

Pwyllgor Llywodraethu a Diogelwch Digidol - GYHOEDDUS

Fri 18 February 2022, 09:00 - 12:00

MS Teams

Agenda

09:00 - 09:05
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

09:05 - 09:15
10 min

2. RHAN 2 – AGENDA CYDSYNIO

2.1. Adroddiad Blaengynllun Gwaith

I'w Nodi Ysgrifennydd y Bwrdd

- 2.1 Forward WorkPlan Report.pdf (4 pages)
- 2.1i Appendix - DG&S Forward Workplan .pdf (1 pages)

2.2. Polisi a Memorandwm Dealltwriaeth Cyswllt Diogel Gwybodaeth Ddienw (SAIL)

I'w Nodi Cyfarwyddwr Meddygol Gweithredol

- 2.2 SAIL Policy and MOU.pdf (6 pages)
- 2.2i MOU - SAIL Appliance - V1.0.pdf (12 pages)

2.3. Darparu Cytundeb Gwasanaeth gydag NHS Digital

I'w Nodi Chief Operating Officer

- 2.3 NHS Digital and DHCW PoSA.pdf (4 pages)
- 2.3i NHSD DHCW POSA V1.0[21388].pdf (18 pages)

2.4. Safon Brydeinig 10008 — Canlyniad Archwilio Allanol


I'w Nodi Cyfarwyddwr Meddygol Gweithredol

- 2.4 British Standard 10008 – External Audit Outcome.pdf (6 pages)

2.5. Dogfen Bolisi Briodol

Ar gyfer Sicrwydd Cyfarwyddwr Meddygol Gweithredol

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 2.5 Appropriate Policy Document Committee Paper (3).pdf (15 pages)

2.6. Safonau Iechyd a Gofal

Ar gyfer Sicrwydd *Pennaeth Gwasanaethau Corfforaethol*

 2.6 Health and Care Standards.pdf (9 pages)

2.7. Cofnodion y Cyfarfod Diwethaf Cyhoeddus & Crynodeb preifat

I'w Cymeradwyo *Cadeirydd*

 2.7i Digital Governance and Safety Committee DRAFT Minutes November - PUBLIC CYMRAEG.pdf (15 pages)

 2.7ii Digital Governance and Safety Committee DRAFT Minutes November - PRIVATE Abridged CYMRAEG.pdf (4 pages)

09:15 - 12:00
165 min

3. RHAN 3 - PRIF AGENDA


3.1. Cofnodion Gweithredu

I'w Drafod *Cadeirydd*

 3.1 Action Log.pdf (1 pages)

3.2. Cylch Busnes Blynyddol a Blaengynllun Gwaith 2022/23

I'w Cymeradwyo *Ysgrifennydd y Bwrdd*

 3.2 DHCW Digital Governance and Safety Committee Annual Cycle of Business and Forward Workplan.pdf (4 pages)

 3.2i Digital Governance and Safety Committee Annual Cycle of Business 22_23.pdf (2 pages)

 3.2ii DHCW DG&S Forward Workplan 2022-23.pdf (2 pages)

3.3. Adroddiad Hunanasesu Blynyddol y Pwyllgor

I'w Drafod *Cadeirydd*

 3.3 Digital Governance and Safety Effectiveness Self Assessment Report.pdf (5 pages)

3.4. Adolygiad o'r Cylch Gorchwyl

I'w Gymeradwyo *Ysgrifennydd y Bwrdd*


 3.4 DG&S ToR Review.pdf (4 pages)

 3.4i Digital Governance and Safety Committee ToR.pdf (10 pages)

3.5. Polisiâu, Gweithdrefnau a Strategaethau

I'w Cymeradwyo *Ysgrifennydd y Bwrdd*

 3.5 Policies, Procedures and Strategies.pdf (5 pages)


 3.5i POL-COM-003 Intellectual Property.pdf (10 pages)


 3.5ii DHCW The Creation, Identification and Exploitation of Intellectual Property within DHCW.pdf (8 pages)

3.6. Y Gofrestr Risg Gorfforaethol

I'w Drafod *Ysgrifennydd y Bwrdd*

 3.6 Risk Management Report.pdf (7 pages)

 3.6i Appendix A Risk Assessment Considerations.pdf (2 pages)

 3.6ii Appendix B DHCW Corporate Risk Register.pdf (6 pages)

3.6.1. Mynd at wraidd y mater - Risgiau TGCh a Seilwaith

I'w Drafod *Cyfarwyddwr TGCh*

 3.6iii Appendix C ICT - DHCW Risk Deep Dive Report V2.pdf (9 pages)

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3.7. Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol

Ar gyfer Sicrwydd

Prif Swyddog Gweithredol

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

3.8. Adroddiadau Sicrwydd

3.8.1. Adroddiad Sicrwydd Llywodraethu Gwybodaeth

Ar gyfer Sicrwydd

Pennaeth Llywodraethu Gwybodaeth

📄 3.8i Information Governance Report.pdf (17 pages)

3.8.2. Adroddiad Sicrwydd Gwybodeg

Ar gyfer Sicrwydd

Cyfarwyddwr Meddygol Gweithredol

📄 3.8ii Informatics Assurance Repor 18Feb2022.pdf (11 pages)

3.8.3. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Ar gyfer Sicrwydd

Dirprwy Gyfarwyddwr Gwybodaeth

📄 3.8iii Information Assurance Report Feb 22 (1).pdf (5 pages)

3.8.4. Egwyl - 10 munud

Egwyl

3.9. Diweddariad ar Drosolwg y Rhaglen Ddigidol

Ar gyfer Sicrwydd

Prif Swyddog Gweithredol

📄 3.9 Digital Programme Overview Update.pdf (4 pages)

📄 3.9i DG&S DHCW Programme Overview Dashboard.pdf (4 pages)

3.9.1. Mynd at wraidd y mater — Rhaglen Gwneud Cais am Brawf yn Electronig

Ar gyfer Sicrwydd

Rheolwr Rhaglen Gwneud Cais am Brawf yn Electronig

📄 3.9ii ETR DG&S Committee.pdf (11 pages)

3.10. Adroddiad Cau Trosglwyddo Canolfan Ddata

Ar gyfer Sicrwydd

Cyfarwyddwr TGCh

📄 3.10 Data Centre Transition Close Out Report .pdf (18 pages)

12:00 - 12:00
0 min

4. RHAN 4 - MATERION I GLOI

4.1. Unrhyw Fater Brys Arall

I'w Draford

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 12 Mai 2022

I'w Nodi

Cadeirydd

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DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN

Agenda Item	2.1
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Support Manager
Presented By	Chris Darling, Board Secretary

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

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	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 have 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 are 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 was undertaken by officer members for inclusions in the forward workplan including the large-scale projects identified within the Annual Plan with the highest potential to materially affect delivery of DHCW's strategic objectives. The Corporate Governance team will continue to support the officer members to identify items for the forward workplan.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The result of the horizon scanning work between independent members and officer members of the Committee has resulted in a Digital Programme Overview Report included in this meeting at item 3.10, this will be presented to each Committee meeting to provide an update on key areas of work for the organisation.
- 3.2 The following items have been added to the Forward Workplan and are due to be presented at the Committee meeting on 18 February 2022:
- Data Centre Transition Close Out Report
 - SAIL Policy and Memorandum of Understanding
 - Provision of Service Agreement with NHS Digital
 - British Standard 10008 – External Audit Outcome
 - Appropriate Policy Document
 - Health and Care Standards
 - Annual Committee Cycle of Business
 - Annual Committee Self-Assessment Report
 - Terms of Reference Review
 - Deep Dive – Electronic Test Requesting Programme

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In addition, the below items are scheduled to be presented to the Committee meeting on 12 May 2022:

- Internal Audit Report 'DHCW Data Centre Project Move – and the current position regarding data centres'
- Quality and Safety Framework Update
- Research and Innovation Strategy Update

3.3 Please see attached the updated forward workplan at item 2.1i 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 Organisation
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CORPORATE RISK (ref if appropriate)	
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

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

HEALTH CARE STANDARD	Governance, leadership and accountability
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 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 Digital Governance and Safety Work Programme 21/22

Meeting Date	Standing items	Assurance Reports	Additional items
16 th February 2022	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Review of risk register relevant to committee Forward Work Programme Committee Highlight Report to Board 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Data Centre Transition Close Out Report SAIL Policy and MOU Provision of Service Agreement with NHS Digital British Standard 10008 – External Audit Outcome Appropriate Policy Document Health and Care Standards Annual Committee Cycle of Business 2022-23 Annual Committee Self-Assessment Report Terms of Reference Review Deep Dive – Electronic Test Requesting Programme
12 th May	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Review of risk register relevant to committee Forward Work Programme Committee Highlight Report to Board 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Internal Audit Report 'DHCW data centre project move – and the current position regarding data centres' Update on the Quality and Safety Framework R&I Strategy Update Medical Devices and Alerts Group Terms of Reference

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DIGITAL HEALTH AND CARE WALES

SAIL'S USE OF "SENSITIVE CATEGORIES OF DATA" AND MEMORANDUM OF UNDERSTANDING

Agenda Item	2.2
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

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

Purpose of the Report	For Noting
Recommendation The Digital Governance and Safety Committee is being asked to: NOTE the Policy produced by SAIL regarding processing of special category data and the Memorandum of Understanding.	

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			
SAIL	Secure Anonymised Information Linkage	DHCW	Digital Health and Care Wales
SCD	Sensitive Categories of Data		

1 SITUATION/BACKGROUND

- 1.1 The Secure Anonymised Information Linkage (SAIL) databank is an important part of research and improving health and care services in Wales.
- 1.2 Anonymised person-based records are held in the SAIL Databank and, subject to safeguards and approvals, these can be linked together to address important research questions. This advanced data linkage research platform is the UK's first single resource for population, health and social care data intended solely for research. The SAIL Databank is home to the broadest and most accessible source of anonymised population data in the world and offers a secure environment to conduct research analysis.
- 1.3 The security and protection of the data held within is ensured through its tightly controlled, robust, proportionate Privacy by Design methodology that is regulated by a team of specialists and overseen by an independent Information Governance Review Panel. The SAIL Databank does not receive or handle identifiable data. The commonly recognised identifying details are removed before datasets come to the SAIL Databank, and so the SAIL Databank cannot reconstruct the identifiable datasets.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 As a key partner to SAIL, DHCW sends SAIL variety of data, which is covered by existing agreements and arrangements. DHCW considers that some of these categories of data warrant an extra level of protection due to the quality and nature of the information.
- 2.2 SAIL have developed a procedure (Appendix A) which sets out how they will ensure the security and legality of the processing of this data. SAIL has called this data 'sensitive categories of data' (SCD), which is defined as:
 - Miscarriage
 - Abortion
 - Sexually Transmitted Disease
 - Codes related to gender reassignment procedures

The procedure relates only to codes provided by DHCW as part of Work Package 1 under the Service Level Agreement between SAIL and DHCW. SAIL have set out in the procedure how they

will maintain lists of clinical codes that pertain to SCDs and review these to ensure each use is justified.

2.3 The SAIL Memorandum of Understanding is included within the papers at item 2.1i.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Both SAIL and DHCW Information Governance are content with this approach but for ownership and oversight, Committee Members are being asked to approve the policy from a DHCW perspective, which will allow SAIL to process SCDs. The lack of approval for SAIL to use SCD's would hamper how research data is used in improving health and care services in Wales.

4 RECOMMENDATION

4.1 The Digital Governance and Safety Committee is being asked to:
NOTE the Policy produced by SAIL regarding processing of special category data and the Memorandum of Understanding.

5 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Driving value from data for better outcomes
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A globally responsible Wales
If more than one standard applies, please list below:	

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: TBC
Yes, applicable	Outcome: TBC
Statement: An EQIA is in the process of being undertaken. No impact is anticipated.	

[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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6 APPENDIX A – SAIL Policy

SAIL Policy in respect of the processing and use of ‘special’ category data

Context

SAIL receives a variety of data from its partner Digital Health and Care Wales (DHCW). DHCW considers that some of these categories of data warrant a special level of protection due to the quality and nature of the information. This procedure sets out how SAIL will ensure the security and legality of the processing of this data. The term ‘sensitive categories of data’ (SCD) is an operational definition used for reference purposes between the parties.

Sensitive categories of data (SCDs) are defined as:

- Miscarriage
- Abortion
- Sexually Transmitted Disease
- Codes related to gender reassignment procedures

This procedure relates only to codes provided by DHCW as part of Work Package 1 under the Service Level Agreement between SAIL and DHCW.

SAIL shall maintain lists of clinical codes that pertain to SCDs—one list for each clinical coding system in datasets provided by DHCW that contain sensitive content. The code lists will be based on the combination of lists previously provided by DHCW, other published sources, and any codes that are discovered within datasets on an ad hoc basis (for example, reported by researchers).

The code lists will be stored in the Concept Library web application and made available to SAIL staff, researchers, and (upon request) any DHCW staff who require access. SAIL shall create a process for regularly adding any new codes that are identified, as well as reviewing the code lists at least annually. SAIL will provide updated lists to DHCW, and DHCW will have an opportunity to request revision of the lists if required.

All SAIL research projects are subject to Information Governance Review Panel (IGRP) approval. Where a project requests sensitive data categories, each specific category must be explicitly mentioned and justified in the IGRP application and approved.

Projects using the data codes detailed above shall be subject to regular audit of no less than once every two years. The results of these audits shall be provided in summary form to DHCW.

The following technical controls shall be applied to all sensitive data codes supplied to researchers:

Technical/Operational Measure	Implementation	Review Data
Automated testing and reviews of project data provision will be updated to include checking that sensitive data hasn’t mistakenly been provided.	Automated testing is already operational for other sensitive data. Will be extended to these SCDs when provisioning of those categories begins.	
Project encryption prevents users from sharing sensitive data between projects	Operational	
Output reviewers will be trained on how to review requests with sensitive data, and how to look to ensure that	Reviewers already trained to identify SCDs, as they can occur in fields where they are not masked; reviewers also	

no sensitive data is present when it shouldn't be.	already trained to check other sensitive data requested in IGRP form, so existing process already adequate to cover SCDs.	
The SAIL project audit procedure will be updated with a check for sensitive data items.	To be implemented for 2022 project audits.	

This procedure shall be subject to regular review of not less than once every two years.

27th of October 2021.

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MEMORANDUM OF UNDERSTANDING

For the provision and ongoing operation of the “Appliance” by Swansea University and Digital Health and Care Wales

1. PARTIES

1.1 The Parties to this Memorandum of Understanding (“MOU”) are:

- (A) Digital Health and Care Wales, 21 Cowbridge Road East, Cardiff, CF11 9AD
- (B) Swansea University, Singleton Park, Swansea, SA2 8PP

2. DEFINITIONS

- 2.1 “Appliance” is a software application running on a set of physical servers developed by Swansea University which provides probabilistic and deterministic linkage services.
- 2.2 “End Users” are those employees, agents and independent third Parties who are authorised by Digital Health and Care Wales (DHCW) to access the Appliance.
- 2.3 Data Protection Legislation means the General Data Protection Regulation (GDPR), the Data Protection Act 2018 and all legislation enacted in the UK in respect of the protection of Personal Data. ‘Personal Data’, ‘Controller’, ‘Processor’ are to have the same meaning as they do in the Data Protection Legislation.
- 2.4 “File 1 Data” is data that includes identifiers including personal data such as name, address and postcode which shall be used to support linkage of records and be deidentified by the Appliance
- 2.5 “Personal Data” is data as defined with the UK GDPR Article 4 as any information relating to an identified or identifiable natural person (‘data subject’), an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental economic, cultural or social identity of that natural person.

3. PURPOSE

- 3.1 The Parties have a longstanding relationship in respect of the provision of Trusted Third Party (TTP) services by DHCW to the SAIL Databank (SAIL). SAIL is a wholly owned product of Swansea University.

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- 3.2 A new solution for the provision of the TTP services is being implemented, hereafter referred to as 'The Appliance'. The Appliance shall serve to provide for all TTP services currently provided by DHCW to Swansea University and shall operate to provide deidentification services for data processed under the Digital Economy Act 2017.
- 3.3 The purpose of this MOU is to set out the intentions of the Parties and the roles and responsibilities in relation to the Appliance related to installation, services to be provided, maintenance and access to data for the purposes of servicing the Appliance.

4. STATUS AND INTERPRETATION

- 4.1 DHCW acts as a Processor, under direction of those third party suppliers who provide Personal Data in File 1 as processed within the Appliance. DHCW acts also as a Processor in respect of data provided to it for the purposes of deidentification services under the Digital Economy Act. Data held within the Appliance whether in personally identifiable form or other form shall remain the responsibility of DHCW in its capacity as a Processor up to the point of file export to Swansea University.
- 4.2 The Parties make this agreement to comply with Article 5 of the GDPR.
- 4.3 The Parties agree they shall each take appropriate organisational, security and technical measures to prevent unauthorised or unlawful processing of Personal Data and against accidental loss or destruction of, or damage to Personal Data.
- 4.4 The Appliance consists of hardware infrastructure located within the DHCW Newport Data Centre. The hardware and operating system has been purchased, configured and installed by Swansea University/SAIL. The software installed on the operating system is a Swansea based application known by both organisations as the Appliance. The Appliance is the Intellectual Property of Swansea University, developed in collaboration with Curtin University.

5. COMMENCEMENT AND PERIOD OF OPERATION

- 5.1 This MOU shall take effect from the date the Parties fix their signatures below and shall stay in force until a Service Level Agreement is entered into by the Parties to give legal force to the responsibilities outlined in this document when the Appliance becomes operational, unless the MOU is terminated earlier by either or both Parties by providing one month's notice in writing.

6. ROLES AND RESPONSIBILITIES

- 6.1 DHCW are the commissioner of Services from Swansea University in respect of the supply and management of the Appliance. DHCW shall manage Swansea University under its supplier management policy and ensure that Swansea University complies with all requirements to establish the TTP Service within the Appliance.

- 6.2 Swansea University is a supplier of services to DHCW in respect of the provision of the Appliance. Swansea University shall provide its services in accordance with the requirements of DHCW as prescribed by its policies and procedures relating to Supplier Management and as set out within the DEA accreditation scheme. Swansea University shall assist with any evidence to support its compliance with its obligations. Detailed responsibilities of both Parties are set out in within the Schedules of this MOU. The specific responsibilities of the Parties are set out in Schedules 1 and 2.

7. BUSINESS CONTINUITY AND DISASTER RECOVERY

- 7.1 The Parties have agreed that given the nature and extent of the services provided through the Appliance that no Business Continuity or Disaster Recovery measures shall be implemented.

8. VARIATION

- 8.1 This Agreement, including the Schedule, may be varied by written agreement between the Parties.
- 8.2 Written correspondence relating to the agreement will be via Sharon Heys, Head of Legislation and Due Diligence, Swansea University and Alex Percival, Strategic Contracts and Commercial Manager, Digital Health and Care Wales.

9. TERMINATION

- 9.1 This Agreement may be terminated by either Party giving one months notice in writing to the other at any time.
- 9.2 Despite termination of this MOU the Parties agree that the provisions of clauses 10, 11 and 12 shall remain in full force along with the requirements of Schedule 1 and 2.

10. CONFIDENTIALITY

- 10.1 Each Party agrees to treat as confidential, and to continue in perpetuity to treat as confidential upon termination of this agreement information obtained under the provisions of this MOU.

11. DISPUTE RESOLUTION

- 11.1 The Parties shall each appoint a nominated representative to whom any disputes arising from the operation of this MOU shall be referred.
- 11.2 The Parties shall, where a dispute cannot be resolved by agreement between their appointed representatives, appoint a neutral umpire whose decision shall be final.

12. LAW AND JURISDICTION

- 12.1 This MOU and all terms, provisions, conditions and all questions of construction, validity and performance under this MOU shall be governed by the laws of England

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and Wales. Dispute Resolution shall be subject to the exclusive jurisdiction of the English courts

Signed for and on behalf of DHCW

.....

Name -
Position -
Date -

Signed for and on behalf of Swansea University

.....

Name
Position
Date

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SCHEDULE 1 – DHCW Responsibilities

DHCW shall:

1. Establish a process within DHCW with the purpose and function of undertaking reviews of the TTP service with Swansea University at an interval of not less than annually
2. Supplier Management:
 - a. Establish a suitable forum between the Parties with the purpose of conducting Service Reviews, the remit is covered within the SAIL Service Review Group Terms of Reference.
 - b. Establish a suitable forum between the Parties with the purpose of conducting Operational Reviews, the remit is covered within the SAIL Operation Review group Terms of Reference.
3. Align with DHCW Risk Management Policy and the DHCW Risk Management Group to manage risks / issues relating to the TTP service.
4. Align with existing organisational process within DHCW to undertake supplier audits associated with the TTP Service on an annual basis.
5. To formalise specific duties and requirements of staff who work with the Appliance and establish an internal DHCW owner for the Appliance and data owners for the data to be processed.

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Schedule 2 – Swansea University Responsibilities

Swansea University shall:

1. Cooperate fully with DHCW in the delivery of its responsibilities in Schedule 1 through the provision of information and evidence as required
2. Undertake counterpart activities and remediate within Swansea University in respect of any actions identified
3. Provide support in respect of technical and software issues relating to the Appliance as set out in Schedule 3.
4. Ensure that members of staff responsible for supporting the Appliance and where there is potential access to Personal Data as part of their role, are specifically identified and trained on their responsibilities, and are separated by these obligations to the wider SAIL technical team.
5. Develop and draft a SOP in respect of tripartite agreements relating to data to be processed within the Appliance
6. To inform DHCW of any changes to Swansea University documentation pertaining to the TTP service provision, to include but not limited to:

- **Security Policy and Information Security**

DHCW require Swansea University to have a policy for linformation Security and clearly identified Roles and Responsibilities for the management of Information Security.

DHCW requires Swansea University to have a process for the reporting of suspected information security weaknesses and security incidences.

- **Physical Security**

Swansea University must adhere to the DHCW POL-OSD-001 Access Control Policy relating to the TTP service and specifically access to the infrastructure hosting the Appliance.

- **Asset Management**

DHCW require Swansea University to have an asset management policy which covers the handling of assets related to the management and technical support of the Appliance.

- **Access Control**

DHCW require Swansea University to have an Access Control Policy, related to the support of the Appliance. This must cover access to networks and services, user access management as well as system and application access control.

- **Cryptography**

DHCW require Swansea University to have a Cryptographic control policy.

- **Operations Security**

DHCW require Swansea University to have policies related to the Change Management of the operational hardware, networks and software required to underpin the TTP service.

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DHCW require Swansea University to provide assurance around Engineering Secure Systems, Software modifications and Outsource System Development.

DHCW require Swansea University to provide suitable documentation for End Users related to software changes impacting End Users.

DHCW require Swansea University to have policies related to the Capacity Management of the operational hardware, networks and software required to underpin the TTP service.

DHCW require Swansea University to have policies related to the Operations Security Policy management of the operational hardware, networks and software required to underpin the TTP service.

Audit

DHCW require Swansea University to cooperate with DHCW as a result of audit activity performed by DHCW.

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Schedule 3 - SUPPORT SERVICES TO BE PROVIDED BY SWANSEA UNIVERSITY TO DHCW

1. INTERPRETATION

The following definitions and rules of interpretation apply in this schedule.

1.1 Definitions:

Business Days: a measurement of time that typically refers to any day in which normal business is conducted within the United Kingdom. This is generally considered to be Monday through Friday from 9am to 5pm local time and excludes weekends and public holidays.

Commercially Reasonable Efforts: the same degree of priority and diligence with which Swansea University meets the support needs of its other similar Appliance users.

End User Cause: any of the following causes:

- (a) any improper use, misuse or unauthorised alteration of the Appliance by DHCW;
- (b) any use of the Appliance by DHCW in a manner inconsistent with the then-current documents;
- (c) the use by DHCW of the Appliance not provided by Swansea University; or
- (d) the use of a non-current version or release of the Appliance.

Fault: any failure of the Appliance, including any failure or error referred to in the Service Level Table.

Help Desk Support: any support provided by help desk technicians sufficiently qualified and experienced to identify and resolve most support issues relating to the Appliance.

Main Agreement: the agreement to which this schedule relates.

Out-of-scope Services: any services provided by Swansea University in connection with any apparent problem regarding the Appliance reasonably determined by Swansea University not to have been caused by a Fault, but rather by an End User Cause or a cause outside Swansea Universities control (including any investigational work resulting in such a determination).

Service Levels: the service level responses and response times referred to in the Service Level Table.

Service Level Table: the table set out in Schedule 3, paragraph 6.1.

Solution: either of the following outcomes:

- (e) correction of a Fault; or

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(e)

- (f) a workaround in relation to a Fault (including a reversal of any changes to the Appliance if deemed appropriate by Swansea University) that is reasonably acceptable to DHCW.

Support Hours: Monday to Friday (excluding bank holidays in England and Wales) between the hours of 9am to 5pm **local time**.

Support Period: the Term of the Agreement.

Support Process: the process followed by DHCW and Swansea University (where necessary) to resolve end user support requests in relation to the Appliance.

Support Request: request made by DHCW in accordance with this schedule for support in relation to the Appliance, including correction of a Fault.

Support Services: maintenance of the then-current version or release of the Appliance, including Help Desk Support, but excluding any Out-of-scope Services.

- 1.2 All initial capitalised terms in this schedule shall have the meaning given to them in the Main Agreement.

2. Roles and Responsibilities - DHCW

DHCW is responsible for raising support requests with Swansea University where a fault is identified.

3. Roles and Responsibilities - Swansea University

- 3.1 Swansea University is responsible for the support of the Appliance and resolving faults identified in the Appliance.

4. SUPPORT SERVICES

- 4.1 During the Support Period Swansea University shall perform the Support Services during the Support Hours in accordance with the Service Levels.

- 4.2 As part of the Support Services, Swansea University shall:

- (a) provide Help Desk Support by means of the following e-mail address helpdesk@chi.swan.ac.uk
- (b) use Commercially Reasonable Efforts to correct all Faults notified under Schedule 3, paragraph 4.2; and
- (c) provide technical support for the System in accordance with the Service Levels.

- 4.3 Swansea University may reasonably determine that any services are Out-of-scope Services. If Swansea University makes any such determination, it shall promptly notify DHCW of that determination.

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- 4.4 DHCW acknowledges that Swansea University is not obliged to provide Out-of-scope Services.

5. SUBMITTING SUPPORT REQUESTS AND ACCESS

- 5.1 DHCW may request Support Services by way of a Support Request.
- 5.2 Each Support Request shall include a description of the problem and the start time of the incident.
- 5.3 DHCW shall provide Swansea University with:
- (a) prompt notice of any faults; and
 - (b) such output and other data, documents, information, assistance and (subject to compliance with DHCW's security and encryption requirements notified to Swansea University in writing) remote access to the DHCW's non-production systems, as are reasonably necessary to assist Swansea University to reproduce operating conditions similar to those present when DHCW detected the relevant Fault and to respond to the relevant Support Request.
- 5.4 All Support Services shall be provided from Swansea University premises.
- 5.5 DHCW acknowledges that, to properly assess and resolve Support Requests, it may be necessary to permit the Swansea University support team with direct access at DHCW site and personnel.
- 5.6 DHCW shall provide such access in accordance with timelines specified in the data centre security access policies and procedures, provided that Swansea University complies with all of DHCW's security requirements and other policies and procedures relating to contractors entering and working on the DHCW data centre site, as notified to Swansea University.
- 5.7 Such on-site support detailed within clause 5.5 and 5.6 shall be provided at the reasonable discretion of Swansea University subject to all other remote support options having been exhausted.
- 5.8 Swansea University acknowledges that DHCW may request Support Services using contractors acting on DHCW's behalf.

6. SERVICE LEVELS

- 6.1 Swansea University shall:
- (a) prioritise all Support Requests based on its reasonable assessment of the severity level of the problem reported; and
 - (b) respond to all Support Requests in accordance with the responses and response times specified in the table set out below:

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Severity level of Fault	Definition	Service Level response and response time
1	<p>Business Critical Failures: An error in, or failure of, the System that:</p> <p>a) materially impacts the operations of DHCW's business or marketability of its service or product;</p> <p>b) prevents necessary work from being done; or</p> <p>c) disables major functions of the System from being performed.</p>	<p>Level 1 Response: Acknowledgment of receipt of a Support Request within 24 hours.</p> <p>Level 2 Response: Swansea University shall: a) restore the Appliance to a state that allows DHCW to continue to use all functions of the Appliance in all material respects within 2 Business Days after the Level 1 Response time has elapsed; and b) exercise Commercially Reasonable Efforts until full restoration of function is provided.</p>
2	<p>System Defect with Workaround:</p> <p>a) a critical error in the System for which a work-around exists; or</p> <p>b) a non-critical error in the System that affects the operations of DHCW's business or marketability of its service or product.</p>	<p>Level 1 Response: Acknowledgment of receipt of a Support Request within 24 hours.</p> <p>Level 2 Response: Swansea University shall, within 5 Business Days after the Level 1 Response time has elapsed, provide: a) an emergency System fix or workaround, or; and b) temporary release or update release, which allows DHCW to continue to use all functions of the Appliance in all material respects.</p> <p>Level 3 Response: Swansea University shall provide a permanent Fault correction as soon as practicable and no later than 2 Business Days after Swansea University takes receipt of the Support Request.</p>
3	<p>Minor Error:</p> <p>An isolated or minor error in the System that:</p>	<p>Level 1 Response: Acknowledgment of receipt of the Support Request within 24 hours.</p>

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	a) does not significantly affect System functionality; b) may disable only certain non-essential functions; or c) does not materially impact DHCW's business performance.	Level 2 Response: Swansea University shall provide a permanent Fault correction within 10 Business Days after the Level 1 Response time has elapsed.
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- 6.2 The Parties may, on a case-by-case basis, agree in writing to a reasonable extension of the Service Level response times.
- 6.3 Swansea University shall give DHCW regular updates of the nature and status of its efforts to correct any Fault

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DIGITAL HEALTH AND CARE WALES

PROVISION OF SERVICES AGREEMENT (PoSA) BETWEEN NHS DIGITAL AND DIGITAL HEALTH AND CARE WALES

Agenda Item	2.3
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

Executive Sponsor	Helen Thomas, Chief Executive
Prepared By	Julie Francis, Head of Commercial Services
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Noting
Recommendation The Digital Governance and Safety Committee is being asked to: NOTE the execution of the PoSA between NHS Digital and DHCW	

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			
PoSA	Provision of Services Agreement	DHCW	Digital Health and Care Wales

1 SITUATION/BACKGROUND

1.1 Digital Health and Care Wales take various services from NHS Digital as set out below. These services are integral to DHCWs ability to deliver digital services in NHS Wales.

- SPINE Services – including:
 - Personal Demographic Service
 - Summary Care Record Application
 - Demographics Batch Service
 - Messaging Exchange for Social Care and Health (MESH)
 - Helpdesk services
 - Care Identity Service (CIS)
 - National Back Office Service (NBO)
- Terminology Services
- Secondary Uses Services

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The PoSA is a framework memorandum of understanding setting out the key principles of the collaboration arrangements agreed and the services to be delivered by NHS Digital to Digital Health and Care Wales/NHS Wales. The term of the PoSA is from 01st April 2021 – 31st March 2024.

The key terms and conditions governing the agreement include the following;

- Standards
- Data Protection
- Intellectual Property
- Termination
- Limitation on liability
- Dispute Resolution

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- Freedom of Information
- Confidentiality
- Change Control procedures

The specific services are called off under separate work-packages which set out the distinct services being delivered to Digital Health and Care Wales together with the roles, responsibilities, key deliverables and other arrangements of the parties.

The framework allows additional work-packages to be called off other than those above on an ad-hoc basis.

Please note that the POSA is not intended to be contractually binding nor will it give rise to any other legally enforceable rights or obligations.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

4 RECOMMENDATION

4.1 The Digital Governance and Safety Committee is being asked to:
NOTE the execution of the PoSA between NHS Digital and DHCW

5 IMPACT ASSESSMENT

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

<u>DHCW QUALITY STANDARDS</u>	ISO 20000
If more than one standard applies, please list below: All quality standards apply	

<u>HEALTH CARE STANDARD</u>	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: Not applicable	

[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
Management Board	14 January 2022	Approved

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The services require to be delivered to an agreed standard and quality as set out in the terms and conditions of the POSA and any subsequent work package
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
	The PoSA is not legally enforceable as set out above
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	No financial implications set out in the POSA but at a work package level.
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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(1) **DIGITAL HEALTH AND CARE WALES**

- and -

(2) **NHS DIGITAL**

Commencement Date: 5th January 2022

Framework Memorandum of Understanding

**INCORPORATING WORK PACKAGES FOR THE
PROVISION OF SERVICES ARRANGEMENTS**

REF: POSA DHCW

Version: V1.0

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SCHEDULE 1: WORK PACKAGES TEMPLATE

SCHEDULE 2: EMPLOYMENT MATTERS

SCHEDULE 3: CHANGE CONTROL PROCEDURE

SCHEDULE 4: DATA PROTECTION

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BETWEEN:

- (1) **DIGITAL HEALTH AND CARE WALES** OF TY GLAN-YR-AFON, 21 COWBRIDGE ROAD EAST, CARDIFF, CF11 9AD. ("SERVICE RECIPIENT").
- (2) **HEALTH AND SOCIAL CARE INFORMATION CENTRE** of 7&8 Wellington Place, Leeds, LS1 4AP. ("NHS Digital")

together the "parties".

BACKGROUND:

- A This POSA is a framework memorandum of understanding for agreeing the detail and delivery of individual services of various scope and specification by NHS Digital to the Service Recipient.
- B NHS Digital is the Health and Social Care Information Centre as detailed in Part 9, Chapter 2 of the Health and Social Care Act 2012. Pursuant to the statutory powers, direction(s) or other basis detailed in the relevant Work Package, NHS Digital shall provide the services detailed in the relevant Work Package to the Service Recipient.
- C Service Recipient is a health service body, as defined by the National Health Service Act 2006. Service Recipient is a Special Health Authority is a central national organisation building and designing digital services for health and care in Wales
- D Subject to the above, this POSA codifies the roles, responsibilities, key deliverables and other arrangements of the parties in relation to the services as detailed in completed work packages.
- E With the exception of data protection clauses and content¹, in accordance with the National Health Service Act 2006 section 9(5) this POSA is not intended to be contractually binding in a court of law, nor to give rise to any other legally enforceable rights or obligations, nor does this document constitute an offer to purchase or to supply services or goods on the terms set out in this document or at all.

