Pwlllgor Llywodraethu a Diogelwch Digidol - Cyhoeddus

Thu 02 May 2024, 13:00 - 15:30

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 GYDSYNIO

2.1. Cofnodion y Cyfarfod Diwethaf

I'w Gymeradwyo   *Cadeirydd*

2.1.1. Cyhoeddus

📄 2.1i DGS DRAFT Minutes PUBLIC 01022024v1docx-en-cy-C.pdf (14 pages)

2.1.2. Preifat - crynodeb

📄 2.1ii DGS February 2024 PRIVATE ABRIDGED-en-cy-C.pdf (6 pages)

2.2. Blaengynllun Gwaith

I'w Nodi   *Ysgrifennydd y Bwrdd*

📄 2.2 Forward Plan.pdf (5 pages)

13:10 - 15:30
140 min

3. PRIF AGENDA

3.1. Cofnodion Gweithredu

I'w Drafod   *Cadeirydd*

📄 3.1 Action log.pdf (1 pages)

3.2. Cofrestr Risgiau Corfforaethol

📄 3.2 Corporate Risk Register Report.pdf (6 pages)

3.3. Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol

Er Sicrwydd   *Rheolwr Tîm Rheoli Gwasanaethau*

📄 3.3 Committee Cover Sheet - IRLG Annual Report 2023 24.pdf (5 pages)

3.4. Adroddiadau Sicrwydd

Er Sicrwydd   *Cyfarwyddwr Meddygol Gweithredol*

3.4.1. Adroddiad Sicrwydd Llywodraethu Gwybodaeth i gynnwys y canlynol:

Er Sicrwydd   *Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion*

Cyflwyniad Pecyn Cymorth Llywodraethu Gwybodaeth Cymru 2023-2024

📄 3.4i Information Governance Assurance Report - May 2024.pdf (7 pages)
📄 3.4i a DHCW Welsh IG Toolkit Submission 2023-2024.pdf (7 pages)

3.4.2. Adroddiad Grŵp Sicrwydd Gwybodeg Cymru

Er Sicrwydd   *Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil*

📄 3.4ii WIAG Report Quarter 4.pdf (8 pages)

3.4.3. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Er Sicrwydd   *Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil*

📄 3.4iii ISD DGandS Information Assurance Report for May 2024.pdf (5 pages)

3.4.4. Adroddiad Sicrwydd Strategaeth Ymchwil ac Arloesi

Er Sicrwydd   *Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil*

📄 3.4iv DGS RI report Apr 24.pdf (8 pages)

3.5. Ceisiadau Adran 255

Er Sicrwydd   *Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion*

📄 3.5 Section 255 requests V2.pdf (5 pages)

3.6. Pryder Ombwdsmyn Trawsffiniol

I'w Drafod   *Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion*

📄 3.6 Cross Border Ombudsmen Concerns.pdf (4 pages)

3.7. Archwiliadau Dwfn

I'w Drafod   *Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion*

📄 3.7i IG Toolkit Committee Report.pdf (6 pages)
📄 3.7ii DPO Service Committee Report.pdf (8 pages)

15:30 - 15:30
0 min

4. MATERION I GLOI

4.1. Unrhyw Faterion Brys Eraill

I'w Drafod   *Cadeirydd*

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

I'w Nodi   *Cadeirydd*

4.3. Dyddiad y cyfarfod nesaf:15 Awst 2024

I'w Nodi   *Cadeirydd*

I'w Nodi   *Cadeirydd*

4.3. Dyddiad y cyfarfod nesaf:15 Awst 2024

I'w Nodi   *Cadeirydd*

CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

🕐 13:00 –14:30   📅 01 Chwefror 2024   📍 MS Teams

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

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Laura Beddoe	LB	Rheolwr Ansawdd, Cydymffurfiaeth Reoleiddiol	IGDC
Chris Darling	CD	Ysgrifennydd y Bwrdd	IGDC
Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr TGCh	IGDC
Darren Lloyd	DL	Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion	IGDC
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	IGDC
Rachael Powell	RP	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	IGDC
Keith Reeves	KR	Rheolwr Tîm Rheoli Gwasanaethau	IGDC
Julie Robinson	JR	Cydlynydd Llywodraethu Corfforaethol – Ysgrifenyddiaeth y Cyfarfod	IGDC

Cofnodion heb eu cadarnhau ar gyfer y:
Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol 01022024

Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	IGDC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	IGDC
Matthew Wintle	MW	Cyfarwyddwr Meddygol Cyswllt ar gyfer Gofal Eilaidd	IGDC
Ymddiheuriadau	Teitl		Sefydliad
Rowan Gardner	Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol		IGDC
Paul Evans	Pennaeth Ansawdd a Rheoleiddio		IGDC
Rhidian Hurle	Cyfarwyddwr Meddygol Gweithredol		IGDC
Julie Ash	Pennaeth Gwasanaethau Corfforaethol		IGDC

Acronymau			
AIA	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	Iechyd a Gofal Digidol Cymru	BAU	Busnes fel Arfer
BIPBA	Bwrdd Iechyd Prifysgol Bae Abertawe	DPIF	Cronfa Fuddsoddi Blaenoriaethau Digidol
NIIAS	System Archwilio Integredig Deallus Genedlaethol	PCIP	Porth gwybodaeth gofal sylfaenol

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
	RHAN 1 — MATERION RHAGARWEINIOL		
1.1	Croeso a Chyflwyniadau Croesawodd David Selway, Aelod Annibynnol ac Is-Gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (DS) bawb i'r sesiwn gyhoeddus, gan gadarnhau y byddai'n cadeirio'r cyfarfod hwn yn absenoldeb Rowan Gardner. Rhoddwyd croeso arbennig i Matthew Wintle, Cyfarwyddwr Meddygol Cyswllt Gofal Eilaidd a oedd yn dirprwyo ar ran y Cyfarwyddwr Meddygol Gweithredol a Laura Beddoe Rheolwr Ansawdd Cydymffurfiaeth Rheoleiddio, a oedd yn bresennol ar ran Paul Evans.	Nodwyd	Dim i'w nodi
1.2	Ymddiheuriadau am Absenoldeb Nodwyd ymddiheuriadau am absenoldeb gan: • Rowan Gardner, Aelod Annibynnol, Cadeirydd • Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol • Paul Evans, Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Rheoleiddio • Julie Ash, Pennaeth Gwasanaethau Corfforaethol	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiannau Nodwyd nad oedd unrhyw Ddatganiadau o Ddiddordeb.	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 Rhoddwyd gwybod i'r Pwyllgor am fân wall teipio a gofynnwyd i'r cofnodion gael eu diwygio cyn iddynt gael eu huwchlwytho i'r wefan. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: GYMERADWYO Cofnodion Cryno Cyhoeddus a Phreifat y cyfarfod diwethaf ar 2 Tachwedd 2023	Cymeradwywyd	Dim i'w nodi
2.2	Blaengynllun Gwaith	Nodwyd	Dim i'w nodi

	Cadarnhaodd Chris Darling, Ysgrifennydd y Bwrdd (CD) fod y cynllun gwaith wedi'i ddiweddaru i adlewyrchu cyflwyno Pwyllgor Cyflawni Rhaglenni newydd a neilltuwyd rhai o'r eitemau ar yr agenda iddo. Mae aelodau'r pwyllgor yn parhau i sganio'r gorwel am eitemau i'w hychwanegu at y cynllun gwaith. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'R Blaengynllun Gwaith		
2.3	Adroddiad Blynyddol y Pwyllgor Llywodraethu a Diogelwch Digidol Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: GYMERADWYO Adroddiad Blynyddol y Pwyllgor i'w gymeradwyo'n ffurfiol gan Fwrdd AIA.	Cymeradwywyd	Dim i'w nodi
2.4	Hunanasesiad Effeithiolrwydd Llywodraethu Digidol a Diogelwch Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol NODI'R Hunanasesiad Effeithiolrwydd Diogelwch	Nodwyd	Dim i'w nodi
2.5	Cylch Gorchwyl y Pwyllgor Llywodraethu a Diogelwch Digidol Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol GYMERADWYO Cylch Gorchwyl y Pwyllgor.	Cymeradwywyd	Dim i'w nodi
2.6	Cylch Busnes y Pwyllgor Llywodraethu a Diogelwch Digidol Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol GYMERADWYO'R Cylch Busnes.	Cymeradwywyd	Dim i'w nodi
RHAN 3 – PRIF AGENDA			
3.1	Cofnod Gweithredu Nododd y Pwyllgor fod dau gam gweithredu o'r cyfarfod diwethaf a oedd bellach wedi dod i ben a bod manylion y camau gweithredu wedi'u nodi yn y cofnod. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: DRAFOD y Cofnod Gweithredu	Trafodwyd	Dim i'w nodi
3.2	Y Gofrestr Risg Gorfforaethol Nododd CD fod 19 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, yr oedd 11 ohonynt i'w hystyried gan y Pwyllgor hwn. Roedd 4 ohonynt yn cael eu dynodi'n rhai preifat a byddent yn cael eu trafod yn y sesiwn breifat gyda'r 7 arall yn destun trafodaeth yn y sesiwn hon.	Trafodwyd	Dim i'w nodi

Cofnodion heb eu cadarnhau ar gyfer y:
Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol 01022024

Nodwyd y newidiadau canlynol i risgiau cyhoeddus a neilltuwyd i'r Pwyllgor hwn ers y cyfarfod diwethaf fel a ganlyn:

0 RISG NEWYDD

0 NEWID YN SGÔR

DILËWYD 2 RISG

DHCW0237 Effaith Gofynion Newydd ar Adnoddau a'r Cynllun – wedi'i israddio fel mesurau lliniaru cadarn yn eu lle.
DHCW0292 Crynhoad Uchel o swyddi heb eu hariannu mewn timau seilwaith – wedi'i israddio i lefel y Gyfarwyddiaeth oherwydd y camau lliniaru sydd ar waith. Dywedodd Sam Lloyd, Cyfarwyddwr Gweithredol Gweithredoedd (SL) fod y rolau heb eu hariannu yn cael eu gosod yn erbyn y swyddi gwag. Yn ogystal, cynhaliwyd ymarfer i rwydo rolau heb eu hariannu cyn belled ag y bo modd yn erbyn swyddi gweigion. Roedd rhai swyddi gweigion wedi'u dileu i sicrhau bod cyllid ac adnoddau'n cael eu cyfeirio at y meysydd sydd eu hangen fwyaf.

Trafododd y Pwyllgor a gredid ei bod yn fwy priodol cyflogi pobl ar gontractau tymor byr neu a fyddai hyn yn risg.

Mae IGDC wedi rhoi'r gorau i recriwtio i swyddi nad ydynt yn rolau a ariennir yn barhaol, fodd bynnag, roedd un eithriad i hyn yn y tîm a oedd yn cael ei sefydlu ar gyfer DSPP ar gyfer ap GIG Cymru gan fod angen ymgorffori gallu mewnol.

Cytunodd y Pwyllgor fod hwn yn ddull pragmatig iawn i'w fabwysiadu a nododd yr anhawster o ran recriwtio pobl â sgiliau i gontractau cyfnod penodol.

Atgoffodd CD y Pwyllgor fod archwiliadau dwfn i ddwy o'r risgiau corfforaethol a fyddai'n digwydd yn sesiwn breifat y cyfarfod.

Rhoddwyd diweddariadau ar weddill y risgiau a neilltuwyd i'r Pwyllgor:-

- DHCW0316 Cronni Dyledion Technegol - roedd y risg hon yn edrych ar y ddyled dechnegol a oedd wedi cronni o amgylch y man ymgeisio. Roedd IGDC wedi buddsoddi mewn lleihau dyled a'r seilwaith ond o safbwynt cais roedd nifer o systemau ar draws yr ystâd wedi bod yn

	weithredol ers peth amser. Roedd gweithgareddau ar y gweill i leihau hyn ac edrych ar aeddfedrwydd meddalwedd. Roedd ymarfer wedi'i gynnal gyda Microsoft i edrych ar achos economaidd i fudo i'r Cwmwl. Roedd darn o waith i fod i ddechrau a fydd yn edrych ar gyfanswm cost rhedeg systemau a pharhau i ddatblygu a chymharu yn erbyn cynnig y farchnad ac edrych ar y bwlch ymarferoldeb. Roedd Map Ffordd API wedi'i gyhoeddi ac roedd llawer o weithgarwch yn y gofod hwn felly dylid gweld gostyngiad yn y ddyled dechnegol yn y dyfodol agos. • DHCW0300 CANISC – byddai diweddariad yn cael ei dderbyn yn y Pwyllgor Cyflawni Rhaglenni yn nes ymlaen yn y mis. • DHCW0308 Cyllid Cynaliadwy ar gyfer System Archwilio Integredig Deallus Genedlaethol (NIIAS) – Darparodd Darren Lloyd, Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion (DL) ddiweddariad ar y risg. Roedd y risg ar gyfer hyn a DHCW0321 yn gysylltiedig â chyllid cynaliadwy ac roedd DL yn falch o hysbysu'r pwyllgor bod rhan o'r arian craidd wedi'i ddyrannu yn y setliad ar gyfer y flwyddyn ariannol nesaf gan Lywodraeth Cymru. Argymhellodd DL y gellid symud y risg o risg gorfforaethol i risg adrannol gan fod sefyllfa gyllido gynaliadwy bellach ar gyfer y cynnyrch. Roedd gwaith yn mynd rhagddo gyda'r tîm cyllid i ddeall proffilio'r cyllid yn erbyn y contract presennol a chontract yn y dyfodol y byddai angen mynd allan i'r farchnad amdano maes o law. Roedd angen ymagwedd gynaliadwy i ddeall beth fyddai dull y farchnad. Fodd bynnag, roedd yn newyddion da y byddai NIIAS yn rhan o'r dyraniad cyllid craidd. • DHCW0321 Cytundeb Rhannu Gwybodaeth Bersonol Cyllid Cynaliadwy Cymru (WASPI), roedd y sefyllfa'n debyg ar gyfer y risg hon a fydd yn rhan o'r cyllid craidd ac roedd awgrym wedi bod y byddai'r dull o wneud Cod Ymddygiad ar gyfer WASPI gyda Swyddfa'r Comisiynydd Gwybodaeth yn cael ei gymeradwyo. Argymhellodd DL hefyd y gellid symud y risg hon o risg gorfforaethol i risg adrannol. • DHCW0296 Alergeddau ac Adweithiau Anffafriol – roedd y risg yn seiliedig ar nifer o elfennau eraill a oedd yn codi yn y sefydliad a rhai prosiectau a rhaglenni. Rhan o'r cynnydd oedd deall beth oedd ei angen o gadwrfa ganolog ynghylch data clinigol h.y. un ffynhonnell o wirionedd a fydd yn storio gwybodaeth glinigol am alergeddau ac adweithiau		

