Pwyllgor Llywodraethu a Diogelwch Digidol - GYHOEDDUS

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

MS Teams

Agenda

13:00 - 13:05
5 min

1. MATERION RHAGARWEINIOL

1.1. Croeso a chyflwyniadau

I’w Nodi *Cadeirydd*

1.2. Ymddiheuriadau am Absenoldeb

I’w Nodi *Cadeirydd*

1.3. Datganiadau o Fuddiannau

I’w Nodi *Cadeirydd*

1.4. Materion sy’n Codi

I’w Nodi *Cadeirydd*

13:05 - 13:15
10 min

2. AGENDA GYDSYNIO

2.1. Cofnodion y Cyfarfod Diwethaf Cyhoeddus Crynodeb preifat

I’w Cymeradwyo *Cadeirydd*

Public

Private abridged

- DG&S DRAFT Minutes Public November 2022-en-cy-C.pdf (12 pages)
- DG&S DRAFT Minutes Private Abridged November 2022-en-cy-C.pdf (5 pages)

2.2. Blaengynllun Gwaith

I’w Drafod *Ysgrifennydd y Bwrdd*

- 2.2 Forward WorkPlan Report.pdf (4 pages)
- 2.2i DHCW DG&S Forward Workplan 2022-23.pdf (1 pages)

2.3. Adolygiad o Aelodaeth y Pwyllgor a'r Cylch Gorchwyl

I’w Nodi *Ysgrifennydd y Bwrdd*

- 2.3 Digital Governance and Safety Terms of Reference Cover Report.pdf (4 pages)
- 2.3i Digital Governance and Safety Committee ToR 2023-24 V1.pdf (11 pages)

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2.4. Cylch Busnes y Pwyllgor

I’w Nodi *Ysgrifennydd y Bwrdd*

- 2.4 Digital Governance and Safety Committee Annual Cycle of Business 2023-24.pdf (4 pages)
- 2.4i Digital Governance and Safety Committee Annual Cycle of Business 23_24 V1.pdf (3 pages)

2.5. Hunanasesiad Effeithiolrwydd Pwyllgorau

I'w Nodi *Ysgrifennydd y Bwrdd*

- 2.5 DG&S Committee Self Effectiveness Report.pdf (5 pages)

2.6. Adroddiad Pwyllgor Blynyddol

I'w Gymeradwyo *Ysgrifennydd y Bwrdd*

- 2.6 Digital Governance and Safety Committee Annual Report 2022-23.pdf (7 pages)

2.7. Safonau Iechyd a Gofal

I'w Nodi *Ysgrifennydd y Bwrdd*

- 2.7 Health & Care Standards 22-23-v1.0.pdf (10 pages)
- 2.7i HCS Action Plan DG&S.pdf (6 pages)

13:15 - 15:00
105 min

3. PRIF AGENDA

3.1. Cofnod Gweithredu

I'w Drafod *Cadeirydd*

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

3.2. Y Gofrestr Risg Gorfforaethol

I'w Drafod *Ysgrifennydd y Bwrdd*

- 3.2 Corporate Risk Register Report.pdf (8 pages)
- 3.2i Appendix A DHCW Corporate Risk Register.pdf (6 pages)

3.3. Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol (gan gynnwys themâu a thueddiadau dysgu)

Ar gyfer Sicrwydd *Cyfarwyddwr Meddygol Gweithredol*

- 3.3 Incident Review and Organisational Learning Report.pdf (10 pages)

3.4. Adroddiadau Sicrwydd

Ar gyfer Sicrwydd *Cyfarwyddwr Meddygol Gweithredol*

3.4.1. Adroddiad Sicrwydd Llywodraethu Gwybodaeth

Ar gyfer Sicrwydd *Cyfarwyddwr Meddygol Gweithredol*

- 3.4i Information Governance Assurance Report - February 2023.pdf (10 pages)

3.4.2. Adroddiad Sicrwydd Gwybodeg

Ar gyfer Sicrwydd *Cyfarwyddwr Meddygol Gweithredol*

- 3.4ii WIAG Report for Digital Governance and Safety Committee Q3 2022-23.pdf (14 pages)

3.4.3. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Ar gyfer Sicrwydd *Cyfarwyddwr Meddygol Gweithredol*

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

3.4.4. Adroddiad Sicrwydd Ymchwil ac Arloesi

Ar gyfer Sicrwydd *Cyfarwyddwr Meddygol Gweithredol*

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- 3.4iv Research & Innovation Assurance Report.pdf (5 pages)

Egwyl Tŷ bach – 15 munud

3.5. Diweddariad ar Drosolwg y Rhaglen Ddigidol

Ar gyfer Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

- 3.5 Digital Programmes Overview DGS Board Committee Report Cover Sheet 202302.pdf (4 pages)
- 3.5i REP_Project Portfolio Slides_Dec22.pdf (6 pages)

3.6. Adolygiad o Hyfforddiant Llywodraethu Gwybodaeth a Seiberddiogelwch ar draws y GIG

I'w Nodi *Cyfarwyddwr Meddygol Gweithredol / Cyfarwyddwr TGCh*

- 3.6 Review of Information Governance and Cyber Security Training across the NHS.pdf (4 pages)

15:00 - 15:00
0 min

4. MATERION I GLOI

4.1. Unrhyw Faterion Brys Eraill

I'w Trafod *Cadeirydd*

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

I'w Nodi *Cadeirydd*

4.3. Dyddiad y Cyfarfod Nesaf

I'w Nodi *Cadeirydd*

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CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

13:00 –15:40

3 Tachwedd 2022

MS Teams

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

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd Jones	CLJ	Cyfarwyddwr Gweithredol Dros Dro Gweithrediadau	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Keith Reeves	KR	Rheolwr Tîm Rheoli Gwasanaeth	Iechyd a Gofal Digidol Cymru
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru

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Darren Lloyd	DL	Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion	Iechyd a Gofal Digidol Cymru
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
David Sheard	DSh	Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaeth (eitem 3.5 yn unig)	Iechyd a Gofal Digidol Cymru
Carys Richards	CR	Cydlynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru
Andrew Warburton	AW	Pennaeth Rhaglenni Gwybodaeth a Chofnodion Iechyd	Iechyd a Gofal Digidol Cymru
Marcus Sandberg	MS	Uwch Swyddog Llywodraethu Gwybodaeth	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	**Teitl**	**Sefydliad**
Ifan Evans	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru
Rachael Powell	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Iechyd a Gofal Digidol Cymru
Paul Evans	Pennaeth Dros Dro Ansawdd a Rheoleiddio	Iechyd a Gofal Digidol Cymru

Acronymau			
SHA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
NDR	Adnoddau Data Cenedlaethol	DPIF	Cronfa Buddsoddi Blaenoriaethau Digidol
R&I	Ymchwil ac Arloesi	ETR	Ceisiadau Prawf Electronig
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	WEDS	System Adran Argyfwng Cymru
WICIS	System Wybodaeth Gofal Dwys Cymru	RISP	Rhaglen Datrysiad Gwybodeg Radioleg
WIAS	Gwasanaeth Archif Delweddu Cymru	DMTP	Portffolio Trawsnewid Gweinyddu Meddyginiaethau'n Ddigidol
DHCW	Iechyd a Gofal Digidol Cymru	IM	Aelod Annibynnol
ISD	Cyfarwyddiaeth Gwasanaethau Gwybodaeth	NHS	Gwasanaeth Iechyd Gwladol

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BAU	Busnes fel Arfer	IRLG	Grŵp Adolygu Digwyddiad a Dysgu
MB	Y Bwrdd Rheoli	LPF	Fforwm Partneriaeth Lleol
MIU	Uned Mân Anafiadau		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
RHAN 1 — MATERION RHAGARWEINIOL			
1.1	**Croeso a Chyflwyniadau** **Croesawodd** Rowan Gardner (RG), Aelod Annibynnol a Chadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (DG&S) bawb i'r cyfarfod. Gyda chroeso estynedig i Marilyn Bryan Jones (MJ), Aelod Annibynnol sydd wedi ymuno ag Iechyd a Gofal Digidol Cymru yn ddiweddar ac yn mynychu ei phwyllgor Iechyd a Gofal Digidol Cymru cyntaf, rhoddodd gyflwyniad byr i'w chefndir ei hun mewn Cydraddoldeb ac Amrywiaeth. Croesawyd Andrew Warburton (AW), Pennaeth Rhaglenni Gwybodaeth a Chofnodion Iechyd fel aelod o dîm Rachael Powell i ymdrin ag eitem 3.4 Adroddiad Sicrwydd Gwasanaethau Gwybodaeth yn ei habsenoldeb.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau am Absenoldeb** Nodwyd ymddiheuriadau am absenoldeb gan: • Ifan Evans (IE), Cyfarwyddwr Gweithredol Strategaeth • Rachael Powell (RP), Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil, • Paul Evans (PE), Pennaeth Dros Dro Ansawdd a Rheoleiddio	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiannau** Dywedodd RG ei bod yn gyd-sylfaenydd Precision Life, sy'n delio â gwybodaeth cleifion at ddibenion eilaidd megis ymchwil. Nododd hefyd fod Prif Swyddog Gweithredol Precision Life ar banel digwyddiad yr wythnos hon gydag aelodau SAIL, sy'n	Nodwyd	Dim i'w nodi

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	gyflenwr trydydd parti i Iechyd a Gofal Digidol Cymru. Yn ogystal, nododd statws amserol cyfredol data gofal iechyd gyda Llywodraeth y DU yn cyhoeddi polisïau yn ddiweddar o ran defnyddio data at ddibenion eilaidd, gan ychwanegu sut mae Iechyd a Gofal Digidol Cymru yn sicrhau bod data cleifion yn cael eu diogelu o fewn y maes hwn yn benodol gydag eitem 3.6 ar yr agenda heddiw. Codwyd, os ar unrhyw adeg pan nad yw'n briodol i RG fod yn Gadeirydd, bydd yr Is-Gadeirydd David Selway (DS), Aelod Annibynnol yn cymryd yr awenau i reoli unrhyw wrthdaro posibl.		
1.4	**Materion sy'n codi** Ni chodwyd unrhyw faterion	Nodwyd	Dim i'w nodi

RHAN 2 – AGENDA GYDSYNIO

Dosbarthwyd eitemau ar yr agenda gydsynio cyn y cyfarfod a nodwyd nad oedd unrhyw sylwadau wedi'u derbyn gan y Cadeirydd ymlaen llaw i'w nodi.