IT IS AGREED AS FOLLOWS:

1 INTERPRETATION

- 1.1 For the purposes of this POSA, the following definitions shall apply unless the context requires otherwise:

"Change Control Note" or "CCN"	is the form to be completed in relations to changes as set out at Schedule 3;
"Charges"	means the fees and charges set out in the Work Package;
"Commencement Date"	means the commencement date of this POSA set out on page 1;
"Confidential Information"	means any information, however it is conveyed, that relates to the business, affairs, developments, trade secrets, know-how, personnel, and suppliers of the parties, including all Intellectual Property Rights, together with all information

¹ see clause 2.1.4 of this POSA.

derived from any of the above, all Personal Data including without limitation information which relates to any patient or other service user or his or her treatment or clinical or care history, any other information clearly designated as being confidential (whether or not it is marked confidential) or which ought reasonably be considered to be confidential, and policies and such other documents which either party may obtain or have access to through the other party's intranet;

“Cost Model”	means the cost model set out in the Work Package;
“Controller”	means as defined by Data Protection Laws;
“Processor”	means as defined by Data Protection Laws;
“Data Protection Impact Assessment”	an assessment by the Controller of the impact of the envisaged processing on the protection of Personal Data;
"Data Protection Laws"	means applicable legislation protecting the fundamental rights and freedoms of individuals, in respect of their right to privacy and the processing of their personal data, as amended from time to time Regulation (EU)_2016/679, 'the General Data Protection Regulation' ("GDPR") and the Data Protection Act 2018) and the Privacy and Electronic Communications Regulations 2003, together with decisions, guidelines, guidance notes and codes of practice issued from time to time by courts, data protection authorities and other applicable Government authorities;
“Data Recipient”	means a party which receives Personal Data from the other party, where such Personal Data is shared on a Controller to Controller basis;
"Data Subject"	means as defined by Data Protection Laws;
“Data Subject Access Request”	means a request made by a Data Subject in accordance with rights granted pursuant to the Data Protection Laws to access his or her Personal Data;
"Dispute Resolution Procedure"	means the procedure for resolving disputes as set out in clause 11 of this POSA;
"Environmental Information Regulations"	means the Environmental Information Regulations 2004 together with any guidance and/or codes of practice issued by the Information Commissioner or relevant government department in relation to such regulations;
"FOIA"	means the Freedom of Information Act 2000;
"Guidance"	means any applicable guidance, direction or determination and any policies, advice or industry alerts which apply to the Services, to the extent that the same are published and the contents of them have been notified to NHS Digital by NHS England and/or the Department of Health and Social Care;

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"HSCA12"	means the Health and Social Care Act 2012 (as amended);
"Information"	has the meaning given under section 84 of FOIA;
"Intellectual Property Rights"	means any patents, copyright, rights in and to inventions, trademarks, service marks, design rights, registered designs, know-how, database rights, moral rights, rights in get-up, goodwill and the right to sue for passing off, rights to use, and protect the confidentiality of, confidential information, confidential formulae and applications for any of the foregoing, patents, trademarks, registered designs, copyright, database rights, know-how, trade or business names (including internet domain names) and other rights of a similar nature, where registered or unregistered, existing now or in the future anywhere in the world;
"Key Personnel"	means those members of personnel identified in an agreed Work Package;
"Law"	means any applicable act, statute or proclamation or any delegated or subordinate legislation or regulation; European Union directive, regulation, decision or law; an enforceable community right within the meaning of section 2(1) European Communities Act 1972; a judgment of a relevant court of law which is a binding precedent in England and Wales; requirements set by any regulatory body; and any applicable code of practice, in each case as in England and Wales;
"Liability Cap"	means in respect of this POSA and agreed Work Packages the higher of (i) £5,000, (ii) the amount stated in the agreed Work Package;
"Milestones"	means the milestone dates by which certain Objectives and responsibilities are to be achieved as specified in an agreed Work Package;
"NHS"	means the National Health Service;
"NHSA06"	means the National Health Service Act 2006 (as amended);
"NHS Digital Background Intellectual Property Rights"	means (unless otherwise explicitly specified in an agreed Work Package), the Intellectual Property Rights owned by NHS Digital or its licensors prior to the commencement of the Work Package, that will be shared by NHS Digital or used in the performance of the Work Package, and includes but is not limited to any Intellectual Property Rights in any Personal Data shared by NHS Digital and those rights listed under the heading "NHS Digital Background IPR" in an agreed Work Package;
"NHS Digital Responsibilities"	means the responsibilities of NHS Digital in respect of the Services, as set out in an agreed Work Package;
"NIS Regulations"	means The Network and Information Systems Regulations 2018 and any guidelines, guidance notes, codes of practice and codes of conduct issued from time to time by a

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		competent authority;
"Notice of Dispute"		means a written notice served by one party on the other stating that the party serving the notice believes there is a dispute;
"Objectives"		means the objectives of the parties for the Work Package as set out in an agreed Work Package;
"Personal Data"		has the meaning given to it in the Data Protection Laws, and applies to personal data which is Processed by the Processor or any sub-contractor on behalf of the Controller or a Central Government Body pursuant to or in connection with this POSA;
"Personal Data Breach"		means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, Personal Data transmitted, stored or otherwise Processed;
"POSA"		means this arrangement and its Schedules as varied or novated from time to time;
"POSA Expiry Date"		means 31st March 2024;
"Process"		has the meaning given to it under Data Protection Law and, for the purposes of this POSA, it shall include both manual and automatic processing. "Processing" and "Processed" shall be construed accordingly;
"Request for Information"		a request for information or an apparent request under the Code of Practice on Access to Government Information, FOIA or the Environmental Information Regulations;
"Restricted Country"		means any country which is not (i) a member of the European Economic Area; (ii) the United Kingdom; nor (iii) deemed adequate by the European Commission pursuant to article 25(6) of Directive 95/46/EC or article 45(3) of the General Data Protection Regulation;
"Senior Management Team"		means each respective party's senior management team responsible for the Work Package, the members of which are set out in an agreed Work Package;
"Service Recipient Background Intellectual Property Rights"		means (unless otherwise explicitly specified in an agreed Work Package), the Intellectual Property Rights owned by Service Recipient or its licensors prior to the commencement of the Work Package, that will be shared by Service Recipient or used in the performance of the Work Package, and includes but is not limited to any Intellectual Property Rights in any Personal Data shared by Service Recipient and those rights listed under the heading "Service Recipient Background IPR" in an agreed Work Package;
"Service Responsibilities"	Recipient	means the responsibilities of Service Recipient in respect of the Services, as set out in an agreed Work Package;

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"Services"	means the services described in an agreed Work Package;
"Shared Personal Data"	means Personal Data which is shared by one party to the other on a Joint Controller basis;
"Special Category Data"	means Personal Data which falls within the special categories of data set out in Article 9(1) of GDPR;
"Staff"	means: in relation to NHS Digital, all persons employed or engaged by NHS Digital to perform its obligations under this POSA and the Work Packages, including any contractors and subcontractors and person employed or engaged by such contractor or subcontractors, but for the avoidance of doubt, excluding Service Recipient and its contractors, subcontractors and agents; and in relation to Service Recipient, all persons employed or engaged by Service Recipient, to perform its obligations under this POSA and the Work Packages, including any contractors and subcontractors and person employed or engaged by such contractor or subcontractors, but excluding NHS Digital and its contractors, subcontractors and agents;
"Standard Contractual Clauses"	" means the standard contractual clauses for the transfer of personal data to processors established in third countries which do not ensure an adequate level of protection as set out in Commission Decision C (2010) 593 and reference to the standard contractual clauses shall be to the clauses as updated, amended, replaced or superseded from time to time by the European Commission;
"Sub-Processor"	has the meaning given to it in paragraphs Error! Reference source not found. and Error! Reference source not found. of Schedule 4;
"Term"	shall have the meaning set out in clause 8.1;
"Work Package"	means a description of Services and other details using the templates included at Schedule 1 (<i>Work Packages</i>), that shall be agreed by the parties in accordance with the process set out at clause 3; and
"Working Day"	any day other than a Saturday, Sunday or public holiday in England and Wales.

1.2 In this POSA references to any statute or statutory provision shall, unless the context otherwise requires, be construed as a reference to that statute or statutory provision as from time to time amended, consolidated, modified, extended, re-enacted or replaced.

1.3 References to 'clauses' are references to the clauses of this POSA, and references to 'Schedules' are references to the Schedules of this POSA.

- 1.4 References to ‘days’ are references to calendar days.
- 1.5 The headings in this POSA shall not affect the construction or interpretation of this POSA.
- 1.6 The singular shall include the plural and vice versa.
- 1.7 The words “including”, “other”, “in particular”, “for example” and similar words shall not limit the generality of the preceding words and shall be construed as if they were immediately followed by the words “without limitation”.
- 1.8 Unless the context otherwise requires if there is any conflict between the clauses of this POSA and an agreed Work Package, the conflict shall be resolved so that the content of the relevant Work Package takes precedence, but it shall only take precedence in relation to that Work Package.

2 LEGAL STATUS OF THIS POSA

- 2.1 This POSA:
- 2.1.1 seeks to outline the key principles of the collaboration arrangements agreed between Service Recipient and NHS Digital in respect of each Work Package;
 - 2.1.2 sets out the respective duties, obligations and allocations of risk which have been and shall be agreed between the parties;
 - 2.1.3 is for the benefit of the parties and is not intended to benefit to, or be enforceable by, any third party;
 - 2.1.4 with the exception of this clause 2.1.4, clause 2.1.5, clause 6 (Data Protection), Schedule 4 (Data Protection), the elements of an agreed Work Package relating to data protection, and all associated or referenced definitions, is not intended to be contractually binding in a court of law nor to give rise to any other legally enforceable rights or obligations, nor does this document constitute an offer to purchase or to supply services or goods on the terms set out in this document or at all;
 - 2.1.5 shall be governed by, and construed in accordance with the laws of England and Wales; and
 - 2.1.6 together with the Work Packages, represents the entire agreement of the parties relating to its subject matter.

3 AGREEING DETAILS OF WORK PACKAGES

- 3.1 During the term, Service Recipient may wish to commission and NHS Digital may agree to deliver Services. If either party wishes to initiate a Work Package, it shall send to the other party its proposals using the standard form attached. The receiving party shall then consider the proposal in good faith, and the parties shall use their best endeavours to agree the basis of the Work Package.
- 3.2 Once the Work Package(s) are executed by both parties, the Work Package(s) together with this POSA shall form the agreed scope and terms of the arrangement. The parties recognise that a Work Packages must be executed prior to inclusion under this POSA and/or commencement of the relevant work.
- 3.3 Each Work Package will have a unique identification number which will be allocated by NHS Digital’s Portfolio Office.
- 3.4 Each Work Package will have a unique Service Recipient reference number which will be allocated by Service Recipient.

- 3.5 The governance regime set out in the Work Package shall apply.
- 3.6 The parties here agree that:
- 3.6.1 a Work Package's term may not exceed the POSA Expiry Date.
 - 3.6.2 NHS Digital shall be entitled to use a third-party supplier, contractor, consultant or sub-contractor to provide the Services.
 - 3.6.3 unless otherwise agreed in the Work Package, all third-party software licences and maintenance support necessary to deliver a Work Package will be provided by NHS Digital, and chargeable to Service Recipient under the Work Package.

4 OBLIGATIONS

- 4.1 The parties shall work together in good faith throughout the term of the Work Package(s) and shall use reasonable endeavours to achieve the stated Objectives.
- 4.2 Service Recipient shall issue such directions and/or requests, as may be required in order to enable NHS Digital to deliver the Services.
- 4.3 Unless otherwise specified in the Work Package, Service Recipient remains responsible for the clinical assurance of its requirements.
- 4.4 The parties recognise that NHS Digital is not regulated by the Care Quality Commission and is not authorised to provide regulated activities. NHS Digital shall not be required in a Work Package to provide regulated activities².
- 4.5 ³Unless otherwise specified in the Work Package, NHS Digital is providing the Services on behalf of Service Recipient, and Service Recipient is the responsible manufacturer of any medical device⁴. Service Recipient is responsible for the costs of any processes and procedures as required in law and by the Medical Health Regulatory Authority associated with the provision of the medical device, and any costs associated with CE marking.
- 4.6 Both parties shall, in the POSA and each Work Package, have due regard to the public sector equality duty, as detailed in the Equality Act 2010, and include in each agreed Work Package details of any relevant review.
- 4.7 Service Recipient shall carry out Service Recipient Responsibilities in a timely and professional manner, using all due skill and care, in accordance with the stated Objectives.
- 4.8 Service Recipient shall make payments specified in the Work Package in accordance with clause 12 and the payment provisions set out in the Work Package
- 4.9 Subject to Service Recipient complying with its obligations, NHS Digital shall provide the Services detailed in the agreed Work Package.

² The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 1 and Schedule 2.

³ European Parliament and the Council of the European Union (2007) Council Directive 2007/47/EC of 5 September 2007 amending Council Directive 93/42/EEC concerning medical devices, and European Union Medical Device Regulation 2017/745.

Note definition currently includes - "any ..., appliance, software, material or other article, whether used alone or in combination, together with any accessories, including the software intended by its manufacturer to be used.. to be used specifically for diagnostic and/or therapeutic purposes and necessary for its proper application.. for the purpose of... diagnosis, prevention.. monitoring, treatment, alleviation.. investigation.."

⁴ as defined in the European Council Directive 90/385/EEC on the approximation of the laws of the Member States relating to active implantable medical devices

4.10 Unless otherwise specified in a Work Package the Charges do not include any decommissioning or exit activities, which, if required, are to be agreed in accordance with clause 9.2.

4.11 NHS Digital shall carry out the NHS Digital Responsibilities in a timely and professional manner, using all due skill and care, in accordance with the stated Objectives.

5 STANDARDS

5.1 The parties shall comply with the information governance standards and procedures as set out in the Work Package.

6 DATA PROTECTION

6.1 The Work Package shall specify the party/ies that is/are the Controller(s) and the party (if any) that is the Processor for each data set.

6.2 Unless otherwise specified in the Work Package, Schedule 4 (Data Protection) shall apply, as detailed in the Work Package.

6.3 The parties acknowledge their respective duties under Data Protection Laws and shall give each other reasonable assistance as appropriate or necessary to enable each other to comply with those duties.

6.4 The parties agree should any Service Recipient security and/or data request involve a change of the NHS Digital processes, procedures, systems and/or Services, then additional time and materials based Charges shall apply and shall be subject to agreement by the parties in a further Work Package.

7 INTELLECTUAL PROPERTY RIGHTS

7.1 For each Work Package, the parties shall identify any third-party licences for software or other materials which are required, and the parties shall agree and record in the Work Package who shall be responsible for procuring and paying for the licences to such items.

7.2 Unless otherwise specified in an agreed Work Package, all Intellectual Property Rights in deliverables created by either party under this POSA and the Work Packages shall be owned by NHS Digital.

7.3 Unless otherwise specified in an agreed Work Package and subject to clause 7.5, NHS Digital grants to Service Recipient a non-exclusive, revocable, royalty-free licence to use any NHS Digital owned deliverables and the NHS Digital Background Intellectual Property Rights in England as necessary to receive and benefit from the Services for the term of the relevant Work Package.

7.4 Unless otherwise specified in an agreed Work Package, Service Recipient grants to NHS Digital a non-exclusive, revocable, royalty-free licence to use any Service Recipient owned deliverables and Service Recipient Background Intellectual Property Rights in England as necessary for completion and delivery of the Services during the term of the relevant Work Package.

7.5 Software that is provided by NHS Digital which is licensed to NHS Digital under an open source licence, is not warranted by NHS Digital, and is licensed to Service Recipient in accordance with the terms of the relevant open source licence.

7.6 Where either party acquires, by operation of law, title to Intellectual Property Rights that is inconsistent with the allocation of title set out in clause 7.2 (or the relevant Work Package), it shall assign in writing such Intellectual Property Rights as it has acquired to the other party promptly upon receipt of a written request from the other party.

7.7 Unless otherwise specified in an agreed Work Package, and subject to clause 7.5, NHS Digital warrants to Service Recipient that it owns, or is entitled to grant a licence to use on the terms set out in clause 7.3 to:

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- 7.7.1 the NHS Digital Background Intellectual Property Rights; and
 - 7.7.2 any Intellectual Property Rights developed by NHS Digital during the Work Package.
- 7.8 Service Recipient warrants to NHS Digital that it owns, or can grant a licence on the terms set out in clause 7.4 to:
- 7.8.1 Service Recipient Background Intellectual Property Rights; and
 - 7.8.2 any Intellectual Property Rights developed by Service Recipient during the Work Package.

8 TERM AND TERMINATION

- 8.1 This POSA shall commence on the Commencement Date and shall continue until the POSA Expiry Date, unless terminated earlier by either party in accordance with clause 8.2 (the “**Term**”).
- 8.2 Either party shall be entitled to terminate this POSA by giving the other party not less than one months’ prior written notice.
- 8.3 The termination of the POSA shall end either party's ability to agree new Work Packages but shall not affect the validity of existing Work Packages and the terms of this POSA shall continue to apply to those Work Packages.

9 TERMINATION OF A WORK PACKAGE

- 9.1 Unless otherwise specified in the relevant Work Package, either party shall be entitled to terminate an agreed Work Package by giving the other party not less than six months’ prior written notice.
- 9.2 Service Recipient is responsible for undertaking or procuring all exit and decommissioning activities. If Service Recipient requires NHS Digital to undertake such activities it shall, as soon as possible following the service by either party of a notice to terminate any whole or part of any Work Package or at least one month prior to the expiry of any Work Package, inform NHS Digital and the parties shall agree an exit management plan which shall detail all obligations, procedure and timings regarding the termination or expiry and the costs, expenses or other charges which NHS Digital shall receive in respect of any activities undertaken by it pursuant to such exit management plan or otherwise connected with the termination of such Work Package.
- 9.3 Following the expiry or termination of an agreed Work Package, each party shall:
- 9.3.1 make any assignment required by the other party pursuant to clause 7;
 - 9.3.2 cease to use the other party's Confidential Information and shall return or destroy such Confidential Information (as instructed by the party who owns the Confidential Information); and
 - 9.3.3 shall make all outstanding payments due to the other party, in accordance with the payment provisions in the Work Package (if any such provisions are specified in the Work Package), up to and including the date of termination.

The return of data and Confidential Information shall be a chargeable service payable on a time and materials basis in accordance with clause 12 (Charges and Payment).

- 9.4 Where Service Recipient terminates an agreed Work Package, it shall be immediately liable for payment to cover any existing NHS Digital and third-party cost and charge commitments, liabilities or expenditure (including any associated staffing costs) which represent an unavoidable direct loss to NHS Digital by reason of the termination of the Work Package, provided that NHS Digital takes all reasonable steps to mitigate such loss. NHS Digital shall submit a fully itemised and costed list of unavoidable

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direct loss which it is seeking to recover from Service Recipient, with supporting evidence, of any losses reasonably and actually incurred as a result of termination.

- 9.5 For the avoidance of doubt, Service Recipient shall not be liable to NHS Digital for any loss of NHS Digital's profit (if any) due to termination of an agreed Work Package, nor for any amount which was claimable under any NHS Digital commercial insurance policy.

10 LIMITATION ON LIABILITY

- 10.1 In order to guide the Secretary of State or his appointee in the resolution of any dispute between the parties and recognising the need to, insofar as possible, act as professional and commercial entities in their dealings with one another the parties have agreed the following allocation of risk between them.

- 10.2 Subject to clause 10.5, neither party shall be liable to the other party (as far as permitted by law) for indirect, special or consequential loss or damage in connection with the POSA and Work Packages which shall include, without limitation, any loss of or damage to profit, revenue, contracts, anticipated savings, goodwill or business opportunities.

- 10.3 Each party shall at all times take all reasonable steps to minimise and mitigate any loss or damage for which the relevant party is entitled to bring a claim against the other party pursuant to this POSA and Work Package.

- 10.4 Subject to clause 10.5, both parties' total aggregate liability:

10.4.1 in respect of the indemnities given by either party in Schedule 2 is unlimited; and

10.4.2 in respect of all other claims, losses or damages, whether arising from tort (including negligence), breach of contract or otherwise under or in connection with this POSA shall in no event exceed the Liability Cap, (other than in respect of a failure to pay any of the Charges that are properly due and payable and for which the relevant party shall remain fully liable).

- 10.5 Notwithstanding any other provision of this POSA, neither party limits or excludes its liability for:

10.5.1 fraud or fraudulent misrepresentation;

10.5.2 death or personal injury caused by its negligence;

10.5.3 breach of any obligation as to title implied by statute; or

10.5.4 any other act or omission, liability for which may not be limited under any applicable law.

11 DISPUTE RESOLUTION PROCEDURE

- 11.1 If a dispute arises between the parties during the term of the POSA in relation to any matter either party shall be entitled to initiate the Dispute Resolution Procedure by serving a Notice of Dispute on the other party setting out the nature of and reasons for the dispute.

- 11.2 Upon the initiation of the Dispute Resolution Procedure, in the first instance, the parties will use reasonable endeavours to resolve the dispute as soon as possible within the local operational management of each party involved in the Work Package.

- 11.3 Where the dispute cannot be resolved by local operational management of each party involved in the Work Package within 14 days of service of the Notice of Dispute, either party may refer the matter for senior management determination. Any dispute referred for senior management determination shall be considered by a meeting of an equal number of members of each party's Senior Management Team, who shall meet and seek in good faith to resolve the dispute reasonably.

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11.4 If any dispute is not resolved within 30 days of the referral of the dispute to the Senior Management Team, then either party may escalate it for determination to the Secretary of State as set out in section 9 of the NHS A06 (as amended by the HSCA12).

11.5 Nothing in this POSA and the Work Packages shall prevent:

11.5.1 either party taking action in any court in relation to any death or personal injury arising or allegedly arising in connection with the provision of the Services; or

11.5.2 either party seeking from any court any interim or provisional relief that may be necessary to protect the rights or property of that party or that relates to the safety of patients and other service users or the security of Confidential Information, pending resolution of the relevant dispute in accordance with clause 11.3.

12 CHARGES AND PAYMENT

12.1 The Charges shall be payable from the commencement date specified in the individual Work Package.

12.2 Unless otherwise specified in a Work Package:

12.2.1 NHS Digital shall be entitled to charge reasonable expenses in accordance with its expenses policy;

12.2.2 the Charges do not include any decommissioning or exit costs, which, if required, are to be agreed in accordance with clause 9.2;

12.2.3 the payments shall be made monthly in arrears; and

12.2.4 NHS Digital shall invoice Service Recipient within fourteen (14) days of the end of each calendar month, the Charges in respect of the Services provided in compliance with these terms in the preceding calendar month.

12.3 The rates and Charges may be increased with effect from 1 April in each year (i) in accordance with any formula as specified in any agreed Work Package; or (ii) to align to the standard NHS Digital rate card, (whichever is the higher).

12.4 NHS Digital shall ensure that each invoice contains the following information:

12.4.1 the date of the invoice;

12.4.2 a unique invoice number;

12.4.3 the period for which the invoice relates;

12.4.4 details of the NHS Digital Work Package reference number;

12.4.5 any payments due in respect of the achievement of Milestones;

12.4.6 a contact name and telephone number of a responsible person in NHS Digital's finance department in the event of any administrative queries;

12.4.7 the banking details for payment to NHS Digital via electronic transfer of funds; and

12.4.8 (if known), the Service Recipient purchase order no.

12.5 Each invoice shall contain such information and be addressed to such individual as Service Recipient may inform NHS Digital from time to time.

- 12.6 The Charges are exclusive of VAT, which, if properly chargeable, Service Recipient shall pay at the prevailing rate subject to receipt from NHS Digital of a valid and accurate VAT invoice. Such VAT invoices shall show the VAT calculations as a separate line item.
- 12.7 Service Recipient shall pay each validly invoiced and undisputed amount in accordance with the provision of this Work Package within thirty days of receipt of such invoice at the latest. However, Service Recipient shall use its reasonable endeavours to pay such validly invoiced and undisputed amounts sooner in accordance with any applicable government prompt payment targets.
- 12.8 NHS Digital may suspend Services in whole or part for any non-payment by Service Recipient.

13 FREEDOM OF INFORMATION

- 13.1 Where a party receives a Request for Information associated with this POSA or any Work Package(s) (the "**Receiving Party**"), it shall as soon as reasonably possible, inform the other party (the "**Non-Receiving Party**").
- 13.2 The Non-Receiving Party acknowledges that the Receiving Party is subject to the requirements of the FOIA. The Non-Receiving Party shall assist and co-operate with the Receiving Party to enable it to comply with its disclosure obligations under the FOIA. The Non-Receiving Party agrees:
- 13.2.1 that this POSA and any other recorded information held by the Non-Receiving Party on the Receiving Party's behalf for the purposes of this POSA are subject to the obligations and commitments of the Receiving Party under FOIA;
 - 13.2.2 that the decision on whether any exemption to the general obligations of public access to information applies to any Request for Information received under FOIA is a decision solely for the Receiving Party (if this is to whom the request is addressed);
 - 13.2.3 that the Receiving Party, acting in accordance with the codes of practice issued and revised from time to time under both section 45 of FOIA, and regulation 16 of the Environmental Information Regulations 2004, may disclose information concerning the Non-Receiving Party and this POSA either without consulting with the Non-Receiving Party, or following consultation with the Non-Receiving Party and having taken its views into account; and
 - 13.2.4 to assist the Receiving Party in responding to a Request for Information, by processing information or environmental information (as the same are defined in FOIA) in accordance with a records management system that complies with all applicable records management recommendations and codes of conduct issued under section 46 of FOIA and providing copies of all information requested by the Receiving Party within 5 working days of that request and without charge.

14 CONFIDENTIALITY

- 14.1 Except to the extent set out in this clause or where disclosure is expressly permitted elsewhere in this POSA, each party shall treat the other party's Confidential Information as confidential and safeguard it accordingly and shall not disclose the other party's Confidential Information to any other person without the Confidential Information owner's prior written consent.
- 14.2 Clause 14.1 shall not apply to the extent that:
- 14.2.1 such disclosure is a requirement of law placed upon the party making the disclosure, including any requirements for disclosure under FOIA (as amended), Codes of Practice on Access to Government Information, on Discharge of Public Authorities' Functions or on the Management of Records or the Environmental Information Regulations 2004 (as amended);

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- 14.2.2 such information was in the possession of the party making the disclosure without obligation of confidentiality prior to its disclosure by the information owner;
 - 14.2.3 such information was obtained from a third party without obligation of confidentiality;
 - 14.2.4 such information was already in the public domain at the time of disclosure otherwise than by a breach of this POSA; or
 - 14.2.5 it is independently developed without access to the other party's Confidential Information.
- 14.3 The parties may disclose the Confidential Information received to Staff who are directly involved in the provision of the Work Package and who need to know the information. The parties shall ensure that all Confidential Information received, is held securely, protected against unauthorised use or loss.

15 PUBLICITY

- 15.1 The parties will not make any announcement or other disclosure concerning the contents of this POSA except as required by Law or any regulatory authority, without mutual agreement between the parties. Where such an announcement or disclosure is required, the parties shall work together to ensure that the publicity statements are coordinated.

16 CHANGE CONTROL PROCEDURE

- 16.1 Subject to paragraphs 2.11, 3.25 and 4.13 of Schedule 4 if either party wishes to amend any part of this POSA and / or any Work Package, it shall contact the other party and shall send to them a completed CCN setting out in writing its proposals for changes to the relevant part of the POSA or relevant Work Package, along with an explanation of why such changes are mutually desirable and in the interests of the POSA or relevant Work Package and of the overall Objectives.
- 16.2 Each CCN shall be in the form set out at Schedule 3 (*Change Control Note*).
- 16.3 Upon receipt of a CCN, the receiving party shall evaluate the CCN, and as appropriate either:
- 16.3.1 request further information; or
 - 16.3.2 approve the CCN; or
 - 16.3.3 notify the other of the rejection of the CCN; and
 - 16.3.4 if approved, arrange for two copies of the approved CCN to be signed for and on behalf of NHS Digital and Service Recipient. The signing of the CCN shall signify acceptance of a change by NHS Digital and Service Recipient.
- 16.4 Once signed by NHS Digital and Service Recipient in accordance with clause 16.3 the change shall be immediately effective and NHS Digital and Service Recipient shall perform their respective obligations on the basis of the agreed amendment.
- 16.5 For each CCN agreed, NHS Digital shall allocate a unique number which will be a sub-set of the allocated Work Package number.

17 NOTICES

- 17.1 Any notice to be given under this POSA shall be in writing and shall include the POSA reference and title. All notices must be served by:
- 17.1.1 either personal delivery or first class recorded post using the details on page 2 of this POSA and marked FAO: Commercial Department (or such other details as either Party may notify the others from time to time); or

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17.1.2 by email to:

NHS Digital: NHSDcommercial@nhs.net

Service Recipient: Michelle Sell, Chief Operating Officer – michelle.sell@wales.nhs.uk

and where applicable to the email address provided in sections 3 or 4 (as applicable) of the relevant Work Package.

17.2 Notices served as above shall be deemed served on the Working Day of delivery provided delivery is before 5.00 pm on a Working Day. Otherwise delivery shall be deemed to occur on the next Working Day. An email shall be deemed delivered when sent unless an error message is received.

18 SIGNATURES

18.1 This POSA and each Work Package may be executed in any number of counterparts (including by electronic transmission), each of which when executed shall constitute an original but all counterparts together shall constitute one and the same instrument.

18.2 Execution of this POSA may be carried out in accordance with the Electronic Identification and Trust Services for Electronic Transactions Regulations 2016 (SI 2016/696) and the Electronic Communications Act 2000. In the event each party agrees to sign this POSA by electronic signature (whatever form the electronic signature takes) it is confirmed that this method of signature is as conclusive of each party's intention to be bound by this POSA as if signed by each party's manuscript signature.

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Signed on behalf of NHS Digital



NAME OF AUTHORISED SIGNATORY : Carl Vincent
JOB TITLE : Chief Financial Officer
DATE: 07/01/2022

Signed on behalf of Service Recipient



NAME OF AUTHORISED SIGNATORY :
Helen Thomas
JOB TITLE : CEO
DATE: 07/01/2022

Schedule 1 Work Package Template



POSA Template
v8.2.2 - Schedule 1 W

Schedule 2 Employment Matters



POSA Template v8.2
- Schedule 2 Employ

Schedule 3 Change Control Procedure



POSA Template v8.2
- Schedule 3 Change

Schedule 4 Data Protection

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DIGITAL HEALTH AND CARE WALES

BRITISH STANDARD 10008 EXTERNAL AUDIT UPDATE

Agenda Item	2.4
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Darren Reynolds, National Monitoring Solution Development Manager & Lewis Moon, Information Governance Assurance Officer
Presented By	Darren Lloyd, Associate Director for Information Governance and Patient Safety and Data Protection Officer

Purpose of the Report	For Noting
Recommendation	
The Digital Governance and Safety Committee is being asked to: NOTE the outcomes of the recent British Standard 10008 external audit held in December 2021.	

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			
BS10008	British Standard 10008	WCRS	Welsh Care Records Service
WRRS	Welsh Results Reporting Service	WCP	Welsh Clinical Portal

1 SITUATION/BACKGROUND

- 1.1 The Digital Health and Care Wales (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.
- 1.2 BS10008 outlines best practice for the implementation and operation of electronic information management systems, including the storage and transfer of information. Achieving BS10008 accreditation allows DHCW to provide our stakeholders with assurances that the information contained within our national data repositories is reliable, authentic and has appropriate governance arrangements that follow best practice.
- 1.3 In the British Standard institution's (BSI) audit, they identify areas for improvement and list as one of the following, descending in severity: Major Non-Conformity, Minor Non-Conformity, opportunity for improvement.

The previous external audit (2020) identified one Minor Non-Conformity and two opportunities for improvement. The findings did not affect re-accreditation due to none of them constituting a Major Non-Conformity.

The responses to the findings are outlined below. All requirements were planned and implemented by DHCW Information Governance prior to the December 2021 external audit.

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Requirement	Actions in Response
Minor Non-Conformity 1:- There is no formal internal audit schedule to define the audits planned during 2020	DHCW Information Governance team implemented an audit schedule. This covers the Applications and Teams that govern and impact WCRS & WRRS, such as the WCP Team and National Operational Database (NOD) Team, as part of the BS10008 internal audit process. This schedule of six sessions with formal audit with reports created and signed off. The BS10008 team will align further with a centralised audit schedule in development by the DHCW Quality Improvement Team. Continuous Self Assessments focusing on BS10008 have been conducted via the organisation's Quality Improvement Action List.
Opportunity for Improvement 1:- "The organisation will need to ensure it can suitably identify the source of a document to establish it is an original document created within the system or a copy of a document presented to the system through the scanning process and accepted as being the original."	A data standard has been published which mandates the requirement for standardised metadata to be attached to all forms stored in WCRS – see Data Standard Change Notice (DSCN) 2020 / 20 . This standard is published and implementation within the organisation is underway, with a compliance deadline of April 2022.
OFI 2:- "The role of information stewards is currently owned by the management representative, but it is recognised that this role will need to be subdivided to include those responsible and accountable for the information assets used by the organisation."	Relevant personnel have been identified and trained as Information Asset Owners and Controllers of the Asset Register. As part of this training the role of Information Steward has been instigated. More specifically, all trainees were provided with Information Steward specific instruction and context on the BS10008 Standard.

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2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 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.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Despite not raising any Major or Minor Non-Conformities, BSI have identified the following opportunities for improvement.

Opportunity for improvement 01

Finding Reference	2144227-202112-11	Certificate Reference	EIMS 707512
Certificate Standard	BS 10008:2014	Clause	9.3
Location reference	0047717324-000		
Assessment Number	3288270		
Category	Opportunity for Improvement		
Area/process:	System Governance		
Details	The management review provides feedback to the management team, however the references to BS 10008 are limited and to prevent future nonconformities, the inclusion of more references to BS 10008 will be helpful.		

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Opportunity for improvement 02

Finding Reference	2144227-202112-12	Certificate Reference	EIMS 707512
Certificate Standard	BS 10008:2014	Clause	9.2
Location reference	0047717324-000		
Assessment Number	3288270		
Category	Opportunity for Improvement		
Area/process:	System Governance		
Details	Internal audits undertaken by the Quality and regulatory team do not yet include audits against BS 10008.		

- 3.2 Opportunity for improvement 01 recommends that visibility be given to BS10008 within the Quality team's reporting functions. At the time of the external audit, BS10008 was not included within the organisation's Standards Reporting for November 2021 due to the reports still expanding to incorporate all standards. It was however included in December 2021.
- 3.3 Opportunity for improvement 02 recommends the BS10008 Internal Audit schedule be incorporated into the Quality Team's new centralised Standard Audit schedule. This will be implemented once an internal audit schedule has been set for 2022 by the Information Governance team.

4 RECOMMENDATION

- 4.1 The Digital Governance and Safety Committee is being asked to:
NOTE the outcomes of the recent British Standard 10008 external audit held in December 2021.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Mobilising digital transformation and ensuring high quality health and care data
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CORPORATE RISK (ref if appropriate)	
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
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If more than one standard applies, please list below:

DHCW QUALITY STANDARDS	BS 10008
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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

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 APPROPRIATE POLICY DOCUMENT

Agenda Item	2.5
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 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	Darren Lloyd, Associate Director for Information Governance and Patient Safety and Data Protection Officer

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

Acronyms			
DHCW	Digital Health and Care Wales	UK GDPR	UK General Data Protection Regulation
DPA 2018	Data Protection Act 2018	APD	Appropriate Policy Document

1 SITUATION/BACKGROUND

- 1.1 As part of Digital Health and Care Wales' (DHCW) statutory and corporate functions, we process special category data and criminal offence data in accordance with the requirements of Article 9 and 10 of the UK General Data Protection Regulation ('UK GDPR') and Schedule 1 of the Data Protection Act 2018 ('DPA 2018').
- 1.2 Some of the Schedule 1 conditions for processing special category and criminal offence data require us to have an Appropriate Policy Document ('APD') in place, setting out and explaining our procedures for securing compliance with the principles in Article 5 of the UK GDPR; for example, policies regarding the retention and erasure of such personal data.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 An Appropriate Policy Document has been developed to meet the requirement under the DPA 2018 for an APD (Appendix A). This has been developed by the DHCW Information Governance team to ensure we meet the requirement for an APD and approved by Rhidian Hurle in his capacity as Medical Director and Caldicott Guardian

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Under "Principle (e): storage limitation", the APD requires DHCW to reference retention periods. The current Welsh Health Circular on managing records in NHS Wales (WHC(2000)71) is over 21 years old and not suitable for the digital environment in which DHCW and other NHS Wales stakeholders operate. Welsh Government is currently considering the adoption of the more recent Records Management Code of Practice published by NHSX in December 2021¹. As

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¹ https://www.nhs.uk/media/documents/NHSX_Records_Management_CoP_V7.pdf

Appropriate Policy Document

an interim measure, the proposal is for DHCW to work to the principles of the code. The APD will be reviewed annually and will be revised should this change.

4 RECOMMENDATION

- 4.1 The Digital Governance and Safety Committee is being asked to **RECEIVE** the Appropriate Policy Document for **ASSURANCE**.

5 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Development of the new Digital Organisation
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CORPORATE RISK (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A healthier Wales
If more than one standard applies, please list below:	

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: 02/02/2022
Yes, applicable	Outcome: No Impact
Statement: No impact.	

[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

Appropriate Policy Document

Author: Marcus Sandberg
Approver: Rhidian Hurle

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 DHCW are required by law to have an Appropriate Policy Document. This document sets out this requirement.
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

Tolley, Laura
02/10/2022 09:22:38

Appropriate Policy Document

Author: Marcus Sandberg
Approver: Rhidian Hurle

6 APPENDIX A – APPROPRIATE POLICY DOCUMENT

DIGITAL HEALTH AND CARE WALES APPROPRIATE POLICY DOCUMENT

This Policy Statement sets out the Appropriate Policy Document for
Digital Health and Care Wales

Document Version	V1.0
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Status	Approved
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Document author:	Darren Lloyd, Associate Director for Information Governance and Patient Safety and Data Protection Officer
Approved by:	Rhidian Hurle, Medical Director and Caldicott Guardian
Date approved:	31/01/2022
Review date:	31/02/2022

Tolley, Laura
02/10/2022 09:22:38

Appropriate Policy Document

Author: Marcus Sandberg
Approver: Rhidian Hurle

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

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

STRATEGIC OBJECTIVE	Development of the new digital organisation
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A healthier Wales
If more than one standard applies, please list below:	

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: 02/02/2022
Yes, applicable	Outcome: Approved.
Statement:	

<u>PUBLIC POLICY EXEMPTION STATEMENT</u>	Choose an item.
Choose an item.	

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	18/02/2022	

Appropriate Policy Document

Author: Marcus Sandberg
Approver: Rhidian Hurle

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
	DHCW are required by law to have an Appropriate Policy Document. This document sets out this requirement.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
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02/10/2022 09:22:38

Appropriate Policy Document

Author: Marcus Sandberg
Approver: Rhidian Hurle

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Tolley, Laura
02/10/2022 09:22:28

7 DOCUMENT HISTORY

7.1 REVISION HISTORY

Date	Version	Author	Revision Summary
17/12/2020	Draft v0.1	Initial draft based on ICO guidance and its own policy document	J Sweeney
06/05/2021	Draft v0.2	Revisited in light of the establishment of DHCW and further information regarding its functions	J Sweeney
11/11/2021	Draft v0.3	Updated to final draft.	J Sweeney C Suckley
27/01/2022	Draft v0.4	Copied into Policy template	M Sandberg

7.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
06/01/22	V0.3	Darren Lloyd	Associate Director for Information Governance and Patient Safety and Data Protection Officer
26/01/22	V0.3	Rhidian Hurle	Medical Director and Caldicott Guardian

7.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Darren Lloyd		
Role:	Associate Director for Information Governance and Patient Safety and Data Protection Officer		
Signature:		Date:	

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02/10/2022 09:22:28

Approver's Name:	Rhidian Hurle		
Role:	Medical Director and Caldicott Guardian		
Signature:		Date:	

7.4 DOCUMENT LOCATION

Type	Location
Electronic	Quality Standards and Regulatory - Integrated Management System - All Documents (sharepoint.com)

8 SCOPE

As part of Digital Health and Care Wales' (DHCW) statutory and corporate functions, we process special category data and criminal offence data in accordance with the requirements of Article 9 and 10 of the UK General Data Protection Regulation ('UK GDPR') and Schedule 1 of the Data Protection Act 2018 ('DPA 2018').