	niweidiol ar draws llwybr y claf. Nid oedd yn hysbys ar hyn o bryd pryd y byddai'n debygol y byddai'r risg yn cael ei leihau neu ei gau gan ei fod yn dibynnu ar y rhaglen yn gweithio. Trafododd y Pwyllgor yr amserlenni ar gyfer y system NIIAS bresennol a phryd y byddai angen edrych ar gaffael system wahanol. Byddai'r cytundeb presennol yn cael ei ymestyn am 3 blynedd arall ond byddai angen mynd allan i'r farchnad yn y flwyddyn ariannol nesaf i gychwyn y ddeialog ar gyfer caffael. Darparodd CD grynodeb o'r risgiau a chadarnhaodd fod yna strategaeth Risg a Sicrwydd Bwrdd a oedd yn nodi'r ymagwedd at risg ac yn cynnwys edrych ar risgiau trwy lens o gyfle a bygythiadau. Yn aml bydd rheolaeth lwyddiannus o risgiau yn arwain at wireddu cyfleoedd. Roedd yr archwaeth risg yn cael ei adolygu'n flynyddol gan ystyried ffactorau amgylcheddol sy'n effeithio ar IGDC. Fodd bynnag, mae risgiau a ddaw yn sgil sefydliadau fel Fforwm Economaidd y Byd ynghylch tueddiadau amgylcheddol ac o ragolwg risg cenedlaethol Llywodraeth y DU yn tueddu i ddod o safbwynt risg yn hytrach nag un o gyfleoedd. Dywedodd CD ei bod yn ffordd dda o gofio cael cyfleoedd ar flaen y gad, yn enwedig i IGDC lle mae pethau fel y defnydd o dechnoleg data, deallusrwydd artiffisial a seiber i gyd yn feysydd risg uchel ond hefyd yn uchel o ran cyfleoedd. Cadarnhaodd CD y teimlwyd bod IGDC ar y trywydd iawn o ran ei agwedd at risg ond roedd yn hapus i dderbyn adborth y Bwrdd o ran sut y gallai IGDC gynnwys cyfleoedd yn well o bosibl trwy lens risg ac awgrymodd drafodaeth all-lein cyn sesiwn datblygu'r Bwrdd ym mis Ebrill. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: DRAFOD y Gofrestr Risg Gorfforaethol		
3.3	**Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol** Wedi'i gyflwyno gan Keith Reeves, Rheolwr Tîm Rheoli Gwasanaeth (KR); nododd ei fod yn cwmpasu cyfnod Chwarter 3. Cyflwynwyd yr uchafbwyntiau canlynol: • Bu cynnydd sylweddol mewn ymholiadau yn codi o 7 yn Chwarter 2 i 87 yn Chwarter 3. Roedd y cynnydd yn ymwneud â dau faes, gan fod hyrwyddo IGDC wedi gwella ac roedd y llall yn	Trafodwyd er Sicrwydd	Cam Gweithredu: KR i gysylltu â CL-J ar newid iaith o fewn y Fframwaith Ffactorau Cyfrannol.

	ymwneud ag Ap y GIG. Roedd dadansoddi'r ymholiadau hyn wedi nodi pedwar maes i'w gwella o ran yr Ap a'r prosesau cymorth. • Ar gyfartaledd rhwng dau a thri adolygiad y mis. Helpodd hyn i ddiffinio unrhyw welliannau. Yn bennaf roedd llawer o'r adolygiadau'n ymwneud â digwyddiadau technegol ond cynhaliwyd adolygiadau eraill hefyd h.y. adolygiadau thematig ac archwiliadau a gomisiynwyd. Galluogodd hyn well dealltwriaeth o achosion sylfaenol. • Uchafbwyntiau'r chwarter – y cynnydd mewn ffactorau cyfrannol allanol ar gyfer Digwyddiadau Mawr. Mae ffactorau allanol yn ffactorau achosol y tu allan i reolaeth IGDC, lle mae methiant yn dal i effeithio ar wasanaethau IGDC. • Roedd dau welliant sy'n ymwneud yn benodol â'r rhain. Edrych ar sut i ddarparu hyfforddiant rheoli ar unwaith neu hyfforddiant rheoli newid yn well a hefyd ar y rhaglen cymhwysedd ehangach. • Yn dilyn y drafodaeth yn y cyfarfod diwethaf ar y Strategaethau Clinigol, cyn gynted ag y bydd y strategaeth yn cael ei gwreiddio, bydd yn cael ei nodi os gellir gwneud unrhyw welliannau pellach yn deillio o hynny. • Roedd menter o'r enw 'Rhaglen Dysgu Gwell' yn dod drwy GIG Cymru ac yn cael ei hysgogi'n bennaf gan ICC a oedd yn galluogi dysgu o ddigwyddiadau a ddigwyddodd ar draws GIG Cymru. • Roedd gwaith yn mynd rhagddo i gael gwell dealltwriaeth o effaith methiant system h.y. y system LIMs a'r effaith ar dimau patholeg ar draws GIG Cymru, er mwyn sicrhau bod y cynnydd mewn digwyddiadau mawr yn fwy cadarn. Derbyniodd y Pwyllgor sicrwydd, er bod yr adroddiad yn ymwneud â'r prif feysydd effaith, mai'r broses oedd adolygu a dod â phrofiad o'r timau seiber/Llywodraethu Gwybodaeth/Clinigol i mewn i gydweithio ar yr adroddiad os oedd hyn yn briodol i'r digwyddiad. Awgrymodd Carwyn Lloyd Jones, Cyfarwyddwr TGCh (CL-J) y dylid newid rhai o'r disgrifiadau yn y Fframwaith Ffactorau Cyfrannol i iaith yr oedd pobl yn gyfarwydd â hi o ddydd i ddydd. Cytunodd KR i gysylltu â CL-J ynglŷn â'r pwynt hwn. CAM GWEITHREDU:2024-02-01-A01 KR i gysylltu â CL-J ar newid iaith o fewn y Fframwaith Ffactorau Cyfrannol. Byddai'r adroddiad diwedd blwyddyn yn cael ei		

	gynhyrchu yn Chwarter 4 a byddai'r awgrymiadau'n cael eu hymgorffori gyda mwy o fanylion mewn adroddiadau wrth symud ymlaen.

Canmolodd y Pwyllgor KR a'i dîm am y dadansoddiad o ymholiadau ynghylch Ap y GIG a rhoi gwelliannau ac adnoddau i mewn oherwydd pan gafodd yr Ap ei gyflwyno'n ehangach roedd yn debygol iawn y byddai mwy o ymholiadau'n dod i law.

Cadarnhaodd KR fod y mecanwaith adrodd yn rhywbeth yr oedd angen ei wella cyn i'r Ap gael ei ddefnyddio ymhellach.

Cadarnhaodd CD fod cynnydd sylweddol wedi bod mewn ymholiadau yn ymwneud ag Ap y GIG a oedd yn y cam profi Beta Cyhoeddus, ond roedd yn galonogol y dylai'r rhain hysbysu o safbwynt dysgu sut i lansio'r Ap yn ffurfiol i ddod yn rhyngwyneb cyhoeddus llawn.

Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:
DRAFOD yr Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol ar gyfer SICRWYDD | | |
| 3.4 | **Adroddiadau Sicrwydd**

I. **Adroddiad Sicrwydd Llywodraethu Gwybodaeth**

Cyflwynodd Darren Lloyd, Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion (DL) yr Adroddiad ar Sicrwydd Llywodraethu Gwybodaeth yn nodi gwaith y tîm Llywodraethu Gwybodaeth o'r cyfnod hwn.

- Roedd fformat yr adroddiad wedi newid yn dilyn cymeradwyo'r Strategaeth Llywodraethu Gwybodaeth ac roedd bellach yn fframio'r adroddiad oddi ar gefn y strategaeth fel bod rhywfaint o gysondeb a chydweithio. Roedd y strategaeth yn cael ei defnyddio i'r eithaf o ran sicrwydd ac ymgymryd â'r cyfrifoldebau.
- Mae pedair elfen:-
- Cydymffurfio â Llywodraethu Gwybodaeth Corfforaethol (NOD 1). Roedd gwaith a wnaed o ran camau gweithredu ar ein cydymffurfiaeth ein hunain yn mynd rhagddo'n dda.
- Fframwaith Llywodraethu Gwybodaeth Cenedlaethol (NOD 2)
  Mae IGDC yn parhau i gynnal Asesiadau o'r Effaith ar Ddiogelu Data ar ystod o systemau a | Nodwyd | Dim i'w nodi |

gwasanaethau. Rhoddwyd sicrwydd i'r Pwyllgor fod yna gyfres o Asesiadau o'r Effaith ar Ddiogelu Data a allai fod ar gael i ddefnyddwyr gwasanaethau a'r cyhoedd.

- Polisi Llywodraethu Gwybodaeth (NOD 3)
  Mae IGDC wedi bod yn cydweithio ag arweinwyr Llywodraethu Gwybodaeth ar draws Byrddau Iechyd GIG Cymru ac Awdurdodau Iechyd Arbennig ar y camau nesaf mewn perthynas â Strategaeth Llywodraethu Gwybodaeth Cymru Gyfan. Mae gwaith wedi'i wneud i ddiweddaru a chyfuno'r polisïau hyn gan arwain at ddull cydweithredol o greu Polisi Llywodraethu Gwybodaeth Cymru Gyfan ynghylch Llywodraethu Gwybodaeth, y disgwylir iddo gael ei gwblhau yn yr ychydig fisoedd nesaf. Nododd DL bwysigrwydd cael Polisi Llywodraethu Gwybodaeth Cymru Gyfan wedi'i ddiweddaru o ystyried y fframwaith y manylwyd arno yn y strategaeth.

- Dyletswydd Ansawdd (NOD 4)
  Roedd y Strategaeth yn cael ei throsi i'r Cynllun Tymor Canolig Integredig (CTCI) h.y. mae'r cydrannau o fewn y fframwaith, i gynnwys agweddau ar NIIAS, Gwasanaeth Cefnogi Swyddogion Diogelu Data, WASPI a Phecyn Cymorth Llywodraethu Gwybodaeth Cymru yn yr CTCI ac yn deillio o hynny fel yr uchelgais dros y 12 i 18 mis nesaf.

II. Adroddiad Sicrwydd Gwybodeg

Cyflwynodd Laura Beddoe, Rheolwr Ansawdd Cydymffurfiaeth Rheoleiddio (LB) yr Adroddiad Sicrwydd Gwybodeg a thynnodd sylw at y canlynol:-

- Roedd 21 o bapurau wedi mynd drwy'r grŵp ac roedd gan chwech o'r rheini ddyddiadau 'Mynd yn Fyw' yn chwarter 3. Derbyniodd pedwar o'r rheini gymeradwyaeth sicrwydd gan WIAG. Ni dderbyniodd dau ohonynt gymeradwyaeth sicrwydd. Darparodd LB esboniadau am y rhesymau pam na dderbyniodd y ddau bapur gymeradwyaeth cyn mynd yn fyw.

- Edrych i'r dyfodol – archebwyd 15 o bapurau i'w hadolygu drwy Ionawr/Chwefror a 7 prosiect newydd.

- Roedd gwelliannau wedi edrych ar y llwyfan pŵer a gweithio gyda'r Ganolfan Ragoriaeth. Mae wedi'i

rannu ag arweinwyr sicrwydd a grŵp o reolwyr prosiect. Roedd adborth wedi'i ystyried a newidiadau wedi'u gwneud. Bwriad y llwyfan pŵer oedd gwneud y broses yn fwy llyfn a chael gwared ar y baich amser o fynd i gyfarfodydd a chael gwared ar y gwaith papur amrywiol oedd angen ei gwblhau. Roedd y Tîm yn ymwybodol y byddai chwarter 1 yn her wrth i'r system fynd yn fyw ac roedd dwy system yn cael eu rhedeg ar yr un pryd, ond roedd y tîm yn barod am hyn. Byddai hyfforddiant yn cael ei gyflwyno ar ddiwedd chwarter 1 / chwarter 2 i baratoi ar gyfer yr ap pŵer.

Rhoddwyd gwybod i'r Pwyllgor fod IGDC bellach wedi sefydlu Awdurdod Dylunio Technegol a fyddai'n goruchwylio datblygiad egwyddorion, safonau a glasbrintiau ac a fydd yn cael ei ddefnyddio ar gyfer dylunio ac adeiladu systemau newydd, a thrwy'r broses hon y nod oedd lleihau'r gorbenion sicrwydd a llywodraethu wrth gomisiynu systemau newydd.