2.1	**Cofnodion y Cyfarfod Diwethaf** - Cyhoeddus - Crynodeb preifat Anfonodd Carwyn Lloyd-Jones (CLJ), Cyfarwyddwr Gweithredol Dros Dro Gweithrediadau ddiwygiadau i'r testun a ddefnyddiwyd i ddisgrifio'r risg o oedi o ran Offer Rhwydwaith DHCW0291 mewn perthynas â symud y Ganolfan Ddata, a roddwyd ar waith. Holodd RG am y broses gyfieithu pan wneir diwygiadau gyda CLJ, fel siaradwr Cymraeg yn cynnig prawfddarllen unrhyw newidiadau er cywirdeb cyn eu cyhoeddi. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Gymeradwyo Cofnodion y cyfarfod diweddaf.	Cymeradwywyd	Dim i'w nodi
2.2	**Blaengynllun Gwaith** **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r Blaengynllun Gwaith	Nodwyd	Dim i'w nodi

RHAN 3 - PRIF AGENDA

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3.1	**Cofnod Camau Gweithredu** O dan arweiniad Chris Darling (CD), Ysgrifennydd y Bwrdd a nododd fod 2 gam gweithredu wedi'u cau ers y cyfarfod diwethaf ar Awst 4 a bod 2 wedi'u nodi fel rhai ar y gweill, heb unrhyw drafodaeth bellach gan fod y Pwyllgor yn fodlon â'r cynnydd a wnaed. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Drafod y Cofnod Camau Gweithredu.	Trafodwyd	Dim i'w nodi
3.2	**Y Gofrestr Risg Gorfforaethol** Dywedodd CD wrth y Pwyllgor fod 28 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, ac mae 20 ohonynt i'w hystyried gan y Pwyllgor hwn, gydag 11 o risgiau cyhoeddus a'r 9 arall wedi'u dosbarthu'n rhai preifat oherwydd eu sensitifrwydd a dderbynnir yn sesiwn breifat y Pwyllgor. RISGIAU NEWYDD (3) – 3 chyhoeddus, 0 Preifat • DHCW0294 – Perchnogaeth Gwasanaeth Iechyd a Gofal Digidol Cymru ac ymrwymiad adnoddau heb eu cytuno ar gyfer Ap GIG Cymru – mae risg wedi cael ei his-gyfeirio ers cynhyrchu'r papur, ar ôl cytuno ar fodel gwasanaeth yn arwain at GO Live, bydd y risg yn parhau i gael ei fonitro ar lefel Cyfarwyddiaeth • DHCW0295 – Diffyg adnoddau i weithredu Cerrig Milltir allweddol y Cynllun Tymor Canolig Integredig - Sgôr wedi'i leihau • DHCW0296 - Alergeddau / Adweithiau Niweidiol - Ffynhonnell Sengl - nododd Rhidian Hurle (RH), Cyfarwyddwr Meddygol Gweithredol fod angen gwneud y risg yn weladwy, gan ei bod yn effeithio ar Borth Clinigol Cymru a Phortffolio Trawsnewid Gweinyddu Meddyginiaethau'n Ddigidol LLEIHAU RISGIAU (2) – 2 cyhoeddus, 0 preifat • DHCW0291 Oedi Offer Rhwydwaith mewn perthynas â symud Canolfan Ddata 2 • DHCW0295 – Diffyg adnoddau i weithredu cerrig milltir allweddol y Cynllun Tymor Canolig Integredig	Trafodwyd	Dim i'w nodi

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RISGIAU A DILEWYD (1)

- DHCW0293 - Llythyrau Cyllido Cronfa Buddsoddi Blaenoriaethau Digidol

Mae archwiliadau dwfn i'r holl risgiau corfforaethol a neilltuwyd i'r Pwyllgor DG&S sydd wedi aros ar y gofrestr risg gorfforaethol ers 1 Ebrill 2021 wedi'u cynnal, a chafodd un ohonynt ei gynnwys i'w drafod yn y sesiwn gyhoeddus.

- DHCW0237 - Gofynion newydd yn effeithio ar adnoddau a chynllun

Nodwyd bod y risg wedi newid, o effaith benodol cynllunio ar gyfer covid i gynnwys adferiad nawr. Nodwyd, yn gyffredinol, bod y Portffolio Trawsnewid Gweinyddu Meddyginiaethau'n Ddigidol hefyd wedi'i amsugno ond y byddai gofynion LINC a RISP yn cael effaith ar adnoddau nawr hefyd.

Amlygodd Michelle Sell (MS), Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol fod y risg yn parhau i fod yn her i Iechyd a Gofal Digidol Cymru, o ran gallu cynllunio, gyda rhywfaint o ansicrwydd yn parhau yn yr ymateb i covid. Llwyddodd Iechyd a Gofal Digidol Cymru i symud adnoddau i fod yn gefnogol i'r ymateb cychwynnol, ond cafodd effaith ar fusnes mewn mannau eraill. Nododd MS y byddai gan Gynllun Tymor Canolig Integredig y flwyddyn nesaf gapasiti er mwyn i Iechyd a Gofal Digidol Cymru fod yn fwy ystwyth, fodd bynnag gallai hyn olygu'r gallu i fod yn llai uchelgeisiol ymlaen llaw yn y cynllun. Roedd y risg yn parhau i Iechyd a Gofal Digidol Cymru ond bydd yn cael ei rheoli wrth symud ymlaen mewn cydweithrediad â rhanddeiliaid.

Cwestiynodd DS risg DHCW0295 - Diffyg adnoddau i weithredu Cerrig Milltir Cynllun Tymor Canolig Integredig allweddol, a oedd, fel y nodwyd uchod, yn newydd ond hefyd wedi'u lleihau. Eglurodd CD ei bod wedi'i hychwanegu a'i lleihau yn y chwarter ers cyfarfod diwethaf y pwyllgor ym mis Awst.

Nododd DS fod yna 3 risg ar wahân bellach oherwydd capasiti adnoddau a gofynnodd ai dyma'r ffordd gywir o'u cyflwyno, neu a ddylid eu cyfuno? Ychwanegodd CD fod hyn i sicrhau bod pob maes yn derbyn yr adnoddau ychwanegol cyn lleihau'r risg gan fod y lliniaru yn erbyn y 3 ychydig yn wahanol.

O ran risg yr Addewid Data, nododd Darren Lloyd (DL),

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	Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion fod Helen Thomas, y Prif Weithredwr wedi derbyn llythyr gan Lywodraeth Cymru yn nodi'r cyfrifoldebau ac yn cynnig lle gall Iechyd a Gofal Digidol Cymru gynorthwyo, a bydd ymateb yn cael ei dderbyn er mwyn ffurfioli cynllun. Bydd risg y Gwasanaeth Cyfnewid yn cael ei diweddaru ar ôl i'r Archwiliad Mewnol presennol ddod i ben. Cafwyd trafodaeth ar y gwahaniaeth yn y lefel risg bresennol i'r lefel darged ac a fyddai hyn fyth yn gyraeddadwy mewn rhai achosion. Cytunwyd bod yn rhaid i'r lefel darged fod yn unol â'r derbynioldeb risg a bod hyn yn her, yn enwedig gyda risgiau generig, er enghraifft bydd gan Seiber fygythiadau bob amser ac felly bydd bob amser yn aros ar y gofrestr. Nodwyd bod angen cytuno ar gerrig milltir / metrigau i gyrraedd y sgorau risg targed ond dylid adrodd ar yr angen i gydnabod yr ansicrwydd mewn rhai meysydd. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Drafod y Gofrestr Risg Gorfforaethol		
3.3	**Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol** Cyflwynodd MS adroddiad Ch2, gan nodi'r eitemau canlynol er sylw: • 4 hysbysiad rhybudd cynnar, mae ymchwiliadau manwl ar y gweill neu wedi'u cwblhau, a bydd yr hyn a ddysgwyd yn cael ei rannu drwy'r Grŵp Adolygu Digwyddiad a Dysgu. • Bu cynnydd yn nifer yr adolygiadau, gyda'r tîm yn edrych ar ehangu ystyriaethau o ran cyflawni perfformiad. • Roedd y nifer uchel o argymhellion / camau gweithredu a gwblhawyd ar gyfer mis Medi 2022 yn ymwneud â'r gwelliannau a nodwyd ac a roddwyd ar waith ar gyfer Rheoli Digwyddiad TG Mawr. • Byddai Themâu Cyffredin o adolygiadau yn cael eu defnyddio i lywio gwaith dadansoddi a dysgu ehangach. Nododd y Pwyllgor y gwaith da yn y cyfnod diwethaf wrth ymdrin â'r ôl-groniad ym mis Medi. • Dysgu'r Gweithlu y Grŵp Adolygu Digwyddiadau a Dysgu Nododd MS bwysigrwydd y themâu yn yr adroddiad o'r hyn a ddysgwyd ers y digwyddiad unigol hanesyddol o fwlio ac	Trafodwyd er Sicrwydd	Dim i'w nodi

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	adolygu fel; • ymddygiadau gweithlu – pwysigrwydd ein gwerthoedd a sut rydym yn gweithredu, • Arolygon staff – i barhau yn enwedig wrth i ni barhau i dyfu fel sefydliad • Mae'r canfyddiadau wedi'u rhannu â LPF a MB • Cynhaliwyd rhaglen arweinyddiaeth, gyda sesiynau pellach i symud y negeseuon yn eu blaenau er mwyn sicrhau barn gyffredin yn gyffredinol. • Bydd Grŵp Adolygu Digwyddiadau a Dysgu yn ailymweld maes o law i sicrhau bod camau gweithredu yn cael eu symud ymlaen a'u rhoi ar waith. Awgrymodd MJ, er bod y drafodaeth gychwynnol a'r hyfforddiant statudol yn gadarnhaol, efallai y gallai hyfforddiant mwy sefyllfaol, opsiynau sy'n edrych ar atebion amgen, lywio sesiynau ynghylch y gwerthoedd. MJ/MS i barhau trafodaethau all-lein ynghylch modelu rolau. Sicrhaodd Julie Ash (JA), Pennaeth Gwasanaethau Corfforaethol y pwyllgor fod yr ymateb yn gadarnhaol, a derbyniwyd nifer fawr o wirfoddolwyr a oedd yn hapus i ddod ymlaen a chymryd rhan yn y gwaith. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Drafod yr Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol		
3.4	**Adroddiadau Sicrwydd** I. Adroddiad Sicrwydd Llywodraethu Gwybodaeth Cyflwynodd DL yr adroddiad, gan nodi'r prif bwyntiau fel a ganlyn; • Gwaith yn mynd yn ei flaen ar ddatblygu strategaeth Llywodraethu Gwybodaeth, lle mae cydrannau wedi'u rhannu i ddeall yr hyn sy'n gyraeddadwy. • Adran 255 – gwaith i'w wneud mewn perthynas â Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd fodd bynnag roedd cais ffurfiol o'r ddeddf uniaith Saesneg wedi'i dderbyn. • Nifer yr Asesiadau o'r Effaith ar Ddiogelu Data sy'n mynd yn eu blaen gyda lefel uwch o gymhlethdod, gan weithio ar ddull cadarn o sicrhau preifatrwydd drwy'r dadansoddiad • Cofnodwyd 1 digwyddiad ers y cyfarfod diwethaf a oedd yn ymwneud ag Office 365; lliniarwyd yn erbyn	Nodwyd er Sicrwydd	Dim i'w nodi

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hyn.

Cafwyd trafodaeth ar y penodiad a groesawyd ar gyfer arweinydd Llywodraethu Gwybodaeth i'r Rhaglen Adnoddau Data Cenedlaethol, ynghyd â staff presennol yn rhoi rhywfaint o adnoddau ar fenthyg i'r rhaglen.

