

Pwyllgor Llywodraethu a Diogelwch Digidol - CYHOEDDUS

Thu 02 November 2023, 13:00 - 15:00

Agenda

13:00 - 13:05

5 min

1. MATERION RHAGARWEINIOL

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 CYDSYNIO

2.1. Cofnodion y Cyfarfod Diwethaf

I'w Cymeradwyo

Cadeirydd

- Cyhoeddus
- Preifat - crynodeb

-  2.1 DG&S DRAFT August Public Minutes Cymraeg .pdf (12 pages)
-  2.1i DG&S August Private Abridged Minutes Cymraeg.pdf (5 pages)

2.2. Blaengynllun Gwaith

I'w Nodi

Ysgrifennydd y Bwrdd

-  2.2 Forward WorkPlan.pdf (5 pages)

2.3. Cylch Gorchwyl a Diweddariad ar Lywodraethu yr Awdurdod lechyd Arbennig

I'w Nodi

Ysgrifennydd y Bwrdd

-  2.3 DG&S TOR Update.pdf (5 pages)

13:10 - 14:55

105 min

3. PRIF AGENDA

3.1. Cofnodion Gweithredu

I'w Trafod

Cadeirydd

-  3.1 DG&S Action Log1.pdf (1 pages)

3.2. Cofrestrau Risg Gorfforaethol

I'w Trafod *Ysgrifennydd y Bwrdd*

- 📄 3.2 Corporate Risk Register Report.pdf (9 pages)
- 📄 3.2i Appendix A DHCW Corporate Risk Register.pdf (15 pages)

3.2.1. Dadansoddiad Tueddiadau Risg Corfforaethol

I'w Trafod *Ysgrifennydd y Bwrdd*

- 📄 3.2ii Appendix B Board and Committee Trending 2023 V3.pdf (7 pages)

3.3. Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol

Er Sicrwydd *Rheolwr Tîm Rheoli Gwasanaethau*

- 📄 3.3 Incident Review and Organisational Learning Report.pdf (18 pages)

3.4. Adroddiadau Sicrwydd

Er Sicrwydd *Cyfarwyddwr Meddygol Gweithredol*

3.4.1. Adroddiad Sicrwydd Llywodraethu Gwybodaeth

Er Sicrwydd *Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion*

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

3.4.2. Adroddiad Grŵp Sicrwydd Gwybodeg Cymru

Er Sicrwydd *Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Reoleiddiol*

- 📄 3.4ii Wales Informatics Assurance Group Report.pdf (7 pages)

3.4.3. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Er Sicrwydd *Cyfarwyddwr Meddygol Gweithredol*

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

3.4.4. Adroddiad Sicrwydd Strategaeth Ymchwil ac Arloesi

Er Sicrwydd *Cyfarwyddwr Meddygol Gweithredol*

- 📄 3.4iv Research & Innovation Strategy Assurance Report.pdf (7 pages)

Egwyl Tŷ bach – 10 munud

3.5. Polisi Eiddo Deallusol

I'w Gymeradwyo *Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol*

- 📄 3.5 Intellectual Property Policy.pdf (5 pages)

3.6. Strategaethau Clinigol

I'w Cymeradwyo *Cyfarwyddwr Meddygol Gweithredol*

- 📄 3.6 DHCW Clinical Strategies Report.pdf (6 pages)

3.6.1. Gwybodaeth a Dadansoddeg

3.6.2. Gwybodeg Glinigol a Newid Busnes

3.6.3. Llywodraethu Gwybodaeth

14:55 - 15:00

5 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:1 Chwefror 2024


I'w Nodi

Cadeirydd

CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 13:00 –15:00

 3 Awst 2023

 MS Teams

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

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (DHCW)
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth (ar gyfer eitemau 3.1, 3.2, 3.5 yn unig)	Iechyd a Gofal Digidol Cymru (DHCW)

Cofnodion heb eu cadarnhau:
Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol Awst 2023

Paul Evans	PE	Pennaeth Ansawdd a Rheoleiddio	Iechyd a Gofal Digidol Cymru (DHCW)
Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru (DHCW)
Darren Lloyd	DL	Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion	Iechyd a Gofal Digidol Cymru (DHCW)
Rachael Powell	RP	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Iechyd a Gofal Digidol Cymru (DHCW)
Keith Reeves	KR	Rheolwr Tîm Rheoli Gwasanaethau	Iechyd a Gofal Digidol Cymru (DHCW)
Carys Richards	CR	Rheolwr Cymorth Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru (DHCW)
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru (DHCW)
David Sheard	DSH	Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau (dim ond eitem 3.5)	Iechyd a Gofal Digidol Cymru (DHCW)
Darren Griffiths	DG	(yn arsylwi)	Archwilio Cymru
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol (yn arsylwi)	Iechyd a Gofal Digidol Cymru (DHCW)

Ymddiheuriadau	Teitl	Sefydliad
Rhidian Hurle	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru (DHCW)
Sam Lloyd	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru (DHCW)
Laura Tolley	Pennaeth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)

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

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
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 gyhoeddus, gan gynnwys Darren Griffiths o Archwilio Cymru a oedd yn arsylwi'r cyfarfod.	Nodwyd	Dim i'w nodi

1.2	Ymddiheuriadau am Absenoldeb Nodwyd ymddiheuriadau am absenoldeb gan: <ul style="list-style-type: none"> Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol Sam Lloyd, Cyfarwyddwr Gweithredol Gweithrediadau Laura Tolley, Pennaeth Llywodraethu Corfforaethol 	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiannau Fel sy'n digwydd bob tro, er mwyn rheoli unrhyw wrthdaro posib a all godi yn ystod y cyfarfod, 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 Gadeirio, y byddai David Selway, Aelod Annibynnol ac Is-Gadeirydd (DS), yn cymryd yr awenau.	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 y Cadeirydd wedi derbyn unrhyw sylwadau ymlaen llaw.

2.1	Cofnodion y Cyfarfod Diwethaf <ul style="list-style-type: none"> Cyhoeddus Preifat - crynodeb Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: GYMERADWYO Cofnodion y cyfarfod diwethaf ym Mai 2023	Cymeradwyd	Dim i'w nodi
2.2	Blaengynllun Gwaith Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'r Blaengynllun Gwaith	Nodwyd	Dim i'w nodi

RHAN 3 - PRIF AGENDA

3.1	Cofnod Camau Gweithredu Dan arweiniad Chris Darling, Ysgrifennydd y Bwrdd (CD) a nododd fod 1 cam gweithredu agored yn y parth cyhoeddus ar y pryd, a hwnnw ar y gweill gyda diweddariad ers y cyfarfod diwethaf ar 11 Mai wedi'i dderbyn a'i nodi yn y cofnod fel: <ul style="list-style-type: none"> 2023-02-02-A01 Diweddariad ar Drosolwg o'r Rhaglen Ddigidol: David Sheard i ymchwilio i'r amserlen er mwyn canfod sut a phryd y bydd buddion o'r Adnodd Data Cenedlaethol (NDR) yn cael 	Trafodwyd	Dim i'w nodi
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Cofnodion heb eu cadarnhau:

Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol Awst 2023

	<p>eu hadrodd fel mecanwaith i fesur yr effaith ehangach ar y rhaglenni wrth i DHCW symud i ddull gweithredu sy'n canolbwyntio'n fwy ar gynnyrch.</p> <p><u>DIWEDDARIADAU:</u></p> <ul style="list-style-type: none"> o 26/07/2023 Diweddariad ar Gamau Gweithredu: Mae'r prif ffocws yn parhau i fod ar adeiladu platform a pharodrwydd i gynhyrchu; ETA 1 Awst 2023. Mae sesiynau i fynd at wraidd y mater wedi'u cynnal gyda Gweithredwyr DHCW, Llywodraeth Cymru a Chyfarwyddwyr Digidol Mai – Gorffennaf 2023. Mae Llythyr Ariannu NDR ar gyfer 23/24 bellach wedi'i sicrhau; gyda charreg filltir 4 yn gofyn am gynllun gwireddu buddion, wedi'i gymeradwyo gan berchnogion buddion erbyn 30 Medi 2023. Rydym ar fin dechrau darparu gwasanaeth gweithredu dros gyfnod o 8 wythnos sy'n cynnwys datblygu naratif a chynllun buddion. o 03.05.2023 Mae tîm NDR yn cynnal sesiwn gwraidd y mater ar 4 Mai gyda'r Cyfarwyddwyr Gweithredol ynghylch cyflenwi NDR, sydd ei angen i alluogi gwireddu buddion NDR." <p>Yn ogystal, rhoddodd Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth (IE) ddiweddariad byw, gan nodi bod sicrwydd wedi'i sicrhau ar 1 Awst a bod y rhaglen NDR wedi mynd yn fyw gyda data cyfeirio, bod gwaith i addasu'r cyfathrebiadau i Fyrddau Iechyd, Ymddiriedolaethau a gwasanaethau ar draws y GIG yng Nghymru yn mynd rhagddo er mwyn egluro a gwerthu buddion y rhaglen, a bod y tîm yn awr yn bwriadu dechrau llenwi'r system â data defnyddiadwy.</p> <p>Nodwyd y byddai diweddariadau rheolaidd yn cael eu darparu i'r pwyllgor wrth symud ymlaen ar y cynnydd yn gyffredinol ac y byddent yn cynnwys y fframwaith buddion a oedd yn cael ei ddatblygu fel mecanwaith i fesur y gydran allweddol hon, gan fwydo i mewn i adrodd ar werth cyffredinol y rhaglen.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: DRAFOD y Cofnod Gweithredu.</p>		
3.2	<p>Y Gofrestr Risg Gorfforaethol</p> <p>Nododd CD fod 28 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, a 22 ohonynt i'w hystyried gan y Pwyllgor hwn. Roedd 10 ohonynt yn cael eu cyfrif yn rhai preifat a byddent yn cael eu trafod yn y sesiwn breifat gyda'r 12 arall yn destun trafodaeth yn y sesiwn hon. Nodwyd y newidiadau canlynol i risgiau cyhoeddus a neilltuwyd i'r Pwyllgor hwn ers y cyfarfod</p>	Trafodwyd	

Cofnodion heb eu cadarnhau:

Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol Awst 2023

diwethaf fel a ganlyn:

6 RISG NEWYDD

- DHCW0316 Cronni Dyled Dechnegol
Er bod hyn yn risg gyhoeddus nodwyd, oherwydd natur y cydrannau dan sylw, y byddent yn mynd at wraidd y mater yn y sesiwn breifat.
 - DHCW0320 Ymddiriedaeth dinasyddion a rhanddeiliaid yn y defnydd o ddata Iechyd a Gofal Cymdeithasol
Nododd Darren Lloyd, Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion (DL) fod y risg hon wedi'i hail-lunio o amgylch ymgysylltu â'r cyhoedd a defnyddio gwybodaeth dinasyddion.
 - DHCW0321 Cyllid cynaliadwy ar gyfer WASPI
Tynnodd DL sylw at y ffaith y byddai diweddariad y sesiwn breifat ar WASPI yn manylu ar gyfyngiadau ariannol y risg hon a sut mae'r tîm yn symud y fframwaith yn ei flaen.
 - DHCW0322 Ariannu Cam 3 NDR
Nododd CD fod cyllid wedi'i gadarnhau ar gyfer y flwyddyn gyfredol er bod rhywfaint o ansicrwydd yn parhau ar gyfer y blynyddoedd i ddod. Ychwanegodd IE ei bod yn risg gynhenid oherwydd y model ariannu, ac esboniodd wrth i'r NDR gylchredeg drwy ei gyfnodau 2 flynedd dros gylch oes 10 mlynedd y rhaglen y byddai rhywfaint o ansicrwydd yn parhau ar adegau, felly y byddai'r risg yn debygol o aros ar y gofrestr yn barhaol er mwyn ei rheoli'n weithredol.
- CAM GWEITHREDU 01:** CD i weithio gyda thîm y rhaglen NDR gyda'r bwriad o fwydo'n ôl i gyfarfod nesaf y pwyllgor ym mis Tachwedd.
- DHCW0323 Costau drosglwyddo i Ap a phlatform Gwasanaethau GIG Cymru a chymorth gweithredol iddynt/ eu datblygiad parhaus
Nododd IE y cyfyngiadau adnoddau wrth drosglwyddo'r ap o'r dull darparu gwasanaeth 3^{ydd} parti sydd ar hyn o bryd dan ofal y cyflenwr KAINOS i ddull lle mae DHCW yn defnyddio'r timau ADS/DSPP, erbyn diwedd mis Mawrth. Ychwanegodd IE fod yr ap yn parhau'n fyw fel gwasanaeth byw, gyda'r cymorth technegol cyfredol yn cael ei wneud trwy KAINOS, a gaiff eri ariannu gan DPIF. Cadarnhaodd fod cynllun wedi ei gytuno i drosglwyddo'r gwasanaeth i DHCW a oedd yn golygu secondio

Cofrestr Risg
Gorfforaethol:
CD i weithio gyda
thîm y rhaglen
NDR gyda'r
bwriad o fwydo'n
ôl i gyfarfod
nesaf y pwyllgor
ym mis
Tachwedd
unrhyw enillion
cyflym posibl
unwaith y bydd y
data wedi'i
fewnbynnu.

Cofnodion heb eu cadarnhau:

Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol Awst 2023

	<p>cydweithwyr ADS i'w hymgorffori yn nhîm KAINOS gyda'r bwriad o ôl-lenwi'r swyddi hyn.</p> <ul style="list-style-type: none"> DHCW0324 Argaeledd Adnoddau i Gefnogi Rhaglen WICIS Nododd IE fod y newidiadau yng ngofynion rhaglen WICIS yn ddylanwad ar hyn, ond gan nad oedd unrhyw oedi ar hyn o bryd yn yr amserlen ar gyfer gweithredu, roedd yn fater o reoli'r pwysau ar adnoddau dros y misoedd nesaf er mwyn cyflawni'r gwaith. <p>NEWID YN SGÔR 1 RISG</p> <ul style="list-style-type: none"> DHCW0269 Gwasanaeth Newid - Warws Data Roedd y risg wedi'i adolygu gan y perchennog gweithredol diwygiedig - gostyngwyd y sgôr. Nododd CD, yn dilyn archwiliad mewnol, yr argymhellwyd rhannu risg y Gwasanaeth Newid yn 3, gyda 2 wedi'u dileu (nodir isod) a'u rheoli bellach ar lefel cyfarwyddiaeth o fewn Gweithrediadau, gyda'r 1 risg sy'n weddill bellach o dan ofal IE. <p>3 RISG WEDI EU DILEU</p> <ul style="list-style-type: none"> DHCW0264 Addewid Data Risg wedi'i hail-werthuso a'i disodli gan Risg DHCW0320 DHCW0306 Gwasanaeth Newid - Olyniaeth NAWR Wedi'i Ail-enwi'n Gwydnwch Gwasanaeth Newid Wedi ei Israddio i lefel Cyfarwyddiaeth ar gyfer ei rheoli unwaith y bydd y map ffordd ar gyfer NDR a DHCW0269 wedi'i rannu DHCW0307 Gwasanaeth Newid - Datblygiad ymatebol Wedi'i chyfuno â DHCW0306 a'i gostwng i lefel Cyfarwyddiaeth i'w rheoli <p>Gwnaed sylwadau ychwanegol ar y risgiau canlynol:</p> <ul style="list-style-type: none"> DHCW0292 Capasiti adnoddau dynol annigonol yn y timau seilwaith i ymgymryd â gweithgarwch a gweithgareddau busnes fel arfer (BAU) yn y cynllun blwyddyn Nododd Carwyn Lloyd-Jones, (CLJ) fod y risg hon yn parhau ar y gofrestr wrth i waith barhau i fynd rhagddo oherwydd pwysau cytundebol o ran symud Canolfan Ddata 2, hyd nes y byddai llythyr ariannu swyddogol yn cael ei dderbyn, a'r pryd hynny gellid ei dileu. DHCW0299 Capasiti cyflenwyr i gefnogi gweithgareddau parodrwydd y Gwasanaeth Rhagnodi Electronig Gofynnodd RG am eglurhad pellach ar y risg hon a 		
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Cofnodion heb eu cadarnhau:

Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol Awst 2023

	<p>thynnodd IE sylw at y ffaith bod Cytundeb Adran 255 wedi'i gytuno gyda GIG Digidol a bod gwaith yn mynd rhagddo gyda GIG Lloegr a 2 gyflenwr meddalwedd yng Nghymru er mwyn lliniaru'r risg cymaint â phosibl, ond rhagwelwyd y byddai'r risg yn cael ei huwchgysylltu yn fuan.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: DRAFOD y Gofrestr Risg Gorfforaethol</p>		
3.3	<p>Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol</p> <p>Cyflwynwyd gan Keith Reeves, Rheolwr Tîm Rheoli Gwasanaethau (KR), a Dirprwy Gadeirydd Grŵp IRL, a nododd ei fod yn cwmparu'r cyfnod rhwng 1 Ebrill a 30 Mehefin.</p> <p>Nodwyd bod 1 digwyddiad clinigol a fyddai'n cael ei adrodd yn fanylach yng nghyfarfod nesaf y Pwyllgor ym mis Tachwedd.</p> <p>Gyda 9 adolygiad wedi'u cynnal, roedd y grŵp bellach yn canolbwyntio mwy ar adolygiadau thematig, gan edrych ar ddigwyddiadau lluosog er mwyn canfod themâu cyffredin a ffactorau cyfrannol.</p> <p>Roedd y Cofnod Gweithredu yn cael ei symud i system bwrpasol, gyda'r bwriad o ysgogi gwelliannau parhaus mewn rheoli newid a fydd yn sail i'r gwaith parhaus yn y maes hwn.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: DRAFOD yr Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol er SICRWYDD</p>	Trafodwyd er Sicrwydd	Dim i'w nodi
3.4	<p>Adroddiadau Sicrwydd</p> <p>I. Adroddiad Sicrwydd Llywodraethu Gwybodaeth</p> <p>Cyflwynodd DL yr Adroddiad Sicrwydd Llywodraethu Gwybodaeth oedd yn nodi gwaith y tîm Llywodraethu Gwybodaeth o'r cyfnod 18 Ebrill i 7 Gorffennaf.</p> <p>Cwestiynodd DS yr ystyriaeth a nodwyd yn Adolygiad Llywodraethu Sylfaenol/Asesiad Strwythuredig Archwilio Cymru, ynghylch yr angen am eglurder o ran arweinyddiaeth ac atebolrwydd, yn enwedig mewn meysydd fel LIG a Seiber, gan ofyn a oedd gan Lywodraeth Cymru berchnogaeth ar hyn er mwyn i DL gysylltu â nhw i gael yr eglurder sydd ei angen, fel y nodwyd yn yr adolygiad. Cadarnhaodd DL ei fod yn dal i aros i</p>	Nodwyd er Sicrwydd	Dim i'w nodi

Cofnodion heb eu cadarnhau:

Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol Awst 2023

glywed ond ei fod mewn cysylltiad â Llywodraeth Cymru.