III.   Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Cyflwynodd Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil (RP) Adroddiad Sicrwydd Gwasanaethau Gwybodaeth a thynnodd sylw at y pwyntiau o ddiddordeb i'r Pwyllgor:-

- Roedd y Strategaeth Gwybodaeth a Dadansoddeg wedi'i chymeradwyo a'i chyhoeddi ac roedd yn darparu gweledigaeth glir ar gyfer y sefydliad. Roedd cynllun gweithredu manwl yn cael ei ddatblygu ar hyn o bryd, i'w gyflawni fel carreg filltir CTCI Ch4 2023/24 ac yn nodi'r prif gyflawniadau ar gyfer CTCI 2024-2027.
- Roedd y Grŵp Sicrwydd ISD wedi adolygu 10 Cynllun Sicrwydd Ansawdd ers dechrau mis Tachwedd.
- Roedd holl gerrig milltir y Gwasanaethau Gwybodaeth o fewn yr CTCI ar darged i'w cwblhau fel y cynlluniwyd erbyn diwedd Ch4.
- Mudo'r Ganolfan Ddata – cyflawnwyd trosglwyddiad llwyddiannus o'r holl wasanaethau gwybodaeth o ganolfan ddata un i ganolfan ddata dau ac yn ôl eto ac roedd y Gwasanaeth Newid wedi'i gynnwys yn hwn.
- Roedd fframwaith llywodraethu a sicrwydd Power BI wedi'i gymeradwyo gan y Bwrdd. Roedd y tîm wedi cynhyrchu cyfres o ddeunyddiau ac yn gysylltiedig â hynny roedd adolygiad ôl-weithredol

	o ddangosfyrddau yn cael ei gynnal. • Porth Gwybodaeth Gofal Sylfaenol wedi'i ailgynllunio (PCIP) gyda gwell swyddogaeth, cyhoeddwyd fersiwn newydd ac roedd defnyddwyr wedi rhoi rhywfaint o adborth cadarnhaol. Nododd y Pwyllgor y newyddion da ynghylch trosglwyddo'r gwasanaeth data, ac yn arbennig y Gwasanaeth Newid, a holodd a ellid lleihau'r risg i adlewyrchu hyn. Rhannwyd y risg yn dair risg benodol, yn dilyn yr archwiliad allanol a wnaed, a oedd yn ymwneud â Chyfarwyddiaethau eraill, felly mae'n debyg bod rhagor o waith i'w wneud ond roedd gwaith yn cael ei wneud i drosglwyddo'r data o'r warws data presennol i'r un newydd. IV. Adroddiad Sicrwydd Strategaeth Ymchwil ac Arloesi Cyflwynodd RP Adroddiad Sicrwydd y Strategaeth Ymchwil ac Arloesi i gynnwys yr Adroddiad Blynyddol Ymchwil ac Arloesi gyda'r uchafbwyntiau canlynol: • Nododd y Pwyllgor y cynnydd a wnaed tuag at gamau gweithredu Ymchwil ac Arloesi a nododd yn benodol y gweithgarwch a nodwyd yn yr Adroddiad Blynyddol Ymchwil ac Arloesi a oedd wedi'i gynnwys yn y papurau a gofynnodd am gadarnhau hyn i'w ddosbarthu'n ehangach. • Roedd mecanwaith costio dros dro ar gyfer ceisiadau data a phrosiectau ymchwil ac arloesi wedi'i gymeradwyo ac roedd yn cael ei ddefnyddio fel peilot gyda gweithgarwch ymgysylltu ar y gweill i sefydlu model costio sylweddol. Roedd Rheolwr Cymorth Ymchwil ac Arloesi wedi'i benodi i ymuno â'r tîm ym mis Rhagfyr 2023 ac roedd Pennaeth Ymchwil ac Arloesi newydd wedi ymuno ym mis Ionawr 2024. Yn ogystal â chael adnoddau allweddol i mewn, roedd mecanwaith costio yn cael ei roi ar waith a'i sefydlu bellach fel y gallai Ymchwil ac Arloesi adennill costau ar gyfer rhywfaint o'r gweithgaredd. • Mae llywodraethu yn parhau gyda chyfarfodydd misol Ymchwil, Arloesi, Gweithredol ac Ymgysylltu sy'n monitro gweithgareddau allweddol h.y. ASCEND, Blood Cancer UK ac ati a hefyd y gwaith o amgylch rhaglenni a chyflawniadau academaidd. Mae'r grŵp hwn yn bwydo i mewn i'r Bwrdd Ymchwil ac Arloesi sy'n cael ei gadeirio gan y Cyfarwyddwr Meddygol Gweithredol. Mae'r Bwrdd yn goruchwylio'r Cynnig Canfod, Recriwtio		

	ac Olrhain (Find, Recruit and Follow Up) a bydd diweddariad ar hyn yn cael ei gyflwyno i'r cyfarfod nesaf. Roedd yr Adroddiad Blynyddol a gynhwyswyd yn y papurau yn rhoi dadansoddiad o weithgareddau allweddol y bu'r tîm Ymchwil ac Arloesi yn ymwneud â nhw yn ystod y flwyddyn. Rhoddwyd gwybod i'r Pwyllgor mai hon oedd blwyddyn gyntaf y swyddogaeth Ymchwil ac Arloesi ac felly roedd y tîm wedi bod yn myfyrio, gan gynnwys canolbwyntio ar yr hyn a aeth yn dda, ymgysylltu â rhywfaint o fapio rhanddeiliaid ac adeiladu ar y brand ymhellach. Cadarnhaodd RP fod IGDC yn sefydliad unigryw, yn sicr o fewn ecosystem Cymru a oedd yn dod â heriau ond hefyd cyfleoedd o ran yr hyn y gellid ei wneud ar raddfa ac yn genedlaethol ar ran y sector ecosystemau a gwyddorau bywyd. Roedd IGDC mewn sefyllfa unigryw yng Nghymru ond roedd yn gweithio gyda chydweithwyr o'r Alban a Lloegr ac yn agos gyda Threialon Digidol y GIG i ddeall y model y maent wedi'i ddatblygu. Canmolodd y Pwyllgor RP a'i thîm am y cynnydd da a wnaed dros y 12 mis diwethaf wrth i'r strategaeth ddod yn fyw. Trafododd y Pwyllgor ymhellach y cyfleoedd y gellid rhoi sylw iddynt ac fel Pwyllgor dylai fod yn annog mwy o adnoddau i'r ardal. Cytunodd Matthew Wintle, Cyfarwyddwr Meddygol Gofal Eilaidd (MW) ei bod wedi bod yn flwyddyn gyffrous gweld y strategaeth ar waith ac yn amlwg, pan ddaeth yn fater o ymchwil ac arloesi, roedd llawer yn digwydd y tu allan i Gymru. Roedd IGDC yn ceisio darparu'r asedau ac adeiladu'r seilwaith i allu manteisio ar rai o'r technolegau cyffrous sy'n datblygu ledled y byd. Cadarnhaodd MW ei gefnogaeth i'r tîm ymchwil ac arloesi i'w galluogi i gael y mecanweithiau cywir yn eu lle i allu cyflawni hyn. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'R adroddiadau ar gyfer SICRWYDD a CHEFNOGI'R Adroddiad Ymchwil ac Arloesi Blynyddol.		
	RHAN 4 – MATERION I GLOI		
4.1	**Unrhyw Faterion Brys Eraill** Nid oedd unrhyw faterion brys eraill i'w nodi.	Nodwyd	Dim i'w nodi
4.2	**Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd**	Nodwyd	Dim i'w nodi

Cofnodion heb eu cadarnhau ar gyfer y:
Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol 01022024

	Nodwyd yr eitemau i'w cynnwys yn Adroddiad Crynhoi Cynnydd y Cadeirydd ar gyfer Bwrdd yr Awdurdod Iechyd Arbennig ym mis Mawrth fel; • Y gwaith da a wnaed ar risgiau a neilltuwyd i'r Pwyllgor. Roedd y proffil risg cyffredinol a neilltuwyd i'r Pwyllgor wedi gostwng yn rhannol oherwydd y gwaith a wnaed gan y tîm Llywodraethu Gwybodaeth. • Cydnabod y gwaith da sy'n cael ei wneud drwy'r strategaeth ymchwil ac arloesi a myfyrio ar y gwaith y maent wedi bod yn rhan ohono y llynedd a'r potensial i wneud hyd yn oed mwy. Cydnabu'r Pwyllgor y byddai angen mwy o adnoddau arnynt er mwyn gwneud mwy a dylai'r Pwyllgor gefnogi hyn.		
4.3	Dyddiad y cyfarfod nesaf Cadarnhawyd dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol ar 2 Mai 2024 am 1.00pm.	Nodwyd	Dim i'w nodi

COFNODION CRYNO CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL – PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

🕐 14:45 – 16:15   📅 1 Chwefror 2024   📍 MS Teams

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

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	IGDC
Jamie Graham	JG	Cyfarwyddwr Cynorthwyol, Seiberddiogelwch	IGDC
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	IGDC
Julian Jones	JJ	Arweinydd Gweithredol Seiberddiogelwch	IGDC
Darren Lloyd	DL	Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion	IGDC
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	IGDC
Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr TGCh	IGDC
Dave Parsons (ar gyfer eitem 3.4)	DP	Rheolwr Cod WASPI	IGDC
Rachael Powell	RP	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	IGDC

Cofnodion heb eu cadarnhau ar gyfer:
Pwyllgor Preifat ar Lywodraethu a Diogelwch Digidol 01 Chwefror 2024

Julie Robinson	JR	Cydlynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	IGDC
Marcus Sandberg (ar gyfer eitem 3.4)	MSa	Uwch Swyddog Llywodraethu Gwybodaeth	IGDC
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	IGDC
John Sweeney (ar gyfer eitem 3.3i)	JS	Rheolwr Llywodraethu Rhannu ac Integreiddio Gwybodaeth	IGDC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	IGDC
Matthew Wintle	MW	Cyfarwyddwr Meddygol Cyswllt – Gofal Eilaidd	IGDC

Ymddiheuriadau	Teitl	Sefydliad
Rowan Gardner	Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	IGDC
Rhidian Hurle	Cyfarwyddwr Meddygol Gweithredol	IGDC
Julie Ash	Pennaeth Gwasanaethau Corfforaethol	IGDC

Acronymau			
SHA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
IGDC	Iechyd a Gofal Digidol Cymru	GIG	Gwasanaeth Iechyd Gwladol
IM	Aelod Annibynnol	CTCI	Cynllun Tymor Canolig Integredig
NDR	Adnoddau Data Cenedlaethol	SCG	Swyddfa'r Comisiynydd Gwybodaeth
RISP	Caffael y System Gwybodeg Radioleg	WASPI	Cytundeb Rhannu Gwybodaeth Bersonol Cymru

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
	RHAN 1 — MATERION RHAGARWEINIOL		
1.1	Croeso a Chyflwyniadau Croesawodd David Selway, Aelod Annibynnol ac Is-Gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (DS) bawb i'r sesiwn breifat ac estynnodd longyfarchiadau'r Pwyllgor i Jamie Graham a oedd wedi cael rôl newydd mewn sefydliad arall a hwn fyddai ei	Nodwyd	Dim i'w nodi

Cofnodion heb eu cadarnhau ar gyfer:
Pwyllgor Preifat ar Lywodraethu a Diogelwch Digidol 01 Chwefror 2024

	gyfarfod Pwyllgor olaf.			
1.2	**Ymddiheuriadau am Absenoldeb** Nodwyd ymddiheuriadau am absenoldeb oddi wrth: • Rowan Gardner, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol • Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiannau** Nid oedd unrhyw ddatganiadau o fuddiannau i'w nodi.	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 cyfarfod diwethaf y pwyllgor a gynhaliwyd ar 02 Tachwedd 2023 fel cofnod cywir. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: GYMERADWYO cofnodion y cyfarfod diwethaf	Cymeradwywyd	Dim i'w nodi
	RHAN 3 – PRIF AGENDA			
3.1	**Cofnod Gweithredu** Roedd un weithred breifat ar y cofnod ac roedd hi bellach wedi'i chwblhau. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'R Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
3.2	**Adroddiad Sicrwydd Seiberddiogelwch** Cyflwynodd Jamie Graham, Cyfarwyddwr Cynorthwyol, Seiberddiogelwch (JG) Julian Jones, Arweinydd Gweithredol Seiberddiogelwch (JJ) a gyflwynodd yr Adroddiad Sicrwydd Seiberddiogelwch gan amlygu'r gwaith a gwblhawyd dros gyfnod Chwarter 3 yn y meysydd canlynol. • Gosod Patsys Diogelwch • Cael gwared ar SQL Server 2012 • Profi treiddiad ac adferiad • Efelychu gwe-rwydo IGDC • Prosiect disodli SIEM	Trafodwyd	Dim i'w nodi

Cofnodion heb eu cadarnhau ar gyfer:
Pwyllgor Preifat ar Lywodraethu a Diogelwch Digidol 01 Chwefror 2024