II. Adroddiad Sicrwydd Gwybodeg

Rhoddodd RH ddiweddariad byr gan nodi bod pob statws yn oren a bod dyddiad ar gyfer CANISC Go Live wedi'i gytuno ers cyhoeddi'r papur.

III. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Cyflwynodd AW yr adroddiad yn absenoldeb RP, gan nodi'r gwaith ar ddatblygu:

- offeryn awtomataidd, cynnydd yn erbyn y Cynllun Tymor Canolig Integredig a'r hyn y gellir ei gyflawni'n flynyddol, yn galluogi RP i adrodd ar statws cyfredol y pethau y gellir eu cyflawni heb broblem
- un sianel i gyfuno pob blwch post a brysbennu ymatebion yn gyflymach. Gellir gweithredu ceisiadau Adnoddau Data Cenedlaethol yn fwy cydweithredol, gyda chyfarfodydd ychwanegol ar y cyd ag Adnoddau Data Cenedlaethol i adolygu ceisiadau gwaith.
- Grŵp sicrwydd Cyfarwyddiaeth Gwasanaethau Gwybodaeth – Cyflwynwyd gwaith grŵp sicrwydd gwybodeg Cymru i'w ystyried gan y grŵp Cyfarwyddiaeth Gwasanaethau Gwybodaeth.
- Roedd y Portffolio Gwasanaeth ychydig yn hen oherwydd yr ymateb i covid, gwnaeth rheolwyr gwasanaeth gynnydd yn y 12 mis diwethaf ac fe'u hintegreiddiwyd yn llawn i'r catalog. Roedd y tîm yn bwriadu adnewyddu'r rhaglenni sy'n weddill yn y portffolio a'u hail-gategoreiddio fel y bo'n briodol. Byddai papur ar y gwaith hwn yn cael ei gyflwyno i Fwrdd Rheoli Iechyd a Gofal Digidol Cymru.
- Archwiliad mewnol o'r Gwasanaeth Cyfnewid – Roedd ymateb rheolwyr wedi'i ddrafftio mewn ymateb i'r Adroddiad Archwilio Mewnol drafft.
- Fframwaith sicrwydd yn cael ei ddatblygu gan ddefnyddio dangosfyrddau Power BI. Byddai'r fframwaith yn sicrhau bod Iechyd a Gofal Digidol Cymru yn cyhoeddi gwybodaeth briodol yn y parth cyhoeddus yn unig. Roedd y broses ar gyfer cyhoeddi yn cael ei gwella gyda chynllun peilot yn cael ei gynnal o fewn y

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	Gyfarwyddiaeth Gweithrediadau. • Risgiau – adnoddau rheoli gwasanaeth. Roedd gwaith ar ôl i'w wneud ar hyn. Natur y risg oedd camleoli wrth adrodd yn yr IOPR **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r adroddiadau er Sicrwydd.		
3.5	**Diweddariad ar Drosolwg y Rhaglen Ddigidol** Dywedodd RG wrth y Pwyllgor fod cyfarfod wedi'i gynnal gyda hi ei hun DS, IE, CD a Rebecca Cook, Cyfarwyddwr Rhaglen Adnoddau Data Cenedlaethol i drafod y rhaglen Adnoddau Data Cenedlaethol a arweiniodd at ganlyniad cadarnhaol iawn a roddodd sicrwydd i IM ynghylch y rhaglen waith. Amlygodd David Sheard (DSh), Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaeth y canlynol i'w nodi yn erbyn y Rhaglenni Digidol: • Rhoddwyd sgôr Coch i brosiect System Adrannau Achosion Brys Cymru (WEDS). Y brif broblem yw problemau system parhaus sy'n effeithio ar Uned Mân Anafiadau Castell-nedd Port Talbot. Mae'r cyflenwr yn parhau i weithio gyda SBU ac Iechyd a Gofal Digidol Cymru i ymchwilio ac roedd hyn wedi'i uwchgyfeirio gyda'r cyflenwr ac i Dîm Gweithredol Iechyd a Gofal Digidol Cymru. - Ychwanegodd DSh nad ymarferoldeb yr ap oedd y broblem, ond y ffordd y mae'r ap yn cael ei gyflwyno i'r bwrdd gwaith, oherwydd y rhwymedigaethau cytundebol a chyfreithiol. Roedd ymchwiliad yn cael ei gynnal a disgwylir cynnig gan y cyflenwr cyn y gellir diweddaru'r statws Coch, Oren, Gwyrdd. • Mae'r rhaglen Adnoddau Data Cenedlaethol (NDR) bellach wedi'i graddio'n Oren. Mae angen i'r adnoddau i gefnogi'r llwyfan data ac offer Rhyngwyneb Rhaglennu Cymwysiadau fod yn eu lle cyn y gall y llwyfan fynd yn fyw. • Graddiwyd System Wybodaeth Cymru ar gyfer Rheoli Diabetes (WISDM) yn Oren. Bu oedi cyn cyflwyno'r ffurflen Bediatrig oherwydd problemau yn yr amgylchedd prawf. Trefnwyd rhyddhau'r ffurflen ar	Nodwyd er Sicrwydd	Dim i'w nodi

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	gyfer y flwyddyn newydd. • Mae dau brosiect ychwanegol wedi'u hychwanegu at y trosolwg. Eglurwyd y rhain fel prosiect Trawsffiniol Powys Lloegr a Rhaglen Rhwydwaith Gwybodaeth Labordy Cymru (LINC). - Prosiect Trawsffiniol Powys Lloegr, a ariennir gan Gronfa Buddsoddi Blaenoriaethau Digidol, yn ceisio gwella llif data cleifion ar draws ffiniau i gefnogi cleifion. Ychwanegodd RH fod y materion ychydig yn fwy cymhleth, fodd bynnag, mae angen dull gweithredu safonol ar draws ffiniau i gydymffurfio â Safonau Rhyngwladol Cleifion o fynd â'ch cofnod lle bynnag y byddwch yn mynd. - Bydd Rhwydwaith Gwybodaeth Labordy Cymru yn symud drosodd i Iechyd a Gofal Digidol Cymru o Cydweithrediaeth Iechyd GIG Cymru, ac mae dyddiad trosglwyddo swyddogol o 1 Ionawr 2023. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi'r Diweddariad ar Drosolwg y Rhaglen Ddigidol er SICRWYDD.		
3.6	**Cadw Data Cleifion yn Ddiogel** Derbyniodd DL ddiweddariad ar Gadw Data Cleifion yn Ddiogel, gan nodi cyfrifoldeb tîm Llywodraethu Gwybodaeth Iechyd a Gofal Digidol Cymru i helpu i sicrhau bod Iechyd a Gofal Digidol Cymru, GIG Cymru a rhanddeiliaid eraill yn cynnal cyfrinachedd gwybodaeth bersonol, yn monitro ac yn gwella eu cydymffurfiaeth â deddfwriaeth sy'n ymwneud â Llywodraethu Gwybodaeth i gadw data cleifion/personol yn ddiogel. Nododd RG fod hwn yn faes pwysig i'r Pwyllgor ei fonitro wrth iddo ddatblygu a nododd fanteision y system tracio ac olrhain a ddefnyddiwyd yng Nghymru yn ystod y pandemig. Sicrhaodd RH y Pwyllgor fod Iechyd a Gofal Digidol Cymru yn gallu monitro a rheoli'r defnydd o ddata fel cyfrifoldeb ar y cyd. Mae'r timau Llywodraethu Gwybodaeth a seiber yn sicrhau bod arfer diogel yn cael ei gynnal.	Nodwyd	Dim i'w nodi

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	Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'r diweddariad Cadw Data Cleifion yn Ddiogel		
3.7	**Strategaeth Ymchwil ac Arloesi** Nododd RH fod Strategaeth Ymchwil ac Arloesi Iechyd a Gofal Digidol Cymru wedi'i chymeradwyo'n ffurfiol gan Fwrdd yr Awdurdod Iechyd Arbennig ym mis Medi 2022 gyda chynllun gweithredu'n cael ei ddatblygu i weithredu'r gwaith a fydd yn cael ei fwydo'n ôl i'r Pwyllgor mewn cyfarfodydd yn y dyfodol. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Nodi Diweddariad y Strategaeth Ymchwil ac Arloesi	Nodwyd	Dim i'w nodi
RHAN 4 - MATERION I GLOI			
4.1	**Unrhyw Faterion Brys Eraill** Nid oedd unrhyw fater arall i'w nodi.	Nodwyd	Dim i'w nodi
4.2	**Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd** Nodwyd yr eitemau i'w cynnwys yn Adroddiad Crynhoi Cynnydd y Cadeirydd ar gyfer Bwrdd yr Awdurdod Iechyd Arbennig ym mis Tachwedd fel; - Cwblhawyd y dadansoddiad o'r risgiau corfforaethol hirsefydlog a'r gwahaniaeth yn y sgôr risg targed i'r targed cyraeddadwy. - Adroddiad Cadw Data Cleifion yn Ddiogel fel man cychwyn ar gyfer gwaith pellach i ddod - Statws System Adrannau Achosion Brys Cymru yn symud i goch - Gwaith da tîm y Grŵp Adolygu Digwyddiadau a Dysgu yn y cyfnod diwethaf wrth ymdrin â'r ôl-groniad ym mis Medi.	Nodwyd	Dim i'w nodi
4.3	**Dyddiad y cyfarfod nesaf** Cadarnhawyd y byddai dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol yn cael ei gynnal ar Chwefror 2 2023 am 1.00pm.	Nodwyd	Dim i'w nodi

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CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL – CRYNODEB PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

15:50 – 17:00

3 Tachwedd 2022

MS Teams

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

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Carwyn Lloyd Jones	CLJ	Cyfarwyddwr Gweithredol Dros Dro Gweithrediadau	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Jamie Graham	JG	Cyfarwyddwr Cynorthwyol, Seiberddiogelwch	Iechyd a Gofal Digidol Cymru
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru
Darren Lloyd	DL	Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion	Iechyd a Gofal Digidol Cymru
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal

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			Digidol Cymru
Carys Richards	CR	Cydlynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru
Marcus Sandberg	MS	Uwch Swyddog Llywodraethu Gwybodaeth	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad
Ifan Evans	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru
Rachael Powell	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Iechyd a Gofal Digidol Cymru

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

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
	RHAN 1 — MATERION RHAGARWEINIOL		
1.1	**Croeso a Chyflwyniadau** Croesawodd Rowan Gardner, Aelod Annibynnol a Chadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (RG) bawb i'r sesiwn breifat.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau am Absenoldeb** Nodwyd ymddiheuriadau am absenoldeb gan: - Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth (IE) - Dywedodd Rachael Powell, Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil (RP)	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiannau** Dywedodd RG ei bod yn gyd-sylfaenydd Precision Life, sy'n delio â gwybodaeth cleifion at ddibenion eilaidd megis	Nodwyd	Dim i'w nodi