Nodwyd bod gwaith yn parhau ar y Strategaeth Llywodraethu Gwybodaeth newydd gyda'r bwriad o'i chwblhau dros y misoedd nesaf.

Roedd Safon Brydeinig 10008 wedi cael ei hail-ardystio.

Roedd gostyngiad bach yn y gydymffurfedd o ran 1 cais Rhyddid Gwybodaeth, a gymerodd fwy nag 20 diwrnod gwaith i weithio drwyddo oherwydd ei natur gymhleth, fodd bynnag cafodd y sawl a wnaeth y cais negeseuon cyson am hyn.

- a. Pecyn Cymorth Llywodraethu Gwybodaeth Cymru
Nododd DL fod Pecyn Cymorth LIG 2022/23 DHCW wedi'i gwblhau, sef y cyntaf ar y plattform technegol newydd.

II. Adroddiad Sicrwydd Gwybodeg

Cyflwynwyd yr adroddiad gan Paul Evans, Pennaeth Ansawdd a Rheoleiddio (PE), a nododd y trosolwg o weithgarwch fel y'i hadolygwyd gan Grŵp Sicrwydd Gwybodeg Cymru dros y cyfnod rhwng Ebrill 2023 a Mehefin 2023, gan gadarnhau'r broses awtomeiddio i DS.

III. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Cyflwynwyd yr adroddiad gan Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil (RP), a nododd, ers dechrau Mai 2023, fod Grŵp Sicrwydd ISD wedi adolygu 11 o Gynlluniau Ansawdd Sicrwydd a chafodd 9 Adroddiad Achos Diogelwch a Pharodrwydd eu hystyried o ran yr effaith ar y Gwasanaethau Gwybodaeth, gyda 6 phrosiect yn mynychu'r ISDAG i gyflwyno i'r grŵp. Nodwyd bod y Weithdrefn Weithredu Safonol (SOP) ar gyfer y Grŵp Sicrwydd ISD wedi'i chymeradwyo gan y grŵp.

Roedd yr adolygiad blynyddol cyntaf yn cael ei gwblhau ar achrediad DHCW o dan Ddeddf yr Economi Ddigidol, a disgwylir i'r canlyniadau gael eu cyhoeddi ym mis Medi.

Roedd drafft diwygiedig fframwaith llywodraethu a sicrwydd Power BI wedi bod trwy gyfarfodydd wythnosol o'r Cyfarwyddwyr Gweithredol lle cafodd ei gymeradwyo ac o ganlyniad lleihawyd y risg cysylltiedig ar y gofrestr risg gorfforaethol.

	<p>Holodd Marilyn Bryan-Jones, Aelod Annibynnol (MBJ) faint o effaith a sylweddoliad a gafwyd, yn benodol mewn perthynas â'r NDR, gyda RP yn nodi bod y tîm ISD yn siarad â rhanddeiliaid allweddol ar hyn o bryd er mwyn ymgysylltu cymaint â phosibl i egluro beth y gellir ei gynnig a sut mae'n cael ei ddefnyddio, ledled GIG Cymru.</p> <p>IV. Adroddiad Sicrwydd Strategaeth Ymchwil ac Arloesi</p> <p>Cyflwynodd RP yr adroddiad yn nodi penodiad Rachel Gemine, Pennaeth Ymchwil ac Arloesi, a fynychodd y cyfarfod pwyllgor diwethaf ym mis Mai, wrth iddi barhau i arwain ar weithredu'r swyddogaeth Y&A a chefnogi'r gwaith o gyflawni'r Strategaeth Y&A, yn benodol o ran dangosfwrdd adrodd a oedd yn cael ei ddatblygu ac a fydd yn cael ei ddefnyddio i adrodd i'r pwyllgor unwaith y bydd wedi'i gwblhau.</p> <p>Cafwyd trafodaeth ar arloesi yng Nghymru gyda DS yn cwestiynu'r dryswch oherwydd diffyg eglurder yn y maes. Cadarnhaodd RP fod Llywodraeth Cymru yn datblygu polisi arloesi cyhoeddus i Gymru a fyddai'n ychwanegu gwerth ac yn cefnogi'r maes sy'n datblygu, ochr yn ochr â datblygu'r NDR.</p> <p>Amlygwyd a chadarnhawyd bod DHCW yn gweithio'n agos gydag Academi Gwyddor Data Prifysgol Caerdydd, o ran cynlluniau graddedigion a gwaith prosiect y llynedd, ar ôl datblygu perthynas waith gref sy'n cynnig manteision i'r ddwy ochr dan sylw.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'R adroddiadau er SICRWYDD.</p>		
3.5	<p>Diweddariad ar Drosolwg o'r Rhaglen Ddigidol</p> <p>Tynnodd David Sheard, Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau (DSH) sylw at y rhaglenni canlynol o fewn y portffolio gyda statws COG Coch:</p> <ul style="list-style-type: none"> Mae prosiect System Adrannau Achosion Brys Cymru (WEDS) yn aros yn Goch. Y brif anhawster yw problemau parhaus yn y system sy'n effeithio ar Uned Mân Anafiadau Castell-nedd Port Talbot. Ni fydd Bwrdd Iechyd Prifysgol Bae Abertawe yn ymestyn y prosiect i safleoedd pellach hyd nes y caiff y broblem hon ei datrys, sy'n gofyn am newid seilwaith mawr. Mae'r cyflenwr wedi cynnig i SBU y gallai letya'r datrysiad ar y 	Nodwyd er Sicrwydd	Dim i'w nodi

Cofnodion heb eu cadarnhau:


Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol Awst 2023

	<p>safle. Mae SBU yn ystyried y cynnig hwn.</p> <ul style="list-style-type: none"> Mae System Wybodaeth Gofal Dwys Cymru (WICIS) yn wedi ei graddio'n Goch. Daeth y prosiect yn erbyn problemau mawr yn bennaf gyda gweithrediad y ffeil cyffuriau a meddyginiaethau a ddarganfuwyd yn hwyr yn UAT, a hynny'n atal y prosiect rhag mynd yn fyw am 10 mis. Mae'r prosiect yn parhau i weithio gyda'r cyflenwr a'r defnyddwyr terfynol tuag at ddyddiad mynd yn fyw diwygiedig yn Ysbyty'r Grange, ond mae'r oedi a'r gofynion swyddogaethol ychwanegol wedi arwain at gynydd mewn costau a diffyg cyfalaf. Mae nifer o opsiynau yn cael eu hystyried er mwyn mynd i'r afael â'r diffyg hwn, gan gynnwys cais am arian canolog ychwanegol ac ailbroffilio'r cynllun gweithredu. Mae Rhaglen Rhwydwaith Gwybodaeth Labordai Cymru (LINC) wedi ei graddio'n Goch. Ar 13 Mehefin 2023, cydgytunodd GIG Cymru a Citadel Health i ddod â'r contract ar gyfer gweithredu System Rheoli Gwybodaeth Labordai i ben. Mae Cynllun Wrth Gefn LINC bellach wedi'i roi ar waith a rhoddwyd diweddariad i bob Bwrdd Iechyd/Ymddiriedolaeth trwy Fwrdd Rhaglen LINC a'r Byrddau Iechyd/Ymddiriedolaethau yn eu cyfarfodydd ym mis Gorffennaf. Mae'r Rhaglen Gwybodeg Canser wedi'i graddio'n Goch. Roedd llwyddiant mis Tachwedd yng Nghanolfan Ganser Felindre pan aeth cam 1 o'r datrysiad yn fyw, yn cynnwys datblygiadau WPAS a WCP sy'n golygu bod Felindre yn llai dibynnol ar yr hen ddatrysiad CANISC. Fodd bynnag, parheir i flaenoriaethu gwaith Cam 2 gan fod disgwyl i gyllid y prosiect ddod i ben ym mis Mawrth 2024. Ni ellir cyflawni cwmpas llawn y datrysiad o fewn yr amser a'r adnoddau sydd ar gael. Mae gwaith yn mynd rhagddo gyda phob bwrdd iechyd i gyflwyno swyddogaethau Setiau Data Canser a thimau amlddisgyblaethol. <p>Mynegodd IE yr angen am fwy fyth o eglurder ynghylch trefniadau llywodraethu rhaglenni, yn dilyn adolygiad a gwblhawyd gan Steve Coombe a dynnodd sylw at rywfaint o amwysedd ynghylch cyfrifoldeb Uwch-berchnogion Risg rhaglenni. Awgrymodd y byddai Llywodraeth Cymru nawr yn rhoi rhywfaint o eglurder cyffredinol ynghylch pwy sy'n atebol wrth edrych tua'r dyfodol.</p> <p>Ychwanegodd CD fod llythyrau a anfonwyd gan Lywodraeth</p>		
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	<p>Cymru at Uwch-berchnogion Risg yn amlinellu atebolrwydd personol am gyflawni eu rhaglenni priodol ond yn dilyn ymdrech ar y cyd â Llywodraeth Cymru rhagwelwyd y byddai hyn yn debygol o newid i'r safle gyda Helen Thomas, Prif Swyddog Gweithredol, DHCW, yn Swyddog Atebol ar gyfer y rhaglenni a letyir gan DHCW.</p> <p>Cafwyd trafodaeth am dwf DHCW wrth i fwy o raglenni drosglwyddo, y cymhlethdod ynghlwm â hynny, y cynnydd mewn gwaith, yr adnoddau a'r cyllid sydd eu hangen i barhau i gefnogi hyn a'r effaith y byddai'n parhau i'w chael ar allu DHCW i reoli'r risgiau dan sylw. Cytunwyd bod angen tynnu sylw Bwrdd yr Awdurdod Iechyd Arbennig at hyn ym mis Medi.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'r Diweddariad ar Drosolwg o'r Rhaglen Ddigidol er SICRWYDD.</p>		
RHAN 4 - MATERION I GLOI			
4.1	<p>Unrhyw Faterion Brys Eraill</p> <p>Nid oedd unrhyw faterion brys eraill i'w nodi.</p>	Nodwyd	Dim i'w nodi
4.2	<p>Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd</p> <p>Nodwyd yr eitemau i'w cynnwys yn Adroddiad Crynhoi Cynnydd y Cadeirydd i Fwrdd yr Awdurdod Iechyd Arbennig ym mis Medi fel a ganlyn;</p> <ul style="list-style-type: none"> • Y cynnydd da a'r adrodd llwyddiannus parhaus ar y gwaith cyffredinol a wnaed trwy'r adroddiadau Sicrwydd; • Yr angen i amlygu nifer y risgiau newydd sy'n cael eu huwchgyfeirio i'r gofrestr risg y mae'r model ariannu presennol yn effeithio arnynt; • Yr her sefydliadol ynghylch adnoddau a'r effaith gynhenid ar gyflawni rhaglenni allweddol. 	Nodwyd	Dim i'w nodi
4.3	<p>Dyddiad y cyfarfod nesaf</p> <p>Cadarnhawyd y bydd cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol yn cael ei gynnal ar 2 Tachwedd 2023 am 1.00pm.</p>	Nodwyd	Dim i'w nodi

COFNODION CRYNO CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL – PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 15:10 – 17:00

 3 Awst 2023

 MS Teams

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

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (DHCW)
Jamie Graham	JG	Cyfarwyddwr Cynorthwyol, Seiberddiogelwch	Iechyd a Gofal Digidol Cymru (DHCW)
Darren Lloyd	DL	Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion	Iechyd a Gofal Digidol Cymru (DHCW)

Cofnodion cryno heb eu cadarnhau:
Pwyllgor Preifat Llywodraethu a Diogelwch Digidol Awst 2023

Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru (DHCW)
Dave Parsons	DP	Rheolwr Cod WASPI (eitem 3.4 yn unig)	Iechyd a Gofal Digidol Cymru (DHCW)
Carys Richards	CR	Rheolwr Cymorth Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru (DHCW)
Darren Griffiths	DG	((yn arsylwi)	Archwilio Cymru

Ymddiheuriadau	Teitl	Sefydliad
Ifan Evans	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru (DHCW)
Rhidian Hurle	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru (DHCW)
Sam Lloyd	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru (DHCW)
Laura Tolley	Pennaeth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)

Acronymau			
SHA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
Iechyd a Gofal Digidol Cymru (DHCW)	Iechyd a Gofal Digidol Cymru	GIG	Gwasanaeth Iechyd Gwladol
IM	Aelod Annibynnol	SLA	Cytundeb Trwydded Sengl
NDR	Adnoddau Data Cenedlaethol	LINC	Rhwydwaith Gwybodaeth Labordai Cymru

RISP	Caffael y System Gwybodeg Radioleg	PAM	Egwyddorion a Safonau Rheoli Mynediad Breintiedig
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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 preifat, gan gynnwys Darren Griffiths o Archwilio Cymru a oedd yn arsylwi'r cyfarfod.	Nodwyd	Dim i'w nodi
1.2	Ymddiheuriadau am Absenoldeb Nodwyd ymddiheuriadau am absenoldeb gan: <ul style="list-style-type: none"> • Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth • Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol • Sam Lloyd, Cyfarwyddwr Gweithredol Gweithrediadau • Laura Tolley, Pennaeth Llywodraethu Corfforaethol 	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 David Selway, Aelod Annibynnol ac Is-Gadeirydd (DS), yn cymryd yr awenau er mwyn rheoli unrhyw wrthdaro posibl.	Nodwyd	Dim i'w nodi
RHAN 2 – AGENDA GYDSYNIO Dosbarthwyd eitemau ar yr agenda gydsynio cyn y cyfarfod a nodwyd nad oedd y Cadeirydd wedi derbyn unrhyw sylwadau ymlaen llaw.			
2.1	Cofnodion y cyfarfod diwethaf Cymeradwywyd cofnodion y cyfarfod diwethaf o'r pwyllgor a gynhaliwyd ar 11 Mai 2023 fel cofnod cywir, yn amodol ar un mân welliant y gweithredwyd arno yn ystod y cyfarfod. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: GYMERADWYO cofnodion y cyfarfod diwethaf	Cymeradwywyd	Dim i'w nodi
2.2	Adroddiad Polisi	Cymeradwy	Dim i'w nodi

Cofnodion cryno heb eu cadarnhau:

Pwyllgor Preifat Llywodraethu a Diogelwch Digidol Awst 2023

	<p>Cyflwynodd Chris Darling, Ysgrifennydd y Bwrdd (CD) yr Adroddiad Polisi gan ofyn i'r pwyllgor a oeddent yn fodlon cymeradwyo'r polisïau a ymgorfforwyd:</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>GYMERADWYO'r Adroddiad Polisi a'r 6 pholisi</p>	wyd	
RHAN 3 - PRIF AGENDA			
3.1	<p>Cofnod Camau Gweithredu</p> <p>Nid oedd unrhyw gamau gweithredu preifat agored ar y cofnod i'w trafod.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>NODI'r Cofnod Gweithredu.</p>	Nodwyd	Dim i'w nodi
3.2	<p>Adroddiad Sicrwydd Seiberddiogelwch</p> <p>Cyflwynodd Jamie Graham, Cyfarwyddwr Cynorthwyol, Seiberddiogelwch (JG) yr Adroddiad Sicrwydd Seiberddiogelwch gan dynnu sylw at y gwaith a gwblhawyd dros y cyfnod.</p> <p>Cafwyd trafodaeth ar yr hyfforddiant a gafodd yr Aelodau Annibynnol fel rhan o sesiwn datblygu'r Bwrdd a sut y gellid defnyddio sesiynau yn y dyfodol.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>DRAFOD yr Adroddiad Sicrwydd Seiberddiogelwch er SICRWYDD</p>	Trafodwyd	Dim i'w nodi
3.3	<p>Y Gofrestr Risg Gorfforaethol</p> <p>Nododd CD fod 28 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, a 22 ohonynt i'w hystyried gan y Pwyllgor hwn. Roedd 10 ohonynt yn cael eu cyfrif yn rhai preifat a byddent yn destun trafodaeth.</p> <p>Adolygwyd y risgiau preifat a'u trafod yn fanwl.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>DRAFOD y Gofrestr Risg Gorfforaethol</p>	Trafodwyd	Dim i'w nodi
3.4	<p>Mewnwelediad cynnar i broses Ymgynghori Cod Ymddygiad WASPI</p> <p>Cyflwynodd Darren Lloyd, Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion (DL) ynghyd â Dave Parsons,</p>	Nodwyd	Dim i'w nodi

Cofnodion cryno heb eu cadarnhau:

Pwyllgor Preifat Llywodraethu a Diogelwch Digidol Awst 2023

	<p>Rheolwr Cod WASPI (DP) y diweddariad gan nodi'r adborth o broses Ymgynghori Cod Ymddygiad WASPI.</p> <p>Bydd yr adborth yn cael ei adolygu a'r canlyniad llawn yn cael ei gyhoeddi ddechrau hydref 2023 a'i gyflwyno i gyfarfod nesaf y pwyllgor ym mis Tachwedd.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>NODI'r Mewnwelediad Cynnar i broses Ymgynghori Cod Ymddygiad WASPI</p>		
RHAN 4 - MATERION I GLOI			
4.1	<p>Unrhyw Faterion Brys Eraill</p> <p>Nid oedd unrhyw faterion arall.</p>	Nodwyd	Dim i'w nodi
4.2	<p>Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd</p> <p>Nodwyd eitemau i'w cynnwys, os ydynt yn briodol ar gyfer y fforwm cyhoeddus, yn Adroddiad Crynhoi Cynnydd Cadeirydd ar gyfer Bwrdd SHA ym mis Medi.</p>	Nodwyd	Dim i'w nodi
4.3	<p>Dyddiad y cyfarfod nesaf:</p> <p>Cadarnhawyd y bydd cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol yn cael ei gynnal ar 2 Tachwedd 2023 am 1.00pm.</p>	Nodwyd	Dim i'w nodi

DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN

Agenda Item	2.2
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 November 2023

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

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

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

Section 1: NB this section must be completed prior to submission

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

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

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

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

Section 2:

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IP	Intellectual Property	NIIAS	National Intelligent Integrated Auditing Solutions
BAF	Board Assurance Framework	NDR	National Data Resource

3 SITUATION/BACKGROUND

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Chair of the Committee previously requested additional horizon scanning be undertaken by officer members for inclusion in the Forward Workplan including the large-scale projects identified within the Annual Plan with the highest potential to materially affect delivery of DHCW's strategic objectives. The Corporate Governance team will continue to support the officer members to identify items for the Forward Workplan.
- 4.2 The Chair of the Committee has met with the Board Secretary to identify items for discussion at possible Committee Development sessions during 2023-24.
- 4.3 In line with DHCW's new governance arrangements that were approved by the SHA Board on 30 September 2023, and after discussion with the Chair of the Digital Governance & Safety Committee, the update on the National Data Resource Programme has transferred to the Programmes Delivery Committee and will now be considered at its first public Committee meeting, scheduled for 9 November 2023.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 5.1 The following items as noted in Appendix A Forward Workplan are due to be presented to the Committee meeting on 2 November 2023:
- Corporate Risk Trending Analysis

• Information Governance Strategy

• Information & Analytics Strategy

• Clinical Informatics and Business Change Strategy

• Intellectual Property Policy
- 5.2 The items below have been identified for the following meeting on 1 February 2024
- Digital Governance & Safety Committee Annual Report

• Digital Governance & Safety Committee Effectiveness Self-Assessment

• Digital Governance & Safety Committee Terms of Reference

• Health and Care Standards – Relevant to Digital Governance and Safety Committee

• Safety Alerts Report

• Research and Innovation Annual Report

• NIIAS Reporting and Accessing – PRIVATE session

• Development of Digi-trials Wales research recruitment service

• BAF Deep Dive areas

• Artificial Intelligence

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the contents of this report.	

