Pwyllgor Llywodraethu a Diogelwch Digidol - GYHOEDDUS

Thu 12 May 2022, 13:00 - 16:00

Microsoft Teams

Agenda

13:00 - 13:05
5 min

1. RHAN 1 – MATERION RHAGARWEINIOL

1.1. Croeso a chyflwyniadau

I'w Nodi   *Cadeirydd*

1.2. Ymddiheuriadau am absenoldeb

I'w Nodi   *Cadeirydd*

1.3. Datganiadau o Fuddiannau

I'w Nodi   *Cadeirydd*

1.4. Materion sy'n Codi

I'w Nodi   *Cadeirydd*

13:05 - 13:10
5 min

2. RHAN 2 – AGENDA CYDSYNIO

2.1. Cofnodion y Cyfarfod Diwethaf - Cyhoeddus & Crynodeb preifat

I'w Cymeradwyo   *Cadeirydd*

📄 2.1 Digital Governance and Safety Committee DRAFT Minutes PUBLIC February 2022 CYMRAEG.pdf (19 pages)
📄 2.1i Digital Governance and Safety Committee DRAFT Minutes - PRIVATE Abridged February 2022.pdf (4 pages)

2.2. Adroddiad Archwilio Mewnol 'Prosiect symud canolfan ddata DHCW - a'r sefyllfa bresennol o ran canolfannau data'

I'w Nodi   *Cyfarwyddwr TGCh*

📄 2.2 Data Centre Move final Internal Audit Report.pdf (13 pages)

2.3. Adroddiad Blynyddol Uwch-berchennog Risg Gwybodaeth Uwch

I'w Nodi   *Cyfarwyddwr TGCh*

📄 2.3 SIRO Annual Report.pdf (11 pages)

13:10 - 15:50
160 min

3. RHAN 3 - PRIF AGENDA

3.1. Cofnodion Gweithredu

I'w trafod   *Cadeirydd*

📄 3.1 Action Log - PUBLIC.pdf (1 pages)

3.2. Blaengynllun Gwaith

I'w drafod   Ysgrifennydd y Bwrdd

📄 3.2 Forward WorkPlan Report.pdf (4 pages)
📄 3.2i Appendix 1_DHCW DG&S Forward Workplan 2022-23.pdf (2 pages)

3.3. Diweddariad Strategaeth Ymchwil ac Arloesi

I'w Nodi   Dirprwy Gyfarwyddwr y Gwasanaethau Gwybodaeth

📄 3.3 Research & Innovation Strategy Update.pdf (6 pages)

3.4. Y Gofrestr Risg Gorfforaethol

I'w thrafod   Ysgrifennydd y Bwrdd

📄 3.4 Corporate Risk Register Report.pdf (6 pages)
📄 3.4i Appendix A DHCW Corporate Risk Register.pdf (5 pages)

3.5. Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol

Ar gyfer Sicrwydd   Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol

📄 3.5 Incident Review and Organisational Learning Report.pdf (10 pages)

3.6.

Ar gyfer Sicrwydd

3.6.1. Adroddiad Sicrwydd Llywodraethu Gwybodaeth

Ar gyfer Sicrwydd   Rheolwr Gwasanaeth Swyddog Diogelu Data

📄 3.6i Information Governance Assurance Report.pdf (9 pages)

3.6.2. Pecyn Cymorth Llywodraethu Gwybodaeth Cymru

Ar gyfer Sicrwydd   Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion

📄 3.6i.a.Welsh Information Governance Toolkit 202122.pdf (12 pages)

3.6.3. Adroddiad Sicrwydd Gwybodeg

Ar gyfer Sicrwydd   Rheolwr Ansawdd (Cydymffurfiaeth Reoleiddio)

📄 3.6ii Informatics Assurance Report.pdf (11 pages)

3.6.4. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Ar gyfer Sicrwydd   Dirprwy Gyfarwyddwr y Gwasanaethau Gwybodaeth

📄 3.6iii Information Services Assurance Report.pdf (4 pages)

Egwyl - 15 munud

3.7. Diweddariad ar Drosolwg y Rhaglen Ddigidol

Ar gyfer Sicrwydd   Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau

📄 3.7 Digital Programme Overview Update.pdf (4 pages)
📄 3.7ii Digital Programme Overview Update.pdf (4 pages)

3.8. Hunaniaeth cleifion

Ar gyfer Sicrwydd   Prif Bensaer

📄 3.8 Patient Identity Cover Report - DGS.pdf (6 pages)

15:50 - 16:00
10 min

4. RHAN 4 - MATERION I GLOI

4.1. Unrhyw Fater Brys Arall

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 4 Awst 2022

I'w Nodi   *Cadeirydd*

PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU I'W CYMRYD

🕘 9.00am – 12.00pm　　　📅 18/02/2022

📍 MS Teams

Cadeirydd	Rowan Gardner

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
Rowan Gardner	RG	Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru (DHCW)
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (DHCW)
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru (DHCW)
Darren Lloyd	DL	Pennaeth Llywodraethu Gwybodaeth	Iechyd a Gofal Digidol Cymru (DHCW)
Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	Iechyd a Gofal Digidol Cymru (DHCW)
Rachael Powell	RP	Dirprwy Gyfarwyddwr Gwybodaeth	Iechyd a Gofal Digidol Cymru

Cofnodion wedi'u cadarnhau ar gyfer y:
Pwyllgor Llywodraethu Digidol a Diogelwch 18 Chwefror 2022

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
			(DHCW)
David Selway	DS	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru (DHCW)
Michelle Sell	MS	Prif Swyddog Gweithredol (gadawodd ar ôl eitem 3.5)	Iechyd a Gofal Digidol Cymru (DHCW)

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru (DHCW)
Paul Evans	PE	Rheolwr Ansawdd (Cydymffurfiaeth Reoleiddio)	Iechyd a Gofal Digidol Cymru (DHCW)
Martin Prosser	MP	Pennaeth Gweithrediadau Seilwaith	Iechyd a Gofal Digidol Cymru (DHCW)
Keith Reeves	KR	Rheolwr Tîm Rheoli Gwasanaeth	Iechyd a Gofal Digidol Cymru (DHCW)
Carys Richards	CR	Cydlynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru (DHCW)
David Shear	DSh	Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau (ymunodd ar gyfer eitem 3.9 yn unig)	Iechyd a Gofal Digidol Cymru (DHCW)
Griff Williams	GW	Rheolwr Cynnyrch (ymunodd ar gyfer eitem 3.9 yn unig)	Iechyd a Gofal Digidol Cymru (DHCW)

Ymddiheuriadau	Teitl	Sefydliad
Dim i'w nodi		

Cofnodion wedi'u cadarnhau ar gyfer y:
Pwyllgor Llywodraethu Digidol a Diogelwch 18 Chwefror 2022

2

Acronymau			
SHA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
SAIL	Cyswllt Diogel Gwybodaeth Ddienw	IP	Eiddo deallusol
CANISC	System Gwybodaeth Rhwydweithiau Canser Cymru	MOU	Memorandwm Dealltwriaeth
IMTP	Cynllun Tymor Canolig Integredig	R&I	Ymchwil ac Arloesi
WEDS	System Adrannau Achosion Brys Cymru	WCCIS	System Wybodaeth Gofal Cymunedol Cymru
NPT	Castell-nedd, Port Talbot	SB	Bae Abertawe
ETR	Ceisiadau Prawf Electronig	ICT	Technoleg, Gwybodaeth a Chyfathrebu
ToR	Cylch Gorchwyl	WG	Llywodraeth Cymru
POSA	Cytundeb Darparu Gwasanaeth		

Rhif yr Eitem	Eitem	Canlyniad	Gweithred i'w Chofnodi
1	RHAN 1 — MATERION RHAGARWEINIOL	Canlyniad	Gweithred i'w Chofnodi
1.1	**Croeso a Chyflwyniadau** Croesawodd Rowan Gardner, Cadeirydd (RG) bawb i'w chyfarfod cyntaf fel Cadeirydd. Cyflwynodd David Selway, Aelod Annibynnol (DS) a diolchodd iddo am ymgymryd â rôl yr Is-gadeirydd. Tynnodd RG sylw at ddiben craidd y pwyllgor ac ailymweld â'i brif swyddogaethau, sef darparu sicrwydd i'r Bwrdd bod mesurau llywodraethu effeithiol ar waith o ran gwasanaethau digidol ledled system gofal iechyd Cymru. Byddai'r sicrwydd hwn yn cwmpasu, ond nid yn gynhwysfawr, meysydd megis; • Seiberddiogelwch • Llywodraethu gwybodaeth, er mwyn sicrhau addewid data • Sicrwydd gwybodeg a gwasanaethau gwybodaeth, i sicrhau bod safonau'n cael eu bodloni • Dysgu a datblygu, er mwyn adolygu unrhyw ddigwyddiadau posibl a dysgu oddi wrthynt • Rheoli risg, i aros yn agored ac yn dryloyw wrth nodi a	Nodwyd	Dim i'w nodi

Cofnodion wedi'u cadarnhau ar gyfer y:
Pwyllgor Llywodraethu Digidol a Diogelwch 18 Chwefror 2022

	rhannu risgiau a materion ar gyfer gwella a llwyddiant		
1.2	**Ymddiheuriadau am absenoldeb** Ni chafwyd unrhyw ymddiheuriadau am absenoldeb i'w nodi.	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiannau** Nid wnaed unrhyw ddatganiadau o fuddiannau.	Nodwyd	Dim i'w nodi
1.4	**Materion sy'n Codi** Ni chodwyd unrhyw faterion. Fodd bynnag, nodwyd bod cwestiynau a godwyd gan RG a DS ar eitemau o dan yr agenda gydsynio wedi cael eu dosbarthu a'u dychwelyd cyn y cyfarfod. Pwrpas hyn oedd cael eglurder ar unrhyw eitem o'r fath a oedd i'w nodi neu ar gyfer sicrwydd heb ddefnyddio amser y cyfarfod ar gyfer trafodaeth hir. Cadarnhaodd RG a DS eu bod ill dau yn fodlon â'r ymatebion a gafwyd a chadarnhawyd y byddai'r ymatebion yn cael eu cyhoeddi ynghyd â chofnodion y cyfarfod.	Nodwyd	Dim i'w nodi
2	RHAN 2 – AGENDA GYDSYNIO	Canlyniad	Gweithred i'w Chofnodi
2.1	**Adroddiad Blaengynllun Gwaith** **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r Blaengynllun Gwaith	Nodwyd	Dim i'w nodi
2.2	**Polisi a Memorandwm Dealltwriaeth SAIL** Codwyd nifer o gwestiynau gan Aelodau Annibynnol cyn y cyfarfod, fel yr amlinellir isod ynghyd â'r ymatebion a rhoddwyd. *Cwestiwn:* A oes gennym gytundeb cyfrinachedd rhwng Prifysgol Abertawe a DHCW? Datgelir enw ein Canolfan Ddata yn y Cytundeb – A ydym yn fodlon mai "Gwybodaeth Nad yw'n Gyfrinachol" yw hon neu a ydym wedi cynghori Abertawe mai gwybodaeth gyfrinachol yw hon? *Ateb:* Nid oes cytundeb cyfrinachedd penodol yn bodoli. Ar hyn o bryd mae gennym Memorandwm Dealltwriaeth ac rydym yn dechrau drafftio Cytundeb Lefel Gwasanaeth (SLA). *Cwestiwn:* Polisi Adfer ar ôl Trychineb a Pharhad Busnes - A ellir darparu sicrwydd bod diffyg polisi Adfer ar ôl Trychineb (DR) a Pharhad Busnes (BC) yn ymwneud â phrosesu gwybodaeth am	Nodwyd	Dim i'w nodi

gleifion yng nghronfa ddata SAIL h.y. yr *Appliance* ac nid yw'n ymestyn i gronfa ddata SAIL? Gan mai Abertawe sy'n berchen ar SAIL, mae'n debyg mai cyfrifoldeb y Brifysgol yw'r DR&BC ar gyfer y gronfa ddata.

Ateb: Dim ond y ddyfais sy'n cael ei letya yn DHCW y mae'r "diffyg adfer ar ôl trychineb" yn ei gynnwys, sy'n cael ei ddarparu gan Abertawe ac sy'n darparu'r cysylltiadau. Dyma'r man gweithio ar gyfer yr holl ffrydiau data i Abertawe ar hyn o bryd. SAIL sy'n gyfrifol am adfer cronfa ddata SAIL ar ôl trychineb a'u cyfrifoldeb nhw fyddai effaith unrhyw faterion/cyfnodau tawel eu systemau gan gynnwys y gronfa ddata.

Cwestiwn: A all y pwyllgor gadarnhau nad oes unrhyw warantau a ddarperir gan DHCW na rhwymedigaethau sy'n codi i DHCW os na fydd cronfa ddata SAIL ar gael fel rhan o brosiect ymchwil trydydd parti? Mae unrhyw warantau neu rwymedigaethau o'r fath (os cânt eu darparu fel rhan o'r contract Ymchwil ac Arloesi) yn aros gyda Phrifysgol Abertawe.

Ateb: Os mai cronfa ddata SAIL oedd y mater, fel uchod, cyfrifoldeb SAIL fyddai hynny. Pan fydd y Cytundeb Lefel Gwasanaeth yn cael ei ddrafftio rwy'n ymwybodol eu bod yn awyddus i gynnwys cytundebau lefel gwasanaeth gyda ni i ddarparu'r gwasanaethau a ddarparwn iddynt hefyd, lle mae'r Memorandwm Dealltwriaeth dim ond yn cwmpasu'r gwasanaeth y maent yn ei ddarparu i ni (gan ddarparu'r ddyfais a chymorth cysylltiedig).

Cwestiwn: A oes unrhyw un o'r 3ydd partïon sy'n defnyddio data SAIL yn talu am fynediad. Os ydynt yn talu sut caiff hyn ei ddyrannu?

Ateb: Maent yn gwneud hynny, fodd bynnag, telir am yr adnoddau a ddefnyddir i gael mynediad i'r data (costau TG ac amser dadansoddwr). Mae mynediad at y data yn "rhad ac am ddim". Mae ganddynt fodel codi tâl haenog yn dibynnu ar ffynhonnell y defnyddwyr (y byd academaidd, y GIG, sector preifat) a maint y prosiect. Mae hyn yn eiddo cyhoeddus rwy'n credu.

Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:
Nodi Polisi a Memorandwm Dealltwriaeth SAIL

2.3	Darparu Cytundeb Gwasanaeth gydag NHS Digital	Nodwyd	Dim i'w nodi

Codwyd nifer o gwestiynau gan Aelodau Annibynnol cyn y cyfarfod, fel yr amlinellir isod ynghyd â'r ymatebion a rhoddwyd.

Cwestiwn: Nid yw'r Diffiniad o Is-brosesydd yn bresennol. A allwn sicrhau bod hyn yn cael ei gywiro yn y ddogfen a lofnodir?

Ateb: Bydd y croesgyfeiriad yn cael ei osod yn y Cytundeb ac er mwyn cyfeirio ato, gan fod yr atodiad y mae'n cyfeirio ato wedi'i ymgorffori yn y fersiwn PDF a gyhoeddwyd, diffinnir Is-brosesydd fel *is-gontractwr trydydd parti* a benodir *i Brosesu'r Data Personol ("Is- Brosesydd")...*

Cwestiwn: Hawliau Eiddo Deallusol (IP) — A allwch sicrhau'r pwyllgor nad yw cymal 7.2 yn creu cyfyngiad posibl ar ryddid DHCW i ddefnyddio eiddo deallusol y mae'n ei greu o dan y cytundeb neu'r risg enw da y gall NHS England geisio defnyddio IP a gynhyrchir yng Nghymru mewn modd a fyddai'n annerbyniol i GIG Cymru? A bod ystyriaeth lawn o ganlyniadau'r cymal IP hwnnw wedi cael eu hystyried.

Ateb: Bwriad POSA NHS Digital yw darparu gwasanaethau o NHS Digital i DHCW/GIG Cymru. Felly, ni fyddem yn rhagweld unrhyw IP a ddatblygwyd gan DHCW neu ddim ond ar gyfer DHCW. Os bydd IP yn cael ei gynhyrchu a DHCW yn dymuno defnyddio'r IP hwnnw yna byddai darpariaethau penodol yn cael eu nodi yn y pecyn gwaith cysylltiedig fel y caniateir wrth ddrafftio Cymal 7.2.

Cwestiwn: Yn ystod cyfarfod Rhwydwaith Digidol Aelodau Annibynnol a gynhaliwyd ym mis Ionawr 2022, codwyd datganiad ynghylch y diffyg integreiddio rhwng Bwrdd Iechyd Prifysgol Betsi Cadwaladr a byrddau iechyd yn Lloegr. A oes gan DHCW gynllun i fynd i'r afael â hyn ac a fyddai'n ffurfio rhan o'r cytundeb hwn?

Ateb: Ar y cyd â Bwrdd Iechyd Powys, mae DHCW wedi cytuno ar gyllid Cronfa Buddsoddi Blaenoriaethau Digidol (DPIF) ychwanegol i gefnogi datblygiadau trawsffiniol - bydd y rhain yn cael eu datblygu mewn ffordd a fyddai'n cefnogi byrddau iechyd eraill. Ochr yn ochr â hyn, mae gwaith ar y cyd â NHS England sy'n edrych ar gyfnewid data ar draws y ffin, y mae DHCW yn ymwneud â Llywodraeth Cymru ac mae'n cynnwys gwasanaethau gofal trydyddol yn ogystal â gofal eilaidd. Mae'r POSA gyda NHS Digital yn darparu fframwaith y gallwn ei

	ddefnyddio i gomisiynu gwasanaethau gan NHS Digital pan gânt eu cytuno ac mae'n cynnwys nifer o wasanaethau a ddatblygwyd yn NHS England sy'n cael eu defnyddio yng Nghymru - e.e. y Gwasanaeth Demograffig Cleifion. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi Darparu Cytundeb Gwasanaeth gydag NHS Digital		
2.4	**Safon Brydeinig 10008 — Canlyniad Archwilio Allanol** **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r Safon Brydeinig 1008 – Canlyniad Archwilio Allanol	Nodwyd	Dim i'w nodi
2.5	**Dogfen Bolisi Briodol** Codwyd cwestiwn gan Aelod Annibynnol cyn y cyfarfod, fel yr amlinellir isod ynghyd â'r ymatebion a rhoddwyd. *Cwestiwn:* Mae'r "Cod Ymarfer Rheoli Cofnodion" a gyhoeddwyd gan NHSX ym mis Rhagfyr 2021 wedi'i adolygu ac nid yw'n glir pa gyfnod cadw y mae DHCW yn bwriadu ei fabwysiadu? *Ateb:* O ystyried yr hen ganllawiau ac er bod Llywodraeth Cymru yn ystyried mabwysiadu/ystyried Cod Ymarfer Rheoli Cofnodion NHSX ar gyfer Cymru gyfan fel mesur interim, awgrymwyd bod DHCW yn mabwysiadu'r egwyddorion o God Ymarfer Rheoli Cofnodion NHSX. Mae hwn yn nodi cyfnodau cadw mewn perthynas â'r arfer o reoli cofnodion. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r Ddogfen Bolisi Briodol ar gyfer Sicrwydd.	Nodwyd	Dim i'w nodi
2.6	**Safonau Iechyd a Gofal** Codwyd nifer o gwestiynau gan Aelodau Annibynnol cyn y cyfarfod, fel yr amlinellir isod ynghyd â'r ymatebion a rhoddwyd. *Cwestiwn:* Beth mae'r safon Gwella Ansawdd ac Arloesi Ymchwil yn ei ddweud am Ymchwil ac Arloesi? Nid oes gennym strategaeth Ymchwil ac Arloesi felly sut mae DHCW yn sgorio 4? Pa sicrwydd y gellir ei roi i ddangos ein bod ar lefel 4 o ran Ymchwil ac Arloesi wrth nodi y gallai DHCW fod ar lefel 4 mewn Gwella Ansawdd.		

Ateb: Dim ond rhai rhannau o'r Safon sy'n berthnasol i DHCW:

- Rhan 2 Caiff cynnydd ei fesur, ei gofnodi a rhennir y dysgu
- Rhan 4 Mae ymchwil ac arloesi yn cael effaith uniongyrchol ar wella effeithlonrwydd ac effeithiolrwydd gwasanaethau, yn sicrhau gwell canlyniadau iechyd a llesiant i bobl, a gwella'r profiad o ofal
- Rhan 5 Mae dull strwythuredig o hyrwyddo a chefnogi ymchwil ac arloesi ac fe'i cymhwysir mewn ymarfer bob dydd
- Rhan 6 Ceir arweinyddiaeth weladwy glir a dull cydweithredol cryf gyda phartneriaid prifysgol a diwydiant
- Rhan 7 Mae ansawdd cofnodion clinigol yn cael ei wella drwy weithredu safonau sy'n galluogi ailddefnyddio'r data ar gyfer ymchwil

Ystyriwyd y canlynol gan yr asesiad (a oedd yn seiliedig ar weithgarwch Gwella Ansawdd ac Ymchwil ac Arloesi) ac fe'i aseswyd ar Lefel 4:

- Straeon Cleifion a Rennir ym Mwrdd DCHW
- Rheoli Camau Gwella Ansawdd
- Gweithgarwch y Grŵp Dysgu ac Adolygu Digwyddiadau
- Cynnal cydweithio ar draws gofal iechyd a chyda byd academaidd a diwydiant
  - Sefydlu Gweithgor Ymchwil ac Arloesi i ddatblygu a chydlynu gweithgareddau
  - Ymchwil Iechyd a Gofal Cymdeithasol Cymru, Canolfan Dystiolaeth COVID-19, Ymchwil ac Arloesi yn y DU (UKRI) a rhwydweithiau arloesi Cymru, Ymchwil Data Iechyd y DU (HDRUK)
- Cyfleusterau a Seilwaith
  - Sefydlwyd safle SharePoint hwb IRENE i gynyddu ymwybyddiaeth o adnoddau Ymchwil ac Arloesi
  - Mae DHCW hefyd yn rheoli e-Lyfrgell Iechyd GIG Cymru sy'n darparu gwybodaeth sy'n seiliedig ar dystiolaeth i gefnogi arloesi, arferion da ac ymchwil i holl staff, deiliaid contractau a myfyrwyr GIG Cymru, gan weithio'n agos gydag AaGIC

- DHCW mewn cydweithrediad â Phrifysgol Cymru y Drindod Dewi Sant a Phrifysgol De Cymru sy'n rheoli Sefydliad Gwybodaeth Ddigidol Cymru (WIDI)
- Cysylltiadau â sefydliadau academaidd eraill yng Nghymru a'r DU
- Cydweithrediadau Ymchwil ac Arloesi
  - Platfform eYmchwil Diogel (SePR) yr Adnodd Data Cenedlaethol (NDR), model a phrosesau llywodraethu (sydd ar fin mynd yn fyw) gan ddarparu gwersi amhrisiadwy a ddysgwyd o ran y gwaith gofynnol i sefydlu a chefnogi SeRP, IDEATE
  - Datblygu gwaith sy'n benodol i brosiect/rhaglen COVID-19
  - Datblygu rhaglenni gwaith Ymchwil ac Arloesi WIDI gyda DHCW
  - Mae Labordai Data Rhwydweithiol (NDL) Cymru (prosiect a ariennir gan y Sefydliad Iechyd gyda DHCW (NDR/Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd), Iechyd Cyhoeddus Cymru, Cronfa ddata SAIL, Gofal Cymdeithasol Cymru a phedwar NDL arall yn y DU wedi gweithio gyda'i gilydd i ddadansoddi a chyhoeddi data gan ddefnyddio pynciau COVID-19 ac yna eu gwerthuso a'u rhannu gyda'r cyhoedd)
- Mae DHCW yn bartneriaid allweddol gyda Chomisiwn Bevan, Cydweithrediad Rhanbarthol ar gyfer Iechyd (ARCH), Grŵp Cydweithredol Canolbarth Cymru yn ogystal â chefnogi cydweithwyr yn Llywodraeth Cymru i gydlynu ymgysylltiad Gwybodeg Iechyd
- Mae Gweithgor Ymchwil ac Arloesi DHCW gweithredol dan gadeiryddiaeth Dirprwy Gyfarwyddwr Gwybodaeth
- Cysylltiadau â sefydliadau academaidd gan gynnwys Prifysgol Cymru Y Drindod Dewi Sant (PCYDDS) a Phrifysgol De Cymru (PDC) drwy Fwrdd Llywodraethu WIDI (mae'r Prif Swyddog Gweithredol yn aelod) a Bwrdd Gweithredol WIDI (aelodau DHCW, PDC a PCYDDS, Coleg Sir Gâr)
- Mae DHCW yn parhau i weithio gyda WIDI, Comisiwn Bevan a'r Hwb Gwyddorau Bywyd, Addysg a Gwella Iechyd Cymru
- Mae'r Gyfarwyddiaeth Gwasanaethau Gwybodaeth yn gyfrifol am safonau data ac yn gweithio'n agos iawn gydag Adnodd Data Cenedlaethol ar wella

	ansawdd gwybodaeth gyda'r Grŵp Dadansoddeg Uwch a Bwrdd Safonau Gwybodaeth Cymru		
	Cwestiwn: A oes gennym unrhyw fewnwelediad ynghylch pam mae ein sgôr ar gyfer "Llywodraethu, Arweinyddiaeth ac Atebolrwydd" wedi gostwng?		
	Ateb: Cafodd y sgôr ei ostwng gan Ysgrifennydd y Bwrdd, i adlewyrchu'r ffaith bod DHCW yn sefydliad newydd sydd â'r angen i ymwreiddio'n llawn ein trefniadau llywodraethu newydd sydd wedi newid yn fawr. Yn flaenorol, defnyddiom fecanwaith adrodd sefydledig yn Ymddiriedolaeth GIG Prifysgol Felindre ond ar ôl sefydlu DHCW, roedd yn ofynnol i ni roi trefniadau cadarn llywodraethu ar waith ac adrodd yn gyflym a fydd yn aeddfedu dros amser. Rydym yn disgwyl gweld cynnydd yn y sgôr yn asesiad y flwyddyn nesaf.		
	Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi'r Safonau Iechyd a Gofal ar gyfer Sicrwydd.		
2.7	**Cofnodion y Cyfarfod Diwethaf** Cyhoeddus Crynodeb preifat Codwyd cwestiwn gan yr Aelod Annibynnol cyn y cyfarfod, fel yr amlinellir isod ynghyd â'r ymatebion a ddarparwyd. *Cwestiwn:* Nodwyd nad yw'r strategaeth Ymchwil ac Arloesi na'r strategaeth IP yn cael eu cyflwyno yng Nghyfarfod mis Chwefror. Pryd a pha wybodaeth yr ydym yn ei darparu mewn perthynas â'r oedi? *Ateb:* Mae'r Strategaeth IP wedi'i chynnwys o dan y diweddariad polisi ar gyfer cyfarfod mis Chwefror. Mae wedi'i chynnwys fel rhan o'r ymgynghoriad ar y polisi hwn. Yn wreiddiol, trefnwyd i'r strategaeth Ymchwil ac Arloesi ddod i'r Pwyllgor hwn ym mis Chwefror ond yn dilyn sesiwn Datblygu'r Bwrdd ar Ymchwil ac Arloesi ar 17 Ionawr cytunwyd bod angen mwy o amser i ddatblygu'r strategaeth hon, ac mae wedi'i chynnwys yng nghyfarfod Pwyllgor DG&S yn y dyfodol yn ddiweddarach. Adolygodd y Pwyllgor gofnodion y cyfarfod blaenorol. Rhoddodd Carwyn Lloyd-Jones, Cyfarwyddwr TGCh (CLJ) wybod am un mân welliant i'r ddwy set, sef y	Cymeradwywyd	Dim i'w nodi

	Bwrdd Rheoli Gwasanaethau Diogelwch Gweithredol			
	Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Gymeradwyo Cofnodion y cyfarfod diwethaf, yn amodol ar wneud y gwelliant uchod.			
3	RHAN 3 - PRIF AGENDA			
3.1	Cofnodion Gweithredu Nododd CD fod 3 cam gweithredu o'r cyfarfod diwethaf. Roedd un wedi cau ers hynny a gwahoddwyd Darren Lloyd, Pennaeth Llywodraethu Gwybodaeth (DL) gan CD i roi'r wybodaeth ddiweddaraf i'r pwyllgor am y ddau arall sydd ar y gweill. Nododd DL fod y broses sicrwydd yn cael ei chwblhau'n ôl-weithredol yn unol â'r ddau gam gweithredu ac y byddai Paul Evans, Rheolwr Ansawdd (Cydymffurfiaeth Reoleiddio) (PE) yn darparu diweddariad cynhwysfawr i'r pwyllgor fel rhan o'i ddiweddariad cyffredinol ar y broses sicrwydd. Ar ôl trafodaeth y Pwyllgor, cytunwyd i newid y llinellau amser hyd ddiwedd y chwarter. Ychwanegodd PE y bydd yr eitem sy'n gysylltiedig â'r pasbort COVID yn mynd i GSGC ar ddiwedd y chwarter hefyd. Nododd CD fod ymateb gan Lywodraeth Cymru wedi dod i law i lythyr a anfonwyd gan Gadeirydd blaenorol y Pwyllgor mewn perthynas â Swyddogaethau DHCW. Byddai hyn yn cael ei drafod yn fanwl yn ystod cyfarfod y Pwyllgor. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Drafod y Cofnodion Gweithredu.	Cymeradwywyd	Dim i'w nodi
3.2	Cylch Busnes Blynyddol a Blaengynllun Gwaith 2022/23 Cyflwynodd CD y Cylch Busnes Blynyddol, a nodwyd bod trosolwg o'r rhaglen ddigidol a ddatblygwyd gan Micelle Sell, y Prif Swyddog Gweithredu, wedi'i gynnwys fel eitem allweddol a'i adlewyrchu yn y Cylch Busnes Blynyddol. Adolygwyd yn flaenorol gan y pwyllgor ac a oedd bellach yn eitem agenda safonol ar gyfer y Pwyllgor. Eglurodd CD fod y Blaengynllun Gwaith yn ddogfen fyw a oedd yn llywio'r Cylch Busnes Blynyddol.	Nodwyd	Dim i'w nodi

	Cododd DS, fel rhan o gylch gwaith y pwyllgor, fod angen i'r pwyllgor adeiladu mwy o allu digidol wrth iddo aeddfedu maes o law. Nodwyd bod y pwynt hwn yn arwydd o drafodaeth yn y dyfodol a chytunodd y Pwyllgor fod angen datblygu Ymchwil ac Arloesi ac adrodd arno yn ystod cyfarfodydd y Pwyllgor yn y dyfodol. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Gymeradwyo'r Cylch Busnes Blynyddol a Blaengynllun Gwaith 2022/23		
3.3	**Adroddiad Hunanasesu Blynyddol y Pwyllgor** Trafodwyd Adroddiad Hunanasesu Blynyddol y Pwyllgor. Eglurodd CD y byddai'r hunanasesiad fel sefydliad newydd ei sefydlu yn offeryn lle casglwyd adborth gan aelodau'r pwyllgor i lywio sut mae DHCW yn gweithredu, datblygu ac ymgysylltu wrth symud ymlaen. Awgrymwyd y gellid trefnu sesiynau datblygiadol, wrth i'r pwyllgor aeddfedu, i aelodau'r pwyllgor ryngweithio y tu allan i drafodaethau'r pwyllgor fel rhan o agendâu'r cyfarfod. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Drafod Adroddiad Hunanasesu Blynyddol y Pwyllgor	Nodwyd	Dim i'w nodi
3.4	**Adolygiad o'r Cylch Gorchwyl** Cyflwynodd CD y Cylch Gorchwyl i'r grŵp ac esboniodd ei bod yn ddogfen hanfodol, yn yr un modd â'r cylch busnes, a ragnodir gan Lywodraeth Cymru, ac roedd yn cael ei chyflwyno i'w hadolygu a'i chymeradwyo gyntaf. Ychwanegodd CD y byddai'r Cylch Gorchwyl yn cael ei adolygu'n flynyddol wrth symud ymlaen. Nodwyd nad oes unrhyw newidiadau mawr i'r ddogfen, gyda mân newidiadau i gynnwys y Cadeirydd a'r Is-gadeirydd newydd. Cododd CD fod y pwyllgor yn brin o un aelod annibynnol o'r aelodaeth gan fod lle gwag i Aelod Annibynnol, felly pe na bai'r Cadeirydd neu'r Is-gadeirydd ar gael am ryw reswm, gallai'r cyfarfod barhau ond byddai'r gallu i wneud penderfyniadau yn dod i ben. Cafwyd trafodaeth ar seilwaith y pwyllgor a'i berthynas â byrddau a grwpiau cyfagos.	Nodwyd	Dim i'w nodi

Cofnodion wedi'u cadarnhau ar gyfer y:
Pwyllgor Llywodraethu Digidol a Diogelwch 18 Chwefror 2022

	Nodwyd, ar ôl i'r IMTP gael ei gymeradwyo, y gellid cyfeirio'n benodol at Ymchwil ac Arloesi o dan adran 2 o'r Cylch Gorchwyl ac y byddai'r pwyllgor yn dechrau edrych ar sut y gall gefnogi'r angen i wella'r bwlch sgiliau o dan y cynllun Sefydliadol ar gyfer dull mwy cyfannol. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Gymeradwyo'r Cylch Gorchwyl		
3.5	**Polisïau, Gweithdrefnau a Strategaethau** i. Polisi IP Nododd RG ei bod wedi mynegi rhai pryderon i CD/MS o ran y Polisi IP a'i bod yn teimlo y dylid ceisio cyngor cyfreithiol arbenigol pellach. Cynhaliwyd trafodaeth ar y safiad rhyddid i weithredu ynghylch iechyd digidol a chyfraith IP o fewn gallu rheoleiddiol a pherchnogaeth data personol o ran gwybodaeth am gleifion a'r hawliau i ddefnyddio'r data hynny. Cytunwyd bod angen sefyllfa fwy cadarn i osgoi dryswch a sicrhau bod DHCW yn parhau i weithredu o fewn y cylch gwaith cyfreithiol cywir. Cytunwyd nad oedd hawliau Arloesi ac IP yr un fath felly. Gallai gwaith barhau, fodd bynnag, a rhoddwyd mwy o amser i'r polisi i MS geisio cyngor arbenigol pellach, ymgysylltu â chydweithwyr y tu allan i'r cyfarfod hwn ac addasu'r polisi a byddai'n cael ei gyflwyno i'w gymeradwyo mewn cyfarfod yn y dyfodol. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Drafod y Polisi IP	Trafodwyd	MS i geisio cyngor arbenigol pellach, ymgysylltu â chydweithwyr y tu allan i'r cyfarfod hwn ac addasu'r polisi a byddai'n cael ei gyflwyno i'w gymeradwyo mewn cyfarfod yn y dyfodol