Some of the Schedule 1 conditions for processing special category and criminal offence data require us to have an Appropriate Policy Document ('APD') in place, setting out and explaining our procedures for securing compliance with the principles in Article 5 of the UK GDPR; for example, policies regarding the retention and erasure of such personal data.

This policy covers both DHCW's responsibility for health and corporate data and has been developed to meet the requirement under the DPA 2018 for an APD.

9 DEFINITION OF SPECIAL CATEGORY DATA AND CRIMINAL OFFENCE DATA

9.1 Special category data

Special category data is defined by Article 9(1) of the UK GDPR as "personal data revealing":

- Racial or ethnic origin;
- Political opinions;
- Religious or philosophical beliefs;
- Trade union membership;
- Genetic data;
- Biometric data for the purpose of uniquely identifying a natural person;
- Data concerning health; or

- Data concerning a natural person's sex life or sexual orientation.

9.2 Criminal conviction data

Article 10 of the UK GDPR covers processing in relation to criminal convictions and offences or related security measures. In addition, section 11(2) of the DPA 2018 specifically confirms that this includes personal data relating to the alleged commission of offences or proceedings for an offence committed or alleged to have been committed, including sentencing. This is collectively referred to as 'criminal offence data'.

10 DESCRIPTION OF DATA PROCESSED

Our privacy notice and staff privacy notice provide details of the type of information we process.

DHCW is a statutory body established under the [Digital Health and Care Wales \(Establishment and Membership\) Order 2020](#) with a range of functions relating to the development and management of digital platforms and services, the collection and analysis of health service data and the provision of advice and guidance regarding the improvement of such services. We also have our own corporate responsibilities that involve the processing of personal data about staff and others.

Our role requires us to process a range of information about citizens in Wales who receive care and treatment from the NHS and other health and care providers. This includes information about people's physical and mental health, religious beliefs and sexual orientation, as well as genetic data.

We may process information about criminal convictions, offences or alleged offences; for example where it relates to our own staff, users of the systems we host or manage (for example disclosure of information to support investigations into alleged fraud), and citizens (for example where such information is recorded on national health and care systems as part of safeguarding measures).

We process information about our employees' trade membership; for example, to ensure subscription fees are deducted appropriately as part of the payroll process and to help trade union representatives facilitate the co-ordination of activities like annual meetings, which requires the use of our IT systems.

11 SCHEDULE 1 CONDITION FOR PROCESSING

We may process special categories of data under any of the conditions provided by Article 9 of the UK GDPR. We process data relating to criminal convictions and offences in line with Article 10 of the UK GDPR. We must also comply with Schedule 1 of the DPA 2018, which requires an APD in certain circumstances. Those circumstances are set out below.

Taking into account the categories and types of specific category data and data about criminal

offences we process, the following Schedule 1 conditions are relevant²:

Part 1 of Schedule 1

Paragraph 1, employment, social security and social protection.

Part 2 of Schedule 1

Paragraph 6, statutory purposes etc.

Paragraph 8, equality of opportunity or treatment.

Paragraph 9, racial and ethnic diversity at senior levels of organisations.

Paragraph 10, preventing or detecting unlawful acts.

Paragraph 11, protecting the public against dishonesty etc.

Paragraph 12, regulatory requirements relating to unlawful acts and dishonesty etc.

Paragraph 14, preventing fraud.

Paragraph 15, suspicion of terrorist financing or money laundering.

Paragraph 16, support for individuals with a particular disability or medical condition.

Paragraph 18, safeguarding of children and of individuals at risk.

Paragraph 19, safeguarding of economic well-being of certain individuals.

Paragraph 21, occupational pensions.

Paragraph 24, disclosure to elected representatives

12 OUR COMPLIANCE WITH THE DATA PROTECTION PRINCIPLES

12.1 Accountability principle

We have put in place appropriate technical and organisational measures to meet the requirements of accountability. These include:

- The appointment of a Data Protection Officer who reports directly to our highest management level.
- A governance structure that includes a committee which provides our Board with assurance that DHCW is meeting its data protection responsibilities.
- Taking a 'data protection by design and default' approach to our activities.
- Maintaining documentation of our processing activities.
- Adopting and implementing data protection policies and ensuring we have written contracts in place with our data processors.
- Implementing appropriate organisational and technical security measures in relation to the personal data we process.
- Carrying out data protection impact assessments for our high-risk processing.

We regularly review our accountability measures and update or amend them when required.

² Only conditions that may be relevant to DHCW AND which do require an APD have been included.

Principle (a): lawfulness, fairness and transparency

We identify and record our lawful basis for processing personal data.

We provide clear and transparent information about why we process personal data including our lawful basis for processing in our privacy notice, staff privacy notice and this policy document.

We have processes in place that allow proposals to uses of personal data for secondary purposes to be considered objectively.

Principle (b): purpose limitation

If we are sharing data with another controller, we will document that they are authorised by law to process the data for their purpose using data protection impact assessment, data sharing agreements and/or processing agreements, as required and appropriate.

We will not process personal data for purposes incompatible with the original purpose it was collected for unless there is another lawful basis or exemption that allows us to do so.

Principle (c): data minimisation

We collect personal data necessary for the relevant purposes and ensure it is not excessive. The information we process is necessary for and proportionate to our purposes. Where personal data is provided to us or obtained by us, but is not relevant to our stated purposes, we will erase it.

Principle (d): accuracy

Where we become aware that personal data is inaccurate or out of date, having regard to the purpose for which it is being processed, we will take every reasonable step to ensure that data is erased or rectified without delay. If we decide not to either erase or rectify it, for example because the lawful basis we rely on to process the data means these rights don't apply, we will document our decision.

We contribute to the accuracy of national health service data by maintaining systems that compile demographic data of citizens in Wales. We use a national electronic staff record to maintain accurate information about our staff.

Principle (e): storage limitation

All special category data processed by us for the purpose of employment or substantial public interest is, unless retained longer for archiving purposes, retained for the periods set out in set put in the Records Management Code of Practice 2021 – a guide to the management of health and care records. We determine the retention period for this data based on our legal obligations and the

necessity of its retention for our business needs. Our retention schedule is reviewed regularly and updated when necessary.

Principle (f): integrity and confidentiality (security)

Electronic information processed within our secure network is subject to appropriate controls and standards. Hard copy information is processed in line with our security procedures, which includes a requirement for secure disposal. Where electronic information processed by third parties on our behalf – for example where we use cloud-based solutions or third-party data centres – we will undertake due diligence to ensure they apply appropriate controls and standards. Any processing by third parties is under contract.

Electronic systems and physical storage facilities have appropriate access controls applied; for example, user authentication and role-based access for electronic systems and secure building access and CCTV for the physical environment.

The systems we use to process personal data allow us to erase or update personal data where appropriate.

13 DEFINITIONS

TERM	DEFINITION
DHCW	Digital Health and Care Wales
UK GDPR	UK General Data Protection Regulation
DPA 2018	Data Protection Act 2018
APD	Appropriate Policy Document

14 REVIEW DATE

This policy statement will be reviewed annually or revised more frequently if necessary.

15 EQUALITY IMPACT ASSESSMENT

This policy has been subject to an equality assessment.

Following assessment, this policy was not felt to be discriminatory or detrimental in any way with regard to the protected characteristics, the Welsh Language or carers.

Tolley, Laura
02/10/2022 09:22:28
Appropriate Policy Document

16 REFERENCES

DOCUMENT	VERSION
DHCW Establishment and Functions	Digital Health and Care Wales: establishment and functions GOV.WALES

Tolley, Laura
02/10/2022 09:22:28

Appropriate Policy Document

Page 15 of 15

Author: Marcus Sandberg
Approver: Darren Lloyd

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DIGITAL HEALTH AND CARE WALES

HEALTH & CARE STANDARDS ASSESSMENT 2021/22

Agenda Item	2.6
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Julie Ash, Head of Corporate Services

Purpose of the Report	For Assurance
Recommendation	The Digital Governance and Safety Committee is being asked to RECEIVE the Health and Care Standards Annual Assessment for 2021/22 for ASSURANCE .

02/03/2022 09:22:28
Alexandra

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Acronyms			
DHCW	Digital Health & Care Wales	SHA	Special Health Authority
WCP	Welsh Clinical Portal	SOs	Standing Orders
SFIs	Standing Financial Instructions	IG	Information Governance
NIIAS	National Intelligent Integrated Audit Solution	WASPI	Wales Accord for Sharing of Personal Information
WCDR	Welsh Clinical Data Repository	DPO	Data Protection Officer

1 SITUATION/BACKGROUND

- 1.1 The Health and Care Standards Wales 2015 set out the requirements for the delivery of health care in Wales at every level and in every setting. The standards have been designed to fit the seven themes of the NHS Outcomes and Delivery Framework and establish a basis for improving the quality and safety of healthcare services, by providing a framework to identify strengths and areas for improvement.
- 1.2 The seven themes collectively describe how a service provides high quality, safe and reliable care, centred on the person. Person centred care is positioned in the centre of illustration and the dependence on good governance, leadership and accountability is illustrated by placing them around the seven themes. The seven themes are (supported by an overarching Governance, Leadership and Accountability Standard) are:
- Staying Healthy
 - Safe Care
 - Effective Care
 - Dignified Care
 - Timely Care
 - Individual Care
 - Our Staff
- 1.3 The Audit and Assurance Committee received the Health and Care Standards Annual Assessment in January 2022 and it has been deemed appropriate for it also to be shared with the Digital Governance and Safety Committee to enable members to have sight of achievements and improvement actions for standards that fall under their remit, namely:

Standard	Title
3.1	Safe and Clinically Effective Care
3.3	Quality Improvement, Research and Innovation
3.4	Information Governance and Communications Technology

3.5	Record Keeping
6.3	Listening and Learning from Feedback

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Self-Assessment ratings are categorised as follows:

1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
---	--	--	--	--

2.2 Leads for each standard were identified and assessment undertaken which were subject to review by the relevant Director Lead and the Risk Management Group. Assessment scores, achievements throughout the year and improvement actions for the next year are summarised in the tables below:

Governance, Leadership and Accountability	Score 2020/21	Corporate Score 2021/22
	5	3
Std 0 Governance		0 Governance
Our Achievements: <ul style="list-style-type: none">▪ Successful launch of DHCW, with SOs/SFIs and essential Policies approved at the inaugural Board Meeting on 1 April 2021▪ The establishment of a robust Planning and Performance Management functions, supported by a team led by the Chief Operating Officer and the organisation-wide Planning and Performance Management Group (PPMG)▪ Delivering the business of the Board and associated Committees and Advisory Groups virtually▪ Virtual and Hybrid Board Development Programme to embed and develop the new Board		
Our Priorities and Aims 2022/23 <ul style="list-style-type: none">▪ To implement a new structure as a result of re-organisation following appointment of two further Executive Director Roles and three Board level Director roles (August 2022)▪ To provide a Programme of Board Development and Board Briefing Sessions throughout 2022/23 (March 2023)▪ Implementation of the Risk and Board Assurance Framework Strategy including the new risk		

appetite across the organisation (May 2022)

- Development of the Governance Assurance Framework and implementation across the organisation (April 2022)

<u>Staying healthy</u>	Score 2020/21	Corporate Score 2021/22
	4	4
Std 1.1 Health Promotion		
1 Staying Healthy		
Our Achievements: <ul style="list-style-type: none">During Covid-19, continued to support staff working remotely and updated Covid-19 support pagesRe-certification of BS76000 Valuing People StandardCorporate Health Standard Status Check		
Our Priorities and Aims 2022/23 <ul style="list-style-type: none">Achievement of the new Healthy Working Wales Wellbeing Standard (December 2022)Implementation of new model of working by April 2022, to become a more attractive and flexible employer of choice (May 2022)		

<u>Safe care</u>	Score 2020/21	Corporate Score 2021/22
Std 2.1 Managing Risk and H&S	5	4
Std 2.2 Preventing Pressure Damage	N/A	N/A
Std 2.3 Falls Prevention	N/A	N/A
Std 2.4 Infection Prevention and Control	5	5
Std 2.5 Nutrition and Hydration	N/A	N/A
Std 2.6 Medicines Management	N/A	N/A
Std 2.7 Safeguarding	N/A	N/A
Std 2.8 Blood Management	N/A	N/A
Std 2.9 Medical Devices, Equipment and Systems	3	4
2.1 Managing Risk and Promoting Health & Safety 2.4 Infection Prevention and Control (IPC) and Decontamination 2.9 Medical Devices Equipment and Diagnostic Systems		
Our Achievements: <ul style="list-style-type: none"> Development of a Risk and Board Assurance Framework for DHCW Development of an Organisation-wide Risk Appetite Appointment of a Water Safety Consultant and establishment of a DHCW Water Safety Group Maintained compliance of organisation led testing at all sites Put in place controls in our office in response to the Covid-19 Pandemic and Welsh Government Guidance to ensure that our offices remain Covid-19 secure enabling some on-site presence where 		

required

- Formation of the Medical Devices and Alerts Group
- Development of a defined projects strategy and plan of implementation to ensure compliance with Medical Devices Regulations

Our Priorities and Aims 2022/23

- Undertake and publish Business Impact Analyses for all DHCW Teams (June 2022)
- Upgrade to new Datix Cloud (Risk and Incident Management System) as part of Once for Wales Programme (December 2022)
- Appoint Corporate Services Estates Officer for the North Wales region (April 2022)
- Plan testing of plant systems and equipment (April 2022)
- Review and confirm future Estate footprint (June 2022)
- Work across the organisation to integrate Medical Devices Regulations at departmental level and educating on cultural impact (Ongoing activity to March 2023 and beyond)

<u>Effective care</u>	Score 2020/21	Corporate Score 2021/22
Std 3.1 Safe and clinically Effective Care	5	5
Std 3.2 Communicating Effectively	5	3
Std 3.3 Quality Improvement, Research and Innovation	4	4
Std 3.4 IG and Technology	4	4
Std 3.5 Record Keeping	4	4
3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 3.3 Quality Improvement, Research and Innovation 3.4 IG and Technology 3.5 Record Keeping		
Our Achievements: <ul style="list-style-type: none"> ▪ Robust National Informatics Assurance process and Clinical Risk Management processes has helped to deliver key pandemic response electronic systems ▪ In April 2021 we became a Special Health Authority, Digital Health and Care Wales. We worked to set up open and effective communications to enable the new Board to hold virtual Board Meetings with the ability for the Public to access the meetings ▪ We continued to provide communications through all our channels in the appropriate format and language ▪ Collaboration across healthcare and with academia and industry has been maintained ▪ Networked Data Labs Wales have published co-authored reports on Shielded Patients during Covid-19 and Children and Young People's access to Mental Health Services during Covid-19 ▪ Creation of an IG Framework for Wales (supporting Primary and Secondary Care) – IG Toolkit, National Intelligent Integrated Audit Solution (NIIAS), Data Protection Officer (DPO) Service for GP, support for Wales Information Governance Board and Wales IG Management Advisory Group ▪ Maintaining the Wales Accord for Sharing of Personal Information (WASPI) ▪ Development of Welsh Clinical Portal (WCP) and its implementation has increased significantly over 		

the last year

Our Priorities and Aims 2022/23

- Increase the inclusion of Clinical Professionals on the safe design and implementation of clinical systems in the areas of Mental Health, Maternity, Nursing and other specialist areas (April 2022)
- Raising awareness and understanding of the role and products of DHCW with Stakeholders, including NHS Staff, Patients and Public and also raising awareness of the Board and SHA Governance model (Ongoing activity)
- Build and grow the reputation of DHCW with all our Stakeholders and continue providing open, effective and accessible communications to NHS Staff, Patients and Public (Ongoing Activity)
- Strengthen research, improvement and innovation as part of the organisation's objectives (June 2022)
- Development and embedding of Data Strategy (September 2022)
- Maintain the IG Framework in support of the Covid-19 pandemic – to include the technical support for the Test, Trace and Protect WG Strategy – examples include roll-out of the Wales Immunisation System (WIS) and Track and Trace System (April 2022)
- Expending BS10008 Standard to bring in Welsh Clinical Data Repository (WCDR) (April 2022)

<u>Dignified care</u>	Score 2020/21	Corporate Score 2021/22
Std 4.1 Dignified Care	N/A	N/A
Std 4.2 Patient Information	N/A	N/A
Not Applicable to DHCW		

<u>Timely care</u>	Score 2020/21	Corporate Score 2021/22
Std 5.1 Timely Access	N/A	N/A
Not Applicable to DHCW		

<u>Individual care</u>	Score 2020/21	Corporate Score 2021/22
Std 6.1 Promote Independence	N/A	N/A
Std 6.2 Peoples Rights	3	4
Std 6.3 Learning from Feedback	5	4

[6.2 Peoples Rights](#)

[6.3 Listening and Learning from Feedback](#)

Our Achievements:

- People and OD Strategy implemented which includes Diversity and Inclusion Workstream and aligned to Wellbeing of Future Generation Act (WBFGA) and maintenance of BS 76000 Standard
- Launch of Yammer to enable social groups to be formed
- Creation of a Shared Listening and Learning Framework to be overseen by the SHA Board
- Establishment of Patients and Public Assurance Group and Stakeholder Networks for Digital Services

for Patients and the Public and user research activity has commenced

Our Priorities and Aims 2022/23

- Implementation of Diversity and Inclusion Forum and Strategy (June 2022)
- Delivery of Equality Training (April 2022)
- NHS App to be made available for the Patients and Public in Wales (May 2022)
- Review of the Shared Listening and Learning Framework (April 2022)
- Updating the Putting Things Right Regulations to include SHAs (December 2022)
- Strengthening the DHCW Incident and Learning Review Group's reach and embedding the learning across the organisation (March 2023)
- Further develop processes for recording and acting upon Stakeholder Feedback (June 2022)

<i>Our staff</i>	Score 2020/21	Corporate Score 2021/22
Std 7.1 Workforce	4	4
7.1 Workforce		
Our Achievements: <ul style="list-style-type: none"> ▪ Procurement of e-learning platform ▪ Apprentice recruitment and appointment of Finance and Management Graduate Trainees ▪ Delivery of Management Programmes and Workforce Planning Training 		
Our Priorities and Aims 2022/23 <ul style="list-style-type: none"> ▪ To continue to progress e-learning platform and deliver an internal training programme ▪ To progress partnerships with academic institutions and increase number of placements and work experience opportunities in the organisation ▪ Workforce Planning 		

Tolley, Laura
02/10/2022 09:22:28

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Improvement actions identified from the self-assessment will be included within the DHCW Health & Care Standards improvement plan and monitored by the Risk Management Group with reports at mid and end year.
- 3.2 This assessment will be shared with the Digital Governance and Safety Committee to enable scrutiny of performance and plans for standards under its remit.
- 3.3 A comprehensive update report will be provided to the relevant DHCW Committee at the end of the period with the next annual submission.

4 RECOMMENDATION

- 4.1 The Digital Governance and Safety Committee is being asked to **RECEIVE** the Health and Care Standards Annual Assessment for 2012/22 for **ASSURANCE**.

5 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	All Objectives apply
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CORPORATE RISK (ref if appropriate)	Not applicable
-------------------------------------	----------------

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	Choose an item.
All Wellbeing Goals apply	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
ISO 14001, BS 10008, BS 76000, ISO 20000	

<u>HEALTH CARE STANDARD</u>	Governance, leadership and accountability
This report covers all Health and Care Standards applicable to DHCW	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: EQIA not required	

Tolly Laura
02/10/2022 09:22:28

[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
Risk Management Group	3 rd December 2021	Approved
Management Board	16 th December 2021	Approved
Audit & Assurance Committee	18 th January 2022	Received for Assurance

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The assessment considers if services are provided in a high quality and safe manner
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Some standards require compliance with legislation such as Infection Control and Medical Devices
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The Standards consider equality, the safety of the workforce and workforce activity
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Tolley, Laura
02/10/2022 09:22:28

PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU I'W CYMRYD

🕒 13:00 i 16:00

📅 15/11/2021

📍 MS TEAMS

Cadeirydd	Siân Doyle
-----------	------------

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

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Darren Lloyd	DL	Pennaeth Llywodraethu Gwybodaeth	Iechyd a Gofal Digidol Cymru
Jamie Graham	JG	Pennaeth Seiberddiogelwch	Iechyd a Gofal Digidol Cymru

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Sophie Fuller	SF	Rheolwr Llywodraethu a Sicrwydd Corfforaethol	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Cydllynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru
James Quance	JQ	Pennaeth Archwilio Mewnol	Iechyd a Gofal Digidol Cymru
David Murphy	DM	Uwch Archwiliwr	Archwilio Cymru
Trevor Hughes	TH	Rheolwr Datblygu Busnes	Iechyd a Gofal Digidol Cymru
Andy Warburton	AW	Pennaeth y Rhaglen Gwybodaeth a Chofnodion Iechyd	Iechyd a Gofal Digidol Cymru
Rebecca Cook	RC	Cyfarwyddwr y Rhaglen ar gyfer yr Adnodd Data Cenedlaethol	Iechyd a Gofal Digidol Cymru
George Olney	GO	Prif Bensaer Cynorthwyol (Adnodd Data Cenedlaethol)	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad
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Rachael Powell	Dirprwy Gyfarwyddwr Gwybodaeth	Iechyd a Gofal Digidol Cymru
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Acronymau			
SHA	Awdurdod Iechyd Arbennig	LIDD	Llywodraethu a Diogelwch Digidol
LIG	Llywodraethu Gwybodaeth	CGG	Cyfarwyddiaeth y Gwasanaeth Gwybodaeth
NDR	Rhaglen Adnodd Data Cenedlaethol		

Rhif yr Eitem	Eitem	Canlyniad	Gweithred i'w Chofnodi
1	RHAN 1 — MATERION RHAGARWEINIOL	Canlyniad	Gweithred i'w Chofnodi
1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd y Cadeirydd bawb i drydydd cyfarfod y Pwyllgor Llywodraethu a Diogelwch Digidol.</p> <p>Atgoffodd y Cadeirydd bawb a oedd yn bresennol am bwysigrwydd gweithredu mewn ffordd agored a thryloyw, gan rannu risgiau, materion ac unrhyw bryderon. Pwysleisiodd y Cadeirydd fod y Pwyllgor yn rhedeg ar sail 'dim byd annisgwyl', gyda dysgu trefniadol yn ganolog i'r Pwyllgor. Dywedodd y Cadeirydd fod y Pwyllgor yn gallu gweithredu mewn ffordd llawer mwy effeithiol, os ydynt yn cael gwybod mor gynnar â phosibl am faterion a meysydd i'w huwchgyfeirio.</p> <p>Dywedodd y Cadeirydd wrth bawb a oedd yn bresennol, yn unol â'r cytundeb yng nghyfarfod diwethaf y Pwyllgor, fod sesiwn ddatblygu wedi digwydd cyn y cyfarfod, a chanlyniad hyn oedd adroddiad trosolwg y Rhaglen a ddarparwyd yn eitem 3.7.</p> <p>Cadarnhaodd y Cadeirydd, oherwydd cyfyngiadau parhaus, fod y cyfarfod yn cael ei gynnal ar ffurf rithwir, fodd bynnag, roedd papurau wedi cael eu huwchlwytho i wefan Iechyd a</p>	Nodwyd	Dim i'w nodi

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	Gofal Digidol Cymru er mwyn i aelodau'r cyhoedd gael mynediad atynt.		
1.2	Ymddiheuriadau am absenoldeb Nodwyd ymddiheuriadau am absenoldeb.	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiant Nid oedd unrhyw ddatganiadau o fuddiant.	Nodwyd	Dim i'w nodi
1.4	Blaengynllun Gwaith Cyflwynodd Chris Darling, Ysgrifennydd y Bwrdd (CD), yr adroddiad a chadarnhaodd, yn dilyn sesiwn Datblygu'r Pwyllgor a gynhaliwyd ym mis Rhagfyr, y byddai'r Adroddiad Trosolwg ar y Rhaglen Ddigidol yn eitem sefydlog i'r Pwyllgor wrth symud ymlaen. Roedd y Pwyllgor wedi cytuno i archwilio ar wraidd rhaglenni a phrosiectau gwaith mawr a byddai'r canolbwyntio ar y Prosiect Adnodd Data Cenedlaethol yn ystod y cyfarfod. Ychwanegodd CD fod disgwyl yr eitemau canlynol yng nghyfarfod nesaf y Pwyllgor ym mis Chwefror: <ul style="list-style-type: none"> • Diweddariad Strategaeth Ymchwil ac Arloesi • Adroddiad Cau Trosglwyddo'r Ganolfan Ddata Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi'r Blaengynllun Gwaith	Nodwyd	Dim i'w nodi
2	RHAN 2 – AGENDA GYDSYNIO	Canlyniad	Gweithred i'w Chofnodi
2.1	Diweddariad am Statws Setliad yr EU Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi Diweddariad am Statws Setliad yr EU	Nodwyd	Dim i'w nodi
2.2	Fframwaith Ansawdd a Diogelwch Llywodraeth Cymru Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:	Nodwyd	Dim i'w nodi

	Nodi Fframwaith Ansawdd a Diogelwch Llywodraeth Cymru		
2.3	Diweddariad am Reoli Gwybodaeth Cleifion Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi'r Diweddariad am Reoli Gwybodaeth Cleifion	Nodwyd	Dim i'w nodi
2.4	Cynllun Strategol Technoleg Iechyd Cymru 2021-25 Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi Cynllun Strategol Technoleg Iechyd Cymru 2021-25	Nodwyd	Dim i'w nodi
2.5	Rheoliadau Gweithio i Wella – Diweddariad Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi Diweddariad y Rheoliadau Gweithio i Wella	Nodwyd	Dim i'w nodi
3	RHAN 3 - PRIF AGENDA	Canlyniad	Gweithred i'w Chofnodi
3.1	Cofnodion y Cyfarfod Diwethaf Dywedodd CD fod camgymeriad wedi digwydd, gyda Chofnodion mis Mai yn cael eu huwchlwytho i Borth y Bwrdd yn hytrach na Chofnodion mis Awst. Roedd y Cadeirydd wedi cymeradwyo'r cofnodion cywir a'u dosbarthu wedyn i'r holl aelodau i'w hadolygu a rhoi sylwadau arnynt. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Cymeradwyo cofnodion y Cyfarfod Diwethaf, yn amodol ar dderbyn unrhyw newidiadau erbyn 19 Tachwedd 2021	Cymeradwyd	Dim i'w nodi
3.2	Cofnod Gweithredu Diolchodd y Cadeirydd i'r holl arweinwyr gweithredu am ddarparu diweddariadau digonol ar gamau gweithredu cyn y cyfarfod. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi'r Cofnod Gweithredu a'r diweddariadau a ddarparwyd	Nodwyd	Dim i'w nodi
3.3	Polisiâu Cyflwynodd CD yr adroddiad ac atgoffodd bawb a oedd yn bresennol bod nifer o bolisiâu wedi'u nodi gan Lywodraeth Cymru fel gofyniad ar gyfer trosglwyddo'n Awdurdod Iechyd	Cymeradwyd a nodwyd	GWEITHRED — CLJ i adolygu a diweddarau'r iaith o fewn y

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	<p>Arbennig. Nododd cyfarfod cyntaf y Bwrdd a gynhaliwyd ym mis Ebrill 2021 nifer o bolisiâu i'w creu ac yn dilyn hynny sefydlwyd grŵp gorchwyl a gorffen i greu a chwblhau'r polisiâu.</p> <p>Nodwyd y Polisi Gwrth-Faleiswedd gan Fwrdd yr Awdurdod Iechyd Arbennig a'i gynnwys i'w gymeradwyo.</p> <p>Gwnaeth yr Aelod Annibynnol, Rowan Gardner (RG), sylw am yr iaith a ddefnyddir yn y polisi, a holodd a fyddai'n briodol newid o 'Dylid gwneud' i 'Rhaid gwneud', yn ogystal ag y dylai polisiâu fod yn glir o ran arweinwyr cyfrifol, gan y byddai canlyniadau peidio â chadw at y polisi yn sylweddol.</p> <p>GWEITHRED 2021115-A01 — Carwyn Lloyd-Jones, Cyfarwyddwr TGCh (CLJ), i adolygu a diweddaru'r polisi a'i ddosbarthu i aelodau'r Pwyllgor erbyn 29 Tachwedd 2021.</p> <p>Ychwanegodd CD fod disgwyl i'r polisiâu canlynol gael eu cyflwyno yng nghyfarfod mis Chwefror:</p> <ul style="list-style-type: none"> • Strategaeth Ymchwil ac Arloesi • Polisi Eiddo Deallusol <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>Gymeradwyo'r polisi a gynhwysir yn yr adroddiad, yn amodol ar y camau uchod, a nodi'r diweddariadau a ddarparwyd.</p>	<p>Polisi Gwrth-Faleiswedd a'i ddosbarthu i aelodau'r Pwyllgor erbyn 29/11/2021</p>
3.4	<p>Y Gofrestr Risg Gorfforaethol</p> <p>Soniodd y Cadeirydd am y cynnydd sylweddol a wnaed o fewn y gofrestr Risg Gorfforaethol ac yn benodol yng nghyflwyniadau'r adroddiadau at wraidd y mater.</p> <p>Cadarnhaodd CD fod 15 Risg Gorfforaethol wedi'u neilltuo i'r Pwyllgor Llywodraethu a Diogelwch Digidol; roedd 4 o'r risgiau'n cael eu hystyried yn breifat a byddent yn cael eu hadolygu yn y sesiwn breifat.</p> <p>Cynghorodd CD fod sgôr wedi gostwng yn DHCW0260 Rhestr o Gleifion a Warchodir, o 12 i 8 yn dilyn y gostyngiad yn y</p>	<p>Nodwyd a Thrafodwyd</p> <p>GWEITHRED - Diweddariad ar gynnydd y Rhestr o Gleifion a Warchodir yn awtomatig o fewn y Rhaglen Adnodd Data Cenedlaethol yng nghyfarfod</p>

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<p>defnydd o'r rhestr fel adnodd.</p> <p>Cadarnhaodd CD mai DHCW0204 system CANISC oedd risg uchaf y sefydliad o hyd.</p> <p>Gwasanaethau Gwybodaeth —Archwiliad at Wraidd y Mater</p> <p>Eglurodd Andy Warburton, Pennaeth y Rhaglen Gwybodaeth a Chofnodion Iechyd (AW) mewn perthynas â DHCW0260 Rhestr o Gleifion a Warchodir, fod y sgôr risg wedi gostwng gan ei bod wedi cael ei datgomisiynu gan Lywodraeth Cymru, fodd bynnag, byddai'r tîm yn cynnal y rhestr hon nes bod system awtomataidd yn cael ei chanfod yn y rhaglen Adnodd Data Cenedlaethol (NDR).</p> <p>Gofynnodd y Cadeirydd a oedd y rhestr yn cael ei diweddaru â llaw gan y tîm rhag ofn y byddai Llywodraeth Cymru yn gofyn am iddi gael ei defnyddio unwaith eto? Mewn ymateb, cadarnhaodd AW fod hynny'n gywir, ond ei bod yn bwysig nodi nad oedd unrhyw ddatblygiad pellach gyda'r rhestr, dim ond gofyniad cynnal a chadw.</p> <p>GWEITHRED 2021115-A02 Gofynnodd RG am ddiweddariad ar gynnydd Rhestr awtomataidd o Gleifion a Warchodir o fewn y Rhaglen Adnodd Data Cenedlaethol yng nghyfarfod nesaf y Pwyllgor</p> <p>Esboniodd AW o ran DHCW0269 Newid Gwasanaeth, bod hyn wedi bod ar y Gofrestr Risg Gorfforaethol am gyfnod hir. Cyngorodd AW nad oedd y newid gwasanaeth yn wydn am resymau daearyddol, roedd yn fater meddalwedd, yn hytrach na mater caledwedd. Cadarnhaodd AW fod y tîm yn edrych ar y rhaglen Adnodd Data Cenedlaethol ar gyfer datrysiaid a bod gwaith yn mynd rhagddo i symud y gwasanaeth i'r Cwmwl.</p> <p>Nododd David Selway, Aelod Annibynnol (DS) y ddibyniaeth glir ar y rhaglen Adnodd Data Cenedlaethol i ddarparu datrysiaid, fodd bynnag, nid oedd yn glir pryd y byddai'r risg yn cael ei lliniaru.</p>	<p>nesaf y Pwyllgor</p> <p>GWEITHRED — SD - Ysgrifennu llythyr at Lywodraeth Cymru, oddi wrth Gadeirydd y Pwyllgor, yn gofyn am eglurder ynghylch Swyddogaethau Iechyd a Gofal Digidol Cymru ac yn gofyn am ymateb cyn cyfarfod nesaf y Pwyllgor ym mis Chwefror.</p> <p>GWEITHRED — DL - Mae cylch gwaith Iechyd a Gofal Digidol Cymru o ran data a defnydd gofal cymdeithasol yn cael ei archwilio ymhellach a'i ddwyn yn ôl i gyfarfod nesaf y Pwyllgor ym</p>
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<p>Esboniodd RG ei phryder gan fod hyn yn risg uchel, gydag effaith fawr, felly roedd angen deall blaenoriaethu'r risg a ble roedd yn gorwedd o ran cynllun gwaith yr Adnodd Data Cenedlaethol.</p> <p>Cadarnhaodd AW at ddibenion sicrwydd, mai defnydd eilaidd oedd y data, felly nad oedd yn effeithio'n uniongyrchol ar ofal cleifion.</p> <p>Archwiliad At Wraidd y Mater Llywodraethu Gwybodaeth</p> <p>Esboniodd Darren Lloyd, Pennaeth Llywodraethu Gwybodaeth (DL) mewn perthynas â DHCW0263 Swyddogaethau Iechyd a Gofal Digidol Cymru — roedd angen cyfarwyddyd gan Arweinwyr Polisi Llywodraeth Cymru o ran amlinellu cyfrifoldebau Iechyd a Gofal Digidol Cymru ac anfon cyfarwyddyd ffurfiol.</p> <p>Holodd y Cadeirydd pryd yr oedd disgwyl ymateb gan Lywodraeth Cymru? Mewn ymateb, eglurodd DL nad oedd hyn yn hysbys, fodd bynnag, byddai diweddariad yn cael ei ddarparu yng nghyfarfod nesaf y Pwyllgor ym mis Chwefror.</p> <p>Dywedodd CD fod y risg yn anodd i'r tîm, gan ei fod yn aros am gyfarwyddyd gan Lywodraeth Cymru, felly awgrymodd y dylid ysgrifennu llythyr GWEITHRED 2021115-A03 at Lywodraeth Cymru, oddi wrth Gadeirydd y Pwyllgor, yn gofyn am eglurder ynghylch hyn ac yn gofyn am ymateb cyn cyfarfod nesaf y Pwyllgor ym mis Chwefror.</p> <p>Gofynnodd RG a fyddai hyn yn dod yn fwy cymhleth gyda chylch gwaith gofal cymdeithasol Iechyd a Gofal Digidol Cymru? Mewn ymateb, cadarnhaodd DL fod angen i gasgliad ehangach o Arweinwyr Polisi Llywodraeth Cymru ddeall cylch gwaith Iechyd a Gofal Digidol Cymru o ran data a defnydd gofal cymdeithasol a bod angen ystyried sut y byddid yn ymdrîn â hyn. GWEITHRED 2021115-A04</p> <p>Cytunwyd y byddai hyn yn cael ei archwilio a'i ddwyn yn ôl gerbron y Pwyllgor, er gwybodaeth, yng Nghyfarfod nesaf y Pwyllgor.</p> <p>Cynghorodd DL y Pwyllgor o ran DHCW0264 Addewid Data, bod hyn yn debyg i DHCW0263 gan ei fod yn aros am gamau</p>	<p>mis Chwefror er gwybodaeth.</p> <p>GWEITHRED — CD - Adolygu hen risgiau ar y Gofrestr Risgiau Corfforaethol yn fanwl yn y Pwyllgor nesaf ym mis Chwefror i weld sut y gellid eu symud ymlaen.</p>
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	<p>gan Lywodraeth Cymru er mwyn bwrw ymlaen ag ymgyrch ar sut y defnyddir gwybodaeth gyhoeddus. Dywedodd CD fod angen sicrhau bod Iechyd a Diogelwch Digidol Cymru yn cyd-fynd â safbwynt Llywodraeth Cymru ar hyn oherwydd risgiau posibl i'w enw da.</p> <p>Gofynnodd DS, os oedd oedi parhaus wrth fynd i'r afael â'r risg hon, a fyddai'n effeithio ar y Strategaeth Ymchwil ac Arloesi a chyflawni'r Rhaglen Adnodd Data Cenedlaethol? Mewn ymateb, cadarnhaodd DL y gallai fod effaith ar y rhain gan fod arloesi data o fewn eu cylch gwaith y ddwy raglen.</p> <p>GWEITHRED 2021115-A05 Dywedodd y Cadeirydd fod rhai hen risgiau ar y Gofrestr Risg Gorfforaethol a chytunwyd y byddai'r rhain yn cael eu hadolygu'n fanwl yn y Pwyllgor nesaf ym mis Chwefror i weld sut y gellid eu symud ymlaen.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>Nodi statws y Gofrestr Risg Gorfforaethol, Nodi'r Risgiau Corfforaethol a neilltuwyd i'r Pwyllgor a Thrafodwyd archwiliadau at wraidd y mater y Gyfarwyddiaeth Gwasanaethau Gwybodaeth a Llywodraethu Gwybodaeth.</p>		
3.5	<p>Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol</p> <p>Cyflwynodd Michelle Sell, Prif Swyddog Gweithredol (MS) yr adroddiad a chadarnhaodd fod y Grŵp Adolygu Digwyddiadau a Dysgu Sefydliadol yn newydd i'r sefydliad ac yn parhau i esblygu. Mynegodd MS ddiolch i Julie Ash, Pennaeth y Gwasanaethau Corfforaethol am ei chefnogaeth wrth sefydlu'r grŵp.</p> <p>Dywedodd MS bod dau hysbysiad 'dim byd annisgwyl' wedi cael eu hadrodd i Lywodraeth Cymru mewn perthynas â Digwyddiadau Clinigol yn Ch2. Fodd bynnag, nid oedd y rhain yn cael eu hystyried yn ddigwyddiadau difrifol. Yn ogystal, roedd un hysbysiad 'dim byd annisgwyl' wedi cael ei adrodd i Lywodraeth Cymru a oedd yn ymwneud â mater gweithlu yn ystod y chwarter.</p> <p>Ychwanegodd MS fod Cylch Gorchwyl y Grŵp Adolygu Digwyddiadau a Dysgu Sefydliadol wedi'u cynnwys yn yr adroddiad i'w gymeradwyo.</p>	Nodwyd, cafwyd Sicrwydd a Chymeradw ywyd	Dim i'w nodi

