Pwyllgor Llywodraethu a Diogelwch Digidol - CYHOEDDUS

Thu 03 August 2023, 13:00 - 15:00

MS Teams

Agenda

13:00 - 13:05
5 min

1. SESIWN GYHOEDDUS

1.1. Croeso a chyflwyniadau

I'w Nodi   *Cadeirydd*

1.2. Ymddiheuriadau am Absenoldeb

I'w Nodi   *Cadeirydd*

1.3. Datganiadau o Fuddiannau

I'w Nodi   *Cadeirydd*

1.4. Materion sy'n Codi

I'w Nodi   *Cadeirydd*

13:05 - 13:10
5 min

2. AGENDA GYDSYNIO

2.1. Cofnodion y Cyfarfod Diwethaf: Cyhoeddus & Crynodeb preifat

I'w Cymeradwyo   *Cadeirydd*

📄 2.1 Pwyllgor Llywodraethu a Diogelwch Digidol Cofnodion CYHOEDDUS Mai 2023.pdf (14 pages)
📄 2.1i Pwyllgor Llywodraethu a Diogelwch Digidol Cofnodion PREIFAT CRYNO Mai 2023.pdf (5 pages)

2.2. Blaengynllun Gwaith

I'w Nodi   *Ysgrifennydd y Bwrdd*

📄 2.2 Forward WorkPlan Report.pdf (4 pages)
📄 2.2i DG&S FWP 3 August 2023.pdf (1 pages)

13:10 - 14:55
105 min

3. PRIF AGENDA

3.1. Cofnodion Gweithredu

I'w Trafod   *Cadeirydd*

3.2. Y Gofrestr Risg Gorfforaethol

I'w Trafod   *Ysgrifennydd y Bwrdd*

📄 3.2 Corporate Risk Register Report.pdf (7 pages)
📄 3.2i Appendix A DHCW Corporate Risk Register.pdf (12 pages)

3.3. Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol

Er Sicrwydd   *Rheolwr Tîm Rheoli Gwasanaethau*

📄 3.3 Incident Review and Organisational Learning Report.pdf (14 pages)

3.4. Adroddiadau Sicrwydd

Er Sicrwydd   *Cyfarwyddwr Meddygol Gweithredol*

3.4.1. Adroddiad Sicrwydd Llywodraethu Gwybodaeth

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

a.   Pecyn Cymorth Llywodraethu Gwybodaeth Cymru

📄 3.4i Information Governance Assurance Report.pdf (11 pages)
📄 3.4ia Appendix A Welsh IG Toolkit submission 2022-23.pdf (7 pages)

3.4.2. Adroddiad Sicrwydd Gwybodeg

Er Sicrwydd   *Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Reoleiddiol*

📄 3.4ii Informatics Assurance Report.pdf (9 pages)

3.4.3. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Er Sicrwydd   *Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil*

📄 3.4iii Information Services Assurance Report.pdf (4 pages)

3.4.4. Adroddiad Sicrwydd Strategaeth Ymchwil ac Arloesi

Er Sicrwydd   *Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil*

📄 3.4iv Research & Innovation Strategy Assurance Report.pdf (4 pages)

Egwyl - 10 munud

3.5. Diweddariad ar Drosolwg y Rhaglen Ddigidol

Er Sicrwydd   *Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau*

📄 3.5i Appendix A DHCW Digital Portfolio Overview June 2023.pdf (13 pages)

14:55 - 15:00
5 min

4. MATERION I GLOI

4.1. Unrhyw Faterion Brys Eraill

I'w Trafod   *Cadeirydd*

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

I'w Nodi   *Cadeirydd*

4.3. Dyddiad y cyfarfod nesaf: Dydd Iau 2 Tachwedd 2023

I'w Nodi   *Cadeirydd*

CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

🕐 13:00 –15:45   📅 11 Mai 2023

📍 MS Teams

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

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Rachel Gemine	RGE	Pennaeth Ymchwil ac Arloesi	Iechyd a Gofal Digidol Cymru
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru
Darren Lloyd	DL	Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion	Iechyd a Gofal Digidol Cymru
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru

Cofnodion heb eu cadarnhau ar gyfer:
Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol Mai 2023

Dave Parsons	DP	Rheolwr Cod WASPI (Cytundeb Rhannu Gwybodaeth Bersonol Cymru) (eitem 3.8 yn unig)	Iechyd a Gofal Digidol Cymru
Keith Reeves	KR	Rheolwr Tîm Rheoli Gwasanaeth	Iechyd a Gofal Digidol Cymru
Carys Richards	CR	Cydlynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru
Marcus Sandberg	MS	Uwch Swyddog Llywodraethu Gwybodaeth (eitem 3.8 yn unig)	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru
David Sheard	DSH	Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau	Iechyd a Gofal Digidol Cymru
Helen Thomas	HT	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Andy Warburton	AW	Pennaeth Rhaglenni Gwybodaeth a Chofnodion Iechyd	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad
Marilyn Bryan-Jones	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Ifan Evans	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru
Paul Evans	Pennaeth Ansawdd a Rheoleiddio	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd-Jones	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru
Rachael Powell	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Iechyd a Gofal Digidol Cymru

Acronymau			
SHA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
NDR	Adnoddau Data Cenedlaethol	WED	Cyfarwyddwyr Gweithredol Wythnosol
R&I	Ymchwil ac Arloesi	IP	Eiddo deallusol
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	WEDS	System Adran Argyfwng Cymru
WICIS	System Wybodaeth Gofal Dwys Cymru	WNCR	Cofnod Gofal Nyrsio Cymru
SAIL	Cyswllt Diogel Gwybodaeth Ddienw	LINC	Rhwydwaith Gwybodaeth Labordy Cymru
DHCW	Iechyd a Gofal Digidol Cymru	IM	Aelod Annibynnol
BAU	Busnes fel Arfer	GIG	Gwasanaeth Iechyd Gwladol
MB	Y Bwrdd Rheoli	IRLG	Grŵp Adolygu Digwyddiad a Dysgu
Templedi	Cytundeb Rhannu Gwybodaeth Bersonol Cymru	LlC	Llywodraeth Cymru
SRO	Uwch Swyddog Cyfrifol	SYG	Y Swyddfa Ystadegau Gwladol

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
	RHAN 1 — MATERION RHAGARWEINIOL		
1.1	**Croeso a Chyflwyniadau** Croesawodd Rowan Gardner, Aelod Annibynnol a Chadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (RG) bawb i'r sesiwn gyhoeddus, gan gynnwys Helen Thomas, Prif Swyddog Gweithredol, DHCW (HT) a oedd yn arsylwi'r cyfarfod.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau am Absenoldeb** Nodwyd ymddiheuriadau am absenoldeb gan:	Nodwyd	Dim i'w nodi

Cofnodion heb eu cadarnhau ar gyfer:
Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol Mai 2023

		• Marilyn Bryan-Jones, Aelod Annibynnol • Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth • Paul Evans, Pennaeth Ansawdd a Rheoleiddio • Carwyn Lloyd-Jones, Cyfarwyddwr TGCh • Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil		
1.3		**Datganiadau o Fuddiannau** Nodwyd bod RG yn gyd-sylfaenydd Precision Life, sy'n ymdrin â gwybodaeth am gleifion at ddibenion eilaidd, megis ymchwil, a chytunwyd, os ar unrhyw adeg pan nad yw'n briodol i RG fod yn Gadeirydd, y byddai David Selway, Aelod Annibynnol, Is-Gadeirydd (DS), yn cymryd yr awenau i reoli unrhyw wrthdaro posibl.	Nodwyd	Dim i'w nodi
1.4		**Materion sy'n codi** Ni chodwyd unrhyw faterion.	Nodwyd	Dim i'w nodi
	RHAN 2 – AGENDA GYDSYNIO Dosbarthwyd eitemau ar yr agenda gydsynio cyn y cyfarfod a nodwyd nad oedd unrhyw sylwadau wedi'u derbyn gan y Cadeirydd ymlaen llaw.				
2.1		**Cofnodion y Cyfarfod Diwethaf** • Cyhoeddus • Preifat - crynodeb **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** GYMERADWYO Cofnodion y cyfarfod diwethaf ym mis Chwefror 2023.	Cymeradwywyd	Dim i'w nodi
2.2		**Blaengynllun Gwaith** **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI'R Blaengynllun Gwaith.	Nodwyd	Dim i'w nodi
	RHAN 3 - PRIF AGENDA			
3.1		**Cofnod Gweithredu** O dan arweiniad Chris Darling (CD), Ysgrifennydd y Bwrdd, a nododd fod 2 gam gweithredu agored yn y parth cyhoeddus ar hyn o bryd, y ddau ohonynt ar y gweill gyda diweddariadau wedi'u cynnwys yn y cofnod ac wedi'u nodi isod:	Trafodwyd	Dim i'w nodi

	• 2022-12-05-A02 – "Addewid data – DL i roi'r wybodaeth ddiweddaraf, y datrysiad posibl, a'r amserlenni i'w hamlinellu yn y Pwyllgor nesaf." 03.05.2023 Gellir cau diweddariad ar agenda mis Mai. 02.02.2023 DHCW 0264 Addewid Data – Diweddarodd DL y pwyllgor, gan nodi bod y gwaith yn cynnwys peth perchnogaeth gan y gwasanaeth, fodd bynnag, trefnwyd cyfarfod gyda LlC wedi'i amserlennu i ddeall pwy sy'n gyfrifol am gyflawni rhai o'r elfennau dan sylw. Byddai hyn yn caniatáu i Iechyd a Gofal Digidol Cymru edrych ar adnoddau i gyflawni'r ymgyrch. 14.07.2022 DL yn aros am adborth o swydd ar secondiad yn LlC cyn y gellir sefydlu cynllun." **Byddai** Darren Lloyd, Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion (DL) yn rhoi'r wybodaeth ddiweddaraf yn eitem 3.9 Cyflawni'r Addewid Data ar gyfer Iechyd a Gofal Cymdeithasol yng Nghymru. • 2023-02-02-A01 "Diweddariad ar Drosolwg y Rhaglen Ddigidol: David Sheard i ymchwilio i'r amserlen o ran sut a phryd y bydd buddion o'r Adnodd Data Cenedlaethol (NDR) yn cael eu hadrodd fel mecanwaith i fesur yr effaith ehangach ar y rhaglenni wrth i DHCW symud i ddull sy'n canolbwyntio'n fwy ar gynnyrch. 03.05.2023 Mae gan dîm NDR sesiwn archwiliad dwfn ar 4 Mai gyda'r Cyfarwyddwyr Gweithredol ynghylch cyflenwi, sydd ei angen i alluogi gwireddu buddion NDR." Cyflwynir diweddariad ar y rhaglen NDR, gan gynnwys amserlen bosibl ar gyfer y Pwyllgor ym mis Awst. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** DRAFOD y Cofnod Gweithredu.		
3.2	**Y Gofrestr Risg Gorfforaethol** Nododd CD fod 31 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, yr oedd 20 ohonynt i'w hystyried gan y Pwyllgor hwn, yr ystyriwyd bod 10 ohonynt yn rhai preifat ac y byddent yn cael eu trafod yn y sesiwn breifat gyda'r 10 arall yn destun trafodaeth yn y sesiwn hon. Nodwyd y newidiadau	Trafodwyd	Dim i'w nodi

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

2 NEWYDD
- DHCW0306   Gwasanaeth Newid – Olyniaeth
- DHCW0307   Gwasanaeth Newid - Datblygiad ymatebol

1 NEWID YN SGÔR
- DHCW0299   Capasiti cyflenwyr i gefnogi gweithgareddau parodrwydd y Gwasanaeth Presgripsiynau Electronig
Cynnydd yn y sgôr oherwydd y tebygolrwydd ac effaith yn cynyddu

TYNNWYD 1
- DHCW0228   Parthau Nam
Lliniaru wedi'i gwblhau - mae'r risg hon bellach wedi'i chau

Nodwyd sylwadau pellach fel a ganlyn:

- Yn dilyn archwiliad mewnol, rhannwyd y risg Gwasanaeth Newid gwreiddiol yn 3 risg ar wahân
- Roedd Risg DHCW0299 fel y nodir uchod wedi cynyddu mewn sgôr ers cyfarfod diwethaf y pwyllgor ym mis Chwefror ond roedd yn debygol o ostwng eto yn fuan ar ôl cyfarfod Bwrdd y Rhaglen i adolygu'r risg
- Holodd David Selway, Aelod Annibynnol (DS) ynghylch cymeradwyaeth adran 255, gyda CD yn cadarnhau bod mesurau lliniaru ynghylch adnoddau yn GIG Lloegr wedi rhoi rhywfaint o sicrwydd a dyna oedd y rheswm dros y gostyngiad yn y sgôr risg.
- Byddai diweddariadau pellach yn cael eu derbyn ar rai risgiau a gwmpesir yn ystod eitemau ar yr agenda.

Adroddiad Archwiliad Dwfn ar gyfer risg DHCW0296 Alergeddau ac Adweithiau Niweidiol

Ar y cam hwn o'r cyfarfod cymerodd DS yr awenau fel Cadeirydd oherwydd gwrthdaro buddiannau posibl RG a ddatganwyd ar ddechrau'r cyfarfod.

Nododd DL y risg i ddiogelwch cleifion a'r sicrwydd sydd ei angen o ran dull safonol o ymdrin â pheryglon tebygol ar ddylunio/caffael systemau yn y GIG. O ran y risg data, byddai'n dod o un ffynhonnell o wirionedd o ran cofnod defnydd sengl gyda'r angen i allu lliniaru'r cyfle o gamddehongli neu

	gamddefnydd o ddata. Tynnodd Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol (RH) sylw at y nifer o ffyrdd y mae'r risg yn cael ei liniaru; cymryd cofnodion i PAS, defnyddio blwch coch o fewn baner y claf, defnyddio SNOMED i gofnodi'r data, deall sut rydym yn diffinio alergeddau, pwysleisio cyfrifoldeb ar y cyd y rhai sy'n rhagnodi a rhannu meddyginiaeth. Awgrymodd DS y byddai'n fuddiol cynnwys amserlen ar gyfer cwblhau'r gwaith a argymhellir o'r archwiliad dwfn. Ychwanegodd DL y byddai gosod y safon data yn ffactor pwysig ar gyfer pan fydd unrhyw system newydd yn cael ei dylunio / ei chaffael neu pan fydd storfa arall o bosibl yn cael ei datblygu o ran cynnal y gallu i ryngweithredu ar draws systemau'r GIG. Nododd RG y cyfle i wella ansawdd gofal o ran gwella systemau o ran ffynhonnell ddata gyson er mwyn diogelu cleifion, gan bwysleisio gwerth uchel iechyd a gofal cleifion. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** DRAFOD y Gofrestr Risg Gorfforaethol a THRAFOD yr adroddiad archwiliad dwfn ar gyfer risg DHCW0296 Alergeddau ac Adweithiau Niweidiol.		
3.3	**Adroddiad Blynyddol Adolygu Digwyddiadau a Dysgu Sefydliadol** Wedi'i gyflwyno gan Keith Reeves, Rheolwr Tîm Rheoli Gwasanaeth (KR), a Dirprwy Gadeirydd Grŵp Adolygu Digwyddiad a Dysgu, nododd fod y grŵp yn ei ail flwyddyn o fodolaeth, gyda'r cynllun presennol ar gyfer dull 3-cham, blwyddyn 1 sefydlu'r grŵp ac egwyddorion ymarfer cyffredinol, blwyddyn 2 datblygu'r fframwaith adolygu a dysgu a blwyddyn 3 wrth symud ymlaen i ymgorffori'r diwylliant o ddysgu a gwella, ystyried nodau strategol a Dyletswydd Gonestrwydd ac ati. Cafwyd 9 Hysbysiad Rhybudd Cynnar a 2 gŵyn, yr oedd 1 ohonynt wedi'i thynnu'n ôl, ac ymchwiliwyd i bob un ohonynt a bodlonwyd yr amserlenni a ddefnyddiwyd o fewn y cyfnod. Roedd Fframwaith Ffactorau Cyfrannol Swydd Efrog wedi'i addasu i weddu i sefydliad digidol a chafodd ffactorau cyffredin eu rhannu'n barthau unigol a'u hadolygu'n ôl-weithredol o	Trafodwyd er Sicrwydd	Dim i'w nodi

	flwyddyn 1, gan weithio'n benodol ar welliannau gydag arweinwyr penodedig, gyda'r adolygiadau'n cynhyrchu argymhellion wedi'u cofnodi fel camau gweithredu. Caiff gwelliant ei fesur yn erbyn themâu a chaiff ei lywio gan y fframwaith wrth symud ymlaen. Roedd 1 digwyddiad TG mawr ac mae 78% o reolwyr ar alwad wedi mynychu sesiynau hyfforddiant ymwybyddiaeth. O ran y strwythur ar alwad mae'r grŵp yn gweithio ar fwy o ymgysylltu â'r tîm Cyfathrebu, gan edrych i gynyddu'r strwythur Arian o ran y Ddesg Wasanaeth a'r adnoddau cyffredinol gyda datganiadau diffiniedig i symleiddio'r broses. Bydd hyfforddiant ar alwad yn parhau gyda hyfforddiant ychwanegol yn canolbwyntio ar fwy o gymhwysedd megis rheoli digwyddiadau. Mae rheoli newid yn cael ei fonitro fel gweithgaredd parhaus oherwydd nad yw newidiadau'n cael eu cymhwyso'n briodol a arweiniodd at ailadrodd digwyddiadau. O ran ymddygiad y gweithlu, cwblhawyd adolygiad o werthoedd DHCW gydag arolwg staff yn amlygu meysydd allweddol i ganolbwyntio arnynt. Yn y dyfodol, mae'r grŵp yn bwriadu datblygu Blaengynllun Gwaith i roi mwy o ffocws a rhoi sicrwydd pellach i'r pwyllgor. Rhoddodd DL drosolwg o'r Ddyletswydd Gonestrwydd o ran y broses adolygu digwyddiadau a gynhaliwyd ym mis Ebrill 2023. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** DRAFOD yr Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol Blynyddol er SICRWYDD.		
3.4	**Adroddiadau Sicrwydd** I. Adroddiad Sicrwydd Llywodraethu Gwybodaeth Cyflwynodd DL yr Adroddiad Sicrwydd Llywodraethu Gwybodaeth gan nodi'r cynnydd bychan mewn ceisiadau Rhyddid Gwybodaeth sydd wedi'u gweithredu. Cafwyd trafodaeth ar y fframwaith llywodraethu gwybodaeth cenedlaethol a'r diffyg eglurder ynghylch rolau a chyfrifoldebau gyda DS yn cwestiynu pwy fyddai'n darparu cytundeb ffurfiol ar hyn. Sicrhaodd DL y pwyllgor fod sgyrsiau ar y gweill gyda LlC ynghylch a fyddai DHCW yn cael ei enwi mewn polisi fel un â rheolaeth gydnabyddedig.	Nodwyd er Sicrwydd	Dim i'w nodi

II. Adroddiad Sicrwydd Gwybodeg Cyflwynodd RH yr Adroddiad Sicrwydd Gwybodeg yn absenoldeb Paul Evans, Pennaeth Ansawdd a Rheoleiddio (PE) gan dynnu sylw at y sicrwydd ynghylch y gwaith a gwblhawyd yn ystod y pandemig a chymeradwyaeth ôl-weithredol rhai elfennau o fewn DSPP a fydd yn cael ei gwblhau erbyn cyfarfod nesaf y pwyllgor yn Awst. III. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth Cyflwynodd Andy Warburton, Pennaeth Rhaglenni Gwybodaeth a Chofnodion Iechyd (AW) Adroddiad Sicrwydd y Gwasanaethau Gwybodaeth gan nodi'r gwaith parhaus fel a ganlyn: • datblygu ystadegau cyhoeddiadau • oherwydd data gwerthfawr a ddarparwyd gan Reolwyr Gwasanaeth yn ystod y pandemig, mae gwybodaeth hanfodol wedi'i chynnwys fel categori • o ganlyniad i adroddiad archwilio mae risg y Gwasanaeth Newid wedi'i rannu'n 3 risg ar wahân i'w lliniaru dros 3 adran; derbynnir statws presennol fel un sy'n goddef 2 risg ac ymgysylltu ag NDR i gael cynllun olyniaeth i symud y gwasanaethau drosodd. • mae cyfle blynyddol i aeddfedu ein statws yn y bartneriaeth 5 mlynedd gyda SYG wedi'i gyflwyno a'i adolygu • roedd y Fframwaith Power BI drafft wedi'i gyflwyno i WED, gyda gwaith pellach yn cael ei wneud cyn dychwelyd i'w gymeradwyo Croesawodd DS y datblygiad ar risg y Gwasanaeth Newid ond cwestiynodd y derminoleg "ymateb i'r datblygiad gofynnol" o ran aros am yr NDR. Ymatebodd AW nad yw'r feddalwedd bresennol yn addas ar gyfer ceisiadau cymhleth, er enghraifft gan LlC i Brifysgol Abertawe mewn perthynas â chronfa ddata SAIL, sydd bellach wedi'i hamlinellu yn risg 2. Gofynnodd RG a oedd unrhyw ymdeimlad o amserlen o ran aros am yr NDR a goddef y risgiau. Nododd AW fod y gwasanaeth yn darparu gwytnwch ychwanegol yn lle'r olynydd, gyda gwasanaeth cadarn, y gellir ei adennill gyda gwaith llaw, ond ni fyddai hwn yn ateb cynaliadwy hirdymor. Ychwanegodd fod y tîm wrthi'n mynd ati i gaffael data trwy ddulliau eraill ar hyn o bryd sy'n lleihau'r risg.		

	Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'R adroddiadau er SICRWYDD.		
3.5	**Adroddiad Sicrwydd Strategaeth Ymchwil ac Arloesi** Cyflwynodd RH yr eitem yn nodi bod y strategaeth Ymchwil ac Arloesi wedi'i chymeradwyo gan Fwrdd yr SHA fis Tachwedd diwethaf, ac mae'r adroddiad sicrwydd a'r diweddariad yn dod yn eitem reolaidd ar agenda'r pwyllgor wrth symud ymlaen. Yn absenoldeb Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil (RP) roedd wedi gwahodd Rachel Gemine, Pennaeth Ymchwil ac Arloesi (RGE) i gyflwyno'r eitem. Nododd RGE fod y tîm wrthi'n cwblhau drafft o'r Adroddiad Blynyddol cyntaf ar Ymchwil ac Arloesi, gyda'r strwythur llywodraethu wedi'i gymeradwyo gan Fwrdd yr SHA ym mis Mawrth. Roeddent yn y broses o sefydlu Bwrdd Ymchwil ac Arloesi i adolygu prosiectau yn unigol a chwblhau Asesiadau Effaith, yn ogystal roedd y tîm yn bwriadu datblygu grŵp ymgysylltu ymchwil sefydliadol newydd. Er mwyn monitro prosiectau a chwrdd â safonau ansawdd roedd log prosiect yn cael ei ddatblygu ac roedd strwythur rheoli perfformiad yn cael ei roi ar waith yn unol â'r IMTP a gofynion cerrig milltir. Cafwyd trafodaeth ynghylch adnoddau a chapasiti i ysgogi gwerth o'r data a fydd ar gael o'r NDR a nododd RGE y gallai fod cyllid posibl gan LIC ac Ymchwil Iechyd a Gofal Cymru sydd ar y gweill, a'r gobaith oedd y byddai diweddariad yn cael ei rannu yng nghyfarfod nesaf y pwyllgor ym mis Awst. Dywedodd RG yr hoffai weld rhywfaint o waith ymchwil ar brosiectau partner allanol ac a fyddent yn cwrdd ag amserlenni ceisiadau am arian a pha mor aml y gallai hyn fod yn bresennol. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI'R Adroddiad Sicrwydd y Strategaeth Ymchwil ac Arloesi er SICRWYDD.	Nodwyd er Sicrwydd	Dim i'w nodi
3.6	**Diweddariad ar Drosolwg y Rhaglen Ddigidol** **Amlygodd** David Sheard, Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaeth (DSH) y canlynol i'w nodi yn erbyn y Rhaglenni Digidol, fel y'i cyflwynwyd i Fwrdd Rheoli DHCW ym mis Ebrill:	Nodwyd er Sicrwydd	Dim i'w nodi

- WEDS; a oedd wedi bod yn goch ers tro, y prif newid ers cyfarfod diwethaf y pwyllgor oedd bod adolygiad strategol o'r rhaglen wedi'i gwblhau a chyflwyniad wedi'i ddosbarthu i'r tîm Gweithredol, Bwrdd y Rhaglen a Bwrdd Iechyd Prifysgol Bae Abertawe ddiwedd mis Ebrill, gyda'r canlyniad argymelledig y dylid defnyddio fframwaith WEDS. Roedd yr argymhelliad hwn gyda'r cyflenwr ar hyn o bryd i adolygu a oeddent yn gallu lletya yn lleol yn hytrach nag yn genedlaethol.

- WICIS; yn goch oherwydd modiwlau meddyginiaeth, megis therapi cyffuriau, ni chytunwyd ar ffordd ymlaen ar hyn o bryd, fodd bynnag, roedd yr arweinydd clinigol cenedlaethol newydd yn ailosod y strwythur llywodraethu a chlinigol ac yn gweithio drwy'r model cyllid.

- LINC; parhau i fod yn goch gan na dderbyniwyd y cynllun diwygiedig gan y cyflenwr gan Fwrdd y Rhaglen.

- CANSER; wedi'i israddio i ambr, fodd bynnag gyda materion gweithredol parhaus, roedd cam 2 ar gyfer gofal lliniarol wedi'i ymestyn, ailflaenoriaethu parhaus dan arweiniad DHCW a thîm prosiect Felindre, roedd posibilrwydd y gallai fynd yn goch. Ychwanegodd RH fod cyllid wedi'i sicrhau hyd at 31 Mawrth 2024.

- WNCR; wedi newid yr SRO i Sian Thomas, DHCW, sef yr Uwch Swyddog Cyfrifol ar gyfer Mamolaeth Ddigidol Cymru ar hyn o bryd, gyda'r cwmpas yn symud o oedolion i bediatrig.

Holodd DS am gyfyngiadau adnoddau NDR, gyda HT yn cadarnhau bod hyn yn cael ei drafod yn fewnol fel blaenoriaeth.

O ran WEDS, nododd RG fod canlyniadau cost ac effaith a ddaeth yn sgil ymgais DHCW i adeiladu'r bensaerniaeth letyol ac y gallai hynny arwain at gost anuniongyrchol i'r ganolfan ddata Nododd DS fod y cyflenwr yn gweithio ar gynnig masnachol i'w ystyried.

Dywedodd Sam Lloyd, Cyfarwyddwr Gweithredol Gweithredoedd (SL) y byddai cynnal darpariaeth ganolog mewn amgylchedd cwmwl brodorol yn ateb delfrydol. Fodd bynnag roedd cynnal cwmwl ar gyfer systemau mawr yn anodd fesul achos ar hyn o bryd oherwydd pryderon ariannu CLG.

	Nododd y Pwyllgor y drafodaeth ddefnyddiol ac awgrymodd y byddai achos yn tynnu sylw at y prif amcan i gefnogi gwell gofal yn fuddiol o ran mesur cost cyfyngiadau o bensaernïaeth etifeddiaeth wrth adeiladu achos busnes. Nodwyd bod rhaglen Drawsffiniol Powys yn wyrdd. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI'R Diweddariad ar Drosolwg y Rhaglen Ddigidol er SICRWYDD.		
3.7	**Diweddariad ar Bolisi Eiddo Deallusol** Rhoddodd Michelle Sell, Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol (MS), ddiweddariad byr ar y Polisi Eiddo Deallusol gan nodi bod grŵp llywio yn cael ei sefydlu i ddatblygu'r polisi dros yr wythnosau nesaf gyda'r bwriad o rannu hwn i'w adolygu yng nghyfarfod nesaf y pwyllgor ym mis Awst. Dywedodd RG fod angen bod yn gyson â gweddill y GIG a chroesawodd fewnbwn trydydd parti er mwyn datblygu cydweithrediadau ymchwil ac arloesi. Ychwanegwyd diweddariad pellach ar y cynnydd at y Blaengynllun Gwaith ar gyfer mis Awst i gadw golwg ar y datblygiadau. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI'R Diweddariad ar y Polisi Eiddo Deallusol.	Nodwyd	Dim i'w nodi
3.8	**Ymgynghoriad Cod Ymddygiad WASPI (Cytundeb Rhannu Gwybodaeth Bersonol Cymru).** Cyflwynodd DL ddiweddariad ar yr ymgynghoriad ar God Ymddygiad WASPI, gan nodi bod 50 o geisiadau gan wasanaethau cyhoeddus wedi'u cyflwyno yn ystod y broses ymgynghori, ond er mwyn symud ymlaen ymhellach, amlygwyd y byddai angen adnoddau i ymrwymo i'r gwaith o ddatblygu Cod Ymddygiad. Ychwanegodd DL fod Achos Busnes Llawn wedi'i gyflwyno i LlC ac y byddai'n rhoi'r wybodaeth ddiweddaraf i'r pwyllgor am y cynnydd. Nodwyd sefyllfa unigryw DHCW o ran gallu defnyddio WASPI drwy gydol y pandemig a bod yn arloesol o ran rhannu data yn y sector cyhoeddus.	Nodwyd	Dim i'w nodi

Cofnodion heb eu cadarnhau ar gyfer:
Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol Mai 2023

	Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'R Ymgynghoriad Cod Ymddygiad WASPI (Cytundeb Rhannu Gwybodaeth Bersonol Cymru).		
3.9	**Cyflawni'r Addewid Data ar gyfer Iechyd a Gofal Cymdeithasol yng Nghymru** Rhoddodd DL ddiweddariad ar Gyflawni'r Addewid Data ar gyfer Iechyd a Gofal Cymdeithasol yng Nghymru. Cafwyd trafodaeth ynghylch yr adnoddau sydd eu hangen ar DHCW, LlC a'r system iechyd a gofal ehangach yng Nghymru i redeg y rhaglen, gan sicrhau ei bod yn cael ei harwain yn glinigol ac yn canolbwyntio ar y buddion i ddinasyddion Cymru. Symudodd y drafodaeth at ddibyniaethau o'r Cyfathrebu ac yn ddiweddar cryfhawyd timau Ymgysylltu, gan nodi'r angen i ddechrau'r ymgyrch drwy bwysleisio'r rhannu data a ddigwyddodd yn ystod y pandemig a'r manteision a gafwyd o'r dull hwn. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI Cyflawni'r Addewid Data ar gyfer Iechyd a Gofal Cymdeithasol yng Nghymru.	Nodwyd	Dim i'w nodi
3.10	**Adroddiad Rhannu Data yn ystod y coronafeirws** Cyflwynodd DL yr adroddiad Rhannu Data yn ystod y coronafeirws gydag SL yn cwestiynu a oedd unrhyw fanteision parhaus o'r gwaith a wnaed trwy gydol y pandemig. Eglurodd DL fod perthnasoedd yn cryfhau, a gwaith integredig wedi'i gwblhau, a oedd wedi creu hyder ychwanegol ar draws y system er mwyn manteisio ymhellach ar yr hyn a gyflawnwyd yn wreiddiol yn ystod y pandemig. Nodwyd bod heriau o'n blaenau o hyd, fodd bynnag gyda phenodiad y Prif Swyddog Digidol newydd, y gobaith oedd y byddai gwaith yn mynd rhagddo'n gyflym yn y maes hwn. Tynnodd RH sylw at bwysigrwydd yr addewid data er mwyn diogelu'r wybodaeth a gesglir, yn ogystal â sut y byddai data'n cael eu defnyddio a'u rhannu er mwyn cael gwell profiad i gleifion ar draws y sector cyhoeddus cyfan yng Nghymru. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI'R Adroddiad Rhannu Data yn ystod y coronafeirws.	Nodwyd	Dim i'w nodi

Cofnodion heb eu cadarnhau ar gyfer:
Pwyllgor Cyhoeddus Llywodraethu a Diogelwch Digidol Mai 2023

	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 yr eitemau i'w cynnwys yn Adroddiad Crynhoi Cynnydd y Cadeirydd ar gyfer Bwrdd yr Awdurdod Iechyd Arbennig ym mis Mai fel; • y gwaith da gan y Grŵp Adolygu Digwyddiad a Dysgu fel yr adroddwyd yn yr Adroddiad Blynyddol; • nodwyd bod yr holl adroddiadau Sicrwydd yn gyson dda o ran adrodd, gan gynnwys yr adroddiad sicrwydd ymchwil ac arloesi cyntaf; • y cynnydd tuag at ddatblygu polisi eiddo deallusol gyda'r pwyllgor yn cadw golwg ar gynnydd wrth symud ymlaen; • WASPI a'r manteision strategol o symud tuag at God Ymddygiad, y buddion a gyflawnwyd yn ystod y pandemig, a'r gwaith parhaus tuag at lwybr i'r eitemau hyn symud ymlaen, gan fwydo i mewn i Gymru iachach; • roedd risg y Gwasanaeth Newid wedi'i rannu'n 3 risg er mwyn lliniaru gydag ychydig mwy o risgiau wedi'u hychwanegu at y Gofrestr Risg Gorfforaethol. Fodd bynnag rhoddwyd sicrwydd i'r pwyllgor ynghylch risg DHCW0296 Alergeddau ac Adweithiau Niweidiol oherwydd y sesiwn archwiliad dwfn a ddarparwyd.	Nodwyd	Dim i'w nodi
4.3	**Dyddiad y cyfarfod nesaf** Cadarnhawyd dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol ar 3 Awst am 2023 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

🕐 16:00 – 17:00   📅 11 Mai 2023

📍 MS Teams

Yn Bresennol (Aelodau)	Blaenl ythren nau	Teitl	Sefydliad
Rowan Gardner	RG	Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
David Selway	DS	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
Alistair Klaas Neill	AKN	Aelod Annibynnol (arsylwi)	Iechyd a Gofal Digidol Cymru

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Nathan Couch	NC	Arweinydd Archwilio Perfformiad (Iechyd)	Archwilio Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Jamie Graham	JG	Cyfarwyddwr Cynorthwyol, Seiberddiogelwch	Iechyd a Gofal Digidol Cymru
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru
Darren Lloyd	DL	Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion	Iechyd a Gofal Digidol Cymru

Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru
Alison Maguire	AM	Arweinydd y Rhaglen	Iechyd a Gofal Digidol Cymru
Carys Richards	CR	Cydlynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Andrew Warburton	AW	Pennaeth Rhaglenni Gwybodaeth a Chofnodion Iechyd	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad
Marilyn Bryan Jones	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Ifan Evans	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd-Jones	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru
Rachael Powell	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Iechyd a Gofal Digidol Cymru

Acronymau			
SHA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
Iechyd a Gofal Digidol Cymru	Iechyd a Gofal Digidol Cymru	GIG	Gwasanaeth Iechyd Gwladol

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
	RHAN 1 — MATERION RHAGARWEINIOL		
1.1	**Croeso a Chyflwyniadau**	Nodwyd	Dim i'w nodi

Cofnodion cryno heb eu cadarnhau ar gyfer:
Pwyllgor Llywodraethu a Diogelwch Digidol - Preifat - Mai 2023

		Croesawodd Rowan Gardner, Aelod Annibynnol a Chadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (RG) bawb i'r sesiwn breifat, gan gynnwys Nathan Couch, Arweinydd Archwilio Perfformiad (Iechyd) (NC) o Archwilio Cymru a oedd yn bresennol i gyflwyno eitem 2.5 Adroddiad Seibergadernid. Nodwyd bod Alistair Klaas Neill, Aelod Annibynnol (AKN), yn bresennol i arsylwi yn absenoldeb Marilyn Bryan Jones.		
1.2	**Ymddiheuriadau am Absenoldeb** Nodwyd ymddiheuriadau am absenoldeb gan: - Marilyn Bryan Jones, Aelod Annibynnol - Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth - Carwyn Lloyd-Jones, Cyfarwyddwr TGCh - Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiannau** Nodwyd bod RG yn gyd-sylfaenydd Precision Life, sy'n ymdrin â gwybodaeth am gleifion at ddibenion eilaidd, megis ymchwil, a chytunwyd, os ar unrhyw adeg pan nad yw'n briodol i RG fod yn Gadeirydd, y byddai David Selway, Aelod Annibynnol, Is-Gadeirydd (DS), yn cymryd yr awenau i reoli unrhyw wrthdaro posibl.	Nodwyd	Dim i'w nodi
	RHAN 2 - PRIF AGENDA		
2.1	**Cofnodion y cyfarfod diwethaf** Cymeradwywyd cofnodion cyfarfod diwethaf y pwyllgor ym mis Chwefror 2023 fel cofnod cywir. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** GYMERADWYO cofnodion y cyfarfod diwethaf.	Cymeradwy wyd	Dim i'w nodi
2.2	**Cofnod Gweithredu** Nid oedd unrhyw gamau gweithredu agored, ac nid oedd angen trafodaeth ar y ddau a oedd wedi dod i ben ers y cyfarfod diwethaf ym mis Chwefror. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI'r Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
2.3	**Adroddiad Polisi** Cyflwynodd Chris Darling, Ysgrifennydd y Bwrdd (CD), yr Adroddiad Polisi gan ofyn i'r pwyllgor a oeddent yn fodlon cymeradwyo'r polisïau a ganlyn:	Cymeradwy wyd	Dim i'w nodi

	- Egwyddorion a Safonau Rheoli Mynediad Breintiedig (PAM) Roedd y polisi newydd yn amlinellu rheolaeth gweithio hanfodol o bell yn PAM, gan gynnwys sut roedd cyfrifon yn cael eu rheoli. - Gwrthfaleiswedd Nid oedd unrhyw newidiadau sylweddol i'w nodi yn y polisi gwrthfaleiswedd presennol yr oedd disgwyl ei adolygu. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** GYMERADWYO'R Adroddiad Polisi, Egwyddorion a Safonau Polisi Rheoli Mynediad Breintiedig, a'r Polisi Gwrthfaleiswedd.		
2.4	**Y Gofrestr Risg Gorfforaethol** Nododd CD fod 31 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, yr oedd 20 ohonynt i'w hystyried gan y Pwyllgor hwn, ac mae'r risgiau preifat yn destun trafodaeth. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** DRAFOD y Gofrestr Risg Gorfforaethol	Trafodwyd	Dim i'w nodi
2.5	**Adroddiad ar Seibergadernid - Archwilio Cymru** Dan arweiniad Nathan Couch (NC) o Archwilio Cymru, a nododd nad oedd yr un o'r Archwilwyr TG a oedd yn ymwneud yn uniongyrchol â'r adroddiad cychwynnol ar gael i roi'r cyflwyniad oherwydd streic, ond aeth drwy gyflwyniad cynhwysfawr o'r adroddiad ei hun. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI'R adroddiad Seibergadernid - Archwilio Cymru	Nodwyd	Dim i'w nodi
2.6	**Adroddiad Sicrwydd Seiberddiogelwch** Cyflwynodd Jamie Graham, Cyfarwyddwr Cynorthwyol Seiber (JG) yr Adroddiad Sicrwydd Seiberddiogelwch gan dynnu sylw at y gwaith a gwblhawyd dros y cyfnod a chadarnhaodd fod yr Achos Busnes Llawn wedi'i gyflwyno i Lywodraeth Cymru. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** DRAFOD yr Adroddiad Sicrwydd Seiberddiogelwch er SICRWYDD	Trafodwyd	Dim i'w nodi
	RHAN 3 - MATERION I GLOI		
3.1	**Unrhyw Faterion Brys Eraill** Nid oedd unrhyw faterion arall.	Nodwyd	Dim i'w nodi

Cofnodion cryno heb eu cadarnhau ar gyfer:
Pwyllgor Llywodraethu a Diogelwch Digidol - Preifat - Mai 2023

3.2	**Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd** Nodwyd drwy gydol y cyfarfod yr eitemau i'w cynnwys, os yw'n briodol ar gyfer y fforwm cyhoeddus, yn Adroddiad Uchafbwyntiau'r Cadeirydd ar gyfer Bwrdd SHA ym mis Mai.	Nodwyd	Dim i'w nodi
3.3	**Dyddiad y cyfarfod nesaf:** Cadarnhawyd dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol ar 3 Awst 2023 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	3 August 2023

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

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

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

1   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organisation

CORPORATE RISK (ref if appropriate)	

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

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

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

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	IP	Intellectual Property
NIIAS	National Intelligent Integrated Auditing Solutions	NDR	National Data Resource
WASPI	Wales Accord on the Sharing of Personal Information		

2   SITUATION/BACKGROUND

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

3   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1   The Chair of the Committee previously requested additional horizon scanning be undertaken by officer members for inclusions in the forward workplan including the large-scale projects identified within the Annual Plan with the highest potential to materially affect delivery of DHCW's strategic objectives. The Corporate Governance team will continue to support the officer members to identify items for the forward workplan.