3.6	**Y Gofrestr Risg Gorfforaethol** Nododd CD y byddai'r Pwyllgor yn canolbwyntio ar yr archwiliad dwfn i TGCh /Risgiau Seilwaith. Fodd bynnag, crynhodd fod 19 o risgiau wedi'u neilltuo i'r pwyllgor, roedd 10 yn gyhoeddus a 9 a fyddai'n cael eu trafod yn y sesiwn breifat, a'r un sgôr a raddiwyd uchaf oedd CANISC. Yng ngoleuni'r ymateb a dderbyniwyd gan LlC ynghylch Swyddogaethau DHCW, a'r drafodaeth flaenorol ynghylch risgiau Llywodraethu Gwybodaeth, rhoddodd DL ddiweddariad byr, gan nodi bod Ifan Evans wedi egluro'r sefyllfa ar y gwaith parhaus, ond ni ddarparwyd amserlenni cadarn. Fodd bynnag, cadarnhawyd bod y Gweinidog Iechyd wedi cymeradwyo'r gwaith i fwrw ymlaen â'r gwaith Addewid Data. Cafwyd trafodaeth ar yr addewid data i sicrhau bod fframwaith clir yn cael ei sefydlu i alluogi proses a throsglwyddo gwybodaeth am gleifion ar draws Gofal Sylfaenol ac Eilaidd ac i leoliadau eraill. Cadarnhaodd DL fod uwch aelod o'i dîm yn cael ei secondio i dîm digidol Llywodraeth Cymru i gefnogi'r gwaith hwn. Cytunwyd y byddai CD/RH/DL yn cyfarfod y tu allan i'r cyfarfod i ddrafftio ymateb i LlC a pharhau â thrafodaethau. • **Archwiliad Dwfn - Risgiau TGCh a Seilwaith** Briffiodd Martin Prosser, Pennaeth Gweithrediadau Seilwaith (MP) y pwyllgor ar y risgiau seilwaith a nodwyd yn yr archwiliad dwfn, gan nodi: **Risg 0201 -** Clustnodwyd cyllid oedd ar gael a'i symud i ffrwd sy'n fwy seiliedig ar refeniw wrth i ni ddatblygu i'r cwmwl. Fodd bynnag, roedd mesurau lliniaru ar waith mewn perthynas â chamau gweithredu a chynghorwyd bod y risg hon yn parhau fel y mae ar hyn o bryd. Eglurodd CD fod y risg wedi bod ar y gofrestr am gyfnod, ac roedd yn achos o gydbwyso cyllid cyfalaf. Ychwanegodd CLJ fod cais i gael rhagor o gyllid ar gyfer gwasanaethau cefndirol gan LlC wedi bod yn aflwyddiannus. Byddai cyllid cyfalaf dewisol yn cael ei dorri 25% y flwyddyn nesaf ac mai diffyg staff a thrwyddedu i gefnogi'r gwasanaethau o dan refeniw oedd y prif fater. Crynhodd RG fod y symudiad i'r cwmwl wedi amlygu DHCW i risg fwy ac y gallai fod angen ei huwchgyfeirio i'w adolygu ar	Trafodwyd	CAM GWEITHREDU: CD i ddrafftio ymateb i lythyr Llywodraeth Cymru. CLJ i ailasesu Buddsoddiad Seilwaith Risg 0201 gyda'r potensial i gynyddu'r sgôr risg.

	lefel uwch. Cytunodd y Pwyllgor fod angen adolygiad pellach ar y risg cyn iddi gael ei hailgyflwyno i'r pwyllgor yn y cyfarfod nesaf. Nodwyd y byddai'r risg yn cael ei chynnwys yn Adroddiad Crynhoi'r Cadeirydd i'w nodi yng nghyfarfod nesaf y Bwrdd. **Risg 0228 -** Gweithio'n debyg i'r risg uchod, yn unol â'r strategaeth Cwmwl, mae'r risg o barthau diffygion a methiannau un pwynt o fewn y seilwaith. Cytunwyd bod y risg yn aros yr un fath. **Risg 0267 -** Nodwyd bod gwaith gyda'r gwneuthurwr i addasu'r systemau wedi ei wneud ac na fu unrhyw fethiannau annisgwyl o fewn y 3 mis diwethaf ac y cynghorwyd bod y risg yn cael ei hisraddio a'i monitro gyda'r bwriad o gau. **Risg 0268 -** Cau'r Ganolfan Ddata - ni wireddwyd y risg hon, ac argymhellwyd ei bod yn cael ei chau. **Risg 0205 -** Nododd CLJ iddo gyflwyno papur i'r Bwrdd Rheoli a oedd yn nodi gwasanaethau a oedd yn rhedeg yn y DMZ, a oedd yn lliniaru'r risg. Canlyniad hynny oedd yr argymhelliad i gau'r risg hon gyda'r bwriad o godi unrhyw fethiannau un pwynt fel risgiau ychwanegol. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Drafod y Gofrestr Risg Gorfforaethol		
3.7	**Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol** Cyflwynodd Julie Ash, Pennaeth Gwasanaethau Corfforaethol (JA) yr adroddiad a nododd y cytunwyd y byddai gweithdy ar ddysgu ehangach yn cael ei gynnal a'i roi ar waith mewn adroddiadau yn y dyfodol. Tynnwyd sylw at y ffaith yn ystod y chwarter y digwyddodd y canlynol; • Dim digwyddiadau cenedlaethol yr adroddwyd amdanynt. • 1 rhybudd cynnar ar seiberddiogelwch a adroddwyd i Lywodraeth Cymru • 11 adolygiad wedi'u cynnal gyda 6 yn parhau'n agored • dim cwynion wedi'u cofnodi.		Dim i'w nodi

	Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Drafod yr Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol		
3.8	**Adroddiadau Sicrwydd**	Nodwyd	Dim i'w nodi
	I. Adroddiad Sicrwydd Llywodraethu Gwybodaeth		
	Rhoddodd DL drosolwg byr o'r Adroddiad Sicrwydd Llywodraethu Gwybodaeth a nododd gynnwys disgrifiad yr addewid data, y perfformiad presennol o ran y pecynnau cymorth cydymffurfio data a gynhwysir ar yr amserlen, yr ymateb statudol Rhyddid Gwybodaeth yn cael ei ddatrys a'r sicrwydd bod DHCW ar y trywydd iawn i gyflawni rhwymedigaethau a nodwyd.		
	II. Adroddiad Sicrwydd Gwybodeg		
	Arweiniodd PE yr Adroddiad Sicrwydd Gwybodeg a nododd y canlynol:		
	• Byddai 1 papur sicrwydd yn cael ei roi'n fyw; • Roedd 7 papur sicrwydd wedi'u cynllunio, roedd 4 wedi'u cymeradwyo ac roedd y gweddill gyda'r Cyfarwyddwr Meddygol Gweithredol i'w hadolygu a'u cymeradwyo.		
	Gofynnodd PE i'r pwyllgor nodi eitem 3.1, gwasanaethau a oedd heb sicrwydd o'r blaen, a chadarnhaodd mai dim ond 1 papur a oedd yn weddill oedd yn aros am gymeradwyaeth, ac roedd disgwyl hyn erbyn diwedd y chwarter.		
	III. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth		
	Rhoddodd Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth a Gwybodaeth Ddigidol (RP) grynodeb o Adroddiad Sicrwydd y Gwasanaethau Gwybodaeth ac amlygodd yr ymrwymiad parhaus i gydymffurfio â phrosesau sicrwydd. Nododd RP y gwaith parhaus i gefnogi gwasanaethau COVID ac ychwanegodd fod achrediad wedi'i gyflawni ar gyfer Deddf yr Economi Ddigidol ers cyhoeddi'r papur.		
	Ychwanegodd RP fod gwaith yn mynd rhagddo gyda thimau diogelwch a gwasanaethau masnachol i sefydlu trefniadau pellach i gefnogi'r ddyfais SAIL wrth symud ymlaen. Yn ogystal, roedd awydd am achrediad pellach i gefnogi gwasanaethau ac ymgorffori mwy o gynhyrchion wrth symud ymlaen.		

	Estynnodd RH ddiolch i DL ac RP am eu cyfraniad i'r gwaith uchod a'r effaith gadarnhaol ar y gyfarwyddiaeth. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r yr adroddiadau am Sicrwydd.		
	Egwyl		
3.9	**Diweddariad ar Drosolwg y Rhaglen Ddigidol** Cyflwynodd David Sheard (DSh) ddiweddariad mis Rhagfyr ar y trosolwg o'r rhaglenni a gefnogir gan DHCW. Cafwyd trafodaeth am y gwaith canser gyda Felindre a'i gymhlethdodau. Tynnodd RH sylw at faterion fel rheoleiddio radiotherapi a ffyrdd o amgylch y llif gwaith, materion adnoddau yn Felindre a'r angen am argaeledd i gwmpasu'r materion tra'n gweithredu mewn amgylchedd clinigol yn ogystal â delio â phedair ffrwd lywodraethu a'r oedi a achosodd hyn a effeithiodd ar y rhaglen a'i statws RAG. Nodwyd bod WEDS wedi mynd yn fyw yn uned mân anafiadau Castell-nedd Port Talbot. Fodd bynnag, mae oedi mewn rhannau eraill o BIPBA oherwydd effaith COVID. Gofynnodd DS pryd y byddai'r argymhellion ar gael o ran WCCIS a'r archwiliad Channel 3. Mewn ymateb, cadarnhaodd CD y byddai'r rhain yn cael eu dosbarthu yn Adroddiad y Prif Weithredwr yng Nghyfarfod Bwrdd SHA mis Mawrth. Nodwyd, oherwydd COVID a'r ymdrech i gefnogi'r gwaith brechiad atgyfnerthu, bod adnoddau wedi cael eu dargyfeirio o raglenni. Byddai hyn hefyd yn cael ei gynnwys yn Adroddiad Crynhoi'r Prif Weithredwyr i'r Bwrdd. • **Archwiliad Dwfn — Rhaglen Gwneud Cais am Brawf yn Electronig** Rhoddodd GW, Rheolwr Cynnyrch Cofnod Sengl - drosolwg o'r archwiliad dwfn i'r rhaglen ETR a'i ganfyddiadau, gan nodi mai'r brif her oedd darparu caledwedd a'r cyfluniad sydd ei angen i'w gefnogi. Amlygodd GC mai gwers allweddol oedd bod angen newid ETR	Nodwyd er Sicrwydd	Dim i'w nodi

	ar lefel leol a bod angen, yn ei dro, i'r byrddau iechyd lywio hyn. Cytunodd RH gan nodi y byddai angen elfen o hyrwyddo clinigol mewn gofal eilaidd; roedd y broses yn gweithio pan fyddai hwyluswyr newid ar y ward. Fodd bynnag roedd angen cynllun parhad busnes ar gyfer pan na fyddai hynny'n digwydd. Cytunodd RH i ddosbarthu ei ganfyddiadau ar yr arolwg defnyddwyr a gwblhaodd yn ddiweddar. Nodwyd, wrth gyflwyno'r rhaglen ETR, bod LINC a RISP yn cefnogi rhai meysydd, ond y nod oedd rhyddhau adnoddau o'r rhaglen canser i gefnogi'r gwaith hwn ymhellach. Cafwyd trafodaeth ar sut y gallai DHCW ddistyllu arferion gorau i yrru trawsnewid digidol yn ddi-oed, gan ddysgu o'r rhaglen ETR. Cytunodd GW i drafod sut i gipio hyn gyda RH gyda'r bwriad i'w weithredu ar draws y rhaglen. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r Trosolwg Rhaglen Ddigidol a'r Archwiliad Dwfn i'r Rhaglen Gwneud Cais am Brofion Electronig ar gyfer Sicrwydd.		
3.10	**Adroddiad Cau Trosglwyddo Canolfan Ddata** Hysbysodd CLJ y pwyllgor fod y prosiect wedi'i gwblhau'n llwyddiannus, gyda'r canlyniad o fuddion yn cynorthwyo taith cwmwl DHCW a chymerwyd nifer o wersi a ddysgwyd o ran amserlenni ac oedi posibl ar rwydweithio. Nodwyd bod y prosiect yn symud i'w ail gam o waith data a chynghorodd CLJ y byddai'r prosiect yn adrodd i'r pwyllgor pan bennwyd cynlluniau a llinellau amser y prosiect. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r Adroddiad Cloi Pontio'r Ganolfan Ddata er Sicrwydd.	Nodwyd er Sicrwydd	Dim i'w nodi
4	**RHAN 4 - MATERION I GLOI**		
4.1	**Unrhyw Faterion Brys Eraill** Nid oedd unrhyw fater arall i'w nodi.	Nodwyd	Dim i'w nodi
4.2	**Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd** Teimlai RG fod yr eitemau a godwyd i'w cynnwys yn Adroddiad Crynhoi'r Cadeirydd i'r Bwrdd wedi'u nodi'n ddigonol trwy	Nodwyd	Dim i'w nodi

	gydol y cyfarfod.		
4.3	**Dyddiad y cyfarfod nesaf:** Cadarnhawyd dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol ar 12 Mai am 1.00pm.	Nodwyd	Dim i'w nodi

DRAFT

DIGITAL GOVERNANCE AND SAFETY COMMITTEE MEETING - PRIVATE

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

🕐 12.10pm – 13.00pm   📅 18/02/2022

📍 MS Teams

Chair	Rowan Gardner

Present (Members)	Initials	Title	Organisation
Rowan Gardner	RG	Independent Member, Chair of the Digital Governance and Safety Committee	DHCW
David Selway	DS	Independent Member, Vice Chair of the Digital Governance and Safety Committee	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Carwyn Lloyd Jones	CLJ	Director of Information and Communication Technology	DHCW
Rachael Powell	RP	Deputy Director of Information	DHCW
Chris Darling	CD	Board Secretary	DHCW
Darren Lloyd	DL	Head of Information Governance	DHCW
Jamie Graham	JG	Head of Cyber Security	DHCW

In Attendance	Initials	Title	Organisation
Julie Ash	JA	Head of Corporate Services	DHCW
Sophie Fuller	SF	Corporate Governance and Assurance Manager	DHCW
Carys Richards	CR	Corporate Governance Coordinator (Secretariat)	DHCW

Unconfirmed minutes for the:
Digital Governance & Safety Committee 18 February 2022

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Apologies	Title		Organisation
None to note			

Acronyms			
OSB	Operational Service Board	CANISC	Cancer Network Information System Cymru

Item No	Item	Outcome	Action
1	**PART 1 – PRELIMINARY MATTERS**		
1.1	**Welcome and Introductions** Rowan Gardner, Chair (RG) welcomed all present to the private Digital Governance and Safety Committee meeting.	Noted	None to note
1.2	**Apologies for Absence** There were no apologies of absence to note.	Noted	None to note
1.3	**Declarations of Interest** There were no declarations of interest made.	Noted	None to note
2	PART 2 – MAIN AGENDA		
2.1	**Minutes of the last meeting** The minutes of the last meeting were approved as an accurate account based on the following 3 minor amendments being made: • It was noted that for accuracy the spelling of NIIAS needed to be amended; • DHCW estates amended to estate (singular); and • Correction within the title of Operational Security Management Board. **The Digital Governance and Safety Committee resolved to:** APPROVE the minutes of the last meeting, subject to the	Approved	None to note

Unconfirmed minutes for the:
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	above amendments.			
2.2	**Action Log** There were no actions to review.	Noted	None to note
2.3	**CANSIC Verbal Update** Rhidian Hurle, Executive Medical Director (RH) gave a verbal update on CANISC explaining to committee members that it was a legacy product without Microsoft support. RH noted that there was an enthusiasm to move away from using the CANISC System. Meetings were ongoing between DHCW and Velindre University NHS Trust to establish a plan going forward. **The Digital Governance and Safety Committee resolved to:** NOTE the CANISC Verbal Update.	Noted	ACTION: CD to raise project and operational risks being viewed concurrently at the Risk Management Group.
2.4	**DHCW Cyber Security Report including Corporate Risk Register – Cyber Security Risks** Jamie Graham, Interim Head of Cyber Security (JG) presented the Cyber Security report and provided an overview of the risks included and these were discussed in detail. It was suggested that a Cyber Event Network Day could be beneficial across NHS Wales. **The Digital Governance and Safety Committee resolved to:** NOTE the DHCW Cyber Security Report including Corporate Risk Register – Cyber Security Risks	Noted	None to note
3	**PART 3 – CLOSING MATTERS**		
3.1	**Any Other Urgent Business** RG asked whether the private committee should meet more regularly to support the matters discussed in the interim period to ensure the correct level of assurance was provided. CD confirmed this would be explored outside the meeting.	Approved	ACTION: CD to explore options for the private committee to meet more regularly for assurance purposes.
3.2	**Items for Chair's Highlight Report to the Board** Items to be included in the Chair's Highlight Report to the Board were noted throughout.	Noted	None to note

Unconfirmed minutes for the:
Digital Governance & Safety Committee 18 February 2022

| 3.3 | Date of next meeting: Thursday 12th May 2022 | Noted | None to note |

Data Centre Transition
Final Internal Audit Report

May 2022

Digital Health and Care Wales

NWSSP Audit and Assurance

Contents

Review reference:	DHCW-2122-07
Report status:	Final
Fieldwork commencement:	24th January 2022
Fieldwork completion:	24th March 2022
Draft report issued:	30th March 2022
Debrief meeting:	
Management response received:	4th April 2022
Final report issued:	6th April 2022
Auditors:	Martyn Lewis (ICT Audit Manager)
	Sian Harries (ICT Auditor)
Executive sign-off:	Carwyn Lloyd Jones (Director of ICT)
Distribution:	Jamie Graham (Infrastructure Programme Manager)
	Martin Prosser (Head of Infrastructure Operations)
	Matt Palmer (Head of Infrastructure Design)
Committee:	Audit Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Digital Health & Care Wales and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Executive Summary

Purpose

To evaluate and determine the adequacy of the processes in place in DHCW for the management of the Data Centre move and the current Data Centre Service.

Overview

We identified no significant issues for reporting in our review.

The relocation of the data centre was undertaken in a controlled manner and was successfully completed within the expected time frame.

Report Classification

Substantial assurance

Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.

Assurance summary[1]

Assurance objectives	Assurance
1 Project Governance	Substantial
2 Testing	Substantial
3 Lessons Learned / Benefits	Substantial
4 Current Data Centre Service	Substantial

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[1] The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

1. Introduction

1.1   The review of the governance arrangements in place for the Data Centre Move was completed in line with the 2021/22 Internal Audit plan for DHCW (the 'organisation').

1.2   Following the end of the contract for hosting NHS Wales equipment within the Blaenavon Data Centre, the decision was made to move into a new data centre location, the CloudCentres Data Centre (CDC). The move was governed by a formal project process to ensure that all equipment and services were transferred successfully. The relevant lead for the assignment is the Director of ICT.

1.3   The potential risks considered in the review are as follows:

- loss of processing / data; and

- inconsistencies in data centre provision impacts on service delivery across Wales.

2. Detailed Audit Findings

Objective 1: Project Governance – an appropriate project governance process was in place that ensures control was maintained over the project, risks were managed and formal reporting and monitoring undertaken.

2.1   The Data Centre Transition (DCT) Project was formed in September 2020 and progressed identified actions through three workstreams, which focussed on delivering the successful transition of systems from Blaenavon Data Centre (BDC) to the new CloudCentres Data Centre (CDC).

2.2   The DCT Project was formal and adopted PRINCE2 methodologies. A comprehensive Project Initiation Document (PID) was authored by the DCT Principal Project Manager and approved by the Director of ICT. The PID included full project details such as:

Project Definition	• Background • Objectives • Desired outputs and outcomes • Scope
Project Approach	• Structure • Workstream detail • Plan on a Page • Assumptions, constrains and dependencies
Project Control	• Governance • Change and Configuration Management • Roles and responsibilities • Quality and Assurance • Risks, Assumptions, Issues, and Dependencies (RAID)

2.3   We noted within the PID that there was a detailed governance structure inclusive of a Project Board and Project Team with clearly defined membership, roles, and responsibilities.

Senior Reporting Officer (SRO)	**Director of ICT** accountable to the DHCW Executives for project success.
Project Director	**Infrastructure Programme Manager** accountable to the SRO for project success.
Executive Stakeholders	**Director of Finance and Director of Application Development and Support** review and monitor project progress and the high-level plan and critical path. Oversees cross-Directorate and Executive-level actions.

Project Board

2.4   The Project Board also had representation from local Health Boards, Welsh Government, and various teams in DHCW including Technical, Finance and Procurement.

2.5   We reviewed Project Board meeting agendas and minutes and noted that detailed discussions were held with any resulting actions and decisions recorded on separate registers.

Project Team

2.6   The three workstreams focussed on delivering the successful transition of systems were as below[2], with each workstream reporting into the Project Board.

Data Centre Transition Project

| New Data Centre Procurement and Relocation | Architecture and Infrastructure | Cloud |
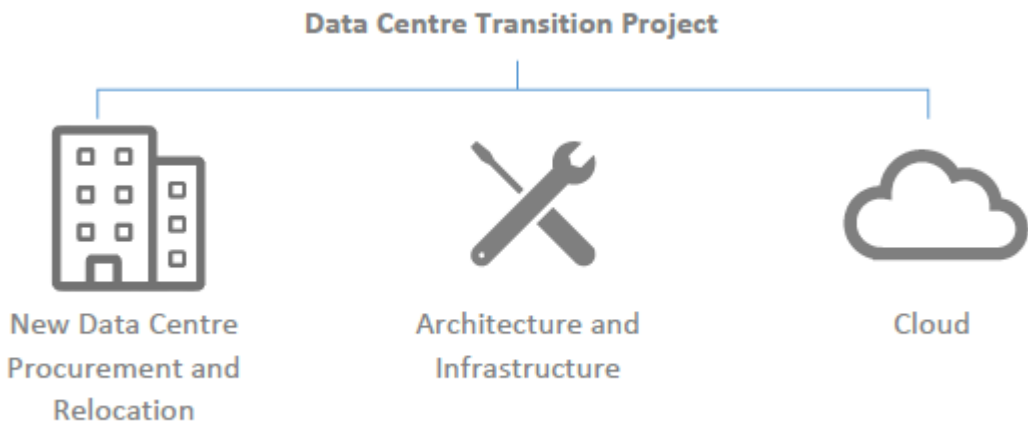
2.7   Project Team membership was appropriate, and was comprised of:

Workstream Leads	•Principal Project Manager and Project Manager
Project Management Office	•Project Manager and Project Support Manager
Commercial Services	•Head of Commercial Services
Infrastructure Operations	•Head of Infrastructure Operations
Infrastructure Design	•Head of Infrastructure Design
External Stakeholders	•Head of Clinical Futures ICT - Aneurin Bevan University Health Board •Head of Digital Operations – Hywel Dda University Health Board •Director of Digital And Health Intelligence – Cardiff and Vale University Health Board •Health and Social Services - Technology, Digital & Transformation Directorate
Primary Care Services	•Head of Primary Care Services
Infrastructure Operations Teams	•Infrastructure Operations Lead (Data Centre Services) •Infrastructure Operations Lead (Core Servers)

2.8   Extensive reporting arrangements were in place throughout the project lifecycle as defined within the *Governance Meetings Matrix* included as Appendix B of the PID. Meetings consisted of:

- weekly NWIS Directors Meeting (monthly Executive Board);

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[2] PID-DCT_ProjectInitiationDoc, 3.1 Structure

- monthly DCT: SRO Steering Board;
- monthly DCT Project Board;
- weekly Application Meeting;
- weekly Procurement Meeting;
- weekly Technical Meeting; and
- daily Scrum.

Each group had a defined purpose, scope, reporting type, and identified key stakeholders.

2.9 We confirm appropriate controls were in place throughout the project. We reviewed the overarching Project Transition Plan which provided a summary of key plans including:

- Master Transition Batch Plan;
- CDC Cabling Schedule;
- SCC Transition Resource Plan; and
- DHCW Network Implementation Plan.

2.10 The Master Transition Batch Plan contains both high-level and granular detail relating to project deliverables, phases, key activities, planned timescales and resource plans with named officers against key transition activities.

2.11 An Engagement Plan was developed which clearly defined the communication objectives, audiences, key messages, communication issues, constraints, and assumptions as well as the communication approach. We noted within the DCT Project Closure Report that positive feedback had been received regarding the communications sent by the DCT Project Team.

2.12 The DCT Project was subject to a standard risk management process with a full RAID log maintained throughout, which captured Risks, Assumptions, Issues, and Dependencies, along with their associated mitigations. Risks and issues requiring escalation were managed through the PMO, following the project governance structure. Open risks/issues were reviewed on a monthly basis and the highest rated ones were reviewed in detail at Project Board meetings. The Board Members also reviewed and approved all key decisions.

2.13 The majority of risks have been closed, with the outstanding risks presented to the Project Board on 16 December 2021 with supporting proposals to transfer to appropriate DHCW Teams for ongoing management and resolution. We cross-referenced the RAID Log with the outstanding risks presented to the Project Board and we can confirm all were discussed and managed appropriately.

Conclusion:

2.14 Our review highlighted project management best practices throughout the project lifecycle. We noted extensive governance arrangements in terms of project structure, controls, and risk management, and consequently we have provided **substantial** assurance over this objective.

Objective 2: Testing – the project ensured that testing was appropriately undertaken, including of equipment, network links and failover.

2.15 Testing was formally included as part of the project, with appropriate test plans in place. Testing included:

- failover ability;
- test of the new architecture after build;
- network testing; and
- power down testing for the equipment being moved.

2.16 Testing of the architecture and network connectivity was undertaken by the consultancy provider and was 'out of hours' to minimise the risks of disruption. The testing of the architecture and network was split into sections related to components in the design and included redundancy testing of the network and data centres. Testing of the architecture solution was defined by a formal test plan, and completion of this was formally signed off and approved at project board.

2.17 Testing was also undertaken on utilities within the new data centre. There was load bank testing to ensure that the backup power supply was appropriate and testing of the cooling systems.

2.18 Testing was also undertaken on each system as it was moved across to ensure availability and connectivity for users. This was a formalised process with the relocation stages set out in plans which noted the power cycle test on Fridays and the application testing on Sundays.

2.19 Detailed plans were developed for the move, which included testing, which was undertaken by application teams once the move and infrastructure items had been completed. The progress of the application testing was tracked and recorded by the project manager, and success confirmed in post-move meetings.

Conclusion:

2.20 Testing was included within the project plan and test plans were defined and completed. All testing was signed off as complete, and accordingly we have provided **substantial** assurance for this objective.

Objective 3: Lessons Learned / Benefits – a process is in place to identify lessons from the data centre move and to ensure that identified benefits are realised.

2.21 The project has been subject to a full post implementation review, which included a process to identify lessons that can be factored into future projects.

2.22 Following this a formal closure report was produced, this was finalised in January 2022 and approved by the lead director. The closure report reviews the performance of the project, with the key items included within the report being:

- noting the delivery of the project scope and all objectives in the PID;
- assesses project performance against the objectives and notes a positive outcome;

- assesses project performance against the stated outputs and notes a positive outcome;
- assesses project performance against outcomes (benefits), and notes a positive outcome;
- assesses project performance against costs, and notes a forecast underspend of £2.2k;
- assesses project performance against timescales, and notes a generally positive outcome whilst providing information on delays due to covid and complexity;
- breaks down the tasks contained within the project by workstream and assesses status; and
- notes the creation of a lessons learned log.

2.23   Meetings with stakeholders and workshops were held, together with questionnaires used to capture lessons in order to improve future projects. We note that there were over 180 identified lessons, and these have been categorised by theme and used to create specific recommendations for the organisation.

2.24   These lessons were compiled into the closure report, and also into single slides for rapid reporting. These were reported both to the Project Board, but also to Management Board and Directors to enable the wider sharing of learning.

2.25   A process is in place to ensure that lessons are taken forward and embedded in future projects.

2.26   For recommendations that are pertinent to the next data centre project, there are to be a series of workshops with each of the subgroups to ensure that the lessons are carried forward into the project. In addition, the lessons are to be the focus of a workshop with the third-party networking consultants in early April 2022.

2.27   For recommendations that have wider organisational learning, these are grouped into six wider themes, and they will be shared with and discussed at the Incident Review and Learning Group.

2.28   We note that the project was not necessarily a benefit led project, but it was required as the data centre provider was terminating the service, and so a move to a new location had to happen. This required move was used as an opportunity to improve the provision in the new location.

2.29   Benefits were identified in the PID and were defined as the desired outcomes and comprised:

- continued delivery of on-prem infrastructure;
- upgrading of network infrastructure; and
- roadmap to cloud adoption.

2.30   The benefits as set out in the PID have largely been achieved, with the new data centre being active as anticipated. The network within the new data centre is a software defined network and this provides greater bandwidth, resiliency, and growth capacity. It also allows for better flexibility in how network resources are deployed.

2.31   The roadmap to cloud adoption has not been achieved. However, the data centre project was used to demonstrate the capability of cloud, and a Cloud Strategy Programme has been established to develop the roadmap, and this will use information from the data centre project.

Conclusion:

2.32   The project considered the benefits to be achieved from the data centre re-location, and these have largely been realised, with a new data centre active and an upgraded network provision. A post implementation review has been undertaken that assessed the project and which identified lessons to be used in future projects with DHCW, and there is a mechanism for ensuring that this learning is shared appropriately. Accordingly, we have provided **substantial** assurance for this objective.

Objective 4: Current Data Centre Service– the current data centre service provision is consistent across sites, has appropriate risk management, is modern and appropriate to the need of NHS Wales.

2.33   We note that both data centres now sit within the same tier and so will provide the same level of controls over access and resilience. The differences between the two sites are related to the network provision, with the new data centre having a modern, software defined network, and the older (Newport) data centre retaining a traditional hardware based network.

2.34   We note therefore, that the technology in use within the new data centre is more current than the Newport data centre and so will have greater longevity. The project included the use of a consultancy to design and build the new network (Cisco ACI network). As the provider is an accredited member of Ciscos' Partner Support Service, DHCW has confidence that the network architecture is fully compliant with Ciscos' recommended network implementation.

2.35   The risk relating to the differences between the data centres is clearly identified, and relates to the divergence in network configuration, which is likely to increase over time and impact on the ability of DHCW to provide rapid disaster recovery and delay recovery times.

2.36   A Situation-Background-Assessment-Recommendation document (SBAR) has been produced that clearly articulates the network risks and provides options and potential solutions. We note that the contract for the Newport data centre ends in the near future, and so work on phase two of the data centre project has commenced and is looking at options for improving the provision relating to this data centre.

2.37   Due largely to the network provision within the new data centre, there is greater scalability and so a greater ability to meet the future needs of NHS Wales, and this is one of the factors considered within the options assessment relating to the Newport data centre.

Conclusion:

2.38   The current data centre provision for DHCW provides a largely consistent service in terms of resilience and hosting environment. There are differences now extant in networking and scalability and there is a risk associated with this which is appropriately articulated. The contract for the Newport data centre is coming to an end and the network risk is being considered as one of the factors in the option appraisal. Accordingly, we have provided **substantial** assurance for this objective.

Appendix A: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally, issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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- NHS Wales Shared Services
Partnership

DIGITAL HEALTH AND CARE WALES
SENIOR INFORMATION RISK OWNER (SIRO) ANNUAL REPORT

Agenda Item	2.3

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2022

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

Executive Sponsor	Gareth Davis, Interim Executive Director of Operations
Prepared By	Carwyn Lloyd-Jones, Darren Lloyd, Rachael Powell, Jamie Graham, Sian Evans
Presented By	Carwyn Lloyd-Jones, Director of ICT

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

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   PURPOSE

This report has been prepared for the DHCW board to provide assurance relating to the policies and procedures that the Special Health Authority has in place to manage information risks. This is the first Senior Information Risk Owner (SIRO) report for DHCW.

In particular, the report provides:
- Introduction to the Information Risk Management Approach in DHCW.
- A summary of key developments relating to improving Information Risk Management since DHCW was formed.
- Information on relevant audits which provide assurance relating to Information Risk Management
- Information and data relating to Information Risk Management

The report concludes with the forward plan of activities which aim to deliver further improvements in Information Risk Management.

2   APPROACH TO INFORMATION RISK MANAGEMENT IN DHCW

This section describes the approach for Information Risk Management in DHCW.

2.1   Structures

The structure for Information Risk Management within DHCW is as follows:
- The Accountable Officer for Information Risk Management is the Chief Executive Officer (CEO)
- The Senior Information Risk Owner (SIRO) is the Executive Director of Operations. An interim Executive Director of Operations has been appointed, but the person has not yet started in the role. The interim SIRO is the Director of ICT and Digital Business. The SIRO acts as an advocate for information risk on the board and in internal discussions.
- The Caldicott Guardian is the Executive Medical Director. This position is responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.
- Information Asset Owners. These are responsible for:
  - identifying information assets,
  - ensuring these are recorded on the Information Asset Register,
  - understanding and addressing risks to these information assets.
- Data Protection Officer – This is the Associate Director for Information Governance and Patient Safety. This role is responsible for carrying out certain tasks in relation to personal data (as defined in Article 39 of the UK General Data Protection Regulation).
- Information Governance Team – supporting the work of the Data Protection Officer.
- Cyber Security Team. Providing advice, guidance, tools and services to identify cyber vulnerabilities and coordinating the response to cyber-attacks.

2.2   Oversight and Assurance

Oversight and assurance for Information Risk Management is provided by the following:
- Digital Governance and Safety (DG&S) Committee. The committee provides oversight and assurance for the following:
  - Information Governance,

- o Information Services,
- o Cyber Security,
- o Notifiable Events, including those relating to Clinical, Technical, Cyber-Security, Information Governance, Health and Safety and Business Continuity,
- o Incident Review and Learning,
- o Welsh Informatics Assurance processes.
- Audit and Assurance Committee (A&A) Committee. In this context (Information Risk Management) the Audit and Assurance Committee provides oversight and assurance for the following:
  - o DHCW Risk Management,
  - o Outcomes of various audits – tracking the progress of any audit actions. These include ISO27001 (Information Security Management) and BS10008 (Evidential Weight and Legal Admissibility of Electronic Information),
  - o DHCW Quality Management Systems.

2.3 Processes and Controls

Within DHCW, there are a number of processes and controls that are in place to assist with Information Risk Management.

- Information Governance Strategy for DHCW
- Data Privacy Impact Assessments, linking in to the DHCW Welsh Informatics Assurance (WIA) process
- Information Asset Policy.
- Information Sharing Agreements.
- Cyber Security Policies, Processes and Controls

2.4 Tools

The following digital tools are used to help reduce risks relating to information assets.

- The National Integrated Intelligent Auditing Service (NIIAS). The digital systems that DHCW operate generate audit logs when users access patient identifiable information. These are fed into the NIIAS, along with information relating to the person that accessed that information. The system identifies potential suspicious activities which can then be manually checked.
- Cyber security tools. DHCW utilise several cyber security tools to identify vulnerabilities and to detect intruders/attacks on our systems.
- Secure File Sharing Portal. This is a system which allows the secure transfer of sensitive information to recipients inside or outside the NHS Network.

3 UPDATES ON KEY DEVELOPMENTS RELATING TO INFORMATION RISK MANAGEMENT

This section describes some of the key developments relating to Information Risk Management

3.1 Risk Appetite

A new risk management framework and risk appetite were approved by the DHCW Board in November 2021. The risk appetite for the domains relating to Information Risk Management are as follows.