DIGITAL HEALTH AND CARE WALES

DIGITAL GOVERNANCE AND SAFETY

COMMITTEE TERMS OF REFERENCE UPDATE

Agenda Item	2.3
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 November 2023

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

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

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

Section 1: NB this section must be completed prior to submission

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	All
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

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

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

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

Section 2:

<p>RESEARCH AND INNOVATION IMPLICATION/IMPACT</p>	<p>No, there are no specific research and innovation implications relating to the activity outlined within this report.</p>
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2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	October 2023	Approved

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

3 SITUATION/BACKGROUND

- 3.1 The Digital Governance and Safety Committee Terms of Reference were reviewed and agreed by the Committee in February 2023 and approved by the SHA Board in March 2023.
- 3.2 DHCW commissioned an independent review supported by Welsh Government, which has been carried out by Mr. Steve Combe MBE, an independent governance advisor, with significant experience of NHS governance. The review commenced on the 7 November 2022. The report was finalised in April 2023 and shared by the DHCW Chair with the Minister for Health and Social Care. In addition, the DHCW Chief Executive shared the report with the Chief Executive for NHS Wales / Director General for the Health and Social Services Group.
- 3.3 The implications from the report were considered via:
 - DHCW Board Development Day on the 27 April 2023
 - Consideration at the DHCW Audit and Assurance Committee on the 3 July 2023
 - Liaison with Welsh Government via the DHCW Chief Executive.
- 3.4 The main recommendation from the report was to simplify governance arrangements to include streamlining lines of accountability, ensure greater clarity on roles and responsibility, allowing DHCW hosted programmes to operate in an open and transparent manner.
- 3.5 Since the publication of the report, DHCW have met with Welsh Government Officials and have agreed that financial and delivery accountability for all DHCW hosted programmes would transition to sit with the DHCW Accountable Officer – Chief Executive Officer.
- 3.6 The DHCW Chair, together with the CEO, have agreed to establish a sub-committee of the DHCW Board to provide assurance and scrutiny on delivery of major DHCW hosted programmes in an open and transparent manner.
- 3.7 The Terms of Reference for the new Programmes Delivery Committee will be considered by the Committee and be presented to a future SHA Board meeting for formal approval, with the first Committee meeting planned for 9 November 2023.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1	<p>Due to the new Programme Governance arrangements and to avoid duplication, the Digital Governance and Safety Committee terms of reference have been updated to remove the below reference:</p> <p><i>The Committee will, in respect of its provision of advice and assurance:</i></p> <p><i>Assure the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to discharge its responsibilities, with specific reference to;</i></p> <ul style="list-style-type: none">- <i>Major national digital programmes and projects</i>
4.2	<p>In addition, the membership of the Committee has been increased to:</p> <p><i>Chair: Independent Member</i></p> <p><i>Members: Independent Members x 3</i></p>
4.3	<p>These changes have been tracked and left in the document so that Committee members can easily see the changes made.</p>
4.4	<p>After discussion with the Committee Chair, it has been agreed that any outstanding actions relating to major national digital programmes and projects will also transfer with immediate effect to the new Programmes Delivery Committee for monitoring.</p>

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1	<p>There are no key risks/matters for escalation to Board/Committee.</p>
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6 RECOMMENDATION

Recommendation	<p>The Committee is being asked to</p>
<p>APPROVE the Digital Governance and Safety Committee Terms of Reference Update.</p>	

Agenda Item 3.1

Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised action	Revised due date	Session Type
2023-08-03-A01	03/08/2023	Corporate Risk Register: CD to work with the NDR programme team to look at feeding back into the next committee meeting in November any potential quick wins once the data is input.	Chris Darling (DHCW - Board Secretary)		NDR updates will now be provided to the new Programme Delivery Committee and DG&S members will be members of the committee and will ensure any areas are picked up as required.	Complete			Public

DIGITAL HEALTH AND CARE WALES

CORPORATE RISK REGISTER

Agenda Item	3.2
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 November 2023

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

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

Purpose of the Report	To Receive/Discuss
Recommendation	The Committee is being asked to
<p>NOTE the status of the Corporate Risk Register.</p> <p>DISCUSS the Corporate Risks assigned to the Digital Governance & Safety Committee.</p> <p>NOTE the Committee Trending Analysis.</p>	

Section 1: NB this section must be completed prior to submission

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	All are relevant to the report
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
Choose an item.	Outcome: N/A
Statement: 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 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. The risk owners will be clear on the expectations of managing risks assigned to them.

Section 2: *Information available in this section (4/4) use as appropriate where necessary.*
Section 2:

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
RISK Management Group	03/10/2023	Reviewed
Management Board	19/10/2023	Reviewed

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

3 SITUATION/BACKGROUND

<p>3.1 The DHCW Risk Management and Board Assurance Framework (BAF) Strategy outlines the approach the organisation will take to managing risk and Board assurance.</p> <p>3.2 A full review of the BAF took place during April 2023 and was approved by the SHA Board in May 2023.</p>

- 4.1 Committee members are asked to consider risk, in the context of DHCW Digital Governance and Safety 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)'.
- 4.2 There are wider considerations regarding organisational factors which include, sector, stakeholder, and system factors, as well as National and International environmental factors.
- 4.3 In terms of DHCW's Corporate Risk Register, there are currently 26 risks on the Corporate Risk Register, of which 21 are for the consideration of this Committee. The Risk register presents the full public register with the green highlighted ID number representing the 12 public risks assigned to this Committee at item 3.2i Appendix A with the other 9 classified as private due to their sensitivity to be received in the private session of the Committee.
- 4.4 Committee members are asked to note the following changes to the Corporate Risk Register as a whole (new risks, risks removed and changes in risk scores):

NEW RISKS (4) – 3 public, 1 Private

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0326	Insufficient commitment to build out functionality from the NHS Wales App	Service Delivery	Digital Governance & Safety Committee
DHCW0327	Delays in Operationalising NDR Platform impacting Services which require NDR	Development of services	Digital Governance & Safety Committee
DHCW0328	**PRIVATE**	Financial	Digital Governance & Safety Committee
DHCW0329	Choose Pharmacy - DHCW maintaining funding gap	Financial	Audit & Assurance Committee

Section 4: two boxes available in this section (1/2), use an appendix where necessary

RISKS WITH SCORE CHANGES (10) – 2 public, 8 private

There were 10 changes in score 2 reductions and 8 increases in score during the period

Reference	Name	Commentary	Committee Assignment
DHCW0322	NDR Phase 3 Funding	Funding letter received and returned confirming 23/24 position risk score decreased	Digital Governance & Safety Committee
DHCW0277	**PRIVATE**	Increased in score due to review of position	Digital Governance & Safety Committee
DHCW0278	**PRIVATE**	Increased in score due to review of position	Digital Governance & Safety Committee
DHCW0279	**PRIVATE**	Increased in score due to review of position	Digital Governance & Safety Committee
DHCW0281	**PRIVATE**	Increased in score due to review of position	Digital Governance & Safety Committee
DHCW0282	**PRIVATE**	Increased in score due to review of position	Digital Governance & Safety Committee
DHCW0315	**PRIVATE**	Increased in score due to review of position	Digital Governance & Safety Committee
DHCW0317	**PRIVATE**	Increased in score due to review of position	Digital Governance & Safety Committee
DHCW0323	Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services	Increased in score due to current financial position within NHS Wales	Audit & Assurance Committee
DHCW0318	**PRIVATE**	Decreased in score due to review of position and current mitigations	Audit & Assurance Committee

RISKS REMOVED (6) – 3 public, 3 private

Reference	Name	Commentary	Committee Assignment
DHCW0310	**PRIVATE	Approved at WEDs downgraded to Directorate level for management until implemented	Digital Governance & Safety Committee
DHCW0299	Supplier capacity to support Electronic Prescription Service readiness activities	Risk downgraded for management at Directorate level as section 255 has been agreed	Digital Governance & Safety Committee
DHCW0298	**PRIVATE	Contract extension to June 2030 with existing legacy supplier executed in August 2023 Contingency plan agreed, mobilisation activity commenced. Downgraded for management at Directorate level	Digital Governance & Safety Committee
DHCW0328	**PRIVATE**	Risk closed supplier confirmed delivery timelines	Digital Governance & Safety Committee
DHCW0327	Delays in Operationalising NDR Platform impacting Services which require NDR	Risk closed project specific plans will be agreed	Digital Governance & Safety Committee
DHCW0326	Insufficient commitment to build out functionality from the NHS Wales App	Risk closed Mitigation implemented and being managed within the Programme	Digital Governance & Safety Committee

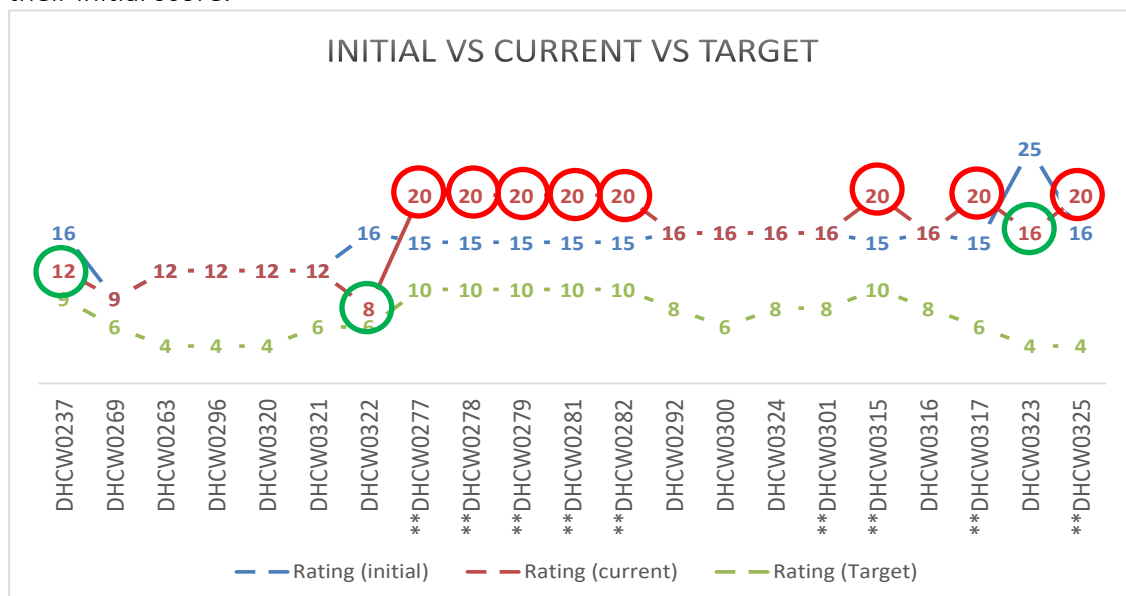
4.5 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 7 Significant and 14 Critical risks assigned to the Committee. The key indicates movement since the last risk report to the Committee.

4.6 Fourteen of the Sixteen critical risks currently on the Corporate Risk Register are assigned to the Digital Governance and Safety Committee.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0277 **DHCW0278 **DHCW0279 **DHCW0281 **DHCW0282 **DHCW0317	**DHCW0315	
	MAJOR (4)		DHCW0322 – NDR Phase 3 funding ↓	DHCW0263: DHCW Functions DHCW0296 – Allergies/Adverse Reactions – Single Source DHCW0308 – Sustainable funding for NIHS DHCW0320 – Citizen and stakeholder trust in use of HSC data DHCW0323 – Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services	DHCW0259: Staff Vacancies DHCW0292 – Insufficient human resource capacity DHCW0300 – Canis (Screening and Palliative Care) **DHCW0301 DHCW0316 – Technical Debt Accumulation **DHCW0318 DHCW0324 – Availability of resources to support the WICIS Programme **DHCW0325 DHCW0327 – Delays in Operationalising NDR platform Impacting on Services which require NDR	**DHCW0328 ★
	MODERATE (3)			DHCW0269 – Switching Service – Data warehouse DHCW0326 – Insufficient commitment to build out functionality from the NHS Wales App	DHCW0237: New requirements impact on resources and plan DHCW0321 – Sustainable funding for WASPI DHCW0313 – Digital Cost Pressure – Service Model Changes	
	MINOR (2)					
	NEGLECTIBLE (1)					

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

4.7 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, those with a green circle represent those risks with a score decreased from their initial scoring, the remainder are the same as their initial score.



5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
<p>NOTE the status of the Corporate Risk Register.</p> <p>DISCUSS the Corporate Risks assigned to the Digital Governance & Safety Committee.</p> <p>NOTE the Committee Trending Analysis.</p>	

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
	NEGLECTIBLE (1)	1	2	3	4	5

Key – Risk Type:

Critical	Significant	Moderate	Low
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HIGHLIGHTED IN GREEN RISKS FOR CONSIDERATION BY THIS COMMITTEE

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
DHCW0259	Business & Organisational	Staff Vacancies IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING in delays to system support and new functionality for NHS Wales users.	11/02/2020	04/10/2023	12 (3x4)	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: DHCW will be developing new contractual vehicle/s commencing from April 2023 which will support procurement of specialist resource from external providers; either where the recruitment process has not secured the resources required or that highly skilled resource can be better sourced for short periods in line with streams that a determination that the procurement approach is more optimal in order to quickly and effectively secure time critical delivery of key projects ACTIONS TO DATE: 04/10/2023 Discussion at Risk Management Group around the focus and wording of this risk, action to progress discussions with Director of POD 17/08/23 There are a number of key strands of work and commitments this is being led by SRG which represents all the organisation and has senior representatives from programmes and Directorates across all DHCW. Each Directorate has detailed recruitment plans and these have been revised in line with financial challenge work - work with Finance BPs/POD BPs is concentrated and ongoing. Actions include: weekly review of recruitment plans, monthly SRG deep dive reviews, new outlets for advertising and sourcing interim workers, working with colleges and universities to support grads etc/new appointees into DHCW and working with Directorates to convert some roles to grad roles etc but do need some	16 (4X4)	6 (2X3)	Director of People	Non Mover	Audit & Assurance / Local Partnership Forum	Service Delivery	Mission 5

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
						<p>resource support centrally in POD to fully support management of this moving forward - which as SRG suggested could be supported by under spend. We have also carried out strategic workforce planning to better plan and execute actions at the right time in the right way and also look at areas scaling down to deploy and retrain our current workforce to move to new roles and have the training to support them. All in progress.</p> <p>03/07/23 There are a significant number of vacancies and the recruitment team are managing a high volume of activity. There is a need to increase the volume of appointments and the Recruitment Team will be planning for a number of Recruitment events in September to help expedite the ability to appoint the right people at the right time.</p> <p>The P&OD Business Partners and working with the Finance Business Partners to ensure we encourage Appointing Managers to start the recruitment process as soon as possible and before the end of Period 2 in most cases given the time it takes to recruit and on board. This will be closely monitored by the Resource Tracker a tool created by Finance and used jointly with P&OD.</p> <p>26/50/2023 - Initial WFOD planning exercise complete and currently aligning the WFO and Finance forecasts by the end of June which should give focus and timings for key areas.</p> <p>Tracker is now up and running which is accessible by WFO and Finance to ensure we have an up to date view on resource and recruitment.</p> <p>03/05/2023 Recruitment Plan for the year is being finalised following the workforce planning exercise which will allow us to focus effort in timely manner. Also planning carrying out Careers Fairs aligned to last years successes. No foreseen issues with the ability to achieve the plan</p>							
DHCW0292	Service Interruption	<p>High concentration of unfunded posts in infrastructure teams</p> <p>IF DHCW are unable to secure revenue funding to support major infrastructure developments identified in the IMTP and 1-year</p>	01/04/2022	29/09/2023	16 (4x4)	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Develop workforce plan for the resources required for major Infrastructure maintenance work such as those identified.</p> <p>ACTIONS TO DATE:</p>	16 (4x4)	8 (4x2)	Executive Director of Digital Operations	Non Mover	Digital Governance & Safety	Financial	Mission 1