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

4   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1   The following items from the Forward Workplan are due to be presented at the Committee meeting on 3 August 2023:
- Technical debt risk – Deep Dive – PRVATE session
- Early insight into the WASPI Code of Conduct Consultation process – PRVATE session

Forward Workplan Report   Page 3 of 4   Author: Carys Richards
Approver: Chris Darling
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4.2   The below items have been identified for the following meeting on 2 November 2023:

- Corporate Risk Tending Analysis
- Information Governance Strategy
- NIIAS Reporting and Accessing
- Staff Identity Update
- NDR Update
- Development of Digi-trials Wales research recruitment service
- Information Strategy
- BAF Deep Dive areas

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

5   RECOMMENDATION

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

6   APPROVAL / SCRUTINY ROUTE

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

Digital Governance and Safety Committee Forward Workplan

Standing Items	Lead	Type	Detail			
Welcome and Introductions	Chair	Preliminary Matters				
Minutes	Chair	Consent				
Declarations of interest	Chair	Preliminary Matters				
Action log	Chair	Main				
Corporate Risk register	Board Secretary	Main				
Corporate Risk register - Private Risks	Board Secretary	PRIVATE				
Forward Work Programme	Board Secretary	Consent				
Committee Highlight Report to SHA Board	Chair	Main	Items noted throughout for secretariat			
Policy Report	Board Secretary	PRIVATE	Usually taken in Private			
Information Governance Assurance Report	Executive Medical Director	Main				
Informatics Assurance Report	Executive Medical Director	Main				
Information Services Assurance Report	Executive Medical Director	Main				
Research and Innovation Strategy Assurance Report	Executive Medical Director	Main				
Incident Review and Organisational Learning Report	Executive Medical Director	Main				
Digital Programme Dashboard Overview	Executive Director of Strategy	Main				
Cyber Security Assurance Report	Executive Director of Operations	PRIVATE				
Additional Items	**Executive Lead**	**Type**	**Route in & detail**	**03-Aug-23**	**02-Nov-23**	**01-Feb-24**
Technical debt risk - DD	Board Secretary	PRIVATE	CD / SL - DD inc in Risk Private	✓		
Early insight into the WASPI Code of Conduct Consultation process	Executive Medical Director	PRIVATE		✓		
Corporate Risk Tending Analysis	Board Secretary		Cycle of Business		✓	
Information Governance Strategy	Executive Medical Director		Cycle of Business - for approval? DL		✓	
NIIAS Reporting and Accessing	Executive Medical Director	PRIVATE	DL		✓	
Staff Identity Update	Executive Director of Strategy	PRIVATE	Private - returning from Aug 22		✓	
NDR Update	Executive Director of Strategy	PRIVATE	CD 23/05 - Private RCO?		✓	
Development of Digi-trials Wales research recruitment service	Executive Medical Director	main	LT 24/05 Approval		✓	
Information Strategy	Executive Medical Director	Main	final draft approval		✓	
BAF Deep Dive	Board Secretary	Main			✓	
Digital Governance & Safety Committee Annual Report	Board Secretary		Cycle of Business			✓
Digital Governance and Safety Committee Effectiveness Self-Assessment	Board Secretary		Cycle of Business			✓
Digital Governance and Safety Committee Terms of Reference	Board Secretary		Cycle of Business			✓
Digital Governance and Safety Committee Cycle of Business	Board Secretary		Cycle of Business			✓
Health and Care Standards – Relevant to Digital Governance and Safety Committee	Board Secretary		Cycle of Business			✓
Safety Alerts Report	Executive Medical Director		Cycle of Business			✓
Research and Innovation Annual Report	Executive Medical Director		Cycle of Business			✓
AI			waiting on WG/Structure/ToR			

DIGITAL HEALTH AND CARE WALES
CORPORATE RISK REGISTER

Agenda Item	3.2

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 August 2023

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

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

Purpose of the Report	For Discussion/Review
Recommendation	

The Digital Governance and Safety Committee is being asked to:

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

1   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

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

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Should effective risk management not take place, there could be legal implications
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

Author: Bethan Walters
Approver: Chris Darling

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

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

2 SITUATION/BACKGROUND

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

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

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

3.3 In terms of DHCW's Corporate Risk Register, there are currently 28 risks on the Corporate Risk Register, of which 22 are for the consideration of this Committee. The Risk register presents the full public register with the green highlighted ID number representing the 12 public risks assigned to this Committee at item 3.2i Appendix A with the other 10 classified as private due to their sensitivity to be received in the private session of the Committee.

3.4 Committee members are asked to note the following changes to the Corporate Risk Register as a whole (new risks, risks removed and changes in risk scores):

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NEW RISKS (10) – 6 public, 4 Private

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0316	Technical Debt Accumulation	Financial	Digital Governance & Safety Committee
DHCW0317	PRIVATE RISK	Service Delivery	Digital Governance & Safety Committee
DHCW0318	PRIVATE RISK	Compliance	Audit & Assurance Committee
DHCW0319	PRIVATE RISK	Service Delivery	Audit & Assurance Committee
DHCW0320	Citizen and stakeholder trust in uses of Health and Social Care data	Information Storing and Maintaining	Digital Governance & Safety Committee
DHCW0321	Sustainable funding for WASPI	Information Access and Sharing	Digital Governance & Safety Committee
DHCW0322	NDR Phase 3 funding	Financial	Digital Governance & Safety Committee
DHCW0323	Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of Services	Financial	Digital Governance & Safety Committee
DHCW0324	Availability of Resources to Support the WICIS Programme	Financial	Digital Governance & Safety Committee
DHCW0325	PRIVATE RISK	Reputational	Digital Governance & Safety Committee

RISKS WITH SCORE CHANGES (3) – 3 public, 0 private

There were two reductions and one increase in score during the period

Reference	Name	Commentary	Committee Assignment
DHCW0313	Digital Cost Pressure – Service Model Changes	Score reduced through mitigation action progress	Audit & Assurance Committee
DHCW0269	Switching Service – Data Warehouse	Risk reviewed by executive owner - score reduced.	Digital Governance & Safety Committee
DHCW0259	Staff Vacancies	Score increased due to increase in likelihood	Audit & Assurance Committee and Local Partnership Forum

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RISKS REMOVED (13) – 9 public, 4 private

Reference	Name	Commentary	Committee Assignment
DHCW0264	Data Promise	Risk re-evaluated and replaced by Risk DHCW0320	Digital Governance & Safety Committee
DHCW0280	**PRIVATE	Amalgamated with DHCW0315 as this relates to the same risk and will managed as one	Digital Governance & Safety Committee
DHCW0286	**PRIVATE	Downgraded for management at Directorate level	Audit & Assurance Committee
DHCW0284	Increased Utility Costs Financial Pressures	Downgraded for management at Directorate level	Audit & Assurance Committee
DHCW0288	Data Centre Migration Revenue Funding - Directorate	Downgraded for management at Directorate level	Audit & Assurance Committee
DHCW0304	NHS Wales SLA Income Increases	All SLAs have now been signed off risk closed	Audit & Assurance Committee
DHCW0306	Switching Service - Succession NOW Retitled to Switching Service - Resilience	Downgraded to Directorate level for management once the roadmap for NDR and DHCW0269 has been shared	Digital Governance & Safety Committee
DHCW0307	Switching Service - Responsive Development	Amalgamated with DHCW0306 and reduced to Directorate level for management	Digital Governance & Safety Committee
DHCW0309	**PRIVATE	Contracts signed risk closed	Digital Governance & Safety Committee
DHCW0311	Digital Cost Pressure – Supplier Price Model Changes	Downgraded for management at Directorate level given the strengthened account management arrangements	Audit & Assurance Committee
DHCW0312	Digital Cost Pressure – Exchange Rate Fluctuation Risk	DHCW has incorporated monitoring processes as part of a recurrent finance/commercial meeting. Score downgraded and lowered to Directorate level as has met the target.	Audit & Assurance Committee

| DHCW0314	Digital Cost Pressures – Supply Chain Risk	Downgraded for management at Directorate level	Audit & Assurance Committee
DHCW0319	**PRIVATE	Downgraded to Directorate level through mitigation actions	Audit & Assurance Committee

NOTE – One risk has been reassigned from Digital Governance and Safety Committee to Audit & Assurance committee since the last meeting – DHCW0237

3.5   The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 7 Significant and 15 Critical risks assigned to the Committee. The key indicates movement since the last risk report to the Committee.

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

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

Key:
★ New Risk   ⬌ Non-Mover   ⬇ Reduced   ⬆ Increased   ** Private Risks
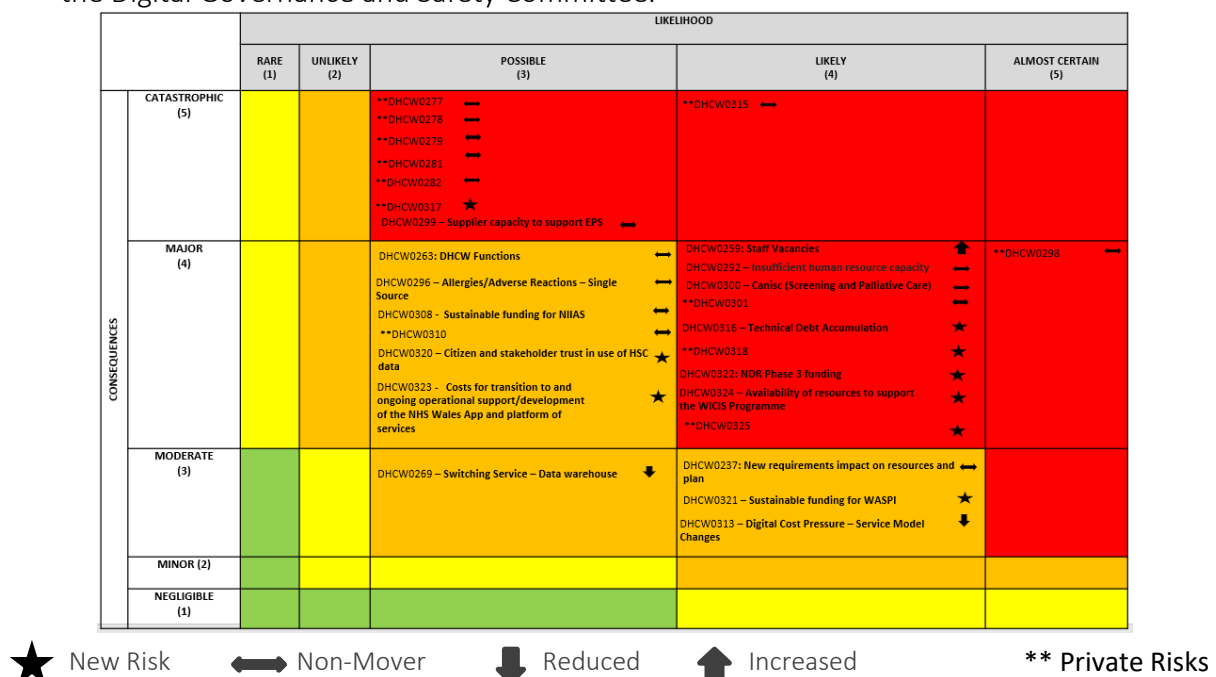
3.7   The Committee are also asked to consider of the risks assigned to the Committee, the overview of initial risk score versus current versus target and risks that may be identified for further investigation and action. Those highlighted with a red circle represent those risks with a score increased from their initial scoring, those with a green circle represent those risks with a score decreased from their initial scoring, the remainder are the same as their initial score.

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INITIAL VS CURRENT VS TARGET
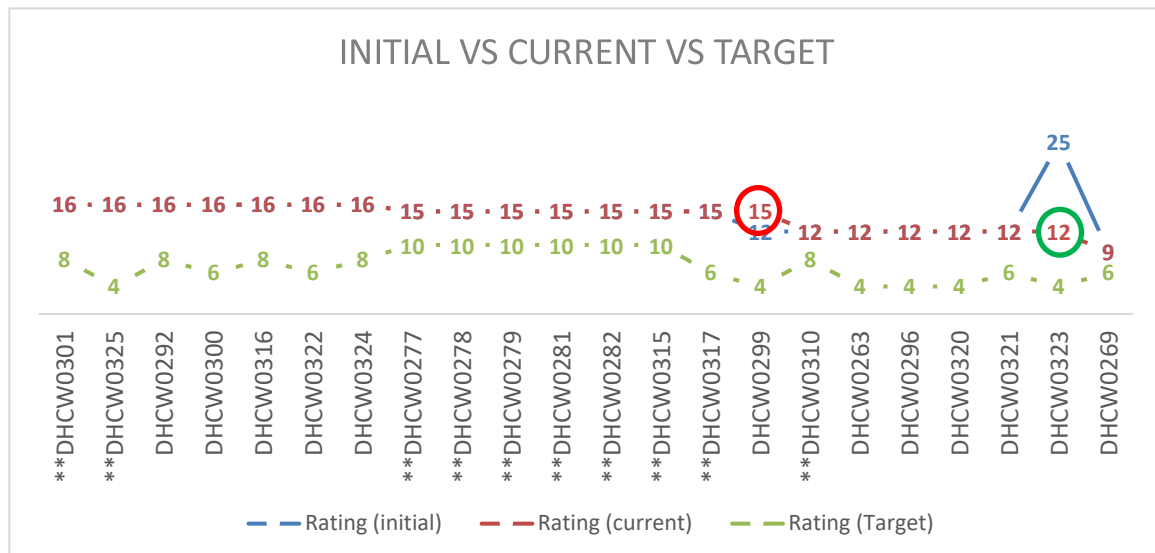
4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

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

NOTE the status of the Corporate Risk Register.

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

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	4 July 2023	Reviewed
Management Board	13 July 2023	Reviewed

Author: Bethan Walters
Approver: Chris Darling

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3.2i Appendix A – Corporate Risk Register

Risk Matrix

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

Key – Risk Type:

Critical	Significant	Moderate	Low

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0259	Business & Organisational	Staff Vacancies IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING in delays to system support and new functionality for NHS Wales users.	11/02/2020	03/07/2023	12 (3 x 4)	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: DHCW will be developing new contractual vehicle/s commencing from April 2023 which will support procurement of specialist resource from external providers; either where the recruitment process has not secured the resources required or that highly skilled resource can be better sourced for short periods in line with funding streams that a determination that the procurement approach is more optimal in order to quickly and effectively secure time critical delivery of key projects ACTIONS TO DATE: 03/07/23 There are a significant number of vacancies and the recruitment team are managing a high volume of activity. There is a need to increase the volume of appointments and the Recruitment Team will be planning for a number of Recruitment events in September to help expedite the ability to appoint the right people at the right time. The P&OD Business Partners and working with the Finance Business Partners to ensure we encourage Appointing Managers to start the recruitment process as soon as possible and before the end of Period 2 in most cases given the time it takes to recruit and on board. This will be closely monitored by the Resource Tracker a tool created by Finance and used jointly with P&OD. 26/50/2023 - Initial WFOD planning exercise complete and currently aligning the WFO and Finance forecasts by	16 (4X4)	6 (2X3)	Director of People	Increased	Audit & Assurance Committee / Local Partnership Forum	Service Delivery	Mission 5 - Trusted Partner

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						the end of June which should give focus and timings for key areas. Tracker is now up and running which is accessible by WFO and Finance to ensure we have an up to date view on resource and recruitment. 03/05/2023 Recruitment Plan for the year is being finalised following the workforce planning exercise which will allow us to focus effort in timely manner. Also planning carrying out Careers Fairs aligned to last year's successes. No foreseen issues with the ability to achieve the plan 30/03/23 We continue to recruit at pace and in line with the trajectory for the end of year. We have now re-set with the workforce plans and will be resetting the monthly and quarterly recruitment targets based on internal and external numbers. We will be looking to improve process and interview training for all managers over the next few months. We will continue to utilise a number of recruitment methods via TRAC, CV library and agencies. 28/02/23 All Directorates have returned the WFP plans with any future resource requirements and an analysis is underway with a signed off plan for April 2024 for the new financial year. At this point the risk rating for vacancies will be reviewed. 08/02/23 All Directorates have been sent the Workforce Planning template to help plan resource more effectively and to have a Directorate Workforce Plan in place by April 2023. The plans will be reviewed on a quarterly basis by Finance & People & OD Business Partners. 22/12/22 A trajectory tool has been created to monitor recruitment against vacancy. The strategic resource group continues to meet bi-monthly							
DHCW0292	Service Interruption	Insufficient human resource capacity in the infrastructure teams to undertake BAU activity and activities in the 1-year plan\n\nIF DHCW are unable to secure revenue funding to support major infrastructure developments identified in the IMTP and 1-year business plans, THEN there will be a delay to	01/04/2022	30/05/2023	16 (4 x 4)	AIM: REDUCE Likelihood\n\nFORWARD ACTIONS: Develop workforce plan for the resources required for major Infrastructure maintenance work such as those identified.\n\nACTIONS TO DATE: 30/05/2023 CLJ - Work is underway across the Operations Directorate to address the unfunded positions. Risk level unchanged at the moment 05/05/2023 CLJ - Work is underway across the Operations Directorate to address the unfunded positions. Risk level unchanged at the moment	16 (4x4)	8 (4x2)	Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety	Financial	Mission 2 - Delivering high quality technology

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		these activities RESULTING IN increased costs and/or system failures. Examples include: * Data Centre 2 Project * Migration of systems from legacy virtual server platform * WPAS Hardware Replacement * Legacy Operating System Replacements				04/04/2023 CLJ - Updated risk description to reflect the change in focus of the risk as a result of the new financial year. 04/04/2023 CLJ - The team sizing report has shown that the current staffing levels are appropriate, but that higher levels of automation could result in fewer but higher skilled staff being needed over time. 03/04/2023 MP - Work ongoing to mitigate report suggested improvement areas. 23/02/2023 MP - Report delivered and discussions ongoing to effect recommendations and address concerns. 02/02/2023 MP - Awaiting report output from 3rd party engagement. 29/11/2022 MP -Ongoing engagement with a 3rd party to carry out analysis of teams capacity. 25/10/2022 MP - Order being raised for 3rd party to analyse the capacity within teams and provide recommended sizing.							
DHCW0300	Service Interruption	Canisc (Screening and Palliative Care) IF there is a problem with the unsupported software used within the Canisc system THEN the application may fail RESULTING IN potential disruption to operational service namely Palliative care and Screening Services requiring workarounds.	07/12/2022	06/07/2023	16 (4 x 4)	AIM - Reduce Likelihood and Impact by developing four new features; Palliative Care MDT, Patient Preferences, Caseload Management and Specialist Palliative Care E-form FORWARD ACTIONS User Acceptance Testing to continue for Palliative Care MDT and Patient Preferences features. Continue development of remaining features i.e., Caseload Management and Specialist Palliative Care E-Form. Implement across Wales. ACTIONS TO DATE 06/07/23 Development on going for Caseload Management and Specialist Palliative Care Eform. UAT has commenced on Palliative Care MDT and Patient Preferences. New risk raised by Clinical Lead delays during UAT of the Patient Preferences e-form. Data set-up took a number of months during which clinicians were unable to test effectively. When testing has been possible bugs have been identified but it has taken a number of weeks for these bugs to be resolved. For both Patient Preferences form and other Specialist Pall Care workstream products, the implications of working at this pace would prohibit us from having all products ready for live delivery by end of March 2024. 22/03/2023 Patient Preferences and Pall Care MDT have	16 (4x4)	6 (4x2)	Executive Medical Director	Non-Mover	Digital Governance & Safety	Service Delivery	Mission 3 - Expanding the content, availability and functionality