Domain	Definition	Appetite	Articulated Statement

Information – Storing and maintaining	Impacts upon the organisation's ability to safely store, maintain and transform data.	Adverse	DHCW recognise the importance of an adverse approach to the safety of data stored and managed by the organisation and will accept little to no risk impact in this area.
Information – Access and Sharing	Impacts upon the organisation's ability to transform, access, share, and use data.	Cautious	Access and sharing of data will enable further benefit and value from data. DHCW will accept a small amount of risk to allow access and sharing of data for potential wide reaching and transformational benefits
Compliance	Impacts upon the organisation's conformance with legal obligations and statutory duties and its compliance with regulatory requirements	Adverse	DHCW must be averse to risks that could impact upon its compliance with law and regulation. It will ensure robust processes and systems are in place to ensure obligations are appropriately managed and risk reduced to the lowest practical level.
Service Delivery	Impacts upon the intended/expected/contracted delivery of the organisation's services.	Cautious	Delivery of DHCW's core operational services must be protected from adverse impact from risks, while recognising that pursuing certain activities may result in some minor or short-term disruption to those services.
Reputational	Impacts upon the organisation's reputation amongst all or some of its stakeholders including the general public.	Cautious	Damage to the DHCW's reputation can undermine stakeholder confidence and be costly to remedy, so only risks with a low reputational impact will be acceptable.

The tolerance level for risks are detailed in the table below. The risk rating is determined using the formula:
- Impact [1 – 5] x Likelihood [1 – 5]

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Approach	Tolerance
Adverse	Risks with rating 9 or above are reported to the Board
Cautious	Risks with rating 12 or above are reported to the Board
Moderate	Risks with rating 15 or above are reported to the Board
Open	Risks with rating 20 or above are reported to the Board
Hungry	Risk with rating 25 of above are reported to the Board

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3.2   Development of an improved Information Asset Register (IAR)

A project has been established to develop and improve the Information Asset Register (IAR) for DHCW. The IAR helps DHCW better manage Information Assets and informs DHCW of the impact of incidents affecting these Information Assets. The build of the IAR is complete and identified Information Asset Owners (IAO) have completed the required training. The capturing of Information Assets has been completed by 95% of identified IAOs.

3.3   Improvements in IT Asset Management

The Client Services Team have procured a new IT asset management system to help track physical IT assets (PCs, Laptops, SmartPhones, etc). Work has started in migrating assets (computers, monitors, docking stations) into the system with planned completion for DHCW in Spring 2022.

3.4   Cyber Security Assessment

The DHCW Cyber Security team engaged with a specialist third-party organisation to undertake a ransomware risk assessment in October 2021. The risks have been grouped into relevant categories and added to the corporate risk register. The actions arising from that assessment are being taken forward in a Cyber Security Service Improvement Project.

3.5   Retirement of legacy infrastructure

DHCW operational services teams have removed a considerable amount of legacy infrastructure in the past year. This helps reduce the likelihood of data loss or interruption to data services due to failure of old infrastructure. This work continues as additional equipment reaches the end of its life. Extended Security Updates are procured where necessary to reduce associated Cyber Security risks when running legacy infrastructure.

3.6   Accreditation with NHS Digital's Secure Email Standard

DHCW have achieved accreditation with NHS Digital's Secure Email Standard (DCB1596). This means that users of the NHS Wales email service can now exchange sensitive information, including Patient Identifiable Information, with users of NHSmail (NHS England's email service)

3.7   Digital Economy Act Processor Accreditation

The application for Accreditation under the Digital Economy Act (for our role as a trusted third party to SAIL[1]) was approved by the Research Accreditation Panel (RAP) in February. This process involved an audit of a series of security controls specific to the area of data handling related to the provision of a service to Swansea University. DHCW will now be accredited to receive additional datasets in its role as a Trusted Third Party to SAIL (Swansea University) allowing them to expand their research capabilities.

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[1] https://saildatabank.com/

SIRO Annual Report   Page 5 of 11   Author: Carwyn Lloyd-Jones, Darren Lloyd, Rachael Powell, Jamie Graham, Sian Evans
Approver: Carwyn Lloyd-Jones

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4   AUDITS

This section provides summary information on audits related to Information Assets / Information Risks

4.1   ISO27001 (Information Security Management System)

DHCW had a surveillance visit for the ISO27001 accreditation in November 2021. 10 previous minor non-conformities were closed, and no new non-conformities were identified.

4.2   BS10008

The DHCW Information Governance team manages application of British Standard 10008 (BS10008): Evidential Weight and Legal Admissibility of Electronic Information. The scope of the standard currently covers the DHCW's national data repositories, namely the Welsh Care Records Service (WCRS) and Welsh Results Reporting Service (WRRS). The standard was initially achieved in November 2019, with reaccreditation granted via annual external audits in 2020 and 2021.

On December 13th, 2021, DHCW completed its most recent external audit. The report concluded the audit objectives have been achieved and the certificate scope remains appropriate. Whilst no non-conformities were identified two opportunities for improvement were outlined. These small improvements will be incorporated into 2022's programme of work for BS10008. The next assessment will be held in November 2022.

4.3   Internal Cyber Security Audit

In March 2021, Internal Audit (NHS Wales Shared Services Partnership) undertook a Cyber Security Audit. Due to the nature of the report (sensitive cyber-security information), this report was received by the Private part of the Audit and Assurance Committee in May 2021.

4.4   Audit Wales

In September 2021, Audit Wales undertook an audit of Nationally Hosted IT Systems. Due to the nature of the report (sensitive cyber-security information), this report was received by the Private part of the Audit and Assurance Committee in October 2021.

5   INFORMATION / DATA

5.1   Freedom of Information Requests

Under the Freedom of Information Act 2000, members of the public can request information held by public authorities. The DHCW Information Governance team manage the process for handling these requests and ensure DHCW responds to any requests in line with the requirements of the legislation.

A summary of the number of requests received per month and the response rates are provided below (as of 17/02/22):

Requests Received
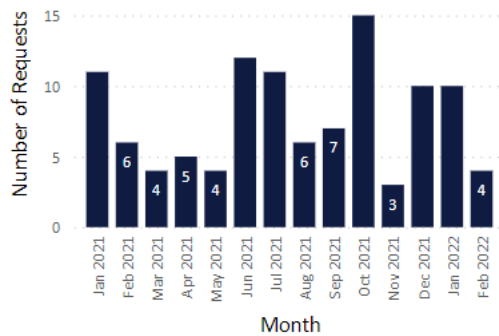
Response
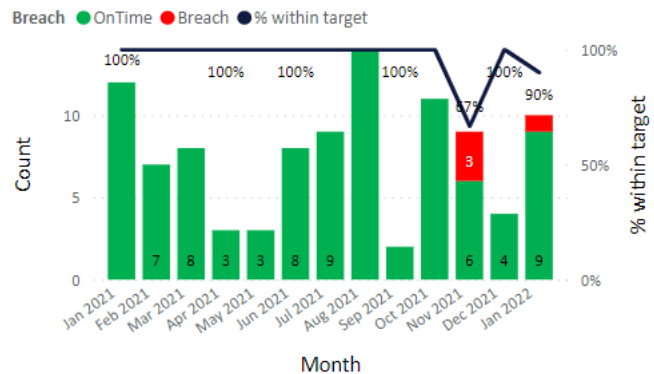
Further detail on Freedom of Information Act requests is provided as part of the Information Governance Assurance Report provided to the Digital Governance and Safety Committee and as part of monthly Management Board reports.

5.2   Subject Access Requests

Under the UK General Data Protection Regulation, members of the public have the right to access and receive a copy of personal data about them. This is known as a Subject Access Request. The Information Governance team manage the process for handling these requests and ensure DHCW responds to any requests in line with the requirements of the legislation.

A summary of the number of requests received per month are provided below (as of 17/02/22).
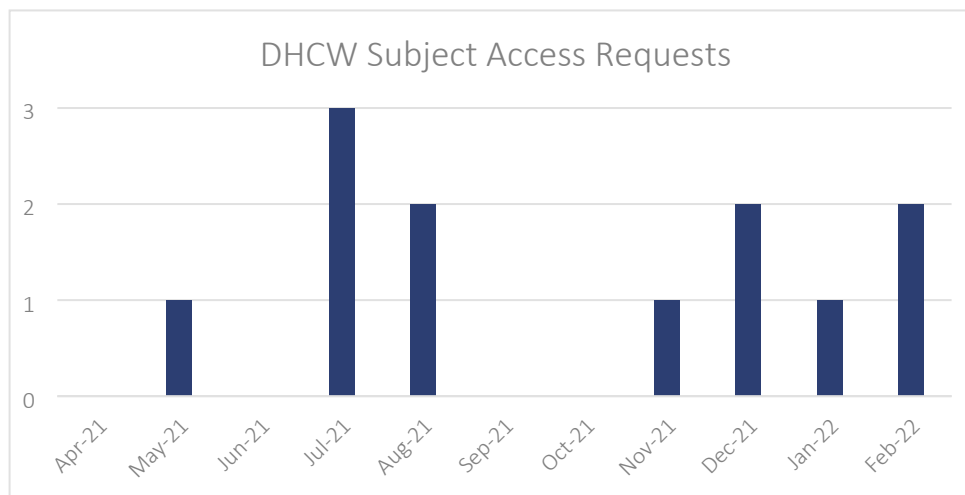
Further detail on Subject Access Requests is provided as part of the Information Governance Assurance Report provided to the Digital Governance and Safety Committee and as part of monthly Management Board reports.

5.3   Incidents/Breaches relating to Information

A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss,

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Approver: Carwyn Lloyd-Jones

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alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes.

DHCW staff are required to report data breaches to the Information Governance team as soon as they are aware of it via the Datix system. The Information Governance team will then investigate the breach and consider whether the Information Commissioner's Office or the individuals affected by the breach need to be informed (in line with Articles 33 and 34 of UK GDPR).

A summary of Information Governance incidents recorded in Datix per month is provided below.

Information Governance Incidents
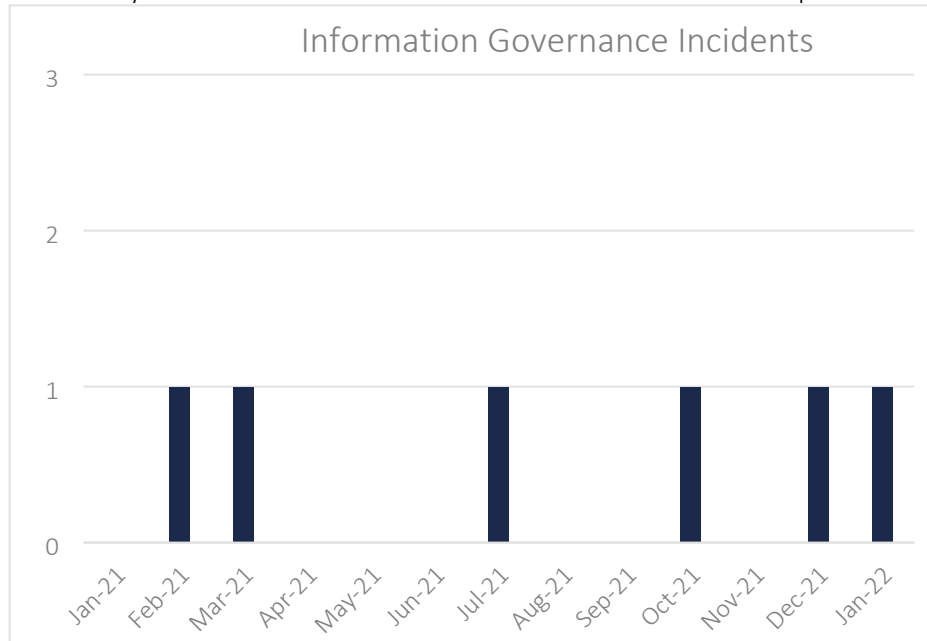
Further detail on Information Governance incidents is provided as part of the Information Governance Assurance Report provided to the Digital Governance and Safety Committee and as part of monthly Management Board reports.

5.4   Complaints relating to Information

No complaints have been received relating to Information

5.5   Information Risks

The following Information Related Risks are on the Corporate Risk Register as at the end of January 2022. Further information on these can be found in the papers for the Digital Governance and Safety Committee or the DHCW Board, both of which are available on the DHCW website.

- Risk ID DHCW0263. 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.
- Risk ID DHCW0264. IF the national conversation regarding the use of patient data (Data Promise) is

delayed THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.

- Risk ID DHCW0269. IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.

There are also 8 risks relating to Cyber Security. Details of these are withheld for security reasons.

5.6   Training Statistics for DHCW

Below are the compliance levels for IG training and Cyber Security training, as at the end of February 2022. Both training modules are mandatory for DHCW employees.

Cyber Awareness	92.8%
Information Governance (Wales)	88.3%

6   PLANNED ACTIVITY FOR THE COMING YEAR

Below is a list of the key activities relating to Information Risk Management, which are in the first year of DHCW Integrated Medium Term Plan (IMTP).

- The DHCW Cyber Security Service Improvement Project. This project is implementing improvements to mitigate risks identified in the Cyber Security Assessment described in Section 3.4.
- Developing a Security Incident and Event Management (SIEM) strategy and Business Case to enable the replacement of the current SIEM solution
- Recertification for ISO27001. The three-year accreditation life-cycle ends in mid-2022 and DHCW will be renewing this certification.
- Releasing a new Welsh Information Governance Toolkit platform
- Making the Wales Accord on the Sharing Personal Information (WASPI) an Information Commissioners Office approved Code of Conduct under article 40 of the UK GDPR
- Developing a Business Case and procuring a replacement National Intelligent Integrated Audit Solution (NIIAS)
- Improving the information captured in the Information Asset Register.

7   RECOMMENDATION

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

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Approver: Carwyn Lloyd-Jones

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8   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	DHCW0263, DHCW0264, DHCW0269

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

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

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		

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APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Management Board	21/04/2022	ENDORSED

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.
	No, there are no specific financial implication related to the

FINANCIAL IMPLICATION/IMPACT	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

Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised due date	Session Type
2021115-A04	15/11/2021	DHCWs remit in terms of social care data and use be explored further and brought back to the next Committee meeting in February for information.	Darren Lloyd (DHCW - Information Governance)	16/02/2022	4.4.2022 DL confirmed action complete and to be closed Discussions on this matter are being held at National Data Resource (NDR) programme board. Lisa Trigg (Assistant Director, Research, Data and Intelligence at Social Care Wales) is also a member of the NDR IG working group and is representing social care's provision of data into the NDR. Discussions are at an early stage.	Closed		Public
2021115-A06	15/11/2021	Time frames for services requiring retrospective assurance be included in the Wales Informatics Assurance Report for the next Committee Meeting.	Darren Lloyd (DHCW - Information Governance)	16/02/2022	4.4.2022 DL confirmed action complete and to be closed The Test, Tract and Protect programme are presenting a Safety Case and Readiness Report to the Wales Information Assurance Group. Currently, retrospective assurance is being sought for the Client Relationship Management database (COVID Tracing service) and English COVID test results into Wales in January 2022.	Closed		Public
20220218-A01	18/02/2022	Chris Darling to draft a response to Welsh Government letter regarding DHCW Functions.	Chris Darling (DHCW - Board Secretary)	12/05/2022	22.03.2022 Letter sent to WG	Closed		Public

DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN

Agenda Item	3.2

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2022

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

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

Purpose of the Report	For Noting
Recommendation	

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

Acronyms			
DHCW	Digital Health and Care Wales	AW	Audit Wales
SHA	Special Health Authority	IA	Internal Audit
COPI	Control of Patient Information		

1   SITUATION/BACKGROUND

1.1   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.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   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.

2.2   The Chair of the Committee has met with the Board Secretary to identify items for discussion at possible Committee Development sessions during 2022-23.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   The following items from the Forward Workplan are due to be presented at the Committee meeting on 12 May 2022:

- Internal Audit Report 'DHCW Data Centre Project Move – and the current position regarding data centres'
- R&I Strategy Update
- Patient Identity
- Senior Risk Information Owner Annual Report
- Welsh Information Governance Toolkit 2021/22

3.2   The below items are expected to be presented at the meeting scheduled on 4 August 2022:

- Information Governance Strategy
- Medical Devices and Alters Group Terms of Reference
- Quality and Engagement Act Update
- Staff Identity

Forward Workplan Report – May   Page 2 of 4   Author: Carys Richards
                                                                                Approver: Chris Darling
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3.3   Please see attached the updated forward workplan item 3.2i Appendix 1.

4   RECOMMENDATION

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

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organsation

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			

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Digital Governance and Safety Committee	May 2021	Initial workplan approved
Digital Governance and Safety Committee	November 2021	Noted

IMPACT ASSESSMENT

QUALITY AND SAFETY	No, there are no specific quality and safety implications related to the activity outlined in this report.

Forward Workplan Report – May   Page 3 of 4   Author: Carys Richards
                                                                              Approver: Chris Darling
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IMPLICATIONS/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 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

Digital Health and Care Wales Digital Governance and Safety Committee Forward Workplan

Meeting Date	Standing items	Assurance Reports	Additional items
12th May 2022	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee • Forward Work Programme • Committee Highlight Report to Board	• Information Governance • Informatics Assurance • Information Services Assurance • Incident Review and Learning Report • Cyber Security – Private • NIS Compliance Update Report - Private • Cyber Security Highlight of previous private session • Digital Programme Overview	• Internal Audit Report 'DHCW data centre project move • R&I Strategy Update • Patient Identity • Senior Risk Information Owner Annual Report • Welsh Information Governance Toolkit 2021/22
4th August 2022	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee • Forward Work Programme • Committee Highlight Report to Board	• Information Governance • Informatics Assurance • Information Services Assurance • Incident Review and Learning Report • Cyber Security – Private • Cyber Security Highlight of previous private session • Digital Programme Overview	• Information Governance Strategy • Medical Devices and Alerts Group Terms of Reference • Quality and Engagement Act Update • Staff Identity • IP Policy
3rd November 2022	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee • Forward Work Programme • Committee Highlight Report to Board	• Information Governance • Informatics Assurance • Information Services Assurance • Incident Review and Learning Report • Cyber Security – Private • Cyber Security Highlight of previous private session • Digital Programme Overview	• NIIAS Reporting and Accessing

2nd February 2022	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee • Forward Work Programme • Committee Highlight Report to Board	• Information Governance • Informatics Assurance • Information Services Assurance • Incident Review and Learning Report • Cyber Security – Private • Cyber Security Highlight of previous private session • Digital Programme Overview	• Committee Membership and Terms of Reference Review • Committee Cycle of Business • Committee Effectiveness Self-Assessment • Health and Care Standards • Safety Alerts Report – Welsh Health Circulars • Review of Information Governance and Cyber Security Training across the NHS

DIGITAL HEALTH AND CARE WALES
RESEARCH AND INNOVATION STRATEGY UPDATE

Agenda Item	3.3

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2022

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Rachael Powell, Associate Director of Information, Intelligence and Research
Presented By	Rachael Powell, Associate Director of Information, Intelligence and Research

Purpose of the Report	For Noting
Recommendation	
The Digital Governance & Safety Committee is being asked to: **NOTE** the ongoing development of the DHCW Research & Innovation Strategy and supporting activities.	

Acronyms			
NWIS	NHS Wales Informatics Service	DHCW	Digital Health and Care Wales
SHA	Special Health Authority	R&I	Research & Innovation
IMTP	Integrated Medium Term Plan	SAIL	Secure Anonymized Information Linkage

1   SITUATION/BACKGROUND

1.1   Whilst successful in delivering, supporting, and embracing Research and Innovation (R&I), Digital Health and Care Wales (DHCW) lacks formal unified strategy for R&I. DHCW's Integrated Medium Term Plan (IMTP) sets out a renewed ambition for research and innovation, specifically setting out a plan to develop an R&I strategy to improve services and health outcomes for the citizens for Wales.

1.2   In January 2022, DHCW board members were briefed on progress against the R&I strategy that is being developed. There was broad support for the themes that were discussed, including: a need to develop further and strengthen key partnerships; to co-ordinate and expand R&I activities; to ensure that robust processes, tools, and governance are in place to facilitate and support these activities.

1.3   Board members also provided further thoughts on the need to systemise and expand our engagement with industry and to push our ambition further in this area.

1.4   This paper updates on progress towards the developing R&I strategy and proposes an overarching vision to frame the strategy along with key R&I strategic objectives to progress the work plan underpinning this. Views on this vision, strategic objectives and the supporting aims and deliverables are invited as part of a broader engagement exercise currently underway.

1.5   Research and Innovation lies at the heart of, and is central to, the DHCW journey. The need for digital modernisation, improvement and change based on evidence-based knowledge of health informatics is the driving force behind many, if not all, of the proposed deliverables listed in the IMTP.

1.6   There is also a long and successful history of NWIS/DHCW working in partnership with other NHS organisations, Universities, Welsh Government, and grant awarding bodies to take forward, provide expertise for and to support high profile digital R&I programmes. DHCW is also a key provider of expertise, data, methodologies and infrastructure for many clinical and health intelligence R&I projects and initiatives.

1.7   DHCW teams, functions and individuals are also encouraged to support, promote, and apply their own R&I expertise, interests, and achievements and this is managed through an R&I

Research & Innovation Strategy Update   Page 2 of 6   Author: Rachael Powell
Approver: Rhidian Hurle
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working group, with representatives from teams across the organisation. Through this group, activities are organised and reported. Initiatives such as the establishment of the Welsh Institute for Digital Information (WIDI) have also provided DHCW staff with the resource, space, and opportunity to formalise such work.

1.8 In addition to this group and the formal partnerships in place, DHCW has supported the development of a formal R&I function, managed as part of the Clinical Directorate. Job descriptions have been developed for key roles within this function with an aim of commencing recruitment in Q1 of 2022/23. Work is also underway with teams across DHCW (for example, commercial, information governance and finance), to understand capacity and support requirements and to ensure that effective processes and policies are in place to facilitate the R&I activities.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The R&I working group, comprised of representatives across DHCW, continues to oversee key R&I activities, process, and governance. The Digital Governance & Safety Committee also recognised the need to formalise the reporting and assurance arrangements for DHCW's R&I activities up to the Board. The agreement was to review these arrangements in Q1 of 2022/23.

2.2 Work continues on the development of the R&I strategy with a proposed vision and strategic objectives developed. An engagement timeline is currently being developed to ensure active engagement with key partners (internal and external to DHCW) on this proposed vision and strategic objectives. Objective leads have also been identified to help progress the strategy and the underpinning workplan associated with these objectives. There is a milestone within the IMTP to finalise this strategy in Q2 of 2022/23 which is still on target.

2.3 As well as the developing strategy, activities relevant to those strategic objectives are progressing in parallel. We are developing relevant KPI's to measure and evidence our performance in this area.

Research & Innovation Strategy Update   Page 3 of 6   Author: Rachael Powell
Approver: Rhidian Hurle
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2.4 Proposed R&I Strategic Vision

2.4.1   We will produce & collaborate in high quality health and care and digital research and innovation to improve services and health outcomes for the citizens of Wales.

2.5 Proposed R&I Strategic Objectives

2.5.1   Develop and nurture strong and effective partnerships with healthcare, academia, industry, and research organisations.

2.5.2   This includes relationships with healthcare, academia, industry, R&I organisations and networks and Health and Care Research Wales (HCRW). It also includes how we strengthen participation on key national and international networks and how we engage with and share knowledge with our counterparts across the UK.

2.5.3   In relation to this objective, we are currently undertaking an assessment of current partnerships and are revisiting and strengthening our arrangements to ensure a collaborative and consistent approach to how we work together and support R&I across Wales. This includes our partnership with WIDI, HTW, LSH, HCRW, etc. We are also identifying areas and opportunities to create new partnerships, such as the Data Science Academy in Cardiff University with a visit planned in May 2022.

2.5.4   Grow and develop our staff to embed a culture that promotes learning, research, and innovation.

2.5.5   Through effective partnerships, we want to support and develop our staff across the organisation and to encourage active participation in R&I activities. We also want to nurture those partnerships with academia to create a pipeline of staff coming into the organisation.

2.5.6   Grow research and innovation activities and improve the research landscape in Wales.

2.5.7   Support the outcomes and recommendations emerging from the UK Clinical Strategy (specifically how we can support 'Find, Recruit and Follow Up') and provide a data platform (UK Serp) and supporting governance arrangements to provide ongoing support and provision of data for R&I activities. In addition, explore Trusted Research Environment, University Status for DHCW and other relevant accreditations (such as Digital Economy Act

Accreditation which has recently been acquired for DHCW to operate as a Trusted Third Party in respect of the SAIL (Secure Anonymized Information Linkage) appliance).

2.5.8   Improve the quality and impact of our research and innovation activities.

2.5.9   Through increased use of e-library and online resources, encourage and embed evidence-based practices throughout all DHCW's business activities.

2.6   The R&I working group will continue to support objective leads in the development of the strategy.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

4   RECOMMENDATION

The Digital Governance & Safety Committee is being asked to:
NOTE ongoing development of the DHCW R&I Strategy and supporting activities.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Mobilising digital transformation and ensuring high quality health and care data

CORPORATE RISK (ref if appropriate)	

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

DHCW QUALITY STANDARDS	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

Research & Innovation Strategy Update   Page 5 of 6   Author: Rachael Powell
Approver: Rhidian Hurle
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Statement:
N.A

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APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

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 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
	Establishing a dedicated function requires new investment (initially DPIF (Digital Priorities Investment Fund) then further exploration how this can be supported on an ongoing basis).
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	This report sets out activities in relation to understanding the increased demand on capacity and expertise from various teams across DHCW.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	A robust R&I approach adopted by DHCW will positively impact the citizens of Wales through better health outcomes and improved service provision.

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DIGITAL HEALTH AND CARE WALES
CORPORATE RISK REGISTER REPORT

Agenda Item	3.4

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Chris Darling, Board Secretary / Risk Owners

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.

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

1   SITUATION/BACKGROUND

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

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   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)'.

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

2.3   In terms of DHCW's Corporate Risk Register, there are currently 16 risks on the Corporate Risk Register, of which 13 are for the consideration of this Committee. The Risk register presents the 5 public risks at item 3.4i Appendix A with the further 8 classified as private due to their sensitivity and will be received in the private session of the Committee.

2.4   Committee members are asked to note the following changes to the Corporate Risk Register (new risks, risks removed and changes in risk scores) for risks assigned to the Committee since the last meeting that are still on the Corporate Risk Register:

NEW RISKS (2) – 0 public, 2 private

DHCW0281	PRIVATE
DHCW0282	PRIVATE

RISKS REDUCED (1) – 0 public, 1 private

DHCW0277	PRIVATE

RISKED REMOVED (10)

Reference	Name	Commentary
DHCW0201	Infrastructure Investment	Downgraded - The capital requirement for legacy infrastructure replacement

	IF recurrent funding is not available to support the replacement of obsolete infrastructure THEN the risk of failure and under performance will increase RESULTING in service disruption.	will be accommodated within the existing discretionary capital.
DHCW0205	**DMZ/Internet Failure at Data Centre** IF a failure of the DMZ network or Internet Circuit in Datacenter 1 occurred THEN DHCW patient facing digital services would be unavailable for users RESULTING in service downtime and reputational damage.	Closed - Individual services are required to detail their own risk in relation to the requirement for high availability, if required.
DHCW0218	**MS SQL 2008** Risk of service failure and security breach due to running on unsupported SQL Server version (SQL 2008)	Downgraded - This risk has now been reduced below target scoring and will be monitored as part of business as usual.
DHCW0261	****PRIVATE****	Closed - More specific risks have been raised in its place: DHCW0277, DHCW0278, DHCW0279, DHCW0280, DHCW0281, DHCW0282
DHCW0267	**Host Failures** IF a host fails on one of the virtual server environments THEN some guests may fail to migrate seamlessly to other hosts RESULTING IN some servers failing to recover automatically and therefore service interruption to the end users.	Downgraded - New Infrastructure provisioned reduced to Departmental level for management
DHCW0273	**Welsh Language Two Way Text Service** IF the Two-Way Text Solution launches in English only THEN this is in breach of Welsh Language legislation RESULTING in reputational harm to NHS Wales/DHCW and Welsh Language citizens being disadvantaged by the offering.	Downgraded - Welsh and English texts are available now. Score reduced to manage at department level
DHCW0274	**Welsh Immunisation System Network Connection** IF there was a failure of the network connection between DHCW Azure tenancy and the DHCW Datacentres Networks THEN members of the public would not be able to use the rebooking services RESULTING IN reputational damage to DHCW and Welsh Government and potential patient harm through inability to book appointments	Closed - Mitigation fully implemented
DHCW0275	**Welsh Immunisation System Server Capacity** IF the web servers linked to the vaccine booking centres and other locations that administer Covid vaccines become unavailable due to capacity concerns THEN it is possible that the system capacity would be reached RESULTING IN a slowed system, or system unavailability.	Downgraded - Mitigating actions have now been implemented has been downgraded to Directorate level for monitoring
DHCW0276	****PRIVATE****	Closed - All mitigation activities have now been completed.
DHCW0283	****PRIVATE ****	Closed - mitigating actions undertaken and completed by the supplier

2.5   The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 4 Significant and 9 Critical risks assigned to the Committee. The key indicates movement since the last risk report to the Committee.

NB. All critical risks currently on the Corporate Risk Register are assigned to the Digital Governance and Safety Committee.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0279 ⬌ **DHCW0280 ⬌ **DHCW0278 ⬌ **DHCW0257 ⬌ **DHCW0277 ⬇ **DHCW0281 ★ **DHCW0282 ★	DHCW0204: Canisc System ⬌	
	MAJOR (4)			DHCW0208: **Welsh Language Compliance** ⬌ DHCW0263: **DHCW Functions** ⬌ DHCW0264: **Data Promise** ⬌ DHCW0228: **Fault Domains** ⬌	DHCW0269: **Switching Service** ⬌ DHCW0237: **New requirements impact on resource and plan** ⬌ DHCW0259: **Staff Vacancies** ⬌	
	MODERATE (3)				**DHCW0229 ⬌	
	MINOR (2)					
	NEGLIGIBLE (1)					

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

2.6   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 in green have reduced their current score below initial scoring, the remainder are the same as their initial score.

INITIAL VS CURRENT VS TARGET SCORE   ** Private Risks

— Initial Score   — Current Score   — Target Score
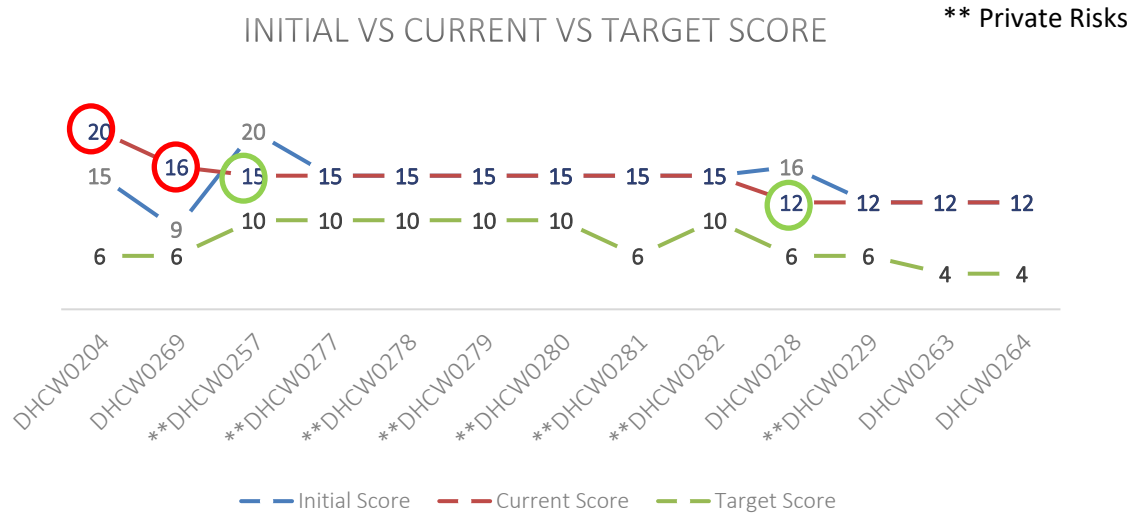
3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   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.

4   RECOMMENDATION

4.1   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.

5   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 effect all. An EQIA is not applicable.		

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	5 April 2022	Reviewed
Management Board	21 April 2022	Reviewed

IMPACT ASSESSMENT

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

3.4i Appendix A DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

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	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
DHCW0204	Delivery of Services	Canisc System IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.	08/02/2018	01/04/2022	15	5	3	AIM: REDUCE Impact and REDUCE Likelihood ACTIONS TO DATE: 07/03/22: Target date for VCC go live implementation being reviewed, May 22 is not achievable. Clinical functionality in WCP continues to be released in a staggered /agile approach. All software to be available for testing by 30th May 2022. All Health Boards engaged with testing Cancer specific functionality in WCP and WPAS. FORWARD ACTIONS: Continue developments not yet ready to test Velindre targeting end of May 22 to migrate to WPAS and WCP. Continue with Health Boards implementation planning Development for Palliative Care & Screening & colposcopy planned for 22/23 Q1 & Q2 Since October 2020 the Cancer Informatics Programme has been running an accelerated plan in order to mitigate the risks posed by the legacy Cancer system CaNISC and deliver an integrated national solution for cancer services ahead of	20	5	4	6	3	2	Executive Medical Director	Non Mover	Obj 2 - Expanding Content

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
								the original November 2022 deadline. The Canisc replacement MVP (14 workstreams) in development/completed in readiness for testing in 22/23 Q1 for All Wales Cancer services. Specific developments delivered and already available for testing. Collaborative working with Programme Partners to finalise developments required for Palliative care and Screening & Colposcopy									
DHCW0269	Information - Access and sharing	Switching Service IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	07/12/2020	29/04/2022	9	3	3	AIM: REDUCE Likelihood and REDUCE Impact FORWARD ACTION: Continue to monitor - ISD paper still being considered ACTION TO DATE: 21/02/2022 - NDR confirmed that a plan to replace switching service functionality will be considered as part of the data strategy work. In the meantime a paper is being drafted within ISD to propose some immediate solutions for geographical resilience in order to consider reducing the risk score. 13/10/2021 - ISBMG: Whilst the data centre moves have taken place the fragility of the switching service remains due to the rigid nature of it and the inability to add to or amend it easily. Keep the score as is at this time. 02/08/2021 - TAH: ISD working with NDR to ensure appropriate priority given to this work. 01/06/2021 RMG: Escalated to Corporate Risk Register 27/04/2021 TAH: Further engagement with NDR Team to consider acceleration of the switching service replacement as part of the wider requirement for the acquisition of data into NDR.	16	4	4	6	3	2	Executive Medical Director	Non Mover	Obj 4 - Value and Innovation

3.4i Appendix A DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
								Continue to review options and escalate to Corporate register									
DHCW0228	Service Delivery	Fault Domains IF fault domains are not adopted across the infrastructure estate THEN a single infrastructure failure could occur RESULTING IN multiple service failures.	05/06/2019	21/04/2022	16	4	4	IM: REDUCE Likelihood and REDUCE Impact FORWARD ACTIONS: A Cloud Strategy Business Case is being drafted which will result in fault domains being provided by the host for those services which are migrated. Additional new equipment deployment will continue to increase the number of fault domains planned for the remainder of the year ACTIONS TO DATE: Fault domains installed in some new equipment installation when funding has allowed this. Additional new equipment has been installed to increase availability of hosted services. Fault domains were incorporated into new areas of infrastructure as part of the Data Centre Exit Project where cloud provisions is being utilised to provide some of the fault domains required. the new WLIMs environment is to be deployed with fault zones.	12	4	3	6	3	2	Interim Directors of Operations	Non Mover	Obj-3 - Delivering High Quality

3.4i Appendix A DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
DHCW0263	Information - Access and sharing	DHCW Functions IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data, THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.	26/01/2021	01/04/2022	12	4	3	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Review will take place in July 22. ACTIONS TO DATE: Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR: (i) DHCW's establishment functions and initial set of directions in the form of a letter has been published on the Welsh Government's website, to ensure that DHCW's remit is clear and transparent. (ii) Welsh Government have informed the Confidentiality Advisory Group (CAG) of DHCW's new statutory status and legal basis for processing data. CAG have confirmed that they are content that we would no longer be requesting section 251 support for the handling of data not related to research. (iii) Welsh Government are planning to issue a new direction for DHCW regarding the collection of prescription data, which will test the process for issuing new directions. (iv) a letter was sent from Ifan Evans to confirm DHCW's functions in response to a request for clarity from the Chair of the Digital Governance and Safety Committee and a deep dive provided at November 2021's meeting.	12	4	3	4	4	1	Executive Medical Director	Non Mover	Obj 4 - Value and Innovation

3.4i Appendix A DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
DHCW0264	Information - storing and maintaining	Data Promise IF the national conversation regarding the use of patient data (Data Promise) is delayed, THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.	26/01/2021	01/04/2022	12	4	3	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise. Review will take place in July 22. ACTIONS TO DATE: The specific responsibilities for implementation of the Data Promise have been given to the Head of Data Policy in Welsh Government, who will be supported by a Data Policy Manager who will focus on delivering the Data Promise. (i) Stakeholder engagement is underway. (ii) The Minister for Health and Social Services has endorsed the proposals to deliver a Data Promise for health and care. (iii) A steering group has been set up to review and comment on Data Promise materials and help to make decisions on the direction of the programme. (iv) Aim of launching the Data Promise 'publicity' campaign in 2022.	12	4	3	4	4	1	Executive Medical Director	Non Mover	Obj 4 - Value and Innovation

DIGITAL HEALTH AND CARE WALES
INCIDENT REVIEW & ORGANISATIONAL LEARNING REPORT

Agenda Item	3.5

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2022

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	Michelle Sell – Director of Planning, Performance & Chief Commercial Lead

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

Acronyms			
IRLG	Incident Review & Learning Group	NEAG	Notifiable Events Assurance Group
OLG	Organisational Learning Group	MHRA	Medicines and Healthcare products Regulatory Authority
DHCW	Digital Health & Care Wales	WLIMS	Welsh Laboratory Information Management System
WRIS	Welsh Radiology Information Service	WIS	Welsh Immunisation Services

Additional definitions are included in the Glossary of Terms and Definitions

1   SITUATION/BACKGROUND

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

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

1.3   The IRLG acts as a replacement function of the predecessor organisation's Notifiable Events Assurance Group (NEAG) and the Organisational Learning Group (OLG), and for governance purposes reports to the Digital Governance and Safety Committee.