	CAM GWEITHREDU:20240201-A01 Cyflwyno adroddiad diweddaru ar brofion treiddio i'r cyfarfod nesaf. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: DRAFOD yr Adroddiad Sicrwydd Seiberddiogelwch er SICRWYDD			
3.3	Y Gofrestr Risg Gorfforaethol Nododd Chris Darling, Ysgrifennydd y Bwrdd (CD) fod 19 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, yr oedd 11 ohonynt i'w hystyried gan y Pwyllgor hwn. Roedd 4 ohonynt yn cael eu hystyried yn rhai preifat a byddent yn destun trafodaeth. Nodwyd y newidiadau canlynol i risgiau preifat a neilltuwyd i'r Pwyllgor hwn ers y cyfarfod diwethaf ym mis Mai fel a ganlyn: 4 RISG WEDI'U DILEU **Preifat** • DHCW0278 • DHCW0279 • DHCW0325 • DHCW0317 Archwiliad Dwfn i risg DHCW0263 Swyddogaethau Data Roedd dwy risg wedi bod ar y gofrestr ers peth amser, fodd bynnag, nid oedd IGDC yn gwbl gyfrifol gan fod y risgiau'n gysylltiedig â sefydliadau eraill. DHCW0263 – Swyddogaethau IGDC a'i sail gyfreithlon i brosesu data i gyflawni'r swyddogaethau hynny. Trafododd y Pwyllgor y gyfraith a oedd yn berthnasol i Loegr ac a oedd ychydig yn ehangach na'r hyn a gynigiwyd yng Nghymru. Cadarnhaodd DL fod y broses wedi'i thynnu allan gyda'r risg wedi bod ar y gofrestr ers 10 mlynedd ac nad oedd y ddeddfwriaeth yn elfen alluogi. Trafododd y Pwyllgor yr effaith gafodd diffyg mynediad hawdd at ddata ar Ymchwil ac Arloesi o ran fforddiadwyedd. Bydd y ddeddfwriaeth angenrheidiol a'r hyn sydd ei angen i fod yn ei le er mwyn prosesu data yn pennu'r hyn y gellir ei gyflawni yn y maes hwn. Archwiliad dwfn i risg DHCW0320 Ymddiriedolaeth Dinasyddion a Rhanddeiliaid wrth Ddefnyddio Data Iechyd a Gofal Cymdeithasol Cyflwynodd DL yr Archwiliad Dwfn i risg DHCW0320 a chadarnhaodd, ynghyd â'r elfen ddata, fod yn rhaid i'r	Trafodwyd	Dim i'w nodi	

	risg hon fod mor dryloyw â phosibl gyda'r wybodaeth a oedd yn cael ei defnyddio a rhoi sicrwydd i'r cyhoedd pan oedd yn lledaenu'r wybodaeth hon, roedd at ddefnydd gwerth gwasanaeth ac iechyd. Roedd y llywodraethu gwybodaeth ar hyn yn glir, yn gadarn ac yn dryloyw ac ni ddylai fod unrhyw beth annisgwyl i'r cyhoedd. Dywedodd John Sweeney, Rheolwr Llywodraethu Integreiddio a Rhannu Gwybodaeth (JS) y gallai fod angen ailysgrifennu'r risg gan fod Llywodraeth Cymru wedi gofyn i'r gwaith gael ei gyflawni ond heb ryddhau'r gyllideb i gyd-fynd â'r cais. Felly, roedd yn risg i Lywodraeth Cymru ond dylid ei chadw ar y gofrestr i adlewyrchu'r sefyllfa bresennol. Cadarnhaodd CD y byddai'r gyllideb ar gyfer cyfathrebu hyn i'r cyhoedd yn sylweddol ac y byddai angen arbenigedd allanol. Byddai dysgu o sut yr ymdriniwyd â hyn yn Lloegr yn cael ei gynnwys mewn. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: DRAFOD y Gofrestr Risg Gorfforaethol a'r ddau Archwiliad Dwfn		
3.4	**Adroddiad Terfynol Cod Ymddygiad WASPI** Ymunodd ei gydweithwyr, Dave Parsons, Rheolwr Cod WASPI a Marcus Sandberg, Uwch Swyddog Llywodraethu Gwybodaeth â Darren Lloyd, Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion:- • Roedd yr adroddiad yn rhoi'r wybodaeth ddiweddaraf am y cynigion i ddatblygu Cytundeb Rhannu Gwybodaeth Bersonol Cymru (WASPI) yn God Ymddygiad cymeradwy gan Swyddfa'r Comisiynydd Gwybodaeth (SCG). • Mae gwella WASPI yn rhan o Gynllun Tymor Canolig Integredig (CTCI) 2023-2026. • Roedd Llywodraeth Cymru wedi croesawu'r cynnig i WASPI ddod yn God Ymddygiad wedi'i gymeradwyo gan Swyddfa'r Comisiynydd Gwybodaeth i gefnogi ac annog rhannu data ar draws y sector cyhoeddus. Cadarnhaodd DL y byddai IGDC ymhlith un o'r sefydliadau cyntaf yn y DU i gyflawni Cod Ymddygiad cymeradwy sy'n cefnogi arferion rhannu gwybodaeth. Darparodd Dave Parsons, Rheolwr Cod WASPI (DP) yr amserlen ar gyfer y Cod Ymddygiad i fynd drwy'r broses sicrwydd ac amcangyfrifwyd y byddai'n cymryd tua 20 wythnos.	Nodwyd	Dim i'w nodi

Cofnodion heb eu cadarnhau ar gyfer:
Pwyllgor Preifat ar Lywodraethu a Diogelwch Digidol 01 Chwefror 2024

	Rhoddwyd sicrwydd i'r Pwyllgor fod cyllid wedi'i gadarnhau ar gyfer WASPI a bod yr holl gostau parhaus wedi bod yn rhan o'r elfen ariannu ac wedi'u hymgorffori yn yr achos busnes. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI Adroddiad Terfynol Cod Ymddygiad WASPI.		
RHAN 4 – MATERION I GLOI			
4.1	Unrhyw Faterion Brys Eraill Nid oedd unrhyw faterion arall.	Nodwyd	Dim i'w nodi
4.2	Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd Nodwyd yr eitemau i'w cynnwys, os ydynt yn briodol ar gyfer y fforwm cyhoeddus, yn Adroddiad Crynhoi Cynnydd y Cadeirydd ar gyfer Bwrdd SHA ym mis Tachwedd fel a ganlyn: • Trafodaeth ar brofi treiddiadau • Roedd proffil risg y Pwyllgor wedi lleihau • Y gwaith da a wnaed gan y Tîm Llywodraethu Gwybodaeth ar WASPI a'r sefyllfa ariannu.	Nodwyd	Dim i'w nodi
4.3	Dyddiad y cyfarfod nesaf: Cadarnhawyd mai dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol fydd 2 Mai 2024 am 1.00pm.	Nodwyd	Dim i'w nodi

DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN

Agenda Item	2.2

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	02 May 2024

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

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

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

WC:
APP:
TOTAL:

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

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

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1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

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

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

2   APPROVAL / SCRUTINY ROUTE

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

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

3 SITUATION / BACKGROUND

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The following items as noted in Appendix A Forward Workplan are due to be presented to the Committee meeting on 2 May 2024:

- Information Classification Policy and Backup Policy
- Information Governance Assurance Report to include Welsh IG Toolkit Submission 2023-2024
- Section 255 Requests
- Cross Border Ombudsman Concern
- Deep Dives: The Development of the IG Toolkit for Wales and Data Protection Officer (DPO) Service for Primary Care.
- Find, Recruit and Follow Up Proposal update included in R&I Assurance Report
- NIIAS Reporting and Accessing verbal update – PRIVATE session.

4.2 The items below have been identified for the following meeting on 15 August 2024

- Information Governance Strategy Action Plan Update
- Artificial intelligence

5   KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6   RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report.	

Action Log 3.1

Reference	Date of Meeting	Action/Decision	Action Lead	Status/Outcome Narrative	Status	Session Type
2024-02-01-A01	01/02/2024	CL-J suggested that some of the descriptions within the Contributory Factors Framework should be changed to language that people are familiar with on a day to day basis. KR to pick this up with CL-J	Keith Reeves (DHCW - Service Management)	Discussion took place with further discussion at IRLG around language used in the framework. It will be included in the commentary as part of the update report.	Closed	Public

DIGITAL HEALTH AND CARE WALES
CORPORATE RISK REGISTER

Agenda Item	3.2

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 May 2024

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

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

Purpose of the Report	To Receive/Discuss
Recommendation	The Committee is being asked to

NOTE the status of the Corporate Risk Register
DISCUSS the Corporate Risks assigned to the Digital Governance and Safety Committee.

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services

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

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

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

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

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

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

IGDC•DHCW

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

2   APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	02/04/2024	Reviewed
Management Board	18/04/2024	Reviewed

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

3 SITUATION / BACKGROUND

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

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

3.3 Committee members are asked to consider risk, in the context of DHCW Digital Governance and Safety 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)'.

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 In terms of DHCW's Corporate Risk Register, there are currently 16 risks on the Corporate Risk Register, of which 9 are for the consideration of this Committee.

The risks assigned to the DG&S Committee are as follows:
- DHCW0263 DHCW Data Functions
- DHCW0296 Allergies / Adverse Reactions – Single Source
- DHCW0300 Canisc (Screening & Palliative Care)
- DHCW0316 Technical Debt Accumulation
- DHCW0320 Citizen and stakeholder trust in uses of Health and Social Care data
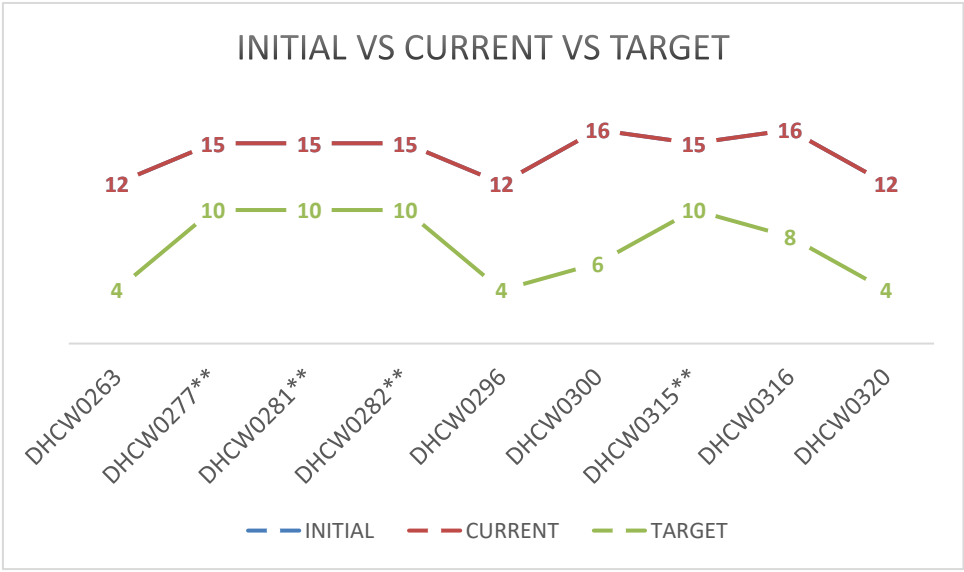- DHCW0277**
- DHCW0281**
- DHCW0282**
- DHCW0315**

4.2 The Risk register presents the 5 public risks assigned to this Committee at item [3.2i Appendix A](#) with the other 4 classified as private due to their sensitivity to be received in the private session of the Committee.

4.3   The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 4 Significant and 5 Critical risks assigned to the Committee. The key indicates movement since the last risk report to the Committee.

4.4   On the Corporate Risk Register there are nine critical risks overall, of which six are assigned to the Digital Governance and Safety Committee.

			LIKELIHOOD		
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)

CONSEQUENCES

CATASTROPHIC (5): **DHCW0277 ⇔, **DHCW0281 ⇔, **DHCW0282 ⇔, **DHCW0315 ⇔

MAJOR (4): DHCW0263: DHCW Functions ⇔; DHCW0296 – Allergies/Adverse Reactions – Single Source ⇔; DHCW0313 – Digital Cost Pressure – Service Model Changes ⇔; DHCW0320 – Citizen and stakeholder trust in use of HSC data ⇔; DHCW0300 – Canisc (Screening and Palliative Care) ⇔; DHCW0316 – Technical Debt Accumulation ⇔; DHCW0331 – Fixed term resource funding ⇔; DHCW0332 – Sustainable Major Programmes Funding; DHCW0333 - WICIS Implementation Delay ⇔

MODERATE (3): DHCW0269 – Switching Service – Data warehouse ⇔; **DHCW0318 ⬆; DHCW0334 - Impact of cost of transition team ★

MINOR (2)

NEGLIGIBLE (1)

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

4.5   The Committee are asked to consider the overview of initial risk score versus current versus target and risks that may be identified for further investigation and action.

INITIAL VS CURRENT VS TARGET

CURRENT: 12 — 15 — 15 — 15 — 12 — 16 — 15 — 16 — 12
TARGET: 4 — 10 — 10 — 10 — 4 — 6 — 10 — 8 — 4

DHCW0263, DHCW0277**, DHCW0281**, DHCW0282**, DHCW0296, DHCW0300, DHCW0315**, DHCW0316, DHCW0320

— — INITIAL   — — CURRENT   — — TARGET

4.6   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 (1) – 1 public, 0 Private

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0334	Impact of cost of transition team	Financial	Programmes Delivery Committee

RISKS WITH SCORE CHANGES (1) – 0 public, 1 private
There was 1 change in score with 1 reduction during the period

Reference	Name	Commentary	Committee Assignment
DHCW0318	**PRIVATE**	Increased in score due to change in status	Programmes Delivery Committee

RISKS REMOVED (4) – 3 public, 1 private

Reference	Name	Commentary	Committee Assignment
DHCW0308	Sustainable funding for NIIAS	Reduced to Directorate level awaiting WG confirmation letter	Digital Governance & Safety Committee
DHCW0321	Sustainable funding for WASPI	Reduced to Directorate level awaiting WG confirmation letter	Digital Governance & Safety Committee
DHCW0329	Choose Pharmacy - DHCW maintaining funding gap	Core funding approved	Audit & Assurance Committee
DHCW0301	**PRIVATE**	Revised plan in place agreed by supplier reduced to Directorate level	Programmes Delivery Committee

5   KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6   RECOMMENDATION

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

DIGITAL HEALTH AND CARE WALES
INCIDENT REVIEW AND
ORGANISATIONAL LEARNING

Agenda Item	3.3

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 May 2024

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

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

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

WC:
APP:
TOTAL:

1   IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply

CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

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

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

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

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

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

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	impact.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	The report contains a summary of any incidents where redress is required. Some incidents may result in financial redress for the organisation.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2   APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Michelle Sell	11/04/2024	Approval
Management Board	18/04/2024	Approval
Digital Governance and Safety Committee	02/05/2024	

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

3 SITUATION / BACKGROUND

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

3.2 This annual report provides a review of activities to provide assurance to the Digital Governance and Safety Committee around Reporting, Reviewing, Learning, and Improving.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The report included in Appendix A includes 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, within the reporting period.