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	ymchwil.		
RHAN 2 - PRIF AGENDA			
2.1	**Cofnodion y cyfarfod diwethaf** Yn amodol ar rai mân newidiadau a dderbyniwyd gan Carwyn Lloyd-Jones, Cyfarwyddwr Gweithredol Dros Dro Gweithrediadau (CLJ), cymeradwywyd cofnodion Awst 2022 fel cofnod cywir. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** GYMERADWYO cofnodion y cyfarfod diwethaf.	Cymeradwywyd	Dim i'w nodi
2.2	**Cofnod Gweithredu** Nid oedd unrhyw gamau gweithredu agored, ac nid oedd angen trafodaeth ar y 3 a gaewyd ers y cyfarfod diwethaf ym mis Awst. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** **NODI'R** Cofnodion Gweithredu.	Nodwyd	Dim i'w nodi
2.3	**Adroddiad Polisi** **i Polisi Adfer ar ôl Trychineb** **ii Polisi Targed Lefel Gwasanaeth (Cymru Gyfan)** **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** **NODI'R Adroddiad Polisi a CHYMERADWYO'r polisïau**	Cymeradwywyd	Dim i'w nodi
2.4	**Y Gofrestr Risg Gorfforaethol** Gofynnwyd i aelodau'r Pwyllgor nodi'r newidiadau canlynol i risgiau preifat a neilltuwyd i'r Pwyllgor hwn ers y cyfarfod diwethaf: RISGIAU NEWYDD (0) Ni chodwyd unrhyw risgiau preifat newydd yn ystod y cyfnod RISGIAU WEDI'U LLEIHAU (0) Ni wnaed unrhyw ostyngiadau i risgiau preifat yn ystod y cyfnod RISGIAU WEDI'U DILEU (0) Ni ddilëwyd unrhyw risgiau preifat yn ystod y cyfnod Cynhaliwyd archwiliadau dwfn i'r holl risgiau corfforaethol a neilltuwyd i'r Pwyllgor DG&S sydd wedi aros ar y gofrestr risg gorfforaethol ers 1 Ebrill 2021, a thrafodwyd pedwar ohonynt gan y pwyllgor.	Trafodwyd	

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	Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: **DRAFOD** y Gofrestr Risg Gorfforaethol		
2.5	**Adroddiad Seiberddiogelwch** Cyflwynwyd gan Jamie Graham, Cyfarwyddwr Cynorthwyol Seiber (JG), bu'r Pwyllgor yn trafod y meysydd y tynnwyd sylw atynt yn fanwl. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** DRAFOD yr Adroddiad Seiberddiogelwch	Trafodwyd	Dim i'w nodi
2.6	**Cynllun ymateb i ddigwyddiadau seiber** Cyflwynodd JG ddiweddariad ar y digwyddiad ymosodiad seiber diweddar, gan nodi gwersi a ddysgwyd a chynlluniau ar gyfer y dyfodol. - Proses diogelwch sicrwydd caffael Nododd RG yr angen i weithio'n agos gyda gwasanaethau masnachol o ran ein contractau caffael. Cytunwyd y byddai Chris Darling, Ysgrifennydd y Bwrdd (CD) yn mynd â'r cod cysylltu i'r rhwydwaith IM Digital nesaf, ac ychwanegu'r papur gwersi a ddysgwyd at flaengynllun gwaith y pwyllgor pan fydd wedi'i gwblhau. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** Drafod y cynllun ymateb i Ddigwyddiadau Seiber – DIWEDDARIAD AR LAFAR	Trafodwyd	**Proses ddiogelwch sicrwydd Seiber / Caffael:** CD i fynd â'r cod cysylltiad i'r rhwydwaith IM Digital nesaf, ac ychwanegu'r papur gwersi a ddysgwyd i flaengynllun gwaith y pwyllgor ar gyfer pan fydd wedi'i gwblhau.
2.7	**Cynllun 3 Blynedd Seiber** **– DIWEDDARIAD AR LAFAR** Nodwyd bod papur achos busnes ariannu i'w gyflwyno i Fwrdd Rheoli DHCW ym mis Rhagfyr. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** NODI'r Cynllun Seiber 3 Blynedd – DIWEDDARIAD AR LAFAR	Nodwyd	Dim i'w nodi
RHAN 3 - MATERION I GLOI			
3.1	**Unrhyw Faterion Brys Eraill** Nid oedd unrhyw fusnes arall.	Nodwyd	Dim i'w nodi
3.2	**Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd**	Nodwyd	

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	Nodwyd drwy gydol y cyfarfod yr eitemau i'w cynnwys yn Adroddiad Crynhoi Cynnydd y Cadeirydd ar gyfer Bwrdd yr SHA ym mis Tachwedd.		
3.3	**Dyddiad y cyfarfod nesaf:** Cadarnhawyd y byddai dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol yn cael ei gynnal ar 2 Chwefror 2023 am 1.00pm.	Nodwyd	Dim i'w nodi

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DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN

Agenda Item	2.2

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

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

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

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organisation

CORPORATE RISK (ref if appropriate)	

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

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

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

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	CRU	Cyber Resilience Unit
NIIAS	National Intelligent Integrated Auditing Solutions	IP	Intellectual Property

2 SITUATION/BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

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

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The following items from the Forward Workplan are due to be presented at the Committee meeting on 2 February 2023:

- Committee Cycle of Business
- Committee Effectiveness Self-Assessment
- Annual Committee & Advisory Group Report
- Health and Care Standards
- Review of Information Governance and Cyber Security Training across NHS Wales

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- Cyber 3 year investment plan update

4.2 The below items have been identified for 2023/24:

- NIIAS Reporting and Accessing
- Staff Identity Update
- Information Governance Strategy
- IP Policy
- Delivering the Data Promise for Health and Social Care in Wales
- University Status
- Official Statistics Publishing
- Research & Innovation Annual Report
- Legacy OS

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

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Digital Governance and Safety Committee	May 2021	Initial workplan approved
Digital Governance and Safety Committee	November 2021	Noted
Digital Governance and Safety Committee	February 2022	Noted
Digital Governance and Safety Committee	May 2022	Noted

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

Meeting Date	*Standing items*	*Assurance Reports*	*Additional items*
2nd February 2023	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee • Forward Work Programme • Committee Highlight Report to Board	• Information Governance • Informatics Assurance • Information Services Assurance (including R&I) • Incident Review and Learning Report – incl. themes and learning trends • Cyber Security – Private • Cyber Security Highlight of previous private session • Digital Programme Overview	• Committee Membership and Terms of Reference Review • Committee Cycle of Business • Committee Effectiveness Self-Assessment • Annual Committee & Advisory Group Report (endorse) • Health and Care Standards • Review of Information Governance and Cyber Security Training across the NHS – DL/JG • Cyber 3 year plan update – CLJ/JG •
Identified for 2023-24	•	•	• NIIAS Reporting and Accessing - DL • Staff Identity Update – to return (August 2022 initial update / IE / Private) • Information Governance Strategy – DL (August) • IP Policy – MS / JF • Delivering the Data Promise for Health and Social Care in Wales – DL (may) • University Status • Official Statistics Publishing • R&I Annual Report • Legacy OS

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DIGITAL HEALTH AND CARE WALES
DIGITAL GOVERNANCE AND SAFETY COMMITTEE TERMS OF REFERENCE REVIEW

Agenda Item	2.3

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

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

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

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	All

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

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

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

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

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

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

2 SITUATION/BACKGROUND

2.1 In-line with the SHA's Standing Orders, Terms of Reference for Committees of the Board should be reviewed on an annual basis.

2.2 The Digital Governance and Safety Committee Terms of Reference were reviewed and agreed by the Committee in February 2022 and approved by the SHA Board in March 2022.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 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.

3.2 The Terms of Reference have been reviewed by the Corporate Governance Team and can be found at item 2.3i Appendix A. 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.

4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

5.1 The Committee are being asked to:
APPROVE the Digital Governance and Safety Committee Terms of Reference to go to the SHA Board.

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6 APPROVAL / SCRUTINY ROUTE

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

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TERMS OF REFERENCE AND OPERATING AGREEMENTS

DIGITAL GOVERNANCE AND SAFETY COMMITTEE

Document Version	1

Status	Draft

Document author:	Chris Darling, Board Secretary ~~Rhidian Hurle, Executive Medical Director~~
Approved by	Rowan Gardner, Chair of Committee
Date approved:	~~18th February 2022~~ 2 February 2023
Review date:	~~2nd February 2023~~ February 2024

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STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

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	12th May 2021	Approved
Digital Health and Care Wales SHA Board	27th May 2021	Approved
Digital Governance and Safety Committee	18th February 2022	Approved

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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 / iPassport

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1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
01.12.20	D0.1	Sophie Fuller	Initial Draft
24.03.21	D0.2	Sophie Fuller	Re-draft
10.04.21	D0.3	Sophie Fuller	Re-draft
18.02.22	D.04	Chris Darling	Revised draft
30.11.2022	D.04	Laura Tolley	Draft updated for annual review

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
19.04.21	D0.3	Rhidian Hurle	Medical Director
29.04.21	D0.3	Sian Doyle	Chair of Digital Governance and Safety Committee
18.02.22	D.04	Chris Darling	Board Secretary
18.02.22	D.04	Rowan Gardner	Chair of Digital Governance and Safety Committee
November 2022	D.05	Chris Darling	Board Secretary

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Chris Darling
Role:	Board Secretary
Signature:	X Author

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Approver's Name:	Rowan Gardner
Role:	Chair of Digital Governance and Safety Committee
Signature:	X Approver Chair of Digital Governance and Safety Committ...

1.4 DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System / iPassport

2 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 adopted by the Digital Governance and Safety Committee at its first meeting, shall be subject to review at least on an annual basis.

3 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

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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
    - Research and Innovation
- 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.

4 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 though 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

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- 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 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.

5 ACCESS

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

6 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.

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6.1 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.

6.2 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.

7 MEMBERSHIP, ATTENDEES AND QUORUM

7.1 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 Chair shall appoint the Chair of the Committee.

Usual expected attendees:
Executive Medical Director (Caldicott Guardian)
Executive~~ Lead~~ Director ~~for ICT~~of Operations
~~Deputy Director of Information~~Associate Director of Information, Intelligence and Research
Board Secretary
Head of Information Governance / Data Protection Officer
Director of ICT

7.2 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.

7.3 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.

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7.4 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.

8 GOVERNANCE

8.1 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.

8.2 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.

8.3 Secretariat

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

8.4 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.

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9 REFERENCES

DOCUMENTS – Can be found in the Integrated Management System / iPassport
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

10 DEFINITIONS

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

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DIGITAL HEALTH AND CARE WALES

DIGITAL GOVERNANCE AND SAFETY COMMITTEE CYCLE OF BUSINESS 2023-24

Agenda Item	2.4

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

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

Purpose of the Report	For Approval
Recommendation	
The Committee is being asked to: **APPROVE** the DHCW Annual Cycle of Digital Governance and Safety Committee Business.	