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

1.5   The first meeting of the group was held on 9th July 2021 and is chaired by the Chief Operating Officer. The group meets monthly, with its most recent meeting on 22nd April 2022, and has a session scheduled in for weekly briefs should this be required.

1.6   As this is a relatively new group formed within the organisation, the report will be expanded upon over time to include additional trending and analysis to provide further assurance to the Digital Governance & Safety Committee.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   Incident Review

The following report covers the **Quarter 4 period 1st January 2022 to 31st March 2022.**

2.1.1 Notification Period Compliance Summary

This table provides a summary of all incidents where there is a legislative / regulatory requirement to notify an appropriate body (typically known as National Reportable Incidents).

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

Timescales are defined by the relevant body, for further information see the Glossary of Terms and Definitions

Incident Type	Lead	Timescale	Total Notifications	Notification within timescales		
Business Continuity	Business Continuity Manager	See Glossary	0	-	-	-
Clinical/Pt Safety SIs	Serious Clinical Incidents Investigation Manager	7 days	0	-	-	-
Cyber Security	Interim Head of Cyber Security	3 days	0	-	-	-
Health & Safety	Head of Corporate Services	10 days	0	-	-	-
Information Governance	Head of Information Governance	72 hours	0	-	-	-
Information Services	Head of Information & Health Records Programmes	See Glossary	0	-	-	-
MHRA Reportable Event	Quality Manager (Regulatory Compliance)	2 days	0	-	-	-
		10 days	0	-	-	-
		30 days	0	-	-	-
Technical	Service Management Team Manager	See Glossary	0	-	-	-
Welsh Language Standards	Board Secretary	See Glossary	0	-	-	-
Total			0			

There were no National Reportable Incidents this quarter.

2.1.2 Review Activity Progress Report (within reporting period)

This table provides a summary of review activity and consists of all reports that were started within the reporting period. This includes ad hoc reviews which were undertaken but were not necessarily required to be notified to an appropriate body (typically internal DHCW technical reviews). The table at 2.1.4 provides an overall summary of the status of all reviews that have been opened during the

financial year 2021-22.

Type	Total Reviews in Quarter 4	Open Reviews (from those started in period)	Closed Reviews		
			Downgraded	Completed	Breached
Business Continuity	-	-	-	-	-
Clinical/ Patient Safety	1	-	1	-	-
Cyber Security	2	1	-	1	-
Health & Safety	-	-	-	-	-
Information Governance	-	-	-	-	-
Information Services	-	-	-	-	-
MHRA Reportable Event	-	-	-	-	-
Technical	8	6	-	2	-
Welsh Language Standards	-	-	-	-	-
Total	11	7	1	3	-

2.1.3   Complaints & Redress (within reporting period)

Type	Total Reviews in Quarter		Open Reviews	Total Reviews in Quarter		
	This Quarter	Previous Quarter		Downgraded	Completed	Breached
Complaints	5	-	1	1	3	-
Redress	-	-	-	-	-	-
Total	5	-	1	1	3	-

The five complaints received during this quarter are categorised as follows:
▪ Accessibility (Website) ▪ Workforce ▪ Systems (Covid Passport) ▪ Information Governance (x 2)

2.1.4   Cumulative Review Progress Report (Financial Year April 21 – March 22)

This is the number of reviews undertaken within the fiscal year and their status:

Type	Total Reviews in Year	Open Reviews	Closed Reviews		
			Downgraded	Completed	Breached
Business Continuity	1	-	-	1	-
Clinical/ Patient Safety	14	4	1	9	-
Cyber Security	2	1	-	1	-
Health & Safety	-	-	-	-	-
Information Governance	1	1	-	-	-
Information Services	-	-	-	-	-
MHRA Reportable Event	-	-	-	-	-
Technical	31	15	-	16	-
Welsh Language Standards	-	-	-	-	-
Total	49	21	1	27	-

2.1.5 Cumulative Complaints & Redress (Financial Year April 21 – March 22)

This table summarises the number of complaints received relating to The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (commonly referred to as Putting Things Right)

Type	Total Reviews in Year	Open Reviews	Total Reviews in Quarter		
			Downgraded	Completed	Breached
Complaints	6	1	2	3	-
Redress	-	-	-	-	-
Total	6	1	2	3	-

2.2 Lessons Learned, Recommendations, and Actions

2.2.1 Incident Report Actions Identified

This table provides a summary of the number of Recommendations made through reviews this quarter 4, January-March 2022.

Review Type	Total Recommendations Made in Quarter	Recommendation Activity in Quarter		
		In Progress	Implemented	Rejected[1]
Business Continuity	-	-	-	-
Clinical/ Patient Safety	-	-	-	-
Cyber Security	3	2	1	-
Health & Safety	-	-	-	-
Information Governance	-	-	-	-
Information Services	-	-	-	-
MHRA Reportable Event	-	-	-	-
Technical	14	14	11	2
Welsh Language Standards	-	-	-	-
Total	17	16	12	2

Review Type	Total Recommendations Made	Recommendation Activity[2]		
		In Progress	Implemented	Rejected
Total for Year	51	16	47	2

Once a review is completed, actions and recommendations are recorded on the Quality Improvements Actions List. The monitoring of progress of completion and implementation of these actions and recommendations, will be the responsibility of the IRLG.

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[1] Recommendations and actions may be rejected following further assessment, such as not meeting strategic direction of the organisation, too costly, resource intensive etc.

[2] Figures may include historical recommendations made from previous years

2.2.2 QIAL Actions with MI as a source

This section provides a summary of outstanding actions that have exceeded their target date:

Priority	Finding Summary	Action	Target Date
Low	Service Status Webpage - During the BDC outage there was a lack of clarity around which services had been / could possibly be affected.	NWIS / DHCW should investigate ways in which improvements could be made surrounding the provision of a 'Service Status Webpage' that would be beneficial to all National Services.	28/02/2022

A solution has since been implemented so this action will be closed. Further improvements are currently in the process of being reviewed as part of a wider Continual Improvement of the Serious Incident Management processes.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

4   RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:

NOTE the contents of this report for ASSURANCE.

5   GLOSSARY OF TERMS AND DEFINITIONS

Term	Definition
Business Continuity Reporting Timescales	There are no defined timescales for the notification of business continuity incidents to appropriate bodies, however where a business continuity incident has additional impact (for instance Health & Safety or Security) then the most appropriate notification model should be used. The leads for reporting are the **Head of Corporate Services** and **Service Management Team Manager**
Clinical Incident Reporting Timescales	Incidents falling under the NHS Wales National Incident Reporting Policy should be reported to the NHS Delivery Unit within 7 days The lead for reporting is the **Serious Clinical Incident Investigations Manager**
Complaint	Any expression of dissatisfaction;
Concern	Any complaint; notification of an incident concerning patient safety or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation;
Corrective Action	Action to eliminate the cause of a nonconformity and to prevent recurrence
Cyber Security Timescales	Incidents that occur should be reporting to the National Cyber Security Centre (NCSC) within 72 hours The lead for reporting is the **Interim Head of Cyber Security**
Fix Applied	A fix has been implemented through Change control which has resolved the underlying technical issue
Fix Identified	A fix has been identified but not implemented but is awaiting deployment through Change control
Health & Safety Executive Reporting Timescales	Schedule 1 of RIDDOR states that notification of an incident to the relevant enforcing authority is by the quickest practicable means without delay. A full report is then required within 10 days of the incident. There is one exception where the person is incapacitated for more than 7 days. This is known as a 7-day injury, in which case notification is 7 days from date of accident, and 15 days for the full report to be issued The lead for reporting is the **Head of Corporate Services**
Incident Concerning Patient Safety	Any unexpected or unintended incident which did lead to or could have led to harm for a patient

Information Governance Timescales	Incidents falling under General Data Protection Regulations 2018 (GDPR) – Incidents that occur should be reporting to the Information Commissioners Office (ICO) within 72 hours

The lead for reporting is the **Head of Information Governance** |
| Information Services Timescales | There are no defined timescales for the notification of technical incidents to appropriate bodies, however where a technical incident has additional impact (for instance Information Governance) then the most appropriate notification model should be used.

The lead for reporting is the **Head of Information & Health Records Programmes** |
| MHRA | Medicines and Healthcare products Regulatory Authority |
| MHRA Reportable Event | Incidents falling under the Medical Devices Regulations should be reported to the MHRA as soon as possible. Serious cases should be reported by the fastest means possible. Timescales are based on severity and reportable within 2, 10 and 30 days.

The lead for reporting is the **Quality Manager (Regulatory Compliance)** |
| Notification Period | The period of time to report an incident to the most appropriate body |
| Patient Safety Incident Reporting Timescales | Incidents falling under the NHS Wales National Incident Reporting Policy should be reported to the NHS Delivery Unit within 7 days

The lead for reporting is the **Serious Clinical Incident Investigations Manager** |
| Preventative Action | Action to eliminate the cause of a potential nonconformity or other potential undesirable situation |
| RIDDOR | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Incidents that happen should be reported to the Health and Safety Executive (HSE) |
| Technical Reporting Timescales | There are no defined timescales for the notification of technical incidents to appropriate bodies, however where a technical incident has additional impact (for instance Clinical or Security) then the most appropriate notification model should be used.

The lead for reporting is the **Service Management Team Manager** |
| Welsh Language Standards Reporting Timescales | Complaints received under the Welsh Language Standards should be managed in line with the organisations complaints policy. |

6   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	N/A

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

DHCW QUALITY STANDARDS	ISO 20000
If more than one standard applies, please list below: ISO 27001, ISO 13485, ISO 9001, ISO 14000, BS 10008	

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: This report is a summary of all incidents reviewed under the organisation's review processes. No requirement for EQIA	

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Incident Review and Learning Group	22nd April 2022	Approved

Author: Keith Reeves
Approver: Rhidian Hurle

Incident Review & Organisational Learning 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

DIGITAL HEALTH AND CARE WALES
INFORMATION GOVERNANCE ASSURANCE REPORT

Agenda Item	3.6i

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2022

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

Executive Sponsor	Rhidian Hurle, Medical Director and Caldicott Guardian
Prepared By	Marcus Sandberg, DHCW Information Governance
Presented By	Cora Suckley, Data Protection Service Manager

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

Acronyms			
DHCW	Digital Health and Care Wales	IG	Information Governance
IMTP	Integrated Medium-Term Plan	DPIA	Data Protection Impact Assessment
DPO	Data Protection Officer	GMP	General Medical Practitioners
WG	Welsh Government	ICO	Information Commissioner's Office
FOIA	Freedom of Information Act 2000		

1   SITUATION/BACKGROUND

1.1   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 and highlights compliance with Information Governance (IG) legislation and standards.

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

1.3   This report outlines key assurance activities to the Committee for the reporting period of **22nd January 2022 to 19th April 2022**. 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:

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

Information Governance Assurance Report   Page 2 of 9   Author: Marcus Sandberg
Approver: Rhidian Hurle
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2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 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:

2.1.1 The Wales Control Standard for Electronic Health and Care Records ('The Control Standard') has recently been updated by the DHCW IG team. The Control Standard describes the principles and common standards that apply to systems that share electronic health and care records in Wales for the purpose of providing 'direct care'. The Control Standard provides the mechanism through which organisations commit to them. All Welsh Health Boards and Trusts are already signed up and committed to the Control Standard but will be asked via their Medical Directors/Caldicott Guardians and IG leads to re-confirm their commitment.

2.1.2 "Your Information Your Rights" is a national set of materials used to help NHS Wales organisations meet their legal obligations to the "right to be informed". The materials are high level privacy information developed to be used as part of the layered approach, for all NHS organisations in Wales to make patients aware of their rights and how information about them is used. It is acknowledged that each NHS Wales organisation is responsible for meeting the requirements set out in Articles 13-14 of UK General Data Protection Regulation, however, these materials supplement existing local privacy policies/notices at a high level. The materials were due a refresh, therefore the DHCW IG team have reviewed the materials including agreeing a new name "Your Privacy Your Rights". The Information Commissioner's Office, IG leads from Welsh Health Boards and Trusts and a patient forum have all been consulted as part of the review.

2.2 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, including the four pillars.

Relevant updates for this Committee period:

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

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

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DPIA process is embedded within DHCW via the Wales Informatics Assurance Process and are signed off by the Associate Director for Information Governance and Patient Safety.

DPIAs are managed in accordance with the *DHCW Standard Operating Procedure – SOP-IG-006 Data Protection Impact Assessment Process*. A summary of DPIAs commenced within the reporting period and those signed off are provided below. The tables below note whether the DPIA is regarding a project, programme or system for NHS Wales (external) or for DHCW purposes only (internal).

DPIAs started within reporting period			
Project	Internal/External	Date Started	Last update
Welsh Nursing Care Record Digitalisation of Nursing Documents Phase 2	External	28/01/2022	22/03/2022
Renal Care Summary	External	16/03/2022	24/03/2022
Betsi Cadwaladr University Health Board WelshPAS Single Instance	External	13/04/2022	13/04/2022

DPIAs signed off in reporting period			
Project	Internal/External	Date Started	Date signed off
Welsh Intensive Care Information System	External	17/12/2020	29/03/2022
Cancer Acceleration Programme - Interfaces	External	28/10/2021	29/03/2022
MDT Plan EForm - Generic	External	10/01/2022	29/03/2022

2.2.2   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 and other requests for information.

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

DHCW Committee Members are provided with a graph displaying the total number of IG calls received via ActionPoint in 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:

Information Governance calls in ActionPoint
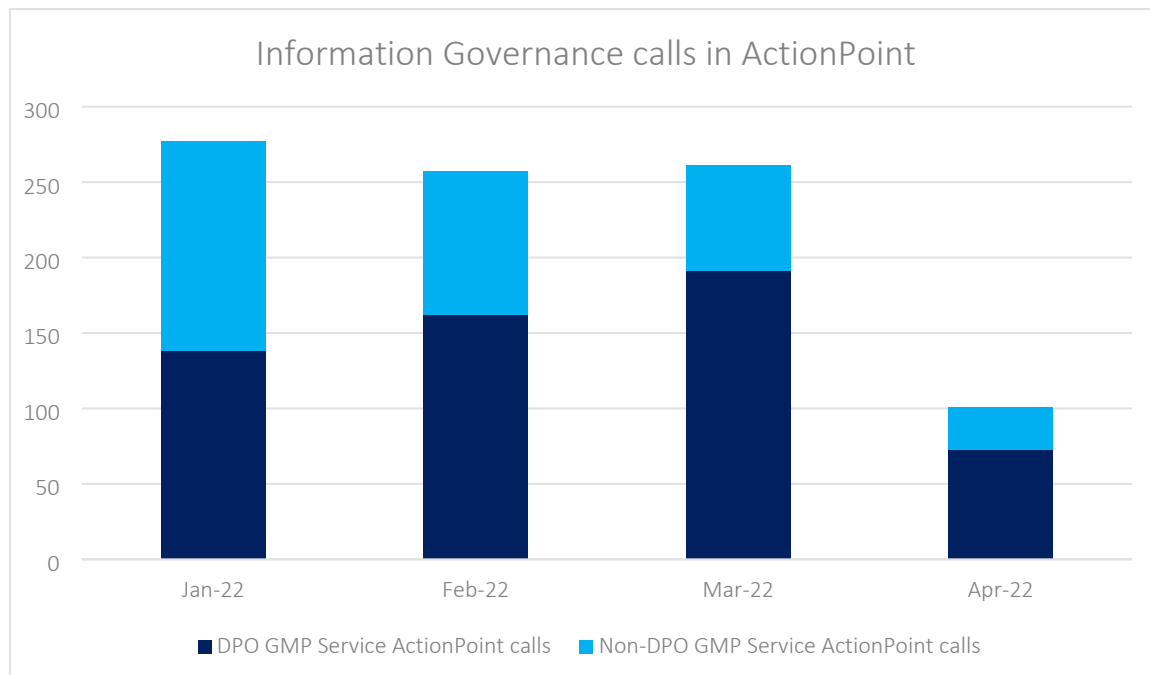
Data as of 19th April 2022

2.3 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:

2.3.1 Information Governance Toolkit actions

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. The assessment helps identify areas which require improvement and aims to demonstrate that organisations can be trusted to maintain the confidentiality and security of both personal and business information.

DHCW have dual responsibilities for the IG Toolkit, in that it is responsible for the development and maintenance of the IG Toolkit and is required to complete and submit annually.

The 2021/22 IG Toolkit was submitted in March 2022. A separate paper has been developed for Committee focusing on DHCW's 2021/22 completion of the IG Toolkit including identified actions. The Committee will be kept updated with progress on the actions highlighted.

2.3.2 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.

Category*	Sub Category*	Number of incidents	Self-Reported to ICO / WG	Complaints made to the ICO
Data Protection & Confidentiality	Breach of Data Protection Principle	0	0	0
	Code of Practice Breach	0	0	0
	Inappropriate disclosure of confidential information*	2	0	0
Freedom of Information	Request over 20-day limit to respond	0	0	0
	Request not processed	0	0	0
	Information requestor compliant	0	0	0
Records Management	Inaccurate Information	0	0	0
	Information lost or deleted	0	0	0
Total		0	0	0

*Category and sub category coding was set via the original Datix system, this will change with the advent of the new All Wales system.

2.3.3 Information Governance Requests for 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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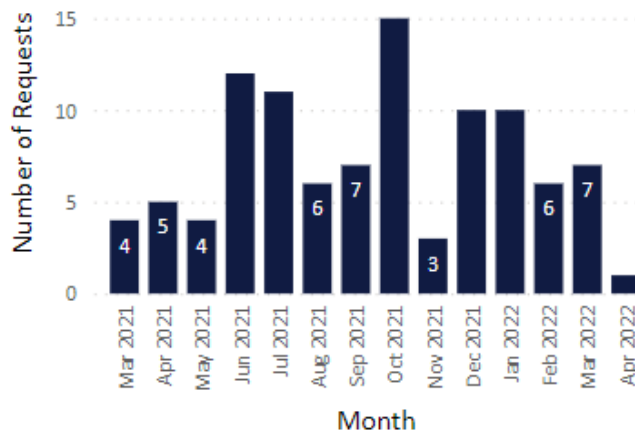
Requests Received

19 Freedom of Information Act (FOIA) requests were received by DHCW between 22nd January 2022 to 19th April 2022.

Response

Outstanding Requests

1

Open
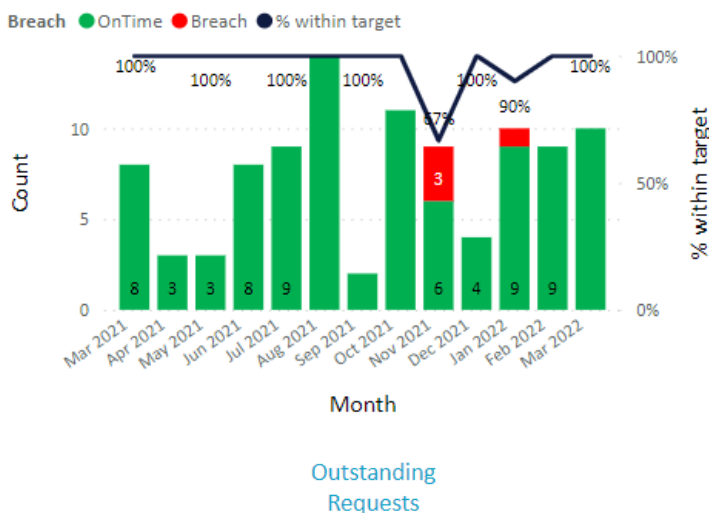
1 FOIA request within this time period was not answered within the statutory timescales.

The request was not forwarded to the IG team within the timescales as there was some confusion as to whether the request was classed as a FOIA.

Guidance and training have been arranged to prevent requests being responded to outside of the timescales.

There is currently 1 FOIA requests outstanding, which are within the statutory timescale to respond.

FOIA requests received within the reporting period by rating*			
	Minor	Amber	Major
January 2022	8	2	0
February 2022	1	5	0
March 2022	6	1	0
April 2022 (as of 19/04/22)	1	0	0

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

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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 7 Subject Access Requests within this period, all of which were responded to within the statutory timescales.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

4   RECOMMENDATION

The Digital Governance & Safety Committee is being asked to:
NOTE this report from the DHCW Information Governance team for ASSURANCE

5   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	

Workforce EQIA page

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

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

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DIGITAL HEALTH AND CARE WALES
WELSH INFORMATION GOVERNANCE TOOLKIT 2020/21

Agenda Item	3.6ia

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2022

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

Executive Sponsor	Rhidian Hurle, Medical Director and Chief Clinical Information Officer Wales
Prepared By	Marcus Sandberg, National Information Governance Assurance and Support Lead
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 & Safety Committee is being asked to: **REVIEW** the Information Governance team's submission of the IG Toolkit for 2021/22 and **SUPPORT** the management actions identified, which the Information Governance team will carry out and update the Committee on periodically.	

Acronyms			
IG	Information Governance	DHCW	Digital Health and Care Wales
ICO	Information Commissioner's Office	DPIA	Data Protection Impact Assessment
PECR	Privacy and Electronic Communications Regulations	UK GDPR	UK General Data Protection Regulation

1   SITUATION/BACKGROUND

1.1   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).

1.2   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 improvement plans.

1.3   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; and

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

1.4   This paper focuses on DHCW's 2021/22 completion of the IG Toolkit.

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2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The deadline for submission of the 2021/22 IG Toolkit was 31st March 2022. This was the first IG Toolkit year measuring DHCW's compliance (i.e. last year's submission was before NHS Wales Informatics Service transitioned to DHCW on the 1st April 2021).

2.2 The IG Toolkit consists of a range of questions split up by sections (including areas such as information sharing, Data Protection Impact Assessments and reporting of data breaches) and levels which require evidence to meet the compliance within the required area. A full diagram of the sections of the IG Toolkit is provided at Appendix A.

2.3 Evidence 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.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

		Level 1	Level 2	Level 3	Overall
2021/22 (this year)	Compliance Percentage	100%	98%	96%	98%
2020/21 (last year)	Compliance Percentage	95%	100%*	86%	94%

*The IG Toolkit is intended to be completed incrementally (i.e. you should not achieve Level 2 in an area where you have not achieved Level 1). However, it was decided for one section of the 2020/21 submission that we could provide evidence for the Level 2 questions but not for Level 1 question.

3.2 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 three levels 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

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does not indicate that the organisation does not meet the legal requirements for these sections, more so, it identifies where these areas can be improved.

3.3   To that extent, actions have been identified to improve DHCW's compliance with legislation and standards and its submission for 2022/2023.

3.4   In developing DHCW's IG action plan for 2022/23 to identify priorities, the DHCW IG team also took into consideration the Information Commissioner's Office (ICO) Accountability Toolkit. The questions in the IG Toolkit are being reviewed to ensure the requirements set out in the ICO's Toolkit are reflected in the questions of next year's edition of the IG Toolkit.

3.5   The key Information Governance actions DHCW IG are working on from this action plan are:

Action	Desired position	IG Toolkit Section	Priority	Target date
Update Data Protection Impact Assessment template	The template is reviewed against comments and shared as an example for NHS Wales organisations to use.	2.5	Low	Q1
Improve Publication Scheme	Implement a publication scheme against the 7 "classes of information" and agree, as an organisation, that any new information that falls within these classes are published.	2.6	Medium	Q2
Review DHCW Cookies position	DHCW's position on cookies is reviewed and action agreed on next steps.	2.7	Low	Q2
Review National Privacy Information	"Your Privacy Your Rights" materials updated, agreed and published for use by NHS Wales organisations.	4.2	Low	Q1
Assess DHCW's compliance with Record of Processing Activities requirements	Review and document DHCW compliance with Article 30 of the UK General Data Protection Regulation.	ICO's Accountability Toolkit	Medium	Q1

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A detailed progress report describing the progress made on these actions, the current position and risk is provided at Appendix B. The DHCW Information Governance team will be taking these actions forward and will provide updates to the Committee.

4 RECOMMENDATION

5 The Digital Governance & Safety Committee is being asked to **REVIEW** the Information Governance team's submission of the IG Toolkit for 2021/22 and **SUPPORT** the management actions identified, which the Information Governance team will carry out and update the Committee on periodically.

6 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	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME

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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 above, 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	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

7   APPENDIX A

Welsh Information Governance Toolkit

Business Responsibilities
Results: Level 1 **100%** / Level 2 **93%** / Level 3 **100%**
- Information Governance Management
- Policies and Procedures
- Information Sharing
- Contracts and Agreements
- Data Protection Impact Assessments
- Freedom of Information and Environmental Information Regulations
- Privacy Electronic Communications Regulations

Managing and Securing Records
Results: Level 1 **100%** / Level 2 **100%** / Level 3 **87%**
- Record Management
- Information Asset Register
- Data Accuracy
- Retention Schedules, Secure Destruction and Disposal

Business Management
Results: Level 1 **100%** / Level 2 **100%** / Level 3 **100%**
- Business Continuity Plan
- IG Risk Register
- Auditing

Technical Security, Physical Security and Organisational Measures
Results: Level 1 **100%** / Level 2 **100%** / Level 3 **100%**
- Physical Security
- Technical Security
- Organisation Measures (Training and Awareness)
- Mobile Working and Remote Access
- Secure Destruction and Disposal of IT Equipment
- Surveillance Systems

Individual's Rights and Obligations
Results: Level 1 **100%** / Level 2 **100%** / Level 3 **90%**
- Right of Access
- Right to be Informed
- Right to object, to erasure, to rectification and portability
- Rights related to profiling and automated decision making that has significant impact on the data subject

Information Governance Incident Management
Results: Level 1 **100%** / Level 2 **100%** / Level 3 **100%**
- Reporting Data Breaches

Cyber Security
An organisations Cyber Security controls are assessed in Welsh Cyber Assurance Process (WCAP).

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

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

8   APPENDIX B

IG Toolkit section: Business Responsibilities – Data Protection Impact Assessments (DPIA)	
Action 1 – DPIA template	**Risk**
Data Protection Impact Assessments (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. However, it is recommended that these are completed as good practice where there is a major project which requires the processing of personal data. The DPIA process is embedded within DHCW via the Wales Informatics Assurance Process and are signed off by the Associate Director for Information Governance and Patient Safety. DHCW's DPIA template was updated in 2021 with a copy being shared to NHS Wales stakeholders. DHCW has received some feedback, which they want to integrate into the template.	Without reviewing the DPIA template, there is a risk that new legislation or guidance is not being captured, therefore the DPIA process may not accurately capture and mitigate all information governance risks.
Recommendation	**Priority Level**
Update Data Protection Impact Assessment template.	**Low**
Management Response	**Responsible Officer /Deadline**
It is important that the DPIA template is regularly reviewed and incorporates feedback and learning from other organisations. DHCW provides a copy of its DPIA template for national use for organisations to use / adapt as they wish. The DPIA template has been reviewed and agreed within the IG team. DHCW IG will be using this template internally before sharing wider with other stakeholders.	**Action** – DHCW IG team to use the new DPIA template for any new DPIAs developed and share template with stakeholders. Target date – Q1

Action 2 – Publication Scheme	Risk
In addition to responding to requests for information, the Freedom of Information Act 2000 outlines that public authorities must publish information proactively in the form of a publication scheme. The legislation requires public authorities to have a publication scheme, approved by the Information Commissioner's Office (ICO) and to proactively publish information covered by the scheme. The scheme must set out DHCW's commitment to make certain classes of information routinely available, such as policies and procedures, minutes of meetings, annual reports and financial information.	DHCW may be subject to notices or fines from the ICO for not complying with the Freedom of Information Act 2000.
Recommendation	**Priority Level**
Implement a publication scheme against the 7 "classes of information" and agree, as an organisation, that any new information that falls within these classes are published.	**Medium**
Management Response	**Responsible Officer /Deadline**
DHCW's Freedom of Information Act webpage has been updated to reflect that it has adopted the ICO's model publication scheme. Some of the information DHCW is required to publish under the 7 classes of information, is already on the DHCW website. A mapping exercise needs to be undertaken in conjunction with a number of DHCW teams to understand what information DHCW already publishes and what DHCW should be publishing. Once this exercise has taken place, DHCW needs to agree that any information that falls within these classes will be proactively published.	**Action** – DHCW to outline legislative requirements and resource for work. Target date – Q2

IG Toolkit section: Business Responsibilities – Privacy Electronic Communications Regulations	
Action 3 – Cookies	**Risk**
Cookies are small files that websites put on your computer hard disk drive when you visit. Cookies pass information back to websites each time you visit. They are used to uniquely identify web browsers, track user trends and store information about user preferences. As cookies capture personal information, DHCW need to ensure that use of cookies on its website (and websites for NHS Wales organisations or affiliates, such as Health Boards and Trusts that use the national content management system) are compliant with the Privacy and Electronic Communications Regulations.	The ICO can take action against organisations that are non-complaint with PECR including issuing fines.
Recommendation	**Priority Level**
DHCW's position on cookies is reviewed and action agreed on next steps.	Low
Management Response	**Responsible Officer /Deadline**
DHCW's compliance with cookie legislation was first questioned in 2019 via Software Development. An options paper was jointly developed and shared with NHS Wales Information Governance leads and Mura SMB, agreeing on which recommendation was most suited. Next actions on procuring/developing a cookie management tool are on the Software Development team, although this has slowed due to workload/COVID-19. It was noted that any software to manage cookies would be procured 'off-the shelf'.	**Action** – Revisit cookies options paper and discuss whether steps can be taken to enact proposal with Software Development. Target date – Q2

IG Toolkit section: Individuals Rights – Right to be Informed	
Action 4 – Your Privacy Your Rights	**Risk**
Under the UK General Data Protection Regulation, individuals have the right to be informed about the collection and use of their personal data. Organisations must provide individuals with privacy information, which will include: the purposes for using the personal data, who the information will be shared with and what rights the individual has. NHS Wales organisations are responsible for meeting these obligations, usually through local privacy policies or notices. This is supplemented, as part of a layered approach, with a high-level national set of materials called "Your Information Your Rights", that helps NHS Wales organisations meet their legal obligations to the right to be informed. The "Your Information Your Rights" materials have not been updated since 2018.	Existing information contained within the privacy information may no longer be accurate.
Recommendation	**Priority Level**
"Your Privacy Your Rights" materials updated, agreed and published for use by NHS Wales organisations.	**Low**
Management Response	**Responsible Officer /Deadline**
DHCW understands the significance that these materials have to NHS organisations, as it allows them to supplement their local policies/notices with a high-level national provision. The DHCW IG team have reviewed the materials (consisting of a booklet and poster at present) with the content remaining similar but with some changes to the existing content, additional sections and a new name – "Your Privacy Your Rights". The wording has been shared with colleagues in the Welsh ICO office, Welsh IG leads in Health Boards and Trusts and a patient forum. Once the wording has been agreed, the materials will be translated, formatted and communicated to NHS Wales organisations.	**Action** – "Your Privacy Your Rights" information to be agreed and published. Target date – Q1

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IG Toolkit section: ICO's Accountability Toolkit - Record of Processing Activities (ROPA)	
Action 5 – ROPA	**Risk**
Article 30 of UK General Data Protection Regulation (GDPR) requires organisations to document their processing activities. By documenting what information DHCW is responsible for, where it is, what DHCW does to it, it makes it easier to improve information governance and comply with other aspects of data protection law (particularly the accountability principle). Whilst it is acknowledged that DHCW meets this requirement through existing means, such as the Service Catalogue and Information Flows Register, DHCW has not mapped these against the requirements set out in the legislation or against the "good practice" suggestions the ICO make in their new Accountability Toolkit.	DHCW may be subject to notices or fines from the ICO for not complying with Article 30 of UK GDPR.
Recommendation	**Priority Level**
Assess DHCW's compliance with Record of Processing Activities requirements	**Medium**
Management Response	**Responsible Officer /Deadline**
DHCW IG is of the opinion that the organisation meets the requirements set out under Article 30 of UK GDPR but recongises the importance of completing an exercise to map existing documentation against the legislation and good practice guidance. By documenting this compliance, DHCW will have a record of how it meets this requirement to allow this to be presented if questioned.	**Action** – Review and document DHCW compliance with Article 30 of the UK General Data Protection Regulation. Target date – Q1

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Approver: Rhidian Hurle
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DIGITAL HEALTH AND CARE WALES
INFORMATICS ASSURANCE REPORT

Agenda Item	3.6ii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2022

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

Executive Sponsor	Rhidian Hurle, Medical Director
Prepared By	Lydia James, Wales Informatics Assurance Facilitator
Presented By	Paul Evans, Quality Manager (Regulatory Compliance)

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

Acronyms			
WGPR	Welsh GP Record	WAST	Welsh Ambulance Service NHS Trust
ePCR	Electronic Patient Clinical Record	WCP	Welsh Clinical Portal
WNCR	Welsh Nursing Care Records	WEDS	Welsh Emergency Department System
DMR	Discharge Medicines Review	L&RS	Legal & Risk Services
LINC	Laboratory Information Network Cymru	LIMS	Laboratory Information Management System
WISDM	Welsh Information Solution for Diabetes Management	FHIR	Fast Healthcare Interoperability Resources
API	Application Programming Interfaces	MTeD	Medicines Transcribing and e-Discharge
MHOL	My Health Online	WCP	Welsh Clinical Portal
NIIAS	National Intelligent Integrated Audit System	CRM	Customer Relationship Management system
EMS	Endoscopy Management System	WRRS	Welsh Results Reports Service
eMPI	Electronic Master Patient Index	PAS	Patient Administration System
WLIMS	Welsh Laboratory Information Management System	MVP	Minimal Viable Product
POCT	Point of Care Testing	SGSS	Second Generation Surveillance System
MESH	Message Exchange for Social Care and Health	ETR	Electronic Test Request
MPI	Master Patient Index	NPEX	National Pathology Exchange Network
DCN	Diabetes Consultation Note	GPTR	GP Test Requesting (service)
WORM	Welsh Ordering Request Manager	WCCIS	Welsh Community Care Information System
WRAPPER	Welsh Referrals, Activity and Patient Pathway Enterprise Repository	WPAS	Welsh Patient Administration System
ABBs	Architectural Building Blocks	AD	Archive Directory
GCP	Google Cloud Platform	NDR	National Data Resource

1   SITUATION/BACKGROUND

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

architecture have been developed, they have been appropriately assured and that cloud hosted services have been risk assessed.