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
		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				29/09/2023 CLJ. Updated title following Operations directorate SLT review 18/09/2023 CLJ. Latest indications are that Data Centre 2 project will now NOT be funded by DPIF/WG funding. Therefore no change to score. 04/09/2023 Discussions are ongoing within the Operations Directorate around resources, awaiting the approval and sign off of the Data Centre 2 Business Case 13/07/2023 CLJ - No change. Indications are that we will get Time Limited Funding from WG for the data centre migration, which will enable DHCW to procure some short term resources to assist with that specific project. 30/05/2023 CLJ - Work is underway across the Operations Directorate to address the unfunded positions. Risk level unchanged at the moment 05/05/2023 CLJ - Work is underway across the Operations Directorate to address the unfunded positions. Risk level unchanged at the moment 04/04/2023 CLJ - Updated risk description to reflect the change in focus of the risk as a result of the new financial year.							
DHCW0300	Service Interruption	Canisc (Screening and Palliative Care) 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 care and Screening Services requiring workarounds.	07/12/2022	04/10/2023	16 (4x4)	AIM - Reduce Likelihood and Impact by developing four new features; Palliative Care MDT, Patient Preferences, Caseload Management and Specialist Palliative Care Eform FORWARD ACTIONS User Acceptance Testing to continue for Palliative Care MDT and Patient Preferences features. Continue development of remaining features i.e. Caseload Management and Specialist Palliative Care Eform. Implement across Wales. ACTIONS TO DATE 04/10/23 Palliative care development of four key feature-sets expected to launch in Q3, to plan. Screening colposcopy to start, based on understood set of requirements and technical (image acquisition & retention) decision. 06/09/2023 Palliative Care development expected completion is end of Qtr 2 (Sep 2023). No further slippage on development is expected. Patient Preference is almost fully UAT compliant, Palliative Care MDT to begin shortly. 06/07/23 Development on going for Caseload Management and Specialist Palliative Care Eform. UAT has commenced on Palliative Care MDT and Patient	16 (4x4)	6 (4x2)	Executive Medical Director	Non Mover	Digital Governance & Safety	Service Delivery	Mission 3

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
						<p>Preferences. New risk raised by Clinical Lead delays during UAT of the Patient Preferences e-form. Data set-up took a number of months during which clinicians were unable to test effectively. When testing has been possible bugs have been identified but it has taken a number of weeks for these bugs to be resolved. For both Patient Preferences form and other Specialist Pall Care workstream products, the implications of working at this pace would prohibit us from having all products ready for live delivery by end of March 2024.</p> <p>22/03/2023 Patient Preferences and Pall Care MDT have been released for UAT, however slippage on original timelines have changed proposed dates for remaining deliverables as below Proposed dates for User Acceptance Testing are: September 23 for Specialist Pall Care form September 23 for Caseload Management 30/01/23 Development has continued on solutions to replace Canisc functionality in the WCP team. Proposed dates for User Acceptance Testing are: 27 Feb 23 for Patient Preferences and Pall Care MDT 16 June 23 for Specialist Pall Care form 30 June 23 for Caseload Management 15/12/2222 - CLJ. Changed risk type to "Service Interruption". Not a cyber security risk</p>							
DHCW0316	Finance	<p>Technical Debt Accumulation</p> <p>IF DHCW is unable to reduce and/or prevent further accumulation of technical debt, THEN DHCW will be unable to embrace latest technologies and modernise working practices, RESULTING IN increasing challenges to deliver high quality digital services and meeting customer demands within reasonable timescales.</p>	19/04/2023	18/09/2023	16 (4x4)	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTIONS: Establish TDA to steer architecture development Conduct DevOps maturity assessment Develop product-centric target operating model Develop WPAS cloud migration roadmap Establish cloud TCO model and develop business case</p> <p>ACTIONS TO DATE: 18/09/2023. CLJ. First TDA meeting organised for end October. DevSecOps maturity engagement started. Expected to take 6 weeks. Cloud migration option workshops have been organised. Third party architect engaged to support this. Initial Economic Assessment (Microsoft Azure) nearing completion.</p> <p>03/08/2023. Procurement of DevOps maturity assessment completed. DORA metrics development well under way. Initial findings have been presented.</p>	16 (4x4)	8 (4x2)	Executive Director of Digital Operations	Non Mover	Digital Governance & Safety Committee	Financial	Mission 2

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
						<p>26/07/2023. Initial Technical Architecture benchmarking exercise complete.</p> <p>13/07/2023 - Funding has been secured to use 3rd parties to assist with multiple workstreams which will lay the foundations for the transition to a product centric operations model and target architecture. Procurement is currently underway.</p> <p>1. Secured third parties to assist with the Software engineering maturity assessment.</p> <p>2. Target Operating model Design</p> <p>3. WPAS Cloud blueprint development</p> <p>A Consultation is underway for the Operational Directorate restructure which creates additional portfolios with specific focus on Digital Delivery, Dev Ops, Digital Architecture, Cyber Security and Enterprise Service Management.</p> <p>The collection of DORA metrics work is underway with existing software teams which will provide performance metrics relating to our software engineering capabilities benchmarked against external industry standards. Expect this to be presented in the IOPR in August/September 2023.</p> <p>31/05/2023 - Migration actions updated. Initial discovery work on Cloud business case is underway.</p>							
DHCW0329	Finance	<p>Choose Pharmacy - DHCW maintaining funding gap</p> <p>IF a sustained and appropriate level of funding for the support and development of the Choose Pharmacy application is not established THEN DHCW will need to continue cover the additional costs of £515pa for the provisions of the service, which is the current shortfall between Welsh Government annual funding (£415k) and the costs associated with the Choose Pharmacy service (£930k)</p>	07/02/2023	25/09/2023	16 (4x4)	<p>AIM: Establish a sustainable funding stream for the Choose Pharmacy Service, which reflects at minimum, the current costs associated with the delivery and development of the Choose service.</p> <p>Infrastructure costs are to be taken into consideration, HOWEVER, they will very much depend on DHCWs attitude towards infrastructure costing moving forward.</p> <p>FORWARD ACTIONS: Escalate the issues to DHCW executives for discussion and agreement on an appropriate level and source of funding.</p> <p>ACTIONS TO DATE: 04/10/23 Accepted onto the Corporate register and transfered to PCMT Directorate 05.06.23 MPJ: Meeting with Sam Lloyd and Sam Hall (directors) on Thursday 08.06.23 to discuss transition of</p>	16 (4x4)	6 (2x3)	Director of Primary, Community & Mental Health Digital Services	New Risk	Digital Governance & Safety Committee	Financial	Mission 2

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
		RESULTING IN DHCW baring a significant cost pressure of £515k pa for the provisions of the Choose Pharmacy service.				Choose to Primary, community care and mental Health directorate and will raise the issue of lack of funding as a priority for the product. 16.05.23 MPJ: Paper raised for review of Choose infrastructure (awaiting sign off from Sam Lloyd). Still no progress on how the finances are going to be progressed for the Choose Service. Will escalate with Sam L. 17.02.23 MPJ: Discussed at ADS directorate management team meeting and agreed to escalate to corporate level. 16.02.23 MPJ: Escalated to directorate level following discussions with Stuart. 11.01.23 MPJ: An SBAR is to go to directors on 01.02.23 asking for a future funding stream to be established as part of a wider review of the Choose service. 04.10.22: A letter of on-going concerns was sent to Jenny Pugh Jones Chair of the Community Pharmacy Digital Applications Board and Rhianne Edwards Project manager from the Jason Carroll, chair of the National Extended Service Management Board and Judy Thomas Director of Contractor Services, Community Pharmacy Wales. The letter expressed several concerns around the Choose Pharmacy application (copy attached)							
DHCW0324	Finance	Availability of Resources to Support the WICIS Programme IF there is no additional funding to support required changes to the WICIS programme plan and contract THEN there is a risk of delays to implementation and dispute with the supplier RESULTING IN digital ICU systems and services not being available to users as planned	18/01/2023	26/09/2023	16 (4x4)	AIM: Reduce FORWARD ACTION: Continued escalation to SRO and impact assessment paper (authored in collaboration with NHS Executive) to be submitted to WG describing potential delivery scope change as consequence to funding deficiency. ACTION TO DATE: 26/09/23: Hosting costs from each HB will be payable from April 2024 - HBs have been advised of this in a letter to Chief Execs in September. In addition, NHS executive have agreed to fund the nurse lead in DHCW on WICIS and DHCW have advised NSD to appoint a band 4 23/08/23: Revenue funding costs calculated from April 23, due to be shared with HB Chief Executives. Revised implementation plan with HDD UHB go lives moving into Q1 & Q2 of 2025/26. 04/08/23: Capital shortfall paper agreed with SRO and sent to Chief Executive. Includes assumption that roll out will extend into 25-26. 28/07/23: Reforecast of financial plan with finance partner is being completed to identify funding requirements to continue with project and to extend the implementation into 2025/26. Plans to present funding	16 (4x4)	8 (4x2)	Executive Director of Strategy	Non Mover	Digital Governance & Safety	Financial	Mission 2

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
						request within DHCW before the programme board on 01/08/23. 22/06/23: Further details supplied to WG DPIF team following SRO discussions. 09/06/23: Escalation of Risk to Corporate Risk level following agreement by Ifan by e-mail 08/06/23 alongside rewording of risk component to cover extent of funding deficiency. 08/06/23: Email from NHS Executive confirms earmark of revenue funding, yet to be formally confirmed. 16/05/23: Funding gap discussed and escalated with WAG and ongoing discussions with NHS Executive. 03/05/23: Discussions with NHS Executive on funding commitment. 14/04/23: Commercial discussions taking place, following review of forecast spend and ongoing financial support of the programme. 28/03/2023: Forecast spend drafted to share with senior team and discuss what funding is required for 2023/24. Mark Cox aware. 01/02/2023: Chased Mark Cox for update on escalation who is on leave at the moment. Will await a response. 18/01/2023: Alex Percival and Rachel Williams escalated to Mark Cox in order to escalate to Directors. 13/01/2023: Jo Davies, NHS Wales Collaborative, advised WICIS that the funding £1m funding from the collab will no longer be available from 01/04/2023. Agreed to escalate to finance.							
DHCW0323	Business & Organisational	Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services IF additional funding is not allocated to DSPP/DHCW to support transition (including resource capacity to learn/upskill) nor to establish an operational application support model/team, THEN staff may need to be moved away from other services or the NHS Wales App switched off, Resulting in non-delivery of objectives	14/06/2023	02/10/2023	25 (5x5)	AIM: Reduce Likelihood FORWARD ACTIONS: Develop a transition plan and understand the resources needed to support the plan. Outline approach and plan for transition of development team proposed. ACTIONS TO DATE: Update 02/10/23: DPIF funding available to run the DSPP programme and the NHS Wales App to March 2025. Risk of funding owned by DHCW Execs and being discussed with WG and picked up in the transition planning activities. Funding case to be prepared for submission in October 2023 Update 05/09/23 - Programme met with ADS colleagues to understand more about what is needed for ADS/ DHCW to take on the NHS Wales App. 5 key areas have been agreed on for transition and information sharing with Kainos (digital supplier).	16 (4x4)	4 (2x2)	Executive Director of Strategy	Increased	Audit & Assurance	Financial	Mission 4

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 a delay in benefits being realised, as well as reputational damage.				These are: Ops, Support, Discovery, Platform & Development. Programme colleagues drafting proposal to WG to support the future funding of this transition to DHCW. Update 04/09/23 - DSPP programme team are waiting on key inputs from DHCW (ADS) staff to inform the transition plan and costs therein. A key meeting has been arranged to take place on 5/09 to understand progress. DHCW FIN confirmed that a Full Business Case would be required. Update 02/08/23 Planning work continuing with DHCW to understand future TOM following transition and plan to get there (including full costings). Understand phase of transition has taken place between ADS lead and Kainos. Transition approach and outline plan proposed is viable, but unaffordable. Plan to be utilised to inform the resources requirements needed for transition.							
DHCW0313	Finance	Digital Cost Pressure – Service Model Changes IF externally and internally sourced service provision models change resulting in movement from CAPEX based solutions to OPEX THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.	28/02/2023	02/10/2023	16 (4x4)	AIM REDUCE LIKELIHOOD FORWARD ACTIONS 02/10/2023: Cloud Business currently being drafted. Also as part of the 23/24 SLA process lessons learned exercise DHCW service Management to review SMB and NSMB terms of reference to include responsibly to highlighting unavoidable costs (due to changes in rev to capital) and incorporating the appropriate funding requirements with SLA's. ACTIONS TO DATE: 07/09/2023 DHCW is currently constructing a sustainable funding paper (due October 2023) which will propose recommendations to address changes in the technological layer (both external supplier and internal cloud adoption) that have a consequential CAPEX to OPEX impact. This exercise builds upon the current established mitigation of strengthened horizon scanning adopted as part of the contract management reviews. 06/07/2023 Externally DHCW has instigated robust horizon scanning processes by incorporating specific intelligence gathering during recurring supplier contract management meetings to enable upstream management of any risk. Internally an assessment is being made as part of the cloud adoption Business Case and as part of the product approach which will inform financial impact and revenue requirements.	12 (4x3)	9 (3x3)	Executive Director of Finance	Non Mover	Audit & Assurance Committee	Financial	Mission 5

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
						05/05/2023: Cloud Adoption Group to support delivery of the Cloud Business Case which will detail the organisations shift to cloud and associated costs. MC 05/05/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. External - Commercial service to identify potential areas and include discussion as part of a horizon scanning agenda item at contract review meetings, Internal – Senior Finance Business partners to assess and escalate appropriately via established SoP. The proposed timelines for this mitigation will run until September 2023 15/08/2023 DHCW Finance & Commercial Department to produce update briefing for consideration by the Capital & Non Pay Delivery Group to assess whether risk is ongoing or can be scored to target levels due to initiated controls. 05/05/2023: The Cloud Adoption Oversight Group has been established which (alongside implementation of the Product Approach) will play a key role in planning potential changes in service delivery models. 03/04/2023: An updated database has now been compiled with formal guidance surrounding escalation within the appropriate organisational governance forums. DHCW will look to propose to DOD a process of identifying and managing cost pressures of this nature as part of its sustainable funding approach. Initial notification for discussion will be held as part of the National digital updates planned for the 04/04/23 MC 27/02/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. External - Commercial service to identify potential areas and include discussion as part of a horizon scanning agenda item at contract review meetings, Internal – Senior Finance Business partners to assess and escalate appropriately via established SoP. MC 27/02/23:- Audit Committee Digital Cost Pressure Deep Dive held at October session. Financial Sustainability audit focussing on Digital Cost Pressures presented to February Audit Committee. Single risk split into four risks for more focussed managed and mitigating action identification.							

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
DHCW0237	Business & Organisational	<p>New requirements impact on resources and plan</p> <p>IF new requirements for digital solutions continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING in non delivery of our objectives and ultimately a delay in benefits being realised by the service.</p>	30/03/2020	22/09/2023	16 (4X4)	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue to monitor new requirements and new initiatives. Use capacity planning, new service request, formal change control and reprioritisation methods to address requests. Impact assessed if staff need to be moved to urgent work.</p> <p>ACTIONS TO DATE:</p> <p>Focussed prioritisation is being undertaken by the ADS directorate to ensure key IMTP objectives are supported. Comms being drafted about being unable to take on new service requests without further resource.</p> <p>The IMTP 23-26 was approved at the SHA Board on 30 Mar 2023 and the DHCW Business Plan 23-24 was approved by Management Board on 24 Apr 2023. Capacity assessments are ongoing and recorded in a corporate milestone app. Milestones are baselined and monitored with the Planning and Performance Management Group where corrective actions are escalated.</p> <p>The IMTP this year also illustrates unfunded requests and pipeline products which aren't resourced as at time of publication and therefore aren't committed to. These can only enter the plan via a formal change control where resource has been confirmed as available. The status of products as 'pipeline' will be communicated to NHS partners to manage expectations and help in consideration of new requests - as pipeline need to be considered ahead of new requests.</p>	12 (3X4)	9 (3x3)	Executive Director of Strategy	Non Mover	Digital Governance & Safety	Development of Services	Mission 2
DHCW0296	Clinical Risk	<p>Allergies/Adverse Reactions - Single Source</p> <p>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</p>	13/09/2022	16/10/2023	12 (4x3)	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTION:</p> <p>Shared Medicines Record to take up this functionality to be cross-systems. Strategy to be determined.</p> <p>ACTION TO DATE:</p> <p>16/10/23 This will addressed in Tranche 2 of the shared medicines record (SMR). Due to be available March 2023. Dependency on having the CDR in place 09/10/2023 PcD - Initial work will commence in late October to schedule the movement of WelshPAS Allergies and reactions to use the CDE.</p> <p>15/8/23 [PcD] - No Change</p> <p>July 2023 Dependencies still remain on CDR.</p>	12 (4x3)	4 (4x1)	Executive Medical Director	Non Mover	Digital Governance & Safety	Safety / Wellbeing	Mission 3

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
		<p>information being presented in the system being used by the clinician.</p> <p>Possible Causes:</p> <ul style="list-style-type: none"> - 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) 				Apr/2023: - A new Shared Allergies Record will be set up aligned to the work of the Shared Medicines Record - Timescales yet to be determined							
DHCW0308	Information Governance	<p>Sustainable funding for NIIAS</p> <p>IF a sustainable financial position cannot be found for the National Intelligent Integrated Audit Solution (NIIAS) THEN a DHCW funding risk at end of contract (November 2023) will create financial challenges to DHCW internal core funding decisions RESULTING IN difficult financial control issues and jeopardising contract renewal</p>	31/01/2023	06/09/2023	12 (3x4)	<p>AIM - Reduce likelihood</p> <p>FORWARD ACTIONS - Commercial and Procurement support on options appraisal</p> <p>ACTIONS TO DATE -</p> <p>06/09/2023 Discussions between Welsh Government and DHCW are ongoing</p> <p>05/05/23 Non recurrent internal funding explored for year 1 of the contract (to be agreed by directorate), longer term funding to be addressed with WG or via National Sustainable Funding exercise by the end of May 2023</p> <p>06/04/23 Further meeting with Finance to determine utilisation of capital to fund part of contract - Business Case into WG to secure costs longer term</p> <p>20/02/23 Meeting with DCHW DoF at the start of March 2023 - Finance Case drafting prior to that meeting with the support of Head of Management Accounting - Action to go back to Exec Board and Management Board for March.</p>	12 (3x4)	6 (2x3)	Executive Medical Director	Non Mover	Audit & Assurance	Information, Access and Sharing	Mission 1