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	<p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>Nodi'r Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol i gael sicrwydd a chymeradwyo'r Cylch Gorchwyl sydd wedi'i gynnwys yn yr adroddiad.</p>		
3.6	<p>Adroddiadau Sicrwydd</p> <p>Adroddiad Sicrwydd Llywodraethu Gwybodaeth</p> <p>Gofynnodd DS am y gwasanaethau a oedd angen sicrwydd ôl-weithredol a amlinellir yn yr adroddiad, pryd y gall y Pwyllgor ddisgwyl diweddariad yn y meysydd hyn? GWEITHRED 2021115-A06 Cadarnhaodd DL y byddai'r amserlenni'n cael eu harchwilio ac y byddai diweddariad yn cael ei ddarparu yng nghyfarfod nesaf y Pwyllgor.</p> <p>Diolchodd y Cadeirydd i DL am gynnwys yr ymarfer Meincnodi Llywodraethu Gwybodaeth a gafodd ei gynnwys yn yr adroddiad a gofynnodd a oedd Iechyd a Gofal Digidol Cymru yn gyfforddus gyda'r cynnydd sy'n cael ei wneud gan y Byrddau Iechyd, yr Ymddiriedolaethau a'r Awdurdodau Iechyd Arbennig eraill? Mewn ymateb, cadarnhaodd DL fod y cyfraddau llwyddiant cyffredinol yn dda, fodd bynnag, gellid edrych ymhellach ar sut y mesurir ansawdd ledled Cymru. Mewn ymateb, dywedodd James Quance, Pennaeth Archwilio Mewnol (JQ) fod hyn yn rhywbeth y gellid ei gynnwys yn y Cynllun Gwaith Archwilio gyda chefnogaeth cydweithwyr Archwilio Cymru.</p> <p>Canmolodd y Cadeirydd y tîm am ansawdd yr adroddiad.</p> <p>Adroddiad Sicrwydd Gwasanaethau Gwybodaeth</p> <p>Esboniodd AW fod tîm Power BI wedi'i sefydlu a bod gwaith yn mynd rhagddo i edrych ar ansawdd a phroses lywodraethu ar gyfer adroddiadau cyhoeddedig.</p> <p>Cadarnhaodd AW fod cyflwyniad cyntaf Iechyd a Gofal Digidol Cymru i ennill Achrediad Deddf yr Economi Ddigidol wedi bod yn aflwyddiannus, fodd bynnag, bod gwaith yn mynd rhagddo gyda'r Swyddfa Ystadegau Gwladol a bod cynllun gweithredu wedi'i ddatblygu gyda Phrifysgol Abertawe er mwyn datblygu hyn ymhellach</p>	Rhoddwyd sicrwydd	<p>GWEITHRED — DL — Mae amserlenni ar gyfer gwasanaethau sydd angen sicrwydd ôl-weithredol yn cael eu cynnwys yn Adroddiad Sicrwydd Gwybodeg Cymru ar gyfer Cyfarfod nesaf y Pwyllgor.</p>

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Pwyllgor Llywodraethu a Diogelwch Digidol 15 Tachwedd 2021

	<p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>Dderbyn yr adroddiadau am sicrwydd.</p>		
3.7	<p>Diweddariad ar Drosolwg y Rhaglen Ddigidol</p> <p>Cyflwynodd MS Drosolwg y Rhaglen Ddigidol a oedd yn crynhoi cynnydd prosiectau digidol cenedlaethol lle'r oedd gan Iechyd a Gofal Digidol Cymru rôl sylweddol, megis rheoli'r prosiect neu'r rhaglen yn gyffredinol, neu gamau penodol megis caffael system newydd. Ymgwymerir â llywodraethu'r prosiectau hyn gan Fyrddau allanol gydag Uwch Swyddog Cyfrifol o'r GIG yn ehangach fel arfer.</p> <p>Cadarnhaodd MS y byddai Trosolwg y Rhaglen Ddigidol hefyd yn cael ei rannu â Bwrdd yr Awdurdod Iechyd Arbennig ym mis Tachwedd 2021.</p> <p>O ran y rhaglen E-ragnodi, eglurodd MS nad oedd hyn wedi'i sefydlu eto, ond fod bynnag, bod Cyfarwyddwr Rhaglen ac Uwch Swyddog Cyfrifol wedi'u penodi'n ddiweddar a oedd yn beth cadarnhaol.</p> <p>Gyda'r rhaglen Fferylliaeth, dywedodd MS fod gweithredu yn mynd rhagddo gyda'r dyddiad gweithredu terfynol wedi'i drefnu ar gyfer 26 Tachwedd. Bu hwn yn brosiect gweithredu llwyddiannus iawn gyda chydweithio</p>	Rhoddwyd sicrwydd	Dim i'w nodi

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	<p>cydgysylltiedig,</p> <p>Diolchodd DS i'r tîm am yr adroddiad, gan ddweud mai dyna'r union beth yr oedd y Pwyllgor yn gobeithio ei dderbyn. Awgrymodd DS i wella'r adroddiad ymhellach y gellid cynnwys dyddiadau gorffen a hefyd, os yn bosibl, cynnwys carreg filltir fawr nesaf pob prosiect yn yr adroddiad.</p> <p>Dywedodd DS hefyd fod yr adroddiad yn tynnu sylw at y materion yn ymwneud ag adnoddau yr oedd aelodau'r Pwyllgor a Bwrdd yr Awdurdod Iechyd Arbennig yn ymwybodol ohonynt, ond holodd a oedd y maes pryder allweddol o fewn yr adnodd Pensaernïaeth? Mewn ymateb, roedd yr adnodd Pensaernïaeth yn broblem, fodd bynnag, ar draws y sefydliad, roedd adnoddau'n dal i gael eu dargyfeirio i gefnogi gofynion a blaenoriaethau COVID-19.</p> <p>Canmolodd y Cadeirydd y tîm am y gwaith a wnaed wrth lunio'r adroddiad.</p> <p>Roedd y Pwyllgor yn cydnabod ac yn trafod y risgiau a'r materion yn ymwneud ag adnoddau ar gyfer cyflawni'r prosiectau, a phwysleisiodd pa mor bwysig yw bod hyn yn rhan hanfodol o broses gynllunio'r Cynllun Tymor Canolig Integredig.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>Nodi cynnydd prosiectau ym mhortffolio Iechyd a Gofal Digidol Cymru i gael sicrwydd.</p>		
<p>Tolley, Laura 02/10/2022 09:22:28</p>	<p>Diweddariad y Prosiect Adnodd Data Cenedlaethol</p> <p>Cyflwynodd Rebecca Cook, Cyfarwyddwr y Rhaglen Adnodd Data Cenedlaethol (RC), yr adroddiad a chadarnhaodd y canlynol:</p> <p>Sefydlwyd y rhaglen Adnodd Data Cenedlaethol yn ffurfiol yn 2019 i ddarparu'r llwyfannau data lleol a chenedlaethol sy'n sail i'r cofnod Gofal Digidol ac Iechyd.</p>	<p>Nodwyd</p>	<p>Dim i'w nodi</p>

Roedd cyflawni'r rhaglen yn gydweithrediad rhwng Iechyd a Gofal Digidol Cymru, GIG Cymru, Gofal Cymdeithasol Cymru a Llywodraeth Cymru.

Mae'r Rhaglen Adnodd Data Cenedlaethol yn rhan o Lywodraeth Cymru fel rhan o'r Gronfa Buddsoddi Blaenoriaethau Digidol.

Tynnodd RC sylw at y ffaith bod rhaglen hyd yma wedi:

- Sefydlu strwythurau llywodraethu rhaglenni;
- Ymgymryd â recriwtio torfol;
- Ymgysylltu ar draws sawl sianel a sefydliad;
- Sefydlu partneriaethau masnachol ac academiaidd;
- Derbyn buddsoddiad ledled Cymru ar gyfer seilwaith a moderneiddio data;
- Archwilio defnyddio cwmwl;
- Gwerthuso offer rheoli API..

Roedd yr heriau allweddol hyd yn hyn yn cynnwys:

- Llywodraethu Gwybodaeth;
- Adnoddau;
- Rheoli disgwyliadau;
- Blaenoriaethau sy'n cystadlu;
- Cyd-weledigaeth cyflenwi.

Esboniodd RC ei bod wedi cael ei gwneud yn glir bod angen i'r rhaglen Adnodd Data Cenedlaethol gyflawni ar gyflymder, felly, er mwyn sicrhau bod y rhaglen yn cyflawni ei hamcanion, cafwyd ailosod strategol o'r rhaglen i fynegi'n glir yr hyn y byddai'r rhaglen yn ei gyflawni gydag amserlenni clir. Ychwanegodd RC fod gwaith yn mynd rhagddo gyda'r tîm cynllunio i sicrhau bod dibyniaethau clir ar gyfer cyflwyno prosiectau yn cael eu mynegi o fewn y Cynllun Tymor Canolig Integredig.

Rhoddodd RC drosolwg o Lywodraethu'r Rhaglen Adnodd

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	<p>Data Cenedlaethol ac eglurodd yr holl gylch gorchwyl ar gyfer is-grwpiau oedd yn destun ymgynghoriad ar hyn o bryd.</p> <p>Gwahoddodd RC George Olney, Prif Bensaer (Rhaglen Adnodd Data Cenedlaethol) i roi trosolwg o'r hyn y byddai'r Adnodd Data Cenedlaethol yn bwriadu ei gyflawni o fewn ei gynllun prosiect.</p> <p>Cydymffurfiodd y Pwyllgor â'r heriau a wynebwyd yn y rhaglen Adnodd Data Cenedlaethol a chroesawodd yr ailosod strategol ar gyfer y rhaglen a phwysleisiodd bwysigrwydd y rhaglen yn cyflawni rhai enillion cyflym fel blaenoriaeth.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>Nodi Diweddariad y Prosiect Adnodd Data Cenedlaethol.</p>		
4	Materion i Gloi		
4.1	<p>Unrhyw Faterion Brys eraill</p> <p>Soniodd y Cadeirydd am y toriad yn y pŵer yn ddiweddar yn y Ganolfan Ddata a effeithiodd ar Systemau Practisiau Meddygon Teulu ac anogwyd y Pwyllgor i nodi y byddai'r gwersi a ddysgwyd o hyn yn cael eu hystyried drwy'r Grŵp Adolygu a Dysgu Digwyddiadau.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>Nodi'r Unrhyw Fusnes Arall.</p>	Nodwyd	Dim i'w nodi
4.2	<p>Eitemau ar gyfer Adroddiad y Cadeirydd i'r Bwrdd</p> <p>Cadarnhaodd y Cadeirydd y byddai'r angen i'r gofyniad adnoddau gael ei fynegi'n gywir a'i adlewyrchu ym mhroses gynllunio'r Cynllun Tymor Canolig Integredig yn cael ei amlygu i Fwrdd yr Awdurdod Iechyd Arbennig yng nghyfarfod mis Tachwedd.</p>	Nodwyd	Dim i'w nodi
4.3	Dyddiad ac Amser y Cyfarfod Nesaf	Nodwyd	Dim i'w nodi



	Dydd Mercher 16 Chwefror 2022 13:00 – 16:00 MS TEAMS		
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DRAFT

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Cofnodion wedi'u cadarnhau ar gyfer y:
Pwyllgor Llywodraethu a Diogelwch Digidol 15 Tachwedd 2021

CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL - PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU I'W CYMRYD

🕒 16:00 i 17:00

📅 15/11/2021

📍 MS TEAMS

Cadeirydd	Siân Doyle		
Yn Bresennol (Aelodau)	Blaenly threnn au	Teitl	Sefydliad
Siân Doyle	SD	Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
Rowan Gardner	RG	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
David Selway	DS	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	Iechyd a Gofal Digidol Cymru
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Darren Lloyd	DL	Pennaeth Llywodraethu Gwybodaeth	Iechyd a Gofal Digidol Cymru

Cofnodion heb eu cadarnhau ar gyfer y:

Pwyllgor Preifat Llywodraethu a Diogelwch Digidol 15 Tachwedd 2021

Michelle Sell	MS	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru
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Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Sophie Fuller	SF	Rheolwr Llywodraethu a Sicrwydd Corfforaethol	Iechyd a Gofal Digidol Cymru
Jamie Graham	JG	Rheolwr Rhaglen Seilwaith	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Cydlynnydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad
Rachael Powell	RP	Iechyd a Gofal Digidol Cymru

Acronymau			
Iechyd a Gofal Digidol Cymru	Iechyd a Gofal Digidol Cymru	NWIS	Gwasanaeth Gwybodeg GIG Cymru
AIA	Awdurdod Iechyd Arbennig	LIDD	Llywodraethu a Diogelwch Digidol

Rhif yr Eitem	Eitem	Canlyniad	Gweithred i'w Chofnodi
1	RHAN 1 — MATERION RHAGARWEINIOL		
1.1	Croeso a Chyflwyniadau Croesawodd y Cadeirydd yr aelodau a'r mynychwyr i ail	Nodwyd	Dim i'w nodi

	sesiwn breifat y Pwyllgor Llywodraethu a Diogelwch Digidol.		
1.2	Ymddiheuriadau am Absenoldeb Nodwyd ymddiheuriadau am absenoldeb.	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiannau Nid oedd unrhyw ddatganiadau o fuddiant.	Nodwyd	Dim i'w nodi
2	RHAN 2 - PRIF AGENDA	Canlyniad	Gweithred i'w Chofnodi
2.1	Cofnodion y Cyfarfod Preifat Diwethaf Adolygodd y Pwyllgor Llywodraethu a Diogelwch Digidol gofnodion y cyfarfod preifat diwethaf. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Cymeradwyo Cofnodion y Cyfarfod Preifat Diwethaf.	Cymeradwyd	Dim i'w nodi
2.2	Cofnodion Gweithredu Diolchodd y Cadeirydd i'r holl arweinwyr gweithredu am ddiweddarau a chwblhau camau gweithredu cyn y cyfarfod. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi'r Cofnodion Gweithredu a'r diweddariadau a ddarparwyd.	Nodwyd	Dim i'w nodi
2.3	Adroddiad Seiberddiogelwch Iechyd a Gofal Digidol Cymru gan gynnwys Y Gofrestr Risg Gorfforaethol – Risgiau Seiberddiogelwch Rhoddodd Carwyn Lloyd-Jones, Cyfarwyddwr TGCh (CLJ) y diweddariadau canlynol: <ul style="list-style-type: none"> • Patsio Microsoft Security • Profion Treiddio • Ymgyrch Gwe-rwydo Dywedodd CLJ wrth y Pwyllgor y byddai Llywodraeth Cymru yn trafod rhaglen hyfforddiant Statudol a Gorfodol Seiberddiogelwch Cymru Gyfan gyda'r Bwrdd Gwasanaethau Gweithredol. Roedd hwn yn ddatblygiad cadarnhaol a byddai'r Pwyllgor yn cael ei ddiweddarau ar gynnydd. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch	Sicrhau	Dim i'w nodi

Cofnodion heb eu cadarnhau ar gyfer y:

Pwyllgor Preifat Llywodraethu a Diogelwch Digidol 15 Tachwedd 2021

	Digidol: Nodi Adroddiad Seiber Cymru Gyfan Archwilio Cymru.		
2.4	<p>Diweddariad ar y Teclyn Archwilio Integredig Deallus Cenedlaethol (NIAAS)</p> <p>Cyflwynodd Darren Lloyd, Pennaeth Llywodraethu Gwybodaeth (DL) yr adroddiad a chadarnhaodd:</p> <p>fod DHCW wedi ymestyn y broses gaffael gyda chyflenwr NIAAS presennol am 2 flynedd ychwanegol oherwydd COVID-19. Rhoddodd hyn amser i'r tîm adolygu'r hyn sydd ei angen ar DHCW gan y system NIAAS i baratoi ar gyfer ail-gaffael.</p> <p>Dywedodd y Cadeirydd fod NIAAS wedi'i wreiddio'n dda yn DHCW ac felly roedd angen caffael rhywbeth tebyg iawn i sicrhau llwyddiant parhaus o ddefnyddio'r system.</p> <p>Dywedodd David Selway, Aelod Annibynnol (DS) fod system NIAAS yn rhan hanfodol o wladwriaeth DHCW a gofynnodd a oedd opsiynau eraill posibl o ran cyflenwyr? Mewn ymateb, esboniodd DL fod y farchnad ar gyfer y feddalwedd wedi aeddfedu, felly roedd opsiynau eraill ar gyfer cyflenwyr y gellid eu harchwilio o fewn y broses gaffael.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>Nodi'r Diweddariad NIAAS.</p>	Nodwyd	Dim i'w nodi
3	RHAN 3 - MATERION I GLOI	Canlyniad	Gweithred i'w Chofnodi
3.1	<p>Unrhyw Faterion Brys eraill</p> <p>Ni chodwyd unrhyw fusnes brys arall.</p>	Dim i'w nodi	Dim i'w nodi
3.3	<p>Dyddiad ac Amser y Cyfarfod Nesaf</p> <p>Dydd Mercher 16 Chwefror 2022</p> <p>16:00 – 17:00</p> <p>Microsoft Teams</p>	Nodwyd	Dim i'w nodi

Cofnodion heb eu cadarnhau ar gyfer y:

Pwyllgor Preifat Llywodraethu a Diogelwch Digidol 15 Tachwedd 2021

Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status
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	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.	Underway
2021115-A05	15/11/2021	Old risks on the Corporate Risk Register be reviewed in detail at a future Committee to see how they could be progressed.	Chris Darling (DHCW - Board Secretary)	TBC	The old risks not yet reviewed at the DG&S recently are the ICT risks and are to be reviewed in detail at the DG&S meeting in February, and can be closed	Closed
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	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.	Underway

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DIGITAL HEALTH AND CARE WALES

DIGITAL GOVERNANCE AND SAFETY ANNUAL CYCLE OF BUSINESS AND FORWARD WORKPLAN

Agenda Item	3.2
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Support Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation The Digital Governance & Safety Committee is being asked to: APPROVE the Annual Cycle of Business for the DHCW Digital Governance and Safety Committee NOTE the Forward Workplan	

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

1 SITUATION/BACKGROUND

- 1.1 The Digital Governance and Safety Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Digital Governance and Safety Committee is effectively carrying out its role.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The Cycle of Business covers the period 1 April 2022 to 31 May 2023. The Cycle of Business, included at item 3.2i, has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.
- 2.2 The Cycle of Business informs the Forward Workplan, included at 3.2ii, which is a live document that will be updated as additional items are identified and agreed for inclusion on the agenda by the Chair of the Committee.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 All DHCW Special Health Authority members and officers should be aware of the Annual Cycle of Committee business and should note submission dates for reports falling under their remit circa two weeks before the date of the meeting.

4 RECOMMENDATION

The Digital Governance & Safety Committee is being asked to:

APPROVE the Annual Cycle of Business.

NOTE the Committee Forward Workplan.

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5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not applicable	

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

FINANCIAL IMPLICATION/IMPACT	activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The forward workplan helps gives clear indication to those involved in the Committee the expectations for submissions to the Committee.
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 Governance and Safety Committee

Special Health Authority

Cycle of Business

(1st April 2022 – 31st March 2023)

The Digital Governance & Safety Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Digital Governance & Safety Committee is effectively carrying out its role.

The Cycle of Business covers the period 1st April 2022 to 31st March 2023.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the DHCW Board is set out in the Standing Orders 1.0.1.

The Committee is an Independent Member Committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference.

The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place with regard to quality, safety, information governance, data quality, security and risk.

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Digital Governance and Safety Committee Cycle of Business (1st April 2021 – 31st March 2022)

				12th			4th			3rd		2nd		
Item of Business	Executive Lead	Reporting period	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Preliminary Matters														
Minutes of the previous Board Meeting	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Action Log	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Governance & Risk														
Agree Committee Membership and Terms of Reference	Board Secretary	Annually		✓									✓	
Organisational Risks assigned to DG&S Committee	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Board Committee Highlight Report	Chair	All Regular Meetings		✓			✓			✓			✓	
Audit Reports	Relevant Lead	As required at all Regular Meetings		✓			✓			✓			✓	
Committee Cycle of Business	Board Secretary	Annually		✓									✓	
Committee effectiveness self-assessment	Board Secretary	Annually											✓	
Health and Care Standards – Relevant to committee	Board Secretary	Annually											✓	
Safety Alerts Report	Medical Director	Annually unless applicable circular is issued											✓	
Digital Safety & Governance Performance and Assurance														
Information Governance Assurance Report	Medical Director	All Regular Meetings					✓			✓			✓	
Information Governance Strategy	Medical Director	One off		✓										
Informatics Assurance Report	Medical Director	All Regular Meetings					✓			✓			✓	
Information Services Assurance Report	Deputy Director of Information	All Regular Meetings					✓			✓			✓	
Incident Review and Organisational Learning Assurance Report	Medical Director	All Regular Meetings					✓			✓			✓	
Digital Programme Overview	Chief Operating Officer	All Regular Meetings		✓			✓			✓			✓	
Cyber Security Report - Private	Director of ICT	All Regular Meetings					✓			✓			✓	

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Digital Health and Care Wales Digital Governance and Safety Committee Work Programme 22/23

Meeting Date	Standing items	Assurance Reports	Additional items
12 th May 2022	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Review of risk register relevant to committee Forward Work Programme Committee Highlight Report to Board 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Internal Audit Report 'DHCW data centre project move – and the current position regarding data centres' Update on the Quality and Safety Framework R&I Strategy Update Medical Devices and Alerts Group Terms of Reference
4 th August 2022	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Review of risk register relevant to committee Forward Work Programme Committee Highlight Report to Board 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none">
3 rd November 2022	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Review of risk register relevant to committee Forward Work Programme Committee Highlight Report to Board 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none">

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2 nd February 2023	<ul style="list-style-type: none"> • Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee • Forward Work Programme • Committee Highlight Report to Board 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
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DIGITAL HEALTH AND CARE WALES

DIGITAL GOVERNANCE AND SAFETY

COMMITTEE EFFECTIVENESS SELF ASSESSMENT REPORT

Agenda Item	3.3
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 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	Rowan Gardner, Chair of the Committee

Purpose of the Report	For Discussion/Review
Recommendation	The Digital Governance and Safety Committee is being asked to: NOTE the content of the report and DISCUSS the findings.

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

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Acronyms		
DHCW	Digital Health and Care Wales	SHA Special Health Authority

1 SITUATION/BACKGROUND

- 1.1 The Chair of the Digital Government and Safety Committee is required to present an annual report outlining the business of the Committee throughout the financial year to the DHCW SHA Board. The report is designed to provide assurance on the monitoring and scrutiny on behalf of the DHCW Board in relation to their remit. As part of this process the Committee are required to undertake an annual effectiveness self-assessment questionnaire.
- 1.2 Members of the Committee are asked to discuss and review the Committee effectiveness self-assessment questionnaire relating to the activities and performance of the Committee on behalf of the Board during 2021/22 since its formal establishment in May 2021.
- 1.3 Members should note nine responses were received. The report does not include comments in order to ensure anonymity. Any additional responses received will be incorporated into the final report which goes to the SHA Board.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 SUMMARY REPORT

The report is split into three areas:

- Positive assurance
- Areas that have not arisen but the Committee were aware of their responsibilities
- Areas for further assurance

Positive Assurance	Area: Composition, Establishment and Duties
	<p>Members were aware that:</p> <ul style="list-style-type: none"> • There were approved Terms of Reference and although the Committee had not been established for a year there was an expectation they will be reviewed before March 2022 and would consider changes or developments throughout the year • The Committee have established an annual cycle of business with only one member unaware this had happened at the beginning of the year • The Committee will prepare an annual report on its work and performance for 21/22 to the SHA Board with only one member unaware this was a requirement of the Committee <p>Members felt:</p> <ul style="list-style-type: none"> • They have been provided with sufficient authority

	<ul style="list-style-type: none"> The Committee meet sufficiently frequently to deal with planned matters and there was sufficient time for questions and discussions The atmosphere is considered conducive to open and productive debate and behaviour is courteous and professional with one member noting the quality of discussions is mixed but that open and productive discussions have taken place There was appropriate use of private sessions of the Committee. Agenda items are appropriately 'closed off' That members should feel comfortable to use the Welsh Language and would be welcomed to do so whilst recognising there would be translation requirements The virtual nature of the meetings had been effective, but one member noted no face-to-face meetings had taken place since the Committee was formally established under Covid-19 restrictions 		
	Area: Committee Leadership and Support		
	Findings: <ul style="list-style-type: none"> The meetings are effectively chaired with clarity of purpose and outcome The Chair provided clear and concise information to the Board on the activities of the Committee and any gaps in assurance and/or control. Members felt the Committee is adequately supported by the Executive Directors in terms of attendance, quality and length of papers and response to challenge/questions Members felt there was adequate secretariat support Members felt on the whole their training was adequate, but some further areas are identified below General comments from members indicate a good level of progress has been made with regard to the quality of the papers, the feedback to the executive team has been appropriately taken on board 		
Areas Requiring Further Assurance	Area: Composition, Establishment and Duties		
	Findings: <ul style="list-style-type: none"> Members felt that the question asking if the Committee is scheduled prior to important decisions being made wasn't relevant to the Committee as an assurance body and there had not been an instance where this was clear to have happened 		
	Area: Committee Leadership and Support		
Areas Requiring Further Action	<ul style="list-style-type: none"> Potential areas of training for the members were identified as: <ul style="list-style-type: none"> Further Cyber and IG training General Committee information for members who attend on behalf of unavailable members 		
	Action Plan	Action	Lead
	1.	Review the annual cycle of business and make clear if and where there are important decisions within the	Board Secretary
Timeframe			
April 2022			

	planned activity		
Appendices	Digital Governance and Safety Committee Effectiveness Self-Assessment Survey		

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The outcome of the Digital Governance and Safety Effectiveness Survey will input to the Committee Annual Report to the SHA Board to include addressing areas where further improvements can be made to the operating of the Committee.

4 RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:

NOTE the content of the report and **DISCUSS** the findings.

5 IMPACT ASSESSMENT

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

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

HEALTH CARE STANDARD	Governance, leadership and accountability
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

DIGITAL GOVERNANCE AND SAFETY

COMMITTEE TERMS OF REFERENCE REVIEW

Agenda Item	3.4
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Support Manager
Presented By	Chris Darling, Board Secretary

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

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Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
GAF	Governance Assurance Framework	SOs	Standing Orders
SFI's	Standing Financial Instructions		

1 SITUATION/BACKGROUND

- 1.1 In-line with the SHA's Standing Orders, Terms of Reference for Committees of the Board should be reviewed on an annual basis.
- 1.2 The Digital Governance and Safety Committee Terms of Reference were reviewed and agreed by the Digital Governance and Safety Committee in May 2021 and approved by the SHA Board in May 2021.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The review of the Digital Governance and Safety Committee Terms of Reference by Members of the Committee allows for any comments or changes to be incorporated prior to submission to the SHA Board for approval.
- 2.2 The Terms of Reference have been reviewed by the Corporate Governance Team. There are a limited number of changes made to the Terms of Reference, these changes have been tracked and left in the document so that Committee members can easily see the changes made.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 As 2021/22 is the first year the SHA has operated the terms of reference are being reviewed eight months after their initial approval but going forward their review will take place on a circa twelve-month basis.

4 RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:

APPROVE the Digital Governance and Safety Committee Terms of Reference to go to the SHA Board.

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5 IMPACT ASSESSMENT

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

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below: Effective reporting and structure helps uphold all the quality standards.	

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

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
Digital Governance and Safety Committee	12/05/2021	Approved

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

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TERMS OF REFERENCE AND OPERATING AGREEMENTS

DIGITAL GOVERNANCE AND SAFETY COMMITTEE

Document Version	1
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Status	Approved
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Document author:	Rhidian Hurle, Medical Director
Approved by	<u>Rowan Gardner</u> Sian Doyle , Chair of Committee
Date approved:	<u>18</u> 12 th May <u>February</u> 202 <u>1</u> 2
Review date:	<u>2</u> nd <u>11</u> th February <u>May</u> 202 <u>3</u> 1

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STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, please list below: ISO 20000-1:2011 ISO 27001:2013 BS 10008:2014	

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: No Impact
Statement: Not applicable	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this		
COMMITTEE OR GROUP	DATE	OUTCOME
Digital Governance and Safety Committee	12 th May 2021	<u>Approved</u>
Digital Health and Care Wales SHA Board	27 th May 2021	<u>Approved</u>

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IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Clear guidelines about assurance requirements on behalf of the board has a positive impact on the Organisation. The successful maintenance our Organisational accreditations ensures a consolidated approach to standards and quality which will be monitored by the Committees of the Board.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Should the Organisation not follow the systems and processes in place to manage the areas within these Terms of Reference there could be potential legal ramifications.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Should the Organisation not follow the systems and processes in place to manage the areas within these Terms of Reference there could be potential financial ramifications.
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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DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System

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1 INTRODUCTION

In line with Schedule 3 of the Standing Orders, the Board shall nominate annually a committee which covers oversight and scrutiny of quality, safety, information governance, data quality, security and risk. The remit of this Committee will be extended to include Organisational Learning in digital relation to health and care and will be known as the Digital Governance and Safety Committee.

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees which can be found in the Standing Orders.

The Board Secretary will ensure that all papers are distributed at least one calendar week in advance of the meeting and will determine the secretarial and support arrangements for the Committee.

These Terms of Reference ~~shall be~~ adopted by the Digital Governance and Safety Committee at its first meeting, and shall be subject to review at least on an annual basis ~~thereafter~~.

2 PURPOSE OF THE COMMITTEE

The purpose of the Digital Governance and Safety Committee ("the Committee") is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate use of information and data to support health and care delivery and service improvement and the provision of high quality digital health and care.

The Committee will seek assurance on behalf of the Board in relation to DHCW's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

The Committee will, in respect of its provision of advice and assurance:

- Assure the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to discharge its responsibilities, with specific reference to;
 - Cyber Security
 - Information Governance
 - Informatics Assurance
 - Information Services
 - Health and Care standards relevant to the remit of the Committee
 - Incident Review and Organisational Learning
 - Major national digital programmes and projects
- Advise, where appropriate, the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further
- Approve on behalf of the Board policies, procedures and other written control documents
- Provide scrutiny and assurance on behalf of the board for the relevant standards and regulations within the remit of the list set out above in relation to quality and compliance.

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3 OBJECTIVES OF THE GROUP AND DELEGATED POWERS

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

The Digital Governance and Safety Committee has a key role in assisting the Special Health Authority Board to fulfil its oversight responsibilities.

The Committee will, in respect of its provision of advice and assurance:

- within the remit of the Committee consider implications arising from the development of the Special Health Authorities' corporate strategies and plans or those of its stakeholders and partners
- within the remit of the Committee consider the implications for the Special Health Authority of internal and external reviews and reports
- review risks from the Organisational Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.
- complete an annual self-assessment exercise in respect of the effectiveness of the Committee
- Oversee the development of DHCW's strategies and plans for maintaining the trust of patients and public through arrangements for handling and using information, including personal information, safely and securely and any requirements and standards for DHCW and NHS bodies in Wales
- Oversee the development of the DHCW's strategies and plan for the safety and security of the application and infrastructure network
- Oversee new requirements from the market/externally and potential policy that could potentially impact the future work program of DHCW and provide guidance
- To achieve this, the Committee's programme of work will be designed to ensure that:
 - there is a clear, consistent strategic direction, strong leadership and transparent lines of accountability.
 - there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology.
 - there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information (WASPI) and Caldicott requirements)
 - the Special Health Authority is meeting its responsibilities with regard to the UK General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and the Information Commissioner's Office guidance.
 - the Special Health Authority is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and

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relevant standards

- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, undertake appropriate levels of vulnerability testing on the NHS Wales network of applications and infrastructure, providing guidance risk assessments outlining corrective actions for implementations to reduce the risk to an acceptable level.
- incidents are reviewed, and corrective actions are implemented in a timely manner to reduce risk of repetition. Where needed review cause, and review process, to ensure continuous improvement and safeguard for future occurrences.

The Committee will review and approve related policies for all of the above standards and management systems.

4 ACCESS

The Chair of the Digital Governance and Safety Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5 MEETINGS

Meetings shall be held no less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

5.1 Withdrawal of individuals in attendance

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

5.2 Circulation of Papers

The Board Secretary will ensure that all papers are distributed at least 5 working days 7 calendar days in advance of the meeting.

6 MEMBERSHIP, ATTENDEES AND QUORUM

6.1 Members

The Committee shall be appointed by the Board from amongst the Non-Officer Members of the Health Authority and shall consist of not less than 3 members, comprising:

Chair: Independent Member

Members: Independent Member x 2

The Special Health Authority shall appoint the Chair of the Committee.

Usual expected attendees:

Executive Medical Director (Caldicott Guardian)
Executive Lead Director for ICT
Deputy Director of Information
Board Secretary
Head of Information Governance / Data Protection Officer

6.2 By Invitation

Other Directors / Special Health Authority Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director

The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

6.3 Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the DHCW Chair – taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Board shall ensure succession planning arrangements are in place.

6.4 Quorum

A quorum shall be two Independent Members one of whom must be the Chair or in the absence of the Chair, the Vice Chair or an Independent Member who will be nominated to Chair the Committee. In the interests of effective governance, it is expected that at least one Director listed above will also be in attendance.

7 GOVERNANCE

7.1 Relationships and accountabilities with the Board and it's Committee/Groups

The Digital Governance and Safety Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the systems in place governing standards of safety, security and use of data. It is very important that the Digital Governance and Safety Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

7.2 Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement specifically commenting on:

- The adequacy of the processes in place governing security, safety and the use of data across the

- organisation
- The extent to which the Digital Governance and Safety standards are comprehensively embedded throughout the organisation
- The appropriateness of self-assessment and assurance activity against relevant standards.

The report will record the results of the committee's self-assessment and evaluation.

The Committee will also ensure appropriate escalation arrangements are in place to alert the DHCW Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the SHA.

The Committee will provide a Health and Care Standards self-assessment report for the appropriate Health and Care standards and relay the information back to the Audit and Assurance Committee who will provide an organisational report for DHCW.

7.3 Secretariat

The secretariat function will be provided by the Corporate Governance team in DHCW.

7.4 Applicability of standing orders to Committee Business

The requirements for the conduct of business as set out in the Special Health Authority's Standing Orders are equally applicable to the operation of the Committee.