1.2   The Wales Informatics Assurance Process has been in place since 2015 and is reviewed bi-annually (SOP-WIA-001) by Quality Manager (Regulatory Compliance) with the next scheduled review due in October 2023. The process involves a two-stage check point: Assurance Quality Plan and Safety Case & Readiness Report. 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 15 work streams associated with the process. Details of the workstreams are included in Appendix B.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   Overview of Activity

The following is a breakdown of activity reviewed by WIAG in the period January 2022 to March 2022.

2.1.1   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
WNCR 2.2			Service Management have requested more information. To go to OSB on 9th March. Service Desk - Discussion to be had regarding Support Model and resourcing. Project Manager following up on both workstreams. This project was due to go live during Q4 2021, this has been delayed until Q2 2022.	
Hywel DDA UHB Endoscopy Results Feed (WRRS)			17/01/2022	19/01/2022

					Date	

Powys THB eMPI – MediLogik EMS (Cloud) Feed			17/01/2022			18/01/2022
CaNISC MVP –MDT Plan EForm			03/03/2022			10/03/2022
Vaccine Booking Service			In Progress			In Progress
WCCIS Implementation in ABuHB			05/04/2022			13/04/2022

2.1.2   Assurance Quality Plans within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Outcome of WIAG
WAST TerraPACE ePCR Phase 2	17/01/2022	AQP-WIA-0041	Approved
CV-19 Contact Tracing System	17/01/2022	AQP-WIA-0042	Approved
UK Covid Test Results To Wales	17/01/2022	AQP-WIA-0043	Approved
FHIR Façade for WRRS	31/01/2022	AQP-WIA-0045	Approved
Managed API Terminology	31/01/2022	AQP-WIA-0044	Approved
MTED Anti-coagulation e-forms	14/02/2022	AQP-WIA-0046	Approved
MHOL Replacement provision of Cegedim's Patient Facing Services Interface Mechanism (IM1)	14/02/2022	AQP-WIA-0047	Approved
WISDM Paediatrics	14/02/2022	AQP-WIA-0048	Approved
Cardiology ETR	14/03/2022	AQP-WIA-0049	In Progress
BCU WPAS Single Instance (Phase A - West into Central)	14/03/2022	AQP-WIA-0050	In Progress
Data Platform	28/03/2022	AQP-WIA-0051	In Progress

- **WAST TerraPACE ePCR Phase 2**
  The project objective for WAST was to procure and deploy a digitised version of the current paper A3 Ambulance Summary Record. The TerraPACE ePCR application has been procured, this has been interfaced with the WAST CAD system but now also requires interfacing with established systems and services hosted within DHCW. The objective for DHCW is to facilitate WAST in integrating safely and securely with agreed established systems and services which are hosted within the national architecture.
  The objective of Phase 2 is to plan and implement WGPR and NIIAS. WGPR is required to replace the WCP Staple element as outlined in the original design drafted for procurement purposes in 2019/20.

- **CV-19 Contact Tracing System**
  The project objective for the CV-19 Contact Tracing System is to deliver a single digital platform for contact tracing across Wales in response to the Covid-19 pandemic.

- **UK Covid Test Results To Wales**
  The main objective is to automate the ingestion of various COVID-19 test results for Welsh Residents that have been processed and authorised in laboratories outside of Public Health Wales

(PHW).

- **FHIR Façade for WRRS**
  The main objective is to facilitate access to Diagnostic data using the concept of a FHIR Facade. The purpose of this technology is to expose existing data as FHIR Resources without the need for refactoring existing underlying data repositories.

- **Managed API Terminology**
  The objective is to provide a new endpoint for the Terminology Service API, using the API Platform. So that access to the API can be restricted to authorized client applications only. This proxy houses policies which can enforce security, quota checks and other types of access control, along with rate-limiting.

- **MTED Anti-coagulation e-forms**
  The objective of this project is to:
  • Produce a set of e-forms which will allow clinical users of Welsh Clinical Portal (WCP) to create an anti-coagulation care plan whenever anticoagulation medication is selected within the Medicines Transcribing and e-Discharge (MTeD) function.
  • Deliver a copy of the anti-coag care plan to GPs upon sign-off, or to attach to the Discharge Advice Letter (DAL) if not already sent.

- **MHOL Replacement provision of Cegedim's Patient Facing Services Interface Mechanism (IM1)**
  The My Health Online (MHOL) Replacement Project aims to integrate existing MHOL functionality (a like for like approach where technically possible) into an alternative Platform/Gateway Application i.e., The NHS Wales App utilising NHS Login (collectively referred to throughout this document as the "NHS Wales App").

- **WISDM Paediatrics**
  The aim of the Welsh Information Solution for Diabetes Management (WISDM) project is to deliver a diabetes ICT solution for Wales. This will provide a clinical, multidisciplinary record and share information across primary, secondary and community healthcare settings. This is a Welsh Government commitment as included in 'Together for Health - Diabetes Delivery Plan'.

- **Cardiology ETR**
  The Cardiology ETR project will be split into two phases.
  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).
  Phase 2: Worklist
  A worklist application in the WCP will be developed for administrative users in the physiology department to view and update requests as well as create printouts using, allowing them to triage and vet request changes.

- **BCU WPAS Single Instance (Phase A - West into Central)**

The overall objective of the programme is to implement a single instance of WelshPAS in Betsi Cadwaladr University Health Board (BCU) in order to streamline the care process and enable up to date accurate information to be available for service delivery across the Health Board. The work is being undertaken via a phased approach (see Context section below for more information).

- **Data Platform**
  The project objective is to establish the NDR Data Platform that will support the capabilities described in the conceptual and logical data architecture in the data strategy and provide the environments and tools for organisations to acquire, organise, analyse, deliver, secure, and govern health and care data.

2.1.3 Requests for Change within the reporting period

No considerations for Requests for Change have been submitted during the reporting period.

2.1.4 Safety Case and Readiness Reports within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
Hywel DDA UHB Endoscopy Results Feed (WRRS)	17/01/2022	SCRR-WIA-0030	Approved	None
Powys THB eMPI – MediLogik EMS (Cloud) Feed	17/01/2022	SCRR-WIA-0031	Approved	None
CaNISC MVP –MDT Plan EForm	31/01/2022	SCRR-WIA-0032	Approved	None
Vaccine Booking Service	14/02/2022	SCRR-WIA-0033	In Progress	Waiting for statements
WCCIS Implementation in ABuHB	28/02/2022	SCRR-WIA-0034	Approved	13/04/2022

- **Hywel DDA UHB Endoscopy Results Feed (WRRS)**
  The objective of the project is to make PDF diagnostic results reports from the MediLogik EMS Endoscopy system in Hywel DDA university health board, available to WCP users via WRRS. The scope of work is to test and validate DHCW secure generic interface and database components developed to receive Endoscopy results reports Cwm Taf Morgannwg UHB, to process the HL7 observational result (ORU) report messages into WRRS, making the reports visible in WCP to All Wales users.

- **Powys THB eMPI – MediLogik EMS (Cloud) Feed**
  Deliver a secure eMPI patient demographics query (PDQ) and response service interface, to the MediLogik Endoscopy Management System (UK Azure) cloud hosted application.
  Scope includes securing Powys THB user access to the application using existing internet connectivity from within Powys THB, to the MediLogik EMS (UK Azure) cloud hosted application. Enabling Powys THB clinical users, to utilise the MediLogik EMS application for the purpose of patient scheduling and diagnostic reporting of Endoscopy, Respiratory and Urology procedures.

- **CaNISC MVP –MDT Plan EForm**
  The objective of this part of the project is to deliver a digital Multi-Disciplinary Team (MDT) meeting form (all tumour sites) within the Welsh Clinical Portal (WCP) application as part of the Cancer Informatics Acceleration programme which will replace the feature currently provided in CaNISC. This digital form will provide the ability to move away from a legacy system and enhance the digital patient record with records of Cancer MDT meetings which can be viewed by authorised clinicians across Wales, including primary and secondary care. The MDT meeting information will be provided by the Patient Administration System (PAS) which will populate the WCP digital form in the relevant fields.

- **Vaccine Booking Service**
  The project will deliver a cloud (Microsoft Azure) hosted website that will be accessible to Welsh Citizens, who has been invited to come forward for a COVID-19 Vaccine, where Health Boards have configured the appointments to allow re-booking. This website will interact with the Welsh Immunisation System through DHCW developed APIs.

- **WCCIS Implementation in ABuHB**
  To implement the Welsh Community Care Information System in ABuHB Mental Health and Learning Disability Teams on 28th March 2022 replacing their current Epex system. The purpose of this submission is to gain approval for this system to be taken live.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   Services which have not gone through which will need retrospective assurance are:

One COVID-19 related service is still pending submission to WIAG, this is related to work around the COVID Pass. The Project Manager expects to have this submitted to WIAG for consideration by the end of Q2 2022. This submission delay is due to the Project Manager focusing on project work and working through assurance activities for open AQP's.

4   RECOMMENDATION

The Digital Governance & Safety Committee is being asked to:

NOTE the contents of the report for **ASSURANCE**.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE (Please place an 'X' next to relevant objective/s)	
Mobilising digital transformation and ensuring high quality health and care data	

Expanding the content, availability and functionality of the Digital Health and Care Record	X
Delivering High Quality Digital Services	X
Driving value from data for better outcomes	X

CORPORATE RISK (ref if appropriate)

WELL-BEING OF FUTURE GENERATIONS ACT (Select relevant theme/s)

A Prosperous Wales		A Resilient Wales		A More Equal Wales	X	A Healthier Wales	
A Wales of Cohesive Communities		A Wales of Vibrant Culture and Thriving Welsh Language				A Globally Responsible Wales	

QUALITY STANDARDS (Select relevant standard/s)

ISO 20000		ISO 27001		ISO 9001	X	ISO 14001	
BS 76000:2015		BS 76005		BS 10008		ISO 13485	X
SDI (Service Desk Institute) Standard							

HEALTH CARE STANDARD (Select relevant standard/s)

Staying Healthy		Safe Care	X	Effective Care		Dignified Care	
Timely Care		Individual Care			Staff & Resources		

EQIA STATEMENT (Select as appropriate)

Not Applicable		Date of submission: N/A		Outcome: N/A
Statement: N/A				

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
None		

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes
	The WIAG process supports Quality & Safety by providing relevant assurance for new and changed developments.

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LEGAL IMPLICATIONS/IMPACT	No
FINANCIAL IMPLICATION/IMPACT	No
WORKFORCE IMPLICATION/IMPACT	No
SOCIO ECONOMIC IMPLICATION/IMPACT	No

Appendix A

Assurance Quality Plan (AQP)

If the initial review identifies the service development needs to undertake the assurance process, or it is clear that 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: -
  - o Proposed scope
  - o 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 SharePoint 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 circulate to WIAG via an e-vote for approval of the Assurance Quality Plan (unless WIAG advise the plan should be escalated to Directors for approval)

Safety Case & Readiness Report (SCRR)

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

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

Request for Change (RFC)

Minor changes to a Service/Application may be assured using a request for Change submission. All Assurance Leads retain oversight of the change and can highlight workstreams required to assure the proposed change. WIAG makes a decision as a group as to whether or not an RFC is sufficient to assure a proposed change.

Appendix B

Assurance Areas within the Wales Informatics Assurance Process

ARCHITECTURE DESIGN & DELIVERY ASSURANCE

FINANCIAL AND BUSINESS ASSURANCE

CLINICAL/ USER REQUIREMENTS

EVALUATION

IMPLEMENTATION PLAN

INFORMATION GOVERNANCE

INFORMATION SERVICE

INFRASTRUCTURE REQUIREMENTS

PATIENT SAFETY

PRIMARY CARE SERVICE SUPPORT

SECURITY

SERVICE MANAGEMENT & SUPPORT

SERVICE DESK

TESTING

VALIDATION & VERIFICATION

Informatics Assurance Report · · · · · · · · · · · Page 11 of 11 · · · · · · · · · · · Author: Lydia James
Approver: Rhidian Hurle

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DIGITAL HEALTH AND CARE WALES
INFORMATION SERVICES ASSURANCE REPORT

Agenda Item	3.6iii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2022

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

Executive Sponsor	Rhidian Hurle, Medical Director
Prepared By	Trevor Hughes, Information Programmes and Planning Lead
Presented By	Rachael Powell, Deputy Director of Information Services

Purpose of the Report	For Assurance
Recommendation	

The Digital Governance and Safety Committee is being asked to:
NOTE the current position in relation to the ongoing work to enhance the assurance around the management and reporting of data and also the progress made towards the development of a Research and Innovation Strategy for DHCW for **ASSURANCE.**

Acronyms			
ISD	Information Services Directorate	WIS	Welsh Immunisation System
ONS	Office for National Statistics	SAIL	Secure Anonymised Information Linkage
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

1   SITUATION/BACKGROUND

1.1   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.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   The ISD Assurance Group (ISDAG) continues to review and provide feedback on all new developments in respect of the impact on Information Services, as well as on the separate function of Information Standards, prior to consideration at the Welsh Information Assurance Group (WIAG). There have been five projects who have presented to the group over the last 3 months to explain the context of assurance requirements and ongoing engagement has been requested. These covered MTeD Anti-Coag Forms, Diabetes Consultation Note (Paeds), Managed API terminology, WRRS FHIR Façade API and the WAST TerraPACE ePCR.

2.2   Work has continued on the wider implementation of Service Management principles within the Directorate to ensure that all services provided have appropriate support models in place to ensure continuity of service. To date five ISD services have been reviewed and updated with the service documentation being provided to WIAG for information and comment prior to approval at the Operational Services Board (OSB).

2.3   ISD continue to support many of the COVID-19 TTP streams of work. In particular, the team have produced a report, together with the associated extracts for health boards, in relation to improving the data quality within WIS.

2.4   ISD manage an internal process for new service requests in relation to information services. These requests are received and acknowledged centrally with an assessment to

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understand the specific data requirements. The relevant Information governance requirements are also captured as part of this process.

2.5   DHCW have recently achieved accreditation by the UK Statistics Authority under the requirements of the Digital Economy Act (DEA) following a review of the recommendations from the assessors by the Research Accreditation Panel. This is in respect of the specific area of work that will assure potential suppliers of data to the Secure Anonymised Information Linkage (SAIL) database (established within Swansea University), such as the Office for National Statistics (ONS), that DHCW are able to act as a Trusted Third Party. This accreditation will last for 5 years with a requirement for annual reviews to be undertaken by the UK Statistics Authority.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   The risk (DHCW0269) remains on the corporate risk register, covering the need to replace the functionality of the current NHS Wales Data Switching Service (NWDSS) which is used to acquire much of the national health data from Welsh Health Boards and NHS England. Some immediate solutions are being considered in order to provide geographical resilience to the service. The longer-term plan will be to integrate this requirement into the wider data acquisition solutions being considered by the NDR Programme and the subsequent transition into operational service.

3.2   No new risks have been added to the corporate risk register.

4   RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:

NOTE the current position in relation to the ongoing work to enhance the assurance around the management and reporting of data and also the progress made towards the development of a Research and Innovation Strategy for DHCW for **ASSURANCE.**

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Driving value from data for better outcomes

CORPORATE RISK (ref if appropriate)	DHCW2069

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

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

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

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

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

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

DIGITAL HEALTH AND CARE WALES
DIGITAL PROGRAMME OVERVIEW UPDATE

Agenda Item	3.7

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2022

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

Executive Sponsor	Ifan Evans, Director of Digital Strategy
Prepared By	Michelle Sell, Chief Operating Officer
Presented By	David Sheard, Assistant Director of Service Transformation

Purpose of the Report	For Assurance
Recommendation	
The Digital Governance & Safety Committee is being asked to: **NOTE** the Report for **ASSURANCE** and **NOTE** the progress of programmes and projects to aid an understanding of where DHCW focusses its project implementations, as agreed with external stakeholders.	

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WG	Welsh Government	IMTP	Integrated Medium Term Plan

1   SITUATION/BACKGROUND

1.1   This document notes the progress of our key programmes and projects as at March 2022, as an implementation visual noting key milestones and stakeholder organisations.

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

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   Cancer Informatics Programme RAG status has changed to Amber, as defined by the Cancer Informatics Programme Board, due to agreed changes in scope and implementation time. A new date has now been agreed by the Board.

2.2   Welsh Information System for Diabetes Management RAG status is now green reflecting a re-baselined plan following development work being paused during COVID and the need to divert resources to support the Cancer Informatics Programme.

2.3   Welsh Hospital Pharmacy Stock Management System has been removed from the list as it is now fully implemented.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

4   RECOMMENDATION

The Digital Governance & Safety Committee is being asked to **NOTE** the report for **ASSURANCE** and **NOTE** the progress of programmes and projects to aid an understanding of

Digital Programme Overview Update   Page 2 of 4   Author: Michelle Sell
                                                                                                   Approver: Ifan Evans
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where DHCW focusses its project implementations, as agreed with external stakeholders.

5 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	ISO 9001
If more than one standard applies, please list below:	

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

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

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
PERSON/GROUP	DATE	OUTCOME
DHCW Management Board	21 April 2022	Noting areas for focused attention

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	No, there are no specific legal implications related to the activity outlined in this report.

IMPLICATIONS/IMPACT	
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.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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

Key

Alerts
- Finance
- Timescale
- Resourcing and/or skills
- Dependencies
- Scope
- Agile

Status remains same
Status improving
Status deteriorating

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

RAG DEFINITION

Good may require refinement	Requires attention	Highly Problematic
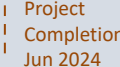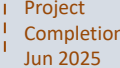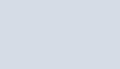
PORTFOLIO	PRODUCT						GOVERNANCE	RAG

Information Availability and Flow

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

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

The Architecture Building Blocks vision has been communicated to various Boards including the Programme Board and DHCW Board. The NDR Data Strategy has been approved by the Programme Board and shared with the DHCW Board.
A project is underway to build the data platform as part of the roadmap in the Data Strategy. The initial work on this is focused on the procurement route to market.
Next Major Milestone: Programme Governance Established Q1 2022/23

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

RAG reason: Programme Review & Covid

Information Availability and Flow

Data Centre Transition Project
Transition of infrastructure and services from a legacy data centre to a new data centre and cloud provider

Initiate | Define | Build | Roll Out

Data Centre 2

Transition of physical infrastructure is now 100% complete.
Test and Development functions are now migrated to Azure.
The final remaining Third Party system suppliers were supported to complete the transition of their services to the replacement Data Centre in Feb 2022, Q4 2021/22.
A project is now being formed to start the Data Centre 2 objective.

Data Centre 1

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

Digital Professional Empowerment

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

Initiate | Define | Build | Internal Build | Roll Out

Patient Administration Functionality
Clinical Functionality

VCC & DHCW continue to plan revised go live dates given current status and scope, allowing sufficient time for Velindre to both test and train on the new solution.
Next Major Milestone: Product Available (National) – Initial Iteration for Cancer Solution May 2022

Project Completion Nov 2022

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

RAG reason: Scope & Timescales extended

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 requests (Cwm Taf & BCU)
Pathology test requesting / Results Notifications

Radiology e-form V2 now live in CTM & BCU. SBUHB, ABUHB and VCC to take V2 mid 2022. New histopathology e-form to be live in BCU Q1 2022/23 and a Phlebotomy module pilot to start in May. Result notifications now live in all health boards (bar AB and Powys - out of scope)
Next Major Milestones: New blood science/microbiology and Cardiology e-forms mid 2022, Radiology and Histopathology in Primary Care workflow and technical design to be agreed mid 2022.

Electronic Test Requesting Project Board
SRO: Rob Bleasdale
DHCW Director: Rhidian Hurle

RAG reason: Resource diverted to Covid for some modules

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Digital Professional Empowerment	**Welsh Information System for Diabetes Management** Using Welsh Clinical Portal to record diabetes data	Initiate	Define	Build	Internal Build	**Roll Out** Current modules – adult, podiatry and antenatal. Paediatrics is in the final stages of Definition. Next major milestone: Paediatrics Forms Q3 2022/23	**Welsh Information System for Diabetes Management Project Board** (Reports to Diabetes Implementation Group) SRO: Phil Evans DHCW Director: Rhidian Hurle	
			Paediatrics			Project Completion Mar 2023		
		Adult, Podiatry and Antenatal (Cwm Taf Morgannwg, Hywel Dda and Swansea Bay)						
Digital Professional Empowerment	**Welsh Nursing Care Record** Enables nurses to complete electronic assessments at hospital bedsides	Initiate	Define	Build	Internal Build with Swansea Bay	**Roll Out** Live in 6 health boards BCUHB went live Mar 2022 CAVUHB and ABUHB to commence by end Q1 2022/23 Next Major Milestone: V2.2 release in Q1 2022/23	**Welsh Nursing Care Record (WNCR) Project Board** SRO: Claire Bevan DHCW Director: Rhidian Hurle	
						Project completion / handover to BAU Mar 2023		
		Velindre, Swansea Bay, Hywel Dda, Powys, Cwm Taf, Betsi 2 sites not yet live and scale of implementation is significant						
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	**Roll Out** Proof of Concept Phase and Work Package 3 Phase 1 completed in Mar 2022. Next Major Milestone Work Package 3 Phase 2 Jun 2022	**Digital Services for Patients and Public Programme Board** (plus 7 national assurance groups) SRO: Huw George DHCW Director: Michelle Sell	
							RAG reason: capacity /dependencies/ resources to deliver in line with supplier agile approach/ Access to NHS Login in Welsh /finance (underspend)	
Public Health	**Test Trace and Protect** Covid-19 testing, contact tracing and vaccination data solutions	Initiate	Define	Build	External Build / Internal Build	**Roll Out** Implementation complete of Covid test requesting, contact tracing, Immunisation System, 2 way texting and Covid Pass but new requirements are being requested due to changes in policy. Next Major Milestone: Spring boosters Q1 2022/23	**Digital Pathway Group.** SRO: Ifan Evans / Helen Thomas DHCW Director: Helen Thomas Test Trace Protect Policy and Delivery Board Vaccination Programme Board Contact Tracing Task & Finish Group Test Trace Protect Programme Oversight Group	
		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	

PORTFOLIO	PRODUCT						GOVERNANCE	RAG

| Primary, Community and Mental Health | **Choose Pharmacy** System to record enhanced services provided by community pharmacists. | Initiate | Define | Build | Internal Build | **Roll Out** Roll out complete but existing modules continually enhanced and new modules added **Next Major Milestone,** Release Available – Implement Changes to flu module, Q2 2022/23 | **Community Pharmacy Digital Applications Programme Board** **Choose Pharmacy Service Management Board** SRO: Jenny Pugh-Jones DHCW Director: Carwyn Lloyd-Jones | |
| | | | | | All Health Boards | | RAG reason: Resource movement due to Covid priorities. | |

Primary, Community and Mental Health	**Dental E Referrals** providing dental referral system for community dentists.	Initiate	Define	Build	External Build	**Roll Out** Phase 1 roll out complete to all health boards **Next Major Milestone,** Preferred Supplier Identified for re-procurement Q1 2022/23	**Dental Referral Management System Project Board** stood down as phase 1 complete. A new project is being initiated to manage the new dental re-procurement. SRO: Alex Slade DHCW Director: Carwyn Lloyd-Jones	
		New project – reprocurement						
		Phase 1 Roll out of dental referral management solution				All Health Boards	RAG reason: Delay due to internal resource constraints.	

| 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 | **Roll Out** Deployment orders prepared and awaiting signature. A number of developments in progress under current contractual arrangements - dependency on suppliers leading to delays to plans. **Next Major Milestone**, Migration Complete Mar 2023 | **General Medical Services (GMS) IM&T Programme Board** SRO: Lisa Dunsford DHCW Director: Carwyn Lloyd Jones | |
| | | Framework Contracts signed for all 3 suppliers | | | | | RAG reason: Supplier delays for new developments. | |

| Primary, Community and Mental Health | **Welsh Community Care Information System** Community information solution for community health, mental health staff and social workers | Initiate | Define | Build | External Build | **Roll Out** 2 Health Boards live (Powys and Hywel Dda), 3 further in pipeline (Cwm Taf Morgannwg, Aneurin Bevan, Swansea Bay). 15 Local Authorities live. **Next Major Milestone**: Aneurin Bevan Phase 1 Mental Health – Q1 2022/23 | **WCCIS Leadership Board (plus 4 sub boards)** SRO: Carol Shillabeer/ Dave Street DHCW Director: Helen Thomas | |
| | | | | | Health - Powys and Hywel Dda | | RAG reason: Supplier delay (Platform upgrade) | |

Planned and Unscheduled Care	**Welsh Emergency Dept System** Implementing a managed service with EMIS Health. DHCW responsible for hosting, integration with other national systems and managing the national contract.	Initiate	Define	Build	External Build	**Roll Out** Swansea Bay live at first site in Dec 2021. Morriston go live date to be agreed. Cwm Taf Morgannwg and roll out in other Health Boards subject to demonstration of success in SBU and WEDS Acceleration (DPIF) funding by Welsh Government. **Next Major Milestone**: Go-live CTM 2022/23	**National WEDS Project Board** SRO: Jo Mower DHCW Director: Michelle Sell	
				Cwm Taf Morgannwg				
					Swansea Bay		RAG reason: Resource challenges in HBs	

PORTFOLIO	PRODUCT						GOVERNANCE	RAG

Planned and Unscheduled Care

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

Initiate | Define | Build | External Build

Roll Out
Aneurin Bevan will be the first to implement in Jan 2023 and then a roll out to all HBs. Revised timeline and infrastructure changes have altered the cost profile which is being approved by WG.

Project Completion Jun 2024

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

RAG reason: Revised timescales and cost profile

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

Roll Out
Outline Business Case approved, procurement started.

Next Major Milestone
Complete Procurement Jan 2023

Project Completion Jun 2025

Radiology Informatics Solution Program Board
SRO: Matt John
DHCW Director: Michelle Sell

RAG reason: Delay in Business Case approval

Diagnostics

Welsh Imaging Archive Service
Medical image sharing across Wales

Initiate | Define | Build | External Build

Roll Out
Pilots planned with Swansea Bay and Velindre. No dates confirmed

Next Major Milestone
Build complete Q1 2022/23

Welsh Imaging Archive Service Project Board
SRO: None
DHCW Director: Rhidian Hurle

RAG reason: Technical delays

Medicines Management

Digital Medicines Portfolio
Designing new programme to modernise prescribing services across primary, community and secondary care.

Initiate | Define | Build | External Build

Primary Care -E-prescribing

Secondary Care E-prescribing

Patient Access to Medicines

Shared Medicines Record

Roll Out
Programme and projects currently being defined and agreed, recruitment for key posts underway.

Next Major Milestone
Invitation To Tender for Electronic Prescribing and Medicines Administration Framework Contract published Feb 2022. Contract Award Q1 2022/23

Governance being established

N/A at this stage

DIGITAL HEALTH AND CARE WALES
PATIENT IDENTITY

Agenda Item	3.8

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2022

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Rob Jones, Chief Architect
Presented By	Rob Jones, Chief Architect

Purpose of the Report	For Noting
Recommendation	
The Digital Governance and Safety Committee is being asked to: **NOTE** the content of the Patient Identity report.	

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

Acronyms			
DHCW	Digital Health and Care Wales	NDR	National Data Resource
SHA	Special Health Authority	PAS	Patient administration System
RadIS	Radiology Information System	LIMS	Laboratory Information Management System
MPI	Master Patient Index	WDS	Welsh Demographic Service
HL7	Health Language Seven	FHIR	Fast Health Interoperability Resources
API	Application Programming Interface	HTTPS	Hypertext Transfer Protocol Secure

1 SITUATION/BACKGROUND

1.1 Patient identity and demographics are managed on many computer systems in the NHS. Organisations like Health Boards typically collect demographic records on Patient Administration Systems (PAS) and use a PAS Number (often referred to as a Hospital Number or Case Record/Casenote Number) as a single trusted identifier that is coterminous with the manual case note filed in the Medical Records department. This is frequently shared with other systems implemented across the organisation where it may be transcribed into the system along with the patient's demographics or interfaced with the system concerned using various approaches to integration. In Primary Care NHS Number is the single trusted identifier where it is maintained through interactions with the NHS England spine service. Paper records have largely been replaced with 'electronic' equivalents in Primary Care, and the NHS Number forms the key to the electronic record managed in the GP system.

1.2 NHS Numbers are used widely in secondary care, but not all patients seen in secondary care will have an NHS Number. For example, patients without a GP registration don't have NHS Numbers, neither do foreign nationals or many service personnel. Furthermore, NHS Numbers are often stored in secondary care systems as an unvalidated and unchecked data item, particularly at the point that the number is keyed. As a result, unvalidated duplicate NHS Numbers exist on many system indexes in secondary care and these may also be badly formed due to systems like PAS not enforcing check digit rules. To overcome this PAS systems trace demographic data for current episodes of care against a tracing service to return a 'kite-marked' number for the supplied record. This mechanism can be run in batch or via an API. However, it is still possible for a patient in Wales not to have an NHS Number because a trace fails to uniquely establish the patient and therefore it is possible for a patient with an open episode of care to not have an NHS Number as an identifier in their demographic record

NHS Number has therefore never replaced the Hospital Number in secondary care as the trusted identifier meaning NHS Wales has a large number of different identifiers in play for any patient, all originating from different computer systems, all with their own associated set of demographic data. Furthermore, the computer systems concerned will typically only be updated when the patient is active in the health or care setting for which that system

operates. This means that demographic data for any given patient can become stale over time.

1.3   To overcome this problem, and also to enable the linking of demographic data and identity across systems, NHS Wales procured the IBM Infosphere Master Data Management solution (formerly Initiate) in 2011 as its Master Patient Index (MPI). As a master data tool, the MPI enables the linkage of demographic data from these different systems using a sophisticated and flexible data model alongside probabilistic matching algorithms and data item weighting.

Demographic data sources contributing to the MPI include PAS, DHCW's Radiology Information System (RadIS or RIS) and the Laboratory Information Management System (LIMS) plus the community and social care system WCCIS. Additionally, primary care demographic data from GP Systems is also linked via data transfers through the Welsh Demographic Service (WDS).

All systems contributing to the MPI keep their demographic data and identifiers in sync (with the MPI) by creating and updating 'member records' in the MPI by sending to it via DHCW's Integration Hub (also referred to as our 'Messaging Fabric'). Each contributing system sends in messages to create new member records, messages to update records and messages to identify when a merge transaction has been performed on a source system. Member Records are linked together by an MPI system generated ID known as the Enterprise Identifier. The figure below shows a typical Member Record/Enterprise Identifier arrangement.
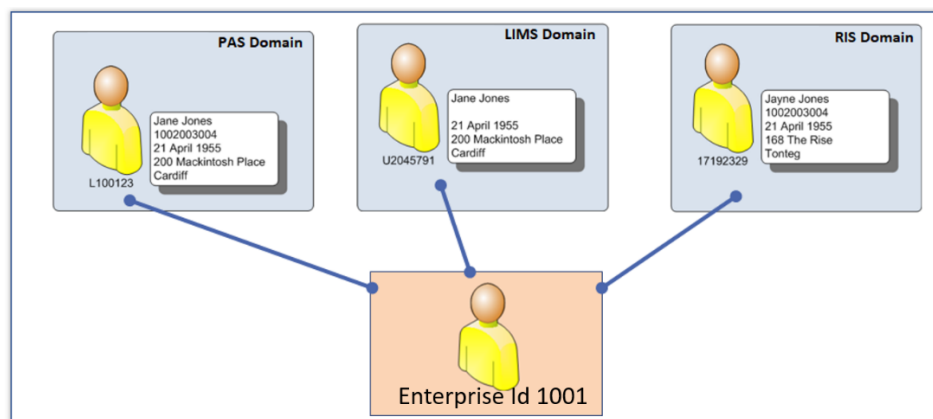
Figure 1: Member Record linkage in the MPI

The matching algorithms that enable member record linkage also enable the MPI to generate a 'gold standard' demographic record known as the Composite View. This is based on the latest updates from the contributing systems for any given patient. Composite View changes can be routed through to contributing systems, meaning that a change to a demographic record on a PAS system in Health Board 1 can be processed in Health Board 2 by routing an HL7[1] version 2 demographic update message (A31) from the MPI to the PAS system concerned (Figure 2)

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[1] Health Level Seven or HL7 is a set of international standards that enable the integration of clinical and administrative data between software applications and is used by all major healthcare providers across the globe

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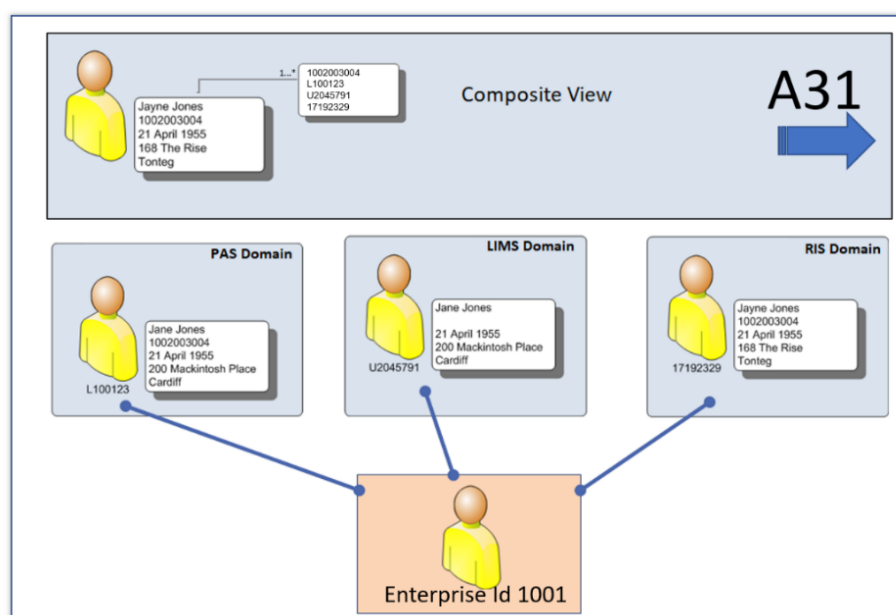
Figure 2: Member Record linkage and the Composite View

1.4 Systems that need to query the MPI in real time are able to do so through standards based APIs. These include the HL7 v2 Patient Demographic Query (PDQ) API which enables token-based searches of the MPI including searches by a given identifier and/or combinations of surname, forename and date of birth and also address details. The MPI APIs also allows patient identities to be cross referenced so that all identifiers known to the MPI for a given patient will be returned in the API response payload.