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	All

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

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

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DG&S	Digital Governance and Safety Committee	SOs	Standing Orders

2 SITUATION/BACKGROUND

2.1 The DHCW Digital Governance and Safety Committee should, on annual basis, receive an Annual Cycle of Committee Business which identifies the agenda items and reports which will be regularly presented to the Committee for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The Cycle of Business is presented as item 2.4i Appendix 1. The approval of the annual Cycle of Committee Business will take place before the start of the new financial year.

3.2 The Cycle of Business covers the period 1 April 2023 to 31 March 2024. The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 Please refer to item 2.4i Appendix 1 – DHCW Digital Governance and Safety Committee Cycle of Business for further detail.

5 RECOMMENDATION

5.1 The Committee are being asked to:
APPROVE the Digital Governance and Safety Committee Cycle of Business 2023-24.

6 APPROVAL / SCRUTINY ROUTE

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

PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	January 2023	Approved

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Digital Governance and Safety Committee

Cycle of Business
(1st April 2023 – 31st March 2024)

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 2023 to 31st March 2024.

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 2023 – 31st March 2024)

Item of Business	Executive Lead	Reporting period	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Preliminary Matters														
Minutes of the previous Committee Meeting	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Action Log	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Forward Workplan	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Governance & Risk														
Digital Governance & Safety Committee Annual Report	Board Secretary	Annually												
Digital Governance and Safety Committee Effectiveness Self-Assessment	Board Secretary	Annually											✓	
Digital Governance and Safety Committee Terms of Reference	Board Secretary	Annually											✓	
Digital Governance and Safety Committee Cycle of Business	Board Secretary	Annually											✓	
Digital Governance and Safety Committee Forward Work Plan	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Policies Report	Board Secretary	As required at all Regular Meetings		✓			✓			✓			✓	
Corporate Risk Register - Risks assigned to Digital Governance and Safety Committee	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Corporate Risk Tending Analysis	Board Secretary	Annually								✓				
Audit Reports	Relevant Lead	As required at all Regular Meetings		✓			✓			✓			✓	
Health and Care Standards – Relevant to Digital Governance and Safety Committee	Board Secretary	Annually											✓	
Safety Alerts Report	Executive Medical Director	Annually unless applicable circular is issued											✓	
Digital Safety & Governance Performance and Assurance														

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Item of Business	Executive Lead	Reporting period	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Information Governance Assurance Report	Executive Medical Director	All Regular Meetings		✓			✓			✓			✓	
Information Governance Strategy	Executive Medical Director	One off					✓							
Informatics Assurance Report	Executive Medical Director	All Regular Meetings		✓			✓			✓			✓	
Information Services Assurance Report	Executive Medical Director	All Regular Meetings		✓			✓			✓			✓	
Research and Innovation Assurance Report	Executive Medical Director	All Regular Meetings		✓			✓			✓			✓	
Research and Innovation Annual Report	Executive Medical Director	Annually											✓	
Incident Review and Organisational Learning Assurance Report	Executive Medical Director	All Regular Meetings		✓			✓			✓			✓	
Digital Programme Dashboard Overview	Executive Director of Strategy	All Regular Meetings		✓			✓			✓			✓	
Cyber Security Report - Private	Executive Director of Operations	All Regular Meetings		✓			✓			✓			✓	

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DIGITAL HEALTH AND CARE WALES
DIGITAL GOVERNANCE AND SAFETY COMMITTEE EFFECTIVENESS SELF ASSESSMENT REPORT

Agenda Item	2.5

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

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

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

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	All

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

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

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DG&S	Digital Governance & Safety Committee	SOs	Standing Orders

2 SITUATION/BACKGROUND

2.1 The Chair of the Digital Governance & 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.

2.2 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 2022/23.

2.3 Members should note eight responses were received. The report does not include comments in order to ensure anonymity.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Summary report

The report is split into three areas:

- Positive assurance
- Areas requiring further assurance
- Areas requiring further action

Positive Assurance	Area: Composition, Establishment and Duties
	Members were aware that: • There were approved **Terms of Reference** and there was an expectation they would be reviewed before March 2022 and would consider changes or developments throughout the year. • The Committee have established an **annual cycle of business** to be dealt with across the year. • The Committee will prepare an **annual report** on its work and performance for 22/23 to the SHA Board.

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	Members felt: • They have been **provided with sufficient authority** to perform its role effectively, however one member noted the areas of system leadership where DHCW needed to influence behaviours across NHS Wales due to lack of authority in some areas. • 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 it was positive how the Committee was willing to discuss challenges openly. • There was appropriate use of **private sessions of the Committee.** • Agenda items are **appropriately 'closed off'** • The **virtual nature of the meetings** worked very well with one member noting the number of colleagues who attend the meetings across a vast geographical area, including partners/regulator organisations. In addition, it was noted virtual meetings were far more effective for officers joining for one or two agenda items only.
	Area: Committee Leadership and Support
	Findings: • The **meetings are effectively chaired with clarity of purpose and outcome**, with one member noting the Chair was engaged in the agenda and encouraged debate and scrutiny. • 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, however, one member noted that on occasion follow up requests for clarification can be delayed due to other work pressures. • Members felt there was **adequate secretariat support**, with one member noting the support provided was excellent. • Members felt their **training was adequate,** and no further training was required to fulfil their roles. • General comments from members indicate the committee had **escalated the priority of Cyber** well, the **openness** of those attending the meeting whilst discussing difficult issues, the committee held **excellent discussions around learning** from events/incidents and the committee being very **effective** on the whole.
Areas Requiring Further Action / Assurance	No findings requiring further action or assurance
Appendices	[Digital Governance and Safety Committee Effectiveness Self-Assessment Survey]()

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4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The outcome of the Digital Governance and Safety Committee 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.

5 RECOMMENDATION

5.1 The Committee are being asked to:
NOTE the content of the report and **DISCUSS** the findings.

6 APPROVAL / SCRUTINY ROUTE

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

Tolley,Laura
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DIGITAL HEALTH AND CARE WALES
ANNUAL REPORT OF THE DIGITAL GOVERNANCE AND SAFETY COMMITTEE

Agenda Item	2.6

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

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

Purpose of the Report	For Endorsing
Recommendation	
The Digital Governance and Safety Committee is being asked to: **APPROVE** the Annual Report of The Digital Governance and Safety Committee 2022/23	

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organisation

CORPORATE RISK (ref if appropriate)	N/A

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

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

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

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

2 SITUATION/BACKGROUND

2.1 In accordance with best practice and good governance, the Digital Governance and Safety Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.

2.2 In line with Schedule 3 of the Standing Orders, the SHA Board nominated a committee which covers oversight and scrutiny of quality, safety, information governance, data quality, security, and risk. In addition, the remit of the Committee would extend to include Organisational Learning in digital relation to health and care and the SHA Board agreed the Committee would be known as the Digital Governance and Safety Committee.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The purpose of the Digital Governance and Safety Committee is to advise and assure the SHA 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.

3.2 The Committee seeks assurance on behalf of the SHA 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.

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3.3 The Committee was appointed by the SHA Board from amongst the non-officer members of the SHA and consists of no less than 3 members, comprising:

Chair: Independent Member

Members: Independent Member x 2

Other usual expected attendees:
- Executive Medical Director (Caldicott Guardian)
- Director of Information and Communication Technology
- Associate Director of Information, Intelligence and Research
- Associate Director of Information Governance
- Board Secretary

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair. In the interests of effective governance, it is expected that at least one Director listed above will also be in attendance.

3.5 The committee met four times during the period 1 April 2022 and 31 March 2023. This is in line with its Terms of Reference. The Digital Governance and Safety Committee achieved an attendance rate of 92% for this period.

	12.05.22	**04.08.22**	**03.11.22**	**02.02.23**	**Attendance**
Rowan Gardner (Chair)	✓	✓	✓	✓	**100%**
David Selway (Vice Chair)	✓	✓	✓	✓	**100%**
Marilyn Bryan Jones (appointed as IM from September 2022)	N/A	N/A	✓	✓	**100%**
Total	**100%**	**100%**	**100%**	**100%**	**100%**

3.6 During the financial year 2022/23 the Digital Governance and Safety Committee reviewed the following key items at its public meetings:

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3.6.1 Standing items presented at each Committee meeting throughout the year are as follows;

Forward Workplan (informed by the Annual Cycle of Business as noted below)

The workload as identified by members of the committee in developmental meetings with Board Secretary and Executive Medical Director around the Annual Cycle of Business is noted at each meeting with the opportunity for further input.

Digital Programme Overview Update

The Digital Programme update gives a high-level overview of the Programme Portfolio noting by exception the status of programmes that need to be highlighted to the Committee based on rag status.

With regards to specific programmes the Committee requested an update on the National Data Resource which was taken to the August 2022 private meeting and subsequently the Chair and Vice Chair met with the Executive Director for Strategy and the NDR Programme Director for further assurance on how the NDR was programmed for success and agreed that as it develops it would become a regular item on the agenda.

CANISC was also discussed at length during the period as DHCW's highest Corporate risk with a deep dive taken to the November 2022 private meeting. The risk has subsequently been mitigated against and reduced in score.

Risk Management Report including Risk Register

At all meetings during the period, the Committee received and reviewed Corporate Risks assigned to the Committee for scrutiny and oversight. In addition, deep dives into all corporate risks assigned to the DG&S Committee that have remained on the corporate risk register since 1 April 2021 were undertaken, one of which was included for discussion in the public session and the remaining four were taken to the private session.

Incident Review and Organisational Learning Report

The Incident Review and Organisational Learning Report is presented as a standing agenda item, with an emphasis on themes and learning trends.

Assurance Reports

At each meeting during the period, the Committee received detailed assurance reports on the following areas:

- Information Governance Assurance Report
  Noting the development of the Welsh Information Governance Toolkit in the May 2022 meeting.
- Informatics Assurance Report
- Information Services Assurance Report
  During the May 2022 meeting it was noted that the Digital Economy Act (DEA) accreditation had been achieved with regards to SAIL.

3.6.2 In addition, the following items were presented to the Committee for oversight and endorsement;

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Annual Cycle of Business (informing the Forward Workplan)

It was identified by members of the committee along with Board Secretary and Executive Medical Director as part of the Annual Cycle of Business and development meetings that the following items should be presented to the Committee throughout the period for oversight and discussion:

- Patient Identity
- Your Privacy Your Rights
- Keeping Patient Data Safe
- Review of Information Governance and Cyber Security Training across the NHS
- University Status
- Official Statistics Publishing

Policies and Strategies

The Research & Innovation Strategy was presented to the committee as it developed throughout the year cumulating in it being endorsed by the Committee prior to SHA Board approval and it was published in September 2022 with an action plan being developed to implement the work which will be fed back into the Committee at future meetings.

In addition, the Intellectual Property Policy which was discussed by the Committee during the February 2022 meeting, with a recommendation that further legal input is sought and input into the policy before it can be endorsed by the Committee. This is work is currently ongoing and the Committee expect to see the revised policy in early 2023-24.

