHCW's Corporate Risk Register, there are currently 31 risks on the Corporate Risk Register, of which 20 are for the consideration of this Committee. The Risk register presents the 10 public risks assigned to this Committee at item 3.2i Appendix A with the other 10 classified as private due to their sensitivity to be received in the private session of the Committee.

3.4 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 (15) – 11 public, 4 Private

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0301	PRIVATE RISK	Reputational	Digital Governance & Safety Committee
DHCW0302	Velindre CANISC SLA Income Increase	Financial	Audit & Assurance Committee
DHCW0303	Primary Care IM&T Funding:	Financial	Audit & Assurance Committee
DHCW0304	NHS Wales SLA Income Increases	Financial	Audit & Assurance Committee
DHCW0305	Welsh Government Core Funding	Financial	Audit & Assurance Committee
DHCW0306	Switching Service - Succession	Information Storing and Maintaining	Digital Governance & Safety Committee
DHCW0307	Switching Service - Responsive development	Information Storing and Maintaining	Digital Governance & Safety Committee
DHCW0308	Sustainable funding for NIIAS	Information, Access, and Sharing	Audit & Assurance Committee
DHCW0309	PRIVATE RISK	Service Delivery	Digital Governance & Safety Committee
DHCW0310	PRIVATE RISK	Information Access and Sharing	Digital Governance & Safety Committee
DHCW0311	Digital Cost Pressure – Supplier Price Model Changes	Financial	Audit & Assurance Committee
DHCW0312	Digital Cost Pressure – Exchange Rate Fluctuation Risk	Financial	Audit & Assurance Committee
DHCW0313	Digital Cost Pressure – Service Model Changes	Service Delivery	Audit & Assurance Committee
DHCW0314	Digital Cost Pressures – Supply Chain Risk	Financial	Audit & Assurance Committee
DHCW0315	PRIVATE RISK	Service Delivery	Digital Governance & Safety Committee

RISKS WITH SCORE CHANGES (2) – 2 public, 0 private

There was one reduction and one increase in score during the period

Reference	Name	Commentary	Committee Assignment
DHCW0299	Supplier capacity to support Electronic Prescription Service readiness activities	Increased in score due to likelihood and impact	Digital Governance & Safety

		escalating	Committee
DHCW0259	Staff Vacancies	Score decreased due to decreasing likelihood and mitigation actions	Audit & Assurance Committee and Local Partnership Forum

RISKS REMOVED (7) – 5 public, 2 private

Reference	Name	Commentary	Committee Assignment
DHCW0228	Fault Domains	Mitigation completed this risk has now been closed	Digital Governance & Safety Committee
DHCW0229	PRIVATE RISK	Downgraded for management at Directorate level	Digital Governance & Safety Committee
DHCW0289	Digital inflation	Risk closed with new more focus risks to be added as agreed with audit committee session 17th October 2022.	Audit & Assurance Committee
DHCW0290	PRIVATE RISK	Mitigation complete risk closed	Audit & Assurance Committee
DHCW302	Velindre CANISC SLA Income	Downgraded to Directorate level to seek further clarity on the risk	Audit & Assurance Committee
DHCW0303	Primary Care IM&T Funding	Funding letter received and confirmed	Audit & Assurance Committee
DHCW305	Welsh Government Core Funding	Funding letter confirmed, further risks will now be identified	Audit & Assurance Committee

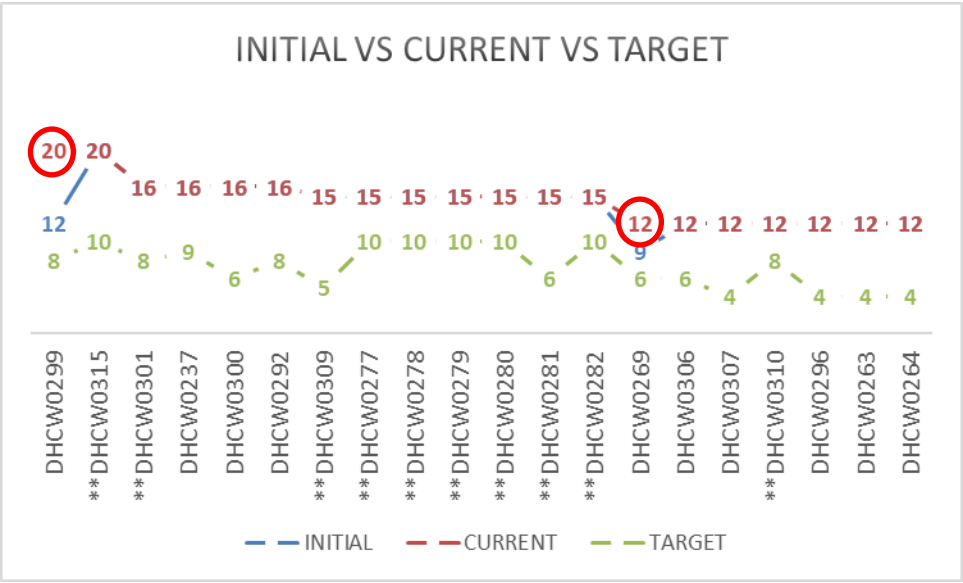
3.5 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 7 Significant and 13 Critical risks assigned to the Committee. The key indicates movement since the last risk report to the Committee.

3.6 Thirteen of the Twenty critical risks currently on the Corporate Risk Register are assigned to the Digital Governance and Safety Committee.

CONSEQUENCES	LIKELIHOOD: RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CATASTROPHIC (5)			**DHCW0277 ⟷ **DHCW0278 ⟷ **DHCW0279 ⟷ **DHCW0280 ⟷ **DHCW0281 ⟷ **DHCW0282 ⟷ **DHCW0309 ★	**DHCW0315 ★	
MAJOR (4)			DHCW0263: DHCW Functions ⟷ DHCW0264: Data Promise ⟷ **DHCW0286 ⟷ DHCW0296 – Allergies/Adverse Reactions – Single Source ⟷ DHCW0306 – Switching Service - Succession ★ DHCW0307 – Switching Service Responsive Development ★ DHCW0308 - Sustainable funding for NIIAS ★ **DHCW0310 ★	DHCW0237: Covid-19 Resource Impact ⟷ DHCW0288 – Data Centre Migration Revenue Funding ⟷ DHCW0292 – Insufficient human resource capacity ⟷ DHCW0300 – Canisc (Screening and Palliative Care) ⟷ **DHCW0301 ★ DHCW0311 – Digital Cost Pressure Supplier Price Model Changes ★ DHCW0312 – Digital Cost Pressures – Supplier Cost Model changes ★ DHCW0313 – Digital Cost Pressure – Service Model Changes ★ DHCW0314 – Digital Cost pressures – Supply Chain ★	DHCW0298 – Delay in Implementation of LINC (WLIMS 2) ⟷ DHCW0299 – Supplier capacity to support EPS ⬆ DHCW0304 – NHS Wales SLA Income Increases ★
MODERATE (3)				DHCW0259: Staff Vacancies ⬇ DHCW0269 – Switching Service ⟷ DHCW0284 – Increased Utility Costs Financial Pressure ⟷	
MINOR (2)					
NEGLIGIBLE (1)					

★ New Risk ⟷ Non-Mover ⬇ Reduced ⬆ Increased ** Private Risks

3.7 The Committee are also asked to consider of the risks assigned to the 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, the remainder are the same as their initial score.



Author: Bethan Walters
Approver: Chris Darling

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4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 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.

5 RECOMMENDATION

5.1 The Digital Governance and Safety Committee is being asked to:

NOTE the status of the Corporate Risk Register.

DISCUSS the Corporate Risks assigned to the Digital Governance & Safety Committee.

NOTE and DISCUSS The Deep Dive report for DHCW0296 Allergies and Adverse Reactions.

6 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	2 May 2023	Reviewed
Management Board	24 April 2023	Reviewed

3.2i Appendix A – Corporate Risk Register

Risk Matrix

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)	5	10	15	20	25
	MAJOR (4)	4	8	12	16	20
	MODERATE (3)	3	6	9	12	15
	MINOR (2)	2	4	6	8	10
	NEGLIGIBLE (1)	1	2	3	4	5

Key – Risk Type:

Critical	Significant	Moderate	Low

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0299	Business & Organisational	Supplier capacity to support Electronic Prescription Service readiness activities IF: key stakeholders and suppliers are not able to support Electronic Prescription Service readiness activities and implementation due to resourcing pressures THEN: configuration, assurance, general set up activities during the readiness phase and business change/implementation activities will be delayed RESULTING IN: delay to the Primary Care Electronic Prescription Service Programme delivery timetable	13/07/2022	27/02/2023	12	AIM: REDUCE likelihood FORWARD ACTIONS: Section 255 Agreement has been agreed with NHS Digital. Contract Change Notices being negotiated with key suppliers to deliver EPS readiness in line with Key Milestones. ACTIONS TO DATE: 27/02/2023 No further progress ongoing discussions concerns around resource 01/02/2023 the impact and likelihood of this risk have increased score update to reflect the changes Section 255 Agreement has been agreed with NHS Digital. Agreement with Department of Health and Social Care endorsing the request to expand the use of EPS across Wales.	20 (5X4)	6 (3X2)	Executive Director of Strategy	Non-Mover	Digital Governance & Safety Committee	Development of Services	Mission 3 - Expanding the content
DHCW0237	Business & Organisational	New requirements impact on resource and plan IF new requirements for digital solutions to deal with Covid 19, recovery of services and other new areas of work continue to come in, THEN staff may need to be moved away	30/03/2020	01/03/2023	16	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Continue to monitor new requirements for Covid recovery and other new initiatives. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined. ACTIONS TO DATE: IMTP approved by SHA Board end March 2022. Annual	16 (4x4)	9 (3x3)	Executive Director of Strategy	Non-Mover	Digital Governance & Safety Committee	Development of Services	Mission 5 - Trusted Partner

3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		from other deliverables in the plan RESULTING in non-delivery of our objectives and ultimately a delay in benefits being realised by the service.				Business Plan approved April 2022 - this plan is flexible and new requirements will be assessed against available capacity and go through a formal change control process before being added to the plan. Still significant Covid backlog and new requirements coming through some of which are on a candidate list until resource is confirmed. Anticipated new requirements from Emergency and Unscheduled Care (Six Goals Framework) and new National Vaccination programme. New WG commissioning process being investigated to help coordinate new requests for work.							
DHCW0292	Service Interruption	Insufficient human resource capacity in the infrastructure teams to undertake BAU activity and activities in the 1-year plan IF DHCW are unable to secure revenue funding to support major infrastructure developments identified in the IMTP and 1-year business plans, THEN there will be a delay to these activities RESULTING IN increased costs and/or system failures. Examples include: * Data Centre 2 Project * Migration of systems from legacy virtual server platform * WPAS Hardware Replacement * Legacy Operating System Replacements	01/04/2022	23/02/2023	16	AIM: REDUCE Likelihood FORWARD ACTIONS: Develop workforce plan for the resources required for major Infrastructure maintenance work such as those identified. ACTIONS TO DATE: 23/02/2023 MP - Report delivered and discussions ongoing to effect recommendations and address concerns. 02/02/2023 MP - Awaiting report output from 3rd party engagement. 29/11/2022 MP -Ongoing engagement with a 3rd party to carry out analysis of teams capacity. 25/10/2022 MP - Order being raised for 3rd party to analyse the capacity within teams and provide recommended sizing. 27/09/2022 MP - Review of resource capacity to take place. 25/08/2022. CLJ. Independent third party being engaged to undertake an assessment on the sizing of the teams which have resource constraints and highest levels of unfunded resources. The output of this will be used to develop the case for increased funding levels in the affected teams (if needed)	16 (4x4)	8 (4x2)	Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety Committee	Financial	Mission 2 - Delivering Technology
DHCW0300	Security	Canisc System Phase 2 IF there is a problem with the unsupported software used within the Canisc system THEN the application may fail RESULTING IN potential disruption to operational service namely Palliative	07/12/2022	27/02/2023	16	IM - Reduce Likelihood and Impact FORWARD ACTIONS Continue development of new solution. Implement across Wales. ACTIONS TO DATE 30/01/23 Development has continued on solutions to replace Canisc functionality in the WCP team. Proposed dates for User Acceptance Testing are:	16 (4x4)	6(3x2)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Service Delivery	Mission 3 - Expanding the content

3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		care and Screening Services requiring workarounds.				27 Feb 23 for Patient Preferences and Pall Care MDT 16 June 23 for Specialist Pall Care form 30 June 23 for Caseload Management							
DHCW0263	Information Governance	DHCW Functions IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data, THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.	26/01/2021	20/02/2023	12	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. ACTIONS TO DATE: Meeting with WG CDO, Deputy Director for Digital, Head of Policy, CEO of DHCW and Associate Director for IG on the 31st January - Discussion on legal basis for DHCW responsibilities for becoming recipient of Data from both General Practice and Community and Hospital Pharmacy - Legal basis for that provision needs agreement by those Data Controllers following advice from WG legal Team - Consultation with ICO also required under Section 36 of the GDPR - WG producing a Plan for engagement and Delivery over Q1 of 22/23 FY DHCW meeting WG on 31/1 to discuss how the Data Promise Programme is progressed, confirming roles, responsibilities and timeframes Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR: (i) DHCW's establishment functions and initial set of directions in the form of a letter has been published on the Welsh Government's website, to ensure that DHCW's remit is clear and transparent. (ii) Welsh Government have informed the Confidentiality Advisory Group (CAG) of DHCW's new statutory status and legal basis for processing data. CAG have confirmed that they are content that we would no longer be requesting section 251 support for the handling of data not related to research. (iii) Welsh Government are planning to issue a new direction for DHCW regarding the collection of prescription data, which will test the process for issuing new directions. (iv) a letter was sent from Ifan Evans to confirm DHCW's functions in response to a request for clarity from the Chair of the Digital Governance	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Information Access & Sharing	Mission 4 - Value and Innovation

3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						and Safety Committee and a deep dive provided at November 2021's meeting.							
DHCW0264	Information Governance	Data Promise IF the national conversation regarding the use of patient data (Data Promise) is delayed, THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely, and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.	26/01/2021	20/02/2023	12	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise. ACTIONS TO DATE: Meeting with WG CDO and DHCW CEO took place on 31st January - Understanding that resource and finance would be required in order for DHCW to deliver a Programme approach to delivering DHCW identified actions - Initial observations were that the DHCW actions came with a significant Communications/Engagement overhead - matters of WG and clinical leadership discussed - WG to come back with a plan of actions and clarity on financial resource available. DHCW meeting WG on 31/1 to discuss how the Data Promise Programme is progressed, confirming roles, responsibilities, and timeframes Letter from DHCW CDO sent back to WG on 17/11/2022 The specific responsibilities for implementation of the Data Promise have been given to the Head of Data Policy in Welsh Government, who will be supported by a Data Policy Manager who will focus on delivering the Data Promise. (i) Stakeholder engagement is underway. (ii) The Minister for Health and Social Services has endorsed the proposals to deliver a Data Promise for health and care. (iii) A steering group has been set up to review and comment on Data Promise materials and help to make decisions on the direction of the programme. (iv) Aim of launching the Data Promise 'publicity' campaign in 2022.	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Information Storing and Maintaining	Mission 1 - Enabling Digital Transformation

3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0306	Business & Organisational	Switching Service - Succession IF there is no succession plan for the Switching Service, and a continued reliance on an architecture design and software which is 20+ years old and beyond end-of-life with limited / diminishing skills in the IRAT team to support it THEN the service will become obsolete and any development of new mechanisms and automation for the acquisition of data to embrace the latest technologies enabling flexible local configuration will not be achievable RESULTING IN the potential for ISD being unable to make data available to WG, HBs, FDU and SAIL, as a key function of the Switching Service is to provide reports for Welsh Government. This would cause significant reputational damage to DHCW and particularly so depending on when (date) it happens. It would also have knock-on effects to these agencies (FDU, DU etc.)	31/01/2023	01/03/2023	12	AIM: REDUCE Likelihood REDUCE Impact FORWARD ACTIONS: Agree an implementable plan to address these recommendations from the Internal Audit Report with the NDR programme as the preferred mitigation and way forward ACTIONS TO DATE: Provided Management response to Internal Audit recommendations	12 (4x3)	6 (3x2)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Information Storing and Maintaining	Mission 4 - Driving Value and Innovation
DHCW0307	Business & Organisational	Switching Service - Responsive development IF Welsh Government requirements for more in-depth data are requested, it may not be possible as the Switching Service is too complex to modify and amend in order to meet any new demands made upon it, as there is	31/01/2023	01/03/2023	12	AIM: Reduce LIKELIHOOD Reduce IMPACT FORWARD ACTIONS: Agree an implementable plan to address these recommendations from the Internal Audit Report with the NDR programme as the preferred mitigation and way forward ACTIONS TO DATE:	12 (4x3)	4 (2x2)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Information Storing and Maintaining	Mission 4 - Driving Value and Innovation

3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		a reliance on legacy software (20+ years old) and limited / diminishing skills in the IRAT team to support it THEN any amendments to reflect changing service requirements or design cannot be made, and will therefore hold back any development and enhancement of the service to meet future needs RESULTING IN the service becoming obsolete and any development of new mechanisms and automation for the acquisition of data to embrace the latest technologies enabling flexible local configuration will not be achievable.				28/02/2023: Ongoing engagement with NDR in respect of plan Management response to Internal Audit recommendations							
DHCW0269	Business & Organisational	Switching Service IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	07/12/2020	01/03/2023	9	AIM: REDUCE Likelihood and REDUCE Impact FORWARD ACTION: Now that the Director of Operations is in post, ISD are looking to share ownership of the risk with Operational Services and the internal audit review of the Switching Service by NHS Wales Shared Services Partnership (NWSSP) should provide specific feedback in order to advance this work. ACTION TO DATE: 01/03/2023 Still awaiting a response from NDR on the future of the service following internal Audit review 23/12/2022 No update from NDR or IRAT teams 30/11/2022 Awaiting responses from NDR and IRAT teams around critical responses to recommendation 31/10/2022 - The internal audit review of the Switching Service by NHS Wales Shared Services Partnership has presented initial findings, which are being reviewed in order to develop appropriate responses to the recommendations and the development of a specific management action plan 16/09/2022 - Discussed at Execs, concerns raised this has been downgraded prematurely and there would be more assurance following the external audit report	12 (3x4)	6 (3x2)	Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety Committee	Information Storing and Maintaining	Mission 4 - Value and Innovation

3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						04/08/2022: Should the switching service fail, there is a process in place, whereby spreadsheets can be imported to manually update the service. The overall risk impact should be reduced. Downgraded to Directorate level by owner 15/07/2022 - Discussion has taken place to progress the shared ownership of this risk between ISD and Operational Services. The internal audit review of the Switching Service has begun with a number of meetings having taken place in June and July. 21/02/2022 - NDR confirmed that a plan to replace switching service functionality will be considered as part of the data strategy work. In the meantime, a paper is being drafted within ISD to propose some immediate solutions for geographical resilience in order to consider reducing the risk score.							
DHCW0296	Clinical	Allergies/Adverse Reactions - Single Source IF allergies and adverse reactions are not stored in a single source and in a simple, structured, standardised and SNOMED-coded manner THEN a clinician may not be able to retrieve all the relevant, updated information in the system that they are logged in RESULTING IN Potential patient harm due to missing or outdated information being presented in the system being used by the clinician. Possible Causes: • Single source of truth (Clinical Data Engine) in which to input and retrieve information not used widely • Lack of integration API with CDE - Interoperability • Allergen not SNOMED coded	13/09/2022	01/03/2023	12	AIM:REDUCE Likelihood and REDUCE Impact FORWARD ACTION: Awaiting response from NDR Programme following the internal Audit report ACTION TO DATE: 01/03/2023 Still awaiting a response on the future of the service following internal Audit review 24/01/2023 - Response to the Internal Audit review has identified the change in scope to this risk with IRAT team taking ownership. New risks will be raised for separate Matters Arising within the report. 23/12/2022 No update from NDR or IRAT teams 30/11/2022 Awaiting responses from NDR and IRAT teams around critical responses to recommendation. 31/10/2022 - The internal audit review of the Switching Service by NHS Wales Shared Services Partnership has presented initial findings, which are being reviewed in order to develop appropriate responses to the recommendations and the development of a specific management action plan 16/09/2022 - Discussed at Execs, concerns raised this has been downgraded prematurely and there would be more assurance following the external audit report 04/08/2022: Should the switching service fail, there is a process in place, whereby spreadsheets can be imported to manually update the service. The overall risk impact should be reduced. Downgraded to Directorate level by owner	12 (4X3)	8 (4X2)	Executive Medical Director	Non mover	Digital Governance & Safety Committee	Safety /Wellbeing	Mission 2 - Delivering Technology

3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		• Reaction not SNOMED coded • Difficulty filtering through SNOMED results • No standard as how to portray Adverse reactions (i.e.: not all systems display them in the patient banner)											

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DHCW RISK DEEP DIVE REPORT - To be completed by the Risk Owner

Date of Report:			
Orginator:	Patient Safety Team	**Risk Name:**	Allergies/ Adverse Reactions – Single Source
Likelihood/Probability Rating (1-5):	Major (4)	**Impact/Consequence Rating (1-5):**	Possible (3)
Risk Reference ID:	17361 / DHCW0296	**Initial Score:**	12
Target Score:	**4**	**Current Score:**	12

Background:

(a brief background history of the risk being reviewed)

This risk has now been at Corporate level since September 2022. As part of the role and terms and conditions of the Risk Management Group this review is being undertaken to provide assurance to the Digital Governance and Safety committee mitigation is being planned and actions are progressing.

Risk Description (IF….THEN…..RESULTING IN…..)

(Risk descriptions to include details of the associated impact)

IF allergies and adverse reactions are not stored in a single source and in a simple, structured, standardised and SNOMED-coded manner
THEN a clinician may not be able to retrieve all the relevant, updated information in the system that they are logged in
RESULTING IN potential patient harm due to missing or outdated information being presented in the system being used by the clinician.

Possible Causes:
- Single source of truth (Clinical Data Engine) in which to input and retrieve information not used widely
- Lack of integration API with CDE - Interoperability
- Allergen not SNOMED coded
- Reaction not SNOMED coded
- Difficulty filtering through SNOMED results
- No standard as how to portray Adverse reactions (ie: not all systems display them in the patient banner)

Mitigating Action Taken to Date:
(Detail the actions already undertaken to mitigate the risk impact)

A number of discussions have taken place around creating one repository of data in the Clinical Data Engine (CDE) as part of a solution to this mitigation. This will be a long-term solution and mitigation plan. Currently there is no standardisation for the recording of Adverse Reactions; however, this will need to be completed to achieve semantic interoperability allowing for data sharing and reuse, as well as the ability to input new recordings into the central repository. The National Data Resource will become part of this solution.

DMTP are driving this work through the shared medicines record programme this will allow one central store for allergies. In November 2022, as part of the DMTP Programme, a DSCN for the messaging of Adverse Reactions via FHIR was approved: DSCN - Medicines, Allergies, and Intolerances Interoperability Standards. This FHIR profile is under development for allergies, and an open Application Programme Interface (API) is in scope for the API delivery team

Engagement has started with systems within DHCW to utilise this Application Programme Interface wherever allergies are entered into the system.

Collaborative working across the organisational areas to develop the service.