Each of the APIs is secured using HTTPS and their use has helped avoid the traditional integration approach that saw departmental systems 'synch' their demographic indexes with PAS systems regardless of whether the patient had contact with the service provided by the department. DHCW's LIMS system therefore uses PDQ to query the MPI for all new patients needing a laboratory test. It also updates its demographics directly from the MPI when existing patients need new tests. This same approach is being used by DHCW and Health Board system implementations including Rheumatology, Respiratory Medicine, Critical Care, Lung function and Out of Hours/111.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Building on the work described above, DHCW and the NDR Programme has established a strategic roadmap for Patient Identity and Demographics. This identifies a high-level set of objectives that will enhance and strengthen Patient Identity and Demographics services for citizens receiving health and care in Wales and aligns with recommendations made in Welsh Government's Digital Architecture Review.

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These include:-

- Establishing new APIs using the latest version of HL7 (HL7 FHIR) to enhance both Patient Demographic Query and Patient Identity Cross Referencing of the MPI, using the latest technical standards
- Implementing these APIs on a new NHS Wales API Management solution to enable a consistent approach to securing our APIs and logging and monitoring their usage.
- Providing a cache of the MPI Composite View that will enable provision of a common single system identifier for each citizen that can be used to support the further delivery of the electronic health and care record in Wales.
- Undertaking a surveillance of MPI products in the commercial and open source market places so that we can procure a replacement of our existing IBM MPI. This is because our existing arrangement with IBM is reaching end of contract.
- Upgrading our Welsh Demographic Service to align with changes being made to demographic services in England.

2.2   Through DHCW's Integrated Medium Term Plan for 2022-23, the resources, plans and funding required to deliver the objectives set out in 2.1 above are being identified. This exercise will complete end June 2022, with the delivery of each objective to follow as per the documented plans

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   There are no matters or risks to escalate at this time

4   RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:
NOTE the content of the Patient Identity report.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Mobilising digital transformation and ensuring high quality health and care data

CORPORATE RISK (ref if appropriate)	N/A

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

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

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

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

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

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

Patient Identity & Demographics Building Block

Version No. 1.0
Status: Published

Author: Rob Jones
Approver:

Date: 07/01/2022
Next Review Date:

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TABLE OF CONTENTS

1 DOCUMENT HISTORY

1.1 Revision History

Date	Version	Author	Revision Summary
25th Aug 2021	0.1d	Rob Jones	Initial version
10th Sep 2021	0.2d	Rob Jones	Added MPI future options tasks
28th Sep 2021	0.3d	Rob Jones	Amendments following conversations with Ken Leake, Jon Punt and Andrew Pearce
6th Oct 2021	0.4d	Rob Jones	Enhancements to tube map diagram and insert of MPI diagrams
7th Jan 2022	1.0	Rob Jones	Updated following review of Menti comments, Teams Chat and discussions at the ABB Review session in October 21, plus review sheet comments received following document review in December '21

1.2 Reviewers

This document requires the following reviews:

Date	Version	Name	Position
8th Oct 2021	All versions	DAR:Patient Identity and Demographics Review Group	All attendees and those requesting review of this Building block.

1.3 Authorisation

Signing of this document indicates acceptance of its contents.

Author's Name:		
Role:		
Signature:		Date:

Approver's Name:		
Role:		
Signature:		Date:

1.4 Document Location

Type	Location
Electronic	Digital Architecture Review (sharepoint.com)

2   PURPOSE

This document details the solutions (and their interfaces) that have and will be implemented to realise a Patient Identity and Demographics Architectural Building Block (ABB) within the National Architecture.

3   SCOPE

This document considers how patient identity and patient demographic information is, and how it will be made available in the NHS Wales Architecture. To this end it summarises the design and deployment of enhanced and new components that deliver patient identity and demographic services in Wales, including the Master Patient Index and the Welsh Demographic Service and all associated interfaces including message flows and APIs.

4   REFERENCES

Document	Version
Enabler - FHIR Facade, FHIR Server	Digital Architecture Review (sharepoint.com)
Enabler – FHIR Standards and Profiling	
Building Block – Integration Hub	
Comments and change log	Digital Architecture Review - 6 Patient Identity and Demographics - All Documents (sharepoint.com)
Session video	
Session slides	
Meeting transcript/notes	

5 Introduction

5.1 Document Purpose / Background

The document outlines the tasks and resources required to facilitate access to patient identity and demographic data using open standards and to cement its place as a key building block in a national FHIR compliant healthcare architecture.

The following diagram shows where this building block fits in the overall architecture:
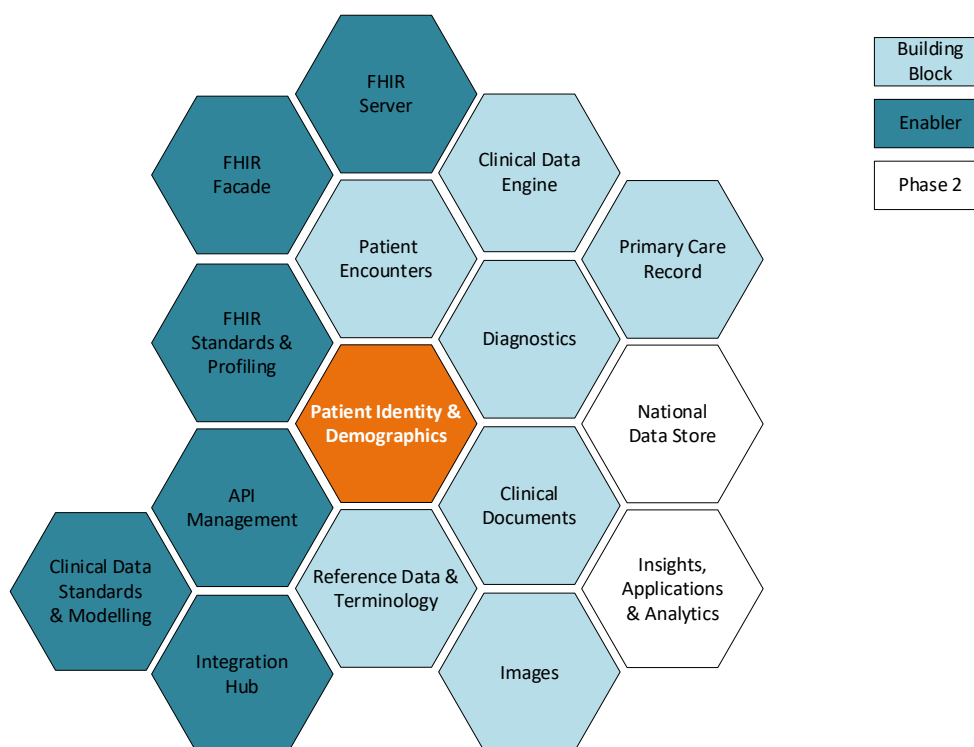
Figure 1 Architecture Building Blocks and Enablers

5.2 Patient Identity and Demographics Building Block Overview

NHS Wales' demographic strategy is to have an independent set of demographic services capable of meeting the needs of the NHS in Wales, Social Care, partner organisations and citizens who have received health and care in Wales. To achieve this, this building block roadmap extends the capabilities already provided by the Mater Patient Index (MPI) and the Welsh Demographics Service (WDS) by providing access to open standards FHIR APIs to enable patient identity checking and the validation of patient demographics. It also maintains existing Patient Identity Management workflows into and out of the MPI by Primary and Secondary Care system that maintain their own patient identity and associated demographics

5.3   Patient Identity and Demographics Background

Patient identity and demographics are managed on many computer systems in the NHS. Organisations like Health Boards typically collect demographic records on PAS systems and use a PAS Number (often referred to as a Hospital Number or Case Record/Casenote Number) as a single trusted identifier that is coterminous with the manual case note filed in the Medical Records department. This is frequently shared with other systems implemented across the organisation where it may be transcribed into the system along with the patient's demographics or interfaced with the system concerned using various approaches to integration.

In Primary Care NHS Number is the single trusted primary identifier where it is maintained through a request to the NHS England spine service. Paper records have largely been replaced with 'electronic' equivalents in Primary Care, and the NHS Number forms the key to the electronic record managed in the GP system.

NHS Numbers are used widely in secondary care too, but not all patients seen in secondary care will have an NHS Number. For example, patients without a GP registration don't have NHS Numbers, neither do foreign nationals or many service personnel. Furthermore, NHS Numbers are often stored as an unvalidated and unchecked data item, particularly at the point that it is keyed. As a result, unvalidated duplicate NHS Numbers exist on many system indexes in secondary care and these may also be badly formed due to systems like PAS not enforcing check digit rules. To overcome this, PAS systems trace demographic data for current episodes of care against a tracing service to return a 'kite-marked' number for the supplied record. This mechanism can be run in batch or via an API. However, it is still possible for a patient in Wales not to have an NHS Number because a trace fails to uniquely establish the patient and therefore it is possible for a patient with an open episode of care to not have an NHS Number as an identifier in their demographic record

NHS Number has therefore never replaced the Hospital Number in secondary care as the trusted identifier meaning NHS Wales has a large number of different identifiers in play for any patient, all originating from different computer systems, all with their own associated set of demographic data. Furthermore, the computer systems concerned will typically only be updated when the patient is active in the health or care setting for which that system operates. This means that demographic date for any given patient can become stale over time.

To overcome this problem, and also to enable the linking of demographic and identity across systems, NHS Wales procured the IBM Infosphere Master Data Management solution (formerly Initiate) in 2011 as its Master Patient Index (MPI). As a master data tool, the MPI enables the linkage of demographic data from these different systems using a sophisticated and flexible data model alongside probabilistic matching algorithms and data item weighting.

Demographic data sources *contributing* to the MPI include PAS, RIS and the LIMS system in Wales plus the community and social care system WCCIS. Additionally, primary care demographic data from GP Systems is also linked via NHS England NHAIS data transfers through the Welsh Demographic Service (WDS). These systems keep their demographic data and identifiers in sync with the MPI by creating and updating 'member records' in the MPI via the sending of HL7 v2 messages to the MPI via DHCW's Integration Hub or Messaging Fabric. Each contributing system sends in A28 messages to create a new member records, A31

messages to update and A40 messages to identify when a merge transaction has been performed. Figure 2 summaries these message flows
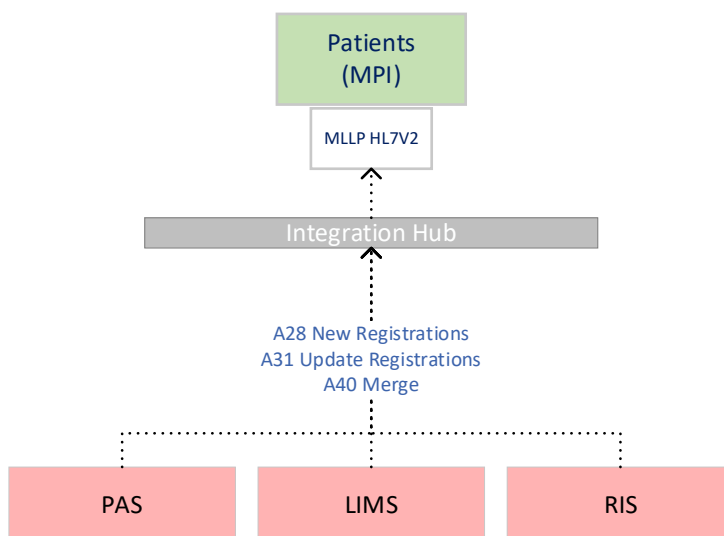

Figure 2 Architecture Building Blocks and Enablers

Within the MPI each instance of a systems demographic and identifier data exists as a data set in its own right, in a system domain that is defined by an Assigning Authority identifier for the system concerned. The instance of source system data is referred to as a Member Record, and Member Records are linked by an MPI system generated ID known as the Enterprise Identifier. Figure 3 shows a typical Member Record/Enterprise Identifier arrangement.
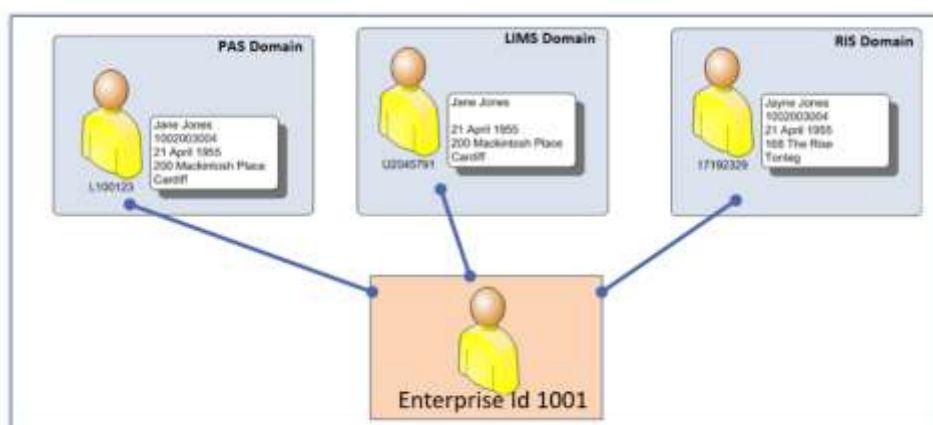
Figure 3 Member Record linkage

The matching algorithms that enable member record linkage also enable the MPI to generate a 'gold standard' demographic record known as the Composite View. This is based on the latest updates from the contributing systems for any given patient.

Some systems have preferred status with the MPI and the data that they contribute to the Composite View takes priority over data from other systems. An example of this is NHS Number, provided by the Welsh

Demographic Service (WDS). WDS is an aggregation of demographic data associated with GP Registrations provided by NHS England's NHAIS service and because the origin of most NHS Numbers is in primary care, WDS is the trusted source of a patient's NHS Number. As a result, even if a PAS system member record on the MPI has a more recent NHS Number associated with it (and that number is different to that provided by WDS), the Composite View creation function will 'trust' the NHS Number from WDS more than that from PAS meaning that it will populate the value in the Composite View from WDS and not a more recent update from PAS.

Composite View changes can be routed through to contributing systems, meaning that a change to a demographic record on a PAS system in Health Board 1 can be processed in Health Board 2 by routing an HL7 A31 update message from the MPI to the PAS system concerned (Figure 4)
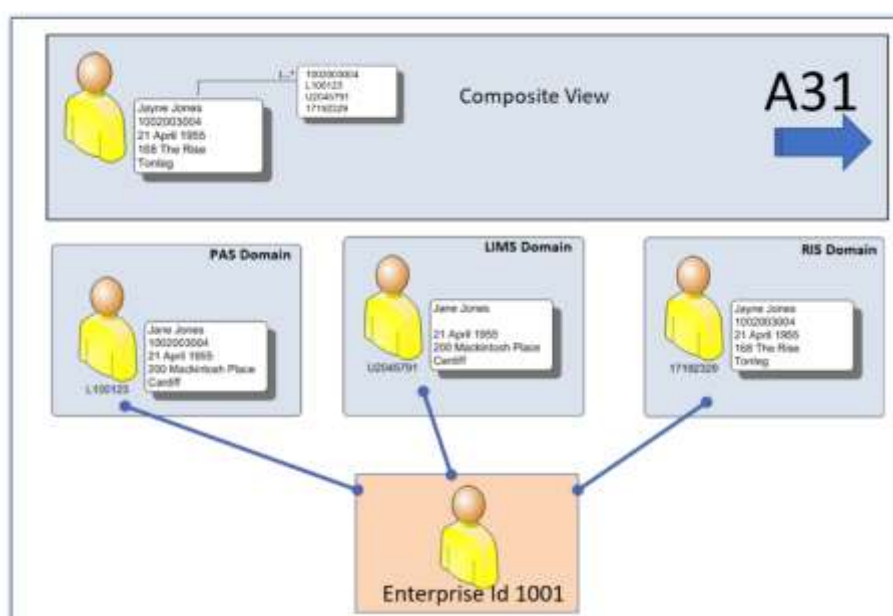
Figure 4 Composite View

This is a useful feature of the MPI and allows Patient Indexes on Health Board and Trust systems from going 'stale'. In practice however, many systems managers are yet to implement these updates.

Systems that need to query the MPI in real time are able to do so through a standard HL7 PDQ SOAP request. PDQ enables token-based searches of the MPI. Examples include searches by a given identifier and combinations of surname, forename and date of birth. The MPI also allows patient identities to be cross referenced in both its PIX and PDQ queries where both return all patient identifiers for the patient(s) found in the query response.

6   Strategic Fit

To support the open architecture and NDR strategies, the Patient Identity and Demographic Building Block describes a roadmap that will enhance the services described above to enable wider access to the demographic services in Wales in a more open way. This will facilitate easier access to in house and

commercial solutions needing these services promoting better and safer use of patient identity and demographic data in Wales. To this end the building block will:

- Allow patient identity and demographic data to be made available to applications using health industry standard API calls, secured, and managed by the API Management solution.
- Provide a source of identity and demographic that consistently meets NHS Wales Data Standards

7   Overview of Features

- Open APIs to enable cross referencing of patient identity across organisations
- Open APIs to allow demographic look up and verification of identity and validation of demographics
- A cache of the MPI Composite View to facilitate a separation of concerns of the MPI factory that matches and links demographics using algorithms from the querying/lookup of identity and demographics through APIs (as summarised above)
- Replacement of the existing MPI
- Upgrades to the WDS

7.1   Solution Tooling

- **API Management Solution**
- **FHIR Server/FHIR Facade** – an out of the box FHIR server which stores data natively as FHIR resources and be hosted on premises or cloud. Interaction with the data is via the standard APIs to read, write and update data.

    The FHIR Server for patient identity and demographic data will initially be built using software supported and developed by Firely. The Firely ecosystem also provides:
    - Bulk import functionality to support the initial upload of encounter data
    - HL7 messaging to FHIR tooling

    Options for long term clod based FHIR server technology are currently being considered.

- Existing and new MPI solutions
- WDS and new versions

8   Scope of Work

The diagram below summarises the tasks that will realise the Patient Identity and Demographics ABB. Each major task is summarised in the tube map diagram below as a tube line, and summary sub tasks are represented as stations on task line. These are then expanded in the narrative below the diagram.
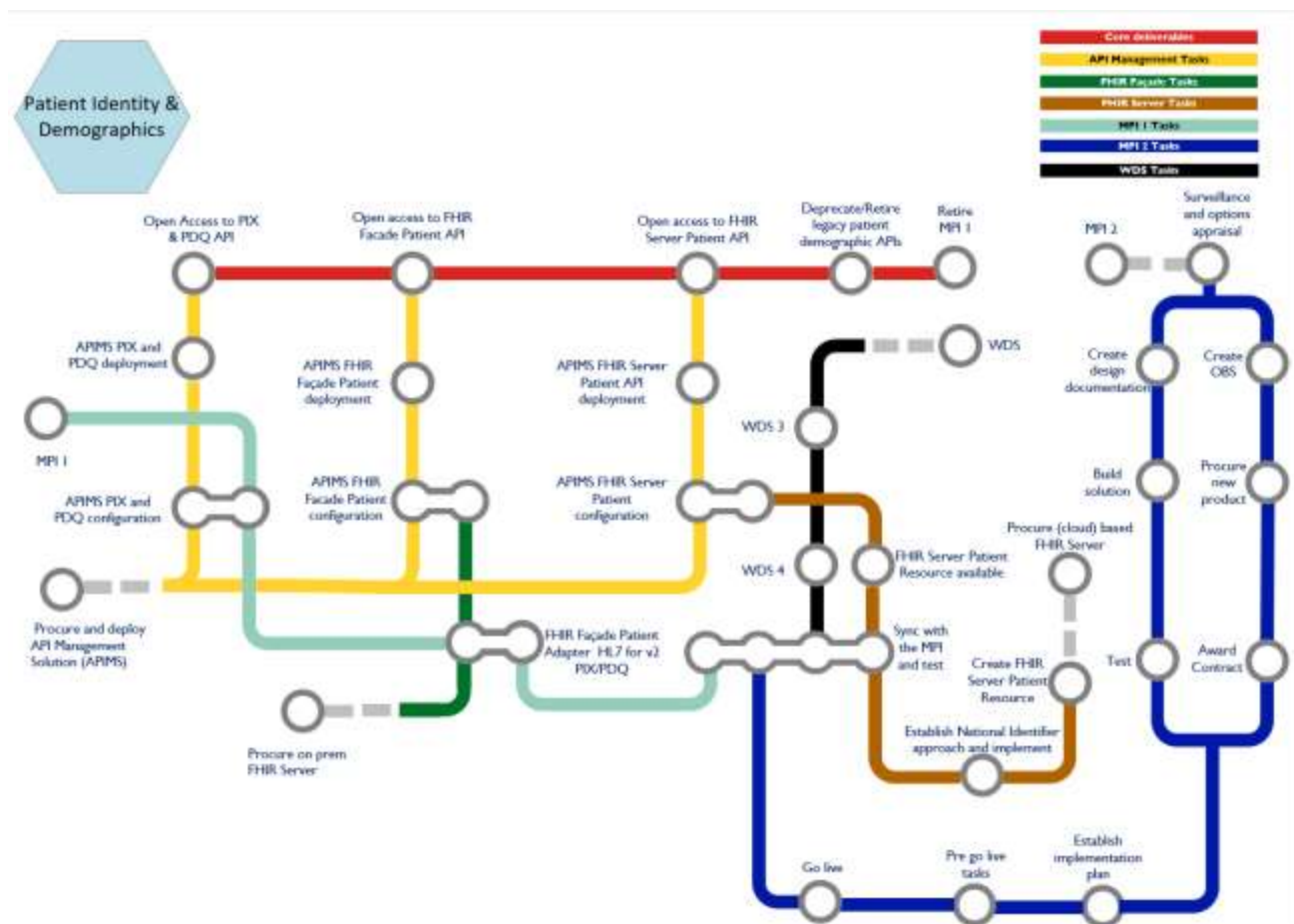
Figure 5 Patient Identity and Demographics Roadmap Metro

There are seven tracks of work represented in **Error! Reference source not found. Error! Reference source no t found.**.

- **Red Track -** describes the **Core Features** delivered by this Building Block

- **Yellow Track -** shows the **API Management** tasks that will be configured

- **Turquoise Track** – identifies current **MPI 1** (IBM Initiate) tasks that will be accessed

- **Green Track** – summarises the (on premise) **FHIR Façade** tasks that will be undertaken

- **Brown Track** – establishes the cloud based **FHIR Server** tasks that will be completed

- **Blue Track –** shows the tasks that will be followed to establish a new MPI 2 solution that will replace the soon to be out of contract IBM Initiate MPI 1 implementation.

- **Black Track –** identifies upgrades that will be made to the Welsh Demographic Service – **WDS** – to align with planned initiatives for GP demographic data in England

8.1 Red Track – Core Deliverables

8.1.1 Secure and open access on the API Management Gateway to the HL7 v2 PIX and PDQ (SOAP) APIs

Quarter 4 2021-22

8.1.2 Secure and open access on the API Management Gateway to the HL7 FHIR Façade Patient resource API

Quarter 2 2022-23

8.1.3 Secure and open access on the API Management Gateway to the HL7 FHIR Server Patient resource API

Quarter 4 2022-23

8.1.4 Deprecation and then retirement of legacy APIs

Quarter 3 2022-23 to Quarter 1 2023-24

8.1.5 Retirement of legacy versions of the WDS and MPI

WDS 2 [existing WDS] Quarter 3 2022-23
MPI 1 [existing MPI] Quarter 1 2023-24
WDS 3 [next version] Quarter 3 2025-26

8.2 Yellow Track – API Management Tasks

8.2.1 Procure and deploy the API Management Solution (APIMS)

The procurement and implementation of the APIMS plus consultancy services (Quarter 4 of 2021-22) provides the core underpinning architectural component that allows us to open-up access to APIs. The APIMS provides features that allow APIs to be accessed securely, and their usage monitored against expected usage profiles as well as enabling the logging of all API access.

> **Required skills/capabilities:**
> New resources to manage APIMS
> - Senior Product Specialist
> - Developer
> - Support Analyst
>
> To work alongside 3 – 6 months of resources provided by the supplier through the consultancy services element of the procurement.

Once in place the following 'stops' can be made on this track:-

8.2.2 APIMS PIX & PDQ configuration

MPI 1 PIX and PDQ SOAP APIMS Developer Portal deployments and associated documentation and create APIMS Control Plane configuration

Dependencies:
Turquoise Line: Availability of PIX and PDQ SOAP Services from MPI 1

8.2.3   APIMS PIX and DPQ deployment

On board MPI 1 PIX and PDQ SOAP Services onto APIMS Gateway, enabling access to authorised systems

8.2.4   APIMS FHIR Façade Patient Resource configuration

FHIR Patient Resource API APIMS Developer Portal deployments and associated documentation and create APIMS Control Plane configuration
Dependencies:
Green Line: Development of Patient Resource Adapter for PDQ on the FHIR Server
Turquoise Line   Availability of PIX and PDQ SOAP Services from MPI 1

8.2.5   APIMS FHIR Façade Patient Deployment

On board FHIR Façade API onto APIMS Gateway, enabling access to authorised systems

8.2.6   APIMS FHIR Server Patient Resource configuration

FHIR Patient Resource API APIMS Developer Portal deployments and associated documentation and create APIMS Control Plane configuration

Dependencies:
Brown Line   All tasks
Turquoise Line   Sync of MPI 1 with FHIR Server
Blue Line   Sync of MPI 2 with FHIR Server

8.2.7   APIMS FHIR Façade Patient Deployment

On board FHIR Server API onto APIMS Gateway, enabling access to authorised systems

8.3   Green Track – FHIR Façade Tasks

8.3.1   Procure on premise FHIR Server

The procurement of an on premise FHIR server that will act as a FHIR Façade to existing services such as the MPI and WRRS is discussed in the FHIR Façade, FHIR Server & Cloud Platform enabler Building Block Document. Implementing a commercial product like the Firely FHIR Server is a dependency to delivering the Patient Identity and Demographics FHIR Façade. This procurement to take place in Quarter 4 of 2021-22 and complete Quarter 1 2022-23.

> **Required skills/capabilities:**
> Procurement
> Architect (to write spec)

8.3.2 FHIR Façade Patient Adapter for PIX/PDQ

Using the FHIR server plugin capability, a PDQ adapter will be created that will expose MPI 1 PDQ data to the FHIR Resource. This then will be made available via the APIMS as discussed above through the Yellow Track

Required skills/capabilities:
Developer
FHIR Message specialist

Note, alternatively:-

Flow A31 data to the on premise FHIR Server
Seeding the on premise FHIR Server with a snapshot of the MPI Composite View Record and then routing update A31 messages will establish a local cache of the MPI, with a ready made FHIR Patient Resource API that could be made available via the APIMS as discussed above through the Yellow Track

Required skills/capabilities:
FHIR Message specialist
Integration Services

8.4 Brown Track – FHIR Server Tasks

8.4.1 Procure (Cloud) based FHIR Server

The procurement of a cloud based FHIR server that will act as a long term persistent store for patient data in Wales and is discussed in the FHIR Façade, FHIR Server & Cloud Platform enabler Building Block Document. This second phase of the FHIR initiative in Wales will allow us to stream data from all of our core systems and repositories using out of the box FHIR server utilities including bulk load and mapping tools for proprietary data sets, plus HL7 v2 and FHIR message formats.

Required skills/capabilities:
Procurement
Project
Architects (Spec)

Once established we will:

8.4.2 Establish a National Patient Identifier approach and implement/Sync with MPI

Establishing a National Identifier that will follow anyone who has contact with a health or care service in Wales will provide a common and guaranteed source of identity for all citizens. There are a number of ways this can be achieved and these will need to be agreed through the design phases of this Building block.

Required skills/capabilities:
Architect
Integration
Demographics Analyst

Examples include:

[i] Synchronising the MPI Composite View with the FHIR Server, creating a cache of the Composite View with a ready-made FHIR API, and then routing the demographic details from the FHIR Resource including the resource's Identifier back to the MPI. This will create a FHIR server Member Record on the MPI with its associated identifier and while this wouldn't be an identifier to be used by end users of computer systems/applications it would be beneficial to existing services like WRRS and WCRS along with the Clinical Dara Engine and XDS repositories like the WIAS.

The diagram below shows how this could be achieved by streaming Composite View updates from the MPI into the FHIR Server as HL7 A31 messages.
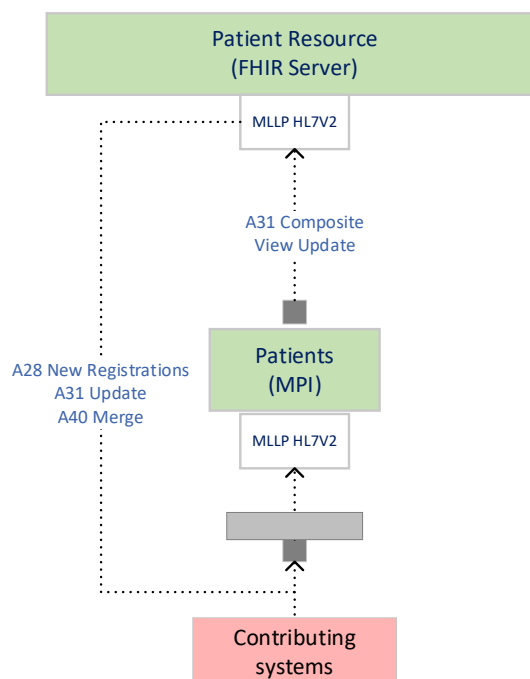
Figure 6 Message Flows from MPI to and from the FHIR Server

Points to note:

- Where an inbound A31 message is processed by the FHIR Server without a National Identifier, it will be treated as a new registration by the FHIR Server, creating a new Patient Resource record and triggering an A28 registration message which will be routed to the MPI. The MPI will then process this as a new patient for the FHIR Server Member Record and attempt to link it with other Member Records using its matching algorithms.

- Where a message is processed by the FHIR Server with a new National Identifier, it will be treated as an update to a registration and will amend the Patient Resource record accordingly. This will then send an A31 message back to the MPI updating the FHIR Server Member Record.

- Where a message is processed with more than one National Identifier then a merge transaction will need to be performed. The exact details on how this will be implemented will be worked through in the detailed design that will be required to enable the implementation of the National Identifier. This will include how to manage other scenarios, including what to do when identifiers that were previously associated with National Identifier need to be unlinked

[ii] Creating a new demographic index that will be maintained by DHCW with its own identifier, that will become the National Identifier, that will be co-terminus with the main administration indexes in use in Wales, specifically those in Primary Care (WDS), Secondary Care (PAS) and Community/Social Care (WCCIS). APIs on this index will then be used by the administration systems to lookup in real time against this index whilst ADT Messages will keep the demographic records in

the index current with the latest changes. This index will then maintain its own member record on the MPI using existing message flows as described above and will be sync'd with the Patient Resource on the FHIR Server.

8.4.3 FHIR Server Patient Resource available

With a fully MPI sync'd FHIR Server Resource available, the Brown line tasks transfer to the Yellow line and the APIMS configuration and Gateway tasks as described above can be completed.

8.5 Blue Track – MPI 2 Tasks

8.5.1 Surveillance and options appraisal

The current IBM Initiate contractual agreement has reached end of contract and is on a 2 year extension. To maintain legal compliance we have to re-tender for the MPI capabilities described in section 5 above. Given that the MPI is at the heart of the Architecture and supports the way we identify patients across organisation sin Wales, replacing the current solution needs to be done cautiously.

In running this procurement, we need to consider how we break the cycle of 'rip and replace' on core building block components of the architecture like the MPI, every 7 – 10 years. These cycles are disruptive and costly and in the case of the MPI are unlikely to result in significant tangible benefits to the architecture, other than having an equivalent product in place on a new contract

Having long contracts in place within 15 – 20 year arrangements is suggested as a way forward here with break points that allow both parties to review and even exit after 7, 10, 15 years etc. Other options include how we might enter into a long term partnership arrangement (over a similar term) with a supplier to run the MPI for us – a software as a service like arrangement. A final option that would take the commercial cycle completely out of the picture would to be build our own MPI.

Before making these decisions a detailed surveillance of the marketplace is recommended and a comprehensive analysis of the requirements, we would need to meet in delivering an in house solution will need to be documented. This will include an investigation into the matching algorithms we will need to equal/better to provide the capabilities currently provided by the IBM Initiate MPI.

Required skills/capabilities:
Business Analyst
Architect
Integration
Demographics Specialist

Once this surveillance and analysis is completed a recommendation will need to be made to WG, DHCW Directors, NDR Programme Board and Welsh Technical Standards Board on the preferred way forward and authorisation to proceed granted. This will allow us to:

Either:

8.5.2 Create an OBS

8.5.3 Procure the new product

8.5.4 Award contract

Or

8.5.5 Create design documentation

8.5.6 Build solution

8.5.7 Test

8.5.8 Establish Implementation Plan

With the replacement MPI procured or developed a detailed implementation plan will need to be developed, which will need to consider the data takeon strategy from the existing MPI, the inbound feeds from contributing systems and the outbound feeds to enable updates to down stream systems including the MPI Cache

8.5.9 Pre go live tasks

Running pre go live tasks, including those listed in the implementation plan and parallel running with the existing MPI will be required before finally going live.

8.5.10 Go live

Once go live is realised MPI 2 will through its outbound Composite View message automatically populate the Composite View cache in the FHIR Server, meaning that the FHIR Patient Resource API promoted onto the APIMS as discussed along the Brown and Yellow Tracks respectively will continue to operate, without disruption to API consumers.

Required skills/capabilities:
Procurement Lead
Project Manager
Business Analyst
Demographics Specialist

Required skills/capabilities:
Project Manager
Business Analyst
Demographics Specialist
Architect
Integration specialist
Test Team

Required skills/capabilities:
Project Manager
Business Analyst
Architect
Demographics Specialist
Integration specialist

Required skills/capabilities:
Project Manager
Business Analyst
Architect
Demographics Specialist
Integration specialist
Test Team

8.6 Black Track – WDS Tasks

8.6.1 WDS 3

The current WDS solution will be upgraded to WDS 3 by the DHCW Demographics Team to cater for NHS England's decommissioning of NHAIS

8.6.2 WDS 4

WDS 4 will be designed and developed by the same DHCW Team to replace WDS 3 when the NHAIS emulator which replaces NHAIS itself is decommissioned by NHS England allowing GP Systems to update England's Patient Demographic Service (PDS) directly.