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						been released for UAT, however slippage on original timelines have changed proposed dates for remaining deliverables as below Proposed dates for User Acceptance Testing are: September 23 for Specialist Pall Care form September 23 for Caseload Management 30/01/23 Development has continued on solutions to replace Canisc functionality in the WCP team. Proposed dates for User Acceptance Testing are: 27 Feb 23 for Patient Preferences and Pall Care MDT 16 June 23 for Specialist Pall Care form 30 June 23 for Caseload Management 15/12/2222 - CLJ. Changed risk type to "Service Interruption". Not a cyber security risk							
DHCW0316	Finance	Technical Debt Accumulation IF DHCW is unable to reduce and/or prevent further accumulation of technical debt, THEN DHCW will be unable to embrace latest technologies and modernise working practices, RESULTING IN increasing challenges to deliver high quality digital services and meeting customer demands within reasonable timescales.	19/04/2023	31/05/2023	16 (4 x 4)	AIM: Reduce Likelihood FORWARD ACTIONS: Establish TDA to steer architecture development Conduct DevOps maturity assessment Develop product-centric target operating model Develop WPAS cloud migration roadmap Establish cloud TCO model and develop business case ACTIONS TO DATE: 31/05/2023. CLJ - Migration actions updated. Initial discovery work on Cloud business case is underway. 19/04/2023 approved by ED of Operations for escalation to Corporate Register	16 (4x4)	8 (4x2)	Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety Committee	Financial	Mission 2 - Delivering High Quality Technology
DHCW0322	Finance	NDR Phase 3 funding IF funding requested to deliver Phase 3 of the NDR Programme is not confirmed THEN resources cannot be committed to delivery RESULTING IN changes to the Phase 3 Business Justification Case, slower delivery, delayed benefits, and reduced value for money	06/06/2023	06/07/2023	16 (4 x 4)	AIM: Reduce Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government to agree funding position ACTIONS TO DATE: 06/07/2023 Funding for 23/24 has been confirmed discussion ongoing to formally secure 2024/25 funding as part of a review exercise. 06/06/2023 Funding letter received on 5th June indicating 50% funding for Q1/Q2 with requirements to meet milestones by 30th September at which point the remaining 50% will be released. The discussion is ongoing between Programme Director,	16 (4X4)	6 (2X3)	Executive Director of Strategy	Non-Mover	Digital Governance &Safety	Financial	Mission 1 - Enabling digital transformation

3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						Finance and Welsh Government as the funding letter does not correspond with advice received previously.							
DHCW0324	Finance	Availability of Resources to Support the WICIS Programme IF there is no additional funding to support required changes to the WICIS programme plan and contract THEN there is a risk of delays to implementation and dispute with the supplier RESULTING IN digital ICU systems and services not being available to users as planned	18/01/2023	22/06/2023	16 (4x4)	AIM: Reduce FORWARD ACTION: Continued escalation to SRO and impact assessment paper (authored in collaboration with NHS Executive) to be submitted to WG describing potential delivery scope change as consequence to funding deficiency. ACTION TO DATE: 22/06/23: Further details supplied to WG DPIF team following SRO discussions. 09/06/23: Escalation of Risk to Corporate Risk level following agreement by Ifan by e-mail 08/06/23 alongside rewording of risk component to cover extent of funding deficiency. 08/06/23: Email from NHS Executive confirms earmark of revenue funding, yet to be formally confirmed. 16/05/23: Funding gap discussed and escalated with WAG and ongoing discussions with NHS Executive. 03/05/23: Discussions with NHS Executive on funding commitment. 14/04/23: Commercials discussions taking place, following review of forecast spend and ongoing financial support of the programme 28/03/2023: Forecast spend drafted to share with senior team and discuss what funding is required for 2023/24. Mark Cox aware. 01/02/2023: Chased Mark Cox for update on escalation who is on leave at the moment. Will await a response. 18/01/2023: Alex Percival and Rachel Williams escalated to Mark Cox in order to escalate to Directors. 13/01/2023: Jo Davies, NHS Wales Collaborative, advised WICIS that the funding £1m funding from the collab will no longer be available from 01/04/2023. Agreed to escalate to finance.	16 (4x4)	8 (4x2)	Executive Director of Strategy	New risk	Digital Governance & Safety	Financial	Mission 1 - Provide a platform

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0299	Business & Organisational	Supplier capacity to support Electronic Prescription Service readiness activities IF: key stakeholders and suppliers are not able to support Electronic Prescription Service readiness activities and implementation due to resourcing pressures THEN: configuration, assurance, general set up activities during the readiness phase and business change/implementation activities will be delayed RESULTING IN: delay to the Primary Care Electronic Prescription Service Programme delivery timetable	13/07/2022	04/07/2023	12 (4 x 3)	AIM: REDUCE likelihood FORWARD ACTIONS: Section 255 Agreement has been agreed with NHS Digital. Contract Change Notices being negotiated with key suppliers to deliver EPS readiness in line with Key Milestones. ACTIONS TO DATE: 18/05/2023 Programme board agreed a reduction in the likelihood from Likely to possible further narrative will be added. April 2023. Risk to be reviewed at EPS programme board meeting on 18th May. March 2023. Risk reviewed at EPS programme board in March 2023 resulting in no change to risk scoring. NHS England have made changes to staff allocated to support EPS delivery in Wales. 27/02/2023 No further progress ongoing discussions 01/02/2023 the impact and likelihood of this risk have increased score update to reflect the changes Section 255 Agreement has been agreed with NHS Digital. Agreement with Department of Health and Social Care endorsing the request to expand the use of EPS across Wales.	15 (5X3)	6 (3X2)	Executive Director of Strategy	Non-Mover	Digital Governance & Safety Committee	Development of Services	Mission 3 - Expanding the content
DHCW0313	Finance	Digital Cost Pressure – Service Model Changes IF externally and internally sourced service provision models change resulting in movement from CAPEX based solutions to OPEX THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.	28/02/2023	06/07/2023	16 (4 x 4)	AIM REDUCE LIKELIHOOD FORWARD ACTIONS 06/07/2023 Externally DHCW has instigated robust horizon scanning processes by incorporating specific intelligence gathering during recurring supplier contract management meetings to enable upstream management of any risk. Internally an assessment is being made as part of the cloud adoption Business Case and as part of the product approach which will inform financial impact and revenue requirements. 05/05/2023: Cloud Adoption Group to support delivery of the Cloud Business Case which will detail the organisations shift to cloud and associated costs. MC 05/05/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. External - Commercial service to identify potential areas and include discussion as part of a horizon scanning agenda item at contract review meetings, Internal – Senior Finance Business partners to assess and escalate appropriately via established SoP.	12 (4x3)	9 (3x3)	Executive Director of Finance	Reduced	Audit & Assurance Committee	Financial	Mission 4 - Driving better value

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						The proposed timelines for this mitigation will run until September 2023 ACTIONS TO DATE: 05/05/2023: The Cloud Adoption Oversight Group has been established which (alongside implementation of the Product Approach) will play a key role in planning potential changes in service delivery models. 03/04/2023: An updated database has now been compiled with formal guidance surrounding escalation within the appropriate organisational governance forums. DHCW will look to propose to DOD a process of identifying and managing cost pressures of this nature as part of its sustainable funding approach. Initial notification for discussion will be held as part of the National digital updates planned for the 04/04/23 MC 27/02/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. External - Commercial service to identify potential areas and include discussion as part of a horizon scanning agenda item at contract review meetings, Internal – Senior Finance Business partners to assess and escalate appropriately via established SoP. MC 27/02/23: - Audit Committee Digital Cost Pressure Deep Dive held at October session. Financial Sustainability audit focussing on Digital Cost Pressures presented to February Audit Committee. Single risk split into four risks for more focussed managed and mitigating action identification.							
DHCW0237	Business & Organisational	New requirements impact on resources and plan IF new requirements for digital solutions continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING in non-delivery of our objectives and ultimately a delay in benefits being realised by the service.	30/03/2020	26/06/2023	16 (4 x 4)	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Continue to monitor new requirements and new initiatives. Use capacity planning, new service request, formal change control and reprioritisation methods to address requests. Impact assessed if staff need to be moved to urgent work. ACTIONS TO DATE: The IMTP 23-26 was approved at the SHA Board on 30 Mar 2023 and the DHCW Business Plan 23-24 was approved by Management Board on 24 Apr 2023. Capacity assessments are ongoing and recorded in a corporate milestone app. Milestones are baselined and monitored with the Planning and Performance	12 (3X4)	9 (3x3)	Executive Director of Strategy	Non-Mover	Audit & Assurance	Development of Services	Mission 5 - Trusted Partner

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						Management Group where corrective actions are escalated. The IMTP this year also illustrates unfunded requests and pipeline products which aren't resourced as at time of publication and therefore aren't committed to. These can only enter the plan via a formal change control where resource has been confirmed as available. The status of products as 'pipeline' will be communicated to NHS partners to manage expectations and help in consideration of new requests - as pipeline need to be considered ahead of new requests.								
DHCW0296	Clinical Risk	Allergies/Adverse Reactions - Single Source IF allergies and adverse reactions are not stored in a single source and in a simple, structured, standardised and SNOMED-coded manner THEN a clinician may not be able to retrieve all the relevant, updated information in the system that they are logged in RESULTING IN potential patient harm due to missing or outdated information being presented in the system being used by the clinician. Possible Causes: - Single source of truth (Clinical Data Engine) in which to input and retrieve information not used widely - Lack of integration API with CDE - Interoperability - Allergen not SNOMED coded - Reaction not SNOMED coded - Difficulty filtering through SNOMED results - No standard as how to	13/09/2022	05/07/2023	12 (4 x 3)	AIM: Reduce Likelihood FORWARD ACTION: Shared Medicines Record to take up this functionality to be cross-systems. Strategy to be determined. ACTION TO DATE: July 2023 Dependencies still remain on CDR Apr/2023: - A new Shared Allergies Record will be set up aligned to the work of the Shared Medicines Record - Timescales yet to be determined Jan/2023: - SMR project to include AR in their remit. Strategy to be determined. - 2022 Ken Leake updated as Risk Handler. Creation of overarching risk. Risks linked. Presented to the Medical Director and raised to Corporate Risk Register.	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety	Safety / Wellbeing	Mission 2 - Delivering high quality technology

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		portray Adverse reactions (ie: not all systems display them in the patient banner)			12								
DHCW0308	Information Governance	Sustainable funding for NIIAS

IF a sustainable financial position cannot be found for the National Intelligent Integrated Audit Solution (NIIAS) THEN a DHCW funding risk at end of contract (November 2023) will create financial challenges to DHCW internal core funding decisions RESULTING IN difficult financial control issues and jeopardising contract renewal | 31/01/2023 | 05/07/2023 | 12 (3 x 4) | AIM - Reduce likelihood

FORWARD ACTIONS -
Commercial and Procurement support on options appraisal

ACTIONS TO DATE -
05/05/23
Non recurrent internal funding explored for year 1 of the contract (to be agreed by directorate), longer term funding to be addressed with WG or via National Sustainable Funding exercise by the end of May 2023
06/04/23
Further meeting with Finance to determine utilisation of capital to fund part of contract - Business Case into WG to secure costs longer term
20/02/23
Meeting with DCHW DoF at the start of March 2023 - Finance Case drafting prior to that meeting with the support of Head of Management Accounting - Action to go back to Exec Board and Management Board for March. | 12 (3x4) | 6 (2x3) | Executive Medical Director | Non-Mover | Audit & Assurance | Information, Access and Sharing | Mission 3 - Expanding the content |
| DHCW0320 | Information Governance | Citizen and stakeholder trust in uses of Health and Social Care data

IF
(i) DHCW does not articulate a costed plan to deliver citizen and stakeholder engagement and involvement around uses of Health and Social Care data, and
(ii) Resources are not available to deliver the plan…
THEN it is less likely that stakeholders and patients be assured that current and proposed uses of | 12/05/2023 | 05/07/2023 | 12 (4 x 3) | AIM: REDUCE Likelihood

FORWARD ACTIONS:
July 2023 - Paper for EMD and CEO being put together for consideration in August
Continue discussions with Welsh Government colleagues to define DHCW's role in the Communication and Engagement. Discussion to be held January 2023 - See Datix Risk 0263 for ref to meeting with WG CDO | 12 (4X3) | 4 (4X1) | Executive Medical Director | Non-Mover | Digital Governance and Safety | Information Storing and Maintaining | Mission 1 - Enabling digital transformation |

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		Health and Social data in Wales are trustworthy… RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy			12								
DHCW0263	Information Governance	DHCW Data Functions IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data, THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.	26/01/2021	05/07/2023	12 (4 x 3)	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Discussions to be held in January 2023. ACTIONS TO DATE: 04/07/2023 - DHCW facilitating discussions with WG senior Policy leads and WG lawyers Meeting with WG CDO, Deputy Director for Digital, Head of Policy, CEO of DHCW and Associate Director for IG on the 31st January - Discussion on legal basis for DHCW responsibilities for becoming recipient of Data from both General Practice and Community and Hospital Pharmacy - Legal basis for that provision needs agreement by those Data Controllers following advice from WG legal Team - Consultation with ICO also required under Section 36 of the GDPR - WG producing a Plan for engagement and Delivery over Q1 of 22/23 FY DHCW meeting WG on 31/1 to discuss how the Data Promise Programme is progressed, confirming roles, responsibilities and timeframes Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR: (i) DHCW's establishment functions and initial set of directions in the form of a letter has been published on the Welsh Government's website, to ensure that DHCW's	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety	Information Access and Sharing	Mission 4 - Drive better Value

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						remit is clear and transparent. (ii) Welsh Government have informed the Confidentiality Advisory Group (CAG) of DHCW's new statutory status and legal basis for processing data. CAG have confirmed that they are content that we would no longer be requesting section 251 support for the handling of data not related to research. (iii) Welsh Government are planning to issue a new direction for DHCW regarding the collection of prescription data, which will test the process for issuing new directions. (iv) a letter was sent from Ifan Evans to confirm DHCW's functions in response to a request for clarity from the Chair of the Digital Governance and Safety Committee and a deep dive provided at November 2021's meeting.							
DHCW0321	Information Governance	Sustainable funding for WASPI

IF a sustainable financial position cannot be found for funding to support the development and implementation of the WASPI Code of Conduct THEN key organisation stakeholders are unlikely to sign up to become code member organisations as DHCW would not be able to discharge Code responsibilities RESULTING IN a missed opportunity for enhancing data sharing standards across Wales and reducing missed opportunities with data sharing between agencies. | 15/05/2023 | 05/07/2023 | 12 (3 x 4) | AIM Reduce likelihood

FORWARD ACTIONS
Confirm funding application outcomes

ACTIONS TO DATE
July 2023
early indicators from the WG Public Consultation suggest extensive public service support - although finance still to be resolved
March/April/May 2023
Meetings with Finance to determine ability to apply for funding via the Digital Priorities Investment Fund
December 2022
Funding business case for a WASPI Code team taken to Executive Management Board | 12 (3X4) | 6 (2X3) | Executive Medical Director | Non-Mover | Digital Governance and Safety | Information Access and Sharing | Mission 4 - Expanding the content |
| DHCW0323 | Business & Organisational | Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services

IF additional funding is not allocated to DSPP/DHCW to support transition (including resource capacity to | 14/06/2023 | 14/06/2023 | 25 (5 x 5) | AIM: Reduce Likelihood

FORWARD ACTIONS:
Develop a transition plan and understand the resources needed to support the plan. Outline approach and plan for transition of development team proposed.

ACTIONS TO DATE:
Understand phase of transition has taken place between ADS lead and supplier. Transition approach and outline | 12 (3x4) | 4 (2x2) | Executive Director of Strategy | New risk | Digital Governance and Safety | Financial | Mission 1 - Provide a platform |

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		learn/upskill) nor to establish an operational application support model/team, THEN staff may need to be moved away from other services or the NHS Wales App switched off, Resulting in non-delivery of objectives and a delay in benefits being realised, as well as reputational damage.				plan proposed is viable, but unaffordable. Plan to be utilised to inform the resources requirements needed for transition.							
DHCW0269	Business & Organisational	Switching Service - Data Warehouse

IF the current automated switching service fails before new NDR platform is live THEN data will need to be manually acquired into the ISD Data Warehouse RESULTING IN an increased resource requirement to maintain updates to multiple reporting systems. The lack of ability to upgrade or to develop the Switching Service will also mean that ISD may be unable to meet any new demands for information. | 07/12/2020 | 23/06/2023 | 9 (3 x 3) | AIM:REDUCE Likelihood and REDUCE Impact

FORWARD ACTION:
Meeting scheduled to agree the NDR solution and agree reasonable timelines or structure

ACTION TO DATE:
23/06/2023 Awaiting meeting to propose roadmap for NDR scoring reduced
04/04/2023 Deep dive during the Risk Management Group in April Further internal discussions will be progressed to firm up a longer-term plan of mitigation offering where possible clear timelines or structure
1/01/2023 - Change Risk Handler to reflect ownership
24/01/2023 - Response to the Internal Audit review has identified the change in scope to this risk with IRAT team taking ownership. New risks will be raised for separate Matters Arising within the report.
23/12/2022 No update from NDR or IRAT teams
30/11/2022 Awaiting responses from NDR and IRAT teams around critical responses to recommendation.
31/10/2022 - The internal audit review of the Switching Service by NHS Wales Shared Services Partnership has presented initial findings, which are being reviewed in order to develop appropriate responses to the recommendations and the development of a specific management action plan | 9 (3x3) | 6 (3x2) | Executive Director of Strategy | Reduced | Digital Governance & Safety | Information Storing and Maintaining | Mission 4 - Driving Value and innovation |

DIGITAL HEALTH AND CARE WALES
INCIDENT REVIEW AND ORGANISATIONAL LEARNING REPORT
QUARTER 1 REPORT 2023-24

Agenda Item	3.3

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 August 2023

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

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

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

1   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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)	

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Report provides 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
	Report provides summary of all reportable incidents include any which meet out legal, regulatory, and statutory requirements. Should corrective and remedial action not be undertaken appropriately there could be a legal impact.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Report contains summary of any incidents where redress is required. Some incidents may result in financial penalties for the organisation.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IRLG	Incident Review & Learning Group	MHRA	Medicines and Healthcare products Regulatory Agency
CFF	Contributory Factor Framework		

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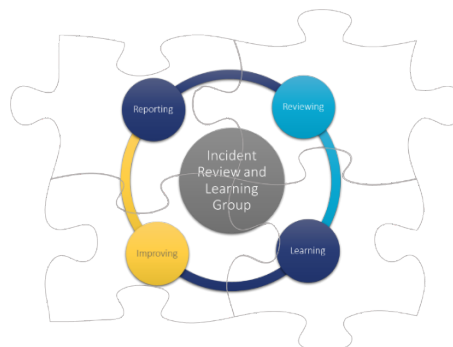
2.1   The purpose of the Incident Review and Learning Group (IRLG) is to have an organisational wide reporting group which covers all aspects of incident review and associated learning across the organisation, and to make and take forward recommendations for improvement.

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

- Reporting

- Reviewing

- Learning

- Improving

2.3   The report includes information on all Early Warning Notifications & National Reportable Incidents by

Digital Health and Care Wales (DHCW), any additional reviews undertaken, identification of lessons learned and recommendations made, feeding into improvements for the organisation to take forward.

2.4   The outcome of reviews will support the work of the Board in the Shared Learning approach. For governance purposes the IRLG reports to the Digital Governance and Safety Committee.

2.5   This report covers the period 1 April 2023 to 30 June 2023.

3   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1   Early Warning Notifications and National Reportable Incidents

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

- has the potential to affect a number of patients/ staff / communities etc.

- has a significant impact on service provision.

- may have an adverse impact in the media.

- might cause national or political embarrassment.

- following an inquest which has resulted in a Regulation 28 or public interest in a Public Services Ombudsman for Wales (PSOW) report OR

- a positive good news story.