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

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

4.4 This report covers the financial year 1st April 2023 to 31st March 2024 inclusive.

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

- When setting up the group we envisioned a three-stage approach for development,
    - Stage one for FY 21/22 was identifying the requirements of the group and setting it up, agreeing the terms of reference and setting the initial approach whilst working on developing an effective structure that could support learning in the organisation.

- Stage two for 22/23 was identifying, developing, and improving the review and learning frameworks and making improvements in some key areas of the organisation based on lessons learned from incident reviews.
- Stage three for 23/24 was to work on embedding a culture of learning and improvement within the organisation which will help to underpin the five strategic missions within the IMTP.

- The improvements that have been implemented this year has meant that the group has been able to look at wider opportunities to identify learning, which has included thematic reviews (using multiple incidents to identify common themes), reviews into workforce behaviours (using staff surveys), identifying opportunities to support the risk-based audit approach, and to start to share lessons learned throughout the programme and project management lifecycle.

- With this and the continued development of the contributory factors' framework and other approaches to review, means that as we head into the new year, it will allow the group to identify further opportunities for improvement across the organisation.

- Moving forward, the ongoing development of the forward work plan will identify the priorities for the group for 2024/25, and this will continue to embed a culture of learning and improvement. This will include activities such as the further promotion of the group both internally within DHCW and externally through other forums, groups, and events, as well as wider communications of the lessons that have been learned and how as an organisation we can improve.

5   KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1   The Committee is asked to note the contents of the report and the improvement work that has been progressed during the reporting period. There are no matters or risks for escalation.

6   RECOMMENDATION

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

DIGITAL HEALTH AND CARE WALES
INFORMATION GOVERNANCE
ASSURANCE REPORT

Agenda Item	3.4i

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 May 2024

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

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

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

WC:
APP:
TOTAL:

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

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

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1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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	N/A
DOMAIN OF QUALITY	N/A
If more than one enabler / domain applies, please list below:	

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

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

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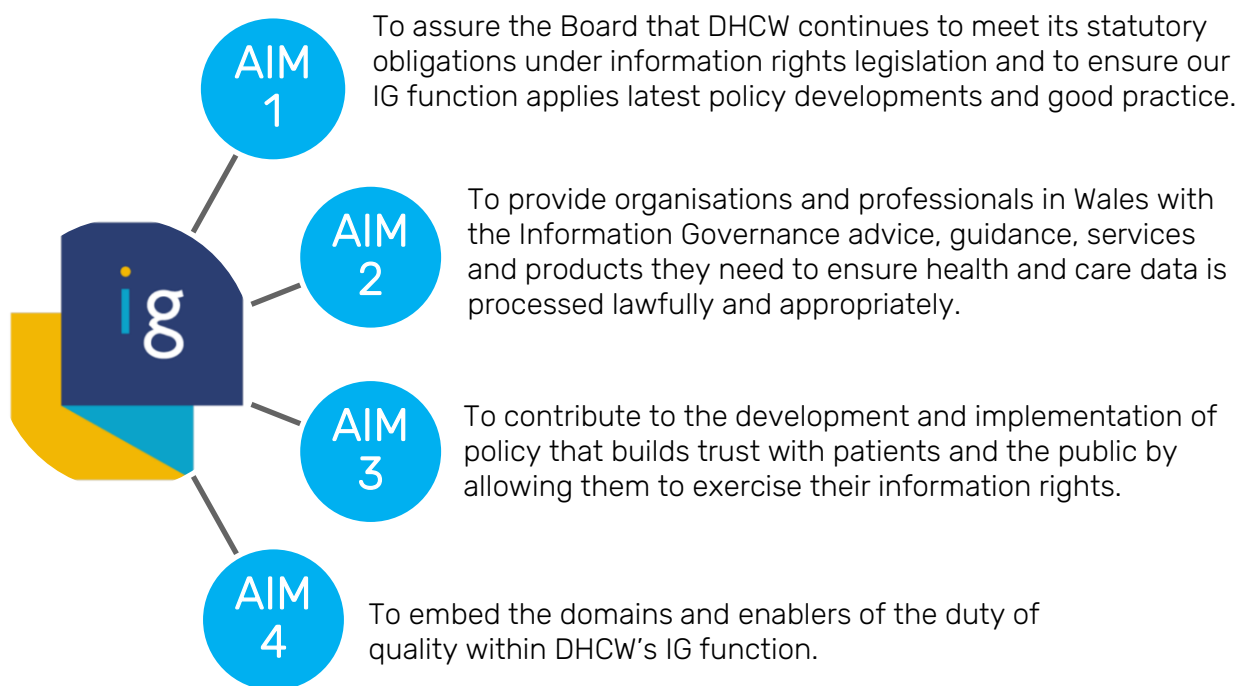| IMPLICATION/IMPACT	the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications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

2   APPROVAL / SCRUTINY ROUTE

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

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

3   SITUATION / BACKGROUND

3.1   This report is presented to Committee to provide assurance about the way in which Digital Health and Care Wales (DHCW) manages its information about patients and staff highlighting its compliance with Information Governance (IG) legislation, standards and good practice.

3.2   This report complements the DHCW three-year IG strategy, which sets out how the Information Governance team support the delivery of DHCW's statutory functions and contribute to its Integrated Medium-Term Plan (IMTP) and associated business plans.

3.3   This report outlines key assurance activities to the Committee for the reporting period of 1st January 2024 to 31st March 2024. Relevant updates from this reporting period are provided based around the strategic aims of the Information Governance team, as set out in the DHCW IG three-year IG strategy:

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.

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4   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Corporate Information Governance Compliance (AIM 1)

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

Relevant updates for this Committee period are:

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

Updates on these items are provided in **Appendix A**.

4.2 National Information Governance Framework (AIM 2)

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

Relevant updates for this Committee period are:

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

Updates on these items are provided in **Appendix B**.

4.3 Information Governance Policy (AIM 3)

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

Relevant updates for this Committee period:

4.3.1   The four national All Wales Information Governance policies have been consolidated into a single policy by a Information Governance Management Advisory Group's Policy Sub Group. Given the status of Wales Information Governance Board, the approval / endorsement process is being explored. This may involvement an endorsement by the all-Wales Executive Medical Directors group, while a longer-term solution is agreed with Welsh Government.

4.3.2 DHCW's statutory functions are not always specific enough to allow it to process personal data without further clarification of its role and responsibilities. DHCW's Information Governance team continues to support Welsh Government to establish a clear lawful basis for processing personal and confidential data for specific purposes but arrangements are still 'ad hoc' and clear processes to - for example - issue Ministerial directions to the health and care service in Wales are lacking.

4.3.3 Public engagement on uses of health and care data. DHCW had been supporting Welsh Government in its plans for engagement and/or communication. Welsh Government's plan are unclear, as is DHCW's role.

4.4 Duty of Quality (AIM 4)

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

The Duty of Quality, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 applies to NHS bodies in Wales and has two overarching aims:
- To improve the quality of health services
- To improve outcomes for people in Wales

Relevant updates for this Committee period:

4.4.1 The Wales Accord on the Sharing of Personal Information (WASPI) have published their report on the views and feedback received through consultation for the framework to become an approved Information Commissioner's Office (ICO) Code of Conduct. This report outlining the feedback received across sectors has been used to shape changes to the proposed Code of Conduct, and is available on their website. The WASPI team will now begin a period of consultation with the ICO on the changes made to the Code following feedback and look to begin the formal submission of the Code.

4.4.2 The Welsh Information Governance Toolkit (IG Toolkit) onboarded Community Pharmacies in January 2024, and the team have supported the Pharmacy clinical governance toolkit which also went live in January 2024. This is part of ongoing development of the IG Toolkit, which can be achieved following moving to the new platform. Further information is provided within a deep dive on the IG Toolkit (and the Data Protection Officer Service for Primary Care) which is on the agenda for Committee.

4.4.3 In addition to our responsibility for the maintenance and development of the IG Toolkit, DHCW also complete and submit the IG Toolkit annually. A separate paper on DHCW's completion of the 2023/24 IG Toolkit is provided for Committee as part of this agenda item.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1   No issues of escalation to Committee.

6 RECOMMENDATION

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

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DIGITAL HEALTH AND CARE WALES
WELSH INFORMATION GOVERNANCE TOOLKIT SUBMISSION 2023/24

Agenda Item	3.4i a

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 May 2024

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

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

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

REVIEW the Information Governance team's submission of the IG Toolkit for 2023/24 and **SUPPORT** the management actions identified.

WC:
APP:
TOTAL:

1   IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

DUTY OF QUALITY ENABLER	Information
DOMAIN OF QUALITY	Efficient
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	As identified below, completion of the IG Toolkit helps assess and improve DHCW's compliance with Information Governance legislation, guidance and standards.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report

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WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The DHCW Information Governance team will be progressing with the actions identified from the Welsh IG Toolkit submission, including those key actions highlighted in this paper.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
IG Toolkit	Welsh Information Governance Toolkit	IG	Information Governance
DHCW	Digital Health and Care Wales	DPIA	Data Protection Impact Assessment
FOI	Freedom of Information Act 200	EIR	Environmental Information Regulations 2004

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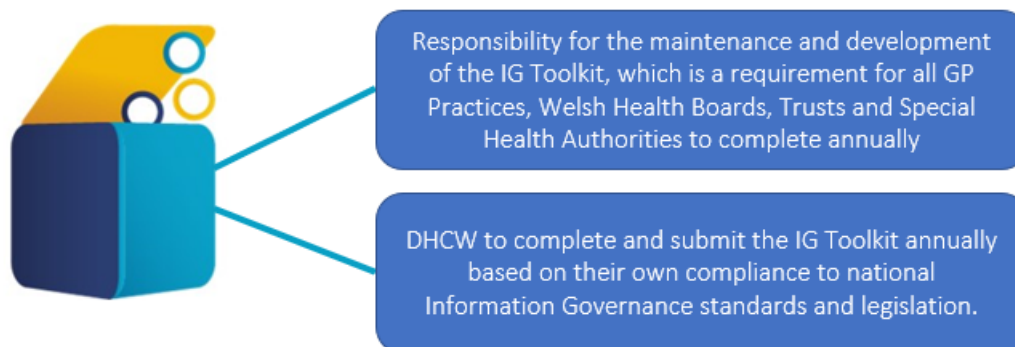## 3   SITUATION / BACKGROUND

3.1 The Welsh Information Governance Toolkit (IG Toolkit) is a self-assessment tool enabling organisations to measure their level of compliance against national Information Governance standards and legislation (including the UK General Data Protection Regulation, Data Protection Act 2018, Freedom of Information Act and Privacy and Electronic Communications Regulations).

3.2 The aim is to demonstrate that organisations can be trusted to maintain the confidentiality and security of both personal and business information. Completion of the IG Toolkit provides re-assurance to staff and patients that information held about them is processed securely and appropriately, and to assure other organisations when sharing information that appropriate arrangements are in place. The assessment helps identify areas which require improvement and assist in informing organisations' Information Governance action plans.

3.3   Digital Health and Care Wales (DHCW) have two responsibilities in relation to the IG Toolkit:

Responsibility for the maintenance and development of the IG Toolkit, which is a requirement for all GP Practices, Welsh Health Boards, Trusts and Special Health Authorities to complete annually

DHCW to complete and submit the IG Toolkit annually based on their own compliance to national Information Governance standards and legislation.

3.4   This paper focuses on DHCW's 2023/24 completion of the IG Toolkit.

3.5   This report complements the DHCW three-year IG Strategy, which sets out how the Information Governance team support the delivery of the elements of the Information Governance Framework, specifically the Welsh IG Toolkit and delivering assurance under aim one of the strategy.
"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."

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The deadline for submission of the 2023/24 IG Toolkit was 31st March 2023.

4.2 The IG Toolkit consists of a range of questions split up by sections (including areas such as Contracts and Information Sharing, Risks and Data Protection Impact Assessments and Breach Response and Monitoring). The question set had been amended from the previous iteration.

4.3 Within each section of the IG Toolkit, organisations answer questions to meet the "Minimum Expectations" required for that section. Answering all the "Minimum Expectations" in one section allow the organisation to answer further questions to demonstrate that they are working above the minimum in that topic area, this is known as the "Expectations Exceeded" question set.

4.5 Evidence to a question can be provided by uploading documents or adding a description. Please note, the IG Toolkit only recognises that there has been an input of evidence, it does not currently, recognise the quality of the evidence provided. Therefore, the scoring provided should only be used as a guide of the organisations Information Governance compliance.