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
DHCW0320	Information Governance	<p>Citizen and stakeholder trust in uses of Health and Social Care data</p> <p>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</p>	12/05/2023	06/09/2023	12 (4X3)	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Await actions from Welsh Government for mitigation plan to be progressed</p> <p>ACTIONS TO DATE September 2023 - Awaiting actions from Welsh Government to continue mitigation July 2023 - Paper for EMD and CEO being put together for consideration in August Continue discussions with Welsh Government colleagues to define DHCW's role in the Communication and Engagement. Discussion to be held January 2023 - See Datix Risk 0263 for ref to meeting with WG CDO</p>	12 (4X3)	4 (4X1)	Executive Medical Director	Non Mover	Digital Governance and Safety	Information Storing and Maintaining	Mission 4
DHCW0263	Information Governance	<p>DHCW Data Functions</p> <p>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</p>	26/01/2021	06/09/2023	12 (4x3)	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Discussions to be held in January 2023.</p> <p>ACTIONS TO DATE: 06/09/2023 - Awaiting action plan from Welsh Government to progress mitigation 04/07/2023 - DHCW facilitating discussions with WG senior Policy leads and WG lawyers</p> <p>Meeting with WG CDO, Deputy Director for Digital, Head</p>	12 (4x3)	4 (4x1)	Executive Medical Director	Non Mover	Digital Governance & Safety	Information Access and Sharing	Mission 1

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
		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.				<p>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</p> <p>DHCW meeting WG on 31/1 to discuss how the Data Promise Programme is progressed, confirming roles, responsibilities and timeframes</p> <p>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:</p> <p>(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 and Safety Committee and a deep dive provided at November 2021’s meeting.</p>							
DHCW0321	Information Governance	<p>Sustainable funding for WASPI</p> <p>IF a sustainable financial position cannot be found for funding to support the development and implementation of the WASPI Code of Conduct THEN key organisation stakeholders are unlikely to sign up to become code member</p>	15/05/2023	06/09/2023	12 (3x4)	<p>AIM Reduce likelihood</p> <p>FORWARD ACTIONS</p> <p>Confirm funding application outcomes</p> <p>ACTIONS TO DATE</p> <p>September 2023 Continued discussions with Welsh Government</p> <p>July 2023 early indicators from the WG Public Consultation suggest extensive public service support - although finance still to be resolved</p> <p>March/April/May 2023</p>	12 (3X4)	6 (2X3)	Executive Medical Director	Non Mover	Digital Governance and Safety	Information Access and Sharing	Mission 3

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
		organisations as DHCW would not be able to discharge Code responsibilities RESULTING IN a missed opportunity for enhancing data sharing standards across Wales and reducing missed opportunities with data sharing between agencies.				Meetings with Finance to determine ability to apply for funding via the Digital Priorities Investment Fund December 2022 Funding business case for a WASPI Code team taken to Executive Management Board							
DHCW0269	Business & Organisational	Switching Service - Data Warehouse IF the current automated switching service fails before new NDR platform is live THEN data will be need to be manually acquired into the ISD Data Warehouse RESULTING IN an increased resource requirement to maintain updates to multiple reporting systems. The lack of ability to upgrade or to develop the Switching Service will also mean that ISD may be unable to meet any new demands for information.	07/12/2020	05/09/2023	9 (3x3)	AIM:REDUCE Likelihood and REDUCE Impact FORWARD ACTION: Meeting scheduled to agree the NDR solution and agree reasonable timelines or structure ACTION TO DATE: 05/09/2023 The outline workplan is being discussed and agreed, project manager has been allocated and the scrutiny process has been approved to recruit the resource requirements identified to complete the work. ISD have identified a lead ("Data warehouse and acquisition lead"), Steering group formed and Project in scoping phase. 23/06/2023 Awaiting meeting to propose roadmap for NDR scoring reduced 04/04/2023 Deep dive during the Risk Management Group in April Further internal discussions will be progressed to firm up a longer-term plan of mitigation offering where possible clear timelines or structure 1/01/2023 - Change Risk Handler to reflect ownership 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.	9 (3x3)	6 (3x2)	Executive Director of Digital Operations	Non Mover	Digital Governance & Safety	Information Storing and Maintaining	Mission 4
DHCW0322	Finance	NDR Phase 3 funding IF funding requested to deliver Phase 3 of the NDR Programme is not confirmed THEN resources cannot be committed to delivery	06/06/2023	05/09/2023	16 (4X4)	AIM: Reduce Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government to agree funding position ACTIONS TO DATE: 05/09/2023 Funding letter confirmed for this financial	8 (4X2)	6 (2X3)	Executive Director of Strategy	Non Mover	Digital Governance & Safety	Financial	Mission 1

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
		RESULTING IN changes to the Phase 3 Business Justification Case, slower delivery, delayed benefits, and reduced value for money				year. Milestones to meet by 30th September that will support the position in Welsh Government confirming funding for 24/25 however there may be an impact should DPIF funding reduce during this financial year. 27/07/2023 Funding letter was countersigned by DHCW and returned to Welsh Government on 18th July 2023 17/07/2023 - Funding letter received. waiting for confirmation this has been signed by Helen Thomas 06/07/2023 Funding for 23/24 has been confirmed discussion ongoing to formally secure 2024/25 funding as part of a review exercise. 06/06/2023 Funding letter received on 5th June indicating 50% funding for Q1/Q2 with requirements to meet milestones by 30th September at which point the remaining 50% will be released. The discussion is ongoing between Programme Director, Finance and Welsh Government as the funding letter does not correspond with advice received previously.							



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Corporate Risk Trending Analysis Oct 2022 – Sept 2023

Digital Governance & Safety Committee

Corporate Risks covering October 2022 –
September 2023

Context

- DHCW was established on the 1 April 2021. A committee assignment approach was agreed as part of the risk management strategy.
- All corporate risks are added to the corporate risk register with the approval of the relevant Executive Lead.
- Corporate risks are reviewed each month via Management Board.
- During the period October 2022– September 2023 deep dives have taken place on the corporate risks assigned to the committees by the relevant committee.
- In May 2023, the Board Assurance Framework Report was approved by the SHA Board with corporate risks assigned to each of the five DHCW strategic missions.
- As part of the risk work-plan for 2022/23 a review of the movement of all corporate risks during this twelve-month period of operation was agreed, which is presented in these slides.

Corporate Risks – Changes since 1 October 2022

- On the 1 October 2022 there were 26 risks on the corporate risk register
- Between 1 October 2022 – 30 September 2023 there have been 33 new risks have been escalated to the Corporate Risk Register
- Between 1 October 2022 – 30 September 2023 34 risks have been removed (de-escalated or closed) from the Corporate Risk Register
- Risk movement shows there have been a similar number of risks escalated and de-escalated or closed during the twelve-month period

Corporate Risks not mitigated

1 October 2022 – 30 September 2023

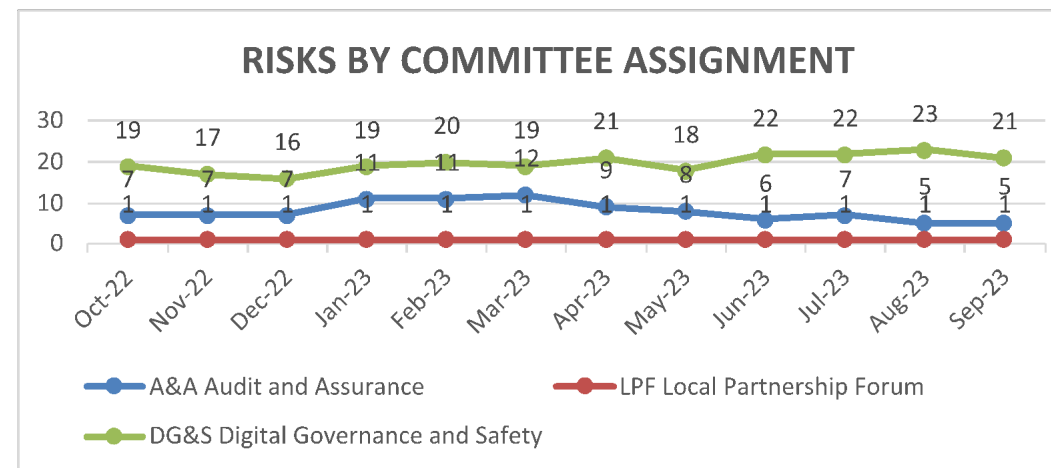
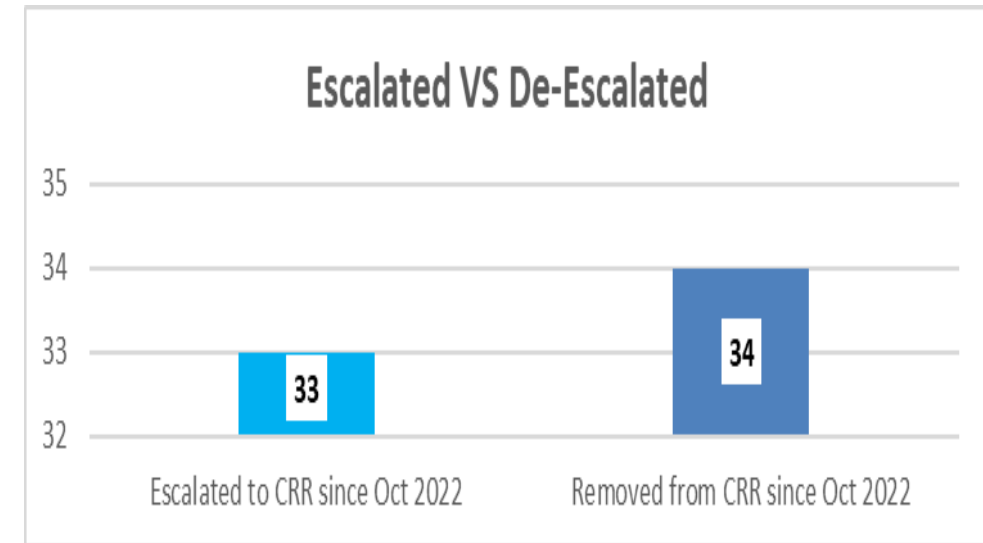
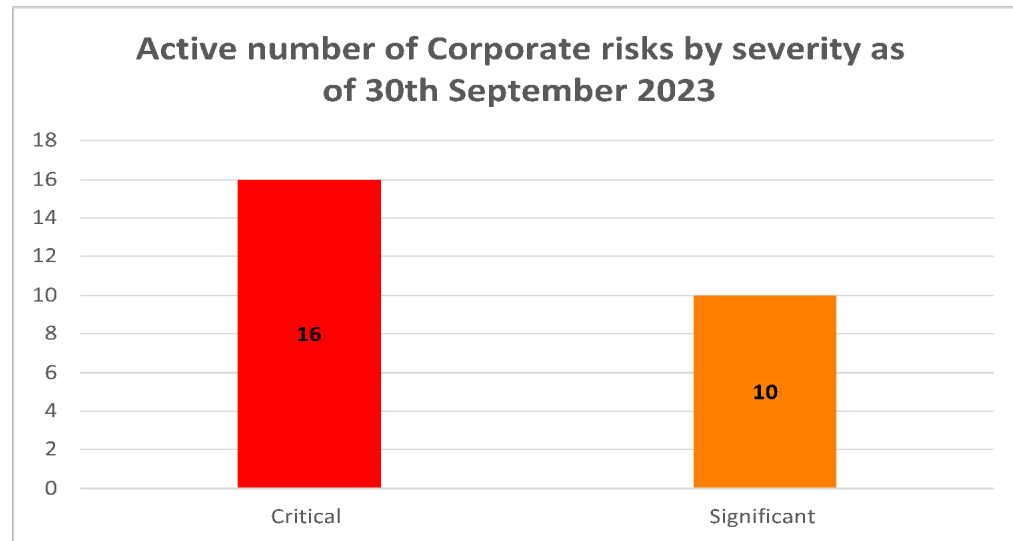
The full list of the eleven risks that have remained on the register over the last twelve-month period, noting the risks assigned to the DG&S Committee, the risks assigned to the Audit & Assurance were considered on 17 October 2023.

- DHCW0237 - New requirements impact on resources and plan (DG&S Committee)
- DHCW0259 – Staff Vacancies (A&A Committee)
- DHCW0263 – DHCW Data Functions DHCW0259 (DG&S Committee)
- DHCW0269 – Switching Service – Data Warehouse (DG&S Committee)
- DHCW0277 – **PRIVATE (DG&S Committee)
- DHCW0278 – **PRIVATE (DG&S Committee)
- DHCW0279 – **PRIVATE (DG&S Committee)
- DHCW0281 – **PRIVATE (DG&S Committee)
- DCHW0282 – **PRIVATE (DG&S Committee)
- DHCW0292 - Insufficient capacity in the infrastructure teams to undertake BAU activity and activities in the 1-year plan (DG&S Committee)
- DHCW0296 - Allergies/Adverse Reactions - Single Source (DG&S Committee)

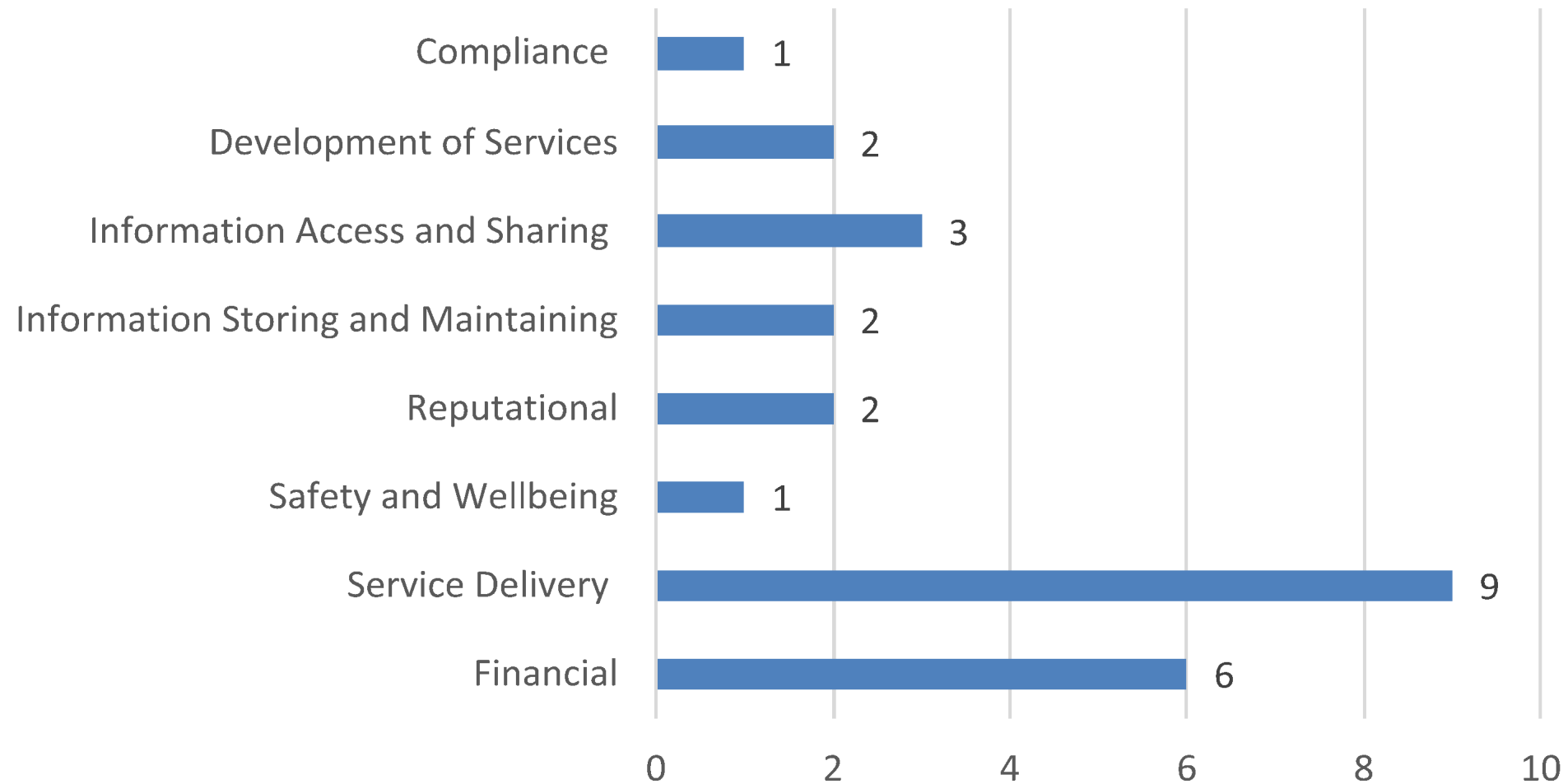
There are two risks that have been on the corporate risk register since DHCW established in April 2021 that remain active on the Corporate Risk Register. These are:

- DHCW0237 - New requirements impact on resources and plan (DG&S Committee)
- DHCW0259 – Staff Vacancies (A&A Committee)

Corporate Risk Register Movement - 1 October 2022 – 30 September 2023



ACTIVE RISKS BY PRIMARY RISK DOMAIN



Number of Active Risks by Strategic Mission as at 30 September 2023

Mission	Number of Corporate Risks assigned
Mission 1 - Provide a platform for enabling digital transformation	10
Mission 2 - Deliver high quality digital products and services	7
Mission 3 - Expanding the Digital Health and Care record and the use of Digital to improve Health and care	4
Mission 4 - Drive better value and outcomes through innovation	3
Mission 5 - Be the trusted strategic partner and a high quality, inclusive, and ambitious organisation	2

DIGITAL HEALTH AND CARE WALES

INCIDENT REVIEW AND LEARNING GROUP

QUARTER 2 REPORT 2023-24

Agenda Item	3.3
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 November 2023

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

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

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

1 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Resilient Wales
If more than one standard applies, please list below:	

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

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
If more than one standard applies, please list below:	

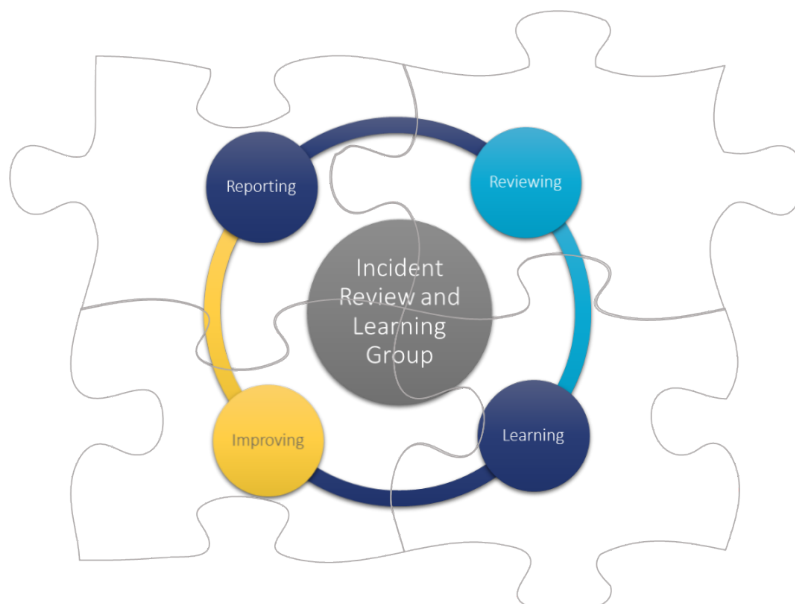
<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Quarterly Report	

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	Yes, please see detail below
	The report provides a summary of all reportable incidents and any quality and safety activities undertaken as remediation.
	Should the remedial required action not be undertaken there could be a detrimental impact on quality and safety.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below
	The report provides a summary of all reportable incidents including any which meet our legal, regulatory, and statutory requirements.
	Should corrective and remedial action not be undertaken appropriately there could be a legal impact.
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below
	The report contains a summary of any incidents where redress is required.
	Some incidents may result in financial penalties for the organisation.