Required skills/capabilities:
Project Manager
Business Analyst
Architect
Demographics Specialist
Integration specialist
Test Team

9 Technical Approach

As with all building blocks, the technical approach to the services that comprise the Patient Identity and Demographics Architectural Building Block will be to utilise the latest IT and health informatics standards and technologies.

9.1 Infrastructure Standards

The deployment of infrastructure and FHIR tooling will take a cloud first approach. The approach will utilise cloud technologies such as serverless, Platform As A Service (PaaS) and Software As A Service (SaaS) as and where possible.

Where on premise solutions are required, Infrastructure Deign Architects will be consulted to establish appropriate designs meeting current standards.

9.2 Security Standards

Security standards will be applied to the deployment of infrastructure – servers, network and application security.

Applications external to DHCW datacentres that wish to access the FHIR APIs will be secured using components of the API Management platform. A parallel workstream around API management will consider specific elements of application security (see the API Management Enabler document).

9.3 Information Standards

A framework will be established in which NHS Wales FHIR standards can be agreed. This will involve DHCW Data Standards Team, Interoperability Standards User Group and wider NHS Wales stakeholders.

9.4 Developer Standards

The APIMS Developer portal will describe and provide documentation on how applications should safely utilise the APIs established by the Patient Identity and Demographics Building Block.

9.5 Cloud First Approach

The Production FHIR Server components and development will ultimately be built on a cloud native platform. The choice of cloud supplier and technology is currently being evaluated.

10 Technical Benefits

- The use of commercial repositories based on open standards reduces the need to develop and maintain proprietary data repositories.
- Access to these repositories via standards-based APIs reduces the need for proprietary integration layers and provide a ready-made and capable alternative to the current legacy SOAP based interfaces.
- FHIR APIs provide modern RESTful APIs, which are easily integrated with API management.
- Applications requiring access to the data can retrieve information in a standard way, preventing the need to develop client tooling for each individual store of data.
- Software libraries are available for FHIR and maintained by the FHIR community, thus decreasing the cost of migration to the standard.

Patient Identity and Demographics

Master Patient Identity (MPI) - IBM Initiate Data Management Solution

Master Data Service designed to store, link and manage data from multiple source systems.

Uses a sophisticated and flexible data model and attribute weighting probabilistic matching algorithms to identify and link records across multiple source systems.

We use it for Demographic Data to link multiple patient indexes

However – not limited to patient demographic data, could be used to link reference data including staff data.

How does it work.....

Contributing Systems
Seed the MPI with point in time upload
- Simple text file comprising names, dob, address detail, gender etc

Keep local index in sync with the MPI using HL7 v2 standards based message flows
- HL7 A28 New Registrations
- HL7 A31 Update Demographics
- HL7 A40 Merge Patient

Implements the Patient Identity Management transaction PAM-ITI-030 from the Integrating the Healthcare Enterprise (IHE) Patient Administration Management (PAM) profile.
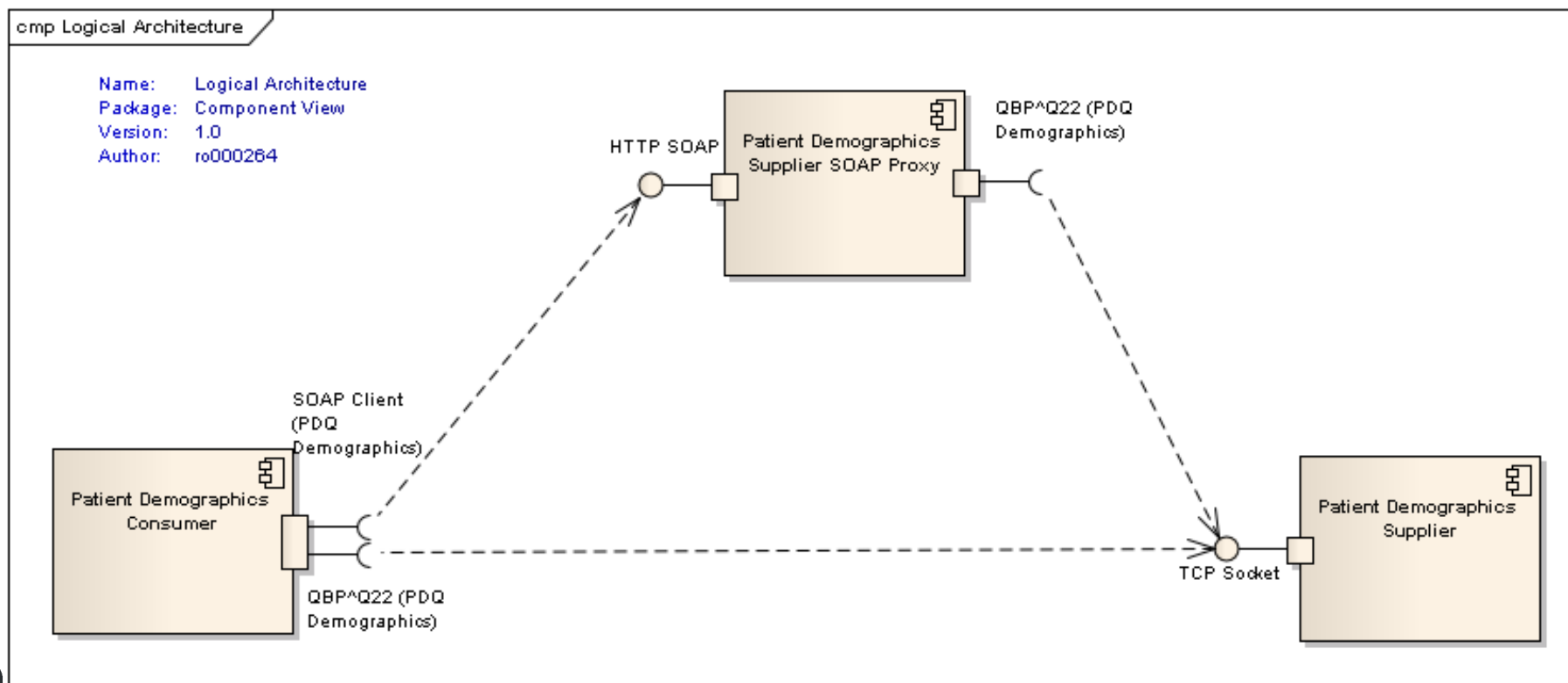
Patients
(MPI)

MLLP HL7V2

Integration Hub

A28 New Registrations
A31 Update Registrations
A40 Merge

PAS   LIMS   RIS

NDR
Adnodd Data Cenedlaethol
National Data Resource

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

3
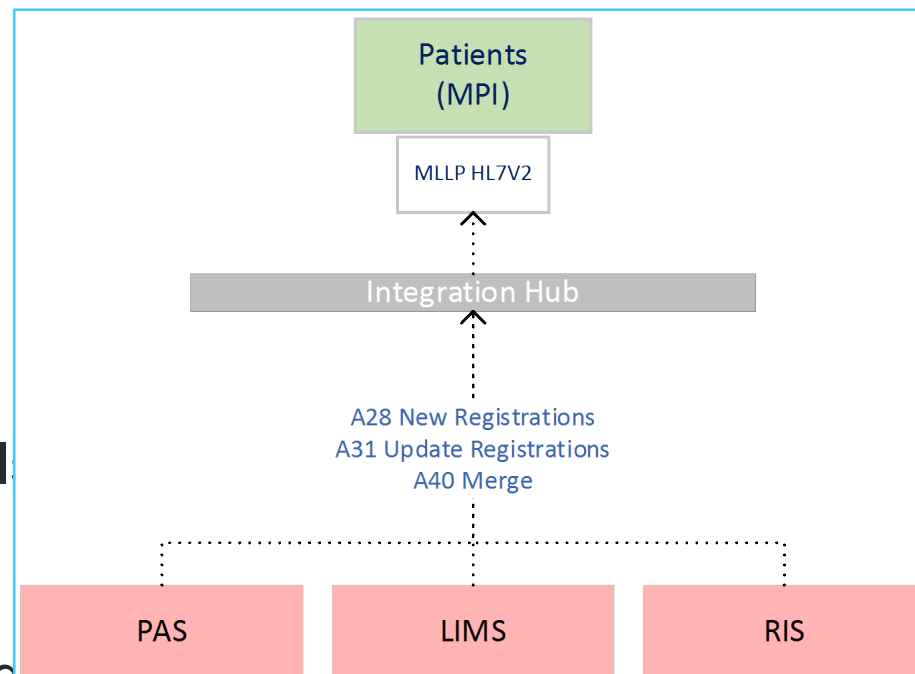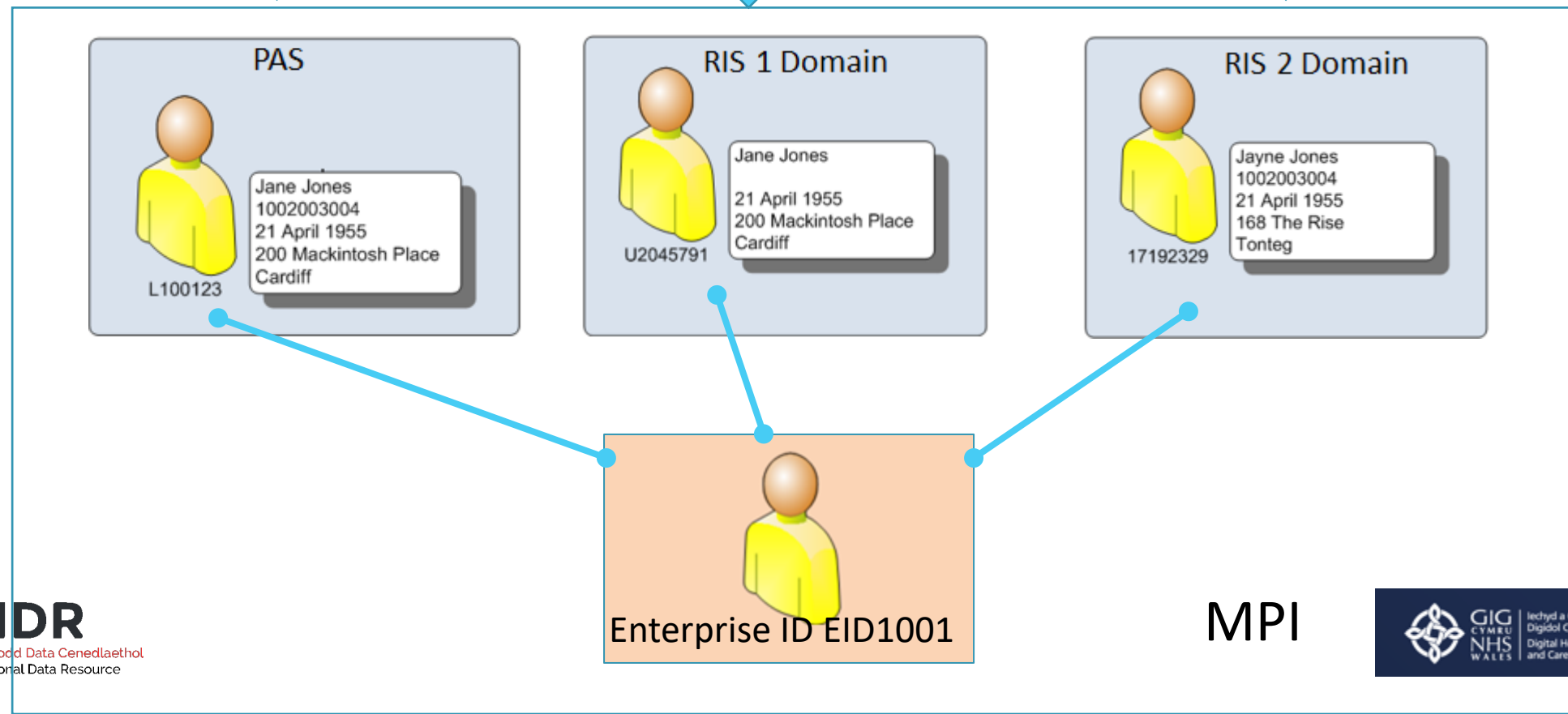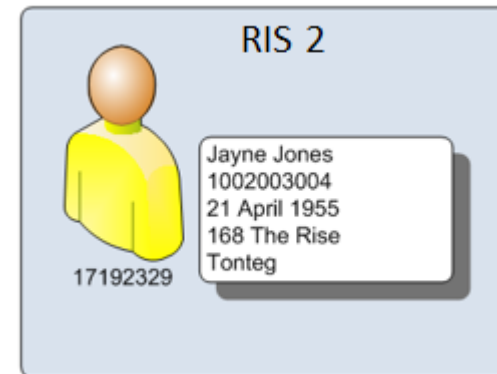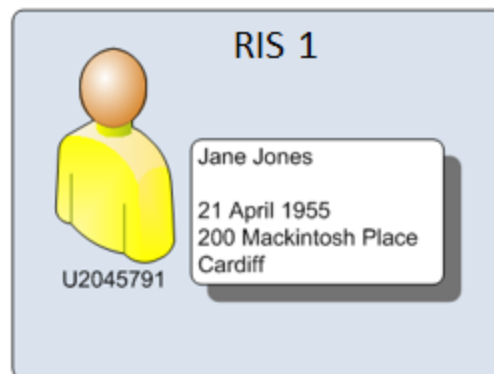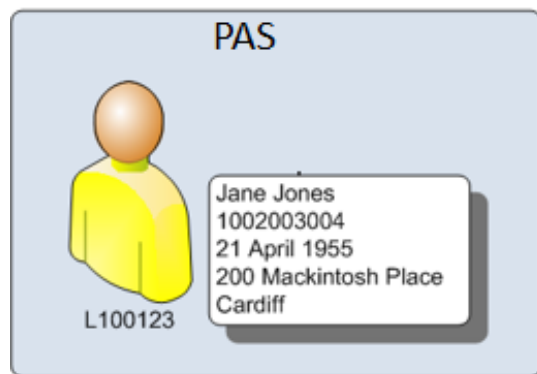
Composite View
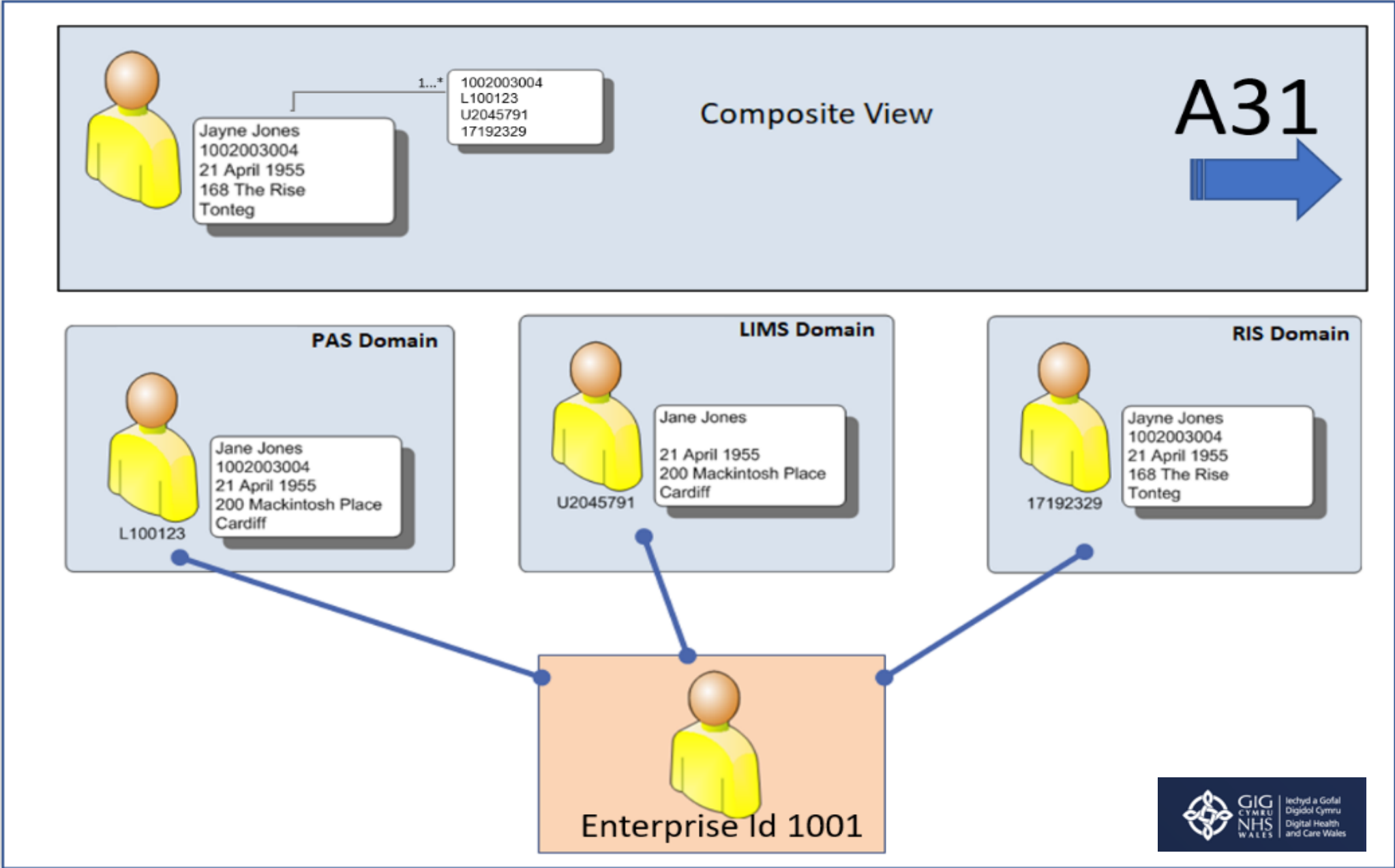
Querying the MPI
Patient Demographic Query (Implements - PDQ-ITI-21 transaction from the Integrating the Healthcare Enterprise (IHE))

- An API that allows systems to query MPI based on search criteria
  Combinations of Identifier, Surname, Forename, DoB, Addresses etc
  Removes the need for providers to interface to different PAS using a common standard
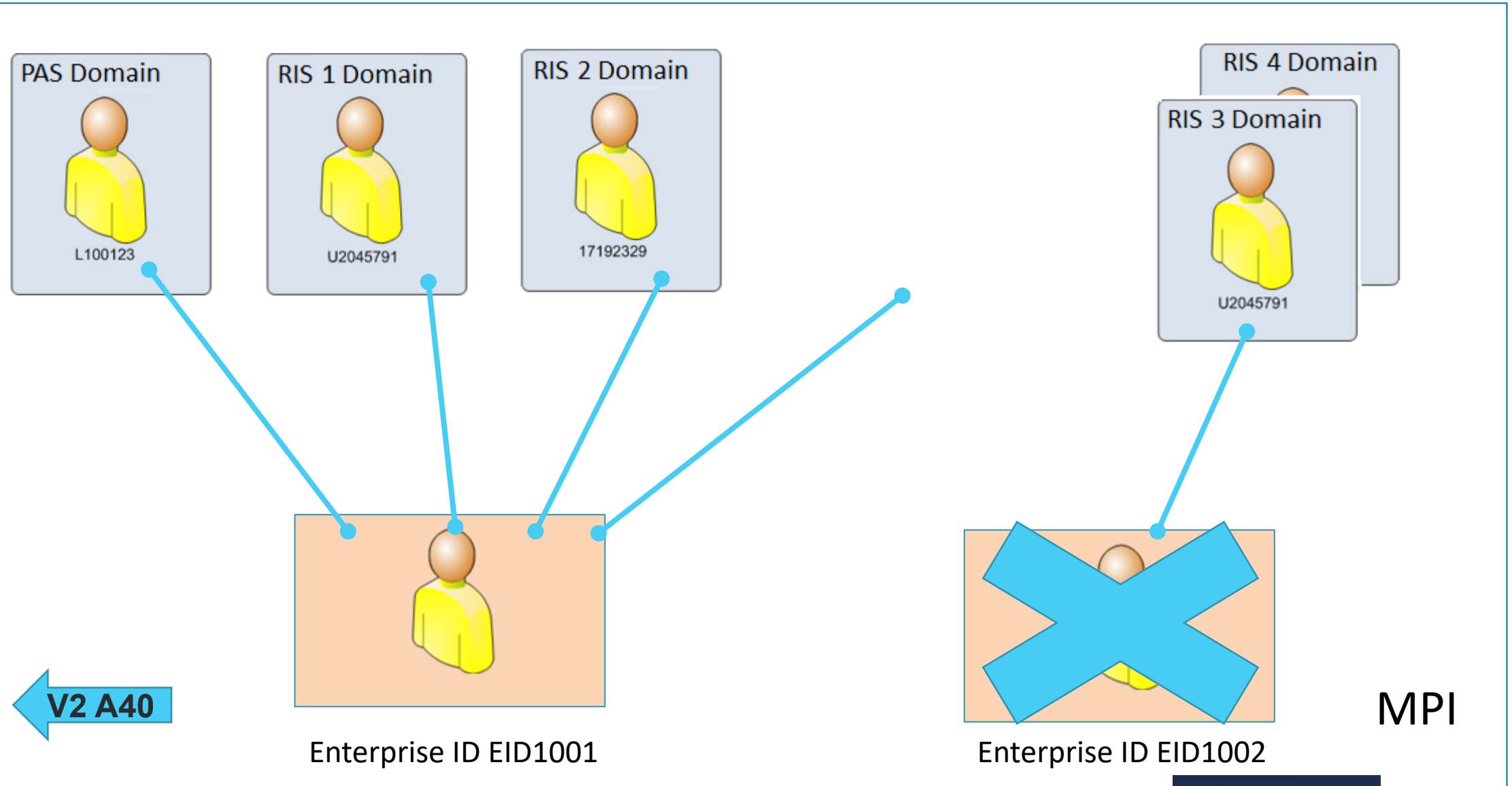
Querying the MPI

Patient Identity Look Up (PIX API (Implements – PIX ITI-9 Patient Identity Cross-reference Query from the Integrating the Healthcare Enterprise (IHE))
- An API that allows systems to 'ask' for one or more identifiers based on a known identifier
        Used by WCP when querying WRRS, WCRS etc.

cmp Logical View

PIX Manager
(SOAP Proxy)

HTTP/SOAP
Endpoint

PIX

PIX Query

TCP

QBP^Q23 (XML)

PIX Consumer

HTTP/SOAP

PIX Query

TCP

PIX Query

QBP^23 (Pipe and Hat)

PIX Manager

PIX

TCP Socket
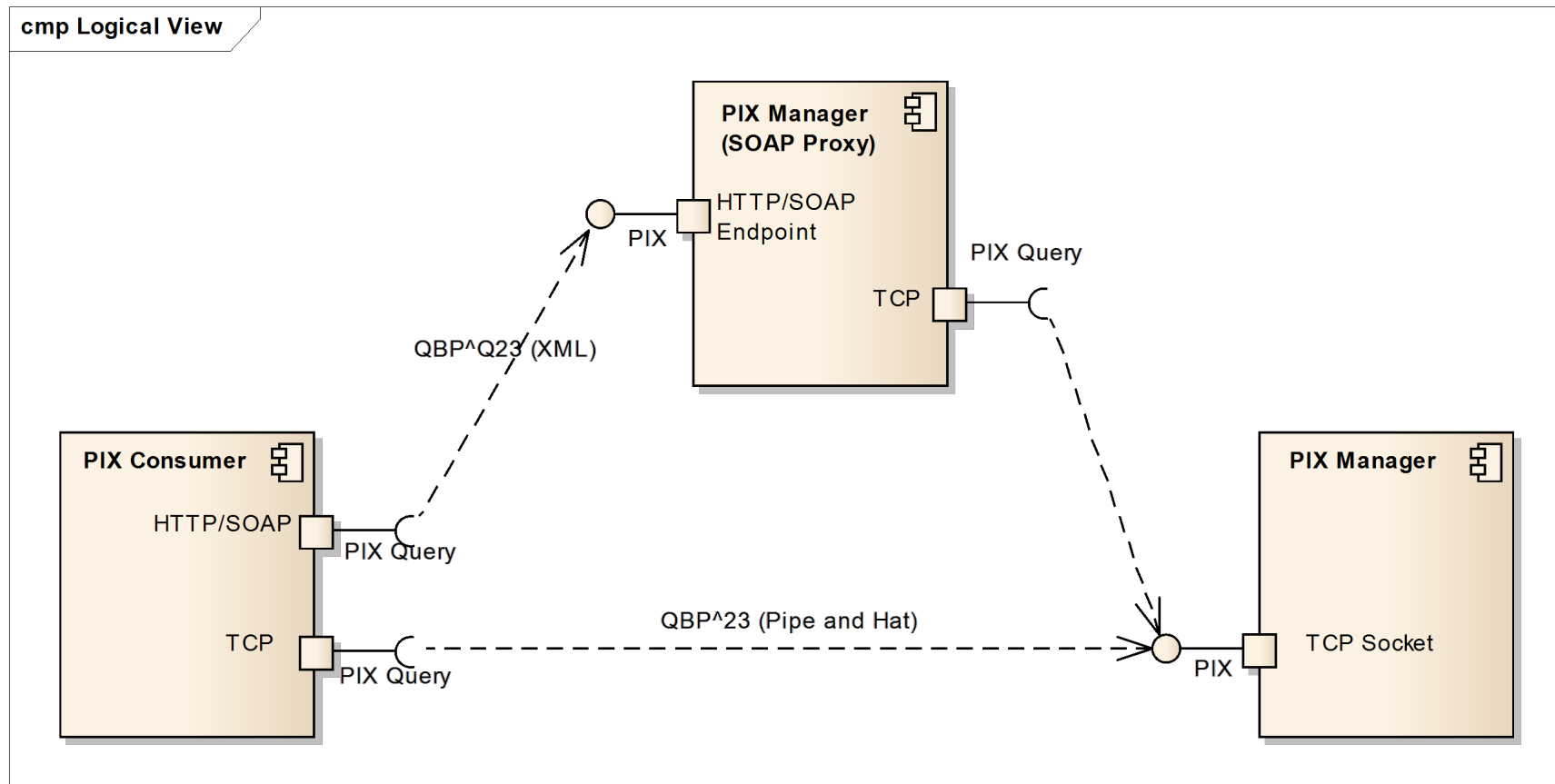
Housekeeping – Patient Merges

PAS Domain
L100123

RIS 1 Domain
U2045791

RIS 2 Domain
17192329

RIS 4 Domain

RIS 3 Domain
U2045791

V2 A40

Enterprise ID EID1001

Enterprise ID EID1002

MPI

Housekeeping – Patient Link Changes
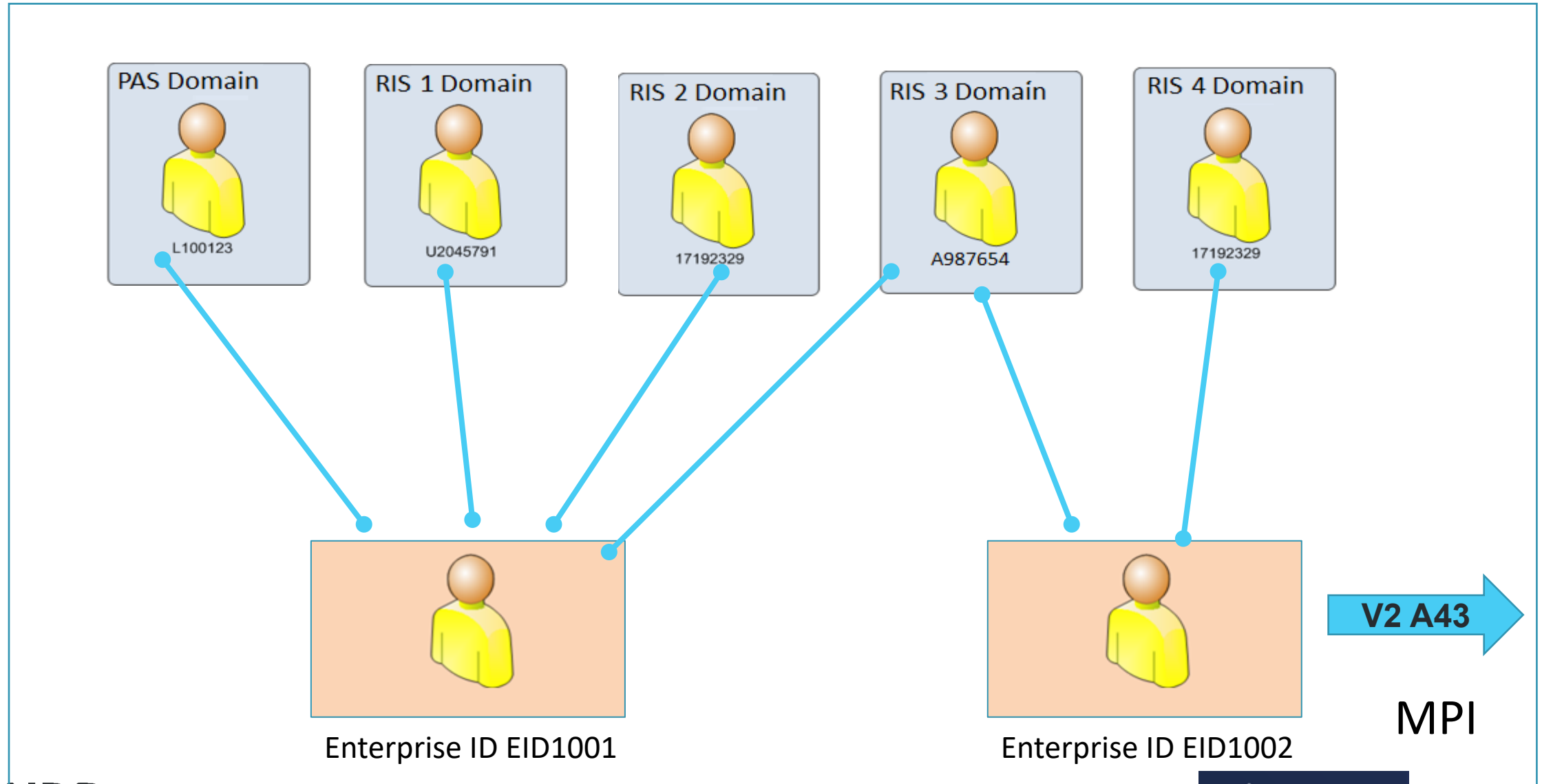
MPI in Numbers

8.5 million distinct patients
From
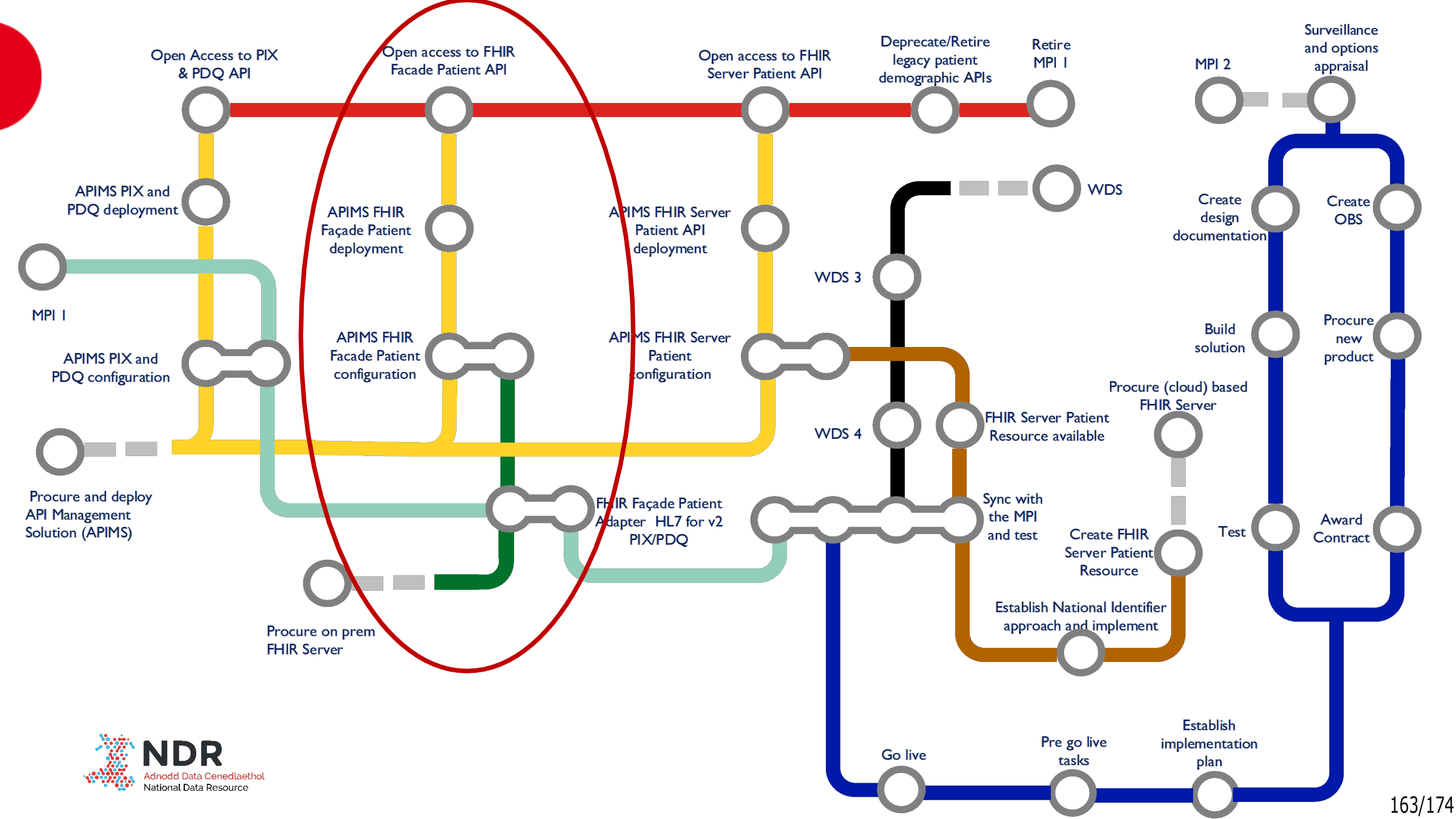**35 million Member Records**

WDS 5.5 million patients

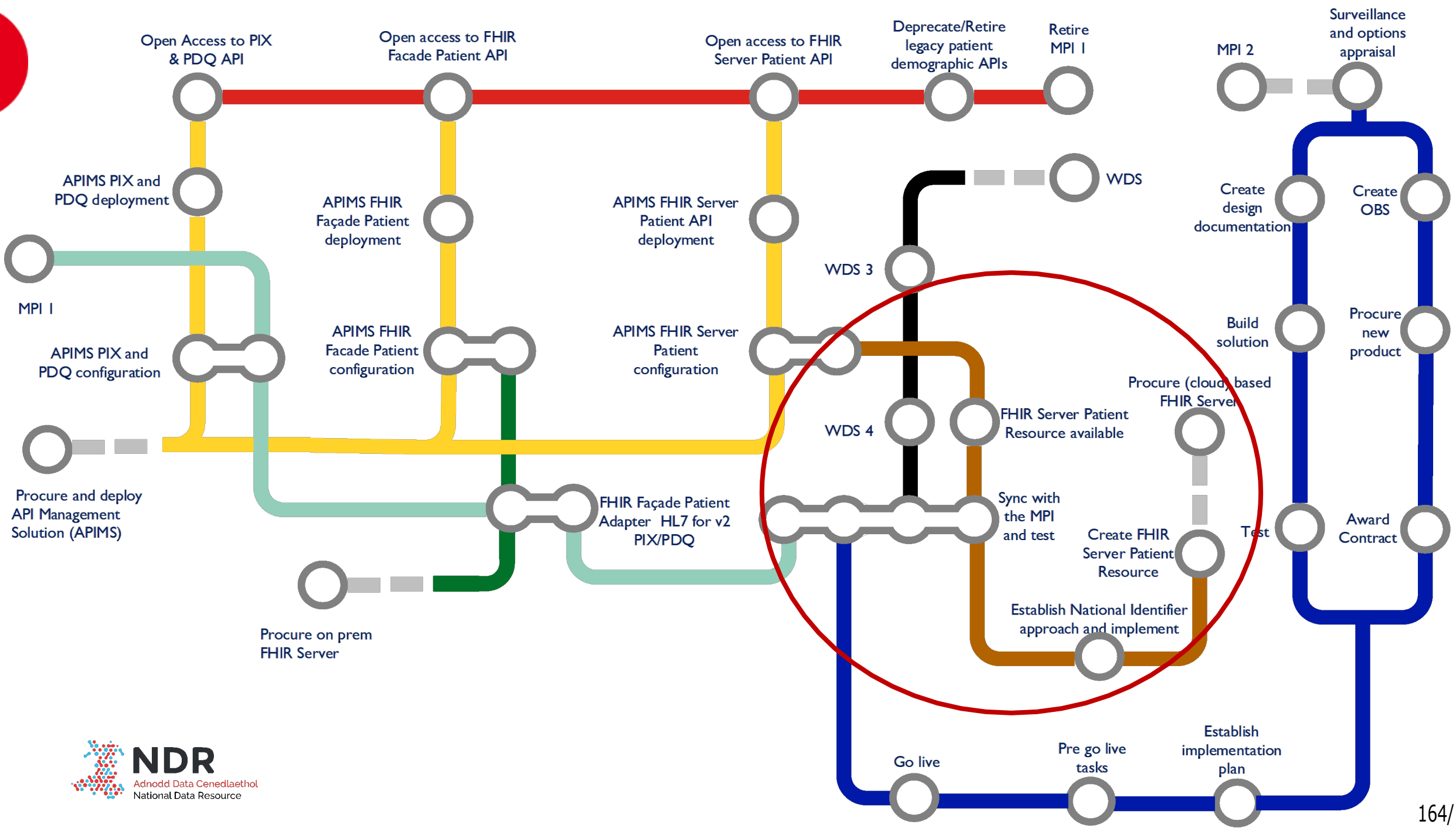|	(000's)	(000's)	(000's)	(000's)
	Nov-19	Sep-20	Nov-20	Sep-21
Number of traces	2,117	3,099	3,446	8,067
Number of inbound Messages	2,415	3,379	2,530	3,973
Number of outbound messages	1,059	1,137	969	1,600
Number of systems tracing	18	23	25	35
Number of systems submitting	23	25	25	31
Number of systems receiving	1	1	1	1

Patient Identity and Demographics Architecture Building Block

- Open APIs to enable cross referencing of patient identity across organisations

- Open APIs to allow demographic look up and verification of identity and validation of demographics

- A cache of the MPI Composite View to facilitate separation of concerns i.e. from the MPI factory that matches and links demographics using algorithms from the querying/lookup of identity and demographics through the APIs

- Replacement of the existing MPI

- Upgrades to the WDS

Open Access to PIX & PDQ API

Open access to FHIR Facade Patient API

Open access to FHIR Server Patient API

Deprecate/Retire legacy patient demographic APIs

Retire MPI 1

MPI 2

Surveillance and options appraisal

APIMS PIX and PDQ deployment

APIMS FHIR Façade Patient deployment

APIMS FHIR Server Patient API deployment

WDS

Create design documentation

Create OBS

MPI 1

WDS 3

Build solution

Procure new product

APIMS PIX and PDQ configuration

APIMS FHIR Façade Patient configuration

APIMS FHIR Server Patient configuration

Procure (cloud) based FHIR Server

Procure and deploy API Management Solution (APIMS)

WDS 4

FHIR Server Patient Resource available

Sync with the MPI and test

Create FHIR Server Patient Resource

Test

Award Contract

FHIR Façade Patient Adapter HL7 for v2 PIX/PDQ

Procure on prem FHIR Server

Establish National Identifier approach and implement

Go live

Pre go live tasks

Establish implementation plan

NDR
Adnodd Data Cenedlaethol
National Data Resource

Sync the FHIR Server Patient Resource with the MPI Composite View,
thereby creating a cache of the MPI Composite View,

Each Patient Resource will have its own unique Resource Id.