Further Mitigation to Achieve Target Risk Score with timeframe for completion:

(Detail the further actions required to achieve the target risk score and associated timeframes if known)

Mandating the use of the FHIR Application Programme Interface to get allergies out of the systems and enter new ones. This has been completed as a Data Standards Change Notice (DSCN) at present (see above).

Pending work on standardising the nomenclature for Adverse reactions recording is needed, including the requirement to have SNOMED CT coded structured data.

Recommendation from the risk owner:

(Should the risk score be increased, decreased, remain the same)

Remains at Corporate level

No change to score

Meeting Comments/Feedback

(To be included after the meeting where the review is taking place)

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<ID Reference>

ANNUAL REPORT 2022 / 23

INCIDENT REVIEW AND LEARNING GROUP

Document Version	Version 1

Status	Approved

Document author:	Keith Reeves Service Management Team Manager
Approved by	Rhidian Hurle, Executive Medical Director Michelle Sell, Director of Planning & Performance and Chair of IRLG
Date approved:	28/04/2023
Review date:	

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

STRATEGIC OBJECTIVE	All Objective apply

WELL-BEING OF FUTURE GENERATIONS ACT	A resilient Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	Choose an item.
If more than one standard applies, please list below: ISO 20000, ISO 27001, BS10008, ISO 13485, ISO 9001, ISO 14000	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
Choose an item.	Outcome:
Statement:	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered		
COMMITTEE OR GROUP	DATE	OUTCOME
Incident Review and Learning Group	27/04/2023	Agreed
Digital Governance and Safety Committee	11/05/2023	

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 implication 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

TABLE OF CONTENTS

DOCUMENT HISTORY 5
REVISION HISTORY 5
REVIEWERS 5
AUTHORISATION 5
DOCUMENT LOCATION 5
Summary from the Chair 6
Purpose of the Group 6
Objectives of the Group 7
Report 7
Early Warning Notifications & National Reportable Incidents 8
Review 9
Reviews undertaken in the year 9
Contributory Factor Domain Level Analysis 13
Learn 16
Improve 17
Improvement 1: Major IT Incident Management 17
Improvement 2: Communications 18
Improvement 3: Incident Review 18
Improvement 4: Change Management 19
Improvement 5: Workforce Learning 20
Improvement 6: Promotion and Communication of Lessons Learned 20
Reflections on the effectiveness of the IRLG 21
Findings from SWOT Analysis 22
Forward Plan for 2023/24 23
Health and Social Care (Quality and Engagement) (Wales) Act 2020 - Duty of Candour 24

DOCUMENT HISTORY

REVISION HISTORY

Date	Version	Author	Revision Summary
12/04/2023	D0 1	Keith Reeves	Annual Review

REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
27/04/2023	D0 1	Group Members	Incident Review and Learning Group

AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Keith Reeves
Role:	Service Management Team Manager
Signature:	X _____ Author

Approver's Name:	Michelle Sell
Role:	Chair – Director of Planning & Performance, & Chief Commercial Officer
Signature:	X _____ Approver

DOCUMENT LOCATION

Type	Location
Electronic	

Summary from the Chair

With the Incident Review and Learning Group now entering its third year of running, this annual report has been an opportunity for us to reflect on the effectiveness of the group, and to highlight some of the key improvements that have been made over the last 12 months.

When setting up the group there was a three-stage approach for development that was envisioned

- Stage one for FY 21/22 was identifying the requirements of the group and setting it up, agreeing the terms of reference and setting the initial approach whilst working on developing an effective structure that could support learning in the organisation.
- Stage two for 22/23 was identifying, developing, and improving the review and learning frameworks and making improvements in some key areas of the organisation based on lessons learned from incident reviews.
- Stage three for 23/24 is to work on embedding a culture of learning and improvement within the organisation which will help to underpin the five strategic missions within the IMTP.

The improvements that have been implemented this year have meant that the group has been able to look at wider opportunities to identify learning, which has included thematic reviews (using multiple incidents to identify common themes), reviews into workforce behaviours (using exit reviews and staff surveys), and lessons learned throughout the programme and project management lifecycle. This and the development of the contributory factors' framework and other approaches to review, means that going forward into stage three it will allow the group to identify further themes for improvement across the organisation.

From an organisational perspective a key theme throughout incident reviews was raising the awareness of staff around the major IT incident management processes and the management on call (Bronze, Silver, Gold) structure that had been implemented. This has led to a review of training materials, processes, and procedures, and an improved approach to the delivery of training especially for staff joining these rotas. In addition, there has been a review of the IT Incident Communications processes led by the Service Desk, which ensures that stakeholders are kept informed in a timely and professional manner.

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 focuses on 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.

Purpose of the Group

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

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

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

This report will include information on all Early Warning Notifications & National Reportable Incidents by Digital Health and Care Wales (DHCW), as well as any additional reviews undertaken, the purpose being to provide assurance to the Committee that all appropriate processes are being followed.

Objectives of the Group

The initial scope of the group covers all reactive investigation reports including the following incident types

- Clinical
- Patient Safety
- Technical
- Information Governance
- Cyber Security
- Health & Safety
- Business Continuity
- Quality & Regulatory Compliance (including MHRA)
- Information Services
- Welsh Language Act

Towards the latter end of the financial year the group expanded its scope to also look at lessons learned from other non-incident related reports including

- Service Desk feedback mechanisms
- Post Implementation Reviews arising through Change Management and Programme / Project Management
- Cyber Security exercises
- Workforce and behavioural analysis

Early Warning Notifications & 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).

Type	Timescale	Total Notifications	Q1	Q2	Q3	Q4
Business Continuity	As agreed.					
Clinical / Patient Safety	7 days	2		1	1	
Cyber Security	3 days					
Health & Safety	10 days					
Information Governance	72 hours	1	1			
Information Services	As agreed.	2		2		
MHRA Reportable Event	2 days					
	10 days					
	30 days					
Redress	As agreed.					
Technical	As agreed.	1				1
Welsh Language Standards	As agreed.					
Other	As agreed.	1		1		
Total		9	1	5	2	1

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 following table highlights the complaints that have been received and investigated

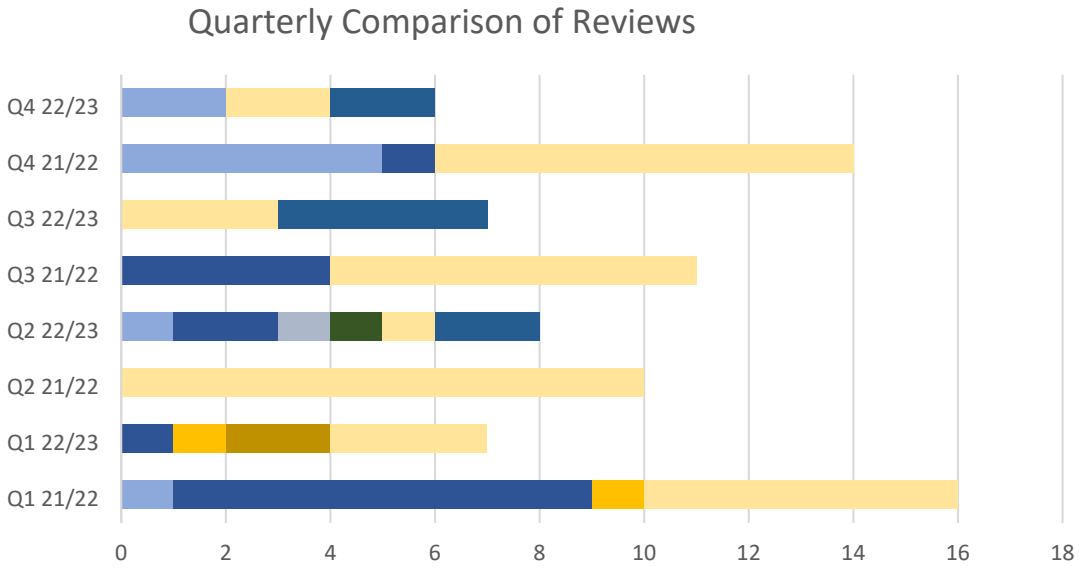
Type	Timescale	Total Notifications	Q1	Q2	Q3	Q4
Complaints & Concerns	As agreed.	2 (1 withdrawn)		1-w	1	

Reviews undertaken in the 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).

Review Type	Financial Year 2022/23			
	Q1	Q2	Q3	Q4
Business Continuity		1		2
Clinical / Patient Safety	1	2		
Complaints			1	
Cyber Security	2			
Health & Safety				
Information Governance				
Information Services		1		
MHRA Reportable Event				
Technical	3	1	3	2
Welsh Language Standards				
Other Reviews (i.e., Audits)		2	4	2
Total	7	7	8	6

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



	Q1 21/22	Q1 22/23	Q2 21/22	Q2 22/23	Q3 21/22	Q3 22/23	Q4 21/22	Q4 22/23
Other Reviews (i.e. Audits)				2		4		2
Technical	6	3	10	1	7	3	8	2
Information Services				1				
Information Governance				1				
Cyber Security		2						
Complaints	1	1						
Clinical / Patient Safety	8	1		2	4		1	
Business Continuity	1			1			5	2

One of the most significant improvements that was made to the Incident Review and Learning Group processes was the commencement of identifying additional tools and techniques used to improve the incident review process. The first to be adopted and adapted to meet the needs of DHCW was based on the Yorkshire Contributory Factors Framework (YCFF).

The Yorkshire Contributory Factors Framework is a tool which uses an evidence base for optimizing learning and addressing causes of patient safety incidents by helping clinicians, risk managers and incident reviewers identify contributory factors.

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 YCFF 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 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 act as a trigger for identifying further improvement recommendations.

A high-level breakdown is as follows with comparison across a cross section of 30 reviews undertaken in FY 21/22:

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
Situational Domain	FY 21/22	-	-	-	-	-	-	-	-	-	-	-	-	-
	FY 22/23	-	-	-	-	-	-	-	-	-	-	-	-	-
Departmental	FY 21/22	5	1	-	-	4	1	1	-	1	-	1	1	15
	FY 22/23	1	2	2	3	2	2	2	2	2	2	2	1	23
Organisational	FY 21/22	-	-	-	-	-	-	-	-	-	1	-	-	1
	FY 22/23	-	-	-	-	-	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
Communication and Culture	FY 21/22	-	-	-	-	-	-	-	-	-	-	-	-	-
	FY 22/23	-	-	-	-	-	-	-	-	-	-	-	-	-
Grand Total	FY 21/22	5	3	1	2	6	2	3	1	1	1	4	1	30
	FY 22/23	3	4	4	8	6	8	3	5	7	3	5	4	60

More detailed analysis and a comparison with FY 21/22 reviews follows, and whilst this analysis shows an increase across some domains and factors, it is to be acknowledged that the contributory factors framework was introduced in financial year 22/23, and the level of review and improvement in skills of the reviewers to determine a greater level of detail has helped with identifying these factors.

The focus for the next financial year is to look to reduce these factors through the identification of improvements in learning, training, and sharing of best practices, for **Active Domain** factors – given the increased number of new 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.

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

Finally for factors within the **External Domain**, improvements will also be sought through SLA and Engagement Meetings, the Service Management Governance Board structure, and through supplier management with 3rd party suppliers.

Contributory Factor Domain Level Analysis

Active Domain: *relates to any factors around the immediate incident, and covers two areas; active failures, so those which were a direct cause, or planned activities which nevertheless resulted in an incident being raised*

Term	Definition	2021/2022	2022/2023
Active Failure	any failure in performance or behaviour (e.g., error, mistake, violations, and deviations from working practices) of the person at the 'sharp end'.	10	13
Planned activities	any activity with agreed and scheduled downtime – for instance maintenance windows, and planned Change deployments.	-	5

Situational Domain: *relates to any factors around the team responsible, or the task being undertaken*

Term	Definition	2021/2022	2022/2023
Team Factors	any factor related to the working of different professionals within a group which they may be able to change to improve the service	-	-
Individual Staff Factors	Characteristics of the person that may contribute in some way to active failures. Examples include inexperience, stress, personality, attitudes	-	-
Task Characteristics	Factors related to specific tasks which may make individuals vulnerable to error	-	-
User Factors	Factors related to incorrectly logged calls or calls raised in error, password expiry	-	-

Departmental / Environmental Domain: *relates to any factors around the management tier, available resources, and some of the direct environmental factors such as infrastructure, applications, or interfaces*

Term	Definition	2021/2022	2022/2023
Workload & Staffing	The level of activity and pressures on time for staff and teams	-	-

Leadership	the appropriate management and allocation of staff to ensure adequate skill mix and staffing levels for the volume of work. This might also include the level of supervision either directly or indirectly	-	-
Lines of Responsibility	Existence of clear lines of responsibility clarifying accountability of staff members delineating the job role	-	-
Infrastructure & Interfaces	any factor related to failures within either the hosting infrastructure or system interfaces. This does not include misconfigurations caused by human error (covered under Active Failures)	9	7
Software	any factor related to software design and development (such as bugs).	6	11
Data	any factor related to the data recorded within the system, that is not attributable to user error. Examples include automated data correction caused by upstream systems, and lack of message types being processed	-	5

Organisational Domain: *relates to any factors at an organisational level, including other organisational policies, training, and system / service design*

Term	Definition	2021/2022	2022/2023
Working Environment	Features of the working environment that may to help or hinder the activity. This refers to the layout of the work area, fixtures and fittings, remote access, and the level of noise, distraction, lighting, temperature etc.	-	-
Internal Support	Availability and adequacy of internal organisation services in support of the functioning of the service. This might include support from Service Desk, Local IT Functions, or Subject Matter Experts (e.g., design and developers)	-	-
Training & Education	Access to correct, timely, and appropriate training both specific (e.g., task related) and general (organisation related)	-	-
Scheduling	adequate scheduling to manage the activity minimising delays and excessive workload	-	-
Service Design	Features of the design of the individual services, which may present complications in the ability to support and develop further. This might include obscure software languages, unfamiliar environments	1	1
Organisation Policies	The existence of formal and written guidance for the appropriate conduct of work tasks and processes, which are organisation specific. This can include situations where procedures are	-	-

	available but contradictory, incomprehensible or of poor quality, or situations where procedures are not documented.		

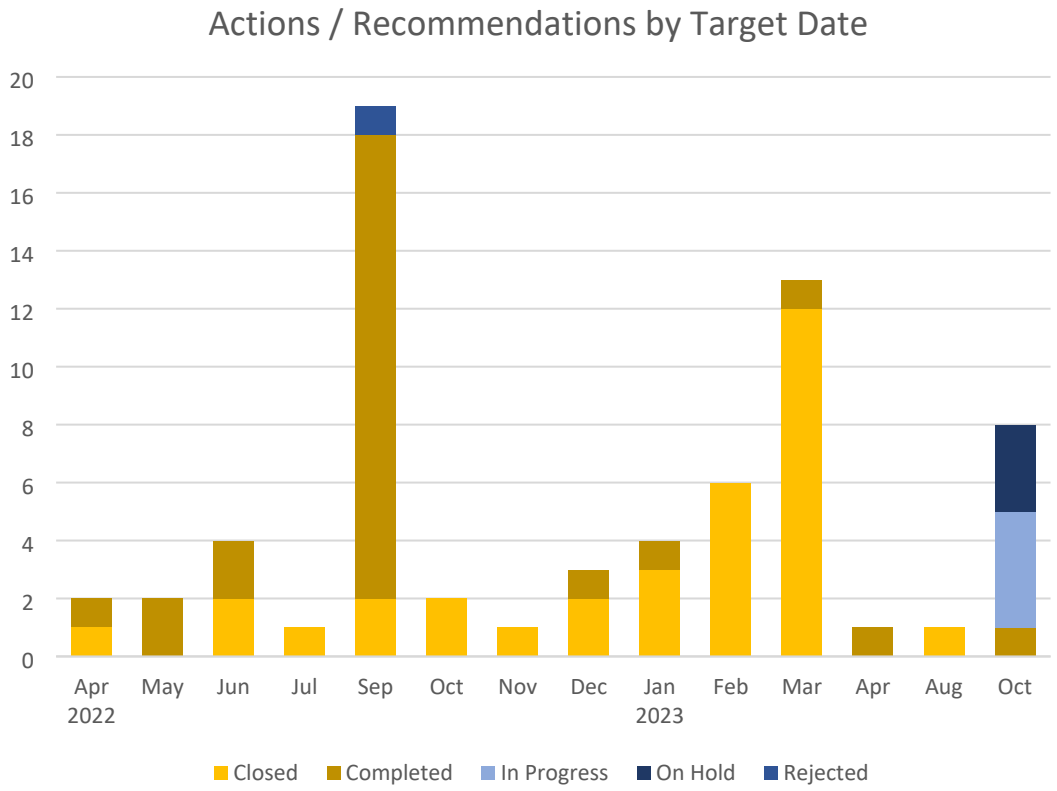
External Domain: *relates to any factors out of the direct control of the organisation, such as third parties and national (All Wales) policies*

Term	Definition	2021/2022	2022/2023
National Policies	The existence of formal and written guidance for the appropriate conduct of work tasks and processes. This can include situations where procedures are available but contradictory, incomprehensible or of poor quality. This also includes nationally adopted policies and processes, as well as standards applicable to the organisation	-	-
External Support	Availability and adequacy of external organisation services in support of the functioning of the service. This might include support from LHB Service Desks, Local IT Functions, or Subject Matter Experts (e.g., clinical areas) or other Public Sector Bodies	1	7
3rd Party Support	Availability and adequacy of 3rd party services in support of the functioning of the service. This might include suppliers, utility companies, or other private sector bodies	3	11

Communications and Culture Domain: *relates to factors that cross all domains and cover the safety and risk culture of the organisation as well as communication*

Term	Definition	2021/2022	2022/2023
Safety & Risk	Organisational values, beliefs and practices surrounding the management of risk & learning from error	-	-
Communication Systems	Effectiveness of the processes and systems in place for the exchange and sharing of information between staff, users, group, departments, and services. This includes both written (e.g., documentation) and verbal (e.g., handover) communication systems.	-	-

Following each review that is undertaken a report is completed which may result in several recommendations being made. These recommendations are recorded on the Quality Improvement Actions List.



In 2022-23 the following improvements have been implemented and monitored though the Incident Review and Learning Group, with follow up activities identified and included on the 2023/24 Forward Work Plan

Improvement 1: Major IT Incident Management

Theme	Major IT Incident Management	**Improvement Type(s)**	Process, Documentation, Resourcing, Training
Commencement Date	28/04/2022	**Current Status**	Ongoing
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 for FY 22/23	• Monthly awareness training scheduled ○ 78% of management on call have attended these sessions • Review of role profiles and initial action cards for Service Desk, Bronze, Silver, Gold Commanders has been completed • Service Desk have reviewed and developed Major IT Incident Management Communications processes • Review of resourcing for Bronze, Silver, and Gold commenced, to ensure appropriate staffing levels, with increase in staffing level for Silver • Scheduled test of processes undertaken as part of a wider Cyber Security exercise		
Planned Improvements for FY 23/24	• Continued Management On-Call Overview Training scheduled • Rota resourcing to be reviewed • Role profiles for other areas of on call to be reviewed • 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 2: Communications

Theme	Service Desk Communications Processes	**Improvement Type(s)**	Process, Review, Documentation, Tools, Communications
Commencement Date	13/12/2022	**Current Status**	Completed
Description	• Following several recommendations from incident reviews and subsequent gap analysis of the current major incident communications processes, it was identified that there were ○ Inconsistencies in the communications issued, language used and timescales across the organisation ○ Unclear roles and responsibilities both in and out of hours ○ Delay from receiving communications from 2nd / 3rd line teams ○ Wording and language used was too technical for the end user ○ Limited involvement from the Communications Team		
Improvements implemented FY 22/23	• The following improvements have been made ○ Defined statements of communications have been agreed with the communications teams ○ Revised simpler process has been approved and implemented ○ Communication channels have been agreed ○ Technical information will be provided to an audience that understands it ○ roles and responsibilities have been defined and agreed ○ Process now forms part of the Management On-Call Training plan		
Planned Improvements for FY 23/24	• Greater engagement with Communications Teams and better alignment with organizational processes for public facing communications including through Social Media channels • Ongoing review and improvements		

Improvement 3: Incident Review

Theme	Incident Review Toolsets – Contributory Factors Framework	**Improvement Type(s)**	Process, Review, Documentation, Tools
Commencement Date	13/12/2022	**Current Status**	In Progress
Description	• The Yorkshire Contributory Factors Framework is a tool which uses an evidence base for optimizing learning and addressing causes of patient safety incidents by helping clinicians, risk managers and incident reviewers identify contributory factors. • 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 changes in systems, structures, and local working conditions. Finding the true causes		

	of incidents offers an opportunity to address systemic flaws effectively. • The YCFF 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 FY 22/23	• Reviewed existing YCFF against approach to the provision of digital systems and services • Undertaken retrospective implementation against existing review reports to identify appropriateness and fit, based on technical reviews undertaken covering April to November 2022. Results of the review are included in Section 4.3 • Pilot of framework within the review process
Planned Improvements for FY 23/24	• Further refinement of the YCFF following ongoing feedback • 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

Improvement 4: Change Management

Theme	Change Management – Change Success Review	**Improvement Type(s)**	Process, Review
Commencement Date	13/12/2022	**Current Status**	In Progress
Description	• 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 review Changes post implementation where the Change attracted related Incidents		
Improvements implemented FY 22/23	• All single service CABs to ensure agenda item existence for reviewing implemented change success or failure. Remind CAB membership to highlight incidents that arise from implemented changes. This is to raise awareness of these incidents and discuss them ahead of Lessons learned being captured. • DHCW CAB to add a new agenda section dedicated to the capture of changes which result in incidents. Hold these failed change records within the Active Change Register until Lessons Learned Reviews are completed by accountable Change Managers. • Communicate to Change Managers 'Post Implementation Review' requirements per the Change Management Process.		
Planned Improvements for FY 23/24	• Monitor implementation and effectiveness of improvements		

Improvement 5: Workforce Learning

Theme	Workforce Behaviours	**Improvement Type(s)**	Process, Culture
Commencement Date	24/05/2022	**Current Status**	Completed
Description	• A review was undertaken to investigate workforce behaviours and culture looking at results from staff surveys, exit interviews, and workforce led investigations.		
Improvements implemented FY 22/23	• Develop and embed the Vision & Values for DHCW, including a Leadership Development Programme to underpin role modelling behaviour and appropriate action to be taken in response to concerns raised. • Relaunch of the Respect & Resolution Policy: beginning in September 2022 through training sessions to be mandated for all staff, Ten Talks, and other support materials. • Development of a route map to signpost individuals to the resources available. • New Starter reviews (currently undertaken by P&OD) to be supplemented by more regular 'check-ins' in the first six months by a multi-disciplinary group.		
Planned Improvements for FY 23/24	• IRLG Working-Group to reconvene in to assess the effectiveness of the recommendations as set out above		

Improvement 6: Promotion and Communication of Lessons Learned

Theme	Promotion of Digital Health & Care Wales and development of Sector Spotlight Event for Health	**Improvement Type(s)**	Reputation, Promotion, Sharing Lessons Learned
Commencement Date	13/11/2022	**Current Status**	In Progress
Description	• This promotional improvement came about following conversation with the it Service Management Forum (itSMF), a membership association for service management professionals, at their last national conference. • The idea was to develop a sector specific event to promote service management practices and sharing learning and best practices. Following ongoing conversations between itSMF, DHCW, NHS England, and private sector sponsors the first sector spotlight is scheduled for the 24th of April 2023 • The purpose was also to act as a promotion opportunity for DHCW		

Improvements implemented FY 22/23	• Agreement of the final agenda and promotion of the event which covers the following subjects:
	  ○ Lessons Learned from the implementation of Welsh Nursing Care Records Service and how those lessons are shared wider within NHS Wales
	  ○ Pushing Agile to the limits – NHS England presenting on the NHS App
	  ○ Workplace Improvement in NHS Scotland
	  ○ Sustainability in the Health Care Sector
	  ○ Hybrid Working within the NHS		

	○ The shiny new healthcare thing that really helps
Planned Activities FY 23/24	• Virtual event scheduled for 24/4/23 • If the event is successful then further sector spotlights will be arranged, (an education sector focussed event is currently planned around major incident management). • 2 x IRLG members speaking at the itSMF conference in November 2023 • Other opportunities to be identified throughout the financial year

Reflections on the effectiveness of the IRLG

At the March 2023 meeting a quick review of the effectiveness of the group was undertaken by attendees, in the form of a SWOT analysis, with the following questions asked

Following the completion of the exercise the following findings were identified. These will now be reviewed to form the basis of further improvements for the group to take forward in addition to the forward work plan for 2023/24

Findings from SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
•Membership is from across the organisation focusing on various professional areas •The mix of technical and non-technical reviews ensures that a wide range of lessons learned, and improvements are found.	•Timescales for completion of reports and implementation of recommendations means that sometimes the opportunity for greater improvements is lost •Resource availability for both reviewers and reviewees means that there are significant delays and knowledge is lost / impaired •Attendance and availability at meetings are sometimes lacking, with deputies not appropriately briefed •Visibility and understanding of the role of the IRLG in the organisation is not fully understood by staff •Relationship between IRLG and other groups and vice versa is not clearly defined, with the potential for overlap of responsibilities •Understanding of the process around acceptance of recommendations and actions, and which groups have responsibility for which •Primarily reviews are technically focused and there needs to be a wider range of other reviews to be more effective •Communications of lessons learned can be improved	•Revision of the reporting procedure to ensure improved focus on contributory factors, root cause analysis and other review toolsets •Clearer more efficient workflow with improvements in tools to ensure that reviews are undertaken more effectively •Wider engagement with and review of the current membership to ensure that other areas of the business are included i.e., Business Change •Continual Quality Improvement and a move to a more effective improvement programme within the organisation driven by effective data from review •Raising the profile and visibility of the group and the lessons learned arising from it •Development of a lessons learned log which is centrally available across the organisation •Review of the review process to improve timescales to deliver – for instance summary report should be created post incident and then a fuller review undertaken to understand the learning	•Inefficiencies within the review and reporting processes •Lack of clear definitions around what and when reviews should be undertaken could lead to a high number of reviews being undertaken diluting the learning and leading to review fatigue •Lack of a clear training programme for reviewers leads to inconsistencies in report production

The findings from the SWOT analysis will now be reviewed by a small working group from within IRLG, and improvements will be discussed and where required will be implemented

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Forward Plan for 2023/24

The forward workplan for IRLG follows, this will be reviewed as a standing agenda item to ensure that activities are managed appropriately and will be reported on progress in future Digital Governance and Safety Committee meetings within the quarterly update reports.