As an ongoing Corporate Governance led procedure all organisational policies are being reviewed with any that require immediate attention, submitted for consultation, followed by approval by the Committees. During the period, the Committee reviewed and approved/endorsed the following policies:

- Disaster Recovery Policy
- Principles & Standards of Privileged Access Management

Committee Membership, Terms of Reference, and Effectiveness Self-Assessment

As an annual exercise the Committee Membership and Terms of Reference are reviewed, and committee members undertake a Committee Effectiveness Self-Assessment with results presented to the Committee at the end of each financial year.

3.7 During the financial year 2022/23 the Digital Governance and Safety Committee reviewed the following key items at its private meetings:

- Corporate Risk Register – all risks deemed private were reviewed in detail for assurance at each meeting
- Cyber Assurance Report – this report is presented at each committee meeting throughout the period
- Procurement assurance security process
- Cyber incident response plan

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- Cyber 3 Year Plan incl investment case
- Cyber Resilience Unit Posture Report
- National Data Resource Update
- Staff Identity
- NIIAS Reporting and Accessing

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The Digital Governance and Safety Committee is of the opinion that the draft Digital Governance and Safety Committee Annual Report 2022/23 is consistent with its role as set out within the terms of reference and that there are no matters the Committee is aware of at this time that have not been disclosed appropriately.

5 RECOMMENDATION

5.1 The Digital Governance and Safety Committee is being asked to **APPROVE** the Annual Report of the Digital Governance and Safety Committee 2022/23.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	16.01.2023	Noted

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DIGITAL HEALTH AND CARE WALES
HEALTH & CARE STANDARDS ASSESSMENT REPORT

Agenda Item	2.7

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	
The Digital Governance and Safety Committee is being asked to **NOTE** the report and the status of those standards under its remit.	

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	Choose an item.
All Wellbeing Objectives apply	

DHCW QUALITY STANDARDS	ISO 9001
ISO 14001, BS 10008, BS 76000, ISO 20000, ISO13485	

HEALTH CARE STANDARD	N/A
This assessment addresses ALL Health and Care Standards	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: An EQIA is not required for this assessment	

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 implications 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.

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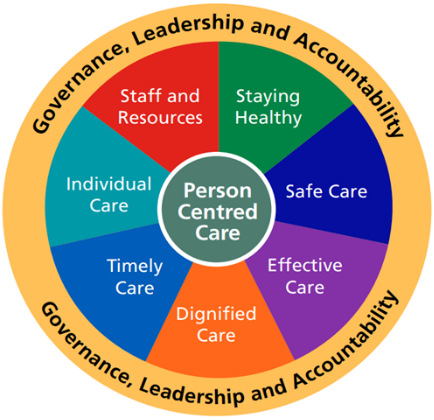
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below
	This assessment covers Research and Innovation activity undertaken by DHCW and their partners

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
DSPP	Digital Services for Patients and the Public	PaPAG	Public and Patient Assurance Group

2 SITUATION/BACKGROUND

2.1 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.

2.2 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.


Governance, Leadership and Accountability
Staff and Resources
Staying Healthy
Individual Care
Person Centred Care
Safe Care
Timely Care
Effective Care
Dignified Care
Governance, Leadership and Accountability

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2.3 The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduces a duty of quality. The duty of quality is interdependent with the Health and Care Standards. To build clear connections between the duty and the standards, Quality Standards 2023 have been established that are to replace the Health and Care Standards 2015. This new approach sets out a clear and simple framework for quality management that will strengthen the connection between the duty standards and the wider quality management process in Welsh health services.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Improvement actions identified from the 2022/23 self-assessment will be incorporated within wider quality planning but will continue to be monitored by the Risk Management Group with reports at mid and end year.

3.2 A report summarising progress made against improvement actions identified from the 2021/22 assessment is included as Appendix A.

3.3 The Committee should note the standards that the Digital Governance and Safety Committee provide assurance over are:

- Safe Care
- Effective Care
- Individual Care

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 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

4.2 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 2021/22	Score 2022/23
	3	3

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Std 0 Governance [Standard 0 Governance, Leadership and Accountability]

Our Achievements:

- DHCW received very positive feedback following the Structured Assessment undertaken by Audit Wales in 2022 reflecting the good governance arrangements that have been established
- Appointments have been made resulting in DHCW now having in place a full Board complement
- Reflecting the value placed on our staff, our Personal Development Review (PDR) compliance rate is above the All Wales target
- Organisational risk levels are now at the lowest they have been for a number of years reflecting improved risk management arrangements
- The rate for completed Declarations of Interest (DOI) are at 94% for senior staff (Band 8a and above)

Our Priorities and Aims 2023/24

- To further develop DHCW as a bilingual organisation
- To take areas from the Structured Assessment feedback as learning points for the organisation

Staying healthy	Score 2021/22	Score 2022/23
	4	4

Std 1.1 Health Promotion [Standard 1 Staying Healthy]

Our Achievements:

- DHCW were finalists in the 2022 Mental Health and Wellbeing in the Workplace Awards Wales in the category of Workplace Wellbeing
- The introduction of a Virtual Wellbeing Room and a Ways to Wellbeing Video series, initiatives that have come from the work of the Health and Wellbeing Network
- DHCW have worked in collaboration with the Money and Pensions Service (MaPS) to deliver a session on financial wellbeing at the annual Staff Conference, and also have delivered workshops around Menopause and Pensions and to make the most of individual's NHS Pensions

Our Priorities and Aims 2023/24

- Appointment of an Equality, Diversity, Inclusion and Wellbeing Lead role into DHCW, to take a strategic lead on implementing and driving initiatives to support staff wellbeing and ensure DHCW has the skills and knowledge to embed a positive culture in relation to Equality, Diversity and Inclusion
- Evaluation of the Health and Wellbeing Network initiatives to measure the impact and improvement that they are making
- Achievement of the re-branded Corporate Health Standard

Safe care	Score 2021/22	Score 2022/23
Std 2.1 Managing Risk and H&S	4	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

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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	4	4

[Standard 2.1 Managing Risk and Promoting Health and Safety]
[Standard 2.4 Infection Prevention and Control (IPC) and Decontamination]
[Standard 2.9 Medical Devices Equipment and Diagnostic Systems]

Our Achievements:

- The development and roll-out of a Risk Management Resources page
- Implementation of a Datix Risk Management Training Programme which is offered to all new staff and as a refresher to existing staff.
- Data fields within Datix improved toe allow better assurance reporting and trending
- DHCW now has a Water Safety Consultant in place to assist with water safety audits and documentation. The Consultant is a member of DHCW Water Safety Group
- We have maintained our compliance in respect of organisation led testing at all sites (including those closed during the pandemic)
- We put in modified controls at our offices (and other healthcare settings that our employees visit as part of their duties) to ensure that we remained Covid-19 safe. Although largely stood down now, these processes are well known and documented should they be required again
- The appointment of an Estates Officer in our North Wales office
- The development of, and progression through, a defined project strategy and plan for implementation of the Medical Device Regulations
- The refinement of the information assurance process to include links to Medical Device Regulations assessments

Our Priorities and Aims 2023/24

- Upgrade to new Datix Cloud as part of Once for Wales Programme
- Review of Board Assurance Framework and Risk Appetite
- Complete review of all Team Business Continuity Plans
- All services to complete new Business Impact Assessments
- Plan testing of plant systems and equipment
- Implementation of the newly developed Estates Plan (which includes modernisation of some offices)
- Undertake a review of compliance contracts with a view to rationalization into one larger contract
- To work across the organisation to integrate Medical Devices at a departmental level and to provide education on the cultural impact

Effective care	Score 2021/22	Score 2022/23
Std 3.1 Safe and clinically Effective Care	5	5
Std 3.2 Communicating Effectively	3	4
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

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[Standard 3.1 Safe and Clinically Effective Care]
[Standard 3.2 Communicating Effectively]
[Standard 3.3 Quality Improvement Research and Innovation]
[Standard 3.4 Information Governance and Communications Technology]
[Standard 3.5 Record Keeping]

Our Achievements:

- DHCW have worked within the Data Co-ordination Board (DCB) Standards supporting all of the Programmes of work that they are responsible for
- DHCW have pro-actively worked to ensure that all communications meet information, accessibility and language requirements
- There has been a growth in our social media followers and audiences
- DHCW have developed a formal Research and Innovation (R&I) Strategy, which we consulted upon and published in October 2022
- More resources for R&I activity have been secured with new staff and skills appointed
- Collaboration across healthcare and with academia and industry has been further developed with projects established and delivered in 2020/21 and 2021/22 reporting back being presented internationally in 2022
- Creation of an IG Framework for Wales (supporting Primary and Secondary Care) – IT Toolkit, National Intelligent Integrated Audit Solution (NIIAS), Data Protection Officer (DPO) Services for GPs, support for Wales Information Governance (IG) Board and Wales IG Management Advisory Group (all to be consolidated in a Strategy)
- Maintained the Wales Accord for Sharing of Personal Information (WASPI). A Consultation Exercise is underway with Welsh Government to create WASPI as an ICO Code of Conduct forming part of the IG Framework for Wales
- Development of an IG Framework that promotes standards in good record keeping and supported the publication of the All Wales Records Management Code of Practice

Our Priorities and Aims 2023/24

- Creation of a network of Clinical Safety Officers within the Health Boards and Trusts who can accept and own the adoption of the DCB Standards and to accept and mitigate any inherent risks observed in the IT services and systems supported by DHCW
- Further develop and widen communication channels to share and demonstrate the real benefits of digital to health and social care and to continue to apply best practice
- To support openness and transparency
- To ensure that communications are bilingual to meet the standards set out in our Welsh Language Scheme
- To prioritise Research and Innovation activity
- To secure access to the Secure eResearch Platform (SeRP)
- DHCW will publish and R&I Annual Report
- To finalise academic partnership agreements
- To create WASPI as the first Code of Conduct in the UK for Wales Public Services
- To create a new e-learning package that covers Health Records Management

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Dignified care	Score 2021/22	Score 2022/23

Std 4.1 Dignified Care	N/A	N/A
Std 4.2 Patient Information	N/A	N/A
Not Applicable to DHCW		

Timely care	Score 2021/22	Score 2022/23
Std 5.1 Timely Access	N/A	N/A
Not Applicable to DHCW		

Individual care	Score 2021/22	Score 2022/23
Std 6.1 Promote Independence	N/A	N/A
Std 6.2 Peoples Rights	4	3
Std 6.3 Learning from Feedback	4	4

Standard 6.2 Peoples Rights
Standard 6.3 Listening and Learning from Feedback

Our Achievements:

- Appointment of Non-Executive Board Member with lead responsibility for Diversity, Equality and Inclusion
- Appointment of a Director of People and Organisational Development
- DHCW have successfully maintained certification for BS76005 Valuing People through Diversity and Inclusion
- DHCW included Equality, Diversity and Inclusion as a category in the 2022 Staff Awards
- Appointment of a Head of Engagement who will now review our engagement activities to address any changes in priorities, or other relevant strategies and circumstances to identify dependencies and potential gaps
- DHCW co-sponsored a first Digital Summit which explored the key issues of digital inclusion in health and care and the central role the voluntary sector can play working in partnership with the statutory sector
- Continued with Public and Patient Assurance Group (PaPAG) with appropriate representation from: age and condition patient groups and third sector; advocacy and networking groups; NHS patient experience teams; and digital and health training and libraries. This group is supporting public and patient engagement across a number of DHCW programmes