8 REFERENCES

DOCUMENTS – Can be found in the Integrated Management System
Welsh Informatics Assurance Group Terms of Reference
Welsh Information Standards Board Terms of Reference
Wales Information Governance Board Terms of Reference
Notifiable Events Assurance Group Terms of Reference
Incident Review and Learning Group Terms of Reference
Information Services Assurance Group Terms of Reference
Welsh Reference Data Assurance Group Terms of Reference
Health and Care Standards Group Terms of Reference
Applications Architecture Assurance Group (AAAG) Terms of Reference
Infrastructure Management Board Terms of Reference
Incident Review and Learning Group Terms of Reference

9 DEFINITIONS

TERM	DEFINITION
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DHCW	Digital Health and Care Wales
SHA	Special Health Authority

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DIGITAL HEALTH AND CARE WALES POLICY REPORT

Agenda Item	3.5
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Name of Meeting	Digital Governance and Safety
Date of Meeting	18 February 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

Purpose of the Report	For Approval
Recommendation	
<p>The Digital Governance and Safety Committee is being asked to:</p> <p>NOTE the contents of the report and DISCUSS/REVIEW and ENDORSE the policy out for consultation – Intellectual Property Policy.</p>	

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Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

1 SITUATION/BACKGROUND

- 1.1 DHCW have a number of policies, procedures and processes that help manage the running of the Organisation by outlining responsibilities related to legislation, accreditation and regulation.
- 1.2 There were a number of policies identified by the Welsh Government as a requirement for the transition to a Special Health Authority. The inaugural Board meeting identified 11 remaining policies to be created. A task and finish group was established to create and finalise the policies which are listed below, three documents have been amalgamated into one resulting in 9 requiring completion:
- Communications and Media Management Policy covering the topics:
 - MS (Members of the Senedd) and MP (Members of Parliament) Correspondence - Procedure for responding to enquiries
 - Procedure for Media Filming, Recording and Photography
 - Media Enquiries Procedure
 - Communications and Engagement Strategy
 - Anti-Malware Policy
 - Intellectual Property Policy
 - Welsh Language Scheme
 - Capital Management Procedure
 - Research and Innovation Strategy
 - Security and Counter Terrorism Policy
 - Relocation expenses policy
- 1.3 As well as the policies identified as part of the transition to the SHA, there will be policies presented to the Digital Governance and Safety that are allocated to the Committee as the approving body.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Each controlled document requiring review under the [POL-CG-003 policy for the production, consultation, approval, publication and dissemination of strategies, policies, protocols, procedures and guidelines](#) moves through the identified governance steps of review by lead Director, subject matter experts, consultation and relevant scrutiny by a Committee, Advisory

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Group or the SHA Board.

2.2 The following policies have been approved and are now in use across the organisation.

- Anti-Malware Policy previously called Anti-Virus Policy
- Capital Management Procedure
- Security and Counter Terrorism Policy
- Relocation expenses policy (The relocation expenses policy has been identified as the Velindre University NHS Trust Removal and Associated Expenses Policy. In line with the approach for existing policies covered by the Transfer of Undertakings (Protection of Employment) (TUPE) arrangements this policy was adopted in December 2021)

2.3 Below outlined the update on each of the policies identified and outlines the plan for the remaining policies.

Policy	Status	Update	Expected approval
Communications and Media Management Policy	COMPLETE	This policy is under consultation currently and is expected to be signed off at the March DHCW Board.	March 2022
Communications and Engagement Strategy	COMPLETE	This policy is under consultation currently and is expected to be signed off at the March DHCW Board.	March 2022
Intellectual Property Policy	COMPLETE	This policy is presented to this meeting for discussion and endorsement and is expected to be signed off at the March DHCW Board.	March 2022
Welsh Language Scheme	COMPLETE	Further amendments have been made to the draft and is currently under review by the Welsh Language Commissioners Office (WLCO). The Scheme requires sign off by the WLCO before it can undergo the 12-week public consultation.	September 2022
Research and Innovation Strategy (Previously Research and Development Strategy)	IN DEVELOPMENT	Work is ongoing to finalise this strategy.	September 2022

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Please note the following policy for review and discussion by the Digital Governance and Safety Committee and endorsement to go to the SHA Board for approval:

Intellectual Property Policy at item 3.5i

- 3.2 Please note the Research and Innovation Strategy has been subject to additional work which has meant an update in the delivery timescale and will be included in the forward work plan for the Committee's review and approval.

4 RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:

NOTE the contents of the report and **DISCUSS/REVIEW** the Intellectual Property Policy out for consultation and **ENDORSE** this Policy for approval by the SHA Board.

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	N/A
If more than one standard applies, please list below: All Standards rely on policy information.	

HEALTH CARE STANDARD	Governance, leadership and accountability
If more than one standard applies, please list below: Effective 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
Management Board	14.01.22	Supported the IP Policy, noted the update on other policies.

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Policies underpin a quality approach to organisational management.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Legal advice has been sought in developing the IP policy.
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.
	Policies have roles and responsibilities outlined within them.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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POL-COM-003

DIGITAL HEALTH AND CARE WALES

INTELLECTUAL PROPERTY

This document sets out the overarching Policy on Intellectual Property
within Digital Health & Care Wales

Document Version	v1.0
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Status	Draft
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Document author:	Julie Francis, Head of Commercial Services
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Date approved:	
Review date:	

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STRATEGIC OBJECTIVE	Driving value from data for better outcomes
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A more equal Wales
If more than one standard applies, please list below:	

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:
Yes, applicable	Outcome: No Impact
Statement: There is no impact in relation to the equality agenda.	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Operational Services Board		
Audit and Assurance Committee	18 th January 2022	
Digital Governance and Safety Committee	16 th February 2022	

IMPACT ASSESSMENT	
QUALITY AND SAFETY	Yes, please see detail below
IMPLICATIONS/IMPACT	Policy documents outline the relevant overarching organisational approach this ensure a quality approach and ensures any safety requirements are met.
	Yes, please see detail below

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LEGAL IMPLICATIONS/IMPACT	There are legal implications from a Procurement perspective and any changes to regulatory requirements would require a review of this policy
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below The effective management of Intellectual Property is essential from a financial perspective
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below The workforce implications are outlined in section 5 of the document.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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1 DOCUMENT HISTORY

REVISION HISTORY

Date	Version	Author	Revision Summary
28 December 2021	D0.1	Julie Francis	1 st Draft

REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
04.01.2022	D0.1	Michelle Sell	Chief Operating Officer
04.01.2022	D0.1	Chris Darling	Board Secretary

AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Julie Francis
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Approver's Name:	Michelle Sell
Role:	Chief Operating Officer
Signature:	<div>X</div>

DOCUMENT LOCATION

Type	Location
Electronic	Quality Standards and Regulatory - Integrated Management System - All Documents (sharepoint.com)

2 POLICY STATEMENT

The purpose of this Policy is to set out the general principles by which Digital Health and Care Wales creates, identifies, exploits, manages and controls Intellectual Policy (IP) in all its business undertakings. Such undertakings will include:

- IP created for use by Digital Health and Care Wales for the NHS, other public sector or private sector organisations
- Using the IP of private sector providers for the delivery of NHS Services

Where IP is involved there is no “one size fits all” and each requirement will be assessed independently.

DHCW has been created to take forward the digital transformation needed for better health and care in Wales and one of the key pillars upon which this will be delivered is innovation. To maximise the value of that innovation to the NHS it is important that such innovation is recognised and steps taken, where appropriate, to protect and maximise its potential benefits.

The Welsh Government has issued "The Framework and Guidance on the Management of Intellectual Property in the NHS in Wales" (the Welsh NHS Guidance February 2005) and this policy reflects the principles set out in that guidance.

The primary purpose of exploiting IP and innovation in the NHS is to improve the delivery of healthcare within the NHS in Wales; the secondary purpose is to generate income available to help support NHS bodies [and, where appropriate, to share the income with those responsible, that is, the Inventors]. The legal ownership of Intellectual Property Rights (IPR) enables the value of the idea to be identified and realised. The best and most effective way to ensure ownership of IPR is to have express contractual terms which deal with ownership.

Failure to comply with the requirements set out in this policy may be dealt with in accordance with the NHS Wales Disciplinary Policy.

A full copy of this policy is provided in the Appendix.

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3 SCOPE OF POLICY

This policy applies to all employees within Digital Health and Care Wales. The Policy will remain in effect until such time as there is a change in IP Law, an update to the Framework "The Framework and Guidance on the Management of Intellectual Property in the NHS in Wales" 2005 or a change in operational practice/s. The policy has been reviewed by various stakeholders including Digital Health and Care Wales Policy Group and shall be reviewed by the Operating Services Board.

Failure to comply with the requirements set out in this policy may be dealt with in accordance with the NHS Wales Disciplinary Policy.

4. AIMS AND OBJECTIVES

The aims, objectives and guiding principles of this policy are set out below:

- The various types of intellectual property some of which already exist within DHCW and some which may be produced during the tenure of the organisation. These include patents, copyright, database rights, design rights and trademarks.
- To explain the principles of ownership of the IPR which may be created within DHCW.
- To provide information on who to contact if staff have an invention/idea/innovation that they think may need to be protected, or if they require general advice on IP arising from their work.
- To outline the policy for the effective management of IPR within DHCW.
- To explain how IPR may be exploited.
- To consider the factors to be taken into account by DHCW when making decisions over the manner in which IPR is exploited.

5. DEFINITIONS

TERM	Abbreviation	DEFINITION
Intellectual Property	IP	Intellectual Property (IP) means the product of creativity or innovation
Intellectual Property Rights	IPR	Legal framework within the UK which allows people to own this Intellectual Property
Patents	N/A	Patents are registered rights which cover inventions
Copyright	N/A	Copyright is an intellectual property right which seeks to protect the form of expression of an idea, and not the ideas itself
Design Right	N/A	Design Right protects the 3D appearance of an object including potentially its appearance, shape, configuration or decoration
Trademarks	N/A	refer to signs (normally words or graphics or a combination of both) which distinguish the goods (or services) of one trader from those of another

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6. ROLES AND RESPONSIBILITIES

6.1 ORGANISATION

The organisation is responsible for:

- Providing appropriate resources (including staffing) to fully implement this policy.
- Fully endorsing, supporting and implementing the principles and controls outlined in this policy.

6.2 EXECUTIVE DIRECTORS OF DIGITAL HEALTH & CARE WALES

The Executive Team and Directors of Digital Health & Care Wales are responsible for the implementation of this and other associated policies by:

- Ensuring all relevant staff are made aware of this policy and that they comply with it.
- Ensuring that appropriate priority is given to the implementation of controls to meet identified operational and legal risks.
- Ensuring that relevant resources to meet the requirements of this policy are made available.

6.3 OPERATIONAL SERVICE BOARD (OSB) MEMBERS

OSB members are responsible for:

- Ensuring that service leads are made aware of this policy, and that they comply with its provisions especially in relation to the need to maintain confidentiality until such time as DHCW has made a decision on whether to exploit¹ their idea or technology or up to the point at which protection is in place. Any such decision will be made via the appropriate governance mechanisms as required.
- Acting as a point of escalation for service leads.
- Following up areas of non-compliance.

6.4 DHCW HEAD OF COMMERCIAL SERVICES

DHCW's Head of Commercial Services is responsible for:

- Acting as the point of contact for all employees who consider that there is the potential for IP to be created (or believes that IP has been created) in relation to a project they are working on within DHCW (or in collaboration with other parties)
- Record details of the potential IP including the date of the original idea, the parties involved in the original idea and the development of the idea to date
- Consider and discuss with the employee the possible IPR which may exist; and

¹ The exploitation of any IP owned by DHCW is a matter for Commercial Services (under the authority of the Board of DHCW where appropriate).

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- Consider and discuss next steps with the employee including any immediate steps necessary for protection.
- Creating and maintaining an IP register for the organisation.
- Reporting on any income generation relating to exploiting the IP it has created.
- Advice & guidance on implementation and compliance with this Policy.
- Management of this Policy by way of review, update, and communication to all stakeholders.

6.5 DIRECTOR OF PEOPLE & OD

- to ensure Secondment and other related agreements include appropriate consideration of the IP policy.

6.6 IP REGISTER

- An IP Register will be established and maintained centrally by the Commercial Services Team. It will include:
 - A record of the IP position against each idea/product or service and its status
 - An owner
 - Details on the approval process
 - Any income secured
 - Benefits to the NHS in Wales

7. GETTING HELP, INFORMATION AND TRAINING

7.1 Embedding the Policy and Training

It is essential that the policy is embedded within the organisation. The Commercial Services team will adopt a number of methods to do this including:

- An IP Policy Statement will be developed and signed by each of the Directors which sets out their commitment to the policy at an executive and directorate level. The latter should cascade this down into the directorates they are responsible for.
Managers within each of their directorates are responsible for sharing the policy with their respective teams and arranging training with the Commercial Services Team
- Standard Operating Procedure (SOP) for IP to be developed.
This will be formally launched at the organisation's appropriate governance groups – for example Operational Services Management Group and Operational Services Board and other appropriate team meetings. The SOP will also be emailed globally to all areas of the business to ensure awareness and will form part of the Integrated Management Suite located on SharePoint

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- IP awareness training will be developed as part of the Specialist training to be delivered by the Commercial Services Team across the organisation
- Departmental audits will be undertaken by the Commercial Services Team
- Outputs from the departmental audits will be utilised to help shape the policy and ensure that it reflects current business practice.

The Commercial Services team will provide guidance and help on the policy that can be provided by contacting them at the email address set out below

- julie.francis@wales.nhs.uk

8. RELATED STANDARDS, POLICIES AND ASSOCIATED DOCUMENTATION

The following standards, policies, plans, and associated documentation support this overarching policy:

- NHS Wales Disciplinary Policy
- SOP-COM-001 Commercial Services Management and Processes
- SOP-COM-002 Commercial Services Contract Management & Processes
- SOP-COM-006 Commercial Services Audit of Key Commercial Services Documents and Processes
- SOP-COM-008 Commercial Services Protocol for the purchase of free goods and services
- GDN-ADS-001 Software development handbook (draft)
- The appropriate procurement terms and conditions and specification documentation
- SLA and Memorandum of Understanding Key Documents

9. DOCUMENT MANAGEMENT

The IP Register will be stored centrally by the Commercial Services team.

4 REFERENCES

DOCUMENT	VERSION
Intellectual Property and Innovation in Health Care in Wales	Feb 2005

10. APPENDIX

The Creation, Identification and Exploitation of Intellectual Property within DHCW is included as item 3.5ii

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Digital Health Care Wales (DHCW)

The Creation, Identification and Exploitation of Intellectual Property within DHCW

1. Introduction

- 1.1. Intellectual Property (**IP**) means the product of creativity or innovation. The legal framework within the UK allows people to own this Intellectual Property through Intellectual Property Rights (**IPR**). The legal ownership of IPR enables the value of the idea to be identified and realised. There are various forms of legal protection for Intellectual Property including patents, copyright, design rights, and trademarks and these are covered in more detail in section 2 below.
- 1.2. Innovation and the creation of Intellectual Property occurs naturally within the NHS in Wales. DHCW has been created to take forward the digital transformation needed for better health and care in Wales and one of the key pillars upon which this will be delivered is innovation. To maximise the value of that innovation to the NHS it is important that such innovation is recognised and steps taken, where appropriate, to protect and maximise its potential benefits. The Welsh Government has issued "The Framework and Guidance on the Management of Intellectual Property in the NHS in Wales" (**the Welsh NHS Guidance February 2005**) and this policy reflects the principles set out in the Welsh NHS Guidance. (See Appendix A)
- 1.3. The primary purpose of exploiting IP and innovation in the NHS is to improve the delivery of healthcare within the NHS in Wales; the secondary purpose is to generate income available to help support NHS bodies [and, where appropriate, to share the income with those responsible, i.e. the Inventors].
- 1.4. The aims of this policy are:
 - To give a brief definition of what IPR exist;
 - To explain the principles of ownership of the IPR which may be created within DHCW;
 - To provide information on who to contact if staff have an invention/idea/innovation that they think may need to be protected, or if they require general advice on IP arising from their work;
 - To outline the policy for the effective management of IPR within DHCW;
 - To explain how IPR may be exploited; and
 - To consider the factors to be taken into account by DHCW when making decisions over the manner in which IPR is exploited

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2. Types of Intellectual Property

2.1. **Patents** are registered rights which cover inventions. In return for the publication of the patent to the public the inventor receives a period of time (20 years) during which he is able to stop third parties from using the invention. Patent protection does not arise automatically and the filing of an application for a patent, followed by its grant, is necessary in order to obtain protection. In the UK a patent may only be granted in respect of an invention if:

- The invention is new;
- It involves an inventive step;
- It is capable of industrial application; and
- It is not specifically excluded from protection as a patent (**note: computer software is not capable of patent protection**)

Whilst patents provide the greatest protection they are generally regarded as the most difficult and expensive IPR to obtain and maintain.

2.2. **Copyright** is an intellectual property right which seeks to protect the form of expression of an idea, and not the ideas itself. As such copyright can apply to literary, artistic, musical and dramatic works. The most common form of copyright for DHCW is in relation to literary works which can cover computer software (where the underlying code is protected as a literary work) together with leaflets or manuals. In addition databases can attract copyright and the "look and feel" of a computer program can be protected through copyright as an artistic work. Copyright lasts for a set period, most often the life of the author plus 70 years from the end of the calendar year of his death. Importantly copyright does not need to be (and cannot be) registered in the UK and protection automatically applies once a work is written down or recorded.

2.3. As well as copyright which can exist in the selection or arrangement of material in a database, **Database Rights** (or "sui generis" database right) protect the contents of a database. A database does not have to be original for it to qualify for database rights, but there needs to have been a substantial investment in obtaining, verifying or presenting the data. As with copyright, Database Rights arise automatically and cannot be registered.

2.4. **Design Right** protects the 3D appearance of an object including potentially its appearance, shape, configuration or decoration. There are different regimes in the UK for registered and unregistered rights although generally the design will need to be new and to create a different overall impression to any earlier design already in the market to attract protection.

2.5. **Trademarks** refer to signs (normally words or graphics or a combination of both) which distinguish the goods (or services) of one trader from those of another. Trademarks are also often known as brands. Trademarks can either be registered or unregistered although registration of marks provides greater protection. Once registered it is possible to retain trademark rights indefinitely.

2.6. Where no other protection is available, or before registered rights have been applied for, it is possible to achieve protection through the law of **Confidence**. In order to gain the protection of the law of confidence information must be kept confidential and only shared with those who agree to keep it confidential. Careful consideration should however be given to keeping valuable information confidential where it can be of benefit to the NHS generally.

3. Ownership of Intellectual Property

- 3.1. The Owner of IPR has exclusive rights to use the IP to the exclusion of others. The owner is able to either use the IP itself or to license others to carry out certain agreed activities or to exploit the IP commercially. As a result, ownership of IPR is of commercial value to its owner and it is important that DHCW properly provides for its protection and management.
- 3.2. IPR which is owned jointly can often present problems in terms of who is entitled to use it, or licence it, if the other joint owner does not consent. Joint ownership therefore should be avoided or, where it is unavoidable, appropriate licences should be put in place to enable each owner to use the IPR as they wish.
- 3.3. The best and most effective way to ensure ownership of IPR is to have express contractual terms which deal with ownership. In the absence of express terms ownership is governed by statute, the main effects of which are summarised below.
- 3.4. **Employees:** In relation to IP produced by employees in the course of their normal duties the IPR belongs to the employer. Such ownership remains with DHCW upon the departure of the employee. An employee in this context means all staff that are full or part time employees of DHCW, staff who are on DHCW payroll as 'Paid Officers', staff with DHCW contracts of employment whose payroll costs are partially or wholly funded by another party (unless the contract between DHCW and that party assigns ownership of any Intellectual Property to that party), staff with honorary DHCW contracts, volunteers, work experience students and temporary staff.

For secondees the situation will depend on a number of factors including who is paying the secondee and what, if anything, is in the secondment or employment agreements. The only way to be certain is to include something in the secondment agreement (preferably signed by the secondee and their employer) confirming that all intellectual property generated or contributed to by the employee whilst on secondment with DHCW will be the property of DHCW.

- 3.5. **Collaborative work:** If work/ research is conducted by an employee in partnership with another organisation, a formal agreement stating ownership (or sharing) of generated Intellectual Property should be entered into. See further paragraphs 5.8 to 5.10 below.
- 3.6. **Externally-funded work:** If Intellectual Property is generated by a DHCW employee through work that is funded by an external body (e.g. a research project funded by a third party) then it is likely that the funding agreement includes a statement regarding ownership of IPR such that the funding body may own the Intellectual Property instead of DHCW. Once more it is important that an agreement recording these matters is established at the outset.
- 3.7. **Commissioned work:** If DHCW commissions work by a third party who is not a DHCW employee (e.g. development of a database by a software company), then DHCW will not necessarily own the IPR, or all of the IPR in the work. It is therefore advisable for the contract with the supplier to include provision for DHCW to retain all IPR (if achievable) or for appropriate sharing of IPR (including a royalty free licence for DHCW to use IPR).
- 3.8. **Independent providers:** Independent providers of NHS Services usually own the IPR that they generate during the course of providing NHS Services. However, an independent Provider that generates IP from NHS funded Research & Development can, in certain instances, be required to share any benefit with the NHS. Independent providers should be encouraged to transfer ownership of IPR to DHCW which will then be responsible for its exploitation. If the Independent Provider agrees to transfer ownership it may be appropriate to share the economic benefit obtained through the ownership of the IPR with the Independent Provider.

- 3.9. **Outside work:** Any Intellectual Property generated by an employee acting outside the normal course of their DHCW duties, and not directly related to their work will generally be owned by the employee.

4. Identification and Protection

- 4.1. Any employee who believes that there is the potential for IP to be created (or believes that IP has been created) in relation to a project they are working on within DHCW (or in collaboration with other parties) should discuss the matter with the DHCW lead for Intellectual Property, **the Head of Commercial Services (IP Lead)** at the earliest opportunity.
- 4.2. It is important to note that certain forms of IP protection will not be available if the idea or invention, or documents relating to that idea or invention, have been disclosed to any party outside DHCW either orally or in writing. Disclosure outside DHCW (other than on strict confidentiality terms) is likely to diminish the potential commercial value and benefits to DHCW. Employees must therefore maintain confidentiality until such time as DHCW has made a decision on whether to exploit their idea or technology or up to the point at which protection is in place. Any such decision will be made via the appropriate governance mechanisms as required.
- 4.3. All employees should be aware of the importance of avoiding improper disclosure of their ideas and inventions. Public disclosure could include an article in a journal, publication on the internet (or internet forum) or even conversations and correspondence without a confidentiality agreement in place.
- 4.4. Written consent must be obtained from the IP Lead before information relating to potential IP is disclosed to any third party external organisation unless and until protection is in place. Should discussion with third parties be necessary to develop or investigate the idea the IP Lead will advise on the necessary form of confidentiality agreement to be implemented.
- 4.5. Employees should take no steps to exploit any DHCW Intellectual Property without the specific approval in writing of the IP Lead.
- 4.6. The IP Lead will:
- record details of the potential IP including the date of the original idea, the parties involved in the original idea and the development of the idea to date;
 - consider and discuss with the employee the possible IPR which may exist; and
 - consider and discuss next steps with the employee including any immediate steps necessary for protection.
- 4.7. The IP Lead may consult with others within DHCW and external advisers, on a confidential basis, in order to advise on the protection available and the possible commercial potential.
- 4.8. DHCW undertakes to make decisions on which form of Intellectual Property Rights protection to take, e.g. registration of a design, copyright, trademark, or filing of a patent, on the basis of the potential market and likelihood of success, benefit to the NHS in Wales and economic benefits which may be derived.
- 4.9. If the IP Lead, or the external advisers, believe that the IP is capable of protection, then they will advise on the steps necessary for protection which may include the following:
- **Patent** – investigating and identifying the inventive concept which makes the invention unique, investigation of other similar inventions or ideas already published ("prior art") and ensuring that the idea or invention is not disclosed to third parties prior to application.

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- **Copyright** – marking each copy of the work with the copyright symbol ©, "Digital Health Care Wales" and the year of creation, e.g. "©, Digital Health Care Wales, 2021" and keeping a record of key changes to the work and the date of those changes. In some cases it may be appropriate to add to the copyright notice "Not to be reproduced or copied in whole or in part without the prior written consent of DHCW"
- **Design** – considering the registerability of the design (by reference to other similar products and the potential benefits to be gained) and marking the product (or accompanying literature) with a statement to the effect of "This product is protected by unregistered design rights and should not be copied in whole or in part without the prior written consent of DHCW"
- **Database** – ensuring that careful records are kept of the investment by DHCW employees or third parties in the collation, verification or presentation of the data and marking versions of the database made available to third parties: "This database is the property of DHCW and protected by database right [and copyright]. Neither the whole nor any part of this database should be copied without the prior written consent of DHCW."
- **Trade mark** – marking brands or names with the symbol ™ (representing an unregistered trade mark), considering the potential benefits of registration and the areas or classes in which the mark should be registered and marking registered brands or names with the symbol ® (note: it is a criminal offence to use the ® symbol for a mark which is not registered)
- **Confidential Information** – Taking such steps as may be necessary to preserve the confidentiality of the information including the use of online or physical security.

4.10. In all cases it is important for employees working on projects that generate IP, and where potential IP has been identified to keep accurate records of key activities and developments together with dates. In addition, all correspondence, including e-mails, telephone conversations and notes of meetings relating to the IP should be filed to enable a detailed account of the development of the IP to be presented when necessary.

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5. Exploitation

- 5.1. The exploitation of any IP owned by DHCW is a matter for Commercial Services (under the authority of the Board of DHCW where appropriate). No employee or contractor of DHCW should seek to negotiate agreements in relation to the use of IP, or exploitation of IPR, owned by DHCW without the express authority of Commercial Services.
- 5.2. There are three main ways in which IP may be exploited:
- Use by DHCW
 - Licensing the IPR to third parties to use (where DHCW retains ownership of the IPR) normally in return for royalty payments
 - Assigning the IPR to third parties (where ownership of the IPR is transferred to a third party) in return for a one-off fee or continuing fees based on the third party's exploitation
- 5.3. It is possible that IP can be exploited by a combination of own use and licensing/assignment where third parties can be licensed to use the IPR (or even assigned title with a licence back to DHCW or the NHS generally) for use in a manner which does not affect the delivery of healthcare within the NHS in Wales and generates income.
- 5.4. Similarly, IP created or devised by DHCW may be developed or exploited in collaboration with third parties including other NHS bodies, Higher Education Institutions or commercial entities. In these situations there will be a need to licence the IPR to the third party to enable its development. Further details are set out in paragraphs 5.8 to 5.10 below.
- 5.5. Where IP owned by DHCW is to be used by the NHS in Wales (or in the rest of the UK) it is unlikely that DHCW will charge the NHS for use of the material. However, where those parties will have access to the IP, as opposed to the product of that IP, consideration should be given to licensing the IP without charge to ensure that controls are placed on the use of the DHCW IP by other NHS bodies.
- 5.6. In exceptional cases the NHS in Wales has the power to create "spin out" companies which are set up specifically to exploit the IP in return for the generation of income through fees, royalties or equity (owning a shareholding in the newly formed company). The IPR created by DHCW can be licensed or assigned to the "spin out" company in return for such economic benefits. Where a "spin out company" is to be created reference should be made to the Welsh NHS Guidance and Appendices 2 and 2A (See Appendix A)
- 5.7. In deciding upon the most appropriate method of exploiting IPR and the terms of any subsequent licence or assignment, DHCW shall have regard to the primary consideration of improving the delivery of healthcare within the NHS in Wales and the secondary consideration of generating income to help support NHS bodies. Any decision taken must have demonstrable benefits to the NHS in Wales and the decision-making process should be fully documented and transparent.

Key Considerations when collaborating with third parties

- 5.8. Collaborations with third parties can be essential to the development and exploitation of IP. Generally collaboration occurs where each party to the collaboration agreement (there can be more than two) is able to introduce an element (knowledge, skills or own IP) that is needed by the other parties.
- 5.9. However in order to enable parties to make the best use of collaboration it will be necessary to share knowledge, skills and IP. Further IP created through collaboration can create joint ownership of IPR leading to potential issues in subsequent exploitation. It is therefore important that provisions relating to ownership of IPR, management of IPR (such as the costs of registration and enforcement) and income generation are clearly recorded in an agreement between the parties.

Other key considerations to include within the agreement include:

- **Background IP:** This is the existing IP owned by a party prior to entering into the collaboration agreement. It is normal for each party to retain such IP and to provide a royalty-free (i.e. free of charge) licence to the other parties to use the IP for the purposes of the collaboration. Save in exceptional circumstances all agreements should make clear that DHCW remains the owner of the Background IP and IPR at all times and that any licences to use the IP are provided solely for the purposes of the collaboration.
- **Foreground IP:** This is the new IP which may be developed as a result of the collaboration. Consideration will need to be given to whether such IP is jointly owned (which may cause issues) or is owned by one party with provisions for the sharing of income generated through its use with the other parties. Where DHCW does not own the foreground IP it should also seek to include provisions that itself (and potentially) the NHS in Wales are provided with a royalty-free licence to use in perpetuity (i.e. for ever) any foreground IP created as a result of the collaboration.
- **Confidentiality:** As well as other forms of IP it may be that a party is required to disclose confidential information in order to facilitate the collaboration. Consideration will need to be given to ensuring the same is kept confidential and that it is not otherwise used by the other parties to the collaboration.
- **Practicalities and Responsibilities:** These will need to cover not only the management of the IP generated (such as the registration and renewals) which is normally done by the party who will own any foreground IP, but also other terms of the agreement such as the purpose of the collaboration, the timetable for the project, any agreed changes in scope and how the progress of the collaboration is recorded and monitored.

Key Considerations when licensing IPR to third parties (including NHS bodies)

- 5.11. The owner of IPR enjoys certain exclusive rights to use and exploit the IP as an asset. However, through the use of licensing the owner can benefit from permitting licensees to use it while keeping overall control and ownership for itself. The most common benefit to the licensor is payment, in the form of royalties, normally calculated as a percentage of sales made utilising the technology.
- 5.12. Often DHCW will consider the licensing of IPR where it wishes to utilise the IPR either for itself or for the benefit of the NHS in Wales but is able to obtain income through licensing the IPR in other fields of use (e.g. non-healthcare) or other territories (e.g. outside the UK). However licensing enables DHCW to retain ownership even if it does not wish to utilise the IPR itself, possibly because it may wish to do so at some point in the future.
- 5.13. Where IPR is to be licensed to third parties key considerations include:
 - **Subject Matter:** Clearly defining the IPR to be licensed. This may be more difficult where the IPR is unregistered or is dependent on the co-licensing of unregistered rights.
 - **Field of Use:** By restricting the applications or areas within which the licensee can use the rights DHCW may be able to generate greater income through additional licensing in other fields of use.
 - **Geographical Scope:** Similarly DHCW may be able to generate additional income by restricting the territory within which the licensee can use the rights.
 - **Type of licence:** It is possible to grant exclusive licenses (which mean that no one, including DHCW, can use the IPR), sole licences (being the only licence granted but meaning that DHCW retain the right to use the IPR) or non-exclusive licences. Generally exclusive licences should be limited to particular fields of use (within which DHCW do not wish to use the IPR).
 - **Controls over licensee:** DHCW may wish to retain control to ensure that the licensee does not abuse the licence or harm the reputation of DHCW. It may also wish to include minimum sales targets or minimum royalties to protect income and provisions for termination if these are not met.

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- **Term:** Consideration should be given to how long the licence will last and how it can be terminated. The term should not be for longer than the term of the IPR over which the licence is granted but can be for shorter periods.
- **Sub-licensing:** Whether and in what circumstances the licensee can allow others to exploit the IPR.
- **Retained rights:** Where an exclusive licence is provided consideration should be given to retaining rights for internal research and R & D purposes for DHCW and/or the NHS in Wales.
- **Benefits to NHS:** Where an exclusive licence is granted preferential rates for NHS parties who wish to purchase products and/or services should be included
- **Royalties and Audit Rights:** Careful consideration should be given to the calculation of royalties which should be linked to turnover and not to profit and the rights of audit and monitoring which exist to verify such figures.

5.14. Further guidance in relation to considerations in relation to the terms of IPR licences with third parties can be found in Appendix 1 to the Welsh NHS Guidance (See Appendix A)

Appendix A

[Microsoft Word - FINAL Guidance Framework Feb 2005.doc \(wales.nhs.uk\)](#)

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DIGITAL HEALTH AND CARE WALES

RISK MANAGEMENT REPORT

Agenda Item	3.6
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 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	<p>The Digital Governance and Safety Committee is being asked to:</p> <p>NOTE the status of the Corporate Risk Register.</p> <p>NOTE the Corporate Risks assigned to the Digital Governance & Safety Committee.</p> <p>DISCUSS the Information and Communication Technology deep dive reviews included for discussion.</p>

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 considering environmental factors members should note the UPDATED the World Economic Forum Long Term Global Risks Landscape (2021). The HM Government National Risk Register is still the 2020 edition, more information can be found at item 3.6i Appendix A.
- 2.4 The below are extracts/summaries from the World Economic Forum Term Global Risks Landscape (2021) for international context and consideration by the Board:

Underlying disparities

The damage from COVID-19 has been worsened by long-standing gender, race, age and income inequalities. Disadvantaged groups went into the crisis with lower resilience as a result of disparities in well-being; financial stability and security; and access to healthcare, education and technology. Previous editions of the Global Risks Report have highlighted that income inequality, despite declining on a global scale, had reached historical highs in many countries

Societal fragmentation

As public health gaps, digital inequality, educational disparities and unemployment—risks that result from a complex combination of existing inequalities and the impact of the pandemic— affect vulnerable groups the most, they may further fray social cohesion. Unsurprisingly, “social cohesion erosion” and “livelihood crises” are among the highest-likelihood and highest-impact long-term risks in the Global Risks Perception Survey (GRPS).

Narrowing pathways

Across developed and developing economies alike, the number of people without access to quality and affordable healthcare, education or digital tools is at risk of increasing. Billions of people face narrowing pathways to future well-being..... The growing gap between the technological “haves” and “have-nots”—amid pressures on public and private finances that could limit critical investments in digital education—will impede individual economic mobility.

- 2.5 In terms of DHCW’s Corporate Risk Register, there are currently 23 risks on the Corporate Risk Register included at Appendix B, of which 19 are for the consideration of this Committee. The Risk register presents the 10 public risks with 9 classified as private due to their sensitivity and will be received in the private session of the Committee.
- 2.6 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:

NEW RISKS (6) – 2 public, 4 private

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
DHCW0275	Welsh Immunisation System Server Capacity – This has been reduced since being initially reported to the SHA Board 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.

**DHCW0277
**DHCW0278
**DHCW0279
**DHCW0280

RISKED REMOVED (2)

DHCW0268	Data Centre Transition IF the dates for the data centre physical transition need to moved from Quarter 2 into Quarter 3, THEN there may be a resource constraint in various teams RESULTING IN a risk of failing to deliver some items in the annual plan and the risk of increased costs.	Risk Closed - Project complete and closed down via the Project Board. The residual risks were allocated to the relevant local risk registers for management. Staff are
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		now working on other programmes of work
DHCW0260	Shielded Patient List IF ISD are required to maintain the Shielded Patient List using current processes with significant manual intervention THEN the inherent risk of human error will persist RESULTING IN the possible incorrect identification of patients on the list.	Patient list not in current use by WG, risk deescalated to Directorate level for management

2.7 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 11 Significant and 8 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: ★ **DHCW0257: ↔ **DHCW0261: ↔ DHCW0273: Welsh Language Two Way Text Vaccination Appointment Message → **DHCW0278: ★	DHCW0204: Canisc System ↔ **DHCW0277: ★	
	MAJOR (4)		DHCW0205: DMZ/Internet Failures at Data Centre ↔ **DHCW0218: ↔	DHCW0208: Welsh Language Compliance ↔ DHCW0263: DHCW Functions ↔ DHCW0264: Data Promise ↔ DHCW0228: Fault Domains ↔ DHCW0201: Infrastructure Investment ↔ **DHCW0276: → DHCW0274: Welsh Immunisation System Network Connection ★	DHCW0269: Switching Service ↔ DHCW0237: Covid-19 Resource Impact ↔ DHCW0259: Staff Vacancies ↔	
	MODERATE (3)				DHCW0267: Host Failures ↔ **DHCW0229: →	
	MINOR (2)				DHCW0275: Welsh Immunisation System Server ↓★ Capacity	
	NEGLIGIBLE (1)					

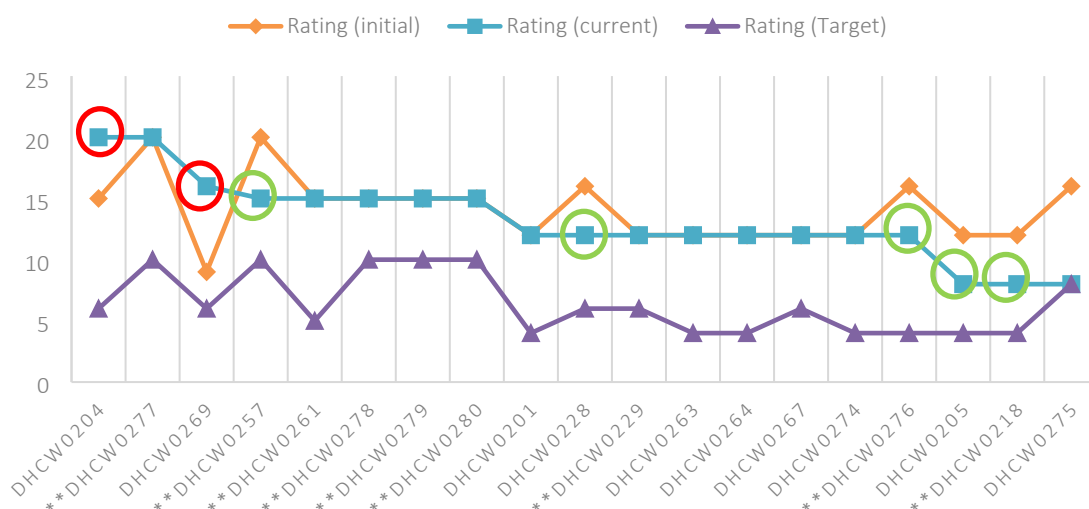
★ New Risk ↔ Non-Mover ↓ Reduced ↑ Increased

** Private Risks

2.8 The Committee are also asked to consider 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

** Private Risks



- 2.9 Committee members are asked to consider the Deep Dive Risks included at item 3.6iii Appendix C which is an ongoing request of the Committee to ensure oversight and scrutiny of specific risks assigned to the Committee. The report template is for use where the Committee wants to focus on particular risks. Key areas of focus will be on the current risk score, the target risk score, the mitigating action taken to date and the additional action required to achieve the target risk score and associated timeframes for doing so.