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

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

2 BACKGROUND



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

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

- Reporting
- Reviewing
- Learning
- Improving

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

Section 10 of which breaks the report down into these four areas.

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

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

This report covers the period 1st of July 2023 to 30th of September 2023 inclusive.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)



3.1 Early Warning Notifications and National Reportable Incidents

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

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

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

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

Complaints. Concerns, & Feedback (no timescales)	Formal	3	1	2		
	Enquiries	12	5	7		
	Suggestions	2	1	1		

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

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

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



3.2 Reviews Undertaken This Year

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

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

Table 2: Reviews undertaken this year.

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

Quarterly Comparison of Reviews

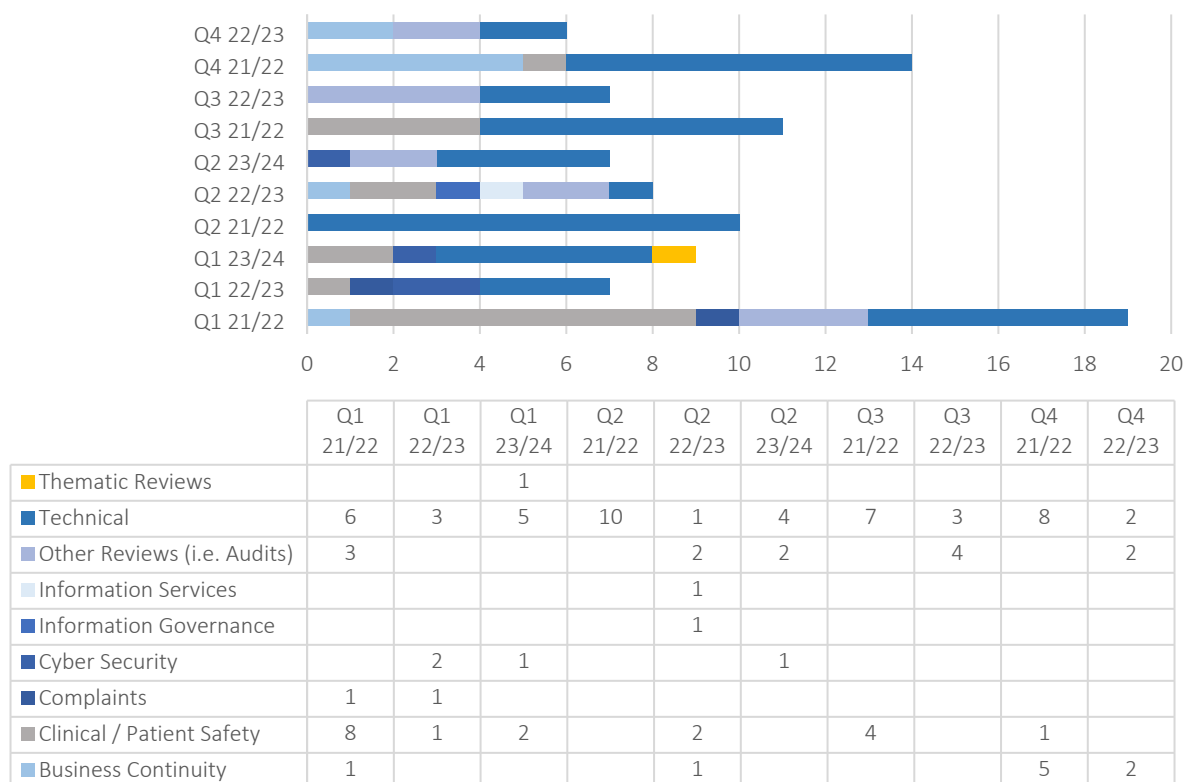
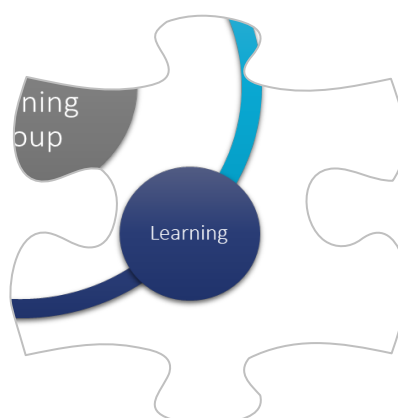


Image 1: Quarterly Comparison of Reviews.

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



3.3 Contributory Factors

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

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

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

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

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

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

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

Domain		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Active	FY 21/22	-	1	-	2	1	1	2	-	-	-	3	-	10
	FY 22/23	2	2	-	4	-	-	-	2	4	-	2	2	18
	FY 23/24	2	-	1	-	1	1							5
Situational Domain	FY 21/22	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 22/23	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 23/24	-	-	-	-	-	-							0
Departmental	FY 21/22	5	1	-	-	4	1	1	-	1	-	-	-	13
	FY 22/23	1	2	2	3	2	2	2	2	2	2	2	1	23
	FY 23/24	4	4	3	3	2	-							16
Organisational	FY 21/22	-	-	-	-	-	-	-	-	-	1	-	-	1
	FY 22/23	-	-	-	-	-	1	-	-	-	-	-	-	1
	FY 23/24	-	-	-	-	-	-							0

External	FY 21/22	-	1	1	-	1	-	-	1	-	-	-	-	4
	FY 22/23	-	-	2	1	4	5	1	1	1	1	1	1	18
	FY 23/24	5	2	3	3	2	1							16
Communication and Culture	FY 21/22	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 22/23	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 23/24	-	-	-	-	-	-							0
Grand Total	FY 21/22	5	3	1	2	6	2	3	1	1	1	3	0	28
	FY 22/23	3	4	4	8	6	8	3	5	7	3	5	4	60
	FY 23/24	11	6	7	6	5	2	0	0	0	0	0	0	37

Table 3: Contributory Factors Domains Analysis

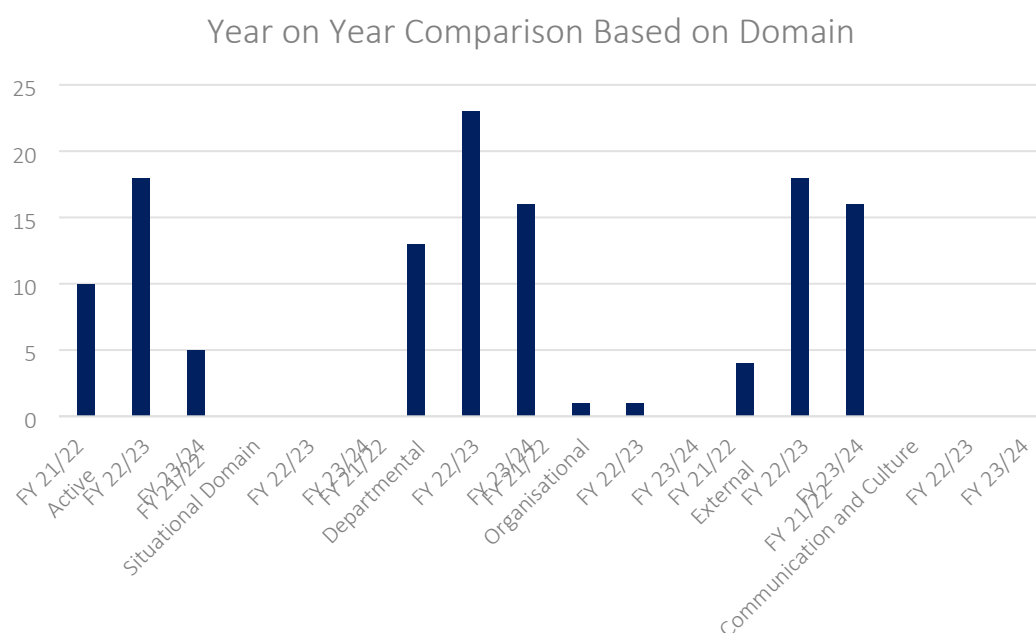


Image 2: Year on Year Comparison of Contributory Factors based on Domain.

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

As examples, for **Active Domain** factors – given the increased number of 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. This is being managed under Improvement 5.

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

The **External Domain** covers incidents where the contributory factor has been identified as with either a supplier (for example a software bug, or wide area network outage) or is within the local health board or stakeholder organisation (for instance local network issues or application of patching locally). For factors within this domain improvements will also be sought through SLA and Engagement Meetings, the Service Management Board governance structure, and through supplier management with third party suppliers. These will be managed under Improvements 7 and 8

3.4 Additional recommendations arising from review.

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

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

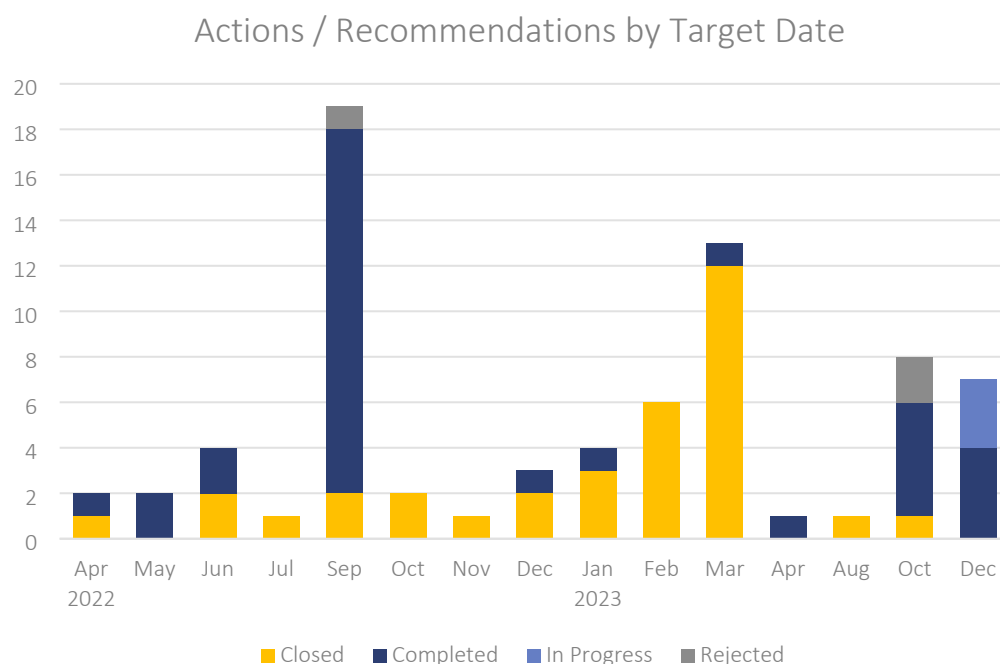
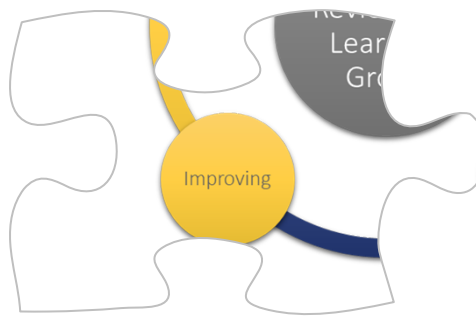


Image 3: Actions / Recommendations by Target Date

To note that from the 5th of October 2023 the QIAL will be moving from its current solution into the electronic quality management system (eQMS), and recommendations that remain open from that point will be transferred across.



3.5 Continual Improvements

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

Theme	Major IT Incident Management	Improvement Type(s)	Process, Documentation, Resourcing, Training
Commencement Date	28/04/2022	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	2 and 5
Description	A working group was established to review all aspects of DHCW's Major IT Incident Management process including the effectiveness of its incident response structure (Bronze, Silver, Gold), communications, process management, reporting and review, and stakeholder engagement. Outputs included the development of simplified workflows, clearer role profiles, improved reporting and escalation lines, communication templates as well as the development of training materials and periodic testing of aspects of the end-to-end process.		
Improvements Implemented FY 23/24	<ul style="list-style-type: none"> • Review of Management On-Call Overview Training Offering • Commenced development of on call competency training approach (see Improvement 5) • Engagement commenced with Clinical Informatics in relation to identifying sooner the clinical impact of service non-availability. • Further collaboration with the Service Desk to define their roles in relation to communications 		
Planned Improvements FY 23/24	<ul style="list-style-type: none"> • Continued Management On-Call Overview Training schedule • 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. • Wider spotlight sessions with non-operational support areas of the organisation to ensure awareness of the management on call processes, the DHCW Portfolio of Services and the wider service management practices 		

Improvement 1: Major IT Incident Management

Theme	Incident Review Toolsets – Contributory Factors Framework	Improvement Type(s)	Process, Review, Documentation, Tools
Commencement Date	13/12/2022	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	5
Description	<ul style="list-style-type: none"> The Contributory Factors Framework was reviewed internally by DHCW Service Management, and a draft format adapted to fit a digital organisation in relation to technical and other reviews. It is one of several tools and techniques that could be used as part of the incident review process. Implementation looked to improve the root cause analysis and lessons learned elements of the review process, as well as acting as a trigger for identifying further improvement recommendations. 		
Improvements implemented FY 23/24	<ul style="list-style-type: none"> Embedded Contributory Factors Framework into reporting systems. Analysis and learning linked to improvements and recommendations. Attendance of some staff at Masterclass on Post Incident Review to identify additional tools and approaches 		
Planned Improvements FY 23/24	<ul style="list-style-type: none"> Further refinement of the CFF 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 2: Incident Review

Theme	Change Management – Change Success Review	Improvement Type(s)	Process, Review
Commencement Date	13/12/2022	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	2 and 5
Description	<ul style="list-style-type: none"> Following several repeat incidents linked to the implementation of Changes made, a review was undertaken to identify deviations from the Change Management Process It was identified that Change Advisory Boards (CABS) were not necessarily reviewing Changes post implementation where the Change attracted related Incidents 		
Improvements implemented FY 23/24	<ul style="list-style-type: none"> Reports developed for inclusion in Integrated Organisational Performance Report (IOPR) around Change Success / Failure Promotion and training on revised process for DHCW CAB Members 		
Planned Improvements FY 23/24	<ul style="list-style-type: none"> Identify route for sharing lessons learned. Monitor performance throughout the financial year <p>Following an increase in Change related incidents, the following activities have also been added.</p> <ul style="list-style-type: none"> Re-audit of the Change Enablement process Develop guidance and training around impact assessments for Change Enablement 		

Improvement 3: Change Management

Theme	Promotion of Lessons Learned (internally and externally)	Improvement Type(s)	Reputation, Promotion, Sharing Lessons Learned
Commencement Date	01/04/2023	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	1, 2, 3, 4, 5
Description	<ul style="list-style-type: none"> This promotional improvement came about following a SWOT analysis exercise undertaken at the end of FY 22/23. The findings identified that whilst reviews and learning were being presented to the group, and the outputs reported to the Digital Governance and Safety Committee, wider promotion, and communication of the outputs of the group could be improved both for DHCW staff and wider externally. 		
Improvements implemented FY 23/24	<ul style="list-style-type: none"> Engagement with the Communications Team on the options for promotion and communication of outputs from the group Development of an action plan to deliver: <ul style="list-style-type: none"> Promotion of the IRLG <ul style="list-style-type: none"> Further development of the current SharePoint presence Inclusion in the insider staff newsletter Promotion of the lessons learned from reviews. <ul style="list-style-type: none"> TenTalks on specific incidents / programmes Blogs Q&As Sessions at the Staff Conference 		
Planned Activities FY 23/24	<ul style="list-style-type: none"> For wider external promotion - 2 x IRLG members speaking at the itSMF conference on 13th and 14th November 23 Other opportunities to be identified throughout the financial year 		

Improvement 4: Promotion and Communication of Lessons Learned

Theme	Training on ITSM Processes	Improvement Type(s)	Training, Competencies, Staff Development, Process Management
Commencement Date	01/04/2023	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	5
Description	<ul style="list-style-type: none"> Following review of contributory factors in the active domain, in relation to errors and deviations from working practices, feedback from staff, and the outcomes from audits relating to the Service Management standard (ISO 20000), which requires that: The organization shall: <ul style="list-style-type: none"> determine the necessary competence of persons doing work under its control that affects the performance and effectiveness of the SMS and the services. ensure that these persons are competent based on appropriate education, training, or experience. where applicable, take actions to acquire the necessary competence and evaluate the effectiveness of the actions taken. retain appropriate documented information as evidence of competence. This improvement is for the development of training material around the 		