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					■			■			■		
IRLG Annual Report	SM		■											
Contributory Factors Report	SM					■			■			■		
Duty of Quality Report	QUAL		■											
Duty of Candour Report	CLIN			■										
Business Continuity / Emergency Planning Response	EP										■			
Terms of Reference Review	IRLG						■							
Commissioned Reviews														
Follow Up - Workforce Behaviour Review	POD					■								
Follow Up - Service Desk Feedback Review	SD							■						
Service Evaluation Review	ENG / SM					■								
Health Board Engagement	ENG					■								
SMB Effectiveness Review	SM						■							
IRLG Effectiveness Review	IRLG	■												
QIAL Effectiveness for managing incident recommendations	AUD						■							
Staff Survey	POD			■										
Incident Review Process Audit	AUD						■							
Management On Call Review	SM					■								
Improvements from Review														
Management On Call Improvements – Rota Policy	ICT / POD SM	■	■	■	■									
IRLG Improvement – Near Misses	CLIN	■	■	■										
IRLG Improvements – Lessons Learned Log	SM / EP	■	■	■	■									
IRLG Improvements – Greater Focus on Improvements	IRLG		■	■	■	■	■	■	■	■	■	■	■	■
Embedding Contributory Factors into Review	SM	■	■	■	■									
Thematic Reviews														
Clinical Incident Analysis	CLIN					■								
Follow Up - Change Failure Lessons Learned	SM				■									
Cyber Incident Analysis	CYB							■						
PRSS-CRM-002 – Document Review	CLIN			■										

Health and Social Care (Quality and Engagement) (Wales) Act 2020 - Duty of Candour

Forward planning for 2023/24 the Duty of Candour is a legal requirement for NHS Organisations in Wales to be open and honest with service users receiving care and treatment. This is outlined in the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Duty of Candour applies if the care provided has or may have contributed to unexpected or unintended moderate or severe harm, or death.

Section 10.8 of the Statutory Guidance indicates that:

"If an NHS body discovers that an incident that would trigger the duty of candour procedure has occurred in a different NHS body, the NHS body that discovers the 'incident' should inform the NHS body where the 'incident' occurred, who must then implement the duty of candour procedure. The NHS body that 30 discovers the 'incident' must also be open and transparent with the service user about what they have discovered. However, they are not required to carry out the specific duty of candour procedure; this should be carried out by the responsible NHS body, i.e., the 'providing body' where the duty of candour was triggered."

The duty applies only if it appears that both of the following conditions are met:

- The first condition is that a person (the "service user") to whom health care is being or has been provided by the body has suffered an adverse outcome.
- The second condition is that the provision of the health care was or may have been a factor in the service user suffering that outcome.

This assessment would have to be provided by Health Professionals within the treating establishments who were/are involved in the patient's direct care

As a Special Health Authority DHCW is captured by the Duty, but due to its unique role (non-patient facing /care providing) it has been indicated during our discussions with WG Policy leads on the Candour Implementation Working Group that we are captured more by section 10.2 of the Statutory Guidance

"Although not all of the bodies involved in the provision of an episode of care will necessarily be the 'providing body' in terms of the legislation (i.e., their provision of health care did not or does not have the potential to trigger the duty of candour) they may need to become involved in providing information as part of a review or providing support for the service user/person acting on their behalf

All parties are expected to co-operate fully in an open and facilitative manner throughout the duty of candour procedure and share any learning identified"

If the duty is engaged following an incident that DHCW are party to because of a disruption to the systems and services that it provides then we will need to assess and consider what the implications are on the organisation from an Impact and learning perspective – so this needs to be factored into our IRLG responsibilities from the 1st of April 2023

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

DIGITAL HEALTH AND CARE WALES
INFORMATION GOVERNANCE ASSURANCE REPORT

Agenda Item	3.4i

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	11 May 2023

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 Digital Governance and Safety Committee is being asked to: NOTE the report from the DHCW Information Governance team for ASSURANCE purposes.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	N/A
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	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.

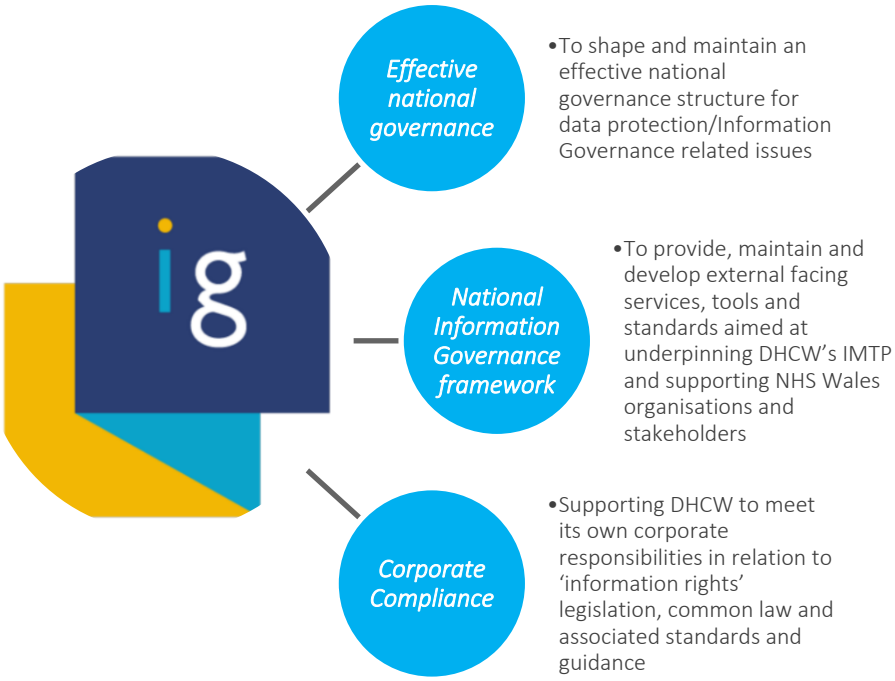
Acronyms			
DHCW	Digital Health and Care Wales	IG	Information Governance
IMTP	Integrated Medium-Term Plan	DPIA	Data Protection Impact Assessment
GMP	General Medical Practitioners	DPO	Data Protection Officer
WG	Welsh Government	ICO	Information Commissioner's Office
FOIA	Freedom of Information Act		

2 SITUATION/BACKGROUND

2.1 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 and standards.

2.2 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.

2.3 This report outlines key assurance activities to the Committee for the reporting period of 10th January 2023 to 17th April 2023. Relevant updates from this reporting period are provided based around the core responsibilities of the Information Governance team, as set out in the DHCW IG three-year IG strategy:



3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Effective National Governance

Aim: To shape and maintain an effective national governance structure for data protection/Information Governance related issues.

Relevant updates for this Committee period:

3.1.1 Audit Wales published the 2022 structured assessment report for Digital Health and Care Wales. The assessment, completed by the Auditor General, has a wide range of audit and related functions. The assessment is designed to ensure that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004. The published assessment included referencing DHCW's Information Governance arrangements:

> *"DHCW's information governance arrangements continue to evolve. The organisation's Information Governance Strategy is being updated to reflect the visions, aims, and objectives of the Information and Patient Safety Teams. However, as a new body, DHCW's role and responsibilities in respect of the National Information Governance Framework lack clarity and require formal agreement to reduce ambiguity when leading national information governance work. Information Governance Reports presented to the DGS Committee outline key information governance developments and performance. DHCW's performance against Freedom of Information and Subject Access Request targets for the period June 2021 to July 2022 has been reasonably good, with only a limited number of breaches. DHCW has*

> *also achieved a high level of compliance with the Welsh Information Governance Toolkit (98% overall), and action is underway to address areas requiring improvement."*
>
> Audit Wales Structured Assessment 2022 – Digital Health and Care Wales[1]

The new IG Strategy, which is under development, will outline the component parts of the Information Governance framework - a Framework for Sharing (the Wales Accord on the Sharing of Personal Information), Framework for Assurance (Welsh Information Governance Toolkit), Framework for Advice (Data Protection Officer Support Service), Framework for Access (National Intelligent Integrated Audit Solution) and Framework for Training (Information Governance training):

3.1.2 DHCW's Integrated Medium Term Plan (IMTP) for 2023-2026 was given approval at the Special Health Authority Board Meeting on 30 March 2023. Portfolio 1.3 Protecting Patient Data of the IMTP contains a number of Information Governance milestones, a summary of key Information Governance milestones taken from the IMTP are provided below:

[1] https://www.audit.wales/publication/digital-health-and-care-wales-structured-assessment-2022

Mission 1
Provide a platform for enabling digital transformation

Drivers
- Information Sharing for patient care and information intelligence
- General Data Protection Regulations 2018 requires a strong protection of privacy.
- The Network and Information Systems (NIS) Directive 2018 - secure network and information systems.
- A Healthier Wales 2019 – patient empowerment and data in safe hands

Outcomes
Safe and equitable access to data at the point of care means:
- Increasing confidence from public that confidential patient data is protected so more likely to share their own data as part of Patient App.
- Increasing confidence that partners and providers of healthcare services comply with privacy requirements through the provision of an IG assurance framework (Our national audit tool has resulted in more data shared from primary care to other settings, eg WAST.)

26 Back to Contents

Portfolio 1.3 Protecting Patient Data

QTR 1	QTR 2	QTR 3	QTR 4	2024/25	2025/26
National Information Governance Framework. Develop and promote a national IG framework for Wales to enable safe and secure sharing of patient information - through assurance, sharing, advice, access and training					
Wales Accord for Sharing Personal Information Code of Conduct Consultation Process	**National Audit System.** Award a contract for a tool which proactively detects unauthorised access to patient data in NHS IT systems.			**Wales Accord for Sharing Personal Information** Deployment of code of conduct for Public Services	
Information Governance Toolkit Development – Extend and expand the IG Toolkit to those organisations that want access to patient data in order to deliver efficient health and care services					
Establish programme to support Welsh Government identified actions in the wider engagement and communication activities of the Data Promise	**New IG Toolkit** Platform and question sets for HB/Trusts and General Practice	**IG Toolkit** for Community Pharmacies and to support Electronic Prescribing role out	Configure once for Wales **Digital tool for DPIA** [1] **and Information Agreements** for phase 2 into Health Boards and Trusts		
	Configure once for Wales Digital tool for **DPIA** [1] **and Information Agreements** for phase 1 into NDR data process				
A Once for Wales system for electronic capture of DPIAs [1], information flows and agreements for supporting the National Data Resource IG Framework – open to HB/Trusts and Local Authorities					

[1] Data Protection Impact Assessments

3.1.3 DHCW's Medical Director and Chief Clinical Information Office Rhidian Hurle, Darren Lloyd, Associate Director for Information Governance and Patient Safety and Ifan Evans, Director of Strategy gave evidence to the Equality and Social Justice Committee on 27th March 2023. They provided Committee members with information on how data is currently used and future plans, alongside how secure and safe DHCW processed data is.[2]

3.1.4 A new technical platform for the Welsh Information Governance Toolkit has been developed and launched as a pilot for Welsh Health Boards, Trusts and Special Health Authorities. The new platform replaces an existing application and has been developed by a team of software developers in DHCW, providing improved functionality implementing changes proposed from a range of stakeholder feedback. The new platform will enable expansion from those organisations that currently use the existing platform to a wider set of stakeholders who need to provide IG assurance when processing personal data in the provision of NHS Wales services.

3.2 National Information Governance Framework

Aim: To provide, maintain and develop external facing services, tools and standards aimed at:
(i) Supporting NHS Wales organisations and stakeholders to comply with legal obligations.
(ii) Underpinning the delivery of the aims and objectives of DHCW's IMTP

Relevant updates for this Committee period:

[2] Senedd.tv - Equality and Social Justice Committee - 27/03/2023

3.2.1 Data Protection Impact Assessments worked on during the reporting period:

A Data Protection Impact Assessment (DPIA) is a process to help identify and minimise the data protection risks of a project, system or programme. DPIAs are a legal requirement for processing that is likely to result in a high risk to individuals and good practice when processing personal data. The DPIA process in DHCW is embedded via the Wales Informatics Assurance Process.

DPIAs are managed in accordance with the *DHCW Standard Operating Procedure – SOP-IG-006 Data Protection Impact Assessment Process*. A summary of any DPIAs the team have been working on, within the reporting period, is provided below. The table also notes whether the DPIA is regarding a project, programme or system for NHS Wales (external) or for DHCW purposes only (internal).

Within the reporting period:

DPIAs worked on within reporting period			
Project	Internal/External	Current Position	Last Update
Cardiobase	External	Signed off	10/02/2023
008 Phlebotomy module	External	Signed off	13/04/2023
033 WRAPPER	External	With the project	23/03/2023
036 Welsh Information Solution for Diabetes Management	External	Signed off	13/04/2023
115 Welsh Clinical Portal Patient Warnings	External	With the project	22/03/2023
160 111 Out of Hours Solution	External	With the project	27/02/2023
168 Radiology Informatics System	External	With the project	03/02/2023
171 Endoscopy Management System for Betsi Cadwaladr University Health Board	External	Signed off	01/02/2023
172 Welsh Subject Access Requests system	External	With the project	13/01/2023
174 Welsh Clinical Portal Growth Chart	External	With the project	30/01/2023
175 Clinical Coding Data Quality Dashboard	External	Signed off	03/03/2023

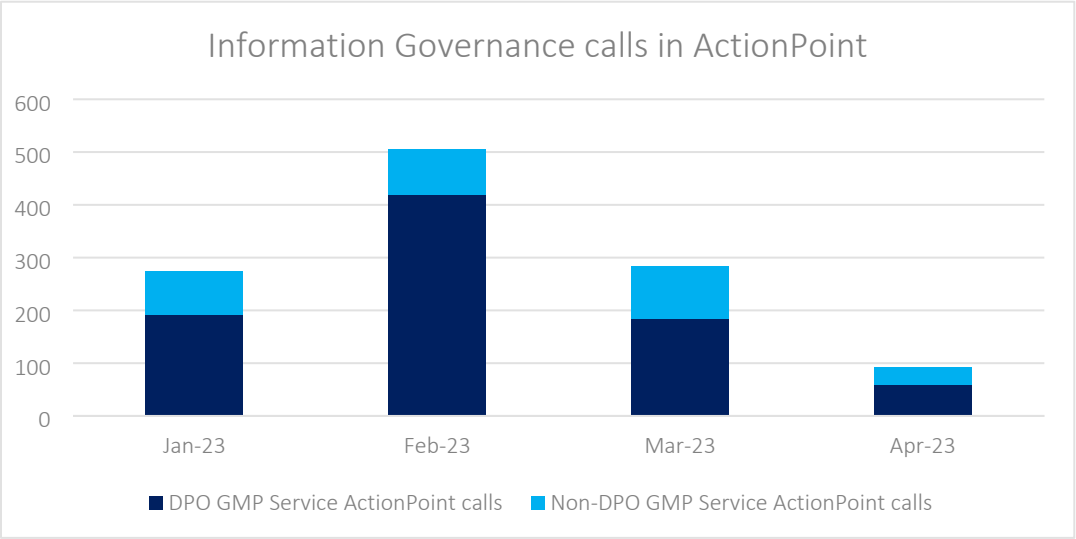
176 Betsi Cadwaladr University Health Board WelshPAS Single Instance (East)	External	Signed off	24/02/2023
177 Welsh Immunisation System & the Children and Young Persons Integrated System Application Separation	External	With the project	27/03/2023
178 National Intelligent Integrated Audit Solution Move to Cloud Solution	External	With the project	01/03/2023
179 GP Portal	External	With the project	22/03/2023
180 Shared Medicines Record	External	With the project	30/03/2023

3.2.2 Number of calls into DHCW Information Governance ActionPoint System

The below chart shows the number of calls (e-mails) received via the Information Governance section of the ActionPoint system. The ActionPoint system is used to record, log, triage and reply to calls from General Medical Practitioners (GMPs), NHS Wales Health Boards and Trusts, DHCW staff, members of the public for work areas including the Data Protection Officer Service for GMPs, IG primary care support, the Wales Accord on the Sharing of Personal Information, IG queries from DHCW staff or NHS Wales organisations, Freedom of Information Act requests and other requests for information.

All calls are handled in accordance with the DHCW Standard Operating Procedure – *SOP-IG-002 Logging IG Work Activities in ActionPoint.*

DHCW Committee Members are provided with a graph displaying the total number of IG calls received via ActionPoint in the reporting period and how many of these calls related to the Data Protection Officer (DPO) Service, which provides advice and assistance on IG matters for GMPs:



Data as of 17th April 2023

3.3 Corporate Compliance

Aim: To provide an internal IG compliance framework that ensures DHCW meets its statutory obligations and other standards.

Relevant updates for this Committee period:

3.3.1 IG Incidents and Complaints:

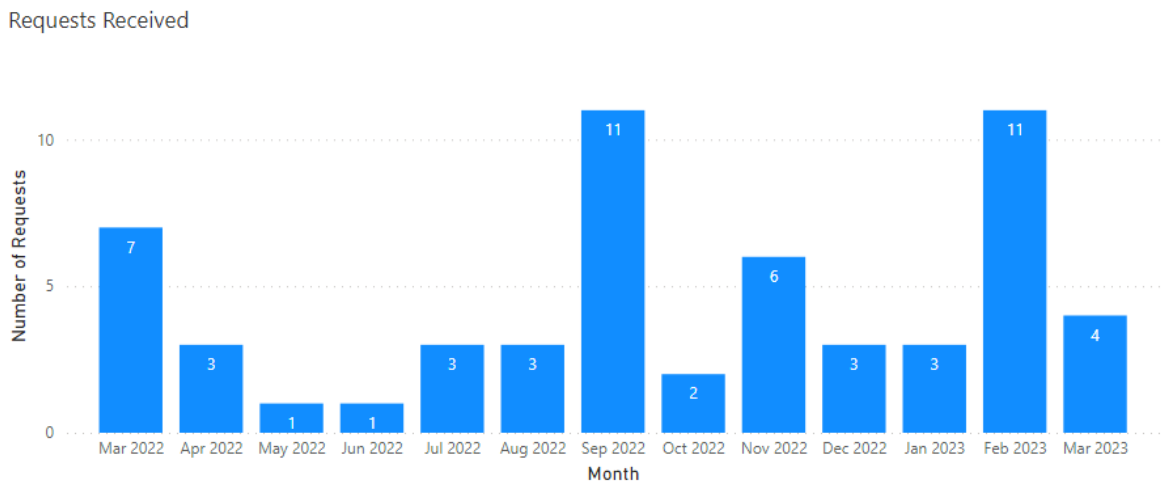
All IG incidents are reported using the DHCW Datix system and are risk assessed using the DHCW Standard Operating Procedure - *SOP-IG-004 Personal Data Breach Reporting and Management* and reported to Welsh Government (WG) and the Information Commissioner's Office (ICO) when required. The below table provides an outline of any IG incidents within the reporting period:

TYPE*	SUB-TYPE*	NUMBER OF INCIDENTS LOGGED	REPORTED TO ICO / WG	COMPLAINTS RECEIVED FROM ICO
Data Protection and Confidentiality	Inappropriate access	0	0	0
	Inappropriately divulged	0	0	0
	Information lost	0	0	0
	Sent to the wrong recipient	0	0	0
	Information stolen	0	0	0
Access to Information	Request not responded to within statutory timescales	0	0	0
	Request not processed	0	0	0
	Requestor complaint	0	0	0
TOTAL		0	0	0

*Information Governance type and subtype Datix fields are to be reviewed by an All Wales IG task and finish group.

3.3.2 Information Governance Access to Information

Members of the public are entitled to request information from public authorities. This includes information about themselves (Subject Access Requests) or information held by public authorities (Freedom of Information Act and Environmental Information Regulations requests). All requests are responded to in line with the requirements of the legislation and using DHCW Standard Operating Procedure - SOP-IG-003 Access to Information Procedure.



21 Freedom of Information Act (FOIA) requests were received by DHCW between 10th January and 17th April 2023.

One FOI was answered outside of the statutory timescales.