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.
 - NOTE** the Corporate Risks assigned to the Digital Governance & Safety Committee.
 - DISCUSS** the Information and Communication Technology deep dive reviews included for discussion.

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Risk Management Report

Author: Sophie Fuller
Approver: Chris Darling

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	All are relevant to the report
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	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 accountability
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
SHA Board	27 th January 2022	Reviewed
Risk Management Group	1 st February 2022	Reviewed

IMPACT ASSESSMENT	
QUALITY AND SAFETY	Yes, please see detail below
APPLICATIONS/IMPACT	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

Appendix A: [World Economic Forum Long Term Global Risks Landscape \(2021\)](#)

Risk categories

- ◆ Economic
- ◆ Environmental
- ◆ Geopolitical
- ◆ Societal
- ◆ Technological

Top Risks

by likelihood

- 1 Extreme weather
- 2 Climate action failure
- 3 Human environmental damage
- 4 Infectious diseases
- 5 Biodiversity loss
- 6 Digital power concentration
- 7 Digital inequality
- 8 Interstate relations fracture
- 9 Cybersecurity failure
- 10 Livelihood crises

Top Risks

by impact

- 1 Infectious diseases
- 2 Climate action failure
- 3 Weapons of mass destruction
- 4 Biodiversity loss
- 5 Natural resource crises
- 6 Human environmental damage
- 7 Livelihood crises
- 8 Extreme weather
- 9 Debt crises
- 10 IT infrastructure breakdown

How do respondents perceive the impact ↑ and likelihood → of global risks?



The HM Government National Risk Register (2020 edition) – 2021 not yet published

Impact (of the reasonable worst case scenario using the impact indicators below)	Level E			7 25†		Malicious Attacks 1. Attacks on publicly accessible locations 2. Attacks on infrastructure 3. Attacks on transport 4. Cyber attacks 5. Smaller scale CBRN attacks 6. Medium scale CBRN attacks 7. Larger scale CBRN attacks 8. Undermining the democratic process* Serious and Organised Crime 9. Serious and organised crime – vulnerabilities* 10. Serious and organised crime – prosperity* 11. Serious and organised crime – commodities* Environmental Hazards 12. Coastal flooding 13. River flooding 14. Surface water flooding 15. Storms 16. Low temperatures 17. Heatwaves 18. Droughts 19. Severe space weather 20. Volcanic eruptions 21. Poor air quality 22. Earthquakes 23. Environmental disasters overseas 24. Wildfires Human and Animal Health 25. Pandemics† 26. High consequence infectious disease outbreaks† 27. Antimicrobial resistance* 28. Animal diseases Major Accidents 29. Widespread electricity failures 30. Major transport accidents 31. System failures 32. Commercial failures* 33. Systematic financial crisis* 34. Industrial accidents – nuclear* 35. Industrial accidents - non nuclear* 36. Major fires* Societal Risks 37. Industrial action 38. Widespread public disorder
	Level D	34*		12 13 29		
	Level C		18 28 33* 36*	14 19 21 26† 27* 38	2 3 6* 15 16 17 20	
	Level B	30	24	35*	4 5 9* 10* 11* 23 32* 37	
	Level A			8* 22	31	
		< 1 in 500	1 to 5 in 500	5 to 25 in 500	25 to 125 in 500	
		Likelihood (of the reasonable worst case scenario of the risk occurring)				

*Risk not plotted in the 2017 NRR | †COVID-19 is not included in the risk matrix and is th

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3.6ii Appendix B 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
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Ref	Risk Type	Description	RA 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
DHCW0204	Security	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	01/02/2022	15	5	3	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: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 ACTIONS TO DATE: 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 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	20	5	4	6	3	2	Executive Medical Director	Non-mover

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3.6ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Risk Type	Description	RA 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
DHCW0269	Business & Organisational	Switching Service IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	07/12/2020	01/02/2022	9	3	3	<p>AIM:REDUCE Likelihood and REDUCE Impact</p> <p>FORWARD ACTION: Continue to monitor - 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.</p> <p>ACTION TO DATE: 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.</p> <p>01/06/2021 RMG: Escalated to Corporate Risk Register</p> <p>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. Continue to review options and escalate to Corporate register</p>	16	4	4	6	3	2	Executive Medical Director	Non-mover
DHCW0201 IMB	Service Interruption	Infrastructure Investment 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.	10/08/2017	01/02/2022	12	4	3	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: A revised infrastructure Business Case and Funding Requirement needs to be developed and submitted to secure additional funding for the longer term.</p> <p>ACTIONS TO DATE: A number of different funding streams have been identified to date to support the requirements for upgrading legacy infrastructure for 21/22. These include the Digital Priorities Investment fund with high priority risks being addressed first.</p>	12	4	3	4	4	1	Director of ICT	Non-mover

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3.6ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Risk Type	Description	RA 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
DHCW0228	Service Interruption	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	01/02/2022	16	4	4	<p>AIM: REDUCE Likelihood and REDUCE Impact</p> <p>FORWARD ACTIONS: A Cloud Strategy Business Case is being drafted by December 2021 which will mean fault domains will be provided by the host for those services. Additional new equipment deployment will continue to increase the number of fault domains planned for the remainder of the year</p> <p>ACTIONS TO DATE: Fault domains installed in all new equipment installations. Additional new equipment 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.</p>	12	4	3	6	3	2	Director of ICT	Non-mover
DHCW0263	Information Governance	DHCW Functions IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or	26/01/2021	01/02/2022	12	4	3	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions.</p> <p>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</p>	12	4	3	4	4	1	Executive Medical Director	Non-mover

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3.6ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Risk Type	Description	RA 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
		(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.														
DHCW0264	Information Governance	Data Promise IF the national conversation regarding the use of patient data (Data Promise) is delayed THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding ‘data and collaboration’ (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh	26/01/2021	01/02/2022	12	4	3	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise. ACTIONS TO DATE: The DHCW Digital Governance & Safety Committee wrote to Welsh Government for an update in December 2021. The specific responsibilities for implementation of the Data Promise have been given to the Head of Digital Strategy/Technology, Digital & Transformation, WG	12	4	3	4	4	1	Executive Medical Director	Non-mover

3.6ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Risk Type	Description	RA 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
		Government's Digital Strategy.														
DHCW0267	Service Interruption	<p>Host Failures</p> <p>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.</p>	23/03/2021	01/02/2022	12	3	4	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: Install new hardware and review system performance</p> <p>ACTIONS TO DATE: The periodic crashing issue continues. Previous recommendations from the manufacturer have not fixed the problem. Latest recommendation is to install some new hardware in the servers. This is on order and will be installed in a controlled way when they are delivered.</p>	12	3	4	6	3	2	Director of ICT	Non-mover
DHCW0274	Service Interruption	<p>Welsh Immunisation System Network Connection</p> <p>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</p>	05/11/2021	01/02/2022	12	4	3	<p>AIM:</p> <p>FORWARD ACTIONS: 14/01/2022. CLJ. Expect that additional Application Gateway Interface and associated changes will be installed within 1 week.</p> <p>Medium term - Progress with installation of second ExpressRoute service to replace the VPN</p> <p>ACTIONS TO DATE: 14/01/2022. CLJ. The resilient VPN connection has been put in place.</p> <p>-----</p> <p>Identification of the risk and risk assessment</p> <p>A change is going to CAB 12/01/22 to move one of the VPN links to CDC from NDC to make connections site resilient. Subject to approval it is expected that this will be addressed prior to 31/01/2022</p>	12	4	3	4	4	1	Director of ICT	Non-mover

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3.6ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Risk Type	Description	RA 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
DHCW0205 IMB	Service Interruption	DMZ/Internet Failure at Data Centre IF a failure of the DMZ network or Internet Circuit in Datacentre 1 occurred THEN DHCW patient facing digital services would be unavailable for users RESULTING in service downtime and reputational damage.	12/03/2018	01/02/2022	12	4	3	<p>AIM: REDUCE Impact</p> <p>FORWARD ACTIONS: Continue to identify the 'owners' of services in the DMZ in the new datacentre to raise the risk with a target date of end of December 2021 for that to be completed.</p> <p>ACTIONS TO DATE: All migrations of the planned services from Data centre 1 DMZ to Azure have now completed. Improvements have been made to resilience, so likelihood reduced to 'unlikely'.</p>	8	4	2	4	2	2	Director of ICT	Non-mover
DHCW0275	Service Interruption	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.	22/12/2021	01/02/2022	16	4	4	<p>AIM: Reduce IMPACT and LIKELIHOOD</p> <p>FORWARD ACTIONS None. Recommend closure or downgrade to directorate risk register</p> <p>ACTIONS TO DATE 14/01/2022. CLJ. Additional 10 virtual servers (5 per data centre) have been provisioned. 4 have been used to pool serving WISweb users. the other 6 have been allocated to the Vaccine booking system. Propose taht this can be closed.</p> <p>Infrastructure submit build request for an additional server per site prior to 24/12.Server has been built 06/01/22 and IQ'd 07/01/2022.</p>	8	4	2	8	4	2	Assistant Director of Application Development and Support	Reduced

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3.6iii Appendix C – ICT Risk Deep Dive

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

Date of Report:	1 st February 2022		
Originator:	Martin Prosser	Risk Name:	Infrastructure Investment
Likelihood/Probability Rating (1-5):	3	Impact/Consequence Rating (1-5):	4
Risk Reference ID:	12923 DHCW0201 (IMB)	Initial Score:	12
Target Score:	4	Current Score:	12
Background: (a brief background history of the risk being reviewed)			
<p>This is a risk that was raised in 2018 ahead of the development of a 5-year Business Case which was submitted to Welsh Government. Timely approval was required for funding as identified in the 2019-24 Business Case and subsequent 2020-2023 funding request. The DHCW discretionary capital allocation was insufficient to replace legacy infrastructure and provide capacity for growth. Also, there was insufficient revenue to fund required staff in core infrastructure teams and to address the shift from perpetual licenses to subscription licensing and cloud services.</p>			
Risk Description (IF....THEN.....RESULTING IN.....)			
(Risk descriptions to include details of the associated impact)			
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.			

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3.6iii Appendix C – ICT Risk Deep Dive

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

A number of opportunistic funding streams have been identified to date to support the requirements for upgrading legacy infrastructure since 2018. These include

- the Digital Priorities Investment fund with high priority risks being addressed first. The included the move to the new data centre in 2021 and new network at that site.
- Investments from COVID funds to address network and internet capacity.
- End-of-year capital funding – e.g. to replace WPAS hardware.

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

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

As a result of the capital funding that has been secured over the last few years major parts of the physical infrastructure have been upgraded. However, there is still insufficient discretionary capital to replace and further develop our infrastructure to keep pace with demand.

The revenue funding is currently the more significant challenge. This is for both the human resources required to manage and develop the current infrastructure and to keep pace with the changes in licensing arrangements for infrastructure services.

The current intention is to address this through a series of business cases, mainly via a Cloud business case. Alternative/complimentary approaches are to

- Re-allocate funding from other directorates in DHCW
- Seek additional core funding from Welsh Government
- Seek additional income from NHS Organisations to reflect the increasing costs of delivering services.

Recommendation from the risk owner:

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

Risk score should remain the same. While the deficit in the Capital funding gap has reduced the deficit in the revenue funding has increased.

Meeting Comments/Feedback

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

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

Date of Report:	1 st February 2022		
Originator:	Martin Prosser	Risk Name:	Lack of infrastructure 'fault domains' results in increased risk of Multiple Concurrent System Failures
Likelihood/Probability Rating (1-5):	3	Impact/Consequence Rating (1-5):	4
Risk Reference ID:	15340 DHCW0228	Initial Score:	16
Target Score:	6	Current Score:	12
Background: (a brief background history of the risk being reviewed)			
<p>DHCW uses virtual server environments to host the infrastructure that deliver national digital services. While these provide great flexibility and reduce infrastructure costs, any issues with these virtual server environments can impact many services. Having more virtual server environments and distributing the virtual servers across these, reduces the impact of a failure.</p> <p>There is a need to procure additional infrastructure to create multiple fault domains and re-engineer systems to make use of these additional fault domains. However, this is unable to be progressed until additional funding is provided by Welsh Government to procure the additional fault domains.</p>			
Risk Description (IF....THEN.....RESULTING IN.....)			
(Risk descriptions to include details of the associated impact)			
IF fault domains are not adopted across the infrastructure estate, THEN a single infrastructure failure could occur RESULTING IN multiple service failures.			

Tolley, Laura
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3.6iii Appendix C – ICT Risk Deep Dive

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

Where infrastructure replacement has taken place, DHCW infrastructure teams have delivered additional Fault domains where the technical feasibility and the funding has enabled this. In other cases infrastructure has been replaced, but additional fault domains have not been added. The use of cloud services as part of the Data Centre Transition Project has been utilised to provide some of the fault domains required.

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

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

The strategic intention is to move to use cloud services for hosting our services. Cloud providers can deliver the required fault domains through the use of Availability Zones or similar. The cloud strategy is nearing completion and associated business case will follow shortly. Additionally, new equipment deployment will continue to address increasing the number of fault domains where funding permits.

Recommendation from the risk owner:

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

Score should remain the same

Meeting Comments/Feedback

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

Tolley, Laura
02/10/2022 09:22:28

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

Date of Report:	1 st February 2022		
Originator:	Martin Prosser	Risk Name:	Intermittent fault on server farm causing instability issues.
Likelihood/Probability Rating (1-5):	4	Impact/Consequence Rating (1-5):	3
Risk Reference ID:	16598 DHCW0267	Initial Score:	12
Target Score:	6	Current Score:	12
Background: (a brief background history of the risk being reviewed)			
<p>DHCW uses virtual server environments to host the infrastructure that deliver national digital services. While these provide great flexibility and reduce infrastructure costs, any issues with these virtual server environments can impact many services. Hypervisor hosts on some of the virtual server farms are intermittently crashing causing virtual servers to restart on hosts. The impact to most services is limited (due to inbuilt resilience), however integration services servers are unable to elegantly move between hosts, crashing and causing service outages.</p>			
Risk Description (IF....THEN.....RESULTING IN.....)			
(Risk descriptions to include details of the associated impact)			
<p>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.</p>			

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3.6iii Appendix C – ICT Risk Deep Dive

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

A number of mitigation actions have taken place which include

- Working with the HyperVisor manufacturer to identify possible causes.
- Modifications of settings as result of the above.
- Installation of new hardware.
- Rebuild of hypervisor platform.

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

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

Replace the Hypervisor platform with a more modern alternative. This has been procured and is in the process of being installed. A migration to the new platform is scheduled in for Q1 and Q2 of FY 22/23

Recommendation from the risk owner:

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

Monitoring has shown that no failures have occurred for over two months. Recommend reduction of Likelihood to 2 (which will achieve target score of 6). Risk can then be closed as the Hypervisor replacement project is underway and identified in the IMTP.

Meeting Comments/Feedback

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

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

Date of Report:	1 st February 2022		
Originator:	Jamie Graham	Risk Name:	Risk to delivery of annual plan and increased costs if the data centre physical transition is moved from Q2 to Q3
Likelihood/Probability Rating (1-5):		Impact/Consequence Rating (1-5):	
Risk Reference ID:	16656 DHCW0268	Initial Score:	12
Target Score:	4	Current Score:	9
Background: (a brief background history of the risk being reviewed)			
This is related to the data centre transition project where delays in the circuits being delivered into the new data centre location raised a risk that delivery of the project would cause resourcing issues.			
Risk Description (IF....THEN.....RESULTING IN.....) (Risk descriptions to include details of the associated impact)			
IF the dates for the data centre physical transition need to be moved from Quarter 2 into Quarter 3, THEN there may be a resource constraint in various teams RESULTING IN a risk of failing to deliver some items in the annual plan and the risk of increased costs.			
Mitigating Action Taken to Date: (Detail the actions already undertaken to mitigate the risk impact)			
The Transition plan has been completed.			
Further Mitigation to Achieve Target Risk Score with timeframe for completion: (Detail the further actions required to achieve the target risk score and associated timeframes if known)			
None required			
Recommendation from the risk owner: (Should the risk score be increased, decreased, remain the same)			
Close risk			
Meeting Comments/Feedback (To be included after the meeting where the review is taking place)			
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DHCW RISK DEEP DIVE REPORT - To be completed by the Risk Owner

Date of Report:	1 st February 2022		
Originator:	Infrastructure Management Board (IMB)	Risk Name:	Risk of failure of Internet Facing Services as these are only hosted from one data centre
Likelihood/Probability Rating (1-5):	2	Impact/Consequence Rating (1-5):	4
Risk Reference ID:	13861 DHCW0205 IMB	Initial Score:	12
Target Score:	4	Current Score:	8
Background: (a brief background history of the risk being reviewed)			
<p>NHS Wales internet facing services (e.g. NHS Websites) are hosted on a network known as a DMZ. The DMZ was originally installed around 2010 at a single data centre as the dependency on the services was not deemed sufficient to justify the cost of replicating the infrastructure at a second data centre. However, as the dependency on the websites grew, this risk was raised in 2018.</p>			
Risk Description (IF....THEN.....RESULTING IN.....)			
(Risk descriptions to include details of the associated impact)			
IF a failure of the DMZ network or Internet Circuit in Datacentre 1 occurred THEN DHCW patient facing digital services would be unavailable for users RESULTING in service downtime and reputational damage.			

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3.6iii Appendix C – ICT Risk Deep Dive

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

Two primary actions have taken place to date

1. A new website content management system has been deployed in a Public Cloud Provider using servers from two UK regions to provide high availability. Websites for NHS Wales Trusts and LHBs have been migrated to this new platform.
2. All other services (including the systems that host other websites) have been moved from Data Centre 1 to a Cloud Provider – into a single region. Where it was practical to achieve this, the servers for individual services have been split across two availability zones to reduce the impact of a cloud data centre failure.

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

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

There are no plans for DHCW to address this underlying risk at an 'infrastructure level'. Rather, we are identifying the 'owners' of services in the DMZ and ensuring that they are aware of the risk. They will then be able to undertake a risk assessment for their specific use-cases and implement mitigations if deemed necessary.

DHCW hosts servers for Cwm Taf Morgannwg UHB, NWSSP and Velindre NHS Trust and they have been advised of the risk.

A paper providing an update on the latest position is planned for the February DHCW Management Board – where any further action can be agreed.

Recommendation from the risk owner:

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

Remain the same – until the review by the DHCW Directors at the management board.

Meeting Comments/Feedback

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

Tolley, Laura
02/10/2022 09:22:28

DIGITAL HEALTH AND CARE WALES INCIDENT REVIEW & ORGANISATION LEARNING REPORT

Agenda Item	3.7
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Michelle Sell, Chief Operating Officer

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 21st January 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 3 period 1st October 2021 to 31st December 2021.**

Incident Review and Organisational Learning Report

Author: Julie Ash
Approver: Rhidian Hurle

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			

One Early Warning Notification relating to a Cyber Security issue was reported to Welsh Government during the 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 this financial year.

Type	Total Reviews in Quarter 3	Open Reviews (from those started in period)	Closed Reviews		
			Downgraded	Completed	Breached
Business Continuity	-	-	-	-	-
Clinical/ Patient Safety	4	0	-	4	-
Cyber Security	-	-	-	-	-
Health & Safety	-	-	-	-	-
Information Governance	-	-	-	-	-
Information Services	-	-	-	-	-
MHRA Reportable Event	-	-	-	-	-
Technical	7	6	-	1	-
Welsh Language Standards	-	-	-	-	-
Total	11	6	-	5	-

2.1.3 Complaints & Redress (within reporting period)

Type	Total Reviews in Quarter			Open Reviews	Total Reviews in Quarter		
	Q3	Previous Quarter	Change		Downgraded	Completed	Breached
Complaints	-	-	-	-	-	-	-
Redress	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-

Although DHCW have not received any complaints, we have assisted in an investigation: Standards enforcement investigation CS041. This relates to “A complaint was received from a member of the public about an appointment letter for an Echocardiogram. The complainant was unhappy that the Welsh and English languages are mixed at the top of the letter and that the clinic's details are in English on the Welsh version of the letter” The complaint was directed to the Health Board and DHCW were requested to provide information around the functionality of the system that generated the letter.

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	0	0	1	0
Clinical/ Patient Safety	13	4	0	9	0
Cyber Security	-	-	-	-	-
Health & Safety	-	-	-	-	-
Information Governance	-	-	-	-	-

Information Services	-	-	-	-	-
MHRA Reportable Event	-	-	-	-	-
Technical	23	9	0	14	0
Welsh Language Standards	-	-	-	-	-
Total	37	13	0	24	0

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	1	-	-	-	1	-	-
Redress	-	-	-	-	-	-	-
Total	1	-	-	-	1	-	-

During Quarter 1, a query was raised as a complaint by Swansea Bay University Health Board regarding the breakdown of Service Level Agreement charges for the provision of junior doctor webmail and if the costs had been recalculated correctly for the year. This was subsequently retracted (downgraded).

2.2 Lessons Learned, Recommendations, and Actions

2.2.1 Incident Report Actions Identified

This table provides a summary of the number of actions identified from reviews which are held in the QIAL.

Actions identified as a result of Major Incident (MI) Reviews	Opportunities For Improvement (OFI)	Implemented	In Progress	Rejected ¹
9	25	31	3	0

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.

A breakdown of actions currently held in the Quality Improvements Actions Log follows in paragraph 2.2.2.

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

2.2.2 QIAL Actions with MI as a source

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

None identified as at reporting date.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

4 RECOMMENDATION

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

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

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Incident Review and Organisational Learning Report

Author: Julie Ash
Approver: Rhidian Hurle

5 GLOSSARY OF TERMS AND DEFINITIONS

Term	Definition
Business Continuity Reporting Timescales	<p>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.</p> <p>The leads for reporting are the Head of Corporate Services and Service Management Team Manager</p>
Clinical Incident Reporting Timescales	<p>Incidents falling under the NHS Wales National Incident Reporting Policy should be reported to the NHS Delivery Unit within 7 days</p> <p>The lead for reporting is the Serious Clinical Incident Investigations Manager</p>
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	<p>Incidents that occur should be reporting to the National Cyber Security Centre (NCSC) within 72 hours</p> <p>The lead for reporting is the Interim Head of Cyber Security</p>
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	<p>Schedule 1 of RIDDOR states that notification of an incident to the relevant enforcing authority is by the quickest practicable means without delay.</p> <p>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</p> <p>The lead for reporting is the Head of Corporate Services</p>
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	<p>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.</p> <p>The lead for reporting is the Head of Information & Health Records Programmes</p>
MHRA	Medicines and Healthcare products Regulatory Authority
MHRA Reportable Event	<p>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.</p> <p>The lead for reporting is the Quality Manager (Regulatory Compliance)</p>
Notification Period	The period of time to report an incident to the most appropriate body
Patient Safety Incident Reporting Timescales	<p>Incidents falling under the NHS Wales National Incident Reporting Policy should be reported to the NHS Delivery Unit within 7 days</p> <p>The lead for reporting is the Serious Clinical Incident Investigations Manager</p>
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	<p>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.</p> <p>The lead for reporting is the Service Management Team Manager</p>
Welsh Language Standards Reporting Timescales	<p>Complaints received under the Welsh Language Standards should be managed in line with the organisations complaints policy.</p> <p>The lead for reporting is the Board Secretary</p>

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6 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	N/A
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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 accountability
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	21 January 2022	Approved

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IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	<p>Yes, please see detail below</p> <p>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.</p>
LEGAL IMPLICATIONS/IMPACT	<p>Yes, please see detail below</p> <p>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.</p>
FINANCIAL IMPLICATION/IMPACT	<p>Yes, please see detail below</p> <p>Report contains summary of any incidents where redress is required. Some incidents may result in financial penalties for the organisation.</p>
WORKFORCE IMPLICATION/IMPACT	<p>No, there is no direct impact on resources as a result of the activity outlined in this report.</p>
SOCIO ECONOMIC IMPLICATION/IMPACT	<p>No. there are no specific socio-economic implications related to the activity outlined in this report</p>

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DIGITAL HEALTH AND CARE WALES

INFORMATION GOVERNANCE ASSURANCE REPORT

Agenda Item	3.8i
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

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

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

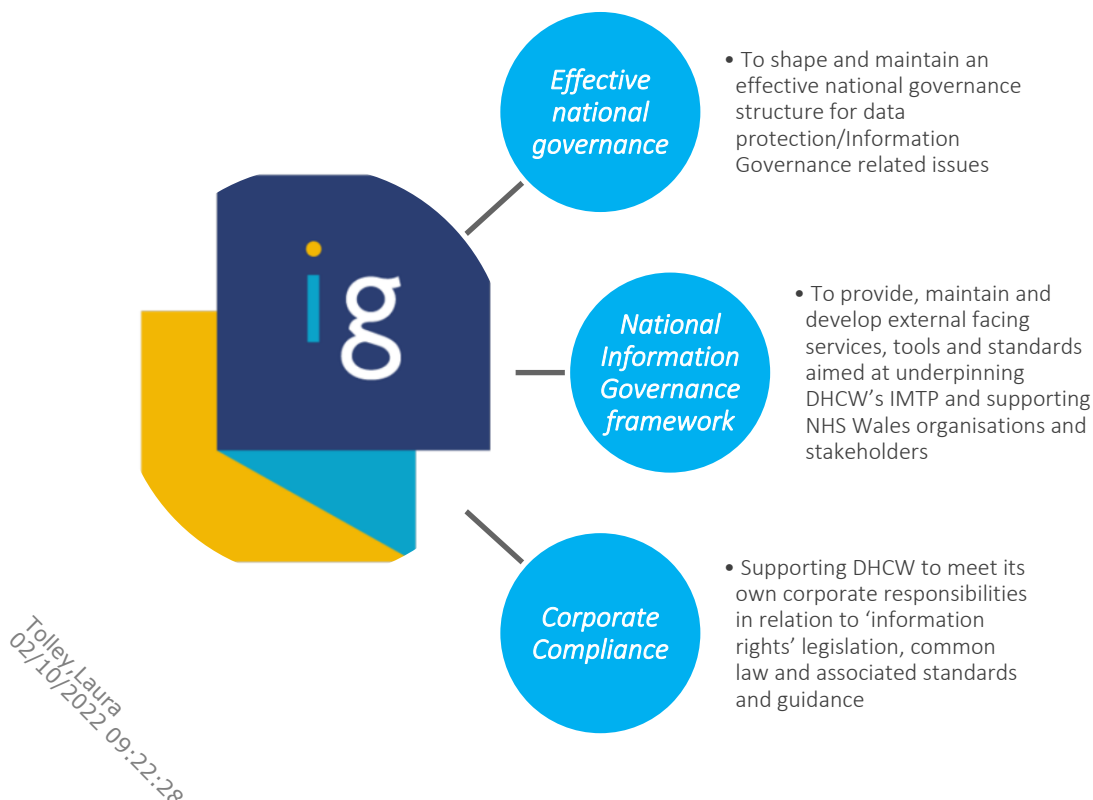
Tŷ GLAN-YR-AFON 21 Heol Ddwyrainiol Y Bont-Faen, Caerdydd CF11 9AD

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	WG	Welsh Government
ICO	Information Commissioner's Office	NDR	National Data Resource
GMP	General Medical Practitioners	DPIA	Data Protection Impact Assessment
DPO	Data Protection Officer	FOIA	Freedom of Information Act

1 SITUATION/BACKGROUND

- 1.1 This report is presented to Committee to provided 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 **23rd October 2021 to 21st January 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:



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 Welsh Government has gained ministerial approval to proceed with a national conversation regarding the use of patient data (The Data Promise) and changes to Primary and Secondary legislation and Directions leading to clarity on NHS Wales Authorities legal ability to increase data sharing and perform Information collection, processing and dissemination. Discussions will continue to be held through the National Data Resource (NDR) Information Governance Working Group with other stakeholders including Welsh Government, Social Care representatives and GP representative. A new Pathfinder group is being formulated that will consider the Information Governance operational challenges at the organisational level via responsibilities of a Local Data Resource.
- 2.1.2 The Information Governance Management and Advisory Group, a meeting of the heads of Information Governance across NHS Wales, met in October 2021 and January 2022. Topics discussed included an update on the Information Governance arrangements of the Digital Services for Public and Patient programme, a National Intelligent Integrated Audit Solution discussion around monitoring the 111 service and a discussion on internal NHS Wales move arrangements for starters, leavers, movers within Office 365.

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

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
055 iPassport	Internal	23/06/2020	21/01/2022
118 Vaccine Booking Service	External	27/10/2021	27/10/2021
119 Digital Services for Patients and the Public (Core Service)	External	27/10/2021	27/10/2021
120 Cancer Acceleration Programme - Interfaces	External	28/10/2021	07/01/2022
121 Medical Devices Information System	External	27/01/2021	27/10/2021
022 PowerBI Neurological Conditions Dashboard - Acquired Brain Injury	External	11/11/2021	18/11/2021
020 Choose Pharmacy - DMR V2	External	02/11/2021	30/11/2021
123 National Data Resource Immunotherapy	External	03/08/2021	20/12/2021
124 Personal Identifiable Information in ServicePoint	Internal	20/12/2021	21/01/2022
125 Multidisciplinary teams Plan EForm - Generic	External	10/01/2022	21/01/2022
127 Lean Library Futures	External	19/01/2021	19/01/2022

DPIAs signed off in reporting period			
Project	Internal/External	Date Started	Date signed off
083 Welsh Clinical Data Repository - openEHR Treatment Repository	External	15/12/2020	05/11/2021
115 Welsh Clinical Portal Patient Warnings	External	09/09/2021	30/11/2021

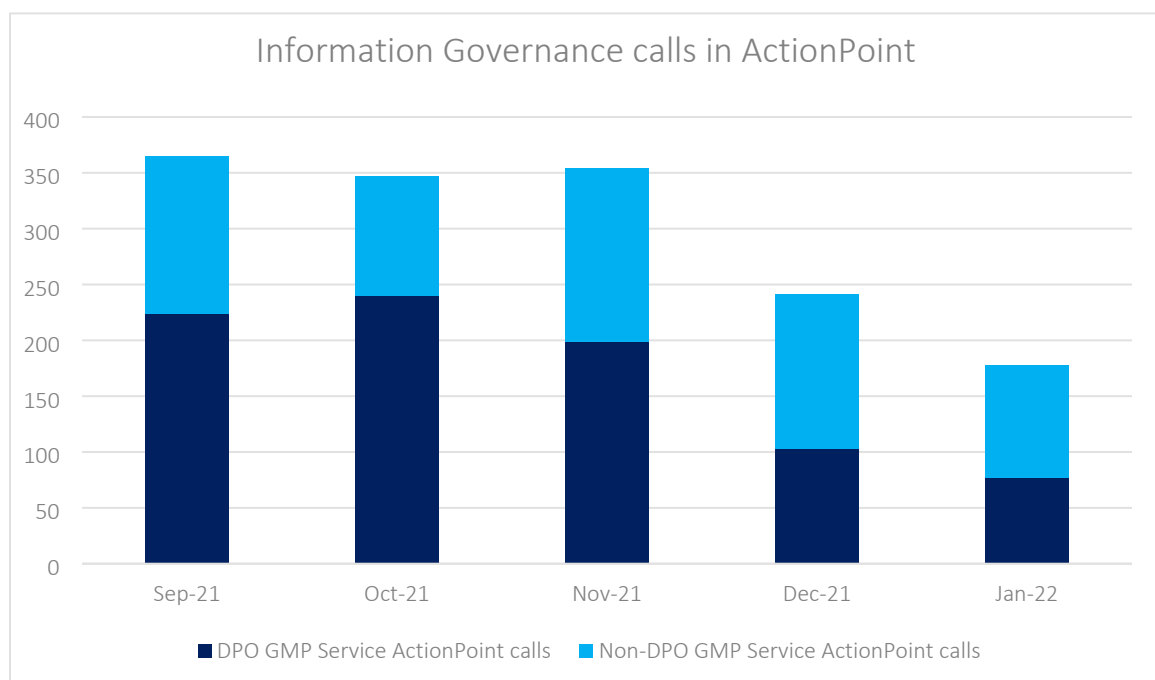
2.2.2 Number of calls into DHCW Information Governance Actionpoint System

The below chart shows the number of calls (e-mails) received via the Information Governance area 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 and 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 the last 6 months and how many of these calls related to the Data Protection Officer Service for GMPs:



Data as of 21st January 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.

Following completion of the 2020-2021 IG Toolkit, DHCW identified the following actions:

IG Toolkit area	Action	Priority	Progress
Business Responsibilities - Information Governance Management	Ensure there are appropriate Information Governance reporting arrangements in place once DHCW is established as a Special Health Authority.	Medium	Complete
Business Responsibilities - Information Governance Management	Develop and implement a DHCW Welsh IG Toolkit action plan.	Medium	Complete
Business Responsibilities – Information Sharing	DHCW to sign up to the Wales Accord on the Sharing of Personal Information and the Welsh Control Standard.	Low	Complete
Business Responsibilities - Freedom of Information Act and Environmental Information Regulations	Develop and maintain a publication scheme and disclosure log.	Medium	In progress
Business Responsibilities - Privacy Electronic Communications Regulations	Consider how Privacy and Electronic Communications Regulation applies.	Low	In progress
Business Management – IG Risk Register	Consider how Information Governance risks are recorded and managed.	Medium	In progress
Managing and Securing Records – Information Asset Register	Support work on the development of a new Information Asset Register.	Medium	Complete
Managing and Securing Records – Management of Records	Ensure DHCW has suitable IG policies in place.	Medium	Complete
Individual's Rights and Obligations – Right to be Informed	Review privacy information.	Medium	Complete
Individual's Rights and Obligations - Rights related to profiling and automated decision	Review Data Protection Impact Assessment template.	Low	Complete

Technical Security, Physical Security and Organisational Measures	Information Governance training for staff members using CCTV footage.	Low	In progress
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Further details about these actions are provided in Appendix A.

The 2021-2022 IG Toolkit for Health Boards, Trusts and Special Health Authorities commenced in October 2021. The deadline for submission is 31st March 2022. DHCW are on target to submit before this deadline. A paper on DHCW's 2021-2022's IG Toolkit submission will be provided at the next meeting. The DHCW team will continue progress on the above actions whilst completing the 2021-22 IG Toolkit, some actions may be carried forward as part of 2021-2022's IG Toolkit Action Plan.

2.3.2 IG Incidents and Complaints:

All IG incidents are reported using the DHCW Datix system. All IG incidents 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.

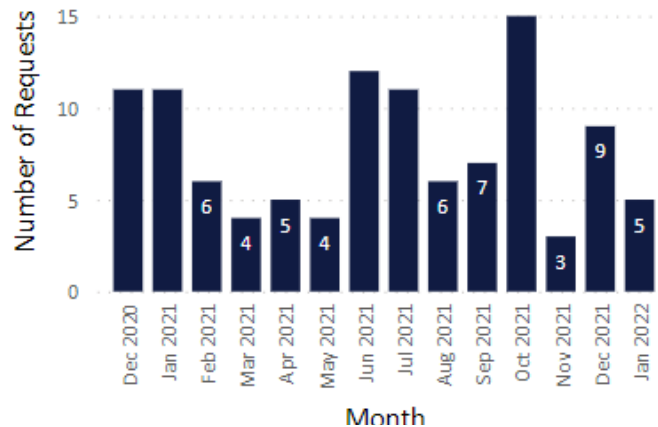
Category	Sub Category	Number of incidents	Self-Reported to ICO / WG	Complaints made to the ICO
Data Protection & Confidentiality	Breach of Data Protection Principle	2	0	0
	Code of Practice Breach	0	0	0
	Inappropriate disclosure of confidential information	2	0	0
Freedom of Information	Request over 20-day limit to respond	3	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

DHCW IG also received a query from the Information Commissioner's Office. This correspondence was following a complaint from a member of the public around the use of their demographic information. The complaint was targeted at other NHS bodies. DHCW IG responded with explanation of situation and DHCW's role. The Information Commissioner responded in turn, confirming they were happy with response, that DHCW had acted in line with data protection legislation and therefore, there was no further action for DHCW.