4.6 The scoring of DHCW's IG Toolkit for 2023/2024 are as follows:

DHCW IG Toolkit Scoring 2023/24
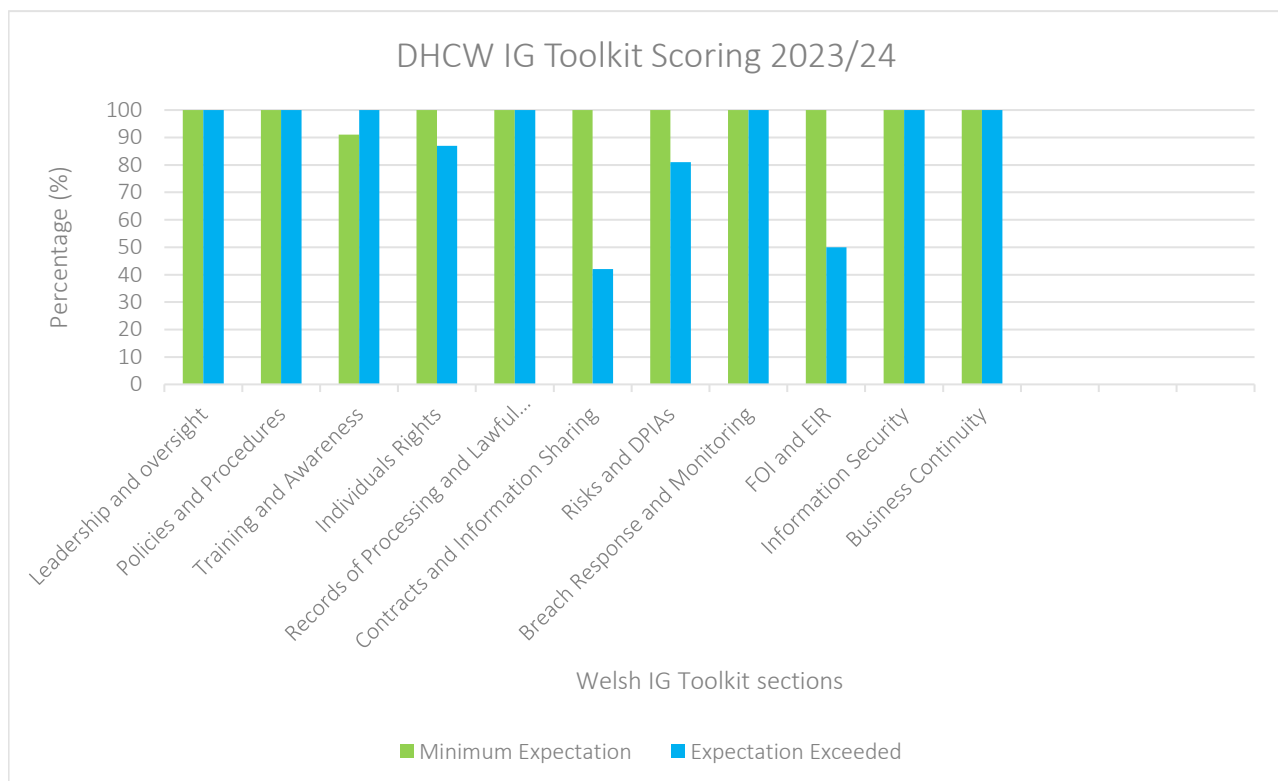
4.7 The IG Toolkit is intended to be completed incrementally (i.e. Expectation Exceeded questions should only be completed where all Minimum Expectation questions have been answered). Whilst DHCW did not complete all the Minimum Expectation questions in the "Training and Awareness" section, DHCW met all Expectation Exceeded questions.

4.8 DHCW's scoring shows a high level of compliance. The scoring should only be used as a guide to DHCW's level of IG compliance. Organisations completing the IG Toolkit are not expected to achieve 100% across all sections as the self-assessment is intended to be used to identify areas of improvement. Therefore, where DHCW has not scored 100% in some sections, this does not indicate that the organisation does not meet the legal requirements for these sections, more so, it identifies areas which can be improved.

4.9 Whilst the IG Toolkit scoring can only be used as an indication of an organisations compliance, we have provided a comparison against previous years scoring of the IG Toolkit below. Please note, the question set has changed significantly from last year, with a number of questions removed, therefore whilst it may appear that DHCW IG compliance is lesser than last year, this scoring reflects the change of the weighting of scoring of the questions as a result of questions being removed. This does however evidence DHCW's continued high level of IG compliance, providing confidence that processes, safeguards and documentation are in place to ensure that personal information is managed appropriately within DHCW.

IG Toolkit sections	Minimum Expectation	Expectation Exceeded
Leadership and oversight	=	↑
Policies and Procedures	↓	=
Training and Awareness	↓	=
Individuals Rights	=	↓
Records of Processing and Lawful Basis	=	=
Contracts and Information Sharing	=	↓
Risks and DPIAs	=	↓
Breach Response and Monitoring	=	=
FOI and EIR	=	↓
Information Security	=	=
Business Continuity	=	=

4.10 Following submission of the IG Toolkit, actions have been identified to improve DHCW's compliance with legislation, standards and good practice and its next submission (2024/25). These will be set out in an action plan with updates on key actions provided to Committee as part of the Information Governance Assurance Report.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1   No issues of escalation to Committee.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
REVIEW the Information Governance team's submission of the IG Toolkit for 2023/24 and **SUPPORT** the management actions identified.	

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DIGITAL HEALTH AND CARE WALES
WALES INFORMATION ASSURANCE GROUP REPORT

Agenda Item	3.4ii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 May 2024

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Sian Jones, WIAG Facilitator
Presented By	Laura Beddoe, Quality Manager (Regulatory Compliance)

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

WC:
APP:
TOTAL:

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

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

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1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply

CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
WIAG	Wales Informatics Assurance Group	AQP	Assurance Quality Plan
SCRR	Safety Case and Readiness Report	DHCW	Digital Health & Care Wales
RFC	Request for Change	NHS	National Health Service
ABUHB	Aneurin Bevan University Health Board	WRRS	Welsh Results Reports Service
CAV	Cardiff and Value University Health Board	SMR	Shared Medicines Record
ePMA	Electronic Prescribing and Medicines Administration	GLIMS	Genetic Laboratory Information Management System
SIEM	Security Information and Event Management	WNCR	Welsh Nursing Care Record
PKI	Public Key Indicator	CaNISC	Cancer Network Information System Cymru
WISDM	Welsh Information Solution for Diabetes Management	WCP	Welsh Clinical Portal
WRAPPER	Welsh Referral Activity and Patient Pathway Enterprise Repository	NDAP	National Data and Analytics Platform

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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 the Quality Manager (Regulatory Compliance). The process involves a two-stage check point: Assurance Quality Plan and Safety Case & Readiness Report. Wales Informatics Assurance Group (WIAG) may assure minor changes via a Request for Change submission (for definitions of document types see Appendix A). There are 20 work streams associated with the process. Details of the workstreams are included in Appendix B.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The following is a breakdown of activity reviewed by WIAG in the period January 2024 to March 2024.

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

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

Activity	WIAG review sign off	Director sign off
CaNISC Palliative Care Replacement	05/04/2024	Approved
NHS Exec in NDAP	14/02/2024	Approved
WCP Mobile Application	13/03/2024	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
ABUHB Solus WRRS Feed	15/01/2024	AQP-WIA-128	Approved
Shared Medicines Record Persistent APIs	15/01/2024	AQP-WIA-129	Approved
CAV GLIMS WRRS Feed	29/01/2024	AQP- WIA-130	Approved
Tele-Dermoscopy	12/02/2024	AQP-WIA-131	Approved
Patient Initiated National Dental Allocation Route	12/02/2024	AQP-WIA-132	Approved
Patient Access- Push Notification	06/11/2023	AQP-WIA-123	Approved
Fiorano 13 Migration	12/02/2024	AQP-WIA-133	Approved
Tractivity	12/02/2024	AQP-WIA-134	Approved

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CAV ePMA	26/02/2024	AQP-WIA-137	Approved
Radiology Informatics System Programme	26/02/2024	AQP- WIA-136	Approved
Time Assessment Application	26/02/2024	AQP-WIA-138	Approved
WISDM Stats Dashboard	26/02/2024	AQP-WIA-135	Approved
Choose Pharmacy UTI Service	11/03/2024	AQP- WIA- 140	Awaiting statements from: Application Development Support
SIEM Replacement	11/03/2024	AQP-WIA-141	Approved
WNCR NADEX for Student Nurses	11/03/2024	AQP-WIA-139	Approved
PKI Replacement	25/03/2024	AQP-WIA-146	Awaiting Statements from: Application Development Support
Migration to a Modernised Micro-Service Architecture for the Legacy Core App	25/03/2024	AQP-WIA-144	Awaiting Statements from: Application Development Support
Wye Valley Trust Clinical Patient Letters-Powys Cross Border Pathways Project	25/03/2024	AQP-WIA-145	Awaiting statements from: Application Development Support
CaNISC Colposcopy Replacement	25/03/2024	AQP-WIA-143	Approved

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
CaNISC Palliative Care Replacement	15/01/2024	SCRR-WIA-0104	Approved	N/A
WRAPPER Phase2C	15/01/2024	SCRR-WIA-0103	Pending	Awaiting approval from Testing (awaiting evidence)
NHS Exec in NDAP	29/01/2024	SCRR-WIA-0105	Approved	N/A
WCP Mobile Application	29/01/2024	SCRR-WIA-106	Approved	N/A
Patient Access- Prescription Ready Notification	26/02/2024	SCRR-WIA-107	Pending	Awaiting approval
Time Assessment Application	26/02/2024	SCRR-WIA-0108	Pending	Awaiting approval from Application Development Support, Primary Care Service Support, Testing (awaiting evidence)
Onboarding Qualifying Community Optometrists to NHS Wales Identity Service and M365	25/03/2024	SCRR-WIA-0109	Pending	Awaiting approval from Application Development Support
NHS Wales App Swansea Bay Patient Portal Work Package 10 R7 Milestone	25/03/2024	SCRR-WIA-0110	Pending	Awaiting approval from Application Development Support, Equality and Diversity (awaiting evidence), Patient Safety,

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5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 The WIAG PowerApp is near completion and ready to pilot with a session for assurance leads and attendance at PPMG planned for April, and final sign-off by the Medical Director. Administration of the PowerApp will be managed by the WIAG Facilitator, WIAG Chair, and the Head of Quality Assurance and Regulatory Compliance providing support if required. Training videos have been produced by the Centre of Excellence team categorised by roles: assurance lead, project manager and WIAG admin. Additional training will be provided for individuals or groups.

The Standard Operating Procedure and Process Flow Chart are being updated to capture all processes.

5.2 The WIAG team are aware that there will be a period when projects that are completing the AQP and SCRR process will run alongside new projects submitting via the PowerApp. This will mainly impact upon the assurance leads and this crossover period has been discussed at WIAG.

5.3 Due to the volume of projects requesting an agenda item at WIAG, one meeting was extended to accommodate this and another extension to the WIAG meeting is planned for Quarter 1 2024-25.

Upcoming WIAG Papers:

Date	Project Title	Document Type
April 2024	Choose Pharmacy UTI System	SCRR
April 2024	Digital Growth Chart	SCRR
April 2024	CaNISC Colposcopy Replacement	SCRR
May 2024	WISDM Paediatrics	SCRR
May 2024	Shared Medicines Record	SCRR
May 2024	Shared Medicines Record Persistent APIs	SCRR

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report.	

DIGITAL HEALTH AND CARE WALES INFORMATION SERVICES ASSURANCE REPORT

Agenda Item	3.4iii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 May 2024

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

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

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

WC:
APP:
TOTAL:

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

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

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1 IMPACT ASSESSMENT

STRATEGIC MISSION	Drive better value and outcomes through innovation

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

DUTY OF QUALITY ENABLER	Information
DOMAIN OF QUALITY	Choose an item.
If more than one enabler / domain applies, please list below:	

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

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

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

2   APPROVAL / SCRUTINY ROUTE

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

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

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3   SITUATION / BACKGROUND

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

4   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1   The delivery of the Information and Analytics Strategy will be supported by Implementation of detailed IMTP milestones, to be delivered across all quarters in 2024/2025. Prioritisation of the strategic deliverables will be undertaken in Q1 and milestones change controlled into the plan as required.

4.2   Since the beginning of February 2024, the ISD Assurance Group (ISDAG) has reviewed 23 Assurance Quality Plans (AQP's), four Safety Case and Readiness Reports (SCRR's) and eight Change Requests (RFC) to consider the impact on Information Services. Eight projects have attended the ISDAG to present to the group, to ensure timely engagement with ISD teams, and the ISDAG facilitator enabled engagement between projects and impacted teams outside of the formal meetings.

4.3   All Information Services milestones within the IMTP were achieved as planned by the end of Q4 2023/24.

4.4   As part of the ongoing Data Centre migration (DC2T), the data warehouse servers, the SAIL appliance and the LOGI servers were successfully migrated to a new hall within the DCT2 All are reporting geographical resilience, meeting our commitment to supporting the ongoing DC2T Project.

4.5   Since the launch of the Assurance Framework for Power BI Development and Publishing, Dashboard Approval Requests for new and previously published dashboards, have been processed from several teams across DHCW. In response to feedback, changes have been implemented to the Assurance Framework and to the Assurance Framework App to enhance user experience. To further integrate the Assurance Framework into existing DHCW processes and procedures, all existing Power BI Pro licence holders have been asked to document their adherence to the Assurance Framework to retain their licence. Only users that have confirmed will retain their licence, and those who request a licence in the future will have to confirm before they will be allocated a licence.

4.6   The re-designed Primary Care Information Portal (PCIP) with improved functionality has assisted practices in their year-end processes by providing practices with a Quality Improvement Framework (QIF) module which has enabled the upload of the 3 templates/posters required as evidence of completion of QIF, and an additional module facilitating the review and sign off the submissions made by Practices for health boards, which enables payments to be made to Practices by NWSSP in a timely manner. Following user feedback, additional tiles have been added to the health board dashboard; Escalation: Practice Level Decreased and GP Data Activity QI: Appointment Mappings which are proving popular with the users. The health board dashboards provide the Heads of Primary Care, and their teams, with a useful overview of their Practices for key indicators.

4.7   Three members of ISD staff have gained Safe Research accreditation from ONS, allowing access to the census data within a secure environment, providing the facility for analysis and reporting, which DHCW would otherwise be unable to undertake.

4.8   The recent external ISO 9001 audit found that Information Services are following processes and procedures extremely well. There were no recommendations made.

5   KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6   RECOMMENDATION

Recommendation	The Committee is being asked to
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

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 May 2024

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Saddaf Shaheen, Head of Research and Innovation
Presented By	Rachael Powell, Associate Director of Information, Intelligence & Research

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

WC:
APP:
TOTAL:

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

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

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STRATEGIC MISSION	Drive better value and outcomes through innovation

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

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

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

2   APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Rachael Powell – Associate Director of Information, Intelligence & Research	15 April 2024	Approved
Rhidian Hurle – Executive Medical Director	15 April 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
R&I	Research and Innovation	MoU	Memorandum of Understanding
IMTP	Integrated Medium Term Plan	DG&SC	Digital Governance and Safety Committee
IP	Intellectual Property	AI	Artificial Intelligence
WIAG	Welsh Informatics Assurance Group	NWIS	NHS Wales Informatics Service
VPAG	voluntary scheme for branded medicines pricing, access and growth	ABPI	Association of the British Pharmaceutical Industry
CRDC	Commercial Research Delivery Centre	HCRW	Health and Care Research Wales
SME's	Small and Medium Sized Enterprises		

3   SITUATION / BACKGROUND

3.1   In 2023, DHCW's Research and Innovation function was formally established and since then, the team have undertaken an array of activities and contributed to Mission 4 of the IMTP, driving value and innovation.