Our Priorities and Aims 2023/24

- To recruit an Equality, Diversity, Inclusion and Wellbeing Lead into DHCW
- To publish an approved Strategic Equality Plan for DHCW
- A DHCW Board Development sessions will be planned for early 2023/24 to review and input into the Engagement action plan and performance framework
- Digital Services for Patients and the Public (DSPP) will continue to develop and test the NHS App prior to the launch later in the year
- PaPAG will further expand its stakeholder network to explore digital inclusion

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Our staff	Score 2021/22	Score 2022/23
Std 7.1 Workforce	4	4

[Standard 7.1 Workforce]

Our Achievements:

- Re-procurement of e-learning platform
- Delivery of Management Programmes
- Facilitated Finance and Management Graduate Placements across the organisation

Our Priorities and Aims 2023/24

- To implement and embed a Talent Management Action Plan, and to maintain the new approach
- The design, development and delivery of Leadership Development Programmes

5 RECOMMENDATION

5.1 The Digital Governance & Safety Committee is being asked to **NOTE** the report and the status of those standards under its remit.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	3 January 2023	Approved for submission to Management Board
Management Board	16 January 2023	Approved for submission to Committee

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APPENDIX A

DHCW HCS Action Plan 2022-23.xlsx

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DIGITAL HEALTH AND CARE WALES
HEALTH AND CARE STANDARDS ACTION PLAN 2022/23

STD	ACTION	LEAD EXECUTIVE	OPERATIONAL LEAD	DUE DATE	UPDATE: JUNE 2022	UPDATE: DECEMBER 2022
0	To implement a new structure as a result of reorganisation following appointment of two further Executive Director Roles and three Board level Director roles	Chief Executive	Chris Darling	August 2022	Underway, complete except for appointment of Director of Primary & Community Care (recruitment is underway)	All Executive Appointments are now made.
0	To provide a programme of Board Development and Board Briefing Sessions throughout 2022/23	Board Secretary	Chris Darling	March 2023	Underway, programme in place.	Complete, programme in place.
0	Implementation of the Risk and Board Assurance Framework Strategy including the new risk appetite across the organisation	Board Secretary	Chris Darling	May 2022	Completed. Risk and BAF Milestone Plan completed May 2022.	
0	Development of the Governance Assurance Framework and implementation across the organisation	Board Secretary	Chris Darling	April 2022	Completed. Approved by SHA Board January 2022.	
1.1	Achievement of the new Healthy Working Wales Wellbeing standard	Director of People and Organisational Development	Sarah Brooks	Dec 2022	DHCW successfully achieved the Corporate Health Standard (CHS) Gold Status Check in January 2022. Successful recertification of BS 76005 Valuing People through Diversity and Inclusion in December 2021 and maintained BS 76000 Valuing People Standard. Awaiting details from PHW on the new CHS Wellbeing Standard.	Awaiting details from PHW on the requirements of the new Healthy Working Wales standard. Successfully maintained BS 76000 and BS 76005 standards in October 2022.

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1.1	Implementation of new model of working by April 2022 to become a more attractive and flexible employer of choice	Director of People and Organisational Development	Joanne Jamieson/Sarah Brooks	May 2022	Due to Covid 19 pandemic, there was a delay to the implementation of the new working model. A phased approach to Hybrid Working commenced in April 2022, with encouraging staff to return to the office 1 day a week. Following feedback from staff survey in June 22, a report will be compiled by September on the latest hybrid working research for consideration by CEO/Execs on the longer term working arrangements.	Report completed. The Hybrid working Policy has completed the consultation period and will be ratified by Management Board on 21st December 2022
2.1	Undertake and publish Business Impact Analyses for all DHCW Teams (IMTP objective)	Director of Strategy	Julie Ash	June 2022	BIAs are in place for teams who formed part of the pilot. An Emergency Planning Lead has been appointed and will take this action forward.	This activity is now being taken forward by the new Emergency Planning Lead and forms part of 2023/24 plans.
2.1	Upgrade to new Datix Cloud as part of Once for Wales Programme	Board Secretary	Julie Ash	December 2022	Underway, planned for completion in line with due date.	Delayed until 2023/2024 by Third Party
2.4	Appoint Corporate Services Estates Officer for North Wales	Executive Director of Finance	Michael McGrath	Apr 22	Complete, Appointed with a start date of 25 July 2022.	
2.4	Plan testing of plant systems and equipment	Executive Director of Finance	Michael McGrath	Apr 22	Complete. Testing continues to take place as required (compliance is reported in the Estates and Compliance monthly report which is provided to Audit and Assurance Committee)	
2.4	Review and confirm future Estate requirements	Executive Director of Finance	Michael McGrath	Jun 22	Draft Strategy completed and shared with Executive Director of Finance.	Plan approved by SHA Board.

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2.9	Working across the organisation to integrate Medical Devices at departmental level and educating on cultural impact	Executive Director of Finance	Paul Evans	Ongoing activity	Medical Devices Alerts Group (MDAG) Terms of Reference agreed. Project Plan for MDR (Medical Devices Regulartions) is in progress and currentlly reporting 37% completion. Medicines & Healthcare products Regulatory Agency (MHRA) published their analysis of the consultation on updated UK MDR on June 26th, 2022 - under review, MDAG to be updated at their next meeting.	MDR Implementation plan currently at 47% complete with a large number of workstreams due for completion by end of Q3. MHRA have formally written to inform stakeholders that implementationof updated UK MDR will be delayed until July 2024. Work will continue in regard to readiness for implementation, although an element of delay is inevitable as we await MHRA pulication of new DRAFT legislation.
3.1	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	Medical Director	Darren Lloyd	April 2022	Complete. DHCW has seen an increase in the number of permanent informaticists allowing for increased clinical engagement across the NHS and other key stakeholders contributing towards the development of national systems	
3.2	Raising awareness and understanding of the role and products of DHCW with stakeholders, including NHS staff, patients and public.	Board Secretary	Kate Comley	2022 onwards	Communications Task and Finish Group underway to look at how this will be achieved	Communications Task and Finish Group complete, and report underway
3.2	Raising awareness of the Board and the SHA governance model.	Board Secretary	Kate Comley	2022 onwards	Complete. Now part of our Business as Usual (BAU) and a regular slot on the Insider and: Board Insights Newsletter, Board Summary Video, Recording and Publishing of our Committee Proceedings to our website.	
3.2	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.	Board Secretary	Kate Comley	2022 onwards	Underway, the Communications Task and Finish Group will address how we will communicate this with a wide range of Stakeholders	Communications Task and Finish Group complete, and report underway

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3.3	As the new Digital Health and Care Wales Special Health Authority there is the opportunity to strengthen research, improvement and innovation as part of the organisation’s objectives	Medical Director	Rachael Powell	June 2022	As part of the Research and Innovation function there are a number of milestones within DHCW IMTP to establish and progress the work.	R&I Strategy now approved
3.3	Development and embedding of Data Strategy	Director of Strategy	Rebecca Cook	September 2022	NDR Data Strategy was completed, approved and published in March 2022. Delivery of the strategy via the workstreams set out in the roadmap is in progress.	
3.4	Maintaining the IG Framework in the support of the Covid19 pandemic – To include the technical support for the Test Trace and Protect WG Strategy - examples include the roll out of the Welsh Immunisation System (WIS) and Track and Trace system	Medical Director	Darren Lloyd	April 2022	Complete - All core TTP products have full Data Protection Impact Assessments	
3.5	Expanding BS 10008 Standards to bring in Welsh Clinical Data Repository (WCDR)	Medical Director	Darren Lloyd	April 2022	DHCW still maintains the 10008 Standard against the IMS programme of work	The WCDR project no longer exists. Therefore this is not currently in a live form. BSI stated that we can only include live systems within our scope and therefore we must wait until this has been more established before including it. This action is therfore closed for 2022/23.

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6.2	Implementation of Diversity and Inclusion Forum and Strategy	Director of People and Organisational Development	Sarah Brooks	June 2022	New People and OD Strategy has been developed and will be submitted to Board for sign off in Sept 22. There are several key workstreams in the strategy, one is Diversity, Inclusion and Welsh Language. A Diversity and Inclusion Strategy is being developed.	New Independent Board member appointed with the lead for Equality. New People & OD strategy signed off by SHA Board in September 2022. Agreement to recruit to an Equality, Diversity, Inclusion and Wellbeing role to progress the EDI agenda. A Strategic Equality plan being developed and it is scheduled for presentation to Management Board in January 2023.
6.2	Delivery of Equality training	Chief Operating Officer	Joanne Jamieson	April 2022	Mandatory Equality, Diversity and Inclusion e-learning training for all staff on ESR (As at May 22, compliance was 93.9%). Prioritised internal training in early 2022 on Hybrid Working, Pay Progression and Appraisal. Three Deaf Awareness workshops delivered to interested staff in May 22. Discussions underway about Board development with ChwareaTeg on Diversity and Inclusion training.	
6.3	Continue to work to make the NHS Wales App available for patients and the public in Wales	Director of Strategy	Joanna Dundon	May 2022	Timescales have slipped slightly as it is intended to have the app ready for private beta in the next couple of months to go live by the end of 2022	Private beta has completed with 701 patients testing the App. Now preparing for public beta in mid January 2023
6.3	Review of the shared listening and learning framework	Board Secretary	Joanna Dundon	April 2022	Annual Review is planned for July 2022.	Annual Review completed in July 2022

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6.3	Updating the Putting Things Right regulations to include SHA's	Welsh Government	Chris Darling	Dec 2022	DHCW have received feedback from WG that it is intended to change legislation to include SHAs under Putting Things Right	Awaiting Welsh Government timescales
6.3	Strengthening our Incident Review and Learning Group's reach embedding the learning across the organisation	Director of Strategy	Julie Ash	March 2023	The Incident Reivew and Learning Group reports regularly to Digital Governance and Safety Committee and has developed reporting to meet their requirements.	
6.3	Further develop processes for recording and acting upon stakeholder feedback	Director of Strategy	Ruth Chapman	June 2022	Recruitment for a DHCW Engagement Lead is underway.	Head of Engagement appointed and engagement plans now be progressed at pace. Complete.
7.1	To continue to progress E Learning platform and deliver an internal training programme	Director of People and Organisational Development	Joanne Jamieson/Sarah Brooks	May 2022	Internal Training catalogue was published in March 222 which includes all internal courses such as Manager's Programme, Managing with Impact, Pay Progression and Appraisals, Respect and Resolution etc. An evaluation of the E-Learning platform to be undertaken in Quarter 2 of 2022.	New programmes delivered and added to the Internal Training Catalogue throughout 2022 such as Hybrid Working, Conflict Management, Resilience, Mental Wellbeing and more. Re-procurement of E-Learning platform completed in Sept 2022.
7.1	Directorate Workforce plans and increased number of placements and work experience in the organisation	Director of People and Organisational Development	Joanne Jamieson/Sarah Brooks	July 2022	No placements or work experience agreed in Directorates.	Part time graduate placements in POD team