2.3.3 Information Governance Requests for Information

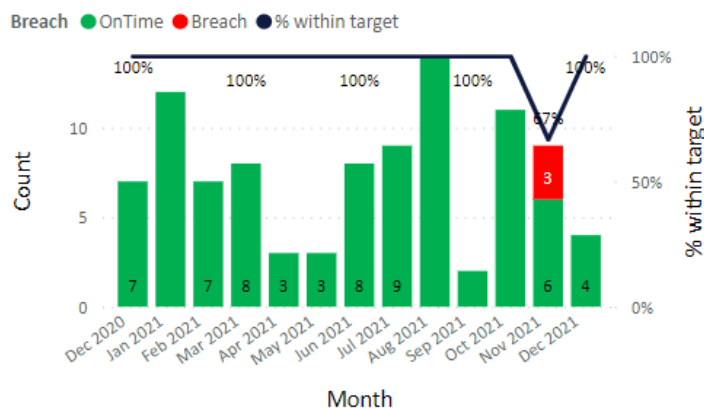
Members of the public are entitled to request information from public authorities. This includes information about themselves (Subject Access Requests) or information held by public authorities (Freedom of Information Act and Environmental Information Regulations requests). DHCW are required to respond to any requests in line with the requirements of the legislation.

Requests Received



21 Freedom of Information Act (FOIA) requests were received by DHCW between 23rd October 2021 to 21st January 2022

Response



3 FOIA requests within this time period were not answered within the statutory timescales.

The request for information process has been reviewed, in light of the 3 requests which were not responded to within the statutory timescales.

Changes have been made to the process to prevent these occurrences happening and ensuring we provide responses to requests for information, within the statutory timeframes.

There are currently 4 FOIA requests outstanding, all of which are within the statutory timescale to respond.

Outstanding
Requests

4

Open

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FOIA requests received within the reporting period by rating*			
	Minor	Amber	Major
October 2021 (in total)	11	4	0
November 2021	1	2	0
December 2021	3	6	0
January 2022 (as of 21/01/22)	4	1	0

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

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

DHCW also received 3 Subject Access Requests within this period, 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

4.1 The Digital Governance and 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:	

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission:N/A
Yes, applicable	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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6 APPENDIX A – IG TOOLKIT ACTIONS

IG Toolkit section: Business Responsibilities - Information Governance Management	
Action 1 – Reporting Arrangements	Risk
<p>NWIS' transition into DHCW requires assurances that Information Governance will continue to be reported to senior level.</p> <p>The move to a Special Health Authority will formalise reporting to a Board which includes independent members and Directors.</p> <p>This action was also identified as part of the internal audit conducted by NHS Wales Shared Services Partnership 2019/2020 and formally responded to in a follow up.</p>	<p>Lack of review and scrutiny of DHCW's level of IG compliance and assurance.</p>
Recommendation	Priority Level
<p>Ensure there are appropriate Information Governance reporting arrangements in place once DHCW is established as a Special Health Authority.</p>	<p>Medium</p>
Management Response	Responsible Officer /Deadline
<p>Following DHCW's establishment, DHCW's Board governance was created with Information Governance reportable into the DHCW SHA Board via the Digital Governance and Safety Committee.</p> <p>Management Board are also sighted on IG requests for information (Freedom of Information Act requests, Subject Access Requests etc) and IG incidents.</p>	<p>Action – Ensure there are appropriate Information Governance reporting arrangements in place once DHCW is established as a Special Health Authority.</p> <p>Darren Lloyd – Head of Information Governance</p> <p>Target date – April/May 2021</p> <p>Complete</p>

IG Toolkit section: Business Responsibilities - Information Governance Management	
Action 2 – Action Plan	Risk
<p>Developing an action plan from the submission of the IG Toolkit is a key part to ensuring compliance with IG legislation and standards.</p> <p>Actions should be identified, monitored, progressed and reported to ensure the level of compliance in these areas are improved. This will result in improving next year's submission of the IG Toolkit, and in turn, improving the organisations compliance with IG legislation and standards.</p> <p>The previous submission of the IG Toolkit was particularly pertinent, as the deadline for submission was 31st March 2021.</p>	<p>Not addressing areas of improvement from a previous IG Toolkit entry reduces DHCW's compliance with IG legislation and standards.</p>

Therefore, the evidence provided was in relation to NWIS' Information Governance compliance (i.e. before NWIS transitioned to DHCW on the 1st April 2021). The actions identified will take into account any actions required as a result of DHCW's transition from a hosted organisation to a Special Health Authority (ie where the organisation was reliant on Velindre University NHS Trust for policies etc).	
Recommendation	Priority Level
Develop and implement a DHCW Welsh IG Toolkit action plan.	Medium
Management Response	Responsible Officer /Deadline
<p>This document forms the DHCW Welsh IG Toolkit action plan. Further thought needs to be given as to how the IG monitor these actions. IG have considered whether these actions should be recorded and monitored as risks (see Action 6).</p> <p>Current Action: DHCW Welsh IG Toolkit action plan to be provided to the Digital Governance and Safety Committee for support and ownership of the identified actions.</p>	<p>Action – DHCW Welsh IG Toolkit action plan to be provided to Committee for support and ownership of the identified actions.</p> <p>Marcus Sandberg – Information Governance</p> <p>Target date – August 2021 Complete</p>

IG Toolkit section: Business Responsibilities – Information Sharing	
Action 3 – IG Framework commitment	Risk
<p>DHCW Information Governance manage and encourage organisations to sign up to the Wales Accord on the Sharing of Personal Information (WASPI) and the Welsh Control Standard for Electronic Health and Care Records (The Welsh Control Standard). DHCW was previously covered, as NWIS, under Velindre University NHS Trust's sign ups. Therefore, it is advised that DHCW commit to these frameworks.</p> <ul style="list-style-type: none"> The Wales Accord on the Sharing of Personal Information (WASPI) is a framework to help public service providers share personal information safely, effectively and lawfully. The Welsh Control Standard for Electronic Health and Care Records (The Welsh 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'. 	<p>DHCW could be criticised for hosting these frameworks and encouraging others to sign up without being signed up themselves.</p>
Recommendation	Priority Level
DHCW to sign up to the WASPI and the Welsh Control Standard.	Low

Management Response	Responsible Officer /Deadline
<p>WASPI and the Welsh Control Standard are key parts of DHCW's National Information Governance framework, which provides NHS organisations and external stakeholders services, tools and standards to improve and maintain their information governance responsibilities.</p> <p>Signing up to these frameworks will commit DHCW to following the principles set out in the WASPI Accord and Welsh Control Standard, which DHCW already meet.</p> <p>Sign up will require sign off by a designated person (the Chief Executive and the Caldicott Guardian) and the Data Protection Officer (Head of Information Governance).</p>	<p>Action – DHCW to sign up to WASPI and Welsh Control Standard</p> <p>Darren Lloyd – Head of Information Governance</p> <p>Target date – December 2021 Complete</p>

IG Toolkit section: Business Responsibilities - Freedom of Information Act and Environmental Information Regulations	
Action 4 - Publication Scheme	Risk
<p>In addition to responding to requests for information, the Freedom of Information Act 2000 outlines those 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.</p> <p>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.</p>	<p>DHCW may be subject to notices or fines from the ICO for not complying with the Freedom of Information Act 2000.</p>
Recommendation	Priority Level
Develop and maintain a publication scheme and disclosure log.	Medium
Management Response	Responsible Officer /Deadline
<p>Work has been undertaken setting out what is involved in creating a Publication Scheme.</p> <p>The IG team will require Committee support as this task will require assistance from other departments in creating and maintaining a publication scheme (including communications, corporate services, finance).</p> <p>Current Action: Further discussions to be held with the Board Secretary about creating a publication scheme.</p>	<p>Action – Further discussions to be held with the Board Secretary about creating a publication scheme.</p> <p>Marcus Sandberg – Information Governance</p> <p>Target date – March 2022</p>

IG Toolkit section: Business Responsibilities - Privacy Electronic Communications Regulations	
Action 5 - Privacy and Electronic Communications Regulation	Risk
The Privacy and Electronic Communications Regulations (PECR)	The ICO can take action

<p>give individuals specific privacy rights in relation to electronic communications.</p> <p>The extent to which PECR affects DHCW's activity needs consideration as DHCW does not undertake electronic communications such as marketing calls, emails, texts and faxes.</p> <p>The main PECR area for DCHW's consideration is website cookies. DHCW's position on cookies not only affects DHCW websites but also websites for NHS Wales organisations or affiliates, such as Health Boards and Trusts that use the national content management system. DHCW's current position on cookies needs to be reviewed to ensure this is compliant.</p>	<p>against organisations that are non-complaint with PECR including issuing fines.</p>
Recommendation	Priority Level
Consider Privacy and Electronic Communications Regulation applies	Low
Management Response	Responsible Officer /Deadline
<p>DHCW's main consideration in relation to PECR is cookies. 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.</p> <p>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'.</p> <p>Current Action: Software development to move this forward by looking into procurement/development for a cookie tool to meet the agreed option.</p>	<p>Action – Awaiting update from software development.</p> <p>John Sweeney – Information Governance</p> <p>Target date – March 2022</p>

IG Toolkit Section: Business Management – IG Risk Register	
Action 6 - Information Governance risks	Risk
<p>DHCW has a risk management policy, setting out how it manages information risk, how it monitors compliance and a process for staff to report and escalate information governance or data protection concerns and risks.</p> <p>The DCHW Information Governance team needs to review the policy to ensure they are delivering the policy requirements</p>	<p>IG team to ensure it delivers policy requirements</p>
Recommendation	Priority Level
Consider how Information Governance risks are recorded and managed.	Medium

Management Response	Responsible Officer /Deadline
<p>The DHCW IG team needs to consider developing a risk register for their team and a process on how these are escalated.</p> <p>The DHCW IG team have produced a proposal which has been consulted on within the team. The team are now awaiting the DHCW Risk Management Policy being updated, before proceeding to ensure that the IG approach aligns with the corporate approach.</p> <p>Current Action: Awaiting DHCW Risk Management Policy being updated.</p>	<p>Action – Implement IG risk management once Risk Management Policy is reviewed.</p> <p>John Sweeney – Information Governance</p> <p>Target date – March 2022</p>

IG Toolkit Section: Managing and Securing Records – Information Asset Register	
Action 7 – Information Asset Register	Risk
As identified in the internal audit conducted by NHS Wales Shared Services Partnership in 2019/2020, asset registers are an essential element of GDPR compliance. While DHCW has documented the key systems it provides as a service through the service catalogue, further work is needed to identify information assets including appointing information asset owners to understand what information is held corporately.	If DHCW is not fully aware of what information it holds, its information flows and lawful basis for processing and there is a risk of non-compliance with UK GDPR.
Recommendation	Priority Level
Support work on the development of a new Information Asset Register.	Medium
Management Response	Responsible Officer /Deadline
Information Asset Register developed and hosted on SharePoint. Information Asset Owners identified and training underway for the initial batch of 60 Information Asset Owners. Following training, the Information Asset Owners are expected to add Information Assets they are responsible for to the Information Asset Register.	<p>Action – Support work on the development of a new Information Asset Register</p> <p>Darren Lloyd – Head of Information Governance</p> <p>Target date – Complete</p>

IG Toolkit Section: Managing and Securing Records – Management of Records	
Action 8 – Information Governance Policies	Risk
<p>As a Statutory organisation, DHCW needs to ensure there are policies in place for certain activities such as records retention and managing individual rights under data protection legislation.</p> <p>Before the transition to DHCW, NWIS relied on Velindre University NHS Trust for certain policies and fell under their implementation of the All-Wales Information Governance policies</p>	The lack of policies could lead to a staff member not understanding and following IG legislation and good practice. In turn, this could cause data breaches and fines from the ICO for not having correct IG governance in place.

Recommendation	Priority Level
Ensure DHCW has suitable IG policies in place.	Medium
Management Response	Responsible Officer /Deadline
All 'All Wales' Information Governance policies and two DHCW policies (Information Asset and Access to Information) were approved by Board on 1 st April 2021.	Action – Ensure DHCW has suitable IG policies in place. Andrew Fletcher – Information Governance Target date – April 2021 Complete

IG Toolkit Section: Individual's Rights and Obligations – Right to be Informed	
Action 9 - Privacy information	Risk
<p>Under UK GDPR, individuals have the right to be informed about the collection and use of their personal data. This includes how we process personal information about both members of the public and our own staff.</p> <p>One method of informing is through privacy policies/notices. In light of the change to a Special Health Authority, DHCW will need to review their existing privacy policies/notices to ensure they are still appropriate.</p>	Not being transparent about how we collect and use personal data would be non-compliant with data protection legislation.
Recommendation	Priority Level
Review privacy information.	Medium
Management Response	Responsible Officer /Deadline
<p>DHCW's privacy information has been updated including:</p> <ul style="list-style-type: none"> • Privacy notice for members of the public • Privacy notice for staff • Privacy notice for members of the public specifically in relation to information held during the pandemic. 	Action – Review and publish privacy information Marcus Sandberg – Information Governance Target date – July 2021 Complete

IG Toolkit Section – Individual's Rights and Obligations - Rights related to profiling and automated decision	
Action 10 - Data Protection Impact Assessment template	Risk
<p>Data Protection Impact Assessment (DPIA) is a process to help organisations identify and minimise the data protection risks of a service, system or project. It is a legal requirement to complete a DPIA for processing that is likely to result in a high risk to individuals and good practice for any major projects which requires the processing of personal data.</p> <p>The DPIA process is well established within DHCW with the need</p>	Result in a lower score in the IG Toolkit, where not aligning with the DPIA template.

for a DPIA being identified through the Welsh Informatics Assurance Group (WIAG) process	
It was identified, through completion of the IG Toolkit, that the DPIA template could be updated to reflect some of the questions asked within the IG Toolkit, in particular, questions concerning the Right to Automated Decision Making.	
Recommendation	Priority Level
Review Data Protection Impact Assessment template.	Low
Management Response	Responsible Officer /Deadline
The ICO provided some feedback on the National DPIA template through a group of Information Governance leads for Health Boards and Trusts.	Action – Review Data Protection Impact Assessment template
The DPIA template was updated in line with the ICO's comments, the IG Toolkit questions and feedback from the Information Governance team.	Marcus Sandberg – Information Governance
	Target date - Complete

IG Toolkit Section - Technical Security, Physical Security and Organisational Measures	
Action 11 – CCTV Information Governance training	Risk
CCTV records personal data by capturing images of individuals. It was noted that security guards do not complete Statutory and Mandatory training, and therefore do not undertake the same IG training as the rest of DHCW staff.	Staff not being appropriately IG trained could lead to non-compliance with legislation, IG incidents and data breaches.
As security guards are responsible for CCTV, they should be aware of their IG responsibilities of dealing with personal data. Corporate Services are already involved in the process of CCTV footage and are aware that requests for disclosure should be checked with the Data Protection Officer (Head of Information Governance).	
Recommendation	Priority Level
Information Governance training for staff members using CCTV footage.	Low
Management Response	Responsible Officer /Deadline
Thought needs to be given to how this best can be implemented.	Action – Provide Information Governance training to staff using CCTV footage such as security guards and Corporate Services.
Current Action: Consider how training can be implemented and discuss with Corporate Services.	Marcus Sandberg – Information Governance
	Target date – March 2022

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DIGITAL HEALTH AND CARE WALES

WALES INFORMATICS ASSURANCE REPORT

Agenda Item	3.8ii
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Paul Evans, Quality Manager (Regulatory Compliance)
Presented By	Paul Evans, Quality Manager (Regulatory Compliance)

Purpose of the Report	For Assurance
Recommendation The Digital Governance and Safety Committee is being asked to: NOTE the contents of the report 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			
WIAG	Wales Informatics Assurance Group	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

1 SITUATION/BACKGROUND

1.1 Wales Informatics Assurance Process

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

The Wales Informatics Assurance Process has been in place since 2015 and is reviewed bi-annually (SOP-WIA-001) by Quality Manager (Regulatory Compliance) with the next scheduled review due in October 2023. The process involves a two-stage check point: Assurance Quality Plan and Safety Case & Readiness Report. Wales Informatics Assurance Group (WIAG) may assure minor changes via a Request for Change submission (for definitions of document types see Appendix A). There are 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 October 2021 to December 2021

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

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

Activity	AQP	SC&RR	WIAG review sign off	Director sign off
Eye Care digitisation – Interfacing Ph1			Project Manager following up on a number of outstanding issues prior to submission to Directors for approval	
WNCR 2.2			Service Management have requested more information. Service Desk - Discussion to be had regarding Support Model and resourcing. Project Manager following up on both workstreams	
Welsh Emergency Department System (WEDS) Discharge Summary document			11/10/2021	25/11/2021
WAST TerraPACE ePCR			11/10/2021	25/11/2021
Patient Warning in WCP			08/11/2021	02/12/2021
Clinical Data Engine – openEHR			08/11/2021	02/12/2021
Interim Authorisation Service			08/11/2021	13/12/2021
Choose Pharmacy: access to DMR for Pharmacy Technicians			22/11/2021	17/12/2021

Assurance Quality Plans within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Outcome of WIAG
Access for Pharmacy Technicians to DMR module	11/10/2021	AQP-WIA-0034	Approved
Interim Authorisation Service	08/11/2021	AQP-WIA-0035	Approved
Vaccine Booking Test Trace Protect	22/11/2021	AQP-WIA-0036	Approved
L&RS Case Management System Part One - D365	06/12/2021	AQP-WIA-0037	Under review
L&RS Case Management System Part Two - Document Storage and Sharing	06/12/2021	AQP-WIA-0038	Under review
AQP Powys eMPI	06/12/2021	AQP-WIA-0039	Approved
LINC LIMS Procurement	20/12/2022	AQP-WIA-0040	Under review

- **Access for Pharmacy Technicians to DMR module**

This new development will be delivered by the existing Choose Pharmacy development team:
To build upon the existing national Choose Pharmacy platform
To enable PTs and TPs to access the Choose Pharmacy DMR module and record DMR consultations.

- **Interim Auth Service**

The objective is to provide a temporary “Authorisation Service” solution to simplify access controls for Terminology Service support staff and content managers. This group of users need privileged access to Terminology Service APIs and support for external tools to call the APIs. The DHEW team have been reviewing existing API security for the Terminology Service as part of preparation for the procurement and roll out of an API management platform. As part of that review, we identified a need for an interim solution to simplify the access controls and improve security.

The DHEW team have developed an Authorisation Service. The DHEW team plan to host and provide limited support for this Authorisation Service so that it can be used Terminology Service support staff and content managers until a replacement solution is provided using the new API management platform.

- **Vaccine Booking Test Trace Protect.**

The objective of the project was to deliver a cloud (Microsoft Azure) hosted website that will be accessible to any Welsh Citizen who has been invited to come forward for a COVID-19 Vaccine. This website will interact with the Welsh Immunisation System through DHCW developed APIs. The main driver for the system is to improve the provision for COVID vaccination booking for Welsh citizens.

- **L&RS Case Management System Part One - D365**

The aim of the project is to implement a Case Management System for the Legal & Risk Services and Welsh Risk Pool Case Teams.

- **L&RS Case Management System Part Two - Document Storage and Sharing**

The aim of the project is to implement a document storage and sharing solution for the Legal & Risk Services and Welsh Risk Pool Case teams.

- **Powys eMPI**

Deliver a secure patient demographics eMPI query and response (PDQ) interface to the MediLogik Endoscopy Management System (UK Azure) cloud hosted application. This is to enable Powys THB clinical users, to utilise the new MediLogik EMS application procured for the purpose of scheduling and reporting of Powys THB patients requiring Endoscopy, Respiratory and Urology procedures and to improve the current health board patient service.

- **LINC - Laboratory Information Management System (LIMS) Service Procurement Project**

The aim of the LINC Programme is to enable the development of modern, safe, sustainable pathology services through end-to-end information systems & services. It underpins the

delivery of the Welsh Government Pathology Statement of Intent.

A key component is to further standardise pathology services across Wales through the procurement and implementation of a standardised laboratory information management system (LIMS) service.

Requests for Change within the reporting period

Activity/Project	Date received by WIAG	Ref number	Current Status
WAST ePCR	11/10/2021	RQF-WIA-0010	Approved
FHIR Terminology Server Ontoserver	08/11/2021	RQF-WIA-0011	Approved

Safety Case and Readiness Reports within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
Welsh Emergency Department System (WEDS) – Discharge Summary document	11/10/2021	SCRR-WIA-0024	Approved	None
WAST TerraPACE ePCR	11/10/2021	SCRR-WIA-0025	Approved	None
Patient Warning in WCP	08/11/2021	SCRR-WIA-0026	Approved	None
Clinical Data Engine – openEHR	08/11/2021	SCRR-WIA-0027	Approved	None
Interim Authorisation Service	08/11/2021	SCRR-WIA-0028	Approved	None
Choose Pharmacy: access to DMR for Pharmacy Technicians	22/11/2021	SCRR-WIA-0029	Approved	None

- **WNCR 2.2**

The intention of WNCR is to allow clinical users with appropriate access rights to complete electronic nursing documentation for assessment at the patient's bedside.

Version 2.2 of WNCR has been agreed as a technical release of the application, which will see no

new clinical functionality. The main scope item is a move to a single all-Wales instance of WNCr, including the web application and database, plus all supporting components.

- **Welsh Emergency Department System (WEDS) – Discharge Summary document**

The WCRS project will manage the introduction of new documents to WCRS in phases. Previous of the project is focusing on the documents set out below:

The objective of the WEDS project is to implement the procured 'Symphony' application into the Emergency Departments, Minor Injury Unit and Assessment Units across Health Boards, in line with the Master Services Agreement and the Health Board Deployment Orders.

- **WAST TerraPACE ePCR**

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.

- **Patient Warning in WCP**

The aim of the Patient warning in WCP is to enable users of the Welsh Clinical Portal (WCP) to be able to record, review and edit warning information about a patient.

For that warning information to be displayed in a prominent position in the WCP

For warning information to be attributed to the person entering the information alongside the date and time.

For the information to be coded to an existing information standard.

For the information to be stored in a central repository so that the information can be made available to other systems in the future.

- **Clinical Data Engine – openEHR**

The core objectives are deployment of an openEHR based data repository to support pressing requirements from projects such as accelerating Cancer in the short term, while incrementally building the components and related architecture for a Shared Medication Record and Acute Coronary Syndrome Pathway.

The project represents a tactical deployment of the Better Care platform to provide a 2-year window.

- **Interim Auth Service**

The objective is to provide a temporary "Authorisation Service" solution to simplify access controls for Terminology Service support staff and content managers. This group of users need

privileged access to Terminology Service APIs and support for external tools to call the APIs. The DHEW team have developed an Authorisation Service. The DHEW team plan to host and provide limited support for this Authorisation Service so that it can be used Terminology Service support staff and content managers until a replacement solution is provided using the new API management platform.

- **Choose Pharmacy: access to DMR for Pharmacy Technicians**

The group why Choose Pharmacy access is currently restricted to registered pharmacists and all services supported by Choose Pharmacy can currently only be provided by registered pharmacists.

Choose Pharmacy access for registered pharmacy technicians and trainee/pre-registration pharmacists (called 'PTs and TPs' in this document) was considered by the Community Pharmacy Digital Applications Board in June 2021 who approved access for these groups in principle. It was further decided to allow access to only the Discharge Medicines Review (DMR) module as a starting point.

This new development will be delivered by the existing Choose Pharmacy development team to build upon the existing national Choose Pharmacy platform.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

The following services (previously highlighted as requiring retrospective assurance) have now had AQP submissions to WIAG during January 2022 and will be captured in the Q4 report

- CRM (MVP and releases)
- Lateral Flow
- Wales Immunisation Service
- COVID results in WLIMS
- English COVID results

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 Q4.

4 RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:

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

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	
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	N/A
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WELL-BEING OF FUTURE GENERATIONS ACT							
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							
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							
Staying Healthy		Safe Care	X	Effective Care		Dignified Care	
Timely Care		Individual Care				Staff & Resources	

EQIA STATEMENT		
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		

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IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes
	The WIAG process supports Quality & Safety by providing relevant assurance for new and changed developments.
LEGAL IMPLICATIONS/IMPACT	No
FINANCIAL IMPLICATION/IMPACT	No
WORKFORCE IMPLICATION/IMPACT	No
SOCIO ECONOMIC IMPLICATION/IMPACT	No

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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 work streams required to assure the proposed change. WIAG makes a decision as a group as to whether or not a 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

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DIGITAL HEALTH AND CARE WALES INFORMATION SERVICES ASSURANCE REPORT

Agenda Item	3.8iii
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

Executive Sponsor	Rachael Powell, Deputy Director of Information Services
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 .	

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

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		

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. The report also gives an overview of progress made to date in respect of developing a Research and Innovation (R&I) Strategy for DHWC.

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 prior to consideration at the Welsh Information Assurance Group (WIAG). This will include a presentation by project leads where necessary to explain the context of assurance requirements.
- 2.2 Work has commenced 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.
- 2.3 ISD continue to support many of the COVID-19 TTP streams of work. In particular, the team supported the decision to make antiviral medicine and therapies available to some of the most clinically extremely vulnerable patients in Wales by helping to create a digital system to identify this cohort of patients and furthermore create a flag in the system whenever someone from this cohort tested positive for COVID-19. This system went live on 16 December and to date has helped to provide additional therapeutic support to over 250 of the most vulnerable people in Wales. The DHCW team are working closely with the Chief Pharmaceutical Officer in Welsh Government to define and further refine the system to ensure it is inclusive of eligible individuals.
- 2.4 DHCW have recently undergone an assessment of the resubmission in order to gain accreditation by the UK Statistics Authority under the requirements of the Digital Economy Act (DEA). 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. Initial feedback was positive although the outcome will not be known until the Research Accreditation Panel have reviewed the recommendation from the assessors.

- 2.5 A Research & Innovation (R&I) working group has been established within DHCW to assist with the development of an R&I strategy for the organisation. The R&I working group is also overseeing and helping to manage the current R&I activity across the organisation whilst we are establishing a new dedicated R&I function. Members of the R&I group recently presented progress of the emerging strategy to Board members, along with plans to engage with staff across the organisation, as well as key stakeholders external to the DHCW. Board members were supportive of this engagement plan and requested a further review of the emerging strategy in March 2022.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The risk (DHCW0260) in relation to the manual intervention that is required in producing and maintaining the Shielded Patient List has been reviewed and removed from the corporate risk register. The team continue to maintain the manual list until the time that the automated solution can be made available within an NDR production environment, and the risk will remain on the Directorate risk register.
- 3.2 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 consider how the NDR could replace the process of data acquisition as part of the data strategy work.
- 3.3 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**.

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5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Driving value from data for better outcomes
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CORPORATE RISK (ref if appropriate)	DHCW0260, DHCW2069
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below: A resilient Wales	

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

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

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

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
ISD Senior Management Team	27/08/2021	Approved

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

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DIGITAL HEALTH AND CARE WALES

DIGITAL PROGRAMME OVERVIEW UPDATE

Agenda Item	3.9
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

Executive Sponsor	Michelle Sell, Chief Operating Officer
Prepared By	Ruth Chapman, Assistant Director of Planning
Presented By	David Sheard, Assistant Director of Service Transformation

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

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 January 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 The Digital Programme Overview is detailed in full at item 3.9i in addition to a Deep Dive into the Electronic Test Requesting Programme, as requested by the Committee, included at item 3.9ii.

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 Digital Programme Overview Update for **ASSURANCE**.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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	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	14 Jan 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 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	No. there are no specific socio-economic implications related

IMPLICATION/IMPACT	to the activity outlined in this report

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CORPORATE PLANNING

Project Portfolio Q3 (1/4)

DECEMBER 2021

Key

Alerts

Finance



Resourcing and/or skills



Scope



Timescale



Dependencies



Agile



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	Roll Out The Architectural Building Blocks vision has been reviewed following thorough stakeholder engagement. It is to be presented to DHCW board in January 2022. Gartner has been working with a wide-range of national stakeholders to develop an NDR/DHCW Data Strategy, which is due beginning February. Next Major Milestone: Data Strategy published Feb 2022	National Data Resource Programme Board SRO: John Peters DHCW Director: Rebecca Cook	 	
					Internal Build				
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 Transition of physical infrastructure is now 100% complete. Test and Development functions are now migrated to Azure. The legacy Data Centre lease has been extended until the end Q4 21/22 to allow for one 3 rd party move outside of the project scope. A project is now being formed to start the Data Centre 2 objective.	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 Implementation plans are to be agreed with local Health Boards. The RAG status is Amber as, although the Programme Board have accepted the new dates for Velindre Cancer Centre to implement in Q1 22-23, VCC and DHCW are discussing potential delays. Next Major Milestone: Product Available (National) – Develop the Minimum Viable Product for Cancer Solution May 2022	Cancer Informatics Programme Board SRO: Tracey Cooper DHCW Director: Rhidian Hurle		
Digital Professional Empowerment	Electronic Test Requesting Expanding electronic test requesting to new disciplines and improving existing electronic test requesting functionality.	Initiate	Define	Build	Internal Build	Roll Out Radiology e-form V2 now live in CTM. BCU, SBUHB and VCC to take V2 early 2022. New histopathology e-form to be live in BCU Q1 2022/23 and a Phlebotomy module pilot to start in March. 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 early to 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		

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	Welsh Information System for Diabetes Management Project Board (Reports to Diabetes Implementation Group) SRO: Phil Evans DHCW Director: Rhidian Hurle RAG reason: Resource diverted to Cancer		
		Paediatrics		Antenatal		Current modules - adult and podiatry. Antenatal is in the Test stage. Paediatrics is in the Definition stage. Next major milestone: Paediatrics Build Complete June 22			Project Completion March 2023
		Adult and podiatry (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	Welsh Nursing Care Record (WNCR) Project Board SRO: Claire Bevan DHCW Director: Rhidian Hurle		
		Velindre, Swansea Bay, Hywel Dda, Powys, Cwm Taf				At least until March 2023. 3 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	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 delivery in line with supplier agile approach		
						Next Major Milestone Proof of Concept Phase March 2022 Minimum Viable Product Phase 1 Mar 2022, Phase 2 May 2022			
Public Health	Test Trace and Protect Covid-19 testing, contact tracing and vaccination data solutions	Initiate	Define	Build	External Build Internal Build	Roll Out	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 Grp Test Trace Protect Programme Oversight Group RAG reason: resource constraints, enlarged scope, volume of new requirements		
		Contact Tracing Immunisation Recording				All Health Boards and local authorities All Health Boards & Primary Care			

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 – Access to Choose Pharmacy for Pharmacy Technicians pilot Q4 21/22.	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 and dependency on data centre exit.	
Primary, Community and Mental Health	Dental E Referrals Integrating existing dental system with national systems to join up information across settings	Initiate	Define	Build	External Build	Roll Out Phase 1 roll out complete to all health boards - this project phase is about integration with other national systems Next Major Milestone , for integration work - Product Available (early Adopter) Q4 21/22	Dental Referral Management System Project Board stood down following completion of phase 1, Stakeholder Group to be reconvened	 
		All Health Boards					RAG reason: Delay due to internal resource constraints.	
Primary, Community and Mental Health	GP Systems Framework Implementation of new systems to GP practices, including any necessary integrations and developments.	Initiate	Define	Build	External Build	Roll Out Migrations due to start Jan 2022, subject to practice choice exercise. A number of developments in progress under current contractual arrangements - dependency on suppliers leading to delays to plans. Next Major Milestone , Migration Start	General Medical Services (GMS) IM&T Programme Board SRO: Lisa Dunsford DHCW Director: Carwyn Lloyd Jones	 
		Framework Contract final signatures awaited					RAG reason: Contract signature delayed plus supplier delays.	
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 & Hywel Dda), 3 further in pipeline (Cwm Taf Morgannwg, Aneurin Bevan, Swansea Bay). 15 Local Authorities live. Next Major Milestone : Strategic Review Q4 21/22	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 1 Health Board live at first site in December 2021. Cwm Taf Morgannwg scheduled next in 2022. Further roll out in other Health Boards subject to demonstration of success with initial implementations and WEDS Acceleration funding by Welsh Government. Next Major Milestone : Go-live CTM UHB Q2 22/23	National WEDS Project Board SRO: Jo Mower DHCW Director: Michelle Sell	
		Swansea Bay					RAG reason: Supplier delays	

PORTFOLIO	PRODUCT	Initiate	Define	Build	External Build	Roll Out	GOVERNANCE	RAG
Planned and Unscheduled Care	Welsh Intensive Care Information System Implementation of fully managed digital solution for Adult Intensive Care Units					<p>Roll Out Aneurin Bevan will be the first to implement in late 22/23. Followed by Cwm Taf Morgannwg, Cardiff & Vale, Betsi Cadwaladr, Swansea Bay and Hywel Dda. Change Control Notice is currently being drafted for revised dates.</p> <p>Project Completion Jun '24</p>	<p>Welsh Intensive Care Information System Programme Board SRO: Mark Dickinson DHCW Director: Michelle Sell</p> <p>RAG reason: Delayed implementation</p>	
Diagnostics	Radiology Informatics Solution Procurement of an end-to-end diagnostic radiology system to meet the clinical requirements of a modern imaging service					<p>Roll Out Outline Business Case being approved</p> <p>Next Major Milestone Start Procurement Jan 22</p> <p>Project Completion Jun '25</p>	<p>Radiology Informatics Solution Programme Board SRO: Matt John DHCW Director: Michelle Sell</p> <p>RAG reason: Delay in Business Case approval</p>	
Diagnostics	Welsh Imaging Archive Service Medical image sharing across Wales					<p>Roll Out Pilots planned with Swansea Bay and Velindre. No dates confirmed</p> <p>Next Major Milestone Build complete Qtr 4 21/22</p>	<p>Welsh Imaging Archive Service Project Board SRO: None DHCW Director: Rhidian Hurle</p> <p>RAG reason: Technical delays</p>	
Medicines Management	Digital Medicines Portfolio Designing new programme to modernise prescribing services across primary, community and secondary care.	<p>Primary Care -E-prescribing</p> <p>Secondary Care E-prescribing</p> <p>Patient Access to medicines</p> <p>Shared medicines record</p>				<p>Roll Out Programme and projects currently being defined and agreed</p> <p>Next Major Milestone ITT for EPMA Framework Contract Qrt 4 21/22</p>	<p>Governance being established</p>	N/A at this stage
Medicines Management	Welsh Hospital Pharmacy Stock Management System Electronic medicines stock control in secondary care					<p>Roll Out Implementation to every hospital pharmacy in Wales complete. Next steps are to roll out additional modules to all sites.</p> <p>Aneurin Bevan, Cwm Taf Morgannwg, Hywel Dda, Powys, Cardiff and Vale, Swansea Bay, BCU</p>	<p>Welsh Hospital E-Prescribing, Pharmacy and Medicines Administration Project Board Moved to Operational Governance</p>	

Electronic Test Requesting (ETR) Programme in NHS Wales

Griff Williams | Single Record Product Manager

18th February, 2022

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Benefits of Electronic Requesting - Pathology

For the lab

- High quality patient demographics.
- Legible request information including patient location, consultant and requesting clinician.
 - *C&V calculated that the lab were spending 29 hours each month responding to clinicians about rejected requests.*
- Barcode scanned receipting (only the sample taken date and time is keyed to the Lims system).
 - *29 seconds reduced to 6 seconds (Labs receive over 300,000 electronic requests per month from secondary care alone, each request averaging over 2 tests and multiple samples).*
- Relevant additional information related to the sample and clinical question to be answered.
- Demand management, with ability to see the quantities of forward dated requests.



For the requesting clinician

- Catalogue of available tests, with prompts for relevant information and guidance on tube types to prevent delays and repeats.
- Health Board defined bundled test-sets, offering fast selection and decision support.
- Request tracking, with updates from the Lab through to the final, authorised result.
- Retention of clinical information that was supplied with request.
- Personal notification of authorised results.
- Offers bulk requesting off a patient list, for clinics such as INR and maternity
- Barcoded forms can be simply re-printed, saving time in the event of loss.

For the patient

- Demand management and result visibility prevents patients needing to be unnecessarily re-tested.

Status of Electronic Requesting – Pathology (Blood Science & Microbiology)

Secondary Care

Aneurin Bevan	69% (requested electronically), increased by 13% (over 12-months)
Betsi Cadwaladr	91%, increased by 1%
Cardiff & Vale	78%, increased by 56%
Cwm Taf	78% (93% excl. PoW hospital, increased by 2%)
Hywel Dda	48%, increased by 3%
Powys	36%, increased by 36%
Swansea Bay	52% (47% incl. PoW hospital), increased by 13%
Velindre	97%, increased by 26%

The BCU and Cwm Taf gaps to 100% are explained to be blood transfusion, mental health and sexual health clinics requesting, where separate underlying demographic systems remain.

All other inpatient and outpatient settings are digital first, with continually increasing numbers at other Secondary Care locations through the programmes of Business Change.

Project Managers: Sally Pritchard (Blood Science), James Braun (Histology, Phlebotomy module)



Status of Electronic Requesting – Pathology (Pandemic)

DHCW rapidly tailored a version of the pathology ETR form and mechanism for Covid testing, making it available for use on 9th April 2020.

The service allows Covid-19 PCR test requesting to be completed electronically across all Deloitte, Health Board and Welsh Ambulance managed community test sites in Wales. The solution was iteratively evolved to speed up the workflow and improve data quality, based on user feedback.

Over 540,000 of the Welsh Population have had their PCR tests placed using the Welsh Clinical Portal, 1.275 million swabs sent to labs in all.