3.2   Significant progress has been made to deliver against the R&I Strategy objectives and we delivered all R&I milestones for last year's IMTP (2023/24) plan. Further milestones have been developed and submitted into next year's plan for 2024/25.

3.3   The R&I Annual report, which was endorsed by the DG&S Group at the previous meeting (1st February 2024), has been published.

3.4   Branding material, website, marketing plan and an R&I Engagement Plan are in development.

3.5   The R&I team continue to meet with key stakeholders, including representatives from academia and the life sciences ecosystem.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The Committee are asked to consider progress made towards the Research & Innovation actions and specifically noting the activity including that set out in the R&I Annual Report 2023.

4.2 Resourcing: An interim costing mechanism for data requests and R&I projects has been approved and is in pilot use with engagement activity underway to establish a substantive costing model. Since the last Committee report, a substantive Head of R&I has joined DHCW, in addition a Senior Information Services Manager secondment with R&I has been extended, with agreement from Health Care Research Wales (HCRW). This post will continue to provide ongoing support and oversight for the Find, Recruit & Follow-Up service roll out and implementation.

4.3 Governance: R&I Operational and Engagement group continues to meet monthly to review new projects and activities. The R&I Board commenced on 7th September 2023 and is scheduled to meet bi-monthly, chaired by the Executive Medical Director.

4.4 Engagement: R&I team continue to meet with key stakeholders, including representatives from academia and life sciences ecosystem.

- o **MediWales MEDVIA collaboration**- DHCW R&I representatives joined a delegation from Wales, including colleagues from Welsh Government, MediWales, Life Sciences Hub and Welsh industry partners at the Belgium Mission on 28th and 29th February, with a focus on promoting collaborations with international partners and networking to deliver industry-driven research.

- o **BioWales in London**- Delegates from DHCW attended and presented at an event on 4th and 5th March, to explore collaborative opportunities around Innovation, primarily with SMEs.

- o **Association of the British Pharmaceutical Industry (ABPI)**- DHCW R&I presented the DHCW service offering and collaborative opportunities to members of ABPI, with a focus on utilising DHCW data assets in supporting with feasibility and the growth of industry-sponsored research being delivered across Wales. A follow up meeting with the ABPI Executive Director took place on 8th April in Cardiff.

4.5 The R&I annual report has been finalised and translated into Welsh. The report outlines high level achievements and details opportunities aligning to R&I strategy. Report content was agreed at September R&I Board and has been agreed by DHCW Management Board.

4.6   R&I are leading the development of an all-Wales Innovation Training Module with WIDI, Cardiff and Vale HB, Velindre and the national Innovation Leads Group. R&I have identified case studies to use for the training modules. Filming has been completed and story boards are under development.

4.7   Activities:
- The Find, Recruit and Follow-up (FRF) service business case was presented to the SHA Board and approved on 23rd January. A business case outlining the scope of the FRF associated resource requirements and funding to deliver the service has been developed in collaboration with Health and Care Research Wales (HCRW) and was submitted to Welsh Government for review on 19th March 2024. In previous meetings, Welsh Government have insinuated they are unlikely to be able to fund the full proposal. Therefore, R&I will need to scope how we can sustainably support the pathfinder studies.

- The voluntary scheme for branded medicines pricing, access and growth (VPAG) has been agreed by the Government and the Association of the British Pharmaceutical Industry (ABPI). It includes funding over 5 years to drive forward UK innovation, sustainability and growth, the largest proportion of which will be for bolstering the NHS's capacity to deliver commercial clinical research.

  HCRW will establish a One Wales Commercial Research Delivery Centre (Wales CRDC) and has prioritised the development of digital tools within its program of work. To spearhead this initiative, DHCW R&I will provide strategic leadership and execution, in alignment with the broader Wales CRDC. Recognising the significance of digitally driven solutions in expediting trial delivery and broadening research opportunities, our proposal will align with the objectives outlined by the Full Government Response to the O'Shaughnessy review on the UK's commercial clinical trials landscape;
  1. Expand on and enhance existing dedicated commercial clinical research infrastructure across the UK
  2. Deliver flexible funding to pump prime clinical trial resources, by increasing workforce capacity and infrastructure relevant to the delivery of commercial clinical research.

- **R&I Projects -**
  1. **Ascend Plus** - ASCEND PLUS will test whether taking a daily tablet that contains semaglutide can help to protect people with type 2 diabetes from suffering heart attacks, strokes and other cardiovascular events. DHCW are looking to support through scoping identification of patients and mail out of invitations - in England this is done via DigiTrials.
  2. **Liver Research Cymru-** The project intends to utilise DHCW secondary care datasets as a test-bed to support in disease prevalence mapping but also early prevention and early detection of advanced liver disease. NIHR funding has been secured to develop an AI-based risk prediction model to predict 5-year risk of first hospitalisation for liver disease; utilising secondary care data to inform primary care in detecting liver disease earlier and offering early modes of testing to patients who struggle to access primary care services.
  3. **Primary care cardio-renal audit platform-** R&I have been approached to support with the development of a new Primary Care Chronic Kidney Disease (CKD) data collection tool to facilitate the identification and management of people with, or at risk of CKD at Practice level. There is an aim for the data collection tool to feed a national dashboard, to enable prescribing data to be compared across Wales and allow renal services to anticipate the number of people who may require specialist care.
  4. **Vaccinations for vulnerable patients** -R&I met with Dr Lucy Jones (Senior Clinical Lecturer and Associate Specialist, Cardiff University and Cwm Taf Morgannwg University health board) to discuss how DHCW datasets could support the delivery of a number of vaccine research programmes she will be leading on.
  5. Associate Specialist, Cardiff University and Cwm Taf Morgannwg University health board) to discuss how DHCW datasets could support the delivery of a number of vaccine research programmes she will be leading on.
  6. **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 NHS DigiTrials.

- **UK Colorectal Cancer Intelligence**-The UK Colorectal Cancer Intelligence Hub was established in 2017 and it created a secure repository called CORECT-R (COloRECTal cancer data Repository). The CORECT-R system has been designed to offer secure handling of data and safeguard patient confidentiality. DHCW were approached for to provide the Admitted Patient Care and

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5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 The team have reflected on the R&I activities throughout 2023 and the key learning from these which will help to support the development of our plan for 2024 and build on the progress already made in this important area.

5.2 **Funding Risk**- Funding for R&I posts is time limited and sustainability of the function needs consideration. An interim costing mechanism for data requests and R&I projects has been approved and is in pilot use with engagement activity underway to establish a substantive costing model. It is noted that this should, where possible, align with the National Data Resource (NDR) costing model for consistency.

5.3 **For Escalation: Commercial Capacity and withdrawal of support**-Lack of capacity in commercial team to support with contract reviews will delay potential collaborations and funding opportunities being operationalised. This also poses a reputational risk to DHCW if we are unable to deliver on key programmes of work. Mitigatory action currently being explored, with a potential to utilise external resource based in HCRW and/or shared services to provide capacity with legal reviews. The DHCW strategy and engagement team have also offered to develop a suite of model template documents, which once approved, could be utilised by R&I and expedite review of agreements by utilising expertise within the R&I team.

6 RECOMMENDATION

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

DIGITAL HEALTH AND CARE WALES
SECTION 255 HEALTH AND SOCIAL CARE ACT 2012 "NHS LOGIN (NO 2) REQUEST"

Agenda Item	3.5

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 May 2024

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Andrew Fletcher, 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

Formally **RATIFY** the decision of the vice chair that the section 255 request has been assured as appropriate to send to NHS England.

WC:
APP:
TOTAL:

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

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

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1   IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	
A More Equal Wales A Healthier Wales A Wales of Cohesive Communities A Globally Responsible Wales	

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

DUTY OF QUALITY ENABLER	N/A
DOMAIN OF QUALITY	Choose an item.
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	As set out in the paper.
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.

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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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

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3 SITUATION / BACKGROUND

3.1 The NHS Wales App uses the NHS Login (Wales) service to authenticate users of the app. As an existing solution, NHS Login is delivered by NHS England on behalf of Digital Health and Care Wales using their existing NHS Login service.

3.2 Ordinarily, NHS England only has the power to operate services in England. Section 255 of the Health and Social Care Act 2012 provides a legal mechanism for 'any person', including a devolved authority, to request that NHS England establish and operate a system for the collection or analysis of information on their behalf.

3.3 A request under section 255 of the Health and Social Care Act 2012, had previously been to the Digital Governance and Safety Committee in order to establish the NHS Wales – NHS login Information System with the specific scope of logging into the NHS Wales App. This is published at the following link: https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/nhs-wales-directions/nhs-login-for-the-nhs-wales-app-request-2022

3.4 The current scope of the service is limited to NHS services that are operated within the NHS Wales App. This means that services that do not operate within the app, such as third party services, that were intended to be accessed via the app infrastructure, but surfaced their own functionality cannot currently be authenticated. This was purposely omitted in the original request to provide the time to ensure that a robust model of operation could be established without delaying the implementation of NHS login within the NHS Wales App, and therefore delaying the roll out of the NHS Wales App. A new section 255 request therefore needs to be submitted to request these services.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 A new Section 255 letter was drafted to formally request the service. The former process was for the DG&S Chair and Vice Chair to convene, to proceed through the checklist that has been produced in order to assure section 255 requests, and to instruct that the letter proceed to signature. Before any service is delivered by NHS England, all commercial activity must be finalised, and this follows DHCW's commercial assurance process.

4.2 The DG&S Vice Chair has met with the relevant information governance lead, and the Associate Director of Information Governance and Patient safety and assured that the letter has complied with the appropriate requirements. As only one independent member has ratified this however, it is necessary to formally ratify the decision of the Vice Chair of DG&S Committee.

- Appendix A contains a copy of the section 255 request.
- Appendix B contains a copy of the assurance of the Vice Chair of the Digital Governance and Safety Committee.

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5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 Owing to the absence of the Chair, the approval of the Vice Chair needs to be formally ratified by the committee.

A Standard Operating Process is being written that sets out how these requests are to be managed and approved. The process will be presented to the committee at a future meeting for ratification.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
Formally **RATIFY** the decision of the vice chair that the section 255 request has been assured as appropriate to send to NHS England.	

DIGITAL HEALTH AND CARE WALES
CROSS BORDER OMBUDSMEN CONCERN

Agenda Item	3.6

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 May 2024

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

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

Purpose of the Report	To Receive/Discuss
Recommendation	The Committee is being asked to
DISCUSS the correspondence received on a concern of cross border access.	

1   IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

DHCW QUALITY STANDARDS	Choose an item.
If more than one standard applies, please list below:	

DUTY OF QUALITY ENABLER	N/A
DOMAIN OF QUALITY	Choose an item.
If more than one enabler / domain applies, please list below:	

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

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

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

2   APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PSOW	Public Services Ombudsman for Wales	PHSO	Parliamentary and Health Service Ombudsman
WCP	Welsh Clinical Portal	ICE	Integrated Clinical Environment
CMO	Chief Medical Officer		

3   SITUATION / BACKGROUND

3.1 On the 8 February 2024, Rhidian Hurle, Executive Medical Director / Chief Clinical Information Officer Wales at Digital Health and Care Wales (DHCW) was copied into a letter from the Public Services Ombudsman for Wales and Parliamentary and Health Service Ombudsman addressed to the Rt Hon Victoria Atkins MP Secretary of State for Health and Social Care and Eluned Morgan MS Minister for Health and Social Services.

3.2 The letter was shared internally to weekly Executives and a joint action was created to consider the contents and a response if required.

3.3   The letter has been shared and discussed on the 5 April 2024 with All Wales Medical Directors chaired by Dr Chris Jones Deputy CMO for Wales)

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1	In the letter, the Public Services Ombudsman for Wales (PSOW) and the Parliamentary and Health Service Ombudsman (PHSO) expressed concerns about barriers to sharing cross-border clinical information.
4.2	In particular, the concern was centered around a complaint of the care and treatment of a deceased patient. The concern focused on how clinicians across different health organisations were using different systems, namely that Welsh clinicians have access to the Welsh Clinical Portal (WCP), but not the Integrated Clinical Environment (ICE) system used by many GP practices in England to view clinical information.
4.3	Whilst the PSOW and PHSO do not determine what difference access to the ICE system for Welsh clinicians would have made to the care and treatment of the patient in question, they claimed that this could have avoided some of the confusion and miscommunication that occurred and has the potential to compromise the quality of care provided to other patients at GP practices along the border in Wales.
4.4	The PSOW and PHSO noted that it is not their role to determine the feasibility of providing Welsh GP practices with access to the ICE system (or to provide English GP practices with access to the WCP) or make formal recommendations on this matter.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 The risks associated with visible information across settings is highlighted in the letter from the Om

6 RECOMMENDATION

Recommendation	The Committee is being asked to
DISCUSS the correspondence received on a concern of cross border access.	

DIGITAL HEALTH AND CARE WALES
DEEP DIVE – THE DEVELOPMENT OF THE IG TOOLKIT FOR WALES

Agenda Item	3.7i

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 May 2024

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Cora Suckley, Service Manager
Presented By	Darren Lloyd, Associate Director for Information Governance and Patient Safety

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

WC:
APP:
TOTAL:

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

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

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1   IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

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

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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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IG	Information Governance	WIGTK	Welsh Information Governance Toolkit

3   SITUATION / BACKGROUND

3.1   This report is presented to the committee to provide an overview and assurance in relation to the Welsh Information Governance Toolkit program of delivery, highlighting the developments made to date and continuing milestones.