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

Type	Timescale	Total Notifications	Q1	Q2	Q3	Q4
Business Continuity	As agreed	-	-			
Clinical / Patient Safety	7 days	1	1			
Cyber Security	3 days	-	-			
Health & Safety	10 days	-	-			
Information Governance	72 hours	-	-			

Information Services	As agreed	-	-			
MHRA Reportable Event	2 days	-	-			
	10 days	-	-			
	30 days	-	-			
Redress	As agreed,	-	-			
Technical	As agreed	-	-			
Welsh Language Standards	As agreed	-	-			
Other	As agreed	-	-			
Total		1	1			

Complaints. Concerns, & Feedback (no timescales)	Formal	1	1			
	Enquiries	5	5			
	Suggestions	1	1			

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

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

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

3.2 Reviews Undertaken this year

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

Review Type	Financial Year 2023/24			
	Q1	Q2	Q3	Q4
Business Continuity	-			
Clinical / Patient Safety	2			
Complaints	-			
Cyber Security	1			

Incident Review and Organisational Learning Report

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Approver: Rhidian Hurle

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Health & Safety	-			
Information Governance	-			
Information Services	-			
MHRA Reportable Event	-			
Technical	5			
Thematic Reviews	1			
Welsh Language Standards	-			
Other Reviews (i.e., Audits)	-			
Total	9			

Table 2: Reviews undertaken this year

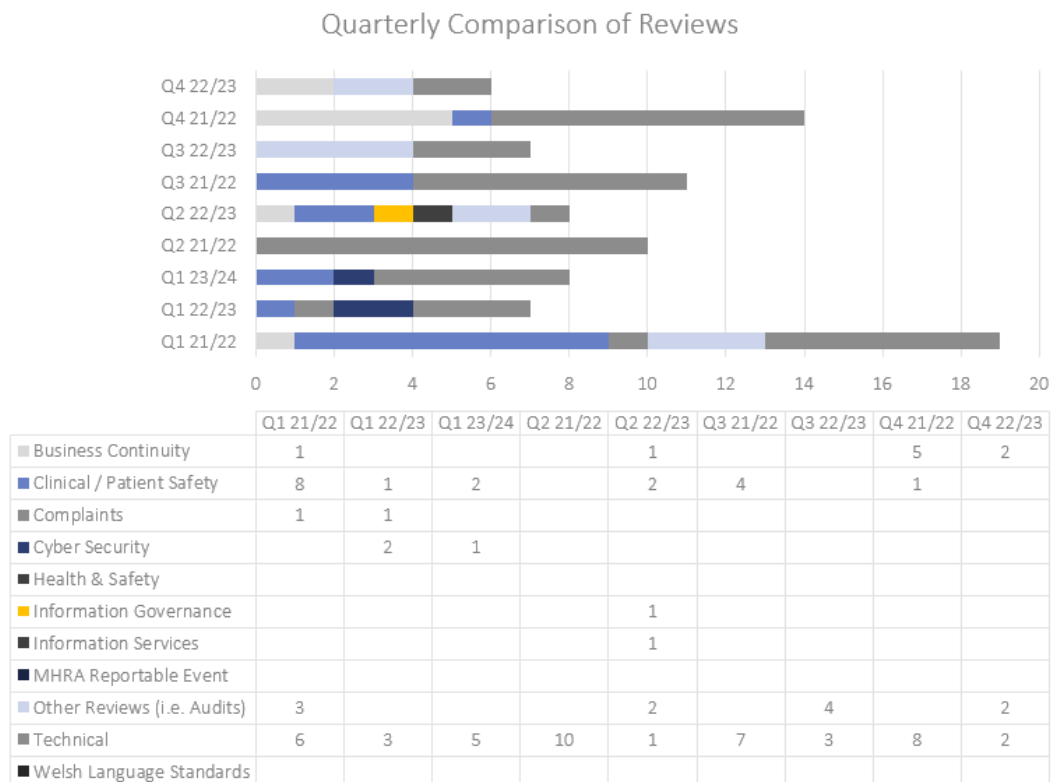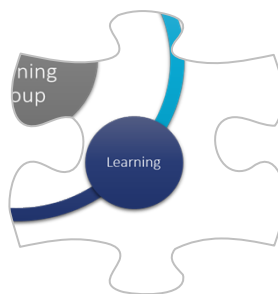The graph below provides the quarterly comparison for the number of reviews undertaken by financial year

	Q1 21/22	Q1 22/23	Q1 23/24	Q2 21/22	Q2 22/23	Q3 21/22	Q3 22/23	Q4 21/22	Q4 22/23
▪ Business Continuity	1				1			5	2
▪ Clinical / Patient Safety	8	1	2		2	4		1	
▪ Complaints	1	1							
▪ Cyber Security		2	1						
▪ Health & Safety									
▪ Information Governance					1				
▪ Information Services					1				
▪ MHRA Reportable Event									
▪ Other Reviews (i.e. Audits)	3				2		4		2
▪ Technical	6	3	5	10	1	7	3	8	2
▪ Welsh Language Standards									

Image 1: Quarterly Comparison of Reviews

Incident Review and Organisational Learning Report

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3.3   Contributory Factors

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

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

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

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

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

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

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

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Domain		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Active	FY 21/22	-	1	-	2	1	1	2	-	-	-	3	-	10
	FY 22/23	2	2	-	4	-	-	-	2	4	-	2	2	18
	FY 23/24	2	-	1										3
Situational Domain	FY 21/22	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 22/23	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 23/24	-	-	-										0
Departmental	FY 21/22	5	1	-	-	4	1	1	-	1	-	-	-	13
	FY 22/23	1	2	2	3	2	2	2	2	2	2	2	1	23
	FY 23/24	4	4	3										11
Organisational	FY 21/22	-	-	-	-	-	-	-	-	-	1	-	-	1
	FY 22/23	-	-	-	-	-	1	-	-	-	-	-	-	1
	FY 23/24	-	-	-										0
External	FY 21/22	-	1	1	-	1	-	-	1	-	-	-	-	4
	FY 22/23	-	-	2	1	4	5	1	1	1	1	1	1	18
	FY 23/24	5	2	3										10
Communication and Culture	FY 21/22	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 22/23	-	-	-	-	-	-	-	-	-	-	-	-	0
	FY 23/24	-	-	-										0
Grand Total	FY	5	3	1	2	6	2	3	1	1	1	3	0	28

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21/22													
FY 22/23	3	4	4	8	6	8	3	5	7	3	5	4	60
FY 23/24	11	6	7	0	0	0	0	0	0	0	0	0	24

Table 3: Contributory Factors Domains Analysis

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

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

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

The **External Domain** covers incidents where the contributory factor has been identified as with either a supplier (for example a software bug, or wide area network outage) or is within the local health board or stakeholder organisation (for instance local network issues or application of patching locally).
For factors within this domain improvements will also be sought through SLA and Engagement Meetings, the Service Management Board governance structure, and through supplier management with 3rd party suppliers.

3.4   Additional recommendations arising from review

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

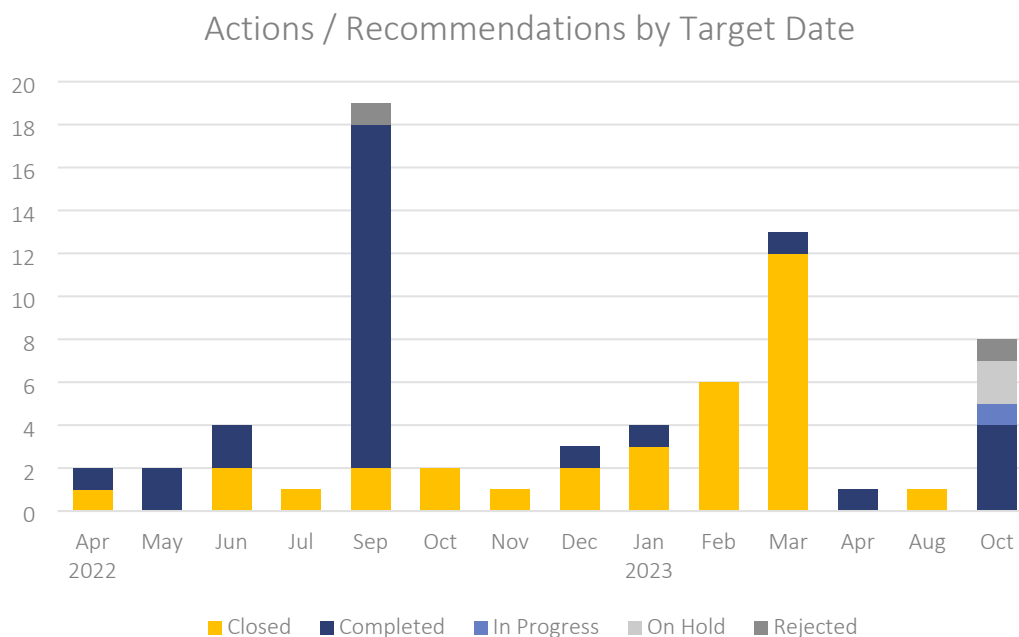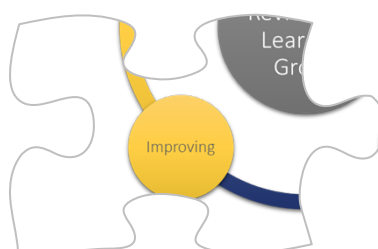The outcome from these recommendations' feeds into the identification of improvements

Actions / Recommendations by Target Date

Image 2: Actions / Recommendations by Target Date

3.5 Continual Improvements

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

Theme	Major IT Incident Management	Improvement Type(s)	Process, Documentation, Resourcing, Training
Commencement Date	28/04/2022	Current Status	In Progress
Description	A working group was established to review all aspects of DHCW's Major IT Incident Management process including the effectiveness of its incident response structure (Bronze, Silver, Gold), communications, process management, reporting and review, and stakeholder engagement. Outputs included the development of simplified workflows, clearer role profiles, improved reporting and escalation lines, communication templates as well as the development of training materials and periodic testing of aspects of the end-to-end process.		
Improvements Implemented FY 23/24	• Review of Management On-Call Overview Training Offering • Commenced development of on call competency training approach (see Improvement 5)		
Planned Improvements FY 23/24	• Continued Management On-Call Overview Training schedule • Rota resourcing to be reviewed • Role profiles for other areas of on call to be reviewed		

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	• Development and delivery of On Call Competency training programme as part of a wider Service Management improvement around training, competencies, and continual professional development.		

Improvement 1: Major IT Incident Management

Theme	Incident Review Toolsets – Contributory Factors Framework	Improvement Type(s)	Process, Review, Documentation, Tools
Commencement Date	13/12/2022	Current Status	In Progress
Description	• The Contributory Factors Framework was reviewed internally by DHCW Service Management, and a draft format adapted to fit a digital organisation in relation to technical and other reviews. • It is one of several tools and techniques that could be used as part of the incident review process • Implementation looked to improve the root cause analysis and lessons learned elements of the review process, as well as acting as a trigger for identifying further improvement recommendations.		
Improvements implemented FY 23/24	• Embedded Contributory Factors Framework into reporting systems • Analysis and learning linked to improvements and recommendations • Attendance of some staff at Masterclass on Post Incident Review to identify additional tools and approaches		
Planned Improvements FY 23/24	• Further refinement of the CFF following ongoing feedback • Deliver training, awareness, and promotion to incident reviewers • Further analysis and learning linked to improvements and recommendations • Identify other toolsets and approaches that can be used to improve review and learning processes		

Improvement 2: Incident Review

Theme	Change Management – Change Success Review	Improvement Type(s)	Process, Review
Commencement Date	13/12/2022	Current Status	In Progress
Description	• Following a number of repeat incidents linked to the implementation of Changes made, a review was undertaken to identify deviations from the Change Management Process • It was identified that Change Advisory Boards (CABS) were not necessarily reviewing Changes post implementation where the Change attracted related Incidents		
Improvements implemented FY 23/24	• Reports developed for inclusion in Integrated Organisational Performance Report (IOPR) around Change Success / Failure • Promotion and training on revised process for DHCW CAB Members		
Planned Improvements FY 23/24	• Identify route for sharing lessons learned • Monitor performance throughout the financial year		

Improvement 3: Change Management

Theme	Promotion of Lessons	Improvement Type(s)	Reputation, Promotion,

Incident Review and Organisational Learning Report

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	Learned (internally and externally)		Sharing Lessons Learned
Commencement Date	01/04/2023	**Current Status**	In Progress
Description	- This promotional improvement came about following a SWOT analysis exercise undertaken at the end of FY 22/23. - The findings identified that whilst reviews and learning were being presented to the group, and the outputs reported to the Digital Governance and Safety Committee, wider promotion, and communication of the outputs of the group could be improved both for DHCW staff and wider externally.		
Improvements implemented FY 23/24	- Engagement with the Communications Team on the options for promotion and communication of outputs from the group - Development of an action plan to deliver: - Promotion of the IRLG - Further development of the current SharePoint presence - Inclusion in the insider staff newsletter - Promotion of the lessons learned from reviews - TenTalks on specific incidents / programmes - Blogs - Q&As - Sessions at the Staff Conference		
Planned Activities FY 23/24	- For wider external promotion - 2 x IRLG members speaking at the itSMF conference on 13th and 14th November 23 - Other opportunities to be identified throughout the financial year		

Improvement 4: Promotion and Communication of Lessons Learned

Theme	Training on ITSM Processes	Improvement Type(s)	Training, Competencies, Staff Development, Process Management
Commencement Date	01/04/2023	**Current Status**	In Progress
Description	- Following review of contributory factors in the active domain, in relation to errors and deviations from working practices, feedback from staff, and the outcomes from audits relating to the Service Management standard (ISO 20000), which requires that: - The organization shall: - determine the necessary competence of persons doing work under its control that affects the performance and effectiveness of the SMS and the services. - ensure that these persons are competent on the basis of appropriate education, training or experience. - where applicable, take actions to acquire the necessary competence and evaluate the effectiveness of the actions taken. - retain appropriate documented information as evidence of competence. - This improvement is for the development of training material around the Service Management practices, and the capture of the delivery of that training to staff within their electronic staff record (on ESR)		

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	• This improvement will also support the professionalism agenda with the People and Organisational Development Strategy by using the SFIA 8 framework as a means to assess course content
	• Finally, the approaches taken in the improvement could also help to drive forward similar requirements from other Organisational Standards.
Improvements implemented FY 23/24	• Development of the Service Management Approach to Staff Development guidance document o This guidance document reflects the approach that the Service Management Department will follow to deliver Service Management related training to develop DHCW staff. o It covers what is in scope for training, delivery methods, how staff records will be managed, and how it relates to continual professional development. • Development of a course catalogue on ESR, and population of ESR records for staff training (where captured previously) from April 2021 • Training undertaken on the SFIA 8 Framework to allow for assessment of course content against the framework to support the professionalism agenda with the People and Organisational Development Strategy
Planned Improvements FY 23/24	• Further development and delivery of course content to DHCW Staff • Implementation of competency-based assessments against key roles • Monitoring of training progress through internal monthly reports

Improvement 5: Training of Service Management Processes

Theme	Embedding Lessons Learned and Continual Improvement	Improvement Type(s)	Process Management, Communication, Promotion, Development
Commencement Date	01/04/2023	Current Status	In Progress
Description	• As described in the IRLG Annual Report - Stage three for 23/24 is to embed a culture of learning and improvement within the organisation which will help to underpin the five strategic missions within the IMTP. • Moving forward, the development of a forward work plan which identifies the priorities for the group for 2023/24 has also been developed, and this will help to support stage three which is around embedding a culture of learning and improvement. This will include activities such as the promotion of the group both internally within DHCW and external through other forums and groups, wider communications of the lessons that have been learned and how as an organisation we can improve.		
Improvements implemented FY 23/24	• Developed the IRLG workplan for 2023/24 • Reviewed and extended membership to include Business Change		
Planned Improvements for FY 23/24	• Further collaboration with Quality Manager to embed Duty of Quality reporting mechanisms and approaches to improvement into the IRLG agenda • Development of toolsets and training to support continual quality improvement techniques • Promotion approach through Improvement 4		

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

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Approver: Rhidian Hurle

Forward Work Plan

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

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

Image 3: IRLG Forward Work Plan 2023/24

4   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1   There are no matters or risks for escalation.

5   RECOMMENDATION

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

6   APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Incident Review & Learning Group	04/07/2023	Approved
Management Board	13/07/2023	Noted

DIGITAL HEALTH AND CARE WALES
INFORMATION GOVERNANCE ASSURANCE REPORT

Agenda Item	3.4i

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 August 2023

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

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

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

1   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

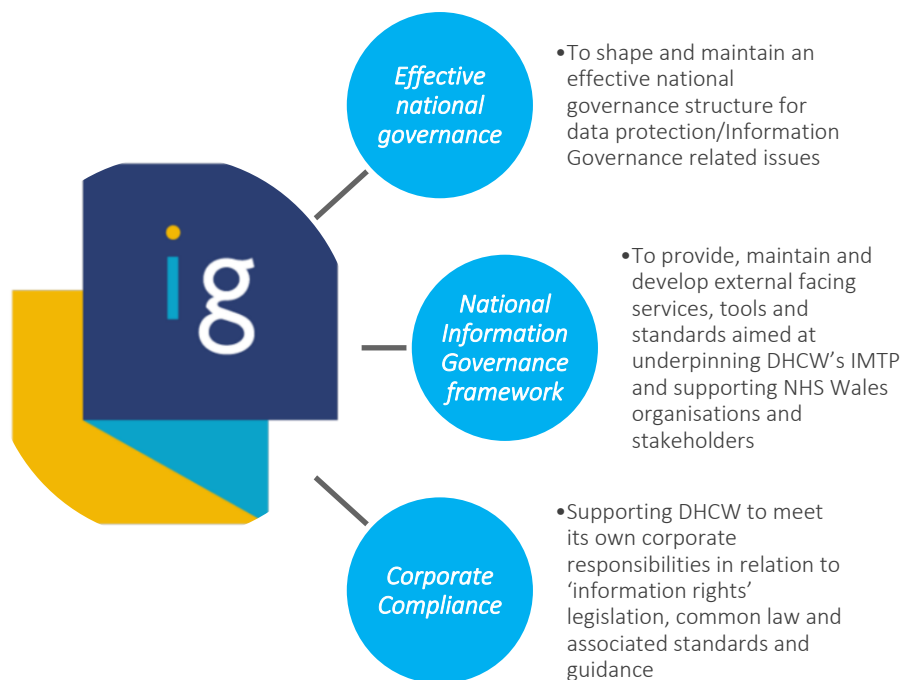| EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

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

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

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

2 SITUATION/BACKGROUND

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

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

2.3 This report outlines key assurance activities to the Committee for the reporting period of **18th April 2023 to 7th July 2023.** Relevant updates from this reporting period are provided based around the core responsibilities of the Information Governance team, as set out in the DHCW IG three-year IG strategy:

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Effective national governance

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

National Information Governance framework

•To provide, maintain and develop external facing services, tools and standards aimed at underpinning DHCW's IMTP and supporting NHS Wales organisations and stakeholders

Corporate Compliance

•Supporting DHCW to meet its own corporate responsibilities in relation to 'information rights' legislation, common law and associated standards and guidance

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Effective National Governance

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

Relevant updates for this Committee period:

3.1.1 The Health and Social Care Committee and the Public Accounts and Public Administration Committee worked together to scrutinise Digital Health and Care Wales, which included evidence gathering from stakeholders. The published report includes reference to Audit Wales' Baseline Governance Review, which highlighted a number of considerations. The following consideration was noted regarding DHCW's Information Governance arrangements:

> *"DHCW's system leadership role, especially in information governance and cyber security. Audit Wales notes the need for clarity on leadership and accountability in these areas with DHCW's partners"*
>
> Health and Social Care Committee and Public Accounts and Public Administration Committee – Scrutiny of Digital Health and Care Wales [1]

As referenced at the last Committee, DHCW and its preceding organisations have gathered up various assurance aspects of the Information Governance over a number of years. These elements have formed the Information Governance framework with DHCW taking on

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[1] https://business.senedd.wales/mgIssueHistoryHome.aspx?IId=39795

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responsibility and accountability for these elements without the formal responsibility for these component parts. DHCW IG team continue to engage with Welsh Government colleagues to be recognised for the responsibility, management and continued improvement of the Information Governance framework. Whilst this is not defined within a policy, an Information Governance Strategy for DHCW is being developed (as per 3.1.2 as below) and as corporate risk (as previously presented to committee) has been established (DHCW0263 – Data Functions).