FOIA requests received within the reporting period by rating*			
	Minor	Amber	Major
January 2023	2	1	0
February 2023	10	1	0
March 2023	3	1	0
April 2023 (as of 17/04/23)	3	1	0

* A ratings legend has been created by the Information Governance team to explain each rating category.

Rating	Explanation
Minor	Little or no reputational, political, commercial or media sensitivity.
Amber	Some reputational, political, commercial or media sensitivity
Major	Major reputational, political, commercial or media sensitivity.

Discussions have been held to establish a suitable mechanism to make DHCW Communications team aware of any FOIs that might need further support because of the nature of the request. This will be based off the reputational, political, commercial or media sensitivity of the request.

DHCW also received 2 Subject Access Requests within this period, which were both answered within the statutory timescale.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 No issues of escalation to Committee.

5 RECOMMENDATION

5.1 The Digital Governance and Safety Committee is being asked to NOTE the report from the DHCW Information Governance team for ASSURANCE purposes.

6 APPROVAL / SCRUTINY ROUTE

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

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

DIGITAL HEALTH AND CARE WALES
WALES INFORMATICS ASSURANCE REPORT

Agenda Item	3.4ii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	11 May 2023

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Lydia James, WIAG Facilitator
Presented By	Paul Evans, Interim Head of Quality Assurance & Regulatory Compliance

Purpose of the Report	For Assurance
Recommendation	
The Digital Governance and Safety Committee is being asked to: **NOTE** the report for **ASSURANCE** purposes.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	N/A

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

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

HEALTH CARE STANDARD	Safe Care
If more than one standard applies, please list below:	

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

Workforce EQIA page

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The WIAG process supports Quality & 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 implication 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 is no specific research and innovation implications relating to the activity outlined within this report

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
WRAPPER	Welsh Referral, Activity & Patient Pathway Enterprise Repository	WRRS	Welsh Results Reports Service
API	Application Programme Interface	WCCIS	Welsh Community Care Information System
CaNISC	Cancer Network Information System Cymru	EMIS	EMIS Healthcare
VCC	Velindre Cancer Centre	DSPP	Digital Services for Patients and the Public
AVD	Azure Virtual Desktop	BCUHB	Betsi Cadwaladr University Health Board
SDE	Secure Data Environment	WCP	Welsh Clinical Portal
WIS	Welsh Immunisation System	ETR	Electronic Record
PDQ	Process Data Quickly	GMS	General Medical Services
SFSP	Secure File Share Portal	SBU	Swansea Bay University
WRTS	Welsh Reference Data and Terminology Service	MPI	Master Patient Index
VPN	Virtual Private Network	CYPrIS	Children and Young Peoples Immunisation System
CDE	Common Data Environment	CCN	Community Children's nursing
NDR	National Data Resource		

2 SITUATION/BACKGROUND

2.1 Wales Informatics Assurance Process

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.

The Wales Informatics Assurance Process has been in place since 2015 and is reviewed bi-annually (SOP-WIA-001) by Quality Manager (Regulatory Compliance) with the next scheduled review due in October 2023. 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.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Overview of Activity

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

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

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

Activity	AQP	SC&RR	WIAG review sign off	Director sign off
API Management (API Platform) National Data Resource			Pending Service Management statement	In Progress
DSPP / NHS Wales App (Private Beta)			Pending retrospective approval by WIAG on completion of work activities outlined by various Assurance Leads	In Progress
WCCIS Integrate Mobile App Version 1.4.1 Pilot Update 2022				In Progress
Medical Photograph Uploader				In Progress
Histopathology Electronic Test Requesting				In Progress
Phlebotomy Module				In Progress

Electronic Test Requesting Printing API				In Progress
EMIS IM1				In Progress
WRAPPER Phase 2 b				In Progress
BCU MediLogik MPI PDQ Cloud Feed				In Progress
Public Beta Charlie				In Progress
Cloud PC				In Progress
WIS & CYPrIS Application Separation				In Progress

Assurance Quality Plans within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Outcome of WIAG
BCU Medilogik eMPI PDQ Cloud feed	16th January 2023	WIA-AQP-83	Approved
National Digital Growth Chart	30th January 2023	WIA-AQP-84	Approved
SFSP Anon Upload	30th January 2023	WIA-AQP-85	Awaiting Statements
Cloud PC (Window 365)	30th January 2023	WIA-AQP-86	Approved
BCU Medilogik eMPI Cloud WRRS feed	13th March 2023	WIA-AQP-88	Awaiting Statements
API Management	13th March 2023	WIA-AQP-89	Awaiting Statements
GP Portal	13th March 2023	WIA-AQP-92	Awaiting Statements
WCCIS\WRTS Integration	13th March 2023	WIA-AQP-87	Awaiting Statements
SDE Pilot – National Data Resource	27th March 2023	WIA-AQP-90	Awaiting Statements
WCP Mobile – Document View	27th March 2023	WIA-AQP-91	Awaiting Statements

- BCU Medilogik eMPI PDQ Cloud feed
  The scope of the assurance plan is to assure BCU secure users access to the MEDILOGIK EMS cloud application and delivery of a MPI patient demographics query feed, to the MEDILOGIK EMS cloud hosted application at Betsi Cadwaladr University Health Board. Re-utilizing existing infrastructure and application components, implemented for Powys Teaching Health Board.

- National Digital Growth Chart
  The specific scope of this assurance plan will need to cover the new user interface in WCP. At the time of writing, it is anticipated that the WCP interface will be designed so that it can be re-used by other systems. A separate assurance plan will be submitted for the API and CDE related assurances.

- SFSP Anon Upload
  The scope of this plan is to create a proof of concept to test the product with a small number of cyber security representatives from across NHS Wales – BCU, SBU, DHCW.

- Cloud PC (Window 365)
  Windows 365 Cloud platform is a Microsoft subscription service hosted within Azure. To allow access to NHS Wales resources, Cloud PCs have access via a secure VPN (Virtual Private Network) to the NHS Wales infrastructure. The solution follows Microsoft and National Cyber Security Centre best practice, to ensure the desktop is securely hardened.

- BCU Medilogik eMPI Cloud WRRS feed
  The MEDILOGIK Endoscopy Management System (EMS), is an endoscopy reporting and departmental management software package available in several NHS Wales health board locations. The product covers Upper and Lower GI Endoscopy, Colonoscopy, Endoscopic Retrograde Cholangiopancreatography (ERCP), Bronchoscopy and Cystoscopy procedures, as well as allowing patient scheduling functionality, in conjunction with existing health board PAS patient scheduling procedures.

- API Management
  This AQP is seeking to launch the Developer Portal available to NHS Wales users only. This will allow users to register their apps and request connection with a particular API, specific to an environment, where this is published on the Portal. The portal will be provided at Admin Standard.

- GP Portal
  The WGP Portal was created as a method to launch GP Test Requesting (GPTR). The proposal is to deliver changes to the GP Portal to allow GPs to reverse staple into Welsh Clinical Portal (WCP) in addition to launching GPTR. Reverse stapling will provide a safe and secure way to digitally transition into WCP maintaining patient context.

- WCCIS\WRTS Integration
  The WCCIS>WRTS integration project seeks to integrate the WCCIS 'CareDirector' community and social care system with the national NHS Wales 'WRTS' for storing and maintaining GP practice data.

- SDE Pilot – National Data Resource
  The Secure Data Environment (SDE) service is intended for users across all NHS Wales organisations, other public sector organisations, academia and external companies to undertake projects within a secure environment. The vision of Advanced Analytics is, "enabling advanced analytics in Wales through innovative technology, enhanced skills and

empowerment to collaborate across organisational borders". The intention of the SDE service is to host collaborative projects with active members from multiple organisations.

- WCP Mobile – Document View
  The Welsh Clinical Portal (WCP) is a desktop application used by clinicians in NHS Wales to allow access to information about patient records. A mobile version of the WCP was created to allow clinicians to access patient information such as test results electronically on their mobile phone on the go. The Welsh Clinical Portal app is an innovative development from the DHCW to help the medical workforce go about their daily tasks more effectively.

Requests for Change within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
WelshPAS in BCU	27th February 2023	WIA-RFC-87	Approved	None

Safety Case and Readiness Reports within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
EMIS IM1	30th January 2023	WIA-SCRR-71	Pending	Awaiting Statements
WRAPPER Phase 2 b	27th February 2023	WIA-SCRR-72	Pending	Awaiting Statements
BCU MediLogik MPI PDQ Cloud Feed	27th February 2023	WIA-SCRR-73	Approved	None
Public Beta Charlie	13th March 2023	WIA-SCRR-76	Pending	Awaiting Statements
Cloud PC	13th March 2023	WIA-SCRR-75	Pending	Awaiting Statements
WIS & CYPrIS Application Separation	27th March 2023			

		WIA-SCRR-77	Pending	Awaiting Statements

- EMIS IM1
  A New Service: As a result of the Patient Facing Services IM1 CCN submission, the provision of IM1 in Wales by EMIS is a new dependent service/technical component to support MHOL replacement features in the NHS Wales App. Once implemented, Provision of IM1 will form part of the existing P675 Managed Service GMS Framework agreement.

- WRAPPER Phase 2 b
  The intention of WRAPPER is to enable users to view the patient journey on a Wales-wide basis, irrespective of where the patient activity took place. The type of information being shared includes:

  - Demographics
  - Referrals
  - Outpatients
  - Admission, Discharge and Transfer (ADT)
  - Pathway Management
  - Cancer tracking data
  - Patient MDT Scheduling

- BCU MediLogik MPI PDQ Cloud Feed
  The confirmed scope of the Safety Case is to deliver a secure eMPI patient demographics query (PDQ) and response service interface and securing user access, to the MediLogik Endoscopy Management System (EMS) Microsoft UK Azure cloud hosted application, in Betsi Cadwaladr University Health Board. Re-utilizing existing DHCW components implemented for the Powys Teaching Health Board MEDILOGIK EMS cloud hosted application instance.

- Public Beta Charlie Milestone
  The Public Beta stage is intended as a 'soft launch' of the NHS Wales App and website (the 'App') to the public in Wales. This stage will take on board the learning from the small cohort of users (706 users from 10 GP practices using Cegedim) in the Private Beta phase.

- Cloud PC
  Windows 365 Cloud platform offers both the Cloud PC subscription service and Azure Virtual Desktop with Remote Application Streaming. Cloud PC is a Microsoft subscription service hosted within Azure. Azure Virtual Desktop (AVD) is charged via a pay as you go costing model. Budget limits would be set for Azure Virtual Desktop and threshold alerts configured using Azure Monitor. Client Services would monitor service spend and routinely review with finance colleagues.

- WIS & CYPrIS Application Separation
  The objective if this project is to separate the Welsh Immunisation System and Children and Young Peoples Immunisation System. Currently these applications share much of the same code base and the same database. The applications will be separated, and new pluggable databases created for both products and CYPrIS will be hosted on two dedicated web servers

in each data centre. There will be no change to the applications or application configuration.

3.2 Managing Workload and Capacity

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.

3.3 Upcoming WIAG Papers

Date	Project Title	Document Type
24th April 2023	CTMU-Bridgend WelshPAS Data Migration project	Show & Tell
24th April 2023	GP Portal	SCRR
24th April 2023	Radiology ETR Primary Care	AQP
24th April 2023	Cardiology Requesting	SCRR
24th April 2023	NDR Reference Data	AQP
24th April 2023	1st Consumer and Dev Portal	SCRR

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 All COVID related services previously identified as requiring retrospective assurance have now come through the WIAG process. One service, DSPP Private Beta requires retrospective assurance as highlighted in Section 3.1. This work is nearing completion and is expected to be finalised shortly.

5 RECOMMENDATION

5.1 The Digital Governance and Safety Committee is being asked to NOTE the report for ASSURANCE purposes.

6 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	06/04/2023	

Appendix A
Assurance Quality Plan (AQP)

If the initial review identifies the service development needs to undertake the assurance process, or assurance will be required an Assurance Quality Plan will be completed by the project manager/ release manager and assurance leads. The plan will follow the template provided. The following process will apply: -

- Proposer to complete Intended use statement within the plan (as agreed by the WIAG review)

detailing the: -

- Proposed scope
- Previous assurance etc.

- Draft plan to be submitted to Quality Manager (Regulatory Compliance) for review (as per published time scales),
- Proposer to present draft plan to WIAG, members will review the document on Microsoft Teams prior to the meeting and provide advice where possible in advance, or complete the check list at WIAG meetings,
- Once complete the Wales Informatics Assurance Facilitator will review the document and send to the Quality Manager (Regulatory Compliance) for approval of the Assurance Quality Plan (unless WIAG advise the plan should be escalated to Directors for approval).

Safety Case & Readiness Report (SCRR)

The Safety Case and Readiness report is the primary vehicle for presenting a statement concerning the safety of the informatics service at a defined point in the service's life cycle e.g., prior to use in the live environment for the approved scope. It includes the outcomes of the assurance work streams; identifies residual risks, mitigations that have been deployed to address significant and high risks, related operational constraints and limitations, and includes recommendations regarding informatics service deployment. This report is developed by the project manager / release manager.

A Safety Case and Readiness Report could be presented to the directors at three stages; either prior to the release to an early adopter site, prior to a change of scope where Directors have previously only approved a limited scope, or after the first site implementation and prior to roll out to the NHS in Wales. It must firstly be submitted to the WIAG for review and the addition of the independent assurance leads statements prior to submission to the Directors for approval. The report will follow the template document provided.

Request for Change (RFC)

Minor changes to a Service/Application may be assured using a request for Change submission. All Assurance Leads retain oversight of the change and can highlight workstreams required to assure the proposed change. WIAG decides as a group as to whether an RFC is sufficient to assure a proposed change.

Appendix B

Assurance Areas within the Wales Informatics Assurance Process

APPLICATION DEVELOPMENT SUPPORT

ARCHITECTURE DESIGN & DELIVERY ASSURANCE

FINANCIAL AND BUSINESS ASSURANCE

CLINICAL/ USER REQUIREMENTS

EQUALITY IMPACT ASSESSMENT

EVALUATION

IMPLEMENTATION PLAN

INFORMATION GOVERNANCE

INFORMATION SERVICE

INFORMATION STANDARDS

INFRASTRUCTURE REQUIREMENTS

MEDICAL DEVICE APPLICABILITY

PATIENT SAFETY

PRIMARY CARE SERVICE SUPPORT

SECURITY

SERVICE MANAGEMENT & SUPPORT

SERVICE DESK

TESTING

VALIDATION & VERIFICATION

WELSH LANGUAGE

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

DIGITAL HEALTH AND CARE WALES
INFORMATION SERVICES ASSURANCE REPORT

Agenda Item	3.4iii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	11 May 2023

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	Andrew Warburton, Head of Information and Health Records Programmes

Purpose of the Report	For Assurance
Recommendation	
The Digital Governance and Safety 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 OBJECTIVE	Driving value from data for better outcomes

CORPORATE RISK (ref if appropriate)	DHCW2069

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

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

HEALTH CARE STANDARD	Effective Care
If more than one standard applies, please list below: Safe Care	

EQUALITY IMPACT ASSESSMENT STATEMENT	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 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	No, there are no specific socio-economic implications related

IMPLICATION/IMPACT	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 real data.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ISD	Information Services Department	WIS	Welsh Immunisation System
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	NDR	National Data Resource

2 SITUATION/BACKGROUND

2.1 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.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 ISD have identified the significant milestones within the IMTP to cover the next 3 years. One key milestone is the development of the Information and Analytics strategy for DHCW. As it is developed and then implemented, the strategy will identify further milestones for delivery as well as incorporating the current assurance activities such as DHCW's responsibilities for the publication of Official Statistics. Whilst the immediate focus is to publish only the minimum requirement necessary, there will be an increasing demand for reliable, high-quality official statistics to be published and DHCW will aim to become a leader in Wales in this field and support others, as we do in other areas.

3.2 Since the beginning of February 2023, the ISD Assurance Group (ISDAG) have reviewed seven Assurance Quality Plans (AQP's), six Safety Case and Readiness Reports (SCRR's) and one Change Request for new developments, to consider the impact on Information Services. Four projects have attended the ISDAG to present to the group, prompting timely engagement with

ISD teams. The Standard Operating System (SOP) for the ISD Assurance Group have been updated and are currently going through the approval process.

3.3 Work on the ISD Service Portfolio entries is being progressed by staff within the department working alongside Service Management colleagues. Work is also being undertaken to consider the most appropriate assigning of Information and data focused activities, as the current service categories do not accurately reflect the true nature of these services. The introduction of a new service type for Data (rather than either Clinical or Admin) is being proposed.

3.4 The management response to the initial findings of the internal audit review undertaken by NHS Wales Shared Services Partnership in respect of the NHS Wales Data Switching Service has been agreed, and in line with the recommendations set out in the report there are now three separate risks recorded on the risk register. These risks cover; firstly, the resilience of the current service; secondly, the inability to respond to required development and finally, the succession plan for the service. The short-term approach is to tolerate the first two risks as a level of mitigation is already in place, while working on the longer-term plan to replace the functionality of the Switching Service within the NDR. Once the plan for acquisition of data has been implemented, there will still be a need to ensure that the data sets currently acquired through the Switching Service are migrated to the new acquisition method, alongside any new "priority" data sets that are identified within the wider NDR programme.

3.5 As previously reported to the Committee, DHCW have gained accreditation under the Digital Economy Act in respect of the Trusted Third Party service provided to the SAIL Programme within Swansea University. Whilst this accreditation lasts for five years, there is a requirement to undergo annual reviews to enable the organisation to submit evidence to identify improvement towards a more mature state across a number of the audit areas and to ensure that no deterioration from the levels achieved at the initial audit has occurred. Evidence in respect of the specific controls selected by ONS on behalf of the UK Stats Authority was submitted at the end of April and a response is expected towards the end of May 2023.

3.6 Following the presentation of the draft governance framework in respect of the publication of PowerBI dashboards within DHCW to Directors in February and subsequent discussions, a number of amendments are being made to the document. The governance framework is being established to provide assurance across DHCW that data is only shared where there is a legitimate reason to do so, and that no personal or sensitive data is shared inadvertently through the publication of dashboards. Once the updates are complete, the document will go back to Management Board for approval. The risk identified still exists (DHCW0310), and as the awareness and use of PowerBI increases then this risk may also be increased until approval and implementation of the framework.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 As recommended in the Internal Audit report by NHS Wales Shared Services Partnership on the NHS Wales Data Switching Service, the original risk (DHCW0269) has been split into three separate risks (DHCW0269, DHCW0306 and DHCW0307) which addresses the Management Actions identified in the report and outlined in 3.4 above.

4.2 Risk (DHCW0310) is marked as private on the DHCW risk register and is being mitigated by the development of a governance framework outlined in 3.6 above.

5 RECOMMENDATION

5.1 The Digital Governance and Safety 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 and also the progress made towards the development of a Research and Innovation Strategy for DHCW for ASSURANCE.

6 APPROVAL / SCRUTINY ROUTE

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

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

DIGITAL HEALTH AND CARE WALES
RESEARCH AND INNOVATION STRATEGY ASSURANCE REPORT

Agenda Item	3.5

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	11 May 2023

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 & Innovation
Presented By	Rhidian Hurle, Executive Medical Director

Purpose of the Report	For Assurance
Recommendation	
The Digital Governance and Safety Committee is being asked to: NOTE further progress in the taking forward of a DHCW Research and Innovation Strategy.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	Choose an item.
If more than one standard applies, please list below: A Prosperous Wales, A Resilient Wales, A Healthier Wales, A Wales of Cohesive Communities, A Globally Responsive Wales	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below: ISO 27001, ISO20000, ISO90001, ISO 14001, ISO13845, BS10008	

HEALTH CARE STANDARD	Choose an item.
If more than one standard applies, please list below: Safe Care, Effective Care, Governance, Leadership and Accountability	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
Yes, applicable	Outcome:
Statement: Our approach to Research and Innovation Strategy focusses on ensuring a holistic evidence-based approach to health informatics and the technology that we deploy, this to help ensure that digital solutions and services provided are equally effective on behalf of all Welsh citizens, including potentially disadvantaged patient or staff groups.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	A key strategic objective is to improve the quality and impact of our research and innovation activities and to positively embed evidence-based practices across all of DHCW's business activities.
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
	Committing to an R&I approach will require investment (core roles to be consumed within CD budget) and an understanding of funding opportunities and appropriate charging models for ongoing activities.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below

	The approach and proposals described in the R&I strategy have been aligned with those Key Themes and People Priorities included within the recently published People and Organisational Development Strategy – especially so regarding facilitating leadership, cultural change and investment in DHCW's own staff ('Grow your own').
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	A robust R&I approach will impact positively on the citizens of Wales through better health outcomes and improved service provision. By developing strong and productive digital R&I partnerships with Welsh industry, academia and other organisations, employment, investment and other socio-economic opportunities within local communities may also follow.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below
	The R&I strategy will drive and facilitate R&I activities within DHCW.

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

2 SITUATION/BACKGROUND

2.1 The first formal Research and Innovation (R&I) Strategy for DHCW was published in October 2022 with theme areas reflective of the high-level principles and requirements of the National Framework for Health and Care Research.

2.2 Development of the R&I Strategy was achieved internally, through consultation and requirements gathering with R&I Working Group representatives, Directorates and Board Members and externally via a series of engagement meetings and events. The former process included presentation to and approval by the DHCW Digital Governance and Safety Committee on the 3rd November 2022.

2.3 Three immediate prerequisite actions were flagged and agreed:

2.3.1 Establishing a more substantive and resilient R&I resource, attracting new funding opportunities, whilst also realigning existing inhouse R&I expertise and resources.

2.3.2 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.

2.3.3 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.

2.4 This paper updates on the status of this work and related R&I activities.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 A more robust, accountable and open Governance Structure for R&I has been developed and approved by the SHA Board in March 2023, including a project impact assessment (see appendix).

3.2 The establishment of a new R&I Board with a supporting R&I Operational and Engagement group will be set up in Quarter 1 of 2023/24. In addition, a review has been undertaken of key external groups to ensure appropriate R&I representation from DHCW is included, for example on the Health and Care Research Wales R&D Framework, Bevan Fellows Steering Group and All Wales NHS Innovation Leads Group. This, as well the establishment of key partnership groups with academic and other R&I partners, will ensure effective engagement and to help identify priority areas and dependencies for R&I activity within DHCW. Operationally, DHCW's Management Board will receive regular updates of key R&I activities as endorsed by the R&I Board.

3.3 All DHCW programme and project owners are to continue to consider R&I implications and opportunities, including evaluation and impact monitoring. These are captured are monitored by the R&I team.

3.4 To ensure performance management and delivery of R&I against agreed IMTP and other targets, a monthly 'Report Out' process is in operation. Quarterly IMTP milestones and targets for 2023/2024 and beyond have also been submitted as part of the DHCW Planning Process.

3.5 A costing mechanism for data requests is in development along with understanding contractual obligations for those requesting and utilising data for R&I purposes.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 No formal risks and matters for escalation are flagged in this quarter.

5 RECOMMENDATION

5.1 The Digital Governance and Safety Committee is being asked to NOTE further progress in the

taking forward of a DHCW Research and Innovation Strategy.

APPENDIX

DIGITAL HEALTH AND CARE WALES
Research and Innovation Governance Arrangements Proposal

Governance process and structure

1. PURPOSE

1.1 The purpose of this document is to outline the governance process and requirements for the approval of new projects or activities that align to the R&I strategic aims and objectives.