3.2   This report complements the DHCW three-year IG Strategy, which sets out how the Information Governance team support the delivery of the elements of the Information Governance Framework, specifically the Welsh IG Toolkit Team deliver assurance under aim one of the strategy.

"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."

3.3   The Welsh IG Toolkit supports organisations by providing a framework in which to complete a self-assessment of compliance. This Framework encompasses a number of legal and best practice requirements.

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3.4   The Welsh IG Toolkit began its journey back in 2015 where the team were tasked to review the assessment tools available at the time (Information Security Management System (ISMS) used by GMPs and Caldicot – Principles into Practice (C-PIP) for Health Boards, Trusts, and Strategic Health Authorities (SHA)). The IG Toolkit was subsequently developed with the pilot edition launched in 2016, initially aimed at GMPs with later editions also targeting health boards, trusts, and special health authorities, with the intention of supporting a wider IG framework for Wales.

3.5   In 2020 it was acknowledged the platform that hosted the IG Toolkit was no longer fit for purpose and a new platform was required. At that time, it was agreed that the platform did not have the capacity to cope with any additional stakeholder groups, therefore a hold was put on bringing on board other sectors/stakeholders until the new platform was in operation. Following investigation of various options, it was agreed that the Application Development and Support Directorate in DHCW would provide software development resources to develop a new assessment tool and platform. The Carforb platform is therefore in development with the team with version 5 recently having gone live in February 2024. A further two versions will be required to complete all initial developments as set out within the initial scope of system documentation.

3.6   The introduction of a new platform also gave the opportunity for the IG Toolkit team to review the toolkit question set with a back-to-basics approach for all organisations. The toolkit question set was redeveloped in line with the ICO's accountability framework.

3.7   Health Boards Trusts and Strategic Health Authorities piloted version 1 with initial question sets in January 2023, with the revised Toolkit question set on version 3 of the platform released in July 2023 with Health Boards, Trusts, SHA's and GMPs. Community Pharmacies onboarded with version 4 in January 2024. In addition, the team have supported the Pharmacy clinical governance toolkit which also went live in January 2024.

3.8   Toolkit platform builds continue with version 5 the currently live version, with commitments for V6 and V7 in 2024/2025. Toolkit question sets have been reviewed with stakeholder engagement sessions. Limited updates have been applied for 2024/2025.

Toolkit platform builds continue with version 5 the currently live version, with commitments for V6 and V7 in 2024/2025. Toolkit question sets have been reviewed with stakeholder engagement sessions. Limited updates have been applied for 2024/2025. Onboarding of additional stakeholders, will continue throughout 2024/2025.

4   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The Committee is asked to note the current toolkit progress to date and planned future developments.

4.1 Toolkit Timeline
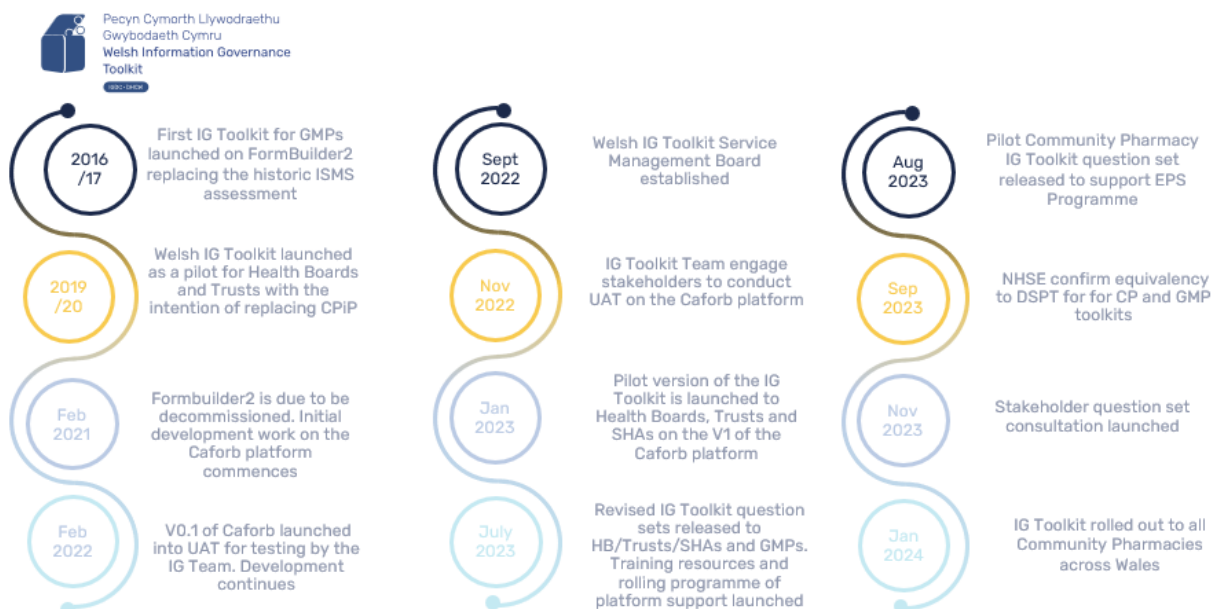
4.2 Toolkit Builds

Toolkit builds continue in iterations with new functionality released in each version. Versions 6 and Versions 7 will see the introduction of all remaining functionality initially scoped.

4.3 2024/2025 Developments

Onboarding:
- Prison Healthcare
- Optometrists
- Dental Practices

25/26 question sets consulted, approved and built on Caforb

DSPT equivalence for further organisation types

Continued development of Caforb platform

5   KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1   Welsh IG Toolkit future developments, require a continued commitment of developer resource to support future platform developments required to meet the needs of future stakeholders onboarded to the Welsh IG Toolkit. It is acknowledged that developer time is often in demand across DHCW workstreams. There is a risk that developer time will not be provided resulting in delays to onboarding all required stakeholders, thus resulting in groups of Welsh stakeholders being unable to demonstrate an agreed level of IG Compliance to an agreed national standard.

5.2   The Welsh IG Toolkit team will continue to work with the NHS England Data Security and Protection Toolkit (DSPT) team to agree adequacy between the two frameworks (specifically for Health Boards, Trusts and SHA's). It is noted that NHS England's DPST for this stakeholder group is heavily focused on cyber security requirements and is undergoing a revision in line with the national cyber assessment framework. The CRU team hosted by DHCW will be key in aligning the requirements of the two Welsh Assessments against the DSPT requirements to demonstrate equivalency.

6   RECOMMENDATION

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

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DIGITAL HEALTH AND CARE WALES
DEEP DIVE – THE DATA PROTECTION OFFICER SUPPORT SERVICE FOR PRIMARY CARE

Agenda Item	3.7ii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 May 2024

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Cora Suckley, Service Manager
Presented By	Darren Lloyd, Associate Director for Information Governance and Patient Safety

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

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

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

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

2   APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DPO	Data Protection Officer	IG	Information Governance
GMP	General Medical Practitioners	GP	General Practitioner
FOI	Freedom of Information Act	EIR	Environmental Information Regulations

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3   SITUATION / BACKGROUND

3.1   This report is presented to the committee to provide an overview and assurance in relation to the Data Protection Officer (DPO) Support Service delivery during 2023/2024 and highlights the developments and achievements made.

3.2   This report complements the DHCW three-year IG Strategy, which sets out how the Information Governance team support the delivery of the elements of the Information Governance Framework, specifically the DPO Support Service has established itself as a source of professional information governance support, including a dedicated advice and guidance service responding to all practice queries, a library of essential resources, the establishment of robust training sessions, the development and completion of IG Toolkit auditing for GMPs. The work of the service sits within aim two of the IG strategy.

"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".

3.3   Following the implementation of the General Data Protection Regulation (GDPR) in May 2018, DHCW's predecessor organisation NHS Wales Informatics Service (NWIS) created the independent Data Protection Officer Support Service for General Medical Practices (GMPs). This service transitioned to DHCW in April 2021.   The current DPO Service model aims to establish an All-Wales approach for GMPs; providing a consistent level of advice, training, and support to subscribed General Practices across Wales around UK GDPR and the Data Protection Act 2018. The Service continues to offer GMPs who are subscribed, a comprehensive Information Governance and Data Protection Officer Support Service.

3.4   The DPO Service is funded by a levy fee from each subscribed practice which provides access to full DPO support and a comprehensive enhanced information governance (IG) support service. The income for this service is generated through subscriptions paid by GMPs, the agreement for this service means that funding is ring-fenced, for the service which is not for profit. DHCW hosts and manages the staff associated with the service.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Service Statistics

The DPO service currently supports approximately 83% of GP Practices across Wales. 6.5% are managed practices and 10.5% obtain their service from elsewhere or have an internal DPO. Subscribed practices span all 7 health board areas and 61 of the 63 GP Clusters. The two outliers are Wrexham based clusters where a private provider is prominent.

The DPO Service interacts with subscribed practices through a variety of means, this includes via ActionPoint, our call management system where practices can contact the service to seek advice and guidance on any queries they may have. 2542 calls were received through action point throughout 2023/24, this equates to 83% of our subscribed practices, calls received can vary in complexity and can often include incidents and breach reports, patient complaints, communications with the ICO, third party requests for data and individual rights requests.

SUBSCRIBED PRACTICES – 310 ACROSS ALL 7 HEALTH BOARDS AND 61 OF 63 CLUSTERS	ACTIONPOINT CALLS – 2542 256 DIFFERENT PRACTICES	TRAINING BOOKINGS – 554 294 DIFFERENT INDIVIDUALS	IG TOOLKIT WORKSHOP BOOKINGS – 1641 190 DIFFERENT INDIVIDUALS

The Service also offers virtual training sessions for subscribed practices, this currently includes Individual Rights, Caldicott Guardian and FOI & EIR. These training sessions were reviewed in full this year and therefore no sessions took place between July and October. In March 2024 a fourth training session on Incidents and Data Breaches was rolled out. In total 554 training bookings have been received in 2023/24, these were from 294 different individuals and spread amongst the four sessions on offer.

Additionally, in October, the Service launched our Section-by-Section IG Toolkit workshops to support subscribed practices in completing the IG Toolkit, 1641 workshop bookings were received in quarters 3 and 4 combined for the 10 different workshops, with 190 different individuals registering to attend at least one session.

4.2 Examples of support provided

Here are some real examples of the types of queries the team will receive and respond to on a daily basis:

Data Protection Officer Support Service
(Gwasanaeth Cefnogi Swyddog Diogelu Data)

I would be grateful if you could please give some on advice on how we manage a Public Protection Disclosure notice on one of our patients.

We have been notified by the PTHB Safeguarding of a Public Protection Disclosure on one of our patients, I understand that these types of notification used to come via the probation service but they are now handled by the safeguarding team.

High risk sex offender
Sexual harm prevention order in place re use of digital devices/social media and contact with children under 18 yrs.

It was advised that we flag this on the clinical system and carry out individual risk assessment, i.e. should not be in the waiting room when attending for appt etc.

We are unsure on how or if we should add this disclosure to the medical record and how we highlight this to staff etc.

We have received an SAR and I wonder if you could give us some advice on it.

The request is from a father for his son's records (son is 13 years old). Father has produced the certificate with his name on and has stated on his request that there are no court orders preven access to the records (he is not currently married to the mother).

I have gone through the file and there appears to be longstanding issues with certain medicatio child has been prescribed (father does not think the child needs the medication, mother and professionals do), it is documented in the notes the father gave the son a placebo instead of the medication and social services were involved. It is mentioned in more recent years that the son doesn't see the father at all anymore due to emotional neglect / abuse, and furthermore the son had a very rough time with his mental health all due to finding out his father is not going to be prosecuted.

Would we be within our right to withhold the records, due to what is recorded in them? Do we heavily redact all of this information? Should we inform the patient that his father wants his reco (he will be 14 in January) – we are loathe to do this due to his recent mental health history rega his father?

We have invited the patient to attend an appointment with the practice on two separate occasions to allow us to assess her for Gillick Competence and she has unfortunately DNA'd both appointments.

Do you know where we stand in terms of assessing for Gillick Competence now? The deadline for the Local Authority to provide the medical records to the court is tomorrow, support workers for the child are struggling to get her to school so I assume they have struggled again to get her to her appointment at the practice.

Do we need to let the Local Authority know and let them contact the court or can we assume that the child is not Gillick Competent as they are not attending the appointment? The medical records have been prepared, we are just unsure of what to do.

ACTIONPOINT CALLS – 2

4.3 2023/24 Key Milestones

Some key milestones for the DPO Service this year have included:

May 2023	June 2023	August 2023	September 2023	October 2023	November 2023	February 2024	March 2024
• Training needs survey conducted	• DPOSS SMB established	• Subscriber website relaunched including new resources in line with the IG Toolkit requirements	• Animated FAQ training videos made available	• Section by section IG Toolkit workshops commenced • Practice wide IG general awareness eLearning package piloted	• Revised training sessions on Caldicott Guardian, FOI and Individual Rights piloted and rolled out	• Communications survey conducted	• Incidents and Data Breaches training session rolled out

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4.4 DPO Website and Toolkit Resource Development.

When reviewing looking key milestones, Committee members may have noticed that the beginning of the year appeared to be quieter, however the team was very busy revamping the DPO Service website. This included 43 resources to align with the new IG Toolkit question set.

4.5 Future Developments

During 2024/2025 the team will remain busy and focused on ensuring they deliver the best possible service to our subscribers. Planned developments include delivery of our communications and engagement roadmap and continued review of website resources, implementation of further training sessions including sessions covering incidents and data breaches, information security and information sharing and the consideration of service expansion, with the service already being asked by Community Pharmacy Wales to offer a similar service to support community pharmacies with their Information Governance and Data Protection responsibilities.

5   KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6   RECOMMENDATION

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