3.1.2   Work continues on a new Information Governance Strategy, including agreeing a vision and mission statement for the Information Governance team and identifying key strategic goals across IG products and services aligned with the component parts of the Information Governance framework - a Framework for Sharing (the Wales Accord on the Sharing of Personal Information), Framework for Assurance (Welsh Information Governance Toolkit), Framework for Advice (Data Protection Officer Support Service), Framework for Access (National Intelligent Integrated Audit Solution) and Framework for Training (Information Governance training):

3.1.3   British Standard 10008 (Evidential Weight and Legal Admissibility of Electronic Information) outlines best practice for the implementation and operation of electronic information management systems, including the storage and transfer of information. Compliance with the standards provides DHCW's customers with assurances that the information contained within DHCW's national data repositories is reliable, authentic and with governance arrangements following best practice in place. The Information Governance team are responsible for the maintenance and continued organisational compliance against this standard, which is

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achieved through internal and external audits. In May 2023, an external audit was successfully undertaken to cover new changes to the 2020 specification of the standard.

3.1.4 The Data Protection and Digital Information (No. 2) Bill[2] introduced to parliament, indicates changes to data protection legislation. There is potential for some of these proposed changes to impact the Information Governance team, the advice they provide, and the services and tools currently provided. From the proposed changes, this does not seem to have a significant impact, but it is being monitored for any impacts and changes as the Bill progresses through parliament.

3.2 National Information Governance Framework

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

Relevant updates for this Committee period:

3.2.1 <u>Data Protection Impact Assessments worked on during the reporting period:</u>

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

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

Within the reporting period:

20 DPIAs worked on → 8 new DPIAs started → 4 DPIAs signed off

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DPIAs worked on within reporting period			
Project	Internal/External	Current Position	Last Update
Welsh Clinical Portal - Radiology Request	External	With the project	06/07/2023
Welsh Referral Activity & Patient Pathway Enterprise Repository (WRAPPER)	External	With the project	28/06/2023
Eyecare Digitalisation NHS Wales - OpenEyes	External	With the project	28/06/2023
Welsh Pharmacy and Medicines Management System	External	Post sign off activities	21/06/2023
Clinical Data Engine (CDE) openEHR (formally Welsh Clinical Data Repository openEHR)	External	With IG Team	28/06/2023
Welsh Intensive Care Information System (WICIS)	External	With the project	15/06/2023
Welsh Clinical Portal Patient Warnings	External	Post sign off activities	29/06/2023
Radiology Informatics System (RISP)	External	With IG Team	14/06/2023
IM1 for EMIS (MHOL Replacement)	External	Signed off	18/05/2023
Welsh Subject Access Requests system (Welsh Results Reports Service & Welsh Care Records Service)	External	With the project	31/05/2023
Welsh Immunisation System & CYPrIS Application Separation	External	Signed off	21/04/2023
GP Portal Reverse Stapling into WCP	External	Signed off	01/06/2023
Shared Medicines Record	External	With the project	17/05/2023
NHS Wales Digital Systems Usability survey	External	With the project	15/05/2023
Cardiology Electronic Test Requesting	External	With the project	06/07/2023
Data Platform – NHS App	External	With the project	27/04/2023
DHCW - Digital Inclusion National Survey	External	Signed off	06/06/2023
Contact Centre Solution and Telephony procurement	Internal	With IG Team	20/06/2023
Digital Services for Patients and the Public Analytics Dashboard	External	With the project	27/06/2023
Healthy Days at Home National Dashboard	External	With the project	22/06/2023

3.2.2 Number of calls into DHCW Information Governance ActionPoint System

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

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

Committee Members are provided with a graph displaying the total number of IG calls received via ActionPoint in the reporting period and how many of these calls related to the Data Protection Officer (DPO) Service, which provides advice and assistance on IG matters for GMPs:
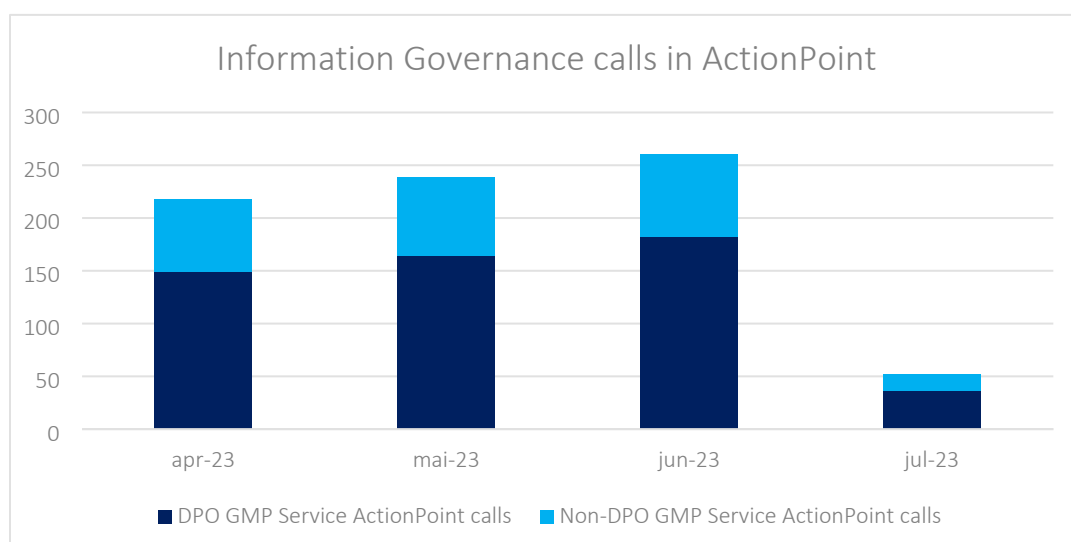
Data as of 7ᵗʰ July 2023

3.3 Corporate Compliance

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

Relevant updates for this Committee period:

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3.3.1   IG Incidents and Complaints:

All IG incidents are reported using the DHCW Datix system and are risk assessed using the DHCW Standard Operating Procedure - *SOP-IG-004 Personal Data Breach Reporting and Management* and reported to Welsh Government (WG) and the Information Commissioner's Office (ICO) when required. The below table provides an outline of any IG incidents within the reporting period:
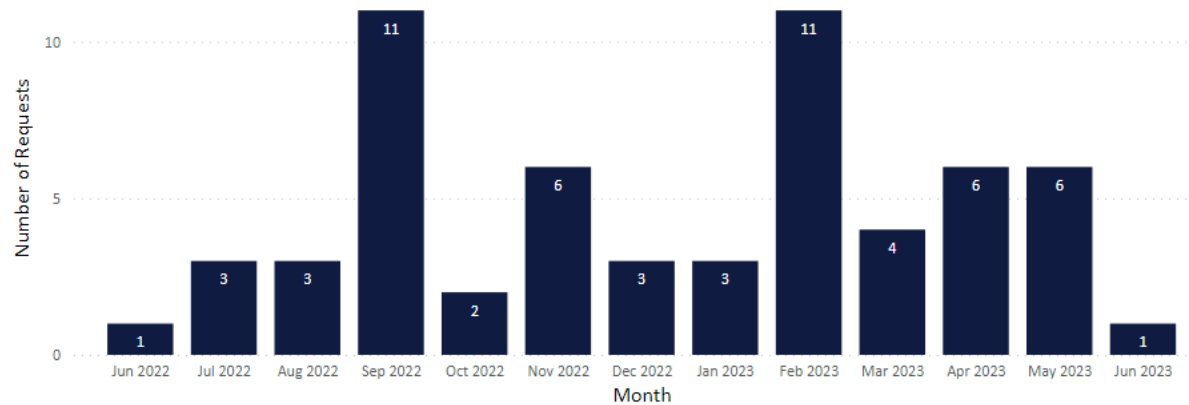
TYPE*	SUB-TYPE*	NUMBER OF INCIDENTS LOGGED	REPORTED TO ICO / WG	COMPLAINTS RECEIVED FROM ICO
Data Protection and Confidentiality	Inappropriate access	0	0	0
	Inappropriately divulged	0	0	0
	Information lost	0	0	0
	Sent to the wrong recipient	0	0	0
	Information stolen	0	0	0
Access to Information	Request not responded to within statutory timescales	0	0	0
	Request not processed	0	0	0
	Requestor complaint	0	0	0
TOTAL		0	0	0

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

3.3.2   Information Governance Access to Information

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

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Requests Received

12 Freedom of Information Act (FOIA) requests were received by DHCW between 18 April and 7th July 2023.

Response
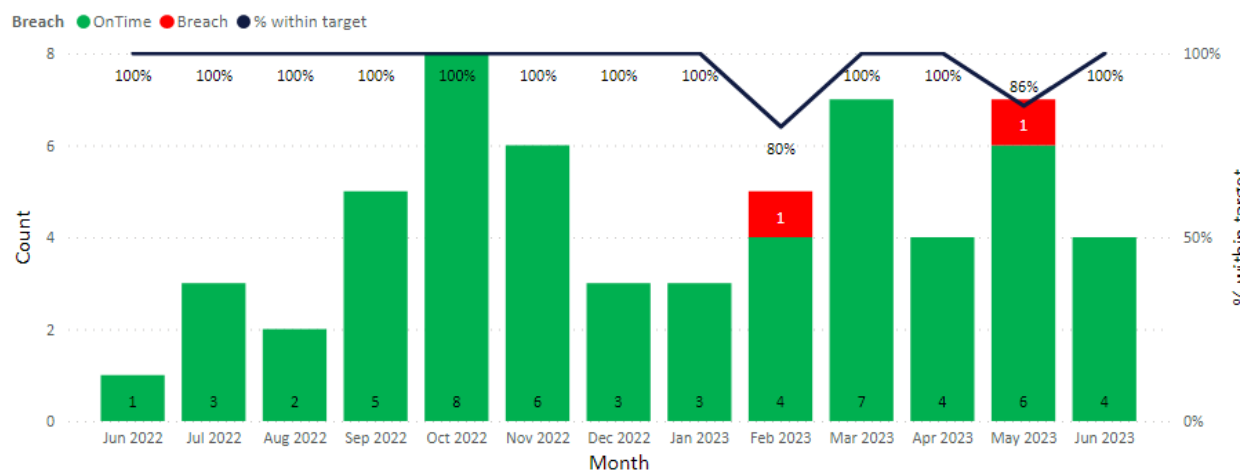
One FOI was answered outside of the statutory timescales between 18 April and 7th July 2023.

FOIA requests received within the reporting period by rating*			
	Minor	Amber	Major
April 2023	3	3	0
May 2023	6	0	0
June 2023	1	0	0
July 2023 (as of 07/07/23)	0	1	0

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

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

DHCW also received 3 Subject Access Requests within this period, which were answered within the statutory timescales.

4   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5   RECOMMENDATION

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

6   APPROVAL / SCRUTINY ROUTE

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

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Approver: Rhidian Hurle
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DIGITAL HEALTH AND CARE WALES
WELSH INFORMATION GOVERNANCE TOOLKIT
SUBMISSION 2022/23

Agenda Item	3.4i.a

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 August 2023

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

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

Purpose of the Report	For Assurance
Recommendation	
The Digital Governance and Safety Committee is being asked to: REVIEW the Information Governance team's submission of the IG Toolkit for 2022/23 and NOTE the management actions identified for ASSURANCE.	

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

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

1   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

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

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

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

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

Workforce EQIA page

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 implication related to the activity outlined in this report
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 is no specific research and innovation implications relating to the activity outlined within this report

Acronyms			
IG	Information Governance	DHCW	Digital Health and Care Wales
FOI	Freedom of Information Act 2000	EIR	Environmental Information Regulations

2   SITUATION/BACKGROUND

2.1   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).

2.2   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.

2.3   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.
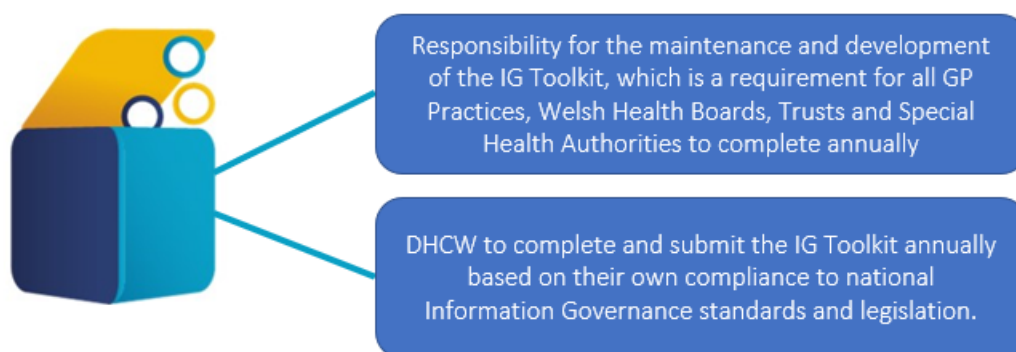
2.4   This paper focuses on DHCW's 2022/23 completion of the IG Toolkit.

3   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1   The deadline for submission of the 2022/23 IG Toolkit was 31st June 2023.

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

3.3   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 slightly from the previous iteration for the new platform.

3.4   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.

3.5   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   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1   The scoring of DHCW's IG Toolkit are as follows:

DHCW IG Toolkit Scoring 2022/23

Welsh IG Toolkit sections

- ■ Minimum Expectation
- ■ Expectation Exceeded
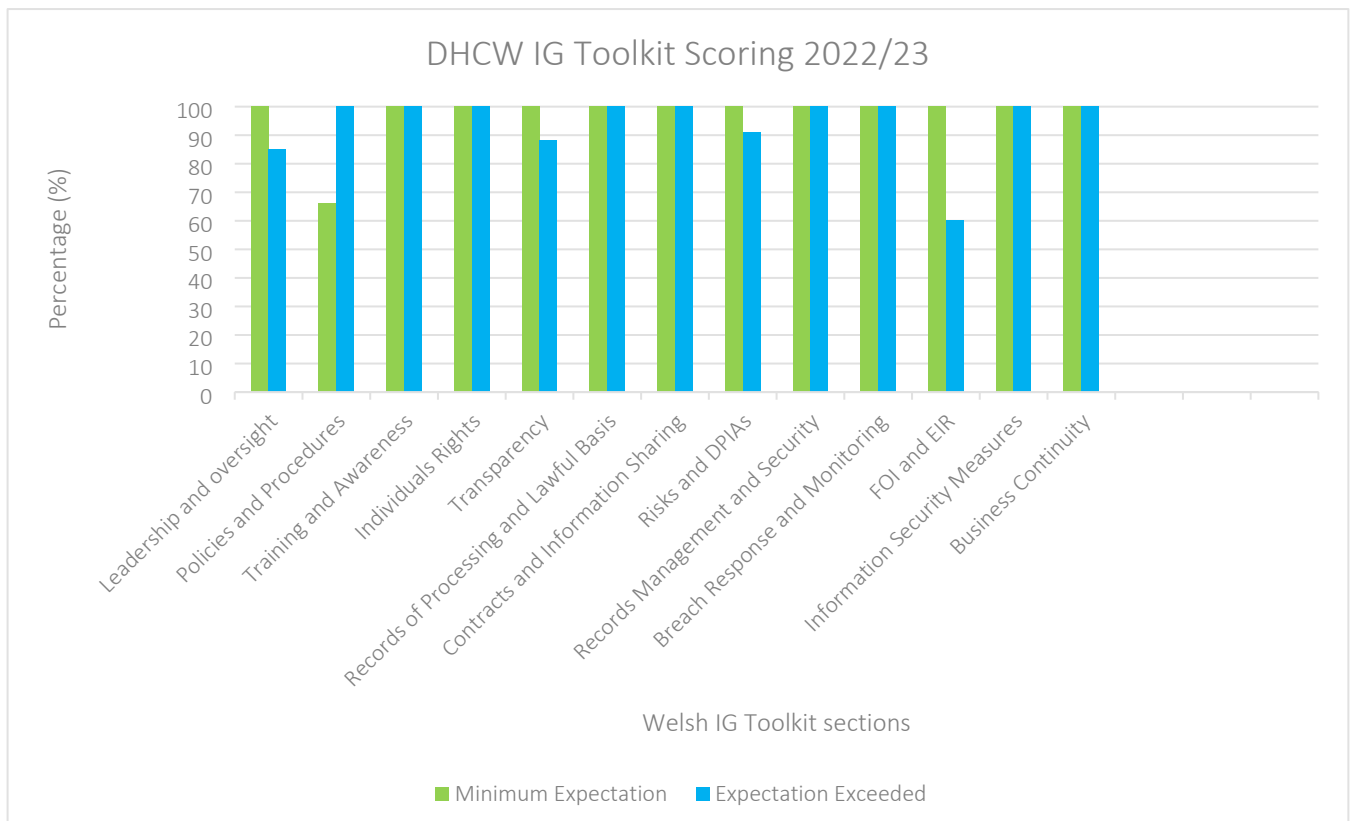
4.2   The IG Toolkit is intended to be completed incrementally (i.e. Expectation Exceeded questions should only be completed where all Minimum Expectation questions have been answered). Whilst DHCW did not complete all the Minimum Expectation questions in the "Policies and Procedures" section, DHCW can meet all Expectation Exceeded questions.

4.3   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.

4.4   Whilst IG Toolkit scoring can only be used as an indication of an organisations compliance, we have provided previous years scoring of the IG Toolkit below. Please note, the new technical platform changed the way in which the IG Toolkit was measured. Previous IG Toolkit submissions measured how organisations met different "levels" for each section, this was replaced by the Minimum Expectation/ Expectation Exceeded model as explained above. Therefore, it is difficult to compare this year's scoring against previous submissions. 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.

		Level 1	Level 2	Level 3	Overall	
2020/21	Compliance Percentage	95%	100%	86%	94%	
2021/22	Compliance Percentage	100%	98%	96%	98%	

4.5 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 (2023/24).

4.6 The DHCW Information Governance team have developed a DHCW IG Toolkit action plan for 2023/24 setting out these identified actions.

4.7 The key Information Governance actions DHCW IG are working on from this action plan are set out in Appendix A. Updates on these key actions will be provided to Committee as part of the Information Governance Assurance Report.

5 RECOMMENDATION

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

REVIEW the Information Governance team's submission of the IG Toolkit for 2022/23 and NOTE the management actions identified for ASSURANCE.

6 APPROVAL / SCRUTINY ROUTE

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

Identified Action	Desired Position	IG Toolkit section	Priority level
Consider promotion of IG activities and awareness within DHCW, particularly in light of the new IG Strategy, taking into account resource implications of the IG team.	A documented approach to IG awareness and education, defining how the Information Governance team makes DHCW staff aware of their roles and responsibilities to Information Governance.	Leadership and Oversight	Low
Escalate issues with All Wales Policies being out of review. Consider what DHCW IG can do to progress the All Wales Strategy situation.	Up-to-date policies in place covering IG, security and email.	Policies and Procedures	Medium
Review planned position for SOP-IG-005 Information Governance Contract Review Guidance & SOP-IG-010 Ensuring Information Governance Compliance whilst procuring goods and services.	Have an agreed revised working process in place for suppliers to meet IG requirements.	Contracts and Information Sharing	Low
Revisit process of how Data Protection Impact Assessment (DPIA) risks are recorded and managed.	Improved understanding and ownership of risks raised in DPIAs.	Risks and DPIAs	Low
Further development of DHCW's Publication Scheme.	Agreed position on how DHCW meets the publication scheme requirement.	FOI and EIR	Medium
Audit of DHCW's corporate compliance	Be in a position to confidentially state that our IG activity and compliance is appropriately audited.	Breach Response & Monitoring	Low

DIGITAL HEALTH AND CARE WALES
INFORMATICS ASSURANCE REPORT

Agenda Item	3.4ii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 August 2023

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

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

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

1   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	N/A

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

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

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

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

Workforce EQIA page

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

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

Acronyms			
WIAG	Wales Informatics Assurance Group	AQP	Assurance Quality Plan
SCRR	Safety Case and Readiness Report	DHCW	Digital Health & Care Wales
RFC	Request for Change	NHS	National Health Service
GPTR	GP Test Requesting	WRRS	Welsh Results Reports Service
API	Application Programme Interface	WCP	Welsh Clinical Portal
GCP	Google Cloud Platform	BCUHB	Betsi Cadwaladr University Health Board
WRTS	Welsh Reference Data and Terminology Service	ETR	Electronic Record
NDR	National Data Resource	NHSBSA	NHS Business Services Authority
EPS	Electronic Prescription Service	NHSE	NHS England
CDR	Clinical Data Repository	WICIS	Welsh Intensive Care Information System
WISDM	Welsh Information Solution for Diabetes Management	DCN	Diabetes Consultation Note
EMS	Endoscopy Management System (MEDILOGIK Ltd Application)	NIIAS	National Intelligent Integrated Audit Solution
MyMR	My Medical Record	PLwPC	People Living with Prostate Cancer

2   SITUATION/BACKGROUND

2.1   Wales Informatics Assurance Process

The Wales Informatics Assurance Process will provide the Digital Governance & Safety Committee assurance that where appropriate, services developed or procured by Digital Health and Care Wales have been proportionally assured. That where interfaces to the national architecture have been developed, they have been appropriately assured and that cloud hosted services have been risk assessed.