Seed the MPI with the FHIR Server Patient Cache using the Patient Resource Id
as the MPI Member Record Patient Identifier.

This will be a new National Identifier for all citizens who have a contact with a
health or care service in Wales

Process the MPI outbound A31 Composite View Updates on the FHIR Server.

Where the PID segment of the A31 contains the National Identifier
    update the Patient Resource where the Resource Id = A31 National Identifier
    send A31 message back to the MPI

Where the PID segment of the A31 doesn't contain the National Identifier
    Create a new Patient Resource on the FHIR Server
    Send an A28 message back to the MPI

Patient Resource
(FHIR Server)

MLLP HL7V2

A31 Composite
View Update

Patients
(MPI)

MLLP HL7V2

A28 New Registrations
A31 Update
A40 Merge

Contributing
systems

165/174
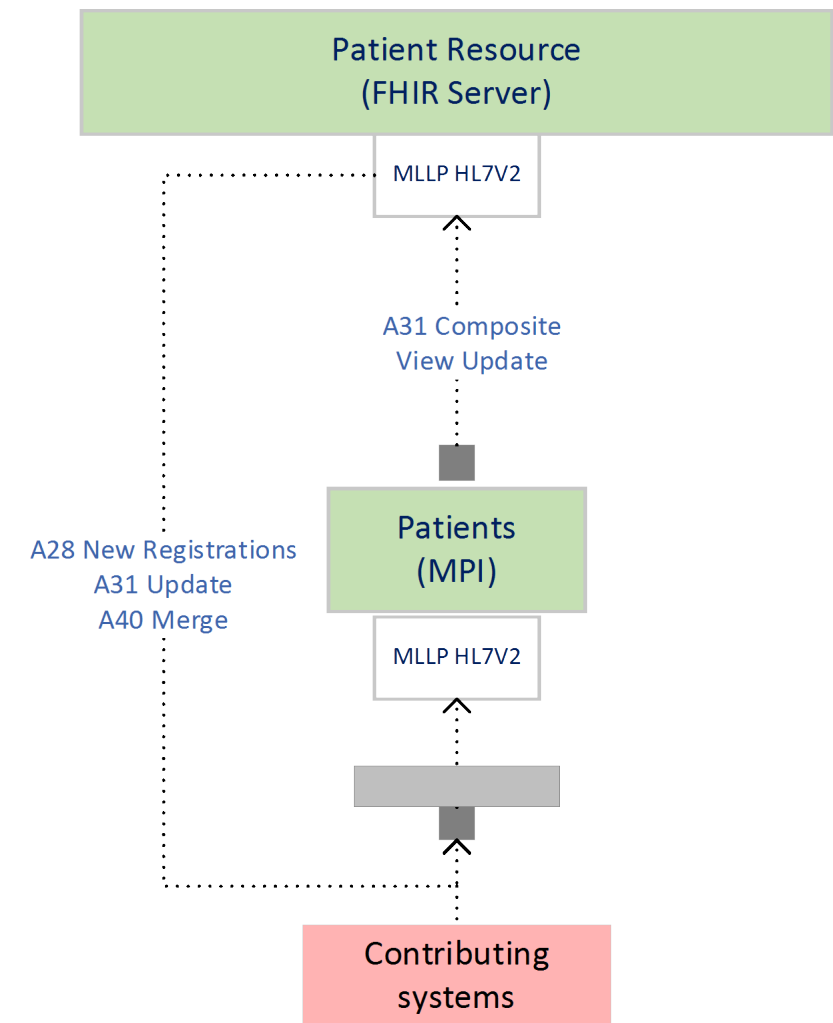
Issues to work through

Where the PID segment of the A41 contains more than one National Identifier
Do we merge on the FHIR Server automatically and trust the MPI
Or
Do we queue the merge and notify someone to action

If the former then we have trust in the MPI and our 'cache' remains in sync with the MPI
If the latter then we will fall out of sync over time

**Does the FHIR Server Cache persist all Identifiers when processing the MPI A31**
Composite View update message

If yes then we can use the Patient Resource API implementation as a single equivalent of PIX and PDQ

If no, then the MPI PIX (or a Restful equivalent will still be needed

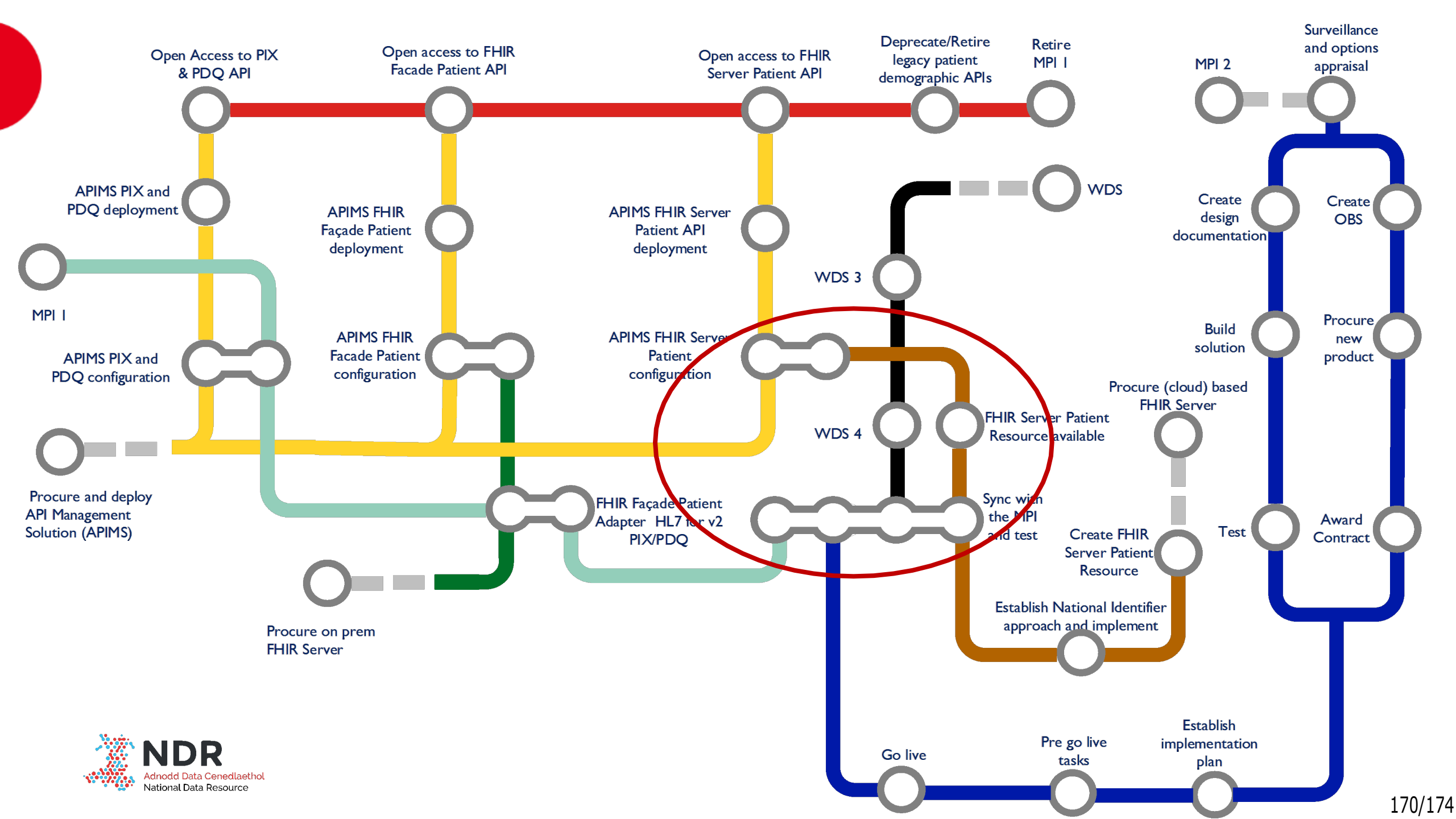If we do process all identifiers when processing the MPI A31 message:

Would we be concerned that an Identifier previously supplied in an earlier A31 message for a patient was no longer in the current A31 message
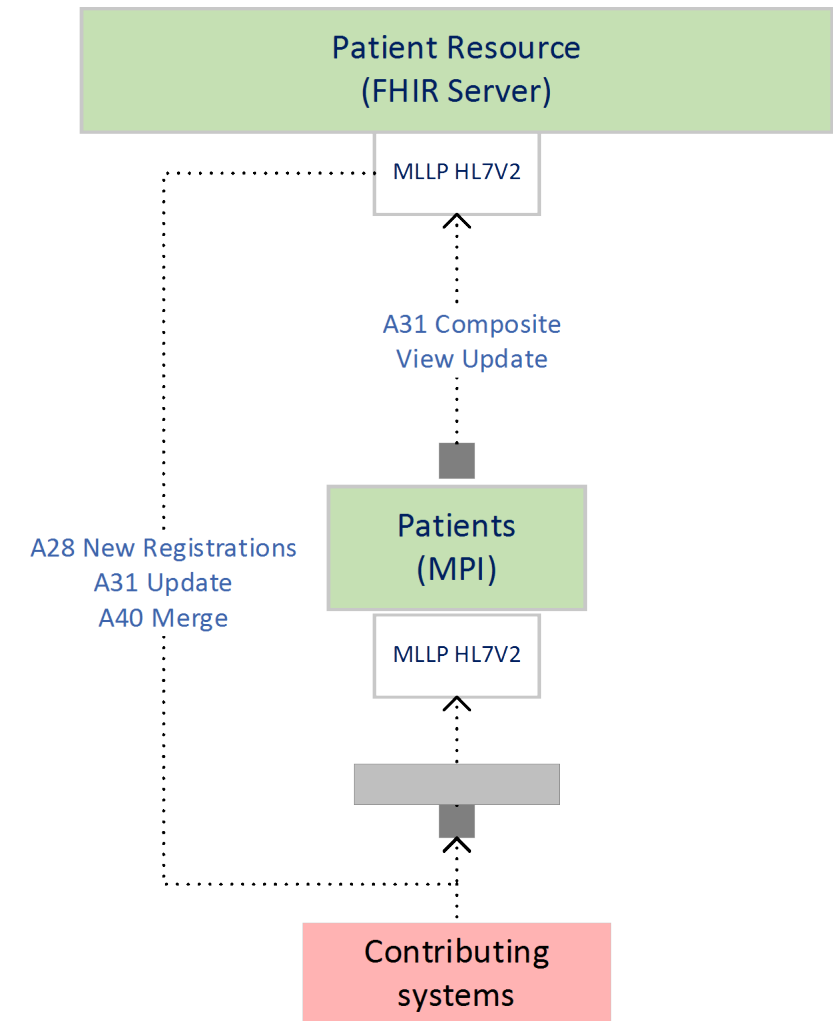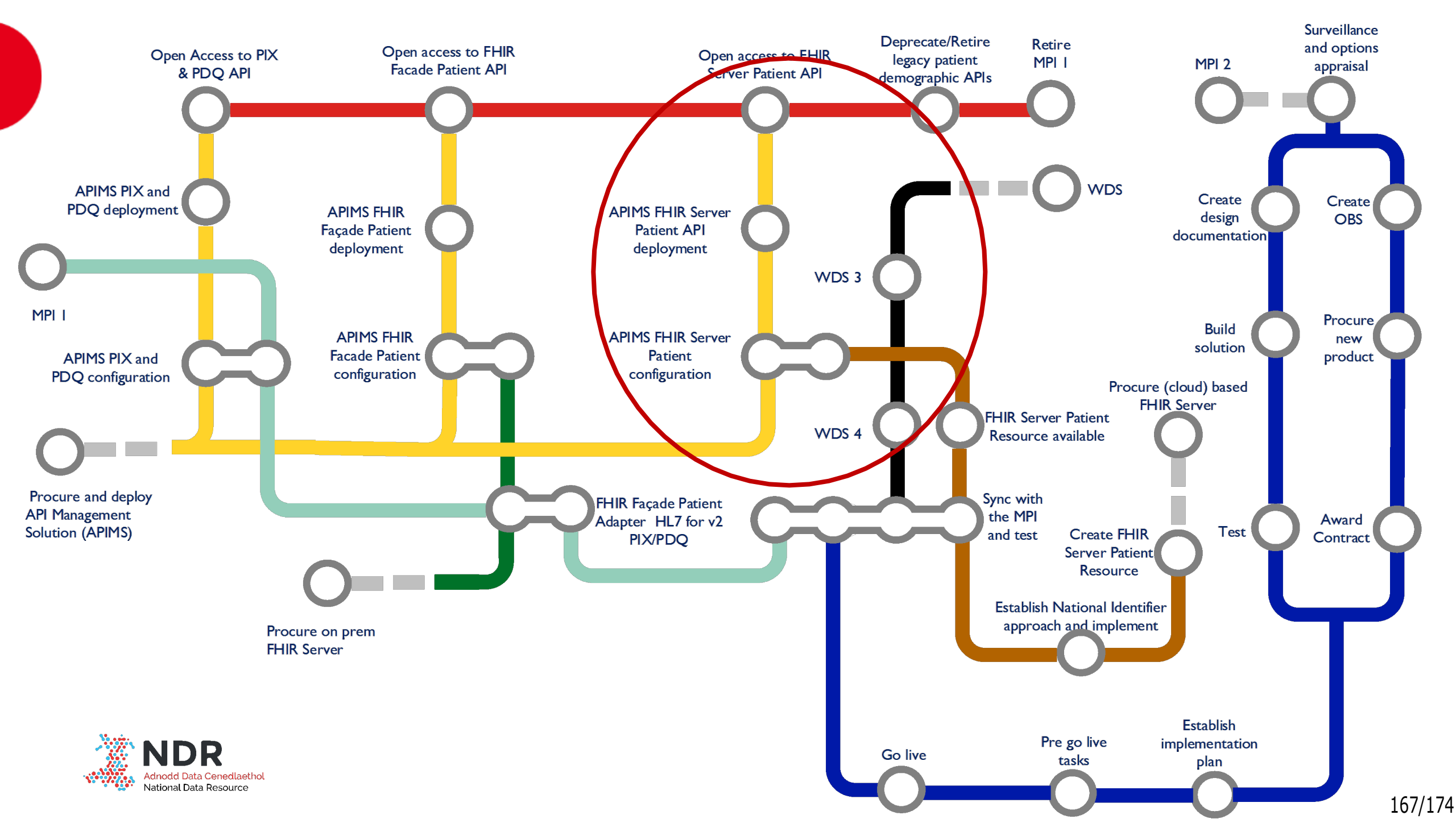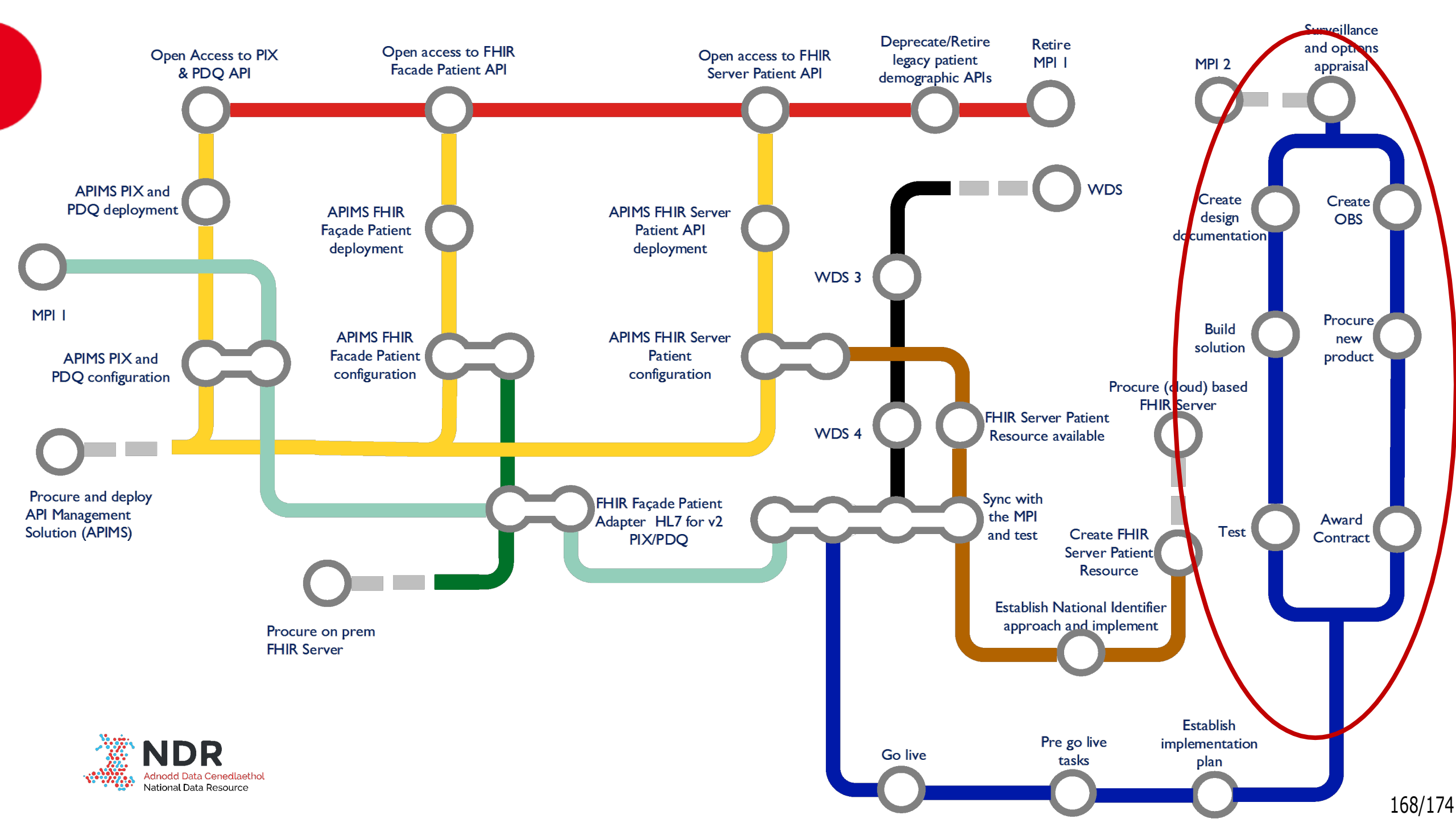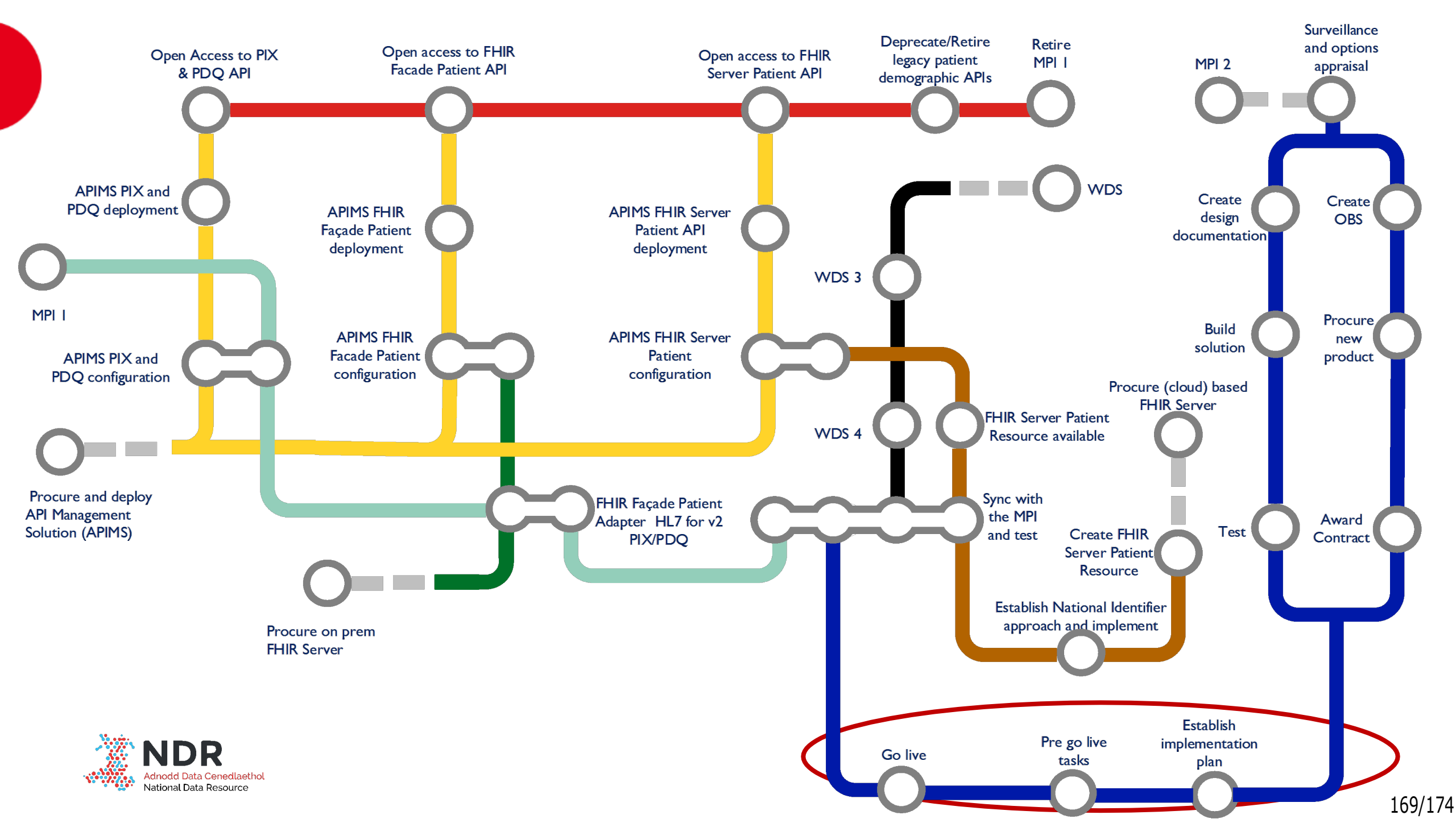
EMPI Providers to investigate

- 4medica
- Allscripts
- Cerner Millennium EHR
- IBM Initiate
- InterSystems
- McKesson Corporation
- Meditech
- Mohawk College MEDIC Client Registry
- Sante Suite Inc. SanteMPI
- NextGate
- NextGen Healthcare NextGen Match (formerly Mirth Match)
- Oracle Health Sciences
- QuadraMed
- OpenEMPI by SYSNET International
- Verato
- VisionWare MultiView
- Wipro
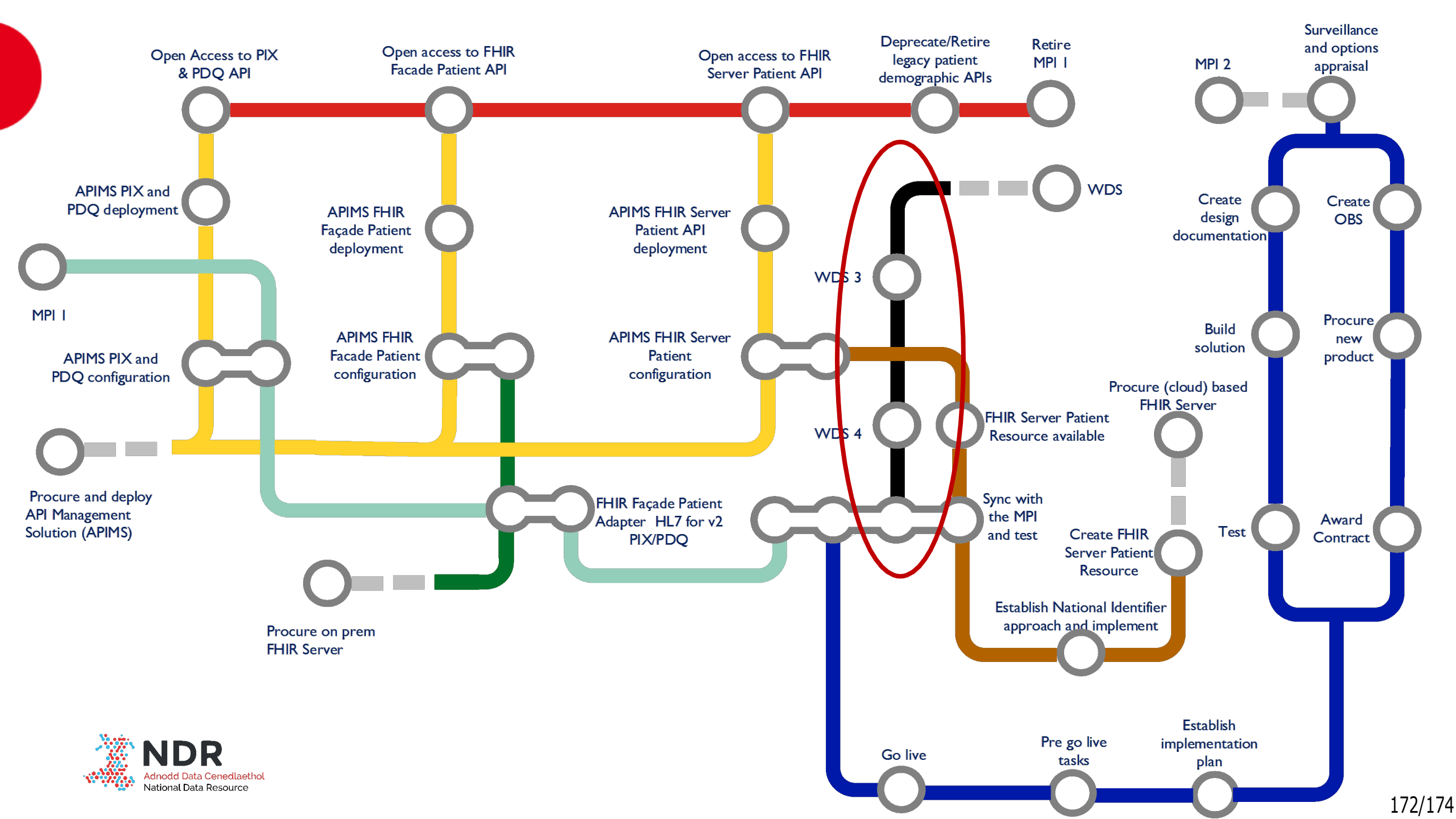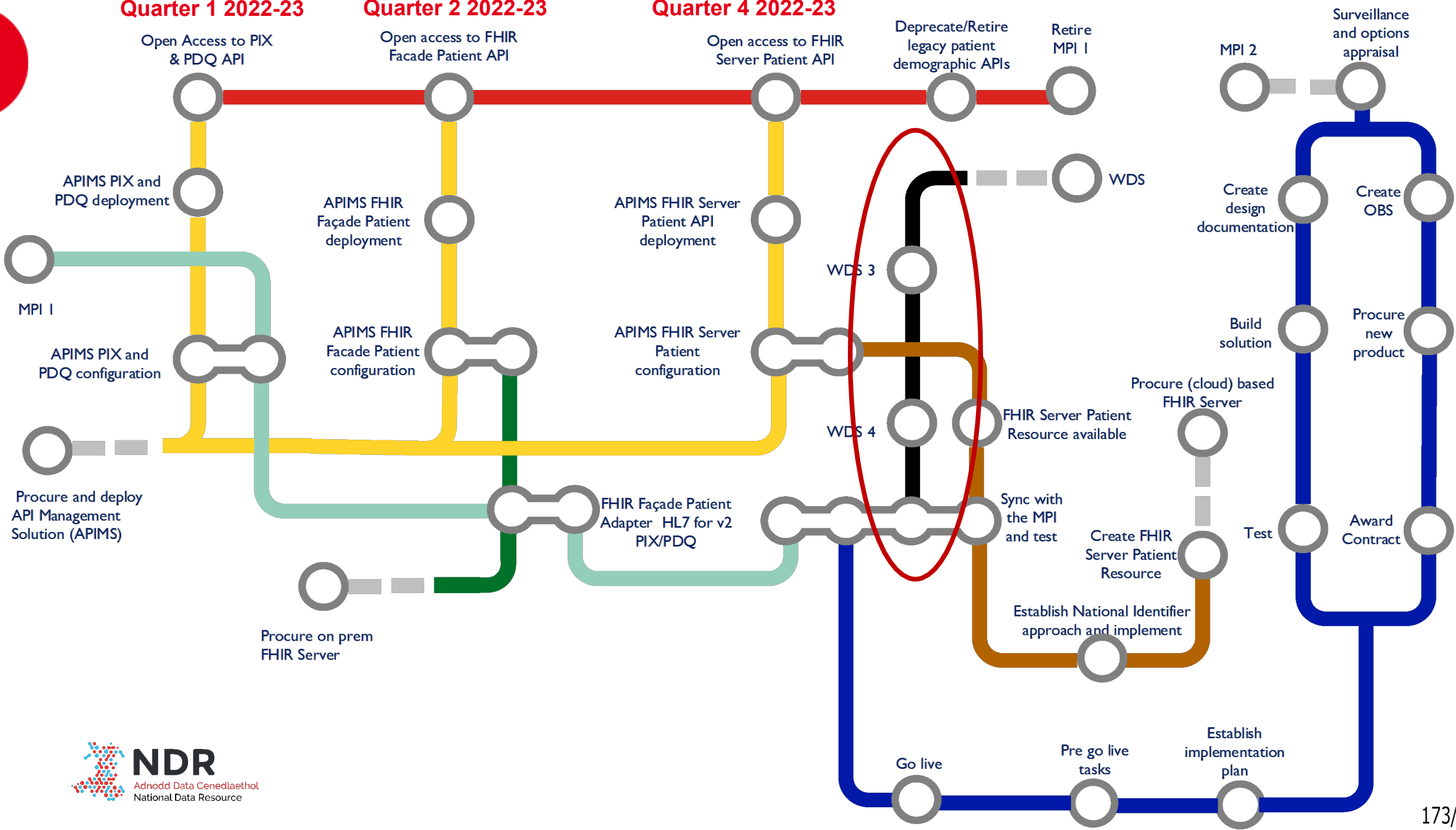
Thank you for your time today

Questions