	<p>Service Management practices, and the capture of the delivery of that training to staff within their electronic staff record (on ESR)</p> <ul style="list-style-type: none"> • This improvement will also support the professionalism agenda with the People and Organisational Development Strategy by using the SFIA 8 framework to assess course content. • Finally, the approaches taken in the improvement could also help to drive forward similar requirements from other Organisational Standards.
Improvements implemented FY 23/24	<ul style="list-style-type: none"> • Development of the Service Management Approach to Staff Development guidance document <ul style="list-style-type: none"> ◦ This guidance document reflects the approach that the Service Management Department will follow to deliver Service Management related training to develop DHCW staff. ◦ It covers what is in scope for training, delivery methods, how staff records will be managed, and how it relates to continual professional development. • Development of a course catalogue on ESR, and population of ESR records for staff training (where captured previously) from April 2021 • Training undertaken on the SFIA 8 Framework to allow for assessment of course content against the framework to support the professionalism agenda with the People and Organisational Development Strategy
Planned Improvements FY 23/24	<ul style="list-style-type: none"> • Further development and delivery of course content to DHCW Staff • Implementation of competency-based assessments against key roles • Monitoring of training progress through internal monthly reports

Improvement 5: Training of Service Management Processes

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

Improvement 6: Embedding of Lessons Learned and Improvement approaches in DHCW forward Work Plan

Theme	Local Health Board (LHB) Incident Management	Improvement Type(s)	Stakeholder Management, Engagement, Communications
Commencement Date	01/10/2023	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	5
Description	<p>Through the Contributory Factors Framework, the External Domain covers incidents where the contributory factor has been identified as with either a supplier (for example a software bug, or wide area network outage) or is within the local health board or stakeholder organisation (for instance local network issues or application of patching locally).</p> <p>For factors within this domain improvements will also be sought through SLA and Engagement Meetings, and (where applicable) Service Management Boards.</p>		
Improvements implemented FY 23/24	This is a new improvement identified in October 2023		
Planned Activities FY 23/24	<p>Encourage greater ownership and sharing lessons learned leading to local improvement activities.</p> <ul style="list-style-type: none"> Identify scope and scale through existing reporting lines. Raise awareness of LHB responsibilities in line with current SLA Raise awareness of local incidents impacting national services through SLA and Engagement Meetings Encourage peer review through the Service Management Board (where applicable) 		

Improvement 7: Local Health Board Incident Management

Theme	Supplier Incident Management	Improvement Type(s)	Stakeholder Management, Engagement, Communications, Contract Management Commercial Services
Commencement Date	01/10/2023	Current Status	In Progress
IMTP Reference	N/A	Strategic Mission	5
Description	<p>Through the Contributory Factors Framework, the External Domain covers incidents where the contributory factor has been identified as with either a supplier (for example a software bug, or wide area network outage) or is within the local health board or stakeholder organisation (for instance local network issues or application of patching locally).</p> <p>For factors within this domain improvements will also be sought through supplier management with third party suppliers.</p>		
Improvements implemented FY 23/24	This is a new improvement identified in October 2023		
Planned Activities FY 23/24	<p>Focussing initially on supplier related incidents, tighten contractual arrangements through:</p> <ul style="list-style-type: none"> Identify scope and scale through existing reporting lines. 		

	<ul style="list-style-type: none"> • Review contractual provisions. • Review and identify improvements around delivery of training to contract owners. • Raise awareness of supplier responsibilities in line with current contracts • Raise awareness of supplier incidents impacting national services through Contract Review Meetings and (where applicable) Service Management Boards
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Improvement 8: Supplier Incident Management

Lessons Identified Through Review

This new table highlights some of the lessons that have been identified through reports received by the Incident Review and Learning Group. The lessons identified here are in relation to an incident where activity was carried out on the Master Patient Index (MPI) which was intended to address an issue relating to records which have been flagged on the system as having potential data quality issues.

Incident	Finding Summary	Immediate Action	Follow Up Action
MPI	Good Practice: Coordination of support teams and communications protocols were implemented successfully, and in line with process. Including scheduling of regular checkpoint meetings	None required, evidence of improvement	Evidence of improvement 1
MPI	Good Practice: Coordination of clinical response and reporting lines, including key senior decision makers within health boards was undertaken by DHCW in line with process	None required, evidence of improvement	Evidence of improvement 1
MPI	Good practice: Identifying and communicating to a single contact point within each Health Board prevented mixed messages and instructions.	Local Health Boards to Identify and nominate individuals in health boards to coordinate any communication reports from DHCW	To be incorporated into management processes, and mechanism for capture of contact points to be identified
MPI	Good practice: Use of technology provided the ability to organise, update, and collaborate with appropriate stakeholders	The construction of a DHCW dashboard to display end of day updates to health boards should be taken forward as part of management processes	To be incorporated (where applicable) into management processes, and development of a single dashboard solution should be progressed
MPI	Good practice: The flexibility from all DHCW support teams to pick up activities created by this incident. There was good rotation in all teams, meaning no single points of failure	None required, evidence of improvement	Evidence of improvement 1

MPI	Learning and Improvement: Change Management process impact assessments need greater clarity	Issue guidance around impact assessments for Change Management	Follow up with a Risk Based Change Management Audit
MPI	Learning and Improvement: End to end product knowledge could be broadened to increase chances of detection of similar future incidents	Knowledge sharing sessions to be developed	Longer term training and development requirements to be identified as part of PDR process
MPI	Learning and Improvement: Current testing environment does not correctly replicate live environment and so end to end testing is not consistent	Identify requirements for development of a sandbox environment isolated from live environment	Determine test strategy for DHCW
MPI	Learning and Improvement: Undertake effectiveness review of current Contract Management approach within the organisation	Review current contracts to identify gaps in current support requirements. Review training approach	Determine next steps following review

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

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

Forward Work Plan

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

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

Image 4: IRLG Forward Work Plan 2023/24

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no matters or risks for escalation.

5 RECOMMENDATION

5.1 The Digital Governance and Safety Committee is being asked to **NOTE** the contents of this report 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
Incident Review & Learning Group	02/10/2023	Approval
Management Board	13/10/2023	Pending

DIGITAL HEALTH AND CARE WALES

INFORMATION GOVERNANCE ASSURANCE

REPORT

Agenda Item	3.4i
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 November 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 Committee is being asked to
NOTE this report for ASSURANCE from the DHCW Information Governance team.	

Section 1: NB this section must be completed prior to submission

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

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

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

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

Section 2:

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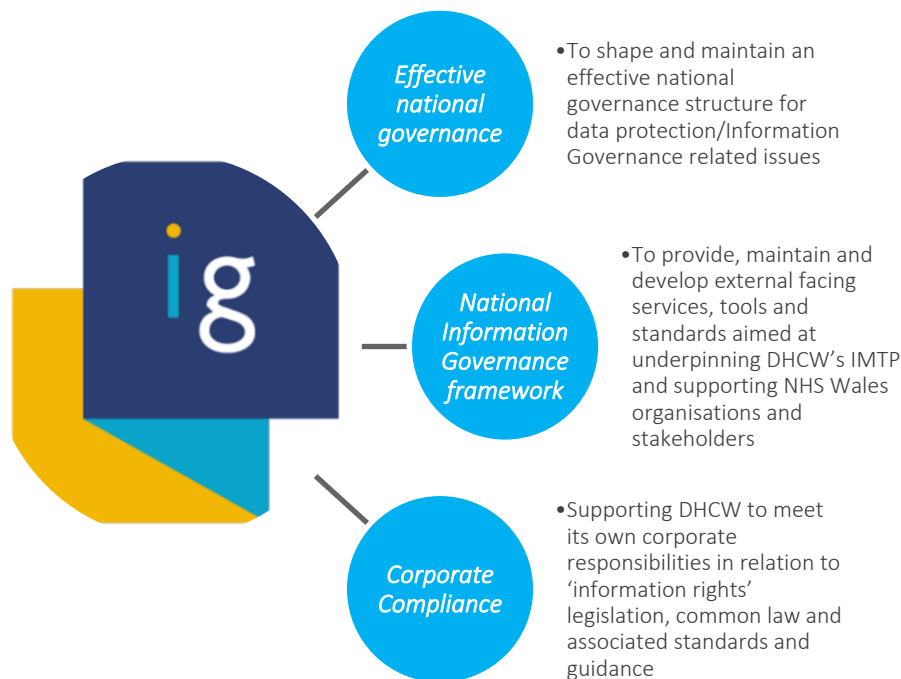
2 APPROVAL / SCRUTINY ROUTE

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

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

3 SITUATION/BACKGROUND

- 3.1 This report is presented to Committee to provide assurance about the way in which Digital Health and Care Wales (DHCW) manages its information about patients and staff highlighting its compliance with Information Governance (IG) legislation and standards.
- 3.2 This report complements the DHCW three-year IG strategy, which sets out how the Information Governance team support the delivery of DHCW's statutory functions and contribute to its Integrated Medium-Term Plan (IMTP) and associated business plans.
- 3.3 This report outlines key assurance activities to the Committee for the reporting period of **7 July 2023 to 3 October 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:



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 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:

- 4.1.1 The DHCW IG team have developed their 2023-2026 Strategy, which forms part of item 3.6 on the agenda, as part of Clinical Strategies developed. The IG Strategy outlines the team's vision, mission statement and strategic aims, highlighting any challenges and opportunities and how the team are intending to meet their key aims identified in the Strategy.
- 4.1.2 The Wales Accord on the Sharing of Personal Information (WASPI) has been shortlisted for "Privacy Team of the Year" and "Governance Team of the Year" at the GRC World Forums Risk awards which celebrate global excellence in Governance, Risk and Compliance. The nominations are a testament to the hard work and commitment of the Information Governance team (both past and present) and all those organisations that have engaged with WASPI through development of templates, signing up to the Accord and particularly those large public sector bodies that have helped grow and imbed the framework through the Quality Assurance process. The announcement comes at an important time for the framework, as consultation feedback on the proposed WASPI Code of Conduct is intended to be published in due course. WASPI was also referenced as part of the [Information Commissioner's Office 2023 Data Protection Practitioners' Conference](#) as a case study in the bitesize session, "Navigating the data sharing code and resources" and were part of a webinar held by Data Cymru titled "[Data Protection is not a barrier](#)"



4.1.3 In line with the 2023/24 Internal Audit Plan for DHCW, a review of the organisations processes in place to enable compliance with data protection requirements was undertaken. This internal review was conducted by NHS Wales Shared Services Partnership, who reviewed the IG arrangements in place and surveyed DHCW staff on their IG understanding and awareness. The results concluded that DHCW has “substantial” assurance in place in compliance with UK General Data Protection Regulation within the scope of the audit, with one low-priority recommendation identified.

4.1.4 As per item 3.3.2, the DHCW Information Governance team manage the process for handling requests made under the Freedom of Information Act. Recent high profile and serious data breaches in the UK have shown the impact of personal information within spreadsheets being disclosed inadvertently in response to Freedom of Information Act requests. The Information Commissioner’s Office has recently issued an advisory notice to public authorities on this matter. The DHCW IG team have summarised their approach to answering requests under the Freedom of Information Act in [Appendix C](#), to provide assurance of the processes DHCW has in place to prevent information being disclosed inadvertently.

4.2 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 are provided in [Appendix A](#).

4.3 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 are provided in [Appendix B](#).

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

6 RECOMMENDATION

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

DIGITAL HEALTH AND CARE WALES

WALES INFORMATICS ASSURANCE GROUP

REPORT

Agenda Item	3.4ii
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 November 2023

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

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

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

Section 1: NB this section must be completed prior to submission

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A More Equal Wales
If more than one standard applies, please list below:	

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

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

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	Yes, please see detail below The WIAG process supports Quality and Safety by providing relevant assurance for new and changed developments.
<u>LEGAL</u> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Section 2:

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WIAG	Wales Informatics Assurance Group	SCRR	Safety Case and Readiness Report
AQP	Assurance Quality Plan	TPOC	Technical Proof of Concept
CAVUHB	Cardiff and Value University Health Board	WPAS	Welsh Patient Administration System
OPD	Out Patient Department	PDQ	Patient Demographics Query
API	Application Programme Interface	eMPI	Electronic Master Patient Index
MTeD	Medicines Transcribing and E-Discharge	WCP	Welsh Clinical Portal
CoE	Centre of Excellence	EPR	Electronic Patient Record
ePMA	Electronic Prescribing and Medicines Administration	SMR	Shared Medicines Record

3 SITUATION/BACKGROUND

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

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

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

Activity	AQP	SC&RR	WIAG review sign off	Director sign off
Cloud Contact Centre and Telephony			26/09/2023	Approved
Welsh Nursing Care Record v2.3			Not signed off	Pending – Delayed from WNCR Project. No revised Go Live date available yet.
Welsh Intensive Care Information System			06/10/2023	Project Go Live delayed until November. On track with WIAG
Microsoft 365 Copilot			18/09/2023	Approved
National Subscription Service			14/08/2023	Approved
Shared Medicines Record APIs			Not signed off	Pending – issues with API management platform being addressed, awaiting updates
Primary Care Electronic Prescription Service Programme			05/10/2023	Approved

Assurance Quality Plans within the reporting period

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

Activity/Project	Date received by WIAG	Ref Number	Outcome of WIAG
CAVUHB Vyaire SentrySuite WRRS Feed	03/07/2023	AQP-WIA-102	Approved
National Subscription Service	03/07/2023	AQP-WIA-101	Approved
Cloud Contact Centre and Telephony	17/07/2023	AQP-WIA-103	Approved
Welsh Clinical Worklist Manager	17/07/2023	AQP-WIA-104	Approved
Microsoft Copilot Proof of Concept	31/07/2023	AQP-WIA-105	Approved
111 Service Integration	14/08/2023	AQP-WIA-106	Awaiting statements from Equality and Diversity and Welsh Language
Eyecare Digitisation Programme WPAS OPD Lists	14/08/2023	AQP-WIA-97	Approved
SBU MediLogik eMPI PDQ cloud feed	14/08/2023	AQP-WIA-108	Approved

Activity/Project	Date received by WIAG	Ref Number	Outcome of WIAG
Shared Medicines Record APIs	11/09/2023	AQP-WIA-110	Awaiting Statements from Technical Architecture, Equality & Diversity, Security, Testing, Welsh Language
Shared Medicines Record	11/09/2023	AQP-WIA-109	Awaiting Statements from Technical Architecture, Equality & Diversity, Welsh Language
MTeD: Anti-coagulation Forms	25/09/2023	AQP-WIA-113	Awaiting Statements from ADS, Service Management and Support
TPOC WCP for Pharmacy	25/09/2023	AQP-WIA-112	Approved
Migration of WelshPAS Patient Data for Bridgend from Swansea Bay to Cwm Taf Morgannwg	25/09/2023	AQP-WIA-111	Awaiting Statements from Medical Devices

Safety Case and Readiness Reports within the reporting period

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

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
Cloud Contact Centre and Telephony	14/08/2023	SCRR-WIA-0087	Approved	None
Welsh Nursing Care Record	14/08/2023	SCRR-WIA-0088	Pending	Awaiting statements from Equality and Diversity, Security, Welsh Language.
Welsh Intensive Care Information System	11/09/2023	SCRR-WIA-0089	Pending	Awaiting statement from Technical Architecture.
Microsoft 365 Copilot	11/09/2023	SCRR-WIA-0090	Approved	None
National Subscription Service	25/09/2023	SCRR-WIA-092	Pending	Awaiting statements from Patient Safety, Security, Testing.
Shared Medicines Record APIs	25/09/2023	SCRR-WIA-091	Pending	Awaiting statements from Evaluation, Patient Safety, Security, Service Management, Testing.
Primary Care Electronic Prescription Service Programme	25/09/2023	SCRR-WIA-093	Approved.	None

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 5.1 Engagement is underway with colleagues from Microsoft Centre of Excellence on a work package to modernise the WIAG process using the Power Platform. Pilot to be shown to WIAG Assurance Leads on 23 October 2023.
- 5.2 The capacity within WIAG meetings is proactively managed. Emails are sent to the Project Managers every 6 weeks providing details of the future meeting dates, and it is advised that any requests to attend these meetings are sent in advance within the timescales provided.

Upcoming WIAG Papers

Date	Project Title	Document Type
October 2023	Diabetes View National Rollout	AQP
October 2023	CaNISC Palliative Care Replacement	AQP
October 2023	MailMarshal Rule Bypass	AQP
October 2023	MediLogik Cloud WRRS	AQP
October 2023	MediLogik MPI Cloud Feed	SCRR
October 2023	WRAPPER API	SCRR

6 RECOMMENDATION

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

DIGITAL HEALTH AND CARE WALES

INFORMATION SERVICES ASSURANCE REPORT

Agenda Item	3.4 iii
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 November 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	Rhidian Hurle, Executive Medical Director

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

Section 1: NB this section must be completed prior to submission

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Drive better value and outcomes through innovation
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	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.