With improvements in data quality from the public booking application, the mechanism was fully evolved to an automated label printing solution in 2021.



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Status of Electronic Requesting – GP Surgeries

Primary Care (GPTR)

Aneurin Bevan	71%, increased by 4% (over 12-months)
Betsi Cadwaladr	74% (96% ICE*), increased by 11% (-1% ICE)
Cardiff & Vale	64%, increased by 64%
Cwm Taf	72%, increased by 55%
Hywel Dda	46%, increased by 8%
Powys	44%, increased by 19%
Swansea Bay	73%, increased by 21%



During 2020 all GP's were been offered access to Welsh Clinical Portal (WCP), providing visibility of out of area results, result graphing and other benefits including patient letters, inpatient and outpatient activity. During January 2022, 557 GP's used WCP across 232 surgeries.

The GPTR gaps to 100% are explained as specific GP surgeries who have been resistant to change.

* ICE requesting numbers *only* include the GP surgeries in and around Wrexham using ICE, not all surgeries in the geographical area (i.e. metrics are not like-for-like).

Project Manager: Carley Goaman (GPTR development within the DHCW Community applications team, implementation within the DHCW Primary Care Team).

Benefits of Electronic Requesting – Radiology

For the department

- High quality patient demographics.
- Legible request information including patient location, consultant, requesting clinician and diagnostic needed.
- Auto-populated request, removing the transcription from paper to radiology system.
- Relevant additional information related to the sample and question to be answered.
- Demand management, with ability to see the samples scheduled to arrive based on request.
- Removes overcrowding the reception area.

For the requesting clinician

- Catalogue of available tests, with prompts for relevant information to prevent delays and repeat requests.
- Request tracking, with updates from the department though to the final, authorised result.
- Retention of clinical information supplied with request.

Personal notification of authorised results.

- Removes the need to walk the paper around to the radiology department, or the paper becoming lost during the transportation.

For the patient

- Demand management and result visibility prevents patients needing to be unnecessarily re-scanned.



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Status of Electronic Requesting – Radiology

- Cwm Taf live across 2 hospital sites.
- Cwm Taf radiology department are testing e-vetting as a phase 2 of their implementation.
- Betsi Cadwaladr preparing to launch in the coming weeks.
- Velindre, Swansea Bay and Aneurin Bevan to acceptance test the solution to assess their business change.



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Project Manager: Sally Pritchard

Benefits of Result Notification & Digital Signoff



- Requestors and consultants are notified of new results without needing to search or make a note to check back. This is particularly important on outpatient and microbiology reports, which can take weeks.
- Abnormal results are immediately notified and accessible, radiology is routinely now being signed off within 24 hours of reporting. There is evidence of patients being called back sooner on notification of abnormalities.
- Provides the ability to halt the paper reports that are routinely sent in respect to tens of thousands of results produced each month
- Actions taken are recorded in the patient's digital record on WCP, an audit trail exists demonstrating who has viewed the record.

"I became aware of the patients' results via result notifications, and then I was able to initiate management changes to their medications on the same day which would otherwise resulted in a delay of possibly a week."

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 Durai, CAV UHB

"Many children undergo investigations during their attendance, the final results of which may not be ready until days or hours following attendance. Current mechanisms for signing-off results rely on paper processes which are not robust. Clinical incidents have occurred due to failure to detect abnormal results. - Result notifications achieve timely acknowledgment and sign-off of the results of all investigations initiated by the team, and if the patient is no longer on the ward it is still actioned."

- C&V Paediatric department

Status of Result Notification & Digital Signoff



- Velindre plus 6 of the 7 Welsh Health Boards have consultant teams using result notification and digital signoff. Aneurin Bevan are actively promoting ETR but not result signoff.
- During January 2022, over 37,100 diagnostic results were signed by 265 clinicians on behalf of 235 consultants. 28% of January's notified results had been signed off by 1st February.
- Enhancements to the signoff feature is being rolled about across Wales, in order to accelerate the uptake of digital signoff.
- Clinical team working and business change activities are intending to drive up the percentage of notified results being signed off.
- Departments such as radiology are being suggested the process of checking WCP for the digital acknowledgment of receipt and actions, to save chasing up those reports identifying particular abnormalities.

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Governance

- Single Record Service Management Board (Dr Robert Bleasdale, Chair)
- GPTR Project Board (Dr Anne Marie Cunningham, Chair)
- ETR Project Board (Dr Robert Bleasdale, Chair)
- Linc Programme (Judith Bates, Programme Lead)
- RISP Programme (Judith Bates, Programme Lead)
- Welsh Informatics Assurance Group (WIAG)
- AAAG (Application Architecture Assurance Group)

Supported by:

- Result Notification User Group
- Radiology Requesting User Group
- Pathology/Histopathology Requesting User Group
- Cardiology Requesting User Group
- Patient Safety Workshops



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Planned activities through 2022/23

- **Blood Science & Microbiology** - continued Business Change and hardware refreshes at hospital sites and GP surgeries, which have proven to be the major contributors in those locations that have already reached the 90% target.
- **Histology** - completion of the Histology test request capability, specifically the integration with the NHS Wales National Repository services and Lims.
- **Blood Science and Microbiology** - completion of a modernised electronic Blood Science & Microbiology test request form, including functionality from the recent radiology form.
- **Radiology** - roll-out of the electronic requesting solution to the second and third health boards (Betsi Cadwaladr, Swansea Bay).
- **Radiology** - enhanced to incorporate cancel request option and scope of practice; further control over requesting.
- **Phlebotomy module** - first implementation of the new tablet-friendly application, presenting recorded requests alongside patient ward location. The up-front sample taken date and time will make the lab reception process scan-only. The application is a candidate for Cloud hosting for national rollout.
- **Result notification and signoff** - continued roll-out of result notification and digital sign-off, the third of the agreed three key enhancements being deployed across Wales.
- **GP Requesting** - devising the strategy for GP use of the modern requesting module for Blood Science & Microbiology, and new request capabilities for Histology, Radiology and Cardiology requesting.
- **Radiotherapy** - Implementation of treatment requesting solution within Velindre hospital.
- **Cardiology** - Implementation of electronic request form to print.
- **Electronic request receipt and workflow** – evolution of the new radiotherapy request workflow capability, allowing those hospital services without a receipting system (including Cardiology and Endoscopy) to become fully electronic.

DIGITAL HEALTH AND CARE WALES DATA CENTRE TRANSITION PROJECT CLOSURE REPORT

Agenda Item	3.10
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	18 February 2022

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

Executive Sponsor	Carwyn Lloyd-Jones; Director of ICT
Prepared By	Sophie Kift; Principal Project Manager
Presented By	Carwyn Lloyd-Jones; Director of ICT

Purpose of the Report	For Assurance
Recommendation The Digital Governance and Safety committee is being asked to: Receive the report 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			
AVS	Azure VMware Solution	NDC	Newport Data Centre
BT	BT Group	PSBA	Public Sector Broadband Aggregate
BDC	Blaenavon Data Centre	SRO	Senior Responsible Officer
DCT	Data Centre Transition	TESTDEV	Test and Development
DHCW	Digital Health and Care Wales	WCCIS	Welsh Community Care Info. Service

1 SITUATION/BACKGROUND

- 1.1 In August 2020, the provider for Blaenavon Data Centre (BDC) indicated that they no longer wished to provide Data Centre services and the contract expires on Sunday, 31 October 2021. Therefore, Digital Health and Care Wales (DHCW) required a replacement Data Centre co-location capacity and conduct a move all systems from BDC prior to this date.
- 1.2 In order for DHCW to combine efforts in the movement and modernisation of infrastructure and acceleration of Cloud adoption, mandate was provided to commence with the Data Centre Transition (DCT) Project. The DCT Project was formed in September 2020 and the DCT Project Team swiftly began progressing actions through three workstreams, enabled and focused on delivering the safe transition of systems from BDC to a new Data Centre/Hybrid Cloud.
- 1.3 The purpose of this Project Closure Report is to outline the achievements of the Data Centre Transition Project, measuring associated activities against project objectives and deliverables. This report will also highlight any outstanding tasks, risks or issues for handover upon project closure, in addition to the presentation of lessons learnt.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Reason for Closing the Project

The scope of the DCT Project outlined in its planning phases and defined in the Project Initiation Document (PID) is defined as follows:

- **Procurement** and provision of a replacement Data Centre.
- **Design**, configuration and implementation of architecture and infrastructure for the replacement Data Centre and hybrid-cloud model.
- **Assurance** activities that will prepare NHS Wales and Third-Party Services for transition.
- **Transition of TESTDEV and DMZ** environments from BDC to Cloud.
- **Transition of all NHS Wales and Third-Party Services** from BDC to the replacement Data Centre.
- **Upgrading** of Newport Data Centre network, in line with that implemented at the replacement Data Centre.
- **Decommissioning** of all DHCW/Third-Party equipment in Hall 1 of the Blaenavon Data Centre, post transition.

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All DCT Project activities were planned in alignment with the end of the contracted use of BDC with Shard Resource Services (SRS), the operators of BDC, planned for 31 December 2021. The DCT project has concluded its activities to facilitate the transition of physical infrastructure from BDC to the replacement Data Centre – CloudCentres Data Centre – and is now proposed for closure.

This decision has been endorsed by the Carwyn Lloyd-Jones (DHCW Director of ICT and DCT Project Senior Responsible Owner (SRO)), Jamie Graham (DCT Programme Manager) and the DCT Project Board.

2.2 Project Performance Against Objectives

The table below lists the main objectives for the project, comments on achievements with reasons for non-achievements.

Objective	Fully mitigate the risk of operating from a legacy Data Centre where the provider has stated that they will be terminating their services.
Status	ACHIEVED
Comments	<p>The DCT Project planned activities to mitigate the risk of operating from a legacy Data Centre in alignment to the termination of the contract with SRS.</p> <p>All infrastructure at Blaenavon Data Centre was either transitioned or decommissioned as part of the Transition Batch Plan.</p> <p><i>N.B. The Welsh Community Care Information System (WCCIS) will transition to CDC in February 2022. At the request of the WCCIS Programme Board, this transition has been removed from the scope of the DCT Project and will be coordinated by the WCCIS Programme.</i></p>
Objective	Enable NHS Wales adoption of a replacement, future resilient Data Centre, and cloud platform.
Status	ACHIEVED
Comments	<p>This objective was achieved via both the Architecture and Infrastructure & Cloud workstreams. A significant amount of activity has been undertaken by DHCW Infrastructure Design and Operations Teams to design and implement a resilient network that will sufficiently manage existing and future capacity.</p> <p>In addition, the DCT Project has successfully created two Cloud platforms for DMZ and Test and Development environments:</p> <ul style="list-style-type: none"> The DMZ environment is hosted via an Azure-native platform. 54x servers were migrated from on-premise infrastructure to the Cloud between 06 April and 29 May 2021. The TESTDEV environment is hosted via Azure VMware Service. 340 servers were migrated from on-premise infrastructure to the Cloud between 19 and 24 November 2021.

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Objective	Support the successful transition of NHS Wales and Third-Party systems in a safe and secure manner, adhering to the existing contractual arrangements.
Status	ACHIEVED
Comments	<p>The Data Centre Procurement and Relocation workstream engaged with Third-Party Suppliers of systems and Services to inform, plan, and coordinate the safe and secure transition of their infrastructure to the replacement Data Centre.</p> <p>The DCT Project with DHCW Commercial Services met regularly to discuss the contractual and commercial arrangements with Services and their suppliers to prepare required change notes and plans to enable the transitions to occur without jeopardizing commercial agreements. The DCT Project offered to transition Third-Party Supplier infrastructure as principle to reduce complexity, cost, and risk. This was accepted by all Third-Party Suppliers with exception for Welsh Community Care Information System (WCCIS) Programme and their Third-Party Supplier (Advanced), who made the decision to transition their infrastructure with their Third-Party Supplier, SysGroup.</p> <p>All Third-Party Supplier transitions were included in a Transition Batch Plan and was coordinated with other DHCW Infrastructure to be transition in the planned transition window. All Third-Party Supplier infrastructure in scope of Transition Batch Plan was transition to CDC by 26 September 2021. All Third-Party Supplier infrastructure was carefully tested post-transition with success.</p>

2.3 Project Performance Against Outputs

A project output is defined as tangible and intangible products that come from project activities. The table below lists the project outputs, comments on achievements with reasons for non-achievements.

Output	An agreed contract for a replacement Data Centre
Status	ACHIEVED
Comments	DHCW sought a replacement Data Centre provider through an open tender process. On Thursday, 3rd December 2020, DHCW formally awarded the contract for the replacement Data Centre. The CloudCentres Data Centre is Tier 3 rated and located in South Wales.

Output	A documented and approved network and infrastructure design for the replacement Data Centre, inclusive of connections to Newport
Status	ACHIEVED
Comments	DHCW Infrastructure Teams, in conjunction with WhiteSpider, designed and implemented an improved network in CloudCentres Data Centre inclusive of connections to Newport and BT/PSBA connectivity. At the time of writing, there are some testing and documentation activities outstanding; these are due to be completed by Friday, 17 December 2021.

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Output	A documented and approved hybrid-Cloud model
Status	ACHIEVED
Comments	As part of the creation of DHCW Cloud platforms, Infrastructure Design and Operations Teams created overview documents to detail DMZ and TESTDEV environment design, pre-requisites for migration (e.g., firewall requirements) and the migration methods that would be utilised. These have been reviewed and approved by the DCT Project Team, but further activity is underway re: this output and will be supported under the remit of the Cloud Strategy Programme and related Projects.

Output	A transition plan and schedule which details actions for NHS Wales and Third-Party Services
Status	ACHIEVED
Comments	<p>The DCT Project defined groups and a sequential order that infrastructure that should transition to the replacement Data Centre. In agreement with the National Services Management Board (NSMB), a transition window 06 August – 26 September 2021 was agreed as the most opportune time to transition infrastructure, mitigating risk to NHS Wales Services, and weekend transitions within this window were scheduled.</p> <p>Applications and Services were informed of the risk to geographic resilience when infrastructure would be transitioned. Services and Third-Party Supplier Services were engaged throughout the planning process in preparation. All Services with geographic resilience were switched over to Newport Data Centre (NDC) ahead of transitions commencing, to ensure they wouldn't be impacted by infrastructure transitioning. Services with no geographic resilience were engaged with to plan downtime.</p>

2.4 Project Performance Against Outcomes

A project outcome is defined as the benefits that the project is set to deliver. The table below lists the project outcomes, comments on achievements with reasons for non-achievements.

Outcome	Continued delivery of the on-premise Infrastructure that supports NHS Wales' National Services
Status	ACHIEVED
Comments	The DCT Project coordinated Applications, Services, and Third-Party Suppliers to test infrastructure following transition to CDC. No infrastructure was damaged or non-responsive post transition. Following this testing, geographic resilience could be reestablished. Services were then able to fail over to CDC from NDC to test that Services could be operational from CDC. The ongoing coordination of this activity and assurance of resilience will be managed by the Systems Resilience Programme post project closure.

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Outcome	Upgrading of network infrastructure
Status	ACHIEVED
Comments	<p>A significant amount of activity has been completed under the remit of the DCT Project Network Implementation Plan, including but not limited to the build of a new, resilient network in CloudCentres Data Centre. This network utilises improved ACI technology and as part of the implementation, upgrades have been performed to existing hardware which has contributed to the mitigation of risk within the Organisation.</p> <p><i>N.B. Whilst the majority of activity has been completed, issues have been experienced with the implementation of the second WAN link. This activity is being conducted by BT/PSBA, in conjunction with DHCW resources, and completion (including required testing) will be handed over to Business-as-Usual operations.</i></p>
Outcome	Roadmap to Cloud adoption, promoting a Cloud-first approach for future Projects/Programmes
Status	NOT ACHIEVED
Comments	<p>Whilst Cloud migration activities have demonstrated some capability of Cloud-hosting and promoted a Cloud-first approach to DHCW Application Managers and Service Owners, a Cloud Strategy Programme has been initiated – outside the remit of the DCT Project – which will lead on the development of an Organisational roadmap for future Cloud adoption.</p>

2.5 Project Performance Against Costs

At project closure, there are administration activities to complete to close the finance position. This is due to items such as 'CDC Power consumption costs', which remain forecast until invoiced. All outstanding activities are agreed and awaiting receipting.

The large amount outstanding is £68,400 for the WCCIS move costs. Now that this work package has been transferred to the WCCIS Programme Team, the money will be moved to their cost code in preparation for their equipment move in February.

Once complete and final receipting ends, the forecast at project closure is an underspend of £2194.

Options to support operational pay budgets, for overtime used during the added weekend work, can be utilized to zero the budget within the financial year.

2.6 Project Performance Against Timescales

At Project Initiation, in September 2020, the original deadline for the DCT Project was set as 31 March 2021 but this was extended to 31 October 2021 when the scope of the project and all pre-requisites to transition activities were realised (e.g., COVID-19, Lead times for circuit installations, delays to equipment delivery due to silicone shortages, etc.).

As a result of this extension, the DCT Project on a Page overview diagram was created, to depict the alignment of workstream activities that were expected to complete prior to transition, in addition to timescales for the Transition Batch Plan itself and Cloud Migration

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activities. This Visio diagram was regularly submitted to the DCT Project Board as part of the communication of regular updates and required escalations.

Despite best possible efforts to abide by the periods of time allocated for each activity, technical issues and escalations raised in Q2 2021 caused significant concern to the DCT Project regarding the viability of carrying out the eight-week Transition Batch Plan between Friday 28 May and Sunday 25 July 2021. As a result, an SBAR was written by the Project Manager responsible for the Procurement and Relocation Workstream and options to transition later were presented to Planning and Performance Management Group (PPMG).

The proposed dates were:

- 16 July – 19 September 2021
- 30 July – 03 October 2021,
- 27 August – 31 October 2021
- Or 03 September – 07 November 2021

Following consultation and re-planning exercises, the decision to transition between 06 August and 27 September 2021 was made by PPMG. This was endorsed by the Project Board - Decision DCT/PB-D16 – and the DCT Project Plan was adjusted accordingly.

Despite the movement of timescales, the DCT Project Team and affected resources did well to adapt to changes that were required surrounding planning and implementation activities and, as a result, the Transition Batch Plan was successful.

N.B. Due to the delayed transition of WCCIS, a second contract extension was agreed with SRS to continue hosting of service-owned infrastructure until 31 March 2022.

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2.7 Breakdown of Tasks – Data Centre Procurement and Relocation Workstream

Task	Facilitate the failover of Applications and Services from BDC to NDC in preparation for the transitions to commence
Commentary	Communicated, planned, and scheduled the coordinated failover of Applications and Services from BDC to NDC ahead of transition activity commencing. This was completed by 23 July 2021.
Status	COMPLETE
Objective	Fully mitigate the risk of operating from a legacy Data Centre where the provider has stated that they will be terminating their services.

Task	Decommission legacy infrastructure at BDC in a safe and secure manner
Commentary	DCT Project team have decommissioned legacy infrastructure (e.g., Cloudy) and repurposed infrastructure (e.g., TESTDEV VxRail). Final decommissioning will be complete by 17 December 2021.
Status	COMPLETE
Objective	Fully mitigate the risk of operating from a legacy Data Centre where the provider has stated that they will be terminating their services.

Task	Facilitate commercial arrangements for the extension of the contract with SRS to support the WCCIS System remaining until end February 2022
Commentary	Commercial discussion took place with SRS between 08 June – 07 December 2021 to agree a change to extend the agreement whilst reducing the number of racks at BDC. This would also support the WCCIS infrastructure remaining until February 2022. Change note signed 07 December 2021 by SRS COO and DHCW CEO.
Status	COMPLETE
Objective	Support the successful transition of NHS Wales and Third-Party systems in a safe and secure manner, adhering to the existing contractual arrangements.

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2.8 Breakdown of Tasks – Architecture and Infrastructure Workstream

Task	Procurement of Recommended and Required Equipment
Commentary	Following consultation between DHCW and WhiteSpider, a recommended Bill of Materials was collated that assisted with the procurement of all required network equipment. A single PAF to support said procurement was raised, which enabled several high-costing orders to be drawn-down from the total amount budgeted for the Network Configuration. Some issues arose re: timely delivery of items procured, due to worldwide shortage of silicone affecting production, but workarounds were implemented to allow for implementation activity to continue
Status	COMPLETE
Objective	Enable NHS Wales adoption of a replacement, future resilient Data Centre, and cloud platform.

Task	Change Management
Commentary	All Changes relating to the implementation and/or configuration of Network Equipment and Upgrades were raised with proposed dates and submitted to the DHCW SuperCAB. Where communications have been deemed required (i.e., for Changes that could cause potential disruption or downtime to Services, Health Board connections, etc.), the DCT Project Managers have provided Change Notifications and update communications to assist Infrastructure Operations Leads.
Status	COMPLETE
Objective	Enable NHS Wales adoption of a replacement, future resilient Data Centre, and cloud platform.

Task	Resourcing and Support of: (1) Preparatory activities (2) Transition and/or relocation activities (3) Decommissioning
Commentary	DHCW Infrastructure Design and Operations Teams were heavily involved in Preparatory, activities Transition and Decommission activities. Infrastructure Operations Leads secured staff availability through clear Action and Change Management, Rota planning and out-of-hours support reserves. DCT Project Managers were kept informed of any concerns or issues via daily SCRUMs or the DCT Technical Subgroup and these were escalated where necessary.
Status	COMPLETE
Objective	Enable NHS Wales adoption of a replacement, future resilient Data Centre, and cloud platform. Support the successful transition of NHS Wales and Third-Party systems in a safe and secure manner, adhering to the existing contractual arrangements.

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2.9 Breakdown of Tasks – Cloud Workstream

Task	Design and Implementation of virtual, Cloud environments inclusive of network connectivity (EXPRESSROUTE)
Commentary	<p>Despite the delays experienced with the implementation of EXPRESSROUTE, the resources involved in the Cloud workstream were able to complete critical actions related to the Cloud platforms and network connectivity via dedicated resourcing and critical action management via SCRUM meetings.</p> <p><i>N.B. These resources included individuals from Third-Party Suppliers (e.g., Microsoft and BT/PSBA).</i></p>
Status	COMPLETE
Objective	Enable NHS Wales adoption of a replacement, future resilient Data Centre, and cloud platform.

Task	Configuration and Testing of Cloud proof-of-concept(s)
Commentary	<p>The AVS proof-of-concept had a timeline of 30 calendar days from activation and whilst the DCT Project were keen to progress this task, it was hindered by significant delays and technical issues relating to the implementation of VPN and ExpressRoute.</p> <p>As a result, the decision was made by Project SRO to discontinue activities relating to the proof-of-concept and instead invest time and effort into the creation of the “live” platform and migrations.</p>
Status	NOT COMPLETE
Objective	Enable NHS Wales adoption of a replacement, future resilient Data Centre, and cloud platform.

Task	Implementation and Testing of Cloud virtual environment(s), inclusive of required assurance activities
Commentary	<p>The DCT Project has successfully created two Cloud platforms for DMZ and Test and Development environments.</p> <p>In parallel to development activity, a significant amount of assurance (incl. Cloud Risk Assessment) has been conducted to assess Services that host/utilise PII on an individual basis. All assessments were reviewed and signed-off by the CIO, in addition to DHCW Infrastructure Design, Information Governance and Security representatives.</p>
Status	COMPLETE
Objective	Enable NHS Wales adoption of a replacement, future resilient Data Centre, and cloud platform.

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2.10 Project Closure Activities

2.11 Lessons Learnt

The DCT Principal Project Manager and Project Manager have produced a Lessons Learnt Log following collation of information provided via workshops, questionnaires, and submitted feedback from both internal and external stakeholders. Recommendations will be proposed to the Organisation in *Recommendations*.

2.12 Project Staff

Following formal closure of the DCT Project, the Principal Project Manager and Project Manager will be assigned to new or existing projects within the Operational Services Development Portfolio.

N.B. The DCT Project Manager initially responsible for the Transition of WCCIS will be stood down at Project Closure, but advice and support may be required when a transition date is agreed.

2.13 Risk/Issue Management

The DCT Project RAID Log has been reviewed and Risks and Issues have been closed, as appropriate, as part of Project Closure. Any outstanding Risks and Issues will be submitted to the DCT Project Board on 16 December 2021, with supporting proposals to transfer to the appropriate DHCW Team for ongoing management and mitigation/resolution.

2.14 Records Management

- 2.15 The DCT Microsoft Team and its relevant SharePoint are in the process of being archived, with key documentation transferring to one of the appropriate OSD SharePoint Document Libraries. In addition, all Change Records raised under the remit of the DCT Project should be reviewed by Operational Teams to ensure sections contain recent updates and correct status.

N.B. The overarching ServicePoint Change Record for the DCT Project (94370) has been marked as 'Completed'.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The DCT Project Team have engaged with Suppliers, Services, and other internal and external stakeholders (Appendix 7.1) to capture lessons learnt from the DCT Project. Lessons Learnt have been captured via through eight workshops and the circulation of a feedback questionnaire.

Although over 180 lessons learnt were identified, the DCT Project Team have selected key entries and categorised them by theme, with the purpose of providing the Organisation with clear recommendations.

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3.2 Communications

Communications relating to the DCT Project and its activities were on occasion sent late due to other conflicting priority tasks. For future projects of similar nature, commitment from teams must be assured, ensuring key information is published on agreed dates to time. Projects similar in nature could be granted permissions to send communications to all the required stakeholder groups. This would remove the dependencies on other teams.

Communication between stakeholders on transition weekends worked well. Utilising existing technologies and communication routes internal and external parties were able to coordinate activities and communicate clearly. Dedicated communication channels were created for Third-Party Suppliers to support transitions. It is recommended that this be repeated for future projects to facilitate discussion and sharing key information ensuring the right stakeholders are included.

Positive feedback has been received regarding the communications sent from the DCT Project Team. Communication was effectively shared between dedicated subgroups for Technical leads, Finance leads and Applications and Service Managers that were held weekly throughout the project lifecycle. Future projects should ensure that key information is captured accurately with necessary detail, and ensure they are shared with the required stakeholder groups. This helps Services to understand and prepare for potential impact but also achieve buy-in.

3.3 Cost

To reduce the costs associated with moving Third-Party Supplier infrastructure, a decision was made early for DHCW and SCC to transition Third-Party Supplier infrastructure, rather than be dependent on other third parties transition the equipment. Future transition projects should embrace this approach to reduce complexity, dependency, and costs. The lessons learnt workshops identified that the third parties would benefit from an agreed payment schedule, so they clearly understand when payments can be expected aligned to transition activity.

3.4 Integration

Delays were experienced in the early stages of the Network Implementation Plan, due to there being no process in place to facilitate requirements for Third-Party bespoke remote connectivity solutions, elevated permissions, etc. As an example, WhiteSpider were unable to commence audit activities on the date specified, as elevated permissions could not be provided. In future projects, a clear process for granting access to Third-Party Suppliers should be defined and circulated to allow DHCW Teams to understand requirements and implement a secure method.

Upon Project Closure, an operational risk will remain against the resilience of the new, CloudCentres Data Centre. Although a considerable amount of consultation and design was conducted with BT/PSBA once CDC had been provisioned, upon implementation pinch-points were identified resulting in a lack of 2 diverse routes. The WAN circuit remains incomplete and as a result, future projects are recommended to formalise technical solutions and project plans. An additional recommendation would be to agree a governance structure (inclusive of

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appropriate escalation route) via Commercial Services, to provide DHCW with assurance that contractual obligations will be fulfilled.

3.5 Procurement

The tender specification for the replacement data centre should have had more stringent requirements for the high-density cabling, use of anti-static bubble wrap, labelling of cables once implemented and the type of vehicle required to transition the infrastructure.

The network consultancy tender didn't include full requirements or timescales against requested activities; as an example, port-mapping activity was omitted and as a result, DHCW resources carried out activity over an extended period.

Ordering of equipment for the replacement Data Centre was conducted against a single Procurement Approval Form (PAF). This enabled the project to be reactive to ordering equipment and not have to conduct multiple PAF's which can be lengthy to complete.

To address the above lessons learnt, an Organisation-wide recommendation is as follows; an appropriate amount of forethought, prioritisation and involvement of subject matter experts is essential when deciding requirements, developing tender specifications and aligning timescales with business processes – all of which impact the critical path.

3.6 Quality

Process should have been created for monitoring and controlling third-party activity in the data centre during transition. Process would allow for checks to be made with third parties prior to them handing over to DHCW. Project Managers should lead on development of a process with infrastructure operations teams that is communicated and agreed by all parties.

The transitions to CDC saw infrastructure teams taking multiple audits of equipment at BDC. This had to be undertaken in the absence of a Configuration Management Database (CMDB). For future transition projects, the baselining activity that was undertaken should be replicated at other Data Centres. This is a timely activity and should be scheduled to commence early in the project planning phase. The audits should take into consideration all requirements included infrastructure dimensions and cabling requirements.

The DCT Project team have received positive feedback on how the project was managed through lessons learnt workshops and a questionnaire. Feedback commended the DCT Project Team for having the right meetings and the right discussions at the right times. The transparency of project planning has also proved valuable for applications and services. It is recommended that the same structure for engagement be utilized for future projects and ensure transparency in plans between stakeholders.

3.7 Resource

The DCT Project has benefitted and been commended for the consistency of dedicated resource supporting the project. Consistent Project Managers and technical resource have provided stakeholders with assurance and a point of contact for queries. This has also at times caused issue as it provides single point of failure. An example of this was witness around Batch 2 (13 – 15 August 2021) when a key member of the network team was absent, resulting in a prerequisite check not completed, and infrastructure due to transition in Batch 2 had to be moved with other batches. To avoid this happening in projects, appropriate cover should be

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considered for mitigating staff absence. Pre-requisite activity should be scheduled in with other colleagues to support in lieu of a colleague being absent.

Many stakeholders have commented on the wellbeing of stakeholders involved in the transition. The transition has involved many working additional hours or abnormal hours which has impacted on staff wellbeing. This was to facilitate business operations operating as normal and mitigate risk. Future projects of a similar nature should plan around staff wellbeing, ensuring that where possible, activity is completed in standard working hours or have sufficient cover to support project activities.

3.8 Risk

The DCT Project occurred during the COVID-19 pandemic. DHCW and other stakeholders were all working from home as principle to mitigate the risk of exposing staff to COVID-19. COVID-19 had no impact on the transition activity, with exception of an incident when third-party stakeholders were observed not wearing appropriate PPE. This situation was quickly acted upon by the DCT Project Team and external suppliers to ensure and enforce PPE measures were adhered to. This situation did not result in the spread of the virus. Should a project be undertaken in a situation where PPE must be worn, it is important to ensure all stakeholders are aware of the requirements for where and when to wear appropriate PPE.

The DCT Project uncovered some services were operating on legacy equipment and were not geographically resilient. Services had to prepare how they would accommodate the transition, this included building resiliency across multiple Data Centres, but in one instance due to the age of the infrastructure and the time pressures of the transition, a Service decided to take the downtime whilst the infrastructure they utilised was transitioned.

3.9 Scope

The original scope for the data centre transition was that it should be planned as a Programme of works. This was then changed to be a Project to allow easier management of tasks and flexibility to work within the time scales the project was subjected to.

As the DCT Project team evaluated the work required to successfully transition infrastructure a critical path was created to guide the planning and preparation. Activities such as the VxRail implementation came in and out of scope. With clear understanding of the timescales the project must adhere to, this planning could be greater focused to what can be achieved and should be achieved as part of the project. This would ensure planning isn't done in isolation, quicker decision making is observed. Projects of this scale must deduce what activities are within scope of the project with the right stakeholders early to ensure critical path planning can be evaluated and undertaken.

3.10 Stakeholders

Future projects should increase stakeholder engagement to feature wider national representation for health boards and other Services who could be impacted by transition activities. This would enable a project team to relay importance of project activities and how it could impact on other Organisations. A few stakeholders didn't attend subgroup meetings which meant key messages weren't being delivered in person outside of written

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communications. It is recommended that these stakeholders are informed of the risk that this can cause and are informed of the criticality of project activity.

The Third-Party Suppliers have all expressed that they would be happy to work with DHCW again on projects of this scale, noting how positive the engagement has been. Projects should ensure Third-Party Suppliers are regularly engaged with and are involved in the planning of activities. This helps to foster close working relationships that facilitate cohesive planning and actioning.

3.11 Time

The DCT Project had to move the transition dates from transitioning end of February to March 2021 to August to September 2021. This was due to the prerequisite circuits not being ready in time to support the transitions. The DCT Project went to Planning and Performance Management Group (PPMG) to present a SBAR report on other suitable transition dates. The transition dates 06 August to 27 September 2021 were favoured to move avoid the winter pressure. Future transition projects should consider implementation timescales for installing prerequisite connectivity. It is advised that dates are also communicated with the PPMG group when planning transition dates.

The original timing of the transition project impacted on what was included in scope. The DCT Project team were not aware that there was potential for extending the use of BDC. The DCT Project communicated many timelines to stakeholders that were, at a time, set in stone and were then moved. This caused frustration and confusion with stakeholders. Future projects should consider these timings when planning and communicating dates to stakeholders as they will need to plan their activity around transitioning infrastructure.

The planned transitions were all completed to time and to schedule in adherence with the transition plan. This provided assurance to stakeholders that activity was progressing successfully, but also that infrastructure could be handed over to applications and services promptly following transition.

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3.12 Appendix 1 – Stakeholder Participation in Lessons Learnt

Stakeholder Group	Feedback Priority	Type of Comms
aCAB	2 - Medium	Questionnaire
Applications Managers	1- High	Questionnaire
Cancer Informatics Programme Board	2 - Medium	Questionnaire
CEOs/Chairs	2 - Medium	Questionnaire
Digital Cell	2 - Medium	Questionnaire
iCAB	2 - Medium	Questionnaire
DHCW CANISC SMB	2 - Medium	Questionnaire
DHCW CYPriS SMB	2 - Medium	Questionnaire
DHCW Demographics SMB	2 - Medium	Questionnaire
DHCW eLearning SMB	2 - Medium	Questionnaire
DHCW Gold Command	1- High	Questionnaire
DHCW Hospital Pharmacy SMB	2 - Medium	Questionnaire
DHCW Infrastructure Management Board	2 - Medium	Questionnaire
DHCW Integration and Reference SMB	2 - Medium	Questionnaire
DHCW Mura SMB	2 - Medium	Questionnaire
DHCW NADEX SMB	2 - Medium	Questionnaire
DHCW Network and Telecoms SMB	2 - Medium	Questionnaire
DHCW NSMB	2 - Medium	Questionnaire
DHCW Operational Security SMB	2 - Medium	Questionnaire
DHCW PACS SMB	2 - Medium	Questionnaire
DHCW Pathology IT CAB	2 - Medium	Questionnaire
DHCW Pathology IT SMB	2 - Medium	Questionnaire
DHCW SDMG	2 - Medium	Questionnaire
DHCW Service Management	2 - Medium	Questionnaire
DHCW Silver Command	2 - Medium	Questionnaire
DHCW Single Patient Record (WCP) SMB	2 - Medium	Questionnaire
DHCW Single Patient Record (WCP) CAB	2 - Medium	Questionnaire
DHCW Service Management Standards Group	2 - Medium	Questionnaire
DHCW SuperCAB	2 - Medium	Questionnaire
DHCW Tier 3s	2 - Medium	Questionnaire
DHCW TTP CAB	2 - Medium	Questionnaire
DHCW TTP SMB	2 - Medium	Questionnaire
DHCW WCCG SMB	2 - Medium	Questionnaire
DHCW WNCR CAB	2 - Medium	Questionnaire
DHCW WPAS CAB	2 - Medium	Questionnaire
DHCW WPAS SMB	2 - Medium	Questionnaire
DHCW WRIS CAB	2 - Medium	Questionnaire
DHCW WRIS SMB	2 - Medium	Questionnaire
DHCW Distribution List	3- Low	Questionnaire
DCT Project Board	1- High	Questionnaire
OSD Team	1- High	Workshop
Technical Sub-Group	1- High	Workshop
Applications Sub-Group	1- High	Workshop
Finance Sub-Group	1- High	Workshop
Welsh Government	2 - Medium	Questionnaire
EMIS	1- High	Workshop
WPOCT	1- High	Workshop
White Spider	1- High	Workshop
CloudCentres	1- High	Workshop
SCC	1- High	Workshop
CDW Ltd.	1- High	Workshop
SRS/Torfaen County Borough Council	2 - Medium	Questionnaire
BT/PSBA	1- High	Questionnaire
Dell	2 - Medium	Questionnaire
Alexander Vaughan-Morris, Ian Rawlings	2 - Medium	Questionnaire

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4 RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:

Receive the report for **ASSURANCE**.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
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CORPORATE RISK (ref if appropriate)	16659; 16660
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WELL-BEING OF FUTURE GENERATIONS ACT	A resilient 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: Not applicable	

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 Board (Earlier report)	November 2021	Assured
Management Board	14 January 2022	Noted

IMPACT ASSESSMENT	
QUALITY AND SAFETY	No, there are no specific quality and safety implications related to the activity outlined in this report.
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	Yes, please see detail below
	Specific workforce implications surround activities required to commence/complete in parallel of Transition Batch Plan.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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