The Wales Informatics Assurance Process has been in place since 2015 and is reviewed bi-annually (SOP-WIA-001) by Quality Manager (Regulatory Compliance) with the next scheduled review due in October 2023. The process involves a two-stage check point: Assurance Quality Plan and Safety Case & Readiness Report.
Wales Informatics Assurance Group (WIAG) may assure minor changes via a Request for Change submission (for definitions of document types see Appendix A). There are 20 work streams associated with the process. Details

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of the workstreams are included in Appendix B.

3   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1   Overview of Activity

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

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

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

Activity	AQP	SC&RR	WIAG review sign off	Director sign off
Welsh Subject Access Request			22/05/2023	In Progress
BCU MEDILOGIK Cloud WRRS Feed			05/06/2023	Approved
Cardiology ETR phase 1 – Launch to print			05/06/2023	In Progress
Primary Care Radiology ETR (Electronic Test Requesting)			05/06/2023	In Progress
API Management			05/06/2023	In Progress
Reference Data			19/06/2023	In Progress
Data Platform			19/06/2023	In Progress

Assurance Quality Plans within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Outcome of WIAG
Reference Data	24/04/2023	AQP-WIA-93	Approved
Primary Care Electronic Prescription Service	22/05/2023	AQP-WIA-73	Awaiting EQIA statement
WICIS	22/05/2023	AQP-WIA-95	Awaiting ADS statement
Primary Care Radiology ETR	22/05/2023	AQP-WIA-94	Approved
NHS Wales App Major Release	31/05/2023	AQP-WIA-98	Approved
GitHub GIG Cymru	05/06/2023	AQP-WIA-96	Awaiting statements
Welsh Information Solution for Diabetes Management (WISDM)	05/06/2023	AQP-WIA-97	Approved

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			Awaiting ADS and
NIIAS	19/06/2023	AQP-WIA-100	Cyber statements
			Awaiting four assurance
My Medical Record	19/06/2023	AQP-WIA-99	statements

▪ **Reference Data**

This is an additional scoped requirement to the original Data Platform AQP, this will include the streaming of Reference Data from the WRTS to the GCP Platform where they will be converted into FHIR and pushed into the Clinical Data Repository (CDR). This will allow the project to ensure that all elements of the platform function correctly whilst providing the first of two requirements into the CDR to ensure it's ready to handle clinical data.

▪ **Primary Care Electronic Prescription Service**

NHS Wales will adopt the EPS that is provisioned by NHS England (NHSE), previously NHS Digital, which is currently used by GP practices, community pharmacies, dispensing appliance contractors and patients across England. The initial focus of the programme will be to deploy EPS to GP practices, dispensing doctors, and community pharmacies/dispensing appliance contractors in Wales. Planning, readiness, assurance, business change and implementation activities will be informed by the lessons learned from the deployment in England and supported via knowledge transfer and service support from NHSE and the NHS Business Services Authority (NHSBSA).

▪ **WICIS**

The Welsh Intensive Care Information System will be centralised to manage all adult critical care units at a national level providing a standardised approach to critical care with appropriate local configuration to support individual workflows. It will deliver state-of-the-art Critical Care ensuring effective and timely treatment for Wales' critically ill patients across Wales.

▪ **Primary Care Radiology ETR**

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

▪ **NHS Wales App Major Release**

Major Release R2.0.0 is intended to deliver technical improvements so that the functionality and usability of the app will improve the overall performance of the app for users. This Major release will also launch new features into the app for the public to use and support further onboarding of GP practices.

▪ **GitHub GIG Cymru**

Our GitHub service is designed to enable cross-organisational collaboration and facilitate projects with active members from multiple entities. Our platform offers advanced features, such as artificial intelligence-assisted programming (via GitHub Co-Pilot) and virtual machines (GitHub CodeSpaces), that can enhance project efficiency and output quality.

▪ **WISDM**

The Paediatric release of the Diabetes Consultation Note (DCN) has been developed to enhance the existing functionality of the DCN to enable diabetes paediatric clinicians to record, view and share information for child and adolescent diabetes patients. This means the patient's diabetic record from

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birth to death is contained within one single digital platform.

- **NIIAS**
  NIIAS is the national auditing platform embedded in all NHS Wales Health boards and Trusts. It digitally monitors accesses made to national and local clinical solutions containing patient information, highlighting suspicious activity for further investigation. Organisations receive daily reports of clinical user activity as well as having a record of all accesses made to all integrated systems since its inception.

- **My Medical Record**
  MY Medical Record (MyMR) is a bilingual platform being introduced into the Urology teams across Wales to facilitate supported self-management of People Living with Prostate Cancer (PLwPC).

Safety Case and Readiness Reports within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
Welsh Subject Access Request	22/05/2023	SCRR-WIA-79	Pending	Awaiting three assurance statements
BCU MEDILOGIK Cloud WRRS Feed	05/06/2023	SCRR-WIA-80	Approved	None
Cardiology ETR phase 1 – Launch to print	05/06/2023	SCRR-WIA-83	Pending	Awaiting PM to respond to two assurance lead queries
Primary Care Radiology ETR (Electronic Test Requesting)	05/06/2023	SCRR-WIA-82	Pending	Awaiting PM to respond to one query
API Management	05/06/2023	SCRR-WIA-81	Pending	Awaiting clarification on queries from PM
Reference Data	19/06/2023	SCRR-WIA-85	Pending	Awaiting three assurance statements
Data Platform	19/06/2023	SCRR-WIA-84	Pending	Awaiting three assurance statements

- **Welsh Subject Access Request**
  The scope of this plan is to create SIT, UAT and Production instances of the application, the standard DHCW testing strategy will be applied. Access to the application will be managed via the Active Directory and limited to NHS Wales approved staff. The application will only be available within the NHS Wales domain.

- **BCU MEDILOGIK Cloud WRRS Feed**
  The Betsi Cadwaladr UHB MEDILOGIK EMS (cloud) system results report feed to WRRS, is intended to be used by: o Consultants and health care practitioners. o Health board Endoscopy and Respiratory, secondary care departments. o Endoscopy patient administration (patient scheduling) workforce.

- **Cardiology ETR phase 1 – Launch to print**

    As defined in the requirements from the All-Wales Acceleration Cardiac Informatics project, the objective of phase 1 of the Cardiology ETR project is for a cardiology clinician to request cardiology tests for a patient electronically in an efficient, safe, and secure manner using the Welsh Clinical Portal (WCP).

- **Primary Care Radiology ETR (Electronic Test Requesting)**

    The proposal is to deliver changes to the GP Portal to allow GPs to reverse staple into Welsh Clinical Portal (WCP) to create a radiology request form, in addition to launching GPTR. Reverse stapling will provide a safe and secure way to digitally transition into WCP maintaining patient context and creating a Radiology request across Primary Care.

- **API Management**

    API Management project supports the National Data Resource objective of opening the Architecture. It is a component of the cloud-based strategy the NDR is adopting to meet its strategic and operational goals.

- **Reference Data**

    This is an additional scoped requirement to the original Data Platform AQP, this will include the streaming of Reference Data from the WRTS to the GCP Platform where they will be converted into FHIR and pushed into the Clinical Data Repository (CDR). This will allow the project to ensure that all elements of the platform function correctly whilst providing the first of two requirements into the CDR to ensure it's ready to handle clinical data.

- **Data Platform**

    The scope of this project is to setup the data platform in the Google Cloud Platform and connect it to the NHS Wales Network. In this project there will be no "live" data placed on the platform from NHS Wales and no use cases will be progressed – data acquisition and use cases will be progressed under parallel projects. Synthetic data may be used to test the initial build.

3.2 Managing Workload and Capacity

The capacity within WIAG meetings is proactively managed. Emails are sent to the Project Managers every 6 weeks providing details of the future meeting dates, and it is advised that any requests to attend these meetings are sent in advance within the timescales provided.

3.3 Upcoming WIAG Papers

Date	Project Title	Document Type
July 2023	EMIS IM 1	SCRR
July 2023	DSPP EMIS deployment	SCRR
July 2023	CAV VYAIRE WRRS Feed	AQP
July 2023	National Subscription Service	AQP

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4   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1   Engagement has begun with colleagues from Microsoft Centre of Excellence to initiate a work package to modernise the WIAG process using the Power Platform. Updates on this work will be provided in future reports to this committee.

5   RECOMMENDATION

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

6   APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Rhidian Hurle	05/07/2023	Approved

7   APPENDICES

Appendix A
Assurance Quality Plan (AQP)

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

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

Safety Case & Readiness Report (SCRR)

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

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limitations, and includes recommendations regarding informatics service deployment. This report is developed by the project manager / release manager.

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

Request for Change (RFC)

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

Appendix B
Assurance Areas within the Wales Informatics Assurance Process

APPLICATION DEVELOPMENT SUPPORT

ARCHITECTURE DESIGN & DELIVERY ASSURANCE

FINANCIAL AND BUSINESS ASSURANCE

CLINICAL/ USER REQUIREMENTS

EQUALITY IMPACT ASSESSMENT

EVALUATION

IMPLEMENTATION PLAN

INFORMATION GOVERNANCE

INFORMATION SERVICE

INFORMATION STANDARDS

INFRASTRUCTURE REQUIREMENTS

MEDICAL DEVICE APPLICABILITY

PATIENT SAFETY

PRIMARY CARE SERVICE SUPPORT

SECURITY

SERVICE MANAGEMENT & SUPPORT

SERVICE DESK

TESTING

VALIDATION & VERIFICATION

WELSH LANGUAGE

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DIGITAL HEALTH AND CARE WALES
INFORMATION SERVICES ASSURANCE REPORT

Agenda Item	3.4iii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 August 2023

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

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

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

# 1	IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Driving value from data for better outcomes

CORPORATE RISK (ref if appropriate)	

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The formalization of internal assurance processes for information will have a positive impact on the organisation. The DEA accreditation ensures safe and secure management of information which will have a positive impact.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC	No, there are no specific socio-economic implications related to

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IMPLICATION/IMPACT	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.

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		

2   SITUATION/BACKGROUND

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

3   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1   One of the key milestones in this year's IMTP is the development of the Information and Analytics strategy for DHCW. Work is progressing on the draft document and a series of engagement sessions with key stakeholders are taking place to inform the development of the strategy.

3.2   Since the beginning of May 2023, the ISD Assurance Group (ISDAG) have reviewed 11 Assurance Quality Plans (AQP's), and nine Safety Case and Readiness Reports (SCRR's) to consider the impact on Information Services. Six projects have attended the ISDAG to present to the group, prompting timely engagement with ISD teams. The Standard Operating System (SOP) for the ISD Assurance Group has now been approved by the group.

3.3   The previous corporate risk regarding the NHS Wales Data Switching Service risk is now owned by the Executive Director of Digital Strategy and covers the longer-term plan to replace the

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functionality of the Switching Service within the NDR. The solution and timeframe are currently being worked through.

3.4 As previously reported to the Committee, DHCW have gained accreditation under the Digital Economy Act in respect of the Trusted Third-Party service provided to the SAIL Programme within Swansea University and submitted evidence as part of the first annual review. Additional evidence was requested in respect of the specific controls selected by ONS on behalf of the UK Stats Authority and a meeting was held to review the capability submission in June, where it was reiterated that the review process is to note progress towards a more mature state and the accreditation itself will remain in place for the full five-year period. Further detail is currently being collated for submission and the feedback from the Research Accreditation Panel is expected in September.

3.5 The revised draft Power BI governance and assurance framework in respect of the external publication of dashboards within DHCW is due to be reviewed by Directors on 19th July. This framework is being established to provide assurance across DHCW and the corporate risk DHCW0310 to ensure that data is only shared where there is a legitimate reason to do so, and that no personal or sensitive data is shared inadvertently through the publication of dashboards. The risk (DHCW0310) will continue to be reviewed and managed accordingly following approval and implementation of the framework.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The current position in relation to the single NHS Wales Data Switching Service risk (DHCW0269) is outlined in 3.3 above.

4.2 Risk (DHCW0310) is marked as private on the DHCW risk register and is being mitigated by the development of the Power BI governance and assurance framework outlined in 3.5 above.

5 RECOMMENDATION

5.1 The Digital Governance & Safety Committee is being asked to **NOTE** the current position in relation to the ongoing work to enhance the **ASSURANCE** around the management and reporting of data.

6 APPROVAL / SCRUTINY ROUTE

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

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DIGITAL HEALTH AND CARE WALES
RESEARCH AND INNOVATION STRATEGY
ASSURANCE REPORT

Agenda Item	3.4iv

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 August 2023

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

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

Purpose of the Report	For Noting
Recommendation	
Digital Governance and Safety Committee is asked to: NOTE further progress in taking forward the DHCW Research and Innovation Strategy for ASSURANCE.	

1   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

IMPACT ASSESSMENT		
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below	
	A key strategic objective is to improve the quality and impact of our research and innovation activities and to positively embed evidence-based practices across all of DHCW's business activities.	
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.	
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below	
	Committing to an R&I approach will require investment (core roles to be consumed within CD budget) and an understanding of funding opportunities and appropriate charging models for ongoing activities.	
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below	

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
R&I	Research and Innovation	MoU	Memorandum of Understanding
IMTP	Integrated Medium Term Plan	DG&SC	Digital Governance and Safety Committee

2   SITUATION/BACKGROUND

2.1   Following the launch of the Research and Innovation (R&I) Strategy for DHCW in October 2022, a Head of R&I was appointed in January 2023 to lead on the implementation of an R&I function and support delivery of the R&I Strategy.

2.2   Three immediate prerequisite actions were flagged and agreed:

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

2.2.2   Governance: Ensuring a more structured approach to R&I governance and assurance. Whilst NWIS/DHCW have a long history of supporting and taking forward successful R&I programmes with partners, putting such work on a more secure and business-like footing with assured processes for prioritisation of work, management of projects, funding agreements and clarification of intended outcomes was seen as essential.

2.2.3   Engagement: Improved engagement, marketing and communication of recent and planned R&I activities and projects, for example, the production of an Annual Report for R&I, summarising

achievements from the last year and planned future work.

2.3 This report provides an update on the status of this work and related R&I activities.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Resourcing: An interim costing mechanism for data requests and R&I projects has been developed and reviewed by R&I Operational and Engagement Group (June 2023). This sets out a standard costing process to replace that currently in use and plans for review and engagement activity to establish a substantive costing model. This is due to be submitted for endorsement in August. In line with this, Welsh Government and Health and Care Research Wales have requested R&I to explore options and develop a proposal for a 'Find Recruit and Follow-up' service for clinical trials, giving consideration to data process, IG and engagement. They have committed resourcing for this project which was supported at Weekly Executive Directors on 19th July.

3.2 Governance: A more robust, accountable and open Governance Structure for R&I has been developed and approved by the DHCW Management Board in March 2023, including a project impact assessment which was reported to DG&S in May 2023. Following this, R&I Operational and Engagement group has been established and monthly meetings are in place. The R&I Board is due to commence on 7th September 2023. The approval process for R&I projects is under review to ensure adequate IG considerations are in place and to clarify the process for urgent and stage 1 grant applications.

3.3 Engagement: R&I team continue to meet with key stakeholders, including representatives from academia and the life sciences ecosystem. Notably, the team recently presented at MediWales and the Bevan Commission Conference. The Annual R&I report is under internal review with the aim to finalise in September. R&I are also supporting the National Innovation Strategy for Wales action plan development and the R&D Framework, along with the development of an internal IP policy and supporting national AI strategies and plans.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

5.1 Digital Governance and Safety Committee is asked to **NOTE** further progress in taking forward the DHCW Research and Innovation Strategy for **ASSURANCE.**

ANNUAL PLAN
PROGRAMMES STATUS

RAG	PRODUCT	RAG REASON
🟧	NDR	Resource constraints impacting go live timescales. Sustainable funding model to be agreed.
🟩	Data Centre Transition 2	(NC) Capital funded via discretionary capital, whilst revenue is to be funded via DPIF.
🟧	TTP	(NC) Resource constraints, enlarged scope, volume of new requirements including Flu, however, no funding for developmental activity.
🟩	Dental eReferrals	(NC) Remains Green.
🟧	GP Systems Framework	(NC) Supplier delays for new developments.
🟥	WEDS	(NC) Lack of confidence to move to next site due to service performance issues, resource challenges in HBs, DPIF uncertainty
🟧	WCCIS	(NC) Status remains amber due to delays to mobile and integration being delivered. Recurrent funding of central resource required and several milestones constrained.
🟥	WICIS	(NC) Dependency on Drug File reconciliation and resources to complete development. No project funding secured for 2023/24. Implementation delays will cost both supplier based and DHCW resource cost pressures.
🟧	Powys Cross Border	Design resource issue not resolved for all work packages. National RISP implementation likely to impact delivery for Images from England.
🟧	RISP	(NC) Delay in Business Case approval means project behind schedule to complete before the legacy contract end date

RAG	PRODUCT	RAG REASON
🟧	WIAS	(NC) Milestone not achieved. SBAR to be reviewed by Execs and Project Board
🟥	LINC	(NC) Supplier delays.
🟧	DMTP	Shared Medicines Record (SMR): National Data Resources (NDR) programme reported the Shared Medicines Record (SMR) platform will not be delivered in September 2023. This is a dependency for secondary care ePMA go lives. Planning workshop scheduled for 18th July for a plan to be shared with DMTP so slippage can be mitigated. Cegedim GP system: Cegedim (GP) system supplier have confirmed that EPS functionality will only be available in their 'Vision Anywhere' product. Assurance activities not planned to commence until June summer 2024, delaying the rollout of EPS in Wales.
🟩	DMC	Recruitment is progressing well, 5 out of 7 HB clinical informaticists are in post, recruited a project support officer, interviewing for a BA.
🟧	WISDM	(NC) Paediatrics forms release v7 delayed due to limited development resource.
🟧	WNCR	Adult - SLA signed off. Paeds – Recruitment on-going.
🟧	ETR	(NC) Delay to some milestones due to resource availability.
🟧	DSPP	(NC) Capacity /dependencies/ resources to deliver in line with supplier agile approach/ Access to NHS Login in Welsh /Future finance/transition arrangements. sustainable funding model required post roll out
🟥	Cancer Informatics	Work ongoing to agree the scope and prioritisation within Phase 2 work streams. Scope, Timeline and Resource is set to Red, Risks/Issues is set to Amber to reflect this and Red overall status. Current budget set to green as operating within funding allocation however sustainable operational funding model required for 2024/25 onwards.

(NC) = No Change

RAG Status = As set by latest Programme / Project board

MISSION 1:
PROVIDE A PLATFORM for enabling digital transformation

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

Key

Alerts

Finance	Resourcing and/or skills	Scope	Status remains same
Timescale	Dependencies	Agile	Status improving
			Status deteriorating

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

RAG DEFINITION	Good may require refinement	Requires attention	Highly Problematic

PORTFOLIO	PRODUCT						GOVERNANCE	RAG

Information Availability and Flow

National Data Resource
Supporting health and care in Wales to be innovative, modern and using data to drive decisions

| Initiate | Define | Build | External Build | Internal Build | Roll Out |

National Data & Analytics Platform (Google Cloud Platform - GCP)
Open Architecture

Advanced Analytics

Data Strategy

NATIONAL DATA & ANALYTICS PLATFORM (GCP): The Google Cloud Platform/ Infrastructure build has been progressing and is complete. The development work of the National Data and Analytics Platform (NDAP) and the Care Data Repository (CDR) has been continuing with testing being developed throughout.