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Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status	Session Type
2022-04-08-A02	04/08/2022	R&I Strategy Update: RP to explore resourcing and to report back to the committee to include a competitive intelligence piece.	Rachael Powell (DHCW - Information Services)		There's a paper going to DG&S for noting on the R&I Strategy, which was approved at Board on 29th Sept. The Strategy specifically addresses our intention to resource a specific team to drive this area on behalf of DCHW and the areas where we'll be looking to bring in funding opportunities to expand the team further. We appointed a Head of R&I a few weeks ago, Rachel Gemine, who will be joining us on 1st January. An action plan is currently being developed to pick up the key activities, aligned to our Strategy, which will have some specific milestones over the next 12months and where specific funding/resources will be addressed.	Underway	Public
2022-12-05-A02	12/05/2022	Data promise – DL to provide an update at the next Committee, potential resolution, and timelines to be outlined.	Darren Lloyd (DHCW - Information Governance)		14.07.2022 DL waiting for feedback from seconded position in WG before a plan can be established	Underway	Public

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DIGITAL HEALTH AND CARE WALES
CORPORATE RISK REGISTER REPORT

Agenda Item	3.2

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Bethan Walters, Risk and Regulation Officer
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Discussion/Review

Recommendation

The Digital Governance and Safety Committee is being asked to:

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

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

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

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

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

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

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

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

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

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

2 SITUATION/BACKGROUND

2.1 The DHCW Risk Management and Board Assurance Framework (BAF) Strategy 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 that risks on the Corporate Risk Register would be assigned to a committee for further scrutiny and oversight.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

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

3.3 In terms of DHCW's Corporate Risk Register, there are currently 23 risks on the Corporate Risk Register, of which 16 are for the consideration of this Committee. The Risk register presents the 9 public risks assigned to this Committee at item 3.2i Appendix A with the further 7 classified as private due to their sensitivity and will be received in the private session of the Committee.

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

NEW RISKS (4) – **4** public, 0 Private

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0297	Power Outages IF power outages occur at DHCW premises due to interruptions to the supply THEN there could be interruption to services run or delivered from DHCW premises RESULTING in loss of service for NHS organisations, Patients and the Public	Service Interruption	Audit and Assurance
DHCW0298	Delay in the Implementation of LINC (WLIMS 2) IF there is a delay to the LINC implementation THEN this could cause WLIMS service being out of 3rd party support beyond 2025. RESULTING in an unsupported laboratory system (i.e., Health boards being unable to meet their regulatory requirements) and/or unknown financial burden to DHCW. The system could become 'unvalidated' if changes are required to the underlying platform in a short timescale (Hardware or O/S upgrade for example) to ensure the system remains supported.	Service Delivery	Audit and Assurance
DHCW0299	Supplier capacity to support Electronic Prescription Service readiness activities IF key stakeholders and suppliers are not able to support Electronic Prescription Service readiness activities and implementation due to resourcing pressures THEN configuration, assurance, general set up activities during the readiness phase and business change/implementation activities will be delayed RESULTING IN delay to the Primary Care Electronic Prescription Service Programme delivery timetable	Development of Services	Digital Governance and Safety
DHCW0300	Canisc (Screening and Palliative Care)	Service Delivery	Digital Governance and Safety

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	IF there is a problem with the unsupported software used within the Canisc system THEN the application may fail RESULTING IN potential disruption to operational service namely Palliative care and Screening Services requiring workarounds.		

RISKS REDUCED (0) – 0 public, 0 private

There were no changes in score

RISKS REMOVED (8) – 7 public, 1 private

Reference	Name	Commentary	Committee Assignment
DHCW0295	Lack of resources to implement key IMTP Milestones IF additional resources are not made available to the 3rd Party Applications team in the Integration & Reference Applications (IRAT) area THEN we will not be able to meet our contractual commitments to numerous parties. RESULTING IN a reduced range of GP systems available within Wales in the short-term, reputational damage to DHCW, and potential financial penalties, as per the contract.	Risk partially mitigated downgraded to Directorate level for management	Digital Governance and Safety
DHCW0204	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.	Closed and replaced with a risk around the systems that remain	Digital Governance and Safety
DHCW0257	**Private Risk**	Downgraded for management at Directorate level	Digital Governance and Safety
DHCW0285	Unfunded NI Increase IF the additional 1.25% employer NI contributions are unfunded centrally THEN DHCW will have a cost pressure of £319k in 22/23 RESULTING IN DHCW's ability to breakeven.	Impact of changes to government policy relating to the 1.25 percentage point rise in National Insurance reversed from 6 November to reflected	Audit and Assurance

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		within future cost forecast submissions to Welsh Government.	
DHCW0294	DHCW Service Ownership and resource commitment not agreed for the NHS Wales App. If: The approach for the support of the NHS Wales App is not agreed and DHCW are unable to commit to service ownership, or provide resources (Staff) to support the NHS Wales App as a Public-facing service (both short-term and long-term) to handle both early volumes and increased take-up Then: the DSPP Programme would need to outsource Service Management, in particular 1st Line & 2nd Line support to an external 3rd Party, leaving insufficient time to establish or test the new support model as part of the private beta testing. Resulting in: Additional costs to the DSPP Programme (is DHCW funded), further delays due to procurement and commercial sign-off, wider detachment from DHCW's existing Service Support Models, risk that the externally provisioned service support will not meet regulatory standards and compliance, and risk of reputational damage as an insufficiently tested and under-developed service model may still be perceived as a DHCW provided service.	Reduced to Directorate level for period whilst further work is ongoing with the Private Beta, this may re-escalate following review of the work or change in circumstances.	Digital Governance and Safety
DHCW0208	Welsh Language Compliance IF DHCW are unable to comply with Welsh Language Standards outlined in the Welsh Language Scheme under development THEN they would not be compliant with national legislation applicable to other public bodies RESULTING in the potential for reputational damage	The generic has been addressed this risk will be closed and replaced with more specific risks	Audit and Assurance
DHCW0291	Network Delays in equipment in relation to Data Centre 2 Move IF the networking kit required for the data centre move doesn't arrive by Quarter 1 23/24 THEN the replacement	Reduced to Directorate level for management confidence is now there that the equipment will all be delivered by February 2023	Digital Governance and Safety

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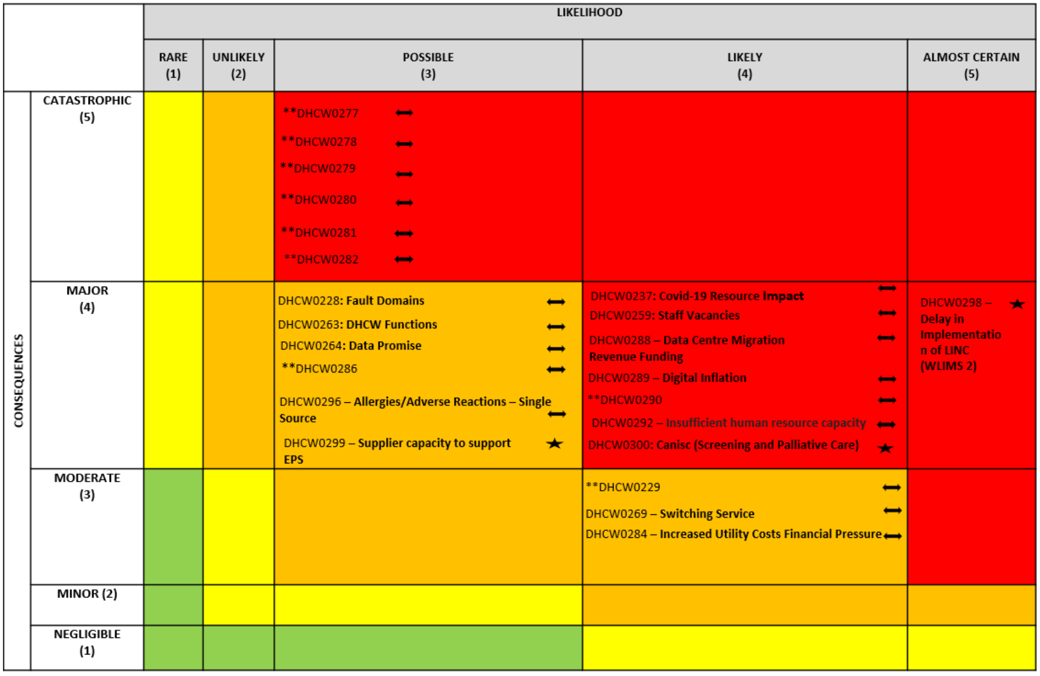
	network required will not be implemented prior to the end of the current contract with our current supplier RESULTING IN extension of the existing contract, and an elongated project plan.		
DHCW0297	Power Outages IF power outages occur at DHCW premises due to interruptions to the supply THEN there could be interruption to services run or delivered from DHCW premises RESULTING in loss of service for NHS organisations, Patients and the Public	Downgraded to Directorate level for management given the mitigation actions now completed. Disaster recovery exercise undertaken to provide assurance of continuity should a power outage occur and identify forward actions	Audit and Assurance

3.5 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 9 Significant and 14 Critical risks assigned to the Committee. The key indicates movement since the last risk report to the Committee.

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



CONSEQUENCES	LIKELIHOOD RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CATASTROPHIC (5)	🟨	🟧	**DHCW0277 ⟷ **DHCW0278 ⟷ **DHCW0279 ⟷ **DHCW0280 ⟷ **DHCW0281 ⟷ **DHCW0282 ⟷	🟥	🟥
MAJOR (4)	🟨	🟧	DHCW0228: **Fault Domains** ⟷ DHCW0263: **DHCW Functions** ⟷ DHCW0264: **Data Promise** ⟷ **DHCW0286 ⟷ DHCW0296 – **Allergies/Adverse Reactions – Single Source** ⟷ DHCW0299 – **Supplier capacity to support EPS** ★	DHCW0237: **Covid-19 Resource Impact** ⟷ DHCW0259: **Staff Vacancies** ⟷ DHCW0288 – **Data Centre Migration Revenue Funding** ⟷ DHCW0289 – **Digital Inflation** ⟷ **DHCW0290 ⟷ DHCW0292 – **Insufficient human resource capacity** ⟷ DHCW0300: **Canisc (Screening and Palliative Care)** ★	DHCW0298 – **Delay in Implementation of LINC (WLIMS 2)** ★
MODERATE (3)	🟩	🟨	🟧	**DHCW0229 ⟷ DHCW0269 – **Switching Service** ⟷ DHCW0284 – **Increased Utility Costs Financial Pressure** ⟷	🟥
MINOR (2)	🟩	🟨	🟨	🟧	🟧
NEGLIGIBLE (1)	🟩	🟩	🟩	🟨	🟨

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

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