1.2 The guidelines this document will provide a standardised approach to manage and coordinate R&I projects of activities whether these are internal to DHCW or provided with external stakeholders.

2. SITUATION/BACKGROUND

The R&I team manage a register of R&I projects and activities in various stages of development. However, there wasn't a defined governance process for emerging R&I projects and activities in DHCW in the past. Therefore, the purpose of this document is to provide a guided pathway for R&I work initiated either within DHCW or for external partners.

3. GUIDELINES FOR RESEARCH SUBMISSION

3.1. All research projects or activity that conducted either internally or externally Involving DHCW will require a review by relevant groups and approval before the it can commence.

3.2. In the first instance, the requestor will have to provide the following information through completion of the Project Scoping Form, V1.0, 16/01/2023 with the R&I team:

a) **Summary**: A brief outline of the activity **Context**: An indication of the context or location where this activity will take place
b) **Outcome and benefits**: The expected outcomes or benefits expected as a result
c) **Estimated start date**: The estimated start date
d) **Estimated end date**: The estimated end date
e) **Resource requirements:** Resources required from DHCW and stakeholders
f) **Funding:** Details of funding as appropriate.

3.3. Completed requests should be sent to the R&I team at this email address:

DHC_DHCWResearchandInnovationInternal@groups.wales.nhs.uk

4. CRITERIA FOR APPROVAL

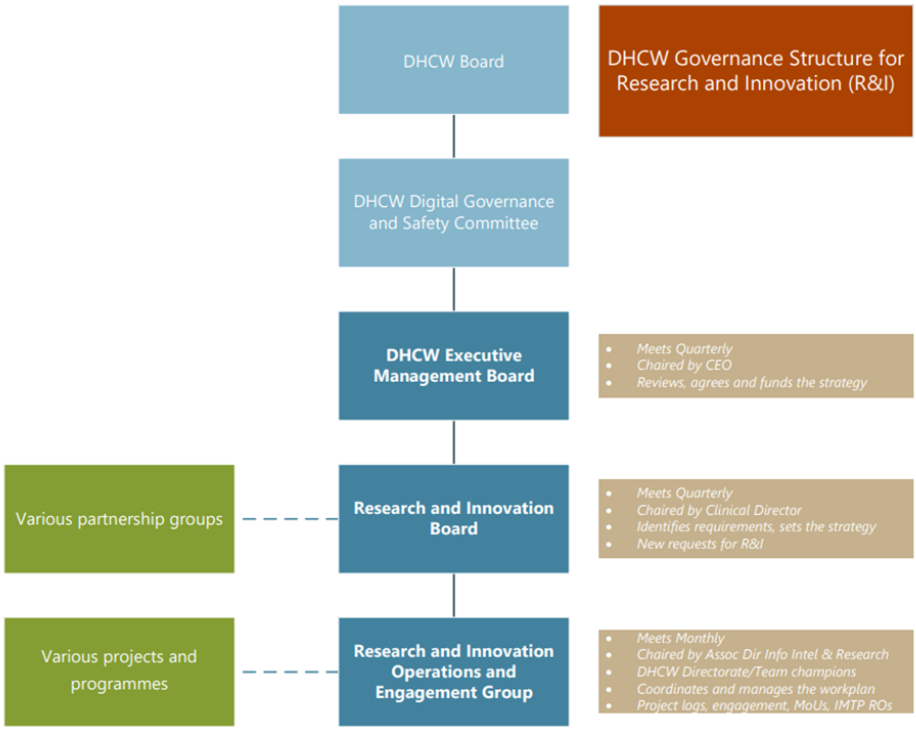
4.1. New projects will be evaluated inline with the proposed assessment criteria and risk matrix contained within the Project Assessment and Decision Form (V1.0, dated 16/01/2023).

4.2. This process applies to new R&I project and activity to obtain formal approval. Individual existing projects including those listed on the R&I register have not been previously evaluated

5. APPROVALS BOARD AND PROCESS

5.1. The approval process will involve a review of the new R&I activity request by relevant boards and committees based on the nature of the project.

5.2. To enable approval, an R&I Operational and Engagement Group and R&I Board have been established. The reporting lines of these can be seen below:



5.3. The approval boards and committees will meet in line with their Terms of Reference to review new requests and to monitor overall progress (Appendix A & B).

5.4. The governance process for approvals will involve the following steps (see *Flowchart* in section 9):

1) The requestor will submit **details of the request on Action Point** for the attention of the R&I team.

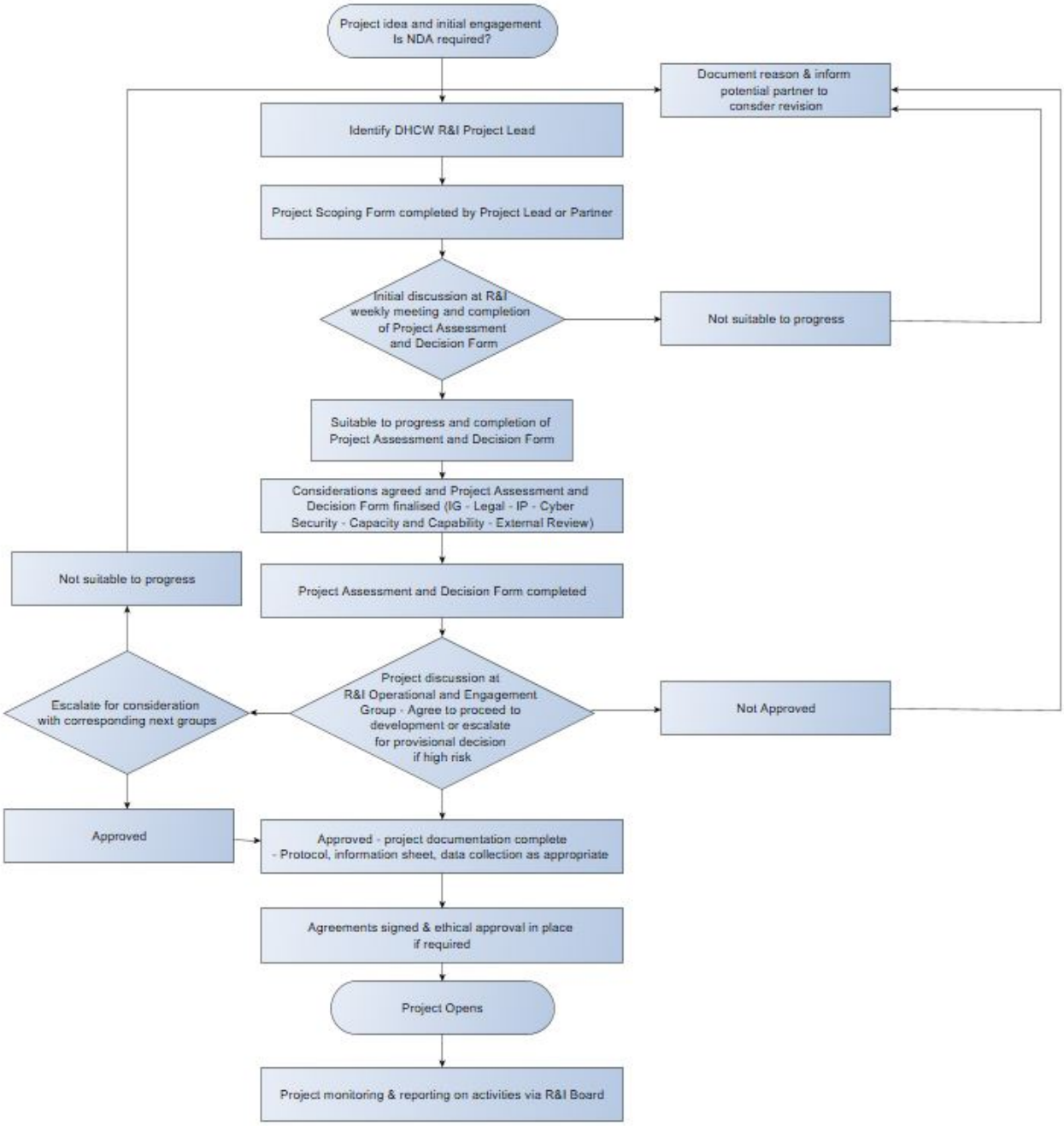
2) The **R&I team will assign a Project Leader** who will then **complete a Project Scoping Form** (Appendix C).
3) There will be an **initial discussion at the R&I Weekly Meeting** and **completion of an initial Risk Assessment**.
4) If the project is deemed not suitable to progress or not approved, a reason will be provided and the potential partner will be asked to consider a revision.
5) Once the request is approved, the **R&I team will complete a Risk Assessment**
6) Consideration will be agreed **involving specialised committees** such as Information Governance, Legal, IP, Cyber Security, capacity and capability or an external review panel.
7) A **Project Assessment and Decision Form including full risk assessment** will be completed (Appendix D).
8) The **R&I Operational and Engagement Group will review the request** against appropriate documentation that would involve *escalation* in terms of **correspondence with next groups**.
9) On *approval*, the **Project Documentation will be completed** to include protocol, information sheet and data connection aspects.
10) Alternatively, if the project is *not approved* the reason for this outcome will be provided to the potential partners who will be asked to consider revision.
11) The completion of the project documents will enable **Agreements to be signed** and **ethical approval** to be in place if required.
12) Monitoring plan put in place and **project to commence**.
13) **Project monitoring & reporting** will be provided to the R&I Board in line with agreed timelines.

5.5. For project that have obtained approval, the R&I team will convey this outcome to the requestor. Alternatively, if the project request was to be declined at any stage of the review process, the R&I team will provide a response to the requestor that includes a reason for the decision.

5.6. From 01/02/2023 until 30/07/2023 (or an agreed date), all projects will follow this process but will be escalated to DHCW Executive Team for approval while the risk assessment and associated forms are tested and finalised.

5.7. The process and associated documents will be subject to six-monthly review.

6. APPROVAL PROCESS FLOWCHART



Appendix A: Terms of Reference Research & Innovation Board

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

Digital Health and Care Wales

Research and Innovation Board

Document Version	V1.0

Status	Approved

Document author:	Rachel Gemine, Head of Research and Innovation
Approved by	Rachel Powell, Associate Director of Information, Intelligence and Research
Date approved:	16/03/2023
Review date:	16/09/2023

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD
TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD

8. IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	Choose an item.
If more than one standard applies, please list below: A Prosperous Wales, A Resilient Wales, A Healthier Wales, A Wales of Cohesive Communities, A Globally Responsive Wales	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below: IS0 27001, ISO20000, ISO90001, ISO 14001, ISO13845, BS10008	

HEALTH CARE STANDARD	Choose an item.
If more than one standard applies, please list below: Safe Care, Effective Care, Governance, Leadership and Accountability	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
Yes, applicable	Outcome:
Statement: Our response to Research and Innovation Governance Process is to manage holistic evidence-based approach to governance of new health informatics and technology development. This will help ensure new research initiatives are managed effectively on behalf of the citizens in Wales, including potentially disadvantaged patient or staff groups.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	A key strategic aim is to improve the quality and impact of our research and innovation activities and to positively embed evidence-based practices across all DHCW business activities.

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
	Committing to an R&I approach will require investment and an understanding of funding opportunities and appropriate charging models for ongoing activities.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The approach and proposals described in this strategy have been aligned with those Key Themes and People Priorities included within the recently published People and Organisational Development Strategy – especially so regarding facilitating leadership, cultural change and investment in DHCW's own staff ('Grow your own').
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	A robust R&I approach will impact positively on the citizens of Wales through better health outcomes and improved service provision. By developing strong and productive digital R&I partnerships with industry, academia and other organisations, employment, investment and other socio-economic opportunities within local communities will also follow.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below
	This are the R&I governance guidelines that will help manage and facilitate R&I activities within and outside DHCW.

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	RIB	Research & Innovation Board

DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary

27/01/2023	V0.1	Rachel Gemine	First Draft
28/02/2023	V1.0	Rachel Gemine	Updated following Exec Group review

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Rachel Gemine
Role:	Head of Research & Innovation
Signature:	

Approver's Name:	Rachel Powell
Role:	Associate Director of Information, Intelligence and Research
Signature:	*R Powell*

1.4 DOCUMENT LOCATION

Type	Location
Electronic	

1. SCOPE

1.1 To outline the Research & Innovation Governance structure and project approval pathway.

2. PURPOSE OF THE GROUP

2.1 Following the establishment of Digital Health and Care Wales (DHCW), the SHA has the potential to promote, coordinate and work in partnership with others to take forward an innovative programme of digital research, improvement and innovation in health and care in Wales.

2.2 The Research & Innovation Board (RIB) was established as a managerial group reporting to DHCW Executive Management Board and constituted from 1st March 2023.

2.3 The purpose of RIB is to assure the Board, via the DHCW Executive Management Board, that it is discharging its functions and meeting its responsibilities with regards to the quality and safety of research, development and innovation activity carried out within the organisation.

2.4 The guiding principles will be:
2.4.1 a clear strategy;
2.4.2 clear governance and performance management;
2.4.3 working within budget constraints.

2.5 RIB will promote and support involvement in high quality, multi-disciplinary and multi-agency healthcare research, development and innovation, promote evidence-based healthcare, build research and innovation capacity and foster a research and innovation culture, including patient/public involvement where appropriate.

2.6 RIB will facilitate collaboration with the Research and Academic community to maximise outcome and impact for DHCW and partner organisations.

3. RESEARCH AND INNOVATION STRATEGY

3.1 Strategic Aim 1: Deliver the assets and resource to facilitate the Research and Innovation environment across Wales

3.2 Strategic Aim 2: Focus on quality and the impact of our research and innovation

3.3 Strategic Aim 3: Identify, develop and nurture effective partnerships

3.4 Strategic Aim 4: Develop a culture of innovation that promotes creativity, learning, encouragement and support

4. OBJECTIVES OF THE GROUP

4.1 Assure the Board in relation to arrangements for ensuring compliance with all relevant frameworks, UK Clinical Trials, Clinical Investigations and other Regulations (transposed into UK law from European Union Directives) and reporting requirements.

4.2 Assure the Board, through the DHCW Executive Management Board, that the sponsorship or approval of research and innovation studies by DHCW follows a robust scientific and governance review and complies with all relevant regulations.

4.3 Assure the Board that the arrangements for undertaking real world evaluations of digital applications and systems are robust and comply with all relevant regulations.

4.4 Assure the Board that the awarded funding is being spent according to Welsh Government and funder/commissioner requirements.

4.5 Approve research and innovation projects or escalate in line with the R&I approval SOP.

4.6 Receive assurance on the management of operational risks, and provide assurance to the DHCW Executive Management Board that risks are being managed effectively and report any areas of concern, e.g. where risk tolerance is exceeded, lack of timely action.

4.7 Receive assurance on the progress of research and innovation projects.

4.8 Receive and comment on financial, performance management and data reports from the research and innovation operational team.

4.9 Oversee the activities and management of DHCW's Research & Innovation Strategy.

4.10 Oversee the development and approval of research and innovation written control documents (policies, plans, Standard Operating Procedures, etc) within the scope of the R&I Board, obtaining ratification as and where appropriate.

4.11 Consider the implications for DHCW of the outcomes arising from relevant review, audit or inspection carried out by external regulatory authorities, review progress with resulting Corrective and Preventative Action plans and authorising their completion.

4.12 Ensure strong relationships and effective communication with associated Higher Education Institutions and other external organisations.

4.13 Support Universities with their research & innovation agenda, including undergraduate /postgraduate work, research impact, and their Research Excellence Framework submission.

4.14 Report on research and innovation activity to relevant health organisations via Head of Research & Innovation.

4.15 Agree issues to be escalated to the DHCW Executive Management Board, with recommendations for action.

5. MEETINGS

5.1 Frequency of meetings

5.1.1 The R&I Board will meet quarterly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the R&I Board in discussion with the Associate Director of Information, Intelligence and Research.

5.1.2 The Chair of the R&I Board, in discussion with the R&I Board Secretary, shall determine the time and the place of meetings of the R&I Board and procedures of such meetings.

5.2 Quorum

5.2.1 A quorum shall consist of no less than a third of the membership, and must include as a minimum the Chair or Vice Chair of the R&I Board.

5.2.2 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.

5.2.3 The R&I Board may also co-opt additional independent external "experts" from outside the organisation to provide specialist skills.

5.2.4 Should any member be unavailable to attend, they may nominate a fully briefed deputy to attend in their place, subject to the agreement of the Chair.

5.2.5 The R&I Board may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

5.3 Format

5.3.1 Meetings will be held via Teams or in person.

5.4 Agenda and Papers

5.4.1 The R&I Board Secretary is to hold an agenda setting meeting with the Chair and the R&I Board Lead at least six weeks before the meeting date.

5.4.2 The agenda will be based around the R&I Board work plan, approving and reviewing projects, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from R&I Board Members. Following approval, the agenda and timetable for papers will be circulated to all R&I Board Members.

5.2.3 All papers must be approved by the Chair or Deputy Chair.

5.2.4 The agenda and papers for meetings will be distributed seven days in advance of the meeting.

5.2.5 The minutes and action log will be circulated to members within ten days to check the accuracy.

5.2.6 Members must forward amendments to the R&I Board Secretary within the next seven days. The R&I Board Secretary will then forward the final version to the R&I Board Chair for approval.

6. MEMBERSHIP

6.1 Chair - DHCW Medical Director

6.2 Deputy Chair - Associate Director of Information, Intelligence & Research

6.3 Secretariat – to be appointed by the Chair

6.3.1 The secretarial support will ensure:

- agreement of the agenda with the Chair and attendees;
- collation of papers;
- taking the minutes;
- keeping a record of matters arising and issues to be carried forward within an action log; and
- advising the Executive Team on pertinent issues/areas.

6.3.2 All papers will require the approval of the Chair or Deputy Chair

7. OTHER REPRESENTATIVES

7.1 To include representation from relevant DHCW Directorates and functions along with and 'R&I' Champions to share and promote best practice.

7.2 The membership of the Research & Innovation Board shall comprise:

Title
DHCW Executive Medical Director, (Chair)
Associate Director of Information, Intelligence & Research (Deputy Chair)
Clinical Director/Associate Director
Head of Research & Innovation
Head of People & Organisational Development
Head of Information Governance
Finance Business Partner
Representative on Data and Analytics
Research active representatives as appropriate for project approvals/monitoring
Head of Engagement
Head of Communication
Representative from the Division for Social Care and Health Research (DSCHR) Welsh Government - Health and Care Research Wales
Representative from Life Sciences Hub Wales
Representative from Social Care Wales

7.3 The membership of the R&I Board will be reviewed on an annual basis.

8. GOVERNANCE

8.1 The R&I Board will be accountable to the DHCW Executive Management Board for its performance in exercising the functions set out in these terms of reference.

8.2 The R&I Board shall embed DHCW's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8.3 The requirements for the conduct of business as set out in the DHCW's Standing Orders are equally applicable to the operation of the R&I Board.

9. GOVERNANCE

9.1 The R&I Board, through its Chair and Members, shall work closely with the Board's other committees, including joint /sub committees and groups to provide advice and assurance to the Board through the:

9.1.1 Joint planning and co-ordination of Board and Committee business;

9.1.2 Sharing of information.

9.2 In doing so, the R&I Board shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.3 The R&I Board may establish groups or task and finish groups to carry out on its behalf specific aspects of R&I Board business. The Board will receive updates following each meeting, detailing the business undertaken on its behalf. The following management groups have been or will be established:

- Research & Innovation Operational & Engagement Group

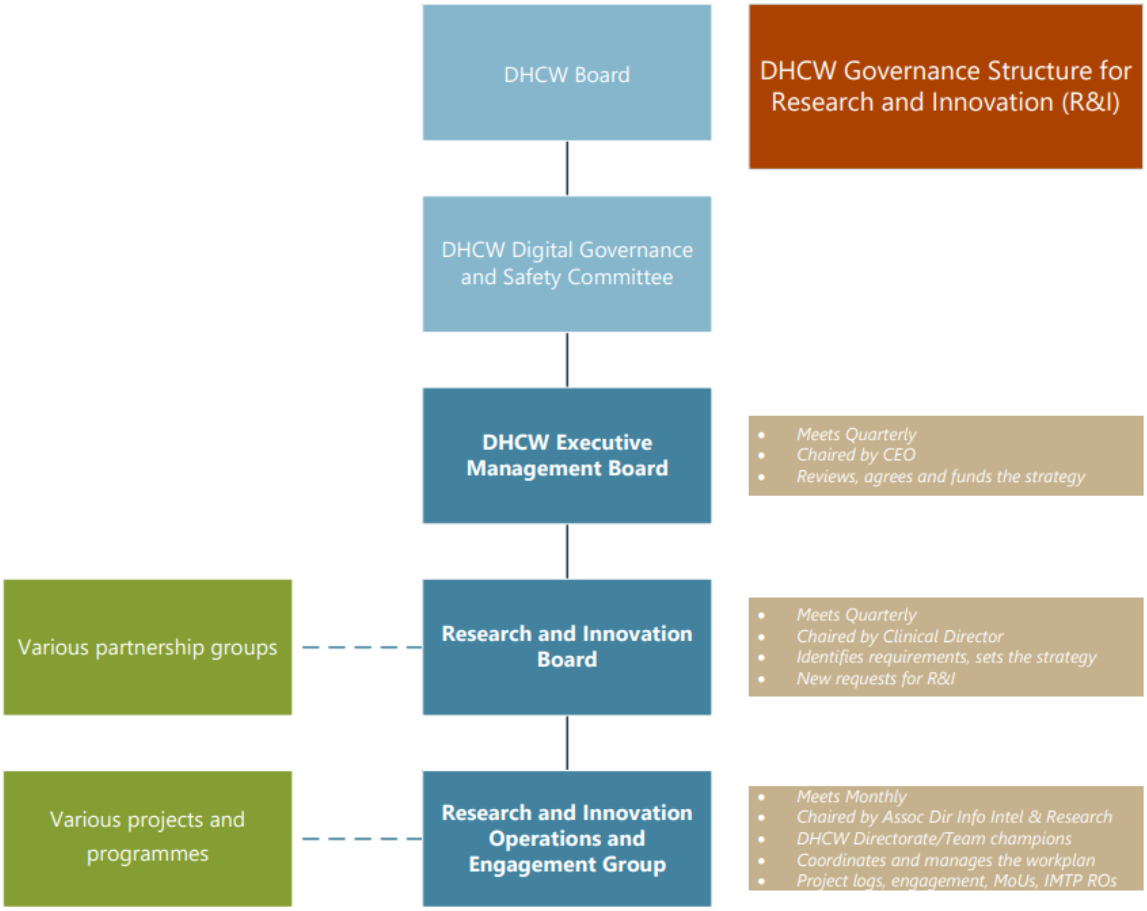
9.4 The R&I Board Chair, supported by the R&I Board Secretary, shall:

9.4.1 Report formally, regularly and on a timely basis to the DHCW Executive Management Board on the R&I Board's activities. This includes the submission of a R&I Board update report for information after every meeting, as well as the presentation of an Annual Report within 6 weeks of the end of the financial year;

9.4.2 Bring to the DHCW Executive Management Board's specific attention any significant matters under consideration by the R&I Board;

9.4.3 Ensure appropriate escalation arrangements are in place to alert the Executive Team of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of DHCW.

10. REPORTING STRUCTURE


DHCW Board
DHCW Governance Structure for Research and Innovation (R&I)
DHCW Digital Governance and Safety Committee
DHCW Executive Management Board
Meets Quarterly
Chaired by CEO
Reviews, agrees and funds the strategy
Various partnership groups
Research and Innovation Board
Meets Quarterly
Chaired by Clinical Director
Identifies requirements, sets the strategy
New requests for R&I
Various projects and programmes
Research and Innovation Operations and Engagement Group
Meets Monthly
Chaired by Assoc Dir Info Intel & Research
DHCW Directorate/Team champions
Coordinates and manages the workplan
Project logs, engagement, MoUs, IMTP ROs

Appendix B: Terms of Reference Research & Innovation Operational and Engagement Group

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

Digital Health and Care Wales

Research and Innovation Operational and Engagement Group

Document Version	V1.0

Status	Approved

Document author:	Rachel Gemine, Head of Research and Innovation
Approved by	Rachel Powell, Associate Director of Information, Intelligence and Research
Date approved:	16/03/2023
Review date:	16/09/2023

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD
TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD

IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	Choose an item.
If more than one standard applies, please list below: A Prosperous Wales, A Resilient Wales, A Healthier Wales, A Wales of Cohesive Communities, A Globally Responsive Wales	

HEALTH CARE STANDARD	Choose an item.
If more than one standard applies, please list below: Safe Care, Effective Care, Governance, Leadership and Accountability	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below: ISO 27001, ISO20000, ISO90001, ISO 14001, ISO13845, BS10008	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
Yes, applicable	Outcome:
Statement: Our response to Research and Innovation Governance Process is to manage holistic evidence-based approach to governance of new health informatics and technology development. This will help ensure new research initiatives are managed effectively on behalf of the citizens in Wales, including potentially disadvantaged patient or staff groups.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below A key strategic aim is to improve the quality and impact of our research and innovation activities and to positively embed evidence-based practices across all DHCW business activities.
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 Committing to an R&I approach will require investment and an understanding of funding opportunities and appropriate charging models for ongoing activities.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below The approach and proposals described in this strategy have been aligned with those Key Themes and People Priorities included within the recently published People and Organisational Development Strategy – especially so regarding facilitating leadership, cultural change and investment in DHCW's own staff ('Grow your own').
SOCIO ECONOMIC	Yes, please detail below

IMPLICATION/IMPACT	A robust R&I approach will impact positively on the citizens of Wales through better health outcomes and improved service provision. By developing strong and productive digital R&I partnerships with industry, academia and other organisations, employment, investment and other socio-economic opportunities within local communities will also follow.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below
	These are the R&I governance guidelines that will help manage and facilitate R&I activities within and outside DHCW

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		

DOCUMENT HISTORY

1.2 REVISION HISTORY

Date	Version	Author	Revision Summary
27/01/2023	V0.1	Rachel Gemine	First Draft
28/02/2023	V1.0	Rachel Gemine	Updated following Exec Group review

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position

1.5 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Rachel Gemine
Role:	Head of Research & Innovation
Signature:	

Approver's Name:	Rachel Powell

Role:	Associate Director of Information, Intelligence and Research
Signature:	*R Powell*

1.6 DOCUMENT LOCATION

Type	Location
Electronic	

2. PURPOSE OF THE GROUP

2.1 Following the establishment of Digital Health and Care Wales (DHCW), the SHA has the potential to promote, coordinate and work in partnership with others to take forward an innovative programme of digital research, improvement and innovation in health and care in Wales.

2.2 The Research and Innovation Operational and Engagement Group will review the activities and priorities of research and innovation (R&I) for DHCW and develop a standardized approach of how we will support the research and innovation agendas in Wales.

2.3 We will ensure a robust governance process is in place to support the highest quality R&I, and act as a central point within the organisation for its coordination. We will support the delivery of the strategy and lead the development of a research culture across DHCW by developing standard practices for collaborating with existing and potential new R&I partners and understanding training and resourcing needs.

3. RESEARCH AND INNOVATION STRATEGY

3.1 Strategic Aim 1: Deliver the assets and resource to facilitate the Research and Innovation environment across Wales

3.2 Strategic Aim 2: Focus on quality and the impact of our research and innovation

3.3 Strategic Aim 3: Identify, develop and nurture effective partnerships

3.4 Strategic Aim 4: Develop a culture of innovation that promotes creativity, learning, encouragement and support

4. OBJECTIVES OF THE GROUP

4.1 The Research and Innovation Operational and Engagement Group will assure the Research and Innovation Board through regular reports, that it is discharging its functions and meeting its responsibilities with regards to increasing the number of new Research & Innovation activities where DHCW is involved and overseeing the quality and safety of said activity that is carried out within the organisation.

4.2 The Research and Innovation Operational and Engagement Group will make strategic decisions that facilitate high quality healthcare Research & Innovation activities, to maximise outcomes and impact for the Health Board and the patients it serves.

4.3 The Research and Innovation Operational and Engagement Group will take strategic decisions that promote and support involvement in high quality Research & Innovation activities, promoting evidence-based system development and healthcare, build research & innovation capacity and foster a research & innovation culture.

4.4 Ensure compliance with all relevant frameworks, UK Clinical Investigations and other Regulations (transposed into UK law from European Union Directives) and reporting requirements are in place and functioning appropriately.

4.5 Respond to any issues arising from relevant internal review or audit, or inspections carried out by external regulatory authorities.

4.6 Oversee the development of Research & Innovation strategy, operational plan, and other relevant documents in line with local and national priorities and guidance, for sign off by the Executive Team after scrutiny from the Research and Innovation Board.

4.7 Oversee the Research & Innovation budget, ensuring it is being spent in accordance with funder regulations and DHCW policies and procedures.

4.8 Oversee progress of the Research & Innovation team against the objectives of the operational plan.

4.9 Identify risks to the achievement of the operational plan that need to be escalated to the Research and Innovation Board

4.10 Provide strategic oversight of action plans that have been developed by the team to address operational problems.

4.11 Review and approve reports for relevant internal groups.

4.12 Agree the information submitted to relevant organisations.

4.13 Develop strategic partnerships with Higher Education Institutions and other external organisations critical to the delivery of the operational plan.

4.14 Approve research and innovation projects or escalate in line with the R&I approval SOP.

5. MEETINGS

5.1 Frequency of meetings

5.1.1 The Research and Innovation Operational and Engagement Group will meet monthly, although in the initial phases it is proposed that study approvals (for a period of 6 months, until 31st August 2023) is conducted by executive team.

5.1.2 The frequency of meetings will be reviewed after 6 months and this may change and would be dependent on opportunities being identified.

5.2 Quorum

5.2.1 A quorum shall consist of one third of the total membership (or delegated representatives) and must include as a minimum the Chair or Vice Chair of the Research & Innovation Operational and Engagement Group.

5.2.2 Any member of DHCW staff may be invited to attend the Research and Innovation Operational and Engagement Group by the Chair or Vice Chair where it is felt appropriate to do so.

5.2.3 The Research and Innovation Operational and Engagement Group may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills, including specialist legal advice.

5.2.4 Should any Member be unavailable to attend, they may nominate a senior deputy to attend in their place.

5.3 Format

5.3.1 Meetings will be held via Teams or in person.

6. MEMBERSHIP

6.1 Chair - Associate Director of Information, Intelligence & Research

6.2 Deputy Chair - Head of Research and Innovation

6.3 Secretariat – to be appointed by the Chair

6.3.1 The secretarial support will ensure:

- agreement of the agenda with the Chair and attendees;
- collation of papers;
- taking the minutes;
- keeping a record of matters arising and issues to be carried forward within an action log; and
- advising the Executive Team on pertinent issues/areas.

6.3.3 All papers will require the approval of the Chair or Deputy Chair

7. MEMBERSHIP

7.4 To include representation from relevant DHCW Directorates and functions along with and 'R&I' Champions to share and promote best practice.

7.5 Current membership as follows:

Associate Director of Information, Intelligence & Research (Chair)
Head of Research and Innovation (Vice-Chair)
Business Support Administrator (Secretariat)
Research and Innovation Project Support Manager
Head of Research and Academia – Information Services
Research And Evaluation Manager
National Clinical Informatics Lead – Public (DSPP)
Commercial Services Officer
Principal Lead for Supporting the IG Assurance Framework
NHS Wales e-Library and Knowledge Service Manager
Improvement & Innovation Manager
Senior Project Manager (Advanced Analytics)
Senior Product Specialist
Commercial Services Manager
Senior Product Specialist
Service Management Team Manager
Head of People & Organisational Development
Organisational Development, Culture and Engagement Lead
Specialist support as required

8. GOVERNANCE

8.1 The Research and Innovation Operational and Engagement Group will report to the Research & Innovation Board.

8.2 The Research and Innovation Operational and Engagement Group will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Research & Innovation overall risk and assurance framework.

8.3 The Research and Innovation Operational and Engagement Group may establish task and finish groups to carry out specific aspects of its business on its behalf. The Research and Innovation Operational and Engagement Group will receive an update following each task & finish group's

meeting detailing the business undertaken on its behalf.

8.4 The Research and Innovation Operational and Engagement Group Chair, supported by the Research & Innovation administrative support will:-

- Report quarterly and on a timely basis to the R&I Board.
- Bring to the R&I Board's specific attention any significant matters under consideration by the Research and Innovation Operational and Engagement Group.

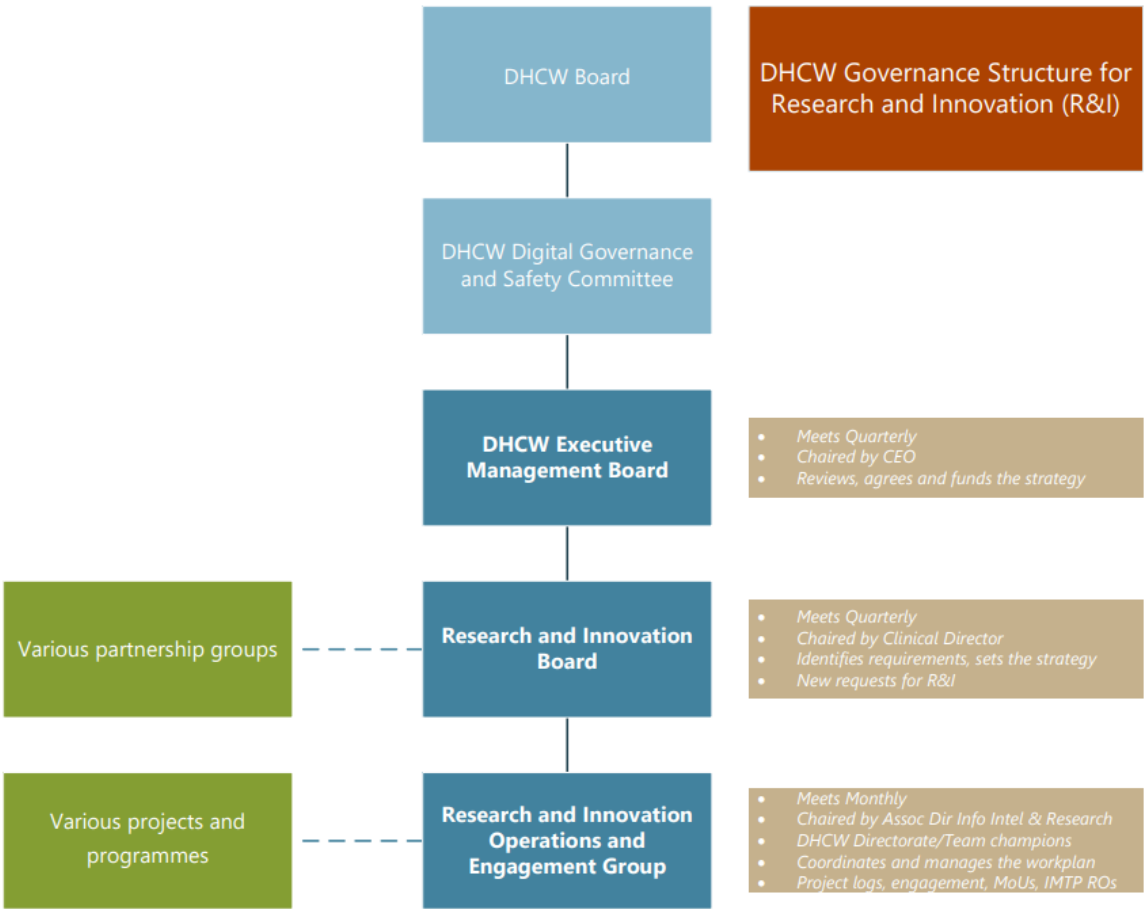
8.5 Ensure appropriate escalation arrangements are in place to alert the Directors of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of DHCW.

8.6 The Research and Innovation Operational and Engagement Group will be accountable for its performance in exercising the functions set out in these Terms of Reference.

8.7 The Research and Innovation Operational and Engagement Group will embed DHCW's values, vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8.8 These terms of reference and operating arrangements shall be reviewed every 12 months by the Research and Innovation Operational and Engagement Group.

9. REPORTING STRUCTURE



Appendix C: Project scoping form

Project Scoping Form

This document is intended for the initial scoping of a potential project within DHCW or a potential collaboration between DHCW and an external organisation including other NHS, academic, commercial, or industrial partners. The form collects information on your organisation and requirements so that we can understand the project proposed.

All data collected by DHCW is processed and stored in accordance with the Data Protection Act 2018 and General Data Protection Regulation (GDPR).

Proposed Project Title:	

Is an Non-Disclosure Agreement required?	Yes / No / Unsure *Please do not provide commercially sensitive information until NDA is in place*

Main Contact Details: *(duplicate if necessary)*	
Name:	
Organisation Name: ***If not DHCW***	
Organisation Type:	Public Sector / Industry / Academic / Other
Organisation Address:	
Contact number(s):	
Email Address(es):	

Provide a brief description of the proposed project including aims and objectives?	
What healthcare need would this project address?	1. 2. 3.
What are the associated risks of this project?	1. 2. 3.
What support would you require from DHCW R&I for this project?	
What is the timeframe for the project?	Start Date: End Date:
What are the proposed financial arrangements?	Funder: Amount:
Declaration	**I declare that the details given on this form are true to the best of my knowledge and I have the authority to authorise this request.** Signed: Date:

Please return to DHC_DHCWResearchandInnovationInternal@groups.wales.nhs.uk

Appendix D: R&I Project Assessment Form for Decision and Approval

Completed by: **Date:**

The following project has been submitted to R&I for review and approval.
Title:
Funder:
Project Lead:
DHCW Lead:
Type of Project: *determined using HRA assessment* Is my study research? (hra-decisiontools.org.uk)
Project Dates:
Collaborative Organisations:

Project Summary:
Including brief background, rationale, aims and objectives

See appendix 1 for project plan/protocol

The following project has been assessed according to the risk and benefit log (appendix 2) and had been deemed low/medium/high risk based on the following criteria and evidence.

1. **Healthcare need and impact:**

Overall RAG

Rationale and evidence summary

2. **Link to IMTP/R&I Strategy:**

Overall RAG

How link to IMTP/Strategy

3. **Reputational risk:**

Overall RAG

Rationale and evidence summary

4. **Capacity & capability:**

Overall RAG

Summary of resources needed and ability (knowledge/experience) to undertake project

5. **Value of project:**

Overall RAG

Cost of project and potential income

6. **Certainty of delivery on target:**

Overall RAG

Target and rationale for RAG score given

7. **Certainty of delivery on time:**

Overall RAG

Target and rationale for RAG score given

8. **Level of interest/project or clinical lead:**

Overall RAG

Summary of those involved and committed support

9. **IG Risk:**

Overall RAG

Summary of IG discussions and rationale for RAG score given

10. **Legal and IP implications:**

Overall RAG

Summary of Legal and IP discussions and rationale for RAG score given

Additional benefits to undertaking the project include:

Benefit Details	
IP	
Publications or disseminations	
University partner	
Potential impact on healthcare	
Value of project	
Financial benefit	
Skills/knowledge benefit	

Any other comments to note including external scientific/ethical review:

Outcome:

Approval requested from:	Date Reviewed:	Outcome: Approve/Escalate/Reject	Notes:
R&I Operational and Engagement Group			
R&I Board			
DHCW Exec Management Board			
DHCW Digital Governance and Safety Committee			
DHCW Board			

Appendix 1 – Project plan *(Include detailed plan or protocol)*

Appendix 2 – Risk matrix

Assessment criteria		3		2		1
Healthcare or systems need	Low		Medium		High	
Link to IMTP/R&I Strategy	No		Partially		Yes	
Reputational risk	High		Medium		Low	
Capacity & capability	Finances and staff needed		Available in house but to be confirmed		In place	
Value of project	High (over £500,000)		Medium (£200,000-£500,000)		Low (under £200,000)	
Certainty of delivery on target	Risk of not meeting targets or needing additional resources to deliver		Medium risk on achieving deliverables within budget		High certainty will be delivered in budget	
Certainty of delivery on time	Risk of delays		Medium		High certainty will be delivered on time	
Level of interest/project or clinical lead	No interest		R&I		R&I champion for project identified	
IG risk	High		Medium		Low	
Legal/IP	High risk		To be confirmed		Not needed or in place	
Sub-Total						
Total						

Score 1-10 Low Risk – To R&I Board for information
Score 10-20 Medium Risk – Escalate to R&I Board for decision
Score 20-30 High Risk – Escalate to Committee or above for decision

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

DIGITAL HEALTH AND CARE WALES
DIGITAL PROGRAMME OVERVIEW UPDATE

Agenda Item	3.6

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	11 May 2023

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	David Sheard, Assistant Director of Service Transformation
Presented By	David Sheard, Assistant Director of Service Transformation

Purpose of the Report	For Assurance
Recommendation	
The Digital Governance and Safety Committee is being asked to: **NOTE** the report for **ASSURANCE** purposes.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Expanding the content, availability and functionality of the Digital Health and Care Record

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	Effective Care
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Each project or programme completes an Equality Impact Assessment as part of Welsh Informatics Assurance process	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
	Individual programmes and projects will have their own quality or safety benefits.
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	Choose an item.

IMPLICATION/IMPACT	
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
RAG	Red / Amber / Green	DPIF	Digital Priority Investment Fund
UAT	User Acceptance Testing	MDT	Multi Disciplinary Team
WCP	Welsh Clinical Portal	WPAS	Welsh Patient Administration System

2 SITUATION/BACKGROUND

2.1 This document notes the progress of our key programmes and projects as of March 2023, noting key milestones and stakeholder organisations.

2.2 These are national digital programmes of work which are governed by programme or project boards made up of NHS Wales senior stakeholders. The Chair of the Board is usually external to DHCW. The Boards make key decisions on objectives, scope, timing and allocation of resources and apply the project RAG status. These initiatives are characterised by their high level of complexity, both technically and operationally, as their service delivery can be procured, built in DHCW or with another organisation and would be rolled out to NHS Wales local organisations, which may have different operational service requirements.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The Welsh Emergency Department System (WEDS) project remains rated as Red. The principal issue is continued system issues affecting Neath Port Talbot MIU. SBU will not extend the roll out to further until resolved, which requires a major infrastructure change. The supplier continues to work with SBU and DHCW to propose a potential on-premise implementation. An Options Appraisal, created as part of a strategic review, will be presented to the National WEDS Project Board regarding future direction.

3.2 Welsh Intensive Care Information System (WICIS) is rated Red. The project has hit major issues primarily with the drug file and medication functionality which were picked up in UAT and have delayed go live. The project continues to work with the supplier and the end users to agree the way forward. Project finances are being reviewed to reflect the delayed go live.

3.3 Laboratory Information Network Cymru (LINC) is rated Red. The Programme transitioned to DHCW from the NHS Collaborative on 1st January 2023. The Design Phase was due to complete at the end of March however there are still a number of designs outstanding. DHCW is awaiting further information from the supplier. A proposed revised plan has been received from the supplier but not accepted by the Board. Further revisions are due in April for review. A range of actions are underway to address the delays and regular briefings are being provided to HB/Trust Chief Executives.

3.4 The Cancer Informatics Programme has been downgraded to Amber. November's successful go live in Velindre Cancer Centre of phase 1 of the solution, included developments of both WPAS and WCP meaning Velindre has a reduced dependency upon the legacy CANISC solution. However, operational issues following on from phase 1 have been escalated, plus concerns that agreed timelines for Palliative Care and Screening & Colposcopy workstreams may not be achievable. Work with all health boards continues to roll out Cancer Datasets and Multi-Disciplinary Team (MDT) functionality.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

5.1 The Digital Governance and Safety Committee is being asked to NOTE the report for ASSURANCE purposes and NOTE the progress of programmes and projects to aid an understanding of where DHCW focusses its project implementations, as agreed with external stakeholders.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	24/4/2023	Noted

MISSION 1: ENABLING DIGITAL TRANSFORMATION

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

Key

Alerts: Finance, Timescale, Resourcing and/or skills, Dependencies, Scope, Agile

Status remains same
Status improving
Status deteriorating

RAG Scores: please note these are applied by external Governance Boards not DHCW and relate to all aspects of the project, not just the DHCW deliverables

RAG DEFINITION	Good may require refinement	Requires attention	Highly Problematic

PORTFOLIO	PRODUCT					GOVERNANCE	RAG
Information Availability and Flow	**National Data Resource** Supporting health and care in Wales to be innovative, modern and using data to drive decisions	Initiate / Define / Build National Data & Analytics Platform (Google Cloud Platform - GCP) Open Architecture Advanced Analytics Data Strategy	External Build Internal Build	**Roll Out** **NATIONAL DATA & ANALYTICS PLATFORM (GCP)**: Infrastructure high-level design work has been completed and is progressing towards assurance. The National Data and Analytics platform 'readiness for production' work is also reaching conclusion. **OPEN ARCHITECTURE:** The current phase of the API Management Project is nearing completion with testing completed and assurance and knowledge transfer underway. The Developer Portal is being shaped and on track to deliver in April 23. First consumers for API - Terminology (CAV) and WCRS (AB) identified and remains on track to deliver for Apr-23. **ADVANCED ANALYTICS**: Strategy presented NDR Programme Board (Dec 2022); fully approved to deliver within three themes: Tools, Innovation and Capability. TOOLS: Discovery Projects for GitHub Cymru and SeRP have completed, and recommendation reports published. Pilot service projects have been initiated. INNOVATION: Big Data Event held 29 March 2023; aim was to engage Wales Health and Care organisations with many high-profile speakers and a Google Cloud hands-on session. CAPABILITY: Phase 2 of the Analytics Learning Programme has completed and been evaluated. Phase 3, ALP (Finance) has been initiated. **NDR DATA STRATEGY:** Priority Data Sets Project has re-started. It is closely aligned to the Information Governance Project which has entered Phase 2 delivery and the Target Operating Model Project which is making good progress on Sprint1 – Prioritisation Tool and has initiated Sprint2/Service Model. There are 12 Federated Projects (NHS organisations, SCW & DHCW/ISD). All are progressing although delays are being encountered in some projects which is linked to recruitment or procurement. SCW/WG Deliberative Engagement Exercise discovery phase continues to make progress **Next Major Milestone**: Data & Analytics Platform (GCP) Build Complete – Q1 23-24 Next Period: First consumers for API - Terminology (CAV) and WCRS (AB) identified and remains on track to deliver for Apr-23.	**National Data Resource Programme Board** SRO: John Peters DHCW Director: Rebecca Cook RAG reason: Resource constraints impacting go live timescales. Funding letter to be confirmed. Sustainable funding model to be agreed.	
Information Availability and Flow	**Data Centre Transition Project Phase 2** Transition of infrastructure and services from legacy data centres to new data centres and cloud	Initiate / Define / Implement Data Centre 2 Procurement Architecture & Networking Resilience & Transition		**Define** Following successful procurement of replacement a Data Centre facility, focus of recent engagement has been planning of build & layout of new hall. Technical Teams have commenced Network Implementation Planning, inclusive of WAN connectivity and build/test of Software Defined Network. Indicative Resilience and Transition timeline has been agreed at Project Board & communicated. **Next Major Milestone**: NDC Implementation Start – Q1 2023/24	**Data Centre Transition Project Board** SRO: Matt Palmer DHCW Director: Carwyn Lloyd Jones Capital funded via discretionary capital, whilst revenue is to be funded via DPH	

MISSION 3:
EXPANDING THE CONTENT, AVAILABILITY AND FUNCTIONALITY OF THE DIGITAL HEALTH AND CARE RECORD

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Digital Professional Empowerment	**Welsh Information System for Diabetes Management** Using Welsh Clinical Portal to record diabetes data	Initiate	Define	Build	Internal Build	**Roll Out** Current modules – adult, podiatry and antenatal. Paediatrics design is completed and development commenced in Sep 22. Diabetes View live in CTMUHB as proof of concept. **Next Major Milestone**: Product Available - Paediatrics Forms - Q2 2023/24 Project Completion after MVP Q4 2023/24.	**Welsh Information System for Diabetes Management Project Board** (Reports to All Wales Diabetes Implementation Group) SRO: Phil Evans DHCW Director: Rhidian Hurle RAG reason: Final release has been delayed as dependent on technical ability to send and retrieve information from Primary Care which will not be available until Q4 23/24.	
		Paediatrics						
		Adult, Podiatry and Antenatal (Cwm Taf Morgannwg, Hywel Dda and Swansea Bay)						
Digital Professional Empowerment	**Welsh Nursing Care Record** Enables nurses to complete electronic assessments at hospital bedsides	Initiate	Define	Build	Internal Build with Swansea Bay	**Roll Out** Live in all health boards/trusts. 66% wards have implemented, implementation planned to continue this quarter. v2.2 planned live across Wales. Single Instance v2.3 release is planned for next FY (Q2 2023/24). BAU transition is continuing and SLA discussions on-going. Project completion / handover to BAU Apr 2023 **Next Major Milestone**: v2.3 scheduled for Q2 2023/24.	**Welsh Nursing Care Record (WNCR) Project Board** SRO: Clare Bevan DHCW Director: Rhidian Hurle RAG reason : SLA not yet signed off.	
		Velindre, Swansea Bay, Hywel Dda, Powys, Cwm Taf, Betsi, CAV, ABB				Scale of remaining ward roll-outs in CAV & AB is significant		
Digital Professional Empowerment	**Electronic Test Requesting** Expanding electronic test requesting to new disciplines and improving existing electronic test requesting functionality.	Initiate	Define	Build	Internal Build	**Roll Out** Radiology e-form V2 now live in CTM, BCU, SBUHB & HDD. PoW, VCC and Powys to go live in Q4. New Histopathology e-form to be live in BCU Q4 2022/23 and a Phlebotomy module pilot to start in April 2023. Result notifications now live in all health boards (bar AB and Powys - out of scope). **Next Major Milestones:** New Cardiology e-form (launch to print) to be live Q4 and Radiology in Primary Care proof of concept live in Q4.	**Electronic Test Requesting Project Board** SRO: Rob Bleasdale DHCW Director: Rhidian Hurle RAG reason: Delay to some milestones due to resource availability	
		Cardiology, Phlebotomy, Histopathology		Rad Reqs (CTM& BCU)		Pathology test requesting / Results Notifications		

MISSION 3:
EXPANDING THE CONTENT, AVAILABILITY AND FUNCTIONALITY OF THE DIGITAL HEALTH AND CARE RECORD

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

PORTFOLIO	PRODUCT					GOVERNANCE	RAG
Digital Patient Empowerment	**Digital Services for Patients and the Public** Patient facing app improving patient access to services and data	Initiate Define Build Public Beta	External Build	**Build / Rollout** 'Public Beta' deployment of NHS Wales App to the nation is due to start in Q1 23/24. Work Package 6 initial phase complete; extension due to start which will primarily support the rollout of Public Beta and enable continued design/build activity, in line with WG funding. **Next Major Milestone**: Work Package 6 CCN (Q1 2023/24) and Public Beta go-live (change control pending).	**Digital Services for Patients and Public Programme Board** (plus 7 national assurance groups) SRO: Huw George DHCW Director: Matt Cornish RAG reason: capacity /dependencies/ resources to deliver in line with supplier agile approach/ Access to NHS Login in Welsh /Future finance/transition arrangements. sustainable funding model required post roll out.	
Digital Professional Empowerment	**Cancer Informatics Programme** Replacing the legacy cancer system (Canisc) across Wales	Initiate Define Build Patient Administration Functionality Clinical Functionality	Internal Build	**Roll Out** Velindre Cancer Centre went live on 14th November 2022. New dates have been agreed for Health Boards go live with the Cancer Dataset and MDT forms throughout April to September. The first two features (Patient Preferences & Palliative Care MDT) for the Palliative Care workstream have been released for UAT in February 2023. **Next Major Milestone:** Health Board roll out of tumour site MDT and Dataset forms April – Sept 2023. Phase 2 functionality scope to be agreed and prioritised. Delivery of remaining Palliative Care functionality July 2023 and Screening & Colposcopy December 2023.	**Cancer Informatics Programme Board** SRO: Tracey Cooper DHCW Director: Rhidian Hurle Project Completion Mar 2024 RAG reason: Work ongoing to agree the scope and prioritisation within Phase 2 work streams. Scope, Timeline and Risks/Issues is set to Amber to reflect this and amber overall status. Sustainable operational funding model required for 2024/25.	

MISSION 2:
DELIVERING **HIGH QUALITY TECHNOLOGY, DATA, PRODUCTS AND SERVICES**

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Public Health	**Test Trace and Protect** Covid-19 testing, contact tracing and vaccination data solutions	Initiate	Define	Build	External Build Internal Build	**Roll Out** Implementation complete of Covid test requesting, contact tracing, Immunisation System, 2 way texting and Covid Pass. Autumn Booster phase 4 went live in Nov. New requirements are being requested for Vaccine boosters and Vaccine Transformation Programme . Response provided on Covid surge requirements **Next Major Milestone:** Spring boosters targeting delivery March 2023. Contact Tracing — All Health Boards and local authorities Immunisation Recording — All Health Boards & Primary Care	**Vaccination Programme Board** **Health Protection & Readiness Group (HPORG)** SRO: Sioned Rees DHCW Director: Meirion George RAG reason: resource constraints, enlarged scope, volume of new requirements. No funding for developmental activity.	
Primary, Community and Mental Health	**Dental E Referrals (Phase 2)** Providing dental referral system for community dentists.	Initiate	Define	Build	External Build	**Define (Phase 2)** Continue to explore redesign of integration with national applications based on alternative options. **Next Major Milestone:** not applicable at this time	**Dental Referral Management System Project Board** SRO: Andrew Dickenson DHCW Director: Sam Hall RAG reason: Remains Green.	
Primary, Community and Mental Health	**GP Systems Framework** Implementation of systems to GP practices, including any necessary integrations and developments.	Initiate	Define	Build	External Build	**Define** Deployment orders signed. Migrations complete. A number of developments in progress under current contractual arrangements - dependency on suppliers leading to delays to plans. **Next Major Milestone:** not applicable at this time Framework Contracts signed for all 3 suppliers	**General Medical Services Digital Programme Board** SRO: Brian Owens DHCW Director: Sam Hall RAG reason: Supplier delays for new developments.	
Planned and Unscheduled Care	**Welsh Emergency Dept System** Implementing a managed service with EMIS Health. DHCW responsible for hosting, integration with other national systems and managing the national contract.	Initiate	Define	Build	External Build	**Roll Out** Swansea Bay live at first site in Dec 2021. Morriston go live date to be agreed due to lack of confidence, which has been escalated to supplier Executive. Strategic review commissioned to independent consultants delivering options appraisal to be presented to DHCW Directors and National Board including SB locally hosted infrastructure proposal which will require funding. Roll out in other Health Boards subject to demonstration of success in SBU and WEDS Acceleration (DPIF) funding. **Next Major Milestone**: Board backed decision on options appraisal for future of WEDS Programme Cwm Taf Morgannwg Swansea Bay	**National WEDS Project Board** SRO: Jo Mower DHCW Director: Michelle Sell RAG reason: Lack of confidence to move to next site due to service performance issues, resource challenges in HBs, DPIF uncertainty	

MISSION 2:
DELIVERING **HIGH QUALITY TECHNOLOGY, DATA, PRODUCTS AND SERVICES**

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Primary, Community and Mental Health	**Welsh Community Care Information System** Community information solution for community health, mental health staff and social workers	Initiate	Define	Build	External Build	**Roll Out** 5 Health Boards live (Betsi Cadwaladr, Cwm Taf Morgannwg through Local Auth instance, Powys, Hywel Dda & Aneurin Bevan), 2 further in pipeline (Swansea Bay and Cwm Taf Morgannwg through their own instance). 15 Local Authorities live. **Next Major Milestone**: Complete the functional roadmap of the WCCIS strategic review – Q4 22/23 Health – Betsi Cadwaladr, Cwm Taf Morgannwg, Powys, Hywel Dda and Aneurin Bevan	**WCCIS Leadership Board (plus 4 sub boards)** SRO: Carol Shillabeer / Dave Street DHCW Director: Lee Mullins RAG reason: Status remains amber due to delays to mobile and integration being delivered. Recurrent funding of central resource required.	
Planned and Unscheduled Care	**Welsh Intensive Care Information System** Implementation of fully managed digital solution for Adult Intensive Care Units	Initiate	Define	Build	External Build	**Roll Out** Aneurin Bevan's Grange Hospital was due to go live in January (Q4 2023) however due to issues relating to Medications & the Drug Library plus lab integration, testing has not been able to be completed and signed off. Options appraisal paper related to prescribing capabilities presented to project board on 30/03/23 with aim to achieve Go Live in Q3 2023/24. **Next Major Milestone:** Sign off UAT end June 2023 in order for validation testing to commence.	**Welsh Intensive Care Information System Programme Board** SRO: Mark Dickinson DHCW Director: Michelle Sell Project Completion Jun 2024 RAG reason: Dependency on Drug File and medication functionality and resources to complete development. Also, pathology results integration. No revenue project funding secured for 2023/24. Implementation delays will increase costs, both supplier based and DHCW / NHS Wales resource costs.	
Planned and Unscheduled Care	**Powys / England Cross Border** Pathway project for patient information sharing between Wales and England	Initiate	Define	Build	Internal Build	**Define** Design resource now in place after successful procurement. Focus is on completing Solution Architecture Design for Cross Border Diagnostic results and high level design for clinic/discharge letters. **Build** Solution Development Team currently in First Increment (concluding 7th April). Outputs expected from Increment One are enabling delivery and supporting design development with tangible products expected in Increment Two (concluding 9th June) and the subsequent Increments. **Next Major Milestone: POC Diagnostic results from England available Q3 23/24**	**Powys Cross Border Project Board** SRO: Pete Hopgood DHCW Director: Ifan Evans RAG reason: Design resource issue resolved for early delivery only. Evolutionary development now commenced.	

MISSION 2:
DELIVERING **HIGH QUALITY TECHNOLOGY, DATA, PRODUCTS AND SERVICES**

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

PORTFOLIO	PRODUCT				GOVERNANCE	RAG
Diagnostics	**Radiology Informatics Solution** Procurement of an end-to-end diagnostic radiology system to meet the clinical requirements of a modern imaging service	Initiate / Define / Build	External Build	**Define** Outline Business Case approved, preferred supplier selected FBC going through the approval process, RISP team transitioned from the NHS Wales Collaborative to DHCW on the 1st January 2023. **Next Major Milestone** FBC approval May 2023	**Radiology Informatics Solution Programme Board** SRO: Matt John DHCW Director: Alison Maguire RAG reason: Delay in Business Case approval means project behind schedule to complete before the legacy contract end date	
Diagnostics	**Welsh Imaging Archive Service** Medical image sharing across Wales	Initiate / Define / Build	External Build	**Roll Out** Work on stop while we wait for resilient VPN completion to start the pilot data extract. Activities to further progress the project are under review. **Next Major Milestone: Pilot Data Migration complete Q4 22/23**	**Welsh Imaging Archive Service Project Board** SRO: None DHCW Director: Rhidian Hurle RAG reason: Milestone not achieved. SBAR to be reviewed by Execs and Project Board	
Diagnostics	**Laboratory Information Network Cymru (LINC)** National project previously hosted by NHS Wales Collaborative to replace the current pathology laboratory system (TRAKCare).	Initiate / Define / Build	External Build	**Build** Contract has been signed with Citadel Health. Design Phase was due to complete end of March however there are still a number of designs outstanding DHCW awaiting further info from supplier. Proposed revised plan received but not accepted further revisions due on 4th April for review . LINC project transitioned from the NHS Wales Collaborative to DHCW 1st January 2023. **Next Major Milestone:** Design complete March 2023 Project Completion 2025	**Laboratory Information Network Cymru (LINC) Programme Board** SRO: Peter Carr DHCW Director: Alison Maguire RAG reason: Supplier Delays	

MISSION 2:
DELIVERING **HIGH QUALITY TECHNOLOGY, DATA, PRODUCTS AND SERVICES**

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Medicines Management	**Digital Medicines Transformation Portfolio (DMTP)** Designing new programme to modernise prescribing services across primary, community and secondary care.	**Initiate**	**Define**	**Build**	External Build	**Define** Contract awarded on 1st November 2022 for multi-vendor framework for ePMA solution. Portfolio working with the Centre for Digital Public Services (CDPS) to complete user research. Community pharmacy supplier event held at the Life Sciences hub to discuss electronic prescription service timelines and requirements. Health Boards and trusts submitting funding requests to Welsh Government to recruit their local ePMA pre-implementation readiness teams. **Next Major Milestone** Shared Medicines Record Design Complete – Q4 2022/23	**Governance established** **DMTP Sponsoring Group and Portfolio Board established.** Portfolio SRO: Hamish Laing DHCW Director: Rhian Hamer **Primary Care Electronic Prescription Service (EPS) Programme Board** SRO: Jenny Pugh-Jones **Secondary Care Electronic Prescribing and Medicines Administration Programme Board** Interim SRO: Hamish Laing **Shared Medicines Record Project Board** SRO: Keith Farrar RAG reason: Dependencies on DHCW teams publishing Application Programme Interfaces (APIs) in line with ePMA go live milestones. Sustainable operational funding model required post implementation.	
		Primary Care Electronic Prescription Service Secondary Care E-prescribing and Medicines Administration Patient Access to Medicines Shared Medicines Record						

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

DIGITAL HEALTH AND CARE WALES
INTELLECTUAL PROPERTY POLICY UPDATE

Agenda Item	3.7

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	11 May 2023

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Michelle Sell, Director of Planning & Performance / Chief Commercial Officer.
Presented By	Ifan Evans, Executive Director of Strategy

Purpose of the Report	For Noting
Recommendation	
The Digital Governance and Safety Committee is being asked to: **NOTE** the progress on the development of the DHCW Intellectual Property Policy.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A Globally Responsible Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 9001

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
Yes, applicable	Outcome:
Statement: The Policy will be subject to an Equality Impact Assessment.	

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
	The IP Policy will describe the legal framework for future management of IP
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	Yes, please see detail below

IMPLICATION/IMPACT	The IP Policy developed will support the research & Innovation priorities.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IP	Intellectual Property	ARCH	A Regional Collaboration for Health

2 SITUATION/BACKGROUND

2.1 Intellectual Property (IP) means the product of creativity or innovation. The legal framework within the UK allows people to own this Intellectual Property through Intellectual Property Rights (IPR). The legal ownership of IPR enables the value of the idea to be identified and realised. There are various forms of legal protection for IP including patents, copyright, design rights, and trademarks. In some cases, such as knowhow, IP needs to be protected through other mechanisms, such as confidentiality clauses.

2.2 Innovation and the creation of IP occurs naturally within the NHS in Wales. DHCW has been created to take forward the digital transformation needed for better health and care in Wales and one of the key pillars upon which this will be delivered is innovation. It is important that where IP is created as a result of innovation that is recognised and appropriate steps taken to protect and realise value for the NHS, partners, or as public value. It is important that DHCW has a clear, documented approach to its management of IP to inform its staff and to support engagement with partners within the public and private sectors.

2.3 This report provides an update on the development of the proposed IP Policy.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Appointment of Specialist Advisors

Inform Solutions have been appointed by DHCW to lead on the development of an IP Policy working under the direction of a Steering Group chaired by the Executive Director of Strategy. The specific tasks agreed are as follows:

- Working with key stakeholders and/or experts to confirm the scope and requirements for identifying and managing IP in and by DHCW, and how to document that approach through a policy and supporting documents. It is anticipated that this would include desk research and a small number of interviews and workshop sessions including DHCW Board members and senior leads with an interest, and key external stakeholders

such as Welsh Government and other NHS Organisations.

- Drafting an IP Policy to be approved in accordance with DHCW Governance mechanisms.
- Drafting documents to support implementation of the IP Policy, including for example documents to raise awareness and understanding of IP across the organisation, simple frameworks and decision trees which help to manage IP, documents to share externally with stakeholders and potential partners.
- Drafting model clauses for use in commercial contracts, partnership arrangements, and the public sharing of IP (e.g. standards specifications and software code published as open source) for discussion and agreement with the Commercial Services Team.

3.2 Establishment of the Steering Group

A Steering Group will be established to direct and inform the development of the Policy and associated materials, chaired by the Executive Director of Strategy, other members to include:

- Michelle Sell, Director of Planning & Performance / Chief Commercial Officer
- Rachael Powell, Associate Director of Information, Intelligence & Research
- Rachel Gemine, Head of Research & Innovation
- Rebecca Cook, NDR Programme Director
- Darren Lloyd, Associate Director of Information Governance & Patient Safety
- Nadine Payne, Head of Engagement
- Paul Evans, Interim Head of Quality and Regulatory Compliance

Interviews will be arranged with other key stakeholders as required.

4 KEY MATTERS FOR ESCALATION TO BOARD

4.1 A draft template IP Policy for NHS Wales is being developed through the ARCH Programme, working with NHS Wales organisations, Welsh Government, and other key stakeholders. This work has not been completed yet but will be an important consideration for DHCW in developing its own IP Policy, through interviews and engagement.

4.2 It is anticipated that the IP Policy will be presented to the Management Board for approval at its meeting in July 2023, and come to the Digital Governance and Safety Committee in August 2023.

5 RECOMMENDATION

5.1 The Digital Governance and Safety Committee is being asked to NOTE the activity undertaken relating to the development of the IP Policy.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	23 April 2023	Noted

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

DIGITAL HEALTH AND CARE WALES
WASPI CODE OF CONDUCT CONSULTATION

Agenda Item	3.8

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	11 May 2023

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 Noting
Recommendation	
The Digital Governance and Safety Committee is being asked to: **NOTE** this report on the Wales Accord on the Sharing of Personal Information framework consultation to apply to become an Information Commissioner's Office approved Code of Conduct	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A Prosperous Wales
If more than one standard applies, please list below:	

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

HEALTH CARE STANDARD	N/A
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
Choose an item.	Outcome: N/A
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.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	As detailed in the document.
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.

Acronyms			
DHCW	Digital Health and Care Wales	WASPI	Wales Accord on the Sharing of Personal Information
ICO	Information Commissioner's Office	UK GDPR	UK General Data Protection Regulation

2 SITUATION/BACKGROUND

2.1 Since 2010, Digital Health and Care Wales (DHCW), formerly NHS Wales Informatics Service, have been providing the central support to the development and implementation of the Wales Accord on the Sharing of Personal Information (WASPI) as a national information sharing framework. DHCW continues to provide support through a central team, hosted within DHCW's Information Governance team.

2.2 The WASPI framework is a tool to help organisations providing public services share personal information effectively and lawfully. This is achieved though organisational commitment to a set of principles and standards – known as the Accord and template information sharing agreements, which organisations can adopt.

2.3 The central WASPI team within DHCW have been vital in the ongoing maintenance and development with WASPI with the framework, supported by five regional quality assurance groups and a Management Board, going from strength to strength. The framework recently reached over 750 signatories:

As of September 2022, over 750 organisations were signatories to existing WASPI Accord, including:

And a range of other partners including Transport for Wales, Careers Wales and the Welsh Local Government Association.

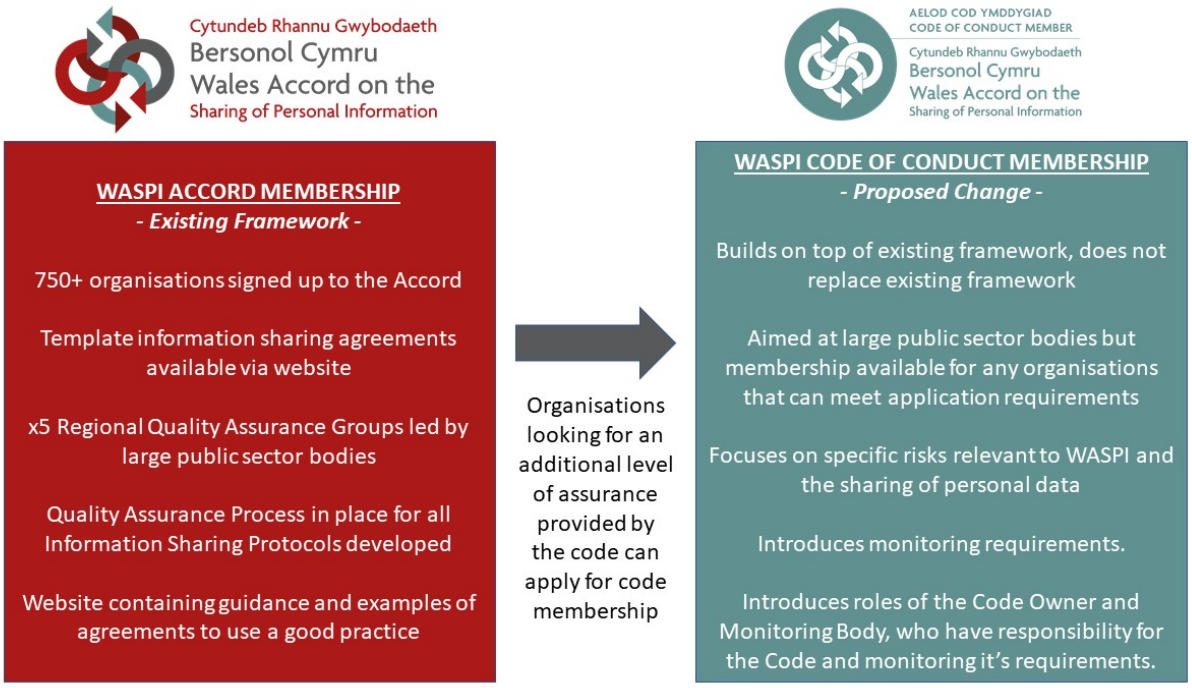
3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 In 2020, it was agreed following discussions between the WASPI Support team and the Information Commissioner's Office (ICO), that WASPI would begin work around suitability of becoming an approved Code of Conduct.

3.2 Article 40 of the UK General Data Protection Regulation (UK GDPR) makes provision for the preparation of Codes of Conduct. Codes of Conduct allows sectors to own and resolve key data protection challenges, allowing organisations signing up to Codes of Conduct to help demonstrate accountability and apply the UK GDPR effectively.

3.3 Proposals to transition WASPI into an approved ICO Code of conduct form part of the wider WASPI Strategy 2022-2025 and DHCW's Integrated Medium Term Plan 2023-2026 (see appendix A).

3.4 Stakeholders involved in drafting the code were keen to retain and build on the progress made over the last decade in raising awareness of WASPI and its principles. As such, the Code of Conduct builds upon the existing framework, retaining the 750+ signatories to WASPI by creating an enhanced tier for signatories who are looking for an additional level of assurance on their information sharing activities provided by the code. The diagram below sets out the intended tiered approach to WASPI:



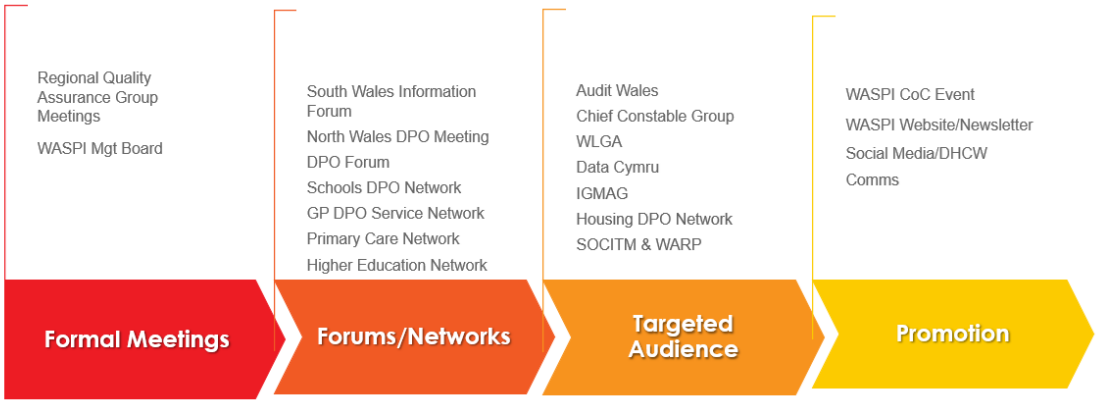
3.5 A final draft of the WASPI Code of Conduct was agreed in late 2022 through triage assessments undertaken by the ICO.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 A public and stakeholder consultation on the proposed Code of Conduct is a requirement for the ICO to formally approve any code. Therefore, WASPI launched a comprehensive consultation from 20th February 2023 to 28th April 2023.

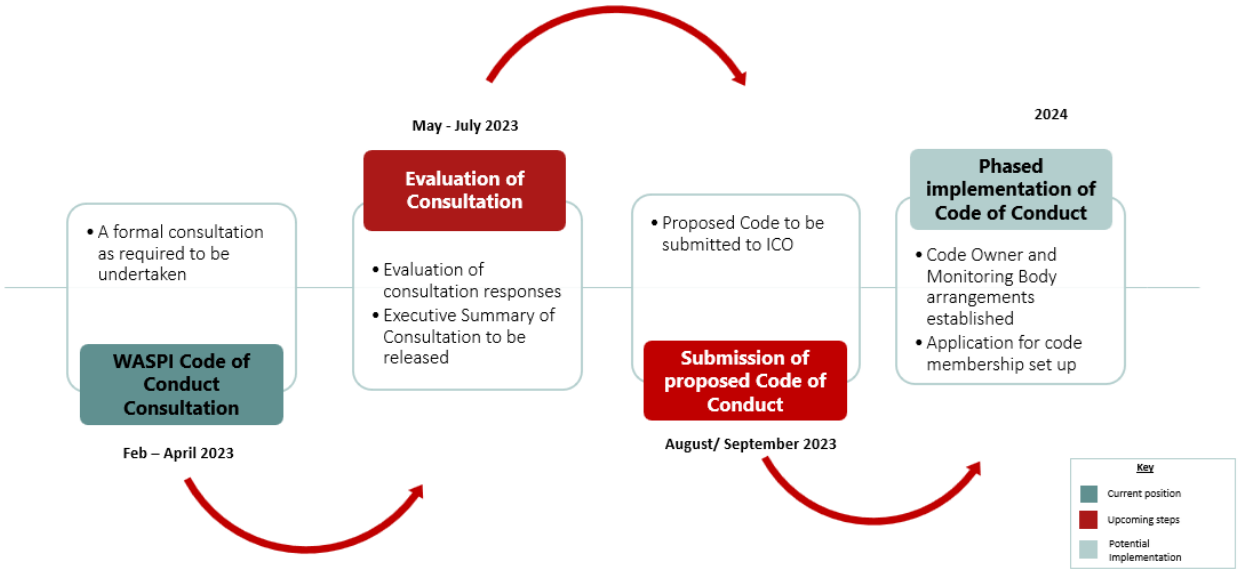
4.2 Formal consultation of the WASPI Code of Conduct was held via Welsh Government's consultation process and documentation, including the proposed code, was hosted on the WASPI website.

4.3 To supplement the consultation, a number of groups, forums and meetings were attended or arranged to promote the consultation:



4.4 Additionally, a Code of Conduct consultation event was held on 2nd March 2023, inviting representatives from Welsh Health Boards, Trusts, Local Authorities, Police, Fire Services and range of other key stakeholders to learn about the main aspects of the code. The event included guest speakers from the ICO, Blake Morgan LLP and Welsh Government. Attendees provided feedback which will form part of the consultation process and help shape final decisions on the code.

4.4 Through the consultation form and the various events or forums attended or arranged, there was a considerable amount of feedback obtained. The central WASPI team will now evaluate the consultation responses and produce an executive summary of the feedback, intended to be published through Welsh Government's consultation process, which will serve as evidence of consultation. Changes will then be made to the code, as required, before it is formally submitted to the ICO for their approval. An overview of the next steps is provided below. The timelines provided have a number of external dependencies, therefore are provided as indicative timescales based off these dependencies being resolved.



4.5 Further updates on the WASPI Code of Conduct progress will continue to be provided to Digital Governance and Safety Committee for continued support to enhance the good practice framework which WASPI provides to organisations.

5 RECOMMENDATION

5.1 The Digital Governance and Safety Committee is being asked to NOTE this report on the Wales Accord on the Sharing of Personal Information framework consultation to apply to become an Information Commissioner's Office approved Code of Conduct

6 APPROVAL / SCRUTINY ROUTE

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

7 APPENDIX A - DHCW's Integrated Medium Term Plan 2023-2026

Portfolio 1.3 Protecting Patient Data of DHCW's Integrated Medium Term Plan contains a number of Information Governance milestones, including those relating to the Wales Accord on the Sharing of Personal Information (ref 4163, 4164 and 4165):

Mission 1
Provide a platform for enabling digital transformation

Drivers

- Information Sharing for patient care and information intelligence
- General Data Protection Regulations 2018 requires a strong protection of privacy.
- The Network and Information Systems (NIS) Directive 2018 - secure network and information systems.
- A Healthier Wales 2019 – patient empowerment and data in safe hands

Outcomes

Safe and equitable access to data at the point of care means:

- Increasing confidence from public that confidential patient data is protected so more likely to share their own data as part of Patient App.
- Increasing confidence that partners and providers of healthcare services comply with privacy requirements through the provision of an IG assurance framework (Our national audit tool has resulted in more data shared from primary care to other settings, eg WAST.)

26 Back to Contents

Portfolio 1.3 Protecting Patient Data

QTR 1	QTR 2	QTR 3	QTR 4	2024/25	2025/26
National Information Governance Framework. Develop and promote a national IG framework for Wales to enable safe and secure sharing of patient information - through assurance, sharing, advice, access and training					
Wales Accord for Sharing Personal Information Code of Conduct Consultation Process	**National Audit System**. Award a contract for a tool which proactively detects unauthorised access to patient data in NHS IT systems.			**Wales Accord for Sharing Personal Information** Deployment of code of conduct for Public Services	
Information Governance Toolkit Development – Extend and expand the IG Toolkit to those organisations that want access to patient data in order to deliver efficient health and care services					
Establish programme to support Welsh Government identified actions in the wider engagement and communication activities of the Data Promise	**New IG Toolkit** Platform and question sets for HB/Trusts and General Practice	**IG Toolkit** for Community Pharmacies and to support Electronic Prescribing role out	Configure once for Wales **Digital tool for DPIA** [1] **and Information Agreements** for phase 2 into Health Boards and Trusts		
	Configure once for Wales Digital tool for **DPIA** [1] **and Information Agreements** for phase 1 into NDR data process				
A Once for Wales system for electronic capture of DPIAs [1], information flows and agreements for supporting the National Data Resource IG Framework – open to HB/Trusts and Local Authorities					

[1] Data Protection Impact Assessments

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DIGITAL HEALTH AND CARE WALES
DELIVERING THE DATA PROMISE FOR HEALTH AND SOCIAL CARE IN WALES

Agenda Item	3.9

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	11 May 2023

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

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

Purpose of the Report	For Noting
Recommendation	
The Digital Governance and Safety Committee is being asked to: NOTE the update provided as part of the report.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	16505

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

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

HEALTH CARE STANDARD	N/A
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	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
	As outlined in the report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	As outlined in the 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.

Acronyms			
DHCW	Digital Health and Care Wales	GPDPR	GP Data for Planning and Research

2 SITUATION/BACKGROUND

2.1 Work on, and discussion about, the concept of a Data Promise for Health and Social Care ("The Data Promise") has been ongoing for several years. The Data Promise was initially regarded as a national conversation to build trust and improve transparency with citizens and stakeholders around the uses of health and social care data. In the longer term, it was anticipated this would allow an improved and increased amount of data to be processed whilst maintaining strong data protection and Information Governance compliance.

2.2 Clarity on the scope of the data promise and the importance of citizen participation and involvement led to this work being briefly paused and subsequently reset in 2022. Evidence from stakeholders, academic literature and third-party experts highlighted the importance of developing a much more deliberate approach to citizen and stakeholder engagement in policy and decisions that influence how Health and Social Care data is used. The example of GP Data for Planning and Research (GPDPR) in England, provided lessons learnt on how to engage with, and gain support from, professional bodies, the clinical community and citizens.

2.3 A stakeholder working group, including representatives from Welsh Government, Digital Health and Care Wales (DHCW), Social Care Wales and the National Data Resource programme was created to move this work forward. There was consensus that any Data Promise should follow policy decisions and engagement work; that is, it could be an output that contributed to the overall aim of building trust with citizens and stakeholders and demonstrating that uses of Health and Social Care data are trustworthy. The first agreed action was to gain an understanding of citizens' views on the use of Health and Social Care data. At the end of 2022, a collaborative of Ipsos, Imperial College Health Partners and Involve were commissioned, via Social Care Wales, to undertake discovery work with a view to designing deliberative public engagement events. The formal outcome of the discovery phase is yet to be delivered by the supplier, but informal feedback included issues that were already known but had not been formally articulated or documented;

- There are areas where Policy decisions would benefit from citizen and stakeholder engagement, for example;
    - Wales has not formally set out its position on the level of choice (opt out) citizens will

have regarding uses of Health and Social Care data.
  - Wales has not established how advice and guidance on uses of data will be provided to the Health and Social Care system - the National Data Guardian has a statutory role in England but not for Wales.
  - Wales has not established how proposed uses of Health and Social Care data will be scrutinised and to what extent the public will be involved in decisions.
- The 'vision' for Health and Social care data in Wales has not been communicated to the public and a wider piece of communication work may be required before focused, deliberative engagement work is considered.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 In October 2022, the Deputy Chief Executive of NHS Wales wrote to the Chief Executive Officer of DHCW, setting out the roles and responsibilities for delivering the various elements of the Data Promise programme.

3.2 Following further correspondence and discussions, Welsh Government and DHCW agreed to work in partnership to deliver a programme of work that would provide further reassurance to citizens and stakeholders that uses of Health and Social Care data are trustworthy. The following points were agreed:

1. A focus on demonstrating that uses of Health and Social Care data are trustworthy is the desired outcome of what has until now been called 'A Data Promise'.
2. A Data Promise (ie a commitment / statement) may be an output that helps deliver the intended outcome but its value is to be determined in due course.
3. Citizen and stakeholder engagement and involvement is an important element of demonstrating trustworthiness.
4. 'Data policy' (i.e. policy and legal measures that underpin ambitions to make better use of Health and Social Care data in Wales) and Information Governance assurance work are the other critical elements of building trust / demonstrating trustworthiness.
5. Welsh Government will work with DHCW to promote good practice and accountability measures that can provide citizens and stakeholders with assurances that data is processed lawfully, safely and effectively.

3.3 The three key elements of the work are (further detail at appendix A):

Workstream	Description	Next steps	Who is responsible?
Policy / legislative measures	Ensuring policy enables the delivery of ambition to make better use of Health and Social Care data	Welsh Government to confirm its policy priorities (DHCW to help inform).	Welsh Government supported by DHCW.
Citizen and stakeholder engagement and involvement	A programme that informs citizens and stakeholders how Health and Social Care data is used and involves them in decisions about how such data will be used and the controls and measures that ensure it is used lawfully and appropriately.	DHCW to work up options to take this work forward and put a business case to Welsh Government highlighting the resource implications. Dependency on the formal findings of the discovery work referenced in paragraph 2.3 above.	DHCW supported by Welsh Government.
Organisational accountability measures and good practice	The constituent elements of the 'IG framework' for Health and Social Care. DHCW already has a leading role and there may be an opportunity to define DHCW's responsibilities more clearly where it has assumed them in the absence of a clear Welsh Government direction.	DHCW's IG team is working on its IG strategy for 2023, which will highlight its priorities.	DHCW.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 As described in the table at paragraph 3.3, above, DHCW has agreed to take a role in delivering a programme of work aimed at demonstrating to citizens and stakeholders that uses of Health and Social Care data are trustworthy. DHCW also aims to support Welsh Government's policy development and implementation work. Further work is required to set out the specific outputs DHCW is responsible for delivering and/or contributing to in respective of policy development and delivery and citizen and stakeholder engagement. Resource and funding for this work needs to be established. The Information Governance Team has a senior team manager returning from secondment with Welsh Government who can assist with this work, but cross-functional work will be required; for example, communications expertise (to deliver public engagement), technical and information specialists (to input into policy development, like citizen choice).

4.2 The existing corporate risk (ref 16505) does not reflect the specific role of DHCW in demonstrating that uses of Health and Social Care data are trustworthy. The mitigation is not timed and, as currently described, is outside DHCW's span of control. The intention is to update the risk (or close it and open a new risk) to reflect DHCW's role more accurately in delivering the outcomes and outputs referenced in this paper:

Existing risk

Risk title	Description	Mitigation
Data Promise	IF the national conversation regarding the use of patient data (Data Promise) is delayed… THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically… RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.	WG Policy Leads to establish a timeframe for the supporting Data Promise Specific responsibilities for implementation of the Data Promise given to the Head of Data Policy in Welsh Government

New/revised risk

Risk title	Description	Mitigation
Citizen and stakeholder trust in uses of Health and Social Care data	IF… (i) DHCW does not articulate a costed plan to deliver citizen and stakeholder engagement and involvement around uses of Health and Social Care data, and (ii) Resources are not available to deliver the plan… THEN it is less likely that stakeholders and patients be assured that current and proposed uses of Health and Social data in Wales are trustworthy… RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.	(i) In April/early May, DHCW's IG team to prepare a draft plan in consultation with WG (and other stakeholders, as required) (ii) In May/early June, DHCW to work with WG's Chief Digital Officer to establish the resources required to deliver the plan.

5 RECOMMENDATION

5.1 The Digital Governance and Safety Committee is being asked to NOTE the update provided as part of the report, specifically DHCW's role as described in sections 3 and 4, above, and the intention to revise the corporate risk associated with this work.

6 APPROVAL / SCRUTINY ROUTE

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

7 APPENDIX A

Constituent elements of trustworthiness

Engagement informs policy and measures & practice

1. Policy / legislative measures

- **Lawful bases** (eg to use Primary Care data for secondary purposes, future of COPI in Wales), inc. process for reviewing whether a basis exists for intended purposes / data controllers/processors and creating directions.
- **Policy** (eg National Opt Out, recording sex/gender, treatment of transgender H&SC records , secure data environments (how data is kept secure) etc)?
- **Guidance/codes** (eg records management CoP, confidentiality CoP).
- **Advice on privacy to the H&SC system** (eg National Data Guardian (equivalent of)).

2. Citizen and stakeholder engagement and involvement

- **Public engagement events on uses of H&SC data** (eg work Ipos and partners have been commissioned to deliver).
- **Public facing comms** (eg 'we asked, you said, we did').
- **Stakeholder comms** (how to keep them informed and involved?).
- **A Data Promise?** (that links to assurance measures).
- **Further more focused public engagement?**

3. Organisational accountability measures & good practice

- **Access** (macro - code of connection, micro - standard approach to access and audit)
- **Governance/advice** (e.g. DPO, SIRO, equivalent providing oversight)
- **Assurance/how measure compliance** (eg IG Toolkit)
- **Sharing** (eg WASPI, Control Standard)
- **Training** (e-learning)
- **Security / cyber** (eg NIS – annual assessment, ISO standards)
- **Scrutiny** (eg reconstituted WIGB?)

Policy and practice demonstrate trustworthiness

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DIGITAL HEALTH AND CARE WALES
DATA SHARING DURING CORONAVIRUS REPORT

Agenda Item	3.10

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	11 May 2023

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 Noting
Recommendation	
The Digital Governance & Safety Committee is being asked to: NOTE the report that highlighted Wales approach to information sharing during Coronavirus.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

HEALTH CARE STANDARD	N/A
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	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.

Acronyms			
WASPI	Wales Accord on the Sharing of Personal Information	DHCW	Digital Health and Care Wales

2 SITUATION/BACKGROUND

2.1 During the COVID-19 pandemic, information was required to be shared at pace and often within a regularly changing environment across a number of organisations and sectors to support a range of initiatives and purposes. This presented a challenge of ensuring that any information shared was done so appropriately in compliance with data protection legislation and standards.

2.2 The previous Information Commissioner, Elizabeth Denham, highlighted this in her foreword in the Data Sharing Code of Practice:

> *"I have seen first-hand how proportionate, targeted data sharing delivered at pace between organisations in the public, private and voluntary sectors has been crucial to supporting and protecting the most vulnerable during the response to the COVID-19 pandemic. Be it through the shielding programme for vulnerable people, or sharing of health data in the Test and Trace system. On a local and national level, data sharing has been pivotal to fast, efficient and effective delivery of pandemic responses."*

2.3 Within Wales, the Wales Accord on the Sharing of Personal Information (WASPI), a framework for organisations that provide services to the public, has been in place for over 15 years. The framework is a tool to help organisations providing public services share personal information effectively and lawfully.

2.3 WASPI's success in improving information sharing practices and awareness and changing the culture of information sharing in Wales, allowed organisations in Wales to share information effectively and lawfully during the Coronavirus pandemic. This included:

- WASPI creating and hosting a new optional template to support temporary measures that are required to deal with the COVID-19 outbreak
- Creating a WASPI branded Joint Controller Agreement that all Welsh Health Boards and Trusts collaboratively agreed upon and signed to support the Test Trace and Protect programme.

- An All-Wales Data Protection Officer forum was established, covering local authorities, health boards, trusts and special health authorities, to help create a consistent approach to all organisations meeting their data protection responsibilities – i.e. the right for individuals to be made aware of how organisations are using data about them
- Updated Digital Health and Care Wales (DHCW) and all Wales websites to demonstrate how and under what circumstances, COVID related data was being shared
- Aiding Welsh Government in ensuring appropriate legislation was in place to enable information to be shared
- Inputting, agreeing and hosting the COVID-19 NHS Wales Information Governance Joint Statement
- Helping ensure any information flows are mapped, and agreements or contracts put in place where required
- Ensuring Data Protection Impact Assessments are undertaken for any new processing of personal data, including the contract tracing system and the NHS Test and Trace app in Wales

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 During 2022, the Institute for Government held UK-wide roundtable discussions to look into the practices and behaviours of how organisations adapted to the rapid information sharing needs required during the pandemic. DHCW sat on some of these workshops to share a case studies of data sharing from a Wales perspective.

3.2 A report of the findings from these workshops, was subsequently published, "Data sharing during coronavirus: lessons for government". The report contained specific reference to Wales, referencing the positive impact WASPI had on Wales' approach to information sharing:

> *"Beyond NHS data, frameworks could be established for other future data sharing agreements. The Wales Accord on the Sharing of Personal Information (WASPI) was established in Wales across health and social care, local authorities, emergency services, education providers and other organisations to help them meet data protection responsibilities. This took multiple meetings and workshops over many years to formulate, but provides a common set of principles for the sharing of personal information, which greatly facilitated the Welsh government's response during the pandemic. The framework reduces some of the imbalance in risk perception often associated with establishing new data sharing agreements, reducing any legislative barriers preventing data sharing."*

3.3 The report sums up a number of key themes and lessons, including a recommendation of a Data Sharing 'playbook', which has templates, guides and resources "to minimise barriers to civil servants establishing new data sharing agreements for public benefit, while respecting the rights and views of the public and aligning with the Information Commissioner's Office (ICO) guidance.". This recommendation is clearly influenced by there being no equivalent WASPI framework in the UK. The report notes that better information sharing would have taken place should an equivalent WASPI framework be in place for other nations, *"Advance preparation,*

such as a pre-agreed data sharing framework like the Wales Accord on the Sharing of Personal Information, would have facilitated the sharing of data."

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 It is clear from this report that Wales' approach to information sharing during the pandemic is looked upon favourably by other UK nations. The success of this can be attributed to:

- The work and commitment by a number of Information Governance colleagues across Welsh public sector organisations, including members of the DHCW Information Governance team
- WASPI's pivotal role in supporting documented data sharing throughout the pandemic, with Wales being the only UK nation to have consistent documentation to support data sharing arrangements
- The change in culture of information sharing, which WASPI has achieved over a number of years, allowing organisations to successfully work collaboratively

4.2 WASPI subsequently launched a survey, asking its stakeholders to provide feedback on its approach supporting organisations in documenting their information sharing activities during the pandemic. The survey responses highlighted that stakeholders found the template WASPI produced, "very helpful" and that WASPI helped collaboration and consistency, enabling services to share information with the right assurances in place, quickly and efficiently.

The positive feedback to the survey, also provided support for other WASPI branded templates to be produced. The central WASPI team within DHCW, are currently taking this work forward, with the intention that these templates could be subsequently published and hosted by WASPI, to aid organisations in having consistent documentation to support information sharing arrangements.

5 RECOMMENDATION

5.1 The Digital Governance & Safety Committee is being asked to NOTE the report that highlighted Wales approach to information sharing during Coronavirus.

6 APPROVAL / SCRUTINY ROUTE

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