OPEN ARCHITECTURE: The project is working through the requirements and caveats as laid down to support its migration to an initial Admin Standard service. The Developer Portal is complete to MVP. First consumers for API Management and an initial two priority APIs - Terminology (CAV) and WCRS (AB) - have been identified and are progressing. The project is also dialled into the work of the Open Architecture team to support DMTP deliverables.

ADVANCED ANALYTICS:
- **TOOLS:** The initial phases of Pilot projects for both GitHub GIG Cymru and the Secure Data Environment (SDE) services are wrapping up with the assurance process. Active participants from most Welsh NHS organisations are onboard and both operational and research projects are being prepared for the SDE service.
- **INNOVATION:** The first Big Data online Webinar was held in May, with over 130 participants.
- **CAPABILITY:** Phase 3, Analytics Learning Programme (ALP) is underway delivering classroom sessions and technical workshops to an all-Wales NHS Wales Finance Academy cohort.

NDR DATA STRATEGY: Priority Data Sets Project has re-started. It is closely aligned to the Information Governance Project which has entered Phase 2 delivery.

Next Major Milestone: Data & Analytics Platform (GCP) Build Complete – Q1 2023/24
Next Period: GCP Platform, NDAP & CDR - Q2 2023/24 Product Available

National Data Resource Programme Board
SRO: John Peters
DHCW Director: Rebecca Cook

RAG reason: Resource constraints impacting go live timescales. Sustainable funding model to be agreed.

Information Availability and Flow

Data Centre Transition Project Phase 2
Transition of infrastructure and services from legacy data centres to new data centres and cloud

| Initiate | Define | Implement |

Data Centre 2 Procurement

Architecture & Networking

Resilience & Transition

Define
Technical Teams have received the finalised hall layout, and Contract Management for the Replacement Data Centre facility continues to focus on the build of the new hall. Network Services have commenced with pre-requisites under the Network Implementation Plan for WAN connectivity and build/test of Software Defined Network.
Next Major Milestone: NDC Implementation Start – July-23 Q2 2023/24

Data Centre Transition Project Board
SRO: Matt Palmer
DHCW Director: Carwyn Lloyd Jones

Capital funded via discretionary capital, whilst revenue is to be funded via DPIF.

MISSION 2:
DELIVER high quality digital products and services

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

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Public Health	**Test Trace and Protect** Covid-19 testing, contact tracing and vaccination data solutions	Initiate	Define	Build	Internal Build	**Roll Out** Implementation complete of Spring Boosters and WIS and CYPrIS Application Separation. Initial Test Automation work has been completed on WIS. **Next Major Milestone:** To be confirmed once directorate move established.	**Vaccination Programme Board** **Health Protection & Readiness Group (HPORG)** SRO: Sioned Rees DHCW Director: Sam Hall	
		Contact Tracing				All Health Boards and local authorities		
		Immunisation Recording				All Health Boards & Primary Care	RAG reason: resource constraints, enlarged scope, volume of new requirements including Flu, however, no funding for developmental activity.	
Primary, Community and Mental Health	**Dental E Referrals (Phase 2)** Providing dental referral system for community dentists.	Initiate	Define	Build	External Build	**Define (Phase 2)** Continue to explore redesign of integration with national applications based on alternative options. **Next Major Milestone:** Design complete - Integration of existing Dental Referral Management system with the National Applications Q2 2023/24	**Dental Referral Management System Project Board** SRO: Andrew Dickenson DHCW Director: Sam Hall RAG reason: Remains Green.	
Primary, Community and Mental Health	**GP Systems Framework** Implementation of systems to GP practices, including any necessary integrations and developments.	Initiate	Define	Build	External Build	**Define** A number of developments in progress under current contractual arrangements - dependency on suppliers leading to delays to plans. Mini competition process commenced. Milestone Implement Plan achieved. **Next Major Milestone:** Actions Complete – Raise Deployment Orders with supplier Q4 2023/24	**General Medical Services Digital Programme Board** SRO: Brian Owens DHCW Director: Sam Hall RAG reason: Supplier delays for new developments.	
		Framework Contracts signed for all 3 suppliers						

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MISSION 2:
DELIVER high quality digital products and services

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

PORTFOLIO	PRODUCT					GOVERNANCE	RAG
Urgent and Emergency Care	**Welsh Emergency Dept System** Implementing a managed service with EMIS Health. DHCW responsible for hosting, integration with other national systems and managing the national contract.	Initiate / Define / Build / Cwm Taf Morgannwg	External Build / Swansea Bay		**Roll Out** Swansea Bay live at first site in Dec 2021. Morriston go live date not agreed due to lack of confidence, which has been escalated to supplier Executive. Strategic review commissioned to independent consultants delivering options appraisal presented to DHCW Directors and National Board including SB locally hosted infrastructure proposal which will require funding. Roll out in other Health Boards subject to demonstration of success in SBU and future WEDS funding. **Next Major Milestone**: WEDS Programme Roadmap Q3 2023/24	**National WEDS Project Board** SRO: Jo Mower DHCW Director: Michelle Sell RAG reason: Lack of confidence to move to next site due to service performance issues, resource challenges in HBs, DPIF uncertainty	RED
Primary, Community and Mental Health	**Welsh Community Care Information System** Community information solution for community health, mental health staff and social workers	Initiate / Define / Build / Health – Betsi Cadwaladr, Cwm Taf Morgannwg, Powys, Hywel Dda and Aneurin Bevan	External Build		**Roll Out** 5 Health Boards live (Betsi Cadwaladr, Cwm Taf Morgannwg through Local Auth instance, Powys, Hywel Dda & Aneurin Bevan), 2 further in pipeline (Swansea Bay and Cwm Taf Morgannwg through their own instance). 15 Local Authorities live. Business Justification Case Approved by Welsh Government Q1 23/24 **Next Major Milestone**: OBC Approved by Welsh Government Q2 2023/24	**WCCIS Leadership Board (plus 4 sub boards)** SRO: Carol Shillabeer / Dave Street DHCW Director: Lee Mullins RAG reason: Status remains amber due to delays to mobile and integration being delivered. Recurrent funding of central resource required and several milestones constrained.	AMBER

MISSION 2:
DELIVER high quality digital products and services

PORTFOLIO	PRODUCT					GOVERNANCE	RAG

Urgent and Emergency Care

Welsh Intensive Care Information System
Implementation of fully managed digital solution for Adult Intensive Care Units

Initiate | Define | Build

External Build

Roll Out
Aneurin Bevan's Grange Hospital was due to go live in January 2023 however due to issues relating to Medications and pathology integration, testing has not been able to be completed and signed off. Commercial proposal submitted, but subject to capital funding agreement from Welsh Government.

Next Major Milestone: Sign off UAT in July 2023 in order for validation testing to commence with a proposed go live for ABHB Grange Hospital in Q3 2023/24.

Welsh Intensive Care Information System Programme Board
SRO: Mark Dickinson
DHCW Director: Michelle Sell

Project Completion Mar 2025

RAG reason: Dependency on Drug File reconciliation and resources to complete development. Increased project funding required. Implementation delays have led to both supplier based and DHCW resource cost pressures.

Planned Care

Powys / England Cross Border
Pathway project for patient information sharing between Wales and England

Initiate | Define | Build

Internal Build

Define
Interim Design resource now in place after successful procurement. Focus is on completing Solution Architecture Design for Cross Border Diagnostic results and high level design for clinic/discharge letters.

Build
Solution team currently in second increment. Working on building prototype for diagnostic results from one English trusts (WVT).

Next Major Milestone: POC Diagnostic results from England available Q3 2023/24

Powys Cross Border Project Board
SRO: Pete Hopgood
DHCW Director: Ifan Evans

RAG reason: Design resource issue not resolved for all workpackages. National RISP implementation likely to impact delivery for Images from England.

MISSION 2:
DELIVER high quality digital products and services

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

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Diagnostics	**Radiology Informatics Solution Procurement** of an end-to-end diagnostic radiology system to meet the clinical requirements of a modern imaging service	Initiate	Define	Build	External Build	**Define** Preferred supplier selected and FBC approved, RISP team transitioned from the NHS Wales Collaborative to DHCW on the 1st January 2023. **Next Major Milestone** Supplier to complete Data Centre Infrastructure Q3 2023/24	**Radiology Informatics Solution Programme Board** SRO: Matt John DHCW Director: Alison Maguire RAG reason: Delay in Business Case approval means project behind schedule to complete before the legacy contract end date	
Diagnostics	**Welsh Imaging Archive Service** Medical image sharing across Wales	Initiate	Define	Build	External Build	**Roll Out** Work on stop while we wait for resilient VPN completion to start the pilot data extract. Activities to further progress the project are under review. **Next Major Milestone:** Milestone now on hold, awaiting SBAR to be reviewed	**Welsh Imaging Archive Service Project Board** SRO: None DHCW Director: Rhidian Hurle RAG reason: Milestone not achieved. SBAR to be reviewed by Execs and Project Board	
Diagnostics	**Laboratory Information Network Cymru (LINC)** National project previously hosted by NHS Wales Collaborative to replace the current pathology laboratory system (TRAKCare).	Initiate	Define	Build	External Build	**Build** The LINC programme board made a recommendation that the latest plan from Citadel was not acceptable, discussions are ongoing. LINC project transitioned from the NHS Wales Collaborative to DHCW 1st January 2023. **Next Major Milestone:** Contingency plan approval July Q2 2023/24	Project Completion 2025	**Laboratory Information Network Cymru (LINC) Programme Board** SRO: Peter Carr DHCW Director: Alison Maguire RAG reason: Supplier Delays	

MISSION 2:
DELIVER high quality digital products and services

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

PORTFOLIO	PRODUCT		RAG			GOVERNANCE	RAG

Medicines Management

Digital Medicines Transformation Portfolio (DMTP):

"Making the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient and effective, through digital"

Primary Care Electronic Prescription Service

| Initiate | Define | Build | External Build |

Define:
- Technical Proof of Concept (TPOC) is underway with GP system in test environment
- Community Pharmacy System Innovation Fund, established with Life Sciences Fund, issued two award letters to two pharmacy suppliers to complete EPS development
- Working closely with health boards, trusts and suppliers to plan the longer term national phased roll out of the service

Next Major Milestone:
- Complete technical proof of concept testing in test environment

Governance established

DMTP Sponsoring Group and Portfolio Board established.
Sponsor: Andrew Evans
Portfolio SRO: Hamish Laing
DHCW Director: Ifan Evans

Primary Care Electronic Prescription Service (EPS) Programme Board
SRO: Jenny Pugh-Jones

RAG reason:
- Dependency on IT system providers developing an EPS ready system for Wales.

Medicines Management

Digital Medicines Transformation Portfolio (DMTP):

"Making the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient and effective, through digital"

Secondary Care E-prescribing and Medicines Administration

| Initiate | Define | Build | External Build |

Define:
- Multi-vendor framework published in November 2022.
- All health boards and trusts have received their pre-implementation team funding and are drafting their specification requirements
- Two UHB's have published their Invitation To Tender (ITT) documents.
- National ePMA supplier event held on 24th May to inform local procurements
- An audience with SB UHB held on 25th May to share lessons learned from the pathfinder implementation

Next Major Milestone:
- 2 x UHBs to complete evaluation of responses received from their ITT

Secondary Care Electronic Prescribing and Medicines Administration Programme Board
SRO: Dr Lesley Jones

RAG reason:
- Dependencies on Application Programme Interfaces (APIs) being available in line with ePMA go live milestones.
- Dependency on the Shared Medicines Record platform to support ePMA go lives.

MISSION 2:
DELIVER high quality digital products and services

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

PORTFOLIO	PRODUCT					GOVERNANCE	RAG

Row 1

Medicines Management

Digital Medicines Transformation Portfolio (DMTP):

"Making the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient and effective, through digital"

Initiate **Define** **Build**
Patient Access to Medicines

External Build

Define:
- Public beta testing of ordering GP repeat prescriptions and viewing GP medicines began in April
- NHS Wales App supplier commenced discovery work on requirement to send a push notification to inform patients that their prescription is ready for collection

Next Major Milestone
- Commence development to enable patients to record their nominated community pharmacy within the NHS Wales App
- Finalise design for sending pushing notifications feature

RAG reason:
- Dependency on supplier to deliver a new service search API to enable patients to record a nominated community pharmacy to receive their GP prescription via the NHS Wales App.

Row 2

Medicines Management

Digital Medicines Transformation Portfolio (DMTP):

"Making the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient and effective, through digital"

Initiate **Define** **Build**
Shared Medicines Record

Internal build

Build:
- Following a successful TPOC, the API delivery is progressing with the development of the Medicines and Allergies APIs.
- National Medicines, Allergies and Intolerances data standards change notification published. Systems recording medicines information must adhere to this standard before sharing their data with the SMR.

Next Major Milestone
- Commence development of Shared Medicines Record (SMR)

Shared Medicines Record Project Board
SRO: Keith Farrar

RAG reason:
- Dependency on the delivery of the Shared Medicines Record platform which is a go live dependency for ePMAs.

MISSION 2:
DELIVER high quality digital products and services

PORTFOLIO	PRODUCT	RAG				GOVERNANCE	RAG

Planned Care

Digital Maternity Cymru (DMC) is a Welsh Government-funded digital programme that aims to digitally transform maternity services across Wales by procuring an end-to-end digital maternity solution

Initiate | Define | Build | External Build

Define
Recruited Project Support Officer, and Business Analyst. Maternity Clinical Informatics Leads in 5 Health Boards. BCUHB and SBUHB appointed and awaiting start dates.
Drafted governance and assurance approach. First Steering Group meeting held 31st May '23. First Programme Board planned for 12th July '23.
Prior Information Notice (PIN) responses to be reviewed 4th July '23. Plan to engage suppliers second half of July.
Work is ongoing on refining the technical & integration requirements.
Ongoing mapping of care pathways and development of PoC standards via agile project.
engagement with hard-to-reach groups and analysis being finalised. Work package 2 being drafted

Next Major Milestone: Recruitment continue into the team Q2 2023/24

DMC Steering Group
SRO: Sian Thomas
DHCW Director: Ifan Evans

RAG reason: Recruitment is progressing well, 5 out of 7 HB clinical informaticists are in post, recruited a project support officer, interviewing for a BA.

MISSION 3:
EXPAND the digital health and care record and the use of digital to improve health and care

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

PORTFOLIO	PRODUCT	RAG					GOVERNANCE	RAG
Digital Professional Empowerment	**Welsh Information System for Diabetes Management** Using Welsh Clinical Portal to record diabetes data	Initiate	Define	Build	Internal Build	**Roll Out** Current modules – adult, podiatry and antenatal. Paediatrics is in iterative development and testing. Diabetes View live in CTMUHB as proof of concept – evaluation complete, minor enhancements and assurance needed for national release. **Next Major Milestone**: Product Available - Paediatrics Forms - Q3 2023/24	**Welsh Information System for Diabetes Management Project Board** (Reports to All Wales Diabetes Implementation Group) SRO: Phil Evans DHCW Director: Rhidian Hurle	
				Paediatrics		Project Completion after MVP Q4 2023/24.		
				Adult, Podiatry and Antenatal (Cwm Taf Morgannwg, Hywel Dda and Swansea Bay)			RAG reason: Paediatrics forms release v7 delayed due to limited development resource.	
Digital Professional Empowerment	**Welsh Nursing Care Record** Enables nurses to complete electronic assessments at hospital bedsides	Initiate	Define	Build	Internal Build with Swansea Bay	Roll Out (Adult In-Patients) - Implementation planned to continue in Q2 – CAV plan to resolve Wi-Fi and Network issues in July to enable rollout at UHW and UHL, ABB continuing implementation at RGH over the summer, Powys to complete remaining ward by Q3. v2.2 live across Wales. Single Instance v2.3 release is planned for Q2. Adult In-Patients now in BAU and SLA is now signed off. **Next Major Milestone: v2.3 scheduled for Q2 2023/24.** WNCR (Paediatrics inpatients) – Local health board and national recruitment progressing well. 8 positions in national team appointed, 3 remain to be filled. 2 out of 6 LHB appointments made & further appointments planed in Q2. **Next Major Milestone**: Board now established, and first board meeting is scheduled for 6th July	**Welsh Nursing Care Record (WNCR)** SMB (Adult): Liam Williams (BAU) SRO (Paediatrics): Sian Thomas (Project) DHCW Director: Rhidian Hurle	
				Velindre, Swansea Bay, Hywel Dda, Powys, Cwm Taf, Betsi, CAV, ABB	Scale of remaining ward roll-outs in CAV & AB is significant		RAG reason : Adult - SLA signed off. Paeds – Recruitment on-going.	

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MISSION 3:
EXPAND the digital health and care record and the use of digital to improve health and care

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

PORTFOLIO	PRODUCT					GOVERNANCE	RAG

Digital Professional Empowerment

Electronic Test Requesting
Expanding electronic test requesting to new disciplines and improving existing electronic test requesting functionality.

Initiate | Define | Build | Internal Build | Roll Out

Cardiology, Phlebotomy, Histopathology, Radiology, Pathology and Endoscopy ETR with result notifications

Roll Out
Pathology ETR live in all health boards, usage 80% in secondary care, 86% in primary care. Radiology ETR live in secondary care CTM, BCU, SBUHB, HDD & PoW. Primary care Radiology ETR live in CTM in June 2023, ABUHB in Q2. New Histopathology ETR being tested in BCU. Phlebotomy module pilot to start in SBUHB July 2023. Result notifications now live in all health boards (bar AB and Powys - out of scope). New Cardiology e-form (launch to print) being tested in CTM, CAV and BCU for go live in July 2023.
Next Major Milestones: Cardiology worklist and Endoscopy ETR new form development.

Single Record Delivery Group
SRO: Rob Bleasdale
DHCW Director: Rhidian Hurle

RAG reason: Delay to some milestones due to resource availability

Digital Patient Empowerment

Digital Services for Patients and the Public
Patient facing app improving patient access to services and data

Initiate | Define | Build | External Build

Public Beta

Build / Rollout
'Public Beta' deployment of the NHS Wales App successfully completed 17th April 2023. WP7 scope confirmed and in progress. Roadmap and release planning in progress.

Next Major Milestone: WP7 complete July 23. Commencement of publicity 30/09/2023.

Digital Services for Patients and Public Programme Board
(plus 7 national assurance groups)
SRO: Huw George
DHCW Director: Matt Cornish

RAG reason: capacity /dependencies/ resources to deliver in line with supplier agile approach/ Access to NHS Login in Welsh /Future finance/transition arrangements. sustainable funding model required post roll out.

MISSION 3:
EXPAND the digital health and care record and the use of digital to improve health and care

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

PORTFOLIO	PRODUCT				GOVERNANCE	RAG

Digital Professional Empowerment

Cancer Informatics Programme
Replacing the legacy cancer system (Canisc) across Wales

Initiate | Define | Build | Internal Build

Patient Administration Functionality

Clinical Functionality

Roll Out
Velindre Cancer Centre went live on 14th November 2022. HB dataset and mdt forms for Breast and Urology rolled out April and May 2023. Remaining tumour sites have been paused throughout June to September as a result of 2 issues; Hdda browser compatibility issues and CAV PMS & WRAPPER. The first two features (Patient Preferences & Palliative Care MDT) for the Palliative Care workstream have been released for UAT.
Next Major Milestone: Health Board roll out of tumour site MDT and Dataset forms April – Sept 2023. All forms deployed to live WCP. Breast was adopted across Wales in April 2023, Urology adopted in May 2023. Phase 2 functionality scope to be agreed and prioritised.
Delivery of remaining Palliative Care functionality - July through September 2023 and Screening & Colposcopy December 2023.

Cancer Informatics Programme Board
SRO: Tracey Cooper
DHCW Director: Rhidian Hurle

Project Completion Mar 2024

RAG reason: Work ongoing to agree the scope and prioritisation within Phase 2 work streams. Scope, Timeline and Resource is set to Red, Risks/Issues is set to Red as a result of new risks being added this period and Red overall status. Current budget set to green as operating within funding allocation however sustainable operational funding model required for 2024/25 onwards.