Section 2:

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Rhidian Hurle, Executive Medical Director	11th Oct 2023	Approved

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

3 SITUATION/BACKGROUND

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 Following a successful series of engagement sessions with key stakeholders and approval of the high-level strategic aims by DHCW directors, the development of the Information and Analytics Strategy has progressed, on target, with the production of the final draft was presented to DHCW Management Board in October 2023.
- 4.2 Since the beginning of August 2023, the ISD Assurance Group (ISDAG) has reviewed 12 Assurance Quality Plans (AQP's), nine Safety Case and Readiness Reports (SCRR's) and one Change Request (RFC) to consider the impact on Information Services. Four projects have attended the ISDAG to present to the group to ensure timely engagement with ISD teams, and the ISDAG facilitator conducted two additional meetings with impacted teams outside of the formal meetings.
- 4.3 DHCW have been successful in the first annual Digital Economy Act accreditation review, providing assurance that progress is being made towards a mature state for the provision of a trusted third-party service to SAIL. A number of areas have been highlighted for further improvement which will be addressed throughout the coming year in preparation for the move to an operational service and prior to the second annual review in 2024.
- 4.4 ISD have conducted a successful failover of services to CDC as part of the preparation work for the Data Centre move project (DC2T). Further dates will be agreed in line with the project schedule to ensure compliance with DHCW wide DC2T migration.
- 4.5 The Power BI governance and assurance framework in respect of the external publication of dashboards within DHCW was approved by Directors in July. This framework has been established to provide assurance across DHCW that data is only shared externally where there is a legitimate reason to do so, and that no personal or sensitive data is shared inadvertently through the publication of dashboards. The previous corporate risk (DHCW0310) has been reduced to the directorate level and will continue to be reviewed and managed accordingly until the communication activities and implementation of the framework is complete.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

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

DIGITAL HEALTH AND CARE WALES

RESEARCH AND INNOVATION ASSURANCE REPORT

Agenda Item	3.4iv
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 November 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 Committee is being asked to
NOTE for ASSURANCE further progress in the taking forward of delivering the strategy for Research and Innovation	

Section 1: NB this section must be completed prior to submission

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	Choose an item.
<p>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</p>	

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: TBC
Yes, applicable	Outcome: Applicable
<p>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.</p>	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	<p>Yes, please see detail below</p> <p>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.</p>
LEGAL IMPLICATIONS/IMPACT	<p>No, there are no specific legal implications related to the activity outlined in this report.</p>
FINANCIAL IMPLICATION/IMPACT	<p>Yes, please see detail below</p> <p>Committing to an R&I approach will require investment (core roles to be consumed within CD budget) and an</p>

Section 2:

	understanding of funding opportunities and appropriate charging models for ongoing activities.
WORKFORCE IMPLICATION/IMPACT	<p>Yes, please see detail below</p> <p>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’).</p>
SOCIO ECONOMIC IMPLICATION/IMPACT	<p>Yes, please detail below</p> <p>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.</p>
RESEARCH AND INNOVATION IMPLICATION/IMPACT	<p>Yes, please see detail below</p> <p>The R&I strategy will drive and facilitate R&I activities within DHCW.</p>

2 APPROVAL / SCRUTINY ROUTE

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

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

3 SITUATION/BACKGROUND

3.1 Following the launch of the Research and Innovation (R&I) Strategy for DHCW in October 2022, three prerequisite actions were flagged and agreed:

- I. Resourcing: Establishing a more substantive and resilient R&I resource, attracting new funding opportunities, whilst also realigning existing inhouse R&I expertise and resources.
- II. Governance: Ensuring a more structured approach to R&I governance and assurance. Whilst NWIS/DHCW have a long history of supporting and taking forward successful R&I programmes with partners, putting such work on a more secure and business-like footing with assured processes for prioritisation of work, management of projects, funding agreements and clarification of intended outcomes was seen as essential.
- III. Engagement: Improved engagement, marketing and communication of recent and planned R&I activities and projects, for example, the production of an Annual Report for R&I, summarising achievements from the last year and planned future work.

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 Resourcing: An interim costing mechanism for data requests and R&I projects has been developed and reviewed by R&I Operational and Engagement Group (June 2023) & R&I Board (September 2023). This sets out a standard costing process to replace that currently in use with plans for review and engagement activity to establish a substantive costing model. This has been submitted to Weekly Executive Director's meeting for approval. An R&I Support Manager vacancy has gone to advert with interviews scheduled for 27th October. DHCW Scrutiny Panel has also approved making the Head of R&I post permanent.
- 4.2 Governance: A more robust, accountable and open Governance Structure for R&I was reported to this committee in May 2023, this has now been revised following comments and feedback received particularly in consideration to IG considerations and to clarify the process for urgent and stage 1 grant applications. R&I Operational and Engagement group continues to meet monthly to review new projects and activities. The R&I Board commenced on 7 September 2023, chaired by the Executive Medical Director.
- 4.3 Engagement: R&I team continue to meet with key stakeholders, including representatives from academia and life sciences ecosystem. The team recently presented at the Association on British Pharmaceutical Industry (October 3rd), MediWales Showcase (October 11th) and Assistive Technologies Innovation Centre (ATIC, University of Wales Trinity Saint David) Symposium (October 25th). The Annual R&I report has been presented at R&I Board with agreement to submit to Executive Directors for approval. R&I are also supporting the development of the IP and AI strategies. Internal engagement is ongoing with support being discussed with Business Change team and modules with WIDI on R&I in development. R&I are also supporting internal evaluations and connecting to Microsoft 365 team and WIAG.
- 4.4 Activities:
- 4.4.1 The Find, Recruit and Follow-up (FRF) service aims to provide a streamlined and standardised approach to identifying, consenting and tracking patients for clinical trials across Wales. This will enable faster and more efficient recruitment of patients into trials, as well as improve data quality and patient safety.
 - 4.4.2 The FRF scoping project is being led by R&I in collaboration with Welsh Government and Health and Care Research Wales. The project will explore the current processes and challenges for FRF, identify best practice and potential solutions, and develop a business case and implementation plan for the FRF service.
 - 4.4.3 The project has four workstreams: data, governance, engagement and delivery. The project will also involve wider consultation with clinicians, researchers, patients and public, industry and other interested parties.

4.4.4 The project commenced in September 2023 with the commencement of Martin Harris on secondment from Health and Care Research Wales and is expected to be completed by March 2024. The project will report to DG&S via the R&I Operational and Engagement Group and the R&I Board, as well as to Welsh Government and Health and Care Research Wales. A FRF working group has been established

4.5 Judging panels – R&I have been supporting shortlisting and agreement on successful projects for the Big Data Fund with NDR and the Engineering and Physical Sciences Research Council / Science and Technologies Facilities Council Harmonised Impact Accelerator Account Funding Panel with Cardiff University.

4.5.1 Bevan Commission - Following discussions with Bevan Commission we are exploring opportunities for partnerships and ways to support activity.

DHCW, have 3 Bevan Exemplar projects supported:

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

4.5.2 R&I Projects -

Symplify - The SYMPLIFY study will evaluate the revolutionary multi-cancer blood test Galleri, for future implementation in the NHS. The SYMPLIFY Study is a collaboration between the University of Oxford's [Department of Oncology](#), the [Cancer Research Group](#) at the [Nuffield Department of Primary Care Health Sciences](#), the [Oncology Clinical Trials Office](#), and the [Primary Care Clinical Trials Unit](#). Recruitment has been ongoing in Wales and DHCW has been providing follow-up data. This study completed in August 2023.

Ascend Plus - ASCEND PLUS will test whether taking a daily tablet that contains semaglutide can help to protect people with type 2 diabetes from suffering heart attacks, strokes and other cardiovascular events. DHCW are scoping identification of patients and mail out of invitations - in England this is done via DigiTrials.

Blood Cancer UK - Led by C&V Health Board, DHCW, SAIL and Wales Value in Health Team have been awarded funding from Blood Cancer UK (£27,956 with £23,906 to DHCW) to look at outcomes from blood cancer in Wales, linking to UK partners to better understand incidence, demographics and survival from blood cancer and factors affecting these.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE for ASSURANCE further progress in the taking forward of delivering the strategy for Research and Innovation	



DIGITAL HEALTH AND CARE WALES INTELLECTUAL PROPERTY POLICY

Agenda Item	3.5
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 November 2023

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

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

Purpose of the Report	For Approval
Recommendation	The Committee is being asked to APPROVE the Intellectual Property Policy.

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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Tŷ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

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

CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

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

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	Yes, please see detail below Policy documents outline the relevant overarching organisational approach this ensure a quality approach and ensures any safety requirements are met.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below There are legal implications from a Procurement perspective and any changes to regulatory requirements would require a review of this policy
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below The effective management of Intellectual Property is essential from a financial perspective
<u>WORKFORCE</u> IMPLICATION/IMPACT	Yes, please see detail below The workforce implications are outlined in section 5 of the document.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<u>RESEARCH AND INNOVATION</u>	Yes, please see detail below

Section 2:

IMPLICATION/IMPACT	To the extent as outlined in the Policy Document
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2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Intellectual Policy Rights Steering Group	29 September	Approved
Julie Francis Head of Commercial Services	11 October 2023	Approved
Ifan Evans Exec Director of Strategy	12 October 2023	Approved
Management Board	19 October 2023	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IP	Intellectual Property	DG&S	Digital Governance & Safety Committee
IPR	Intellectual Property Rights		

3 SITUATION/BACKGROUND

- 3.1 The IP Policy as noted in [Appendix A](#) sets out the general principles which Digital Health and Care Wales will use to manage and/or use IP in all its business undertakings.
- 3.2 The Welsh Government has issued "*The Framework and Guidance on the Management of Intellectual Property in the NHS in Wales*¹" (the Welsh NHS Guidance February 2005) and this policy reflects the principles set out in that guidance.
- 3.3 The Policy is focused on managing Intellectual Property rather than Commercialisation activity. Not all IP is commercialised and DHCW uses third party IP in many of its business activities. The Policy includes proposals for better managing IP in DHCW, including particularly an IP Register and a designated person responsible for IP management.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The Policy:

- sets out its scope, in terms of applicability and dependencies, and the objectives to be met;
- describes the principles under which this policy and its procedures will operate;
- summarises the various types of IP in use within DHCW and provides examples, in the form of use cases;
- describes how ownership of created IP will apply within DHCW and where exploitation/ commercialisation could or should be considered;
- describes roles and responsibilities, including information on who to contact if staff require general advice on IP arising from their work, or have an invention/ idea/ innovation that they think IP applies to; and
- outlines the procedure for the effective management of IP within DHCW.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
APPROVE the Intellectual Property Policy.	

DIGITAL HEALTH AND CARE WALES

CLINICAL STRATEGIES REPORT

Agenda Item	3.6
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 November 2023
Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Rachael Powell, Associate Director of Information, Intelligence and Research, Darren Lloyd, Associate Director of Information Governance & Patient Safety, & Stephanie Harris, Associate Director of CI Professionals & Business Change.
Presented By	Rhidian Hurle, Executive Medical Director

Purpose of the Report	For Endorsement
Recommendation	The Committee is being asked to
<p>REVIEW the three strategies for the Clinical Directorate business areas</p> <p>ADVISE the Clinical Directorate of any recommendations to strengthen or develop the strategies further</p> <p>ENDORSE the three strategies for the Clinical Directorate business areas to be presented to the SHA Board for approval</p>	

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
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WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

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

DUTY OF QUALITY ENABLER	Choose an item.
DOMAIN OF QUALITY	Choose an item.
If more than one enabler / domain applies, please list below: All Duty of Quality Enablers apply. All Domain of Quality areas apply.	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: NA
Statement: The documents are strategies from which policy may follow which will be subject to EIA.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below All three strategies have a focus on adoption of a quality approach in the provision of our services. The Information Governance Strategy also includes compliance with the BS10008 quality standard. There is a clinical safety focus of our products outlined within the Clinical Informatics & Business Change Strategy.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below The Information Governance Strategy includes fulfilling legal responsibilities to adhere to GDPR, legal advice regarding WASPI and use of the IG toolkit for partners to assess compliance with minimum legal requirements.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report Any financial requirements for the implementation activities for these strategies will be addressed within the current governance processes. Directorate financial risks are managed within the organisations' risk management arrangements.
WORKFORCE	Yes, please see detail below

IMPLICATION/IMPACT	Development of the people and services provided by the Clinical Directorate through these strategies is likely to highlight new skills and capacity requirements. These will be addressed with business plans developed as part of the strategy implementation plans for specific areas e.g., in business plans developed for approval to expand our accredited training course offering.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below The Directorate strategies contribute to the cultural value that DHCW brings to Wales in our commitment to promote the Welsh Language through our teams and services. We are also supporting the design of national clinical products to provide our partners with equal opportunity to deliver equitable digital services across Wales.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below The Clinical Informatics & Business Change Strategy and Information & Analytics Strategy states intentions to support our DHCW research and innovation strategy. This will increase the participation in research activity.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Executive Directors Strategic Session (summary overview)	7 September 2023	Endorsed to continue with consultation and presentation to WEDs
Rhidian Hurle, Executive Medical Director / CCIO Wales	25 September 2023	Approved report for presentation to WEDs
Weekly Executive Directors	27 September 2023	Provided endorsement
Management Board	19 October 2023	Endorsed
Digital Governance & Safety Committee	2 November 2023	For endorsement & input
SHA Board	30 November 2023	For approval

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
AD	Associate Director	IIR	Information, Intelligence & Research
CCIO	Chief Clinical Information Officer	CIP	Clinical Informatics Professionals
WEDs	Weekly Executive Directors	BC	Business Change
IMTP	Integrated Medium Term Plan	IG	Information Governance
		PS	Patient Safety

3 SITUATION/BACKGROUND

- 3.1 The DHCW Clinical Directorate has been established with its current structure since November 2022, with a diversity of services that complement each other to add value within our organisation's product operating model. The stakeholders within our directorate services reflect that diversity, therefore we have developed our Clinical Directorate strategy in each of the three elements of our directorate to simplify the processes for engagement, endorsement, and approval. These three strategies align with other directorate's service strategies within DHCW, and our own Research and Innovation Strategy approved by the SHA Board in 2022.
- 3.2 This paper presents three DHCW Clinical Directorate strategies for 2023-2026:
- Information & Analytics Strategy – [Appendix 1](#)
 - Clinical Informatics & Business Change Strategy – [Appendix 2](#)
 - Information Governance Strategy – [Appendix 3](#)
- 3.3 Each strategy has been developed with stakeholder engagement during the past six months. This has included significant consultation within the directorate, the wider DHCW organisation and external stakeholders who access Analytics and Information Governance Services.
- 3.4 The stakeholder engagement activities have been documented in appendices in the previous MS Word document formats for assurance to the level of Weekly Executive Directors endorsement. As the approval process continues through our governance arrangements, the documents have been developed in readiness for publication. Initial drafts of the strategies, in a publication format, have been produced with support from our Graphic Design Team in accordance with our updated branding guidelines in readiness for Committee and SHA Board approval. Publication versions will be finalised by 16 November for the SHA Board papers submission in readiness for the SHA Board on 30 November 2023.
- 3.5 Strategy engagement activities documented in previous draft versions have included:
- Induction meetings between Nov 22 and Mar 23 with Associate Director of Clinical Informatics and Business Change across the DHCW organisation to develop the CI & BC Strategy
 - Internal consultation with each of the teams within the Clinical Directorate over past 6+months
 - Internal informal consultation with Heads of Service across the DHCW directorates

Review of synergies with other internal strategies with leads including:
People and OD Strategy, Developing Product Strategy ideas, Research & Innovation Strategy, Developing DHCW Organisational Strategy, Primary Care Draft Strategy, Communications Strategy, Engagement Strategy

Discussion at network meetings including:
Programmes & Projects Professional Network, Professional Network for Engagement & Comms, Review of alignment with the WG Digital Strategy, Clinical Directorate Away Day workshop session 20th July 23, Clinical Informatics Away Day & Clinical Informatics Seasonal Summit 1st Aug 23, Business Change Team further review August 2023, DHCW Director of PCMH - 19th Sep 23

External discussions with:
HEIW Director of Digital regarding Learning Hub and education 26 Sept 23

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Our Vision

The new three-year strategies put in place the vision for the services provided by the Clinical Directorate which are to:

- Drive 'Value from Data' through the provision of a national information and analytics service for health and care in Wales, that facilitates service transformation and improves patient outcomes.
- Inspire and empower our partners, to shape and adopt our digital services to enhance patient experience, care, and outcomes. Putting people at the heart of our digital services.
- Leading information governance compliance for health and care in Wales

4.2 Our Aims

Each strategy outlines four aims for the business area:

- Information & Analytics Strategy
 - Aim 1 – Provide a national information and analytics service that embraces innovation.
 - Aim 2 – Focus on the quality, value and user experience of our service and products.
 - Aim 3 – Maximise our offer and value through effective collaboration.
 - Aim 4 – Develop our profession and invest in our people.
- Clinical Informatics & Business Change Strategy
 - Aim 1 – To maximise our support for health & care provision.
 - Aim 2 – To adopt a quality approach with professional standards.
 - Aim 3 – To establish a learning hub to invest in people.
 - Aim 4 – To enable acceleration of digital transformation & realisation of benefits.
- Information Governance Strategy
 - Aim 1 – To assure the Board that DHCW continues to meet its statutory obligations under information rights legislation and to ensure our IG function applies latest policy developments and good practice.
 - Aim 2 - To provide organisations and professionals in Wales with the Information Governance advice, guidance, services, and products they need to ensure health and care data is processed lawfully and appropriately.
 - Aim 3 - To contribute to the development and implementation of policy that builds trust with patients and the public by allowing them to exercise their information rights.
 - Aim 4 - To embed the domains and enablers of the duty of quality within DHCW's IG function.

4.3 Our outcomes and evaluation measurements are captured within the strategies, and each will be monitored throughout the strategy implementation plans. Implementation plans will be aligned to the five missions of the IMTP and Annual Business Plans to enable monitoring of progress and performance through existing governance structures.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1	The Welsh Government Strategy, DHCW’s Organisational strategy and DHCW’s business area strategies are critical to the positioning of our Clinical Directorate Strategies. Delays in the publication of the Digital Strategy for Health & Social Care in Wales has created an impact on the organisational level strategy. Despite this, the business planning within the DHCW IMTP and associated planning cycle, has enabled the collaborative development of sub-strategies within DHCW, avoiding delay in establishing the quality foundations for services already adding value, upon which we will build in coming years, as our organisation matures. The sub-strategies are being used to inform elements within the principles of the DHCW organisation strategy.
5.2	The Clinical Informatics & Business Change Strategy currently contains an Appendices to illustrate the strategic fit of these developing services within our organisation.
5.3	It is our intention that these strategic documents will be regularly reviewed and adapted in an agile approach with appropriate governance to respond to changing needs, ensuring continuous learning and improvements are made to deliver quality services which are recognised for the value they add to NHS Wales.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
REVIEW the three strategies for the Clinical Directorate business areas ADVISE the Clinical Directorate of any recommendations to strengthen or develop the strategies further ENDORSE the three strategies for the Clinical Directorate business areas to be presented to the SHA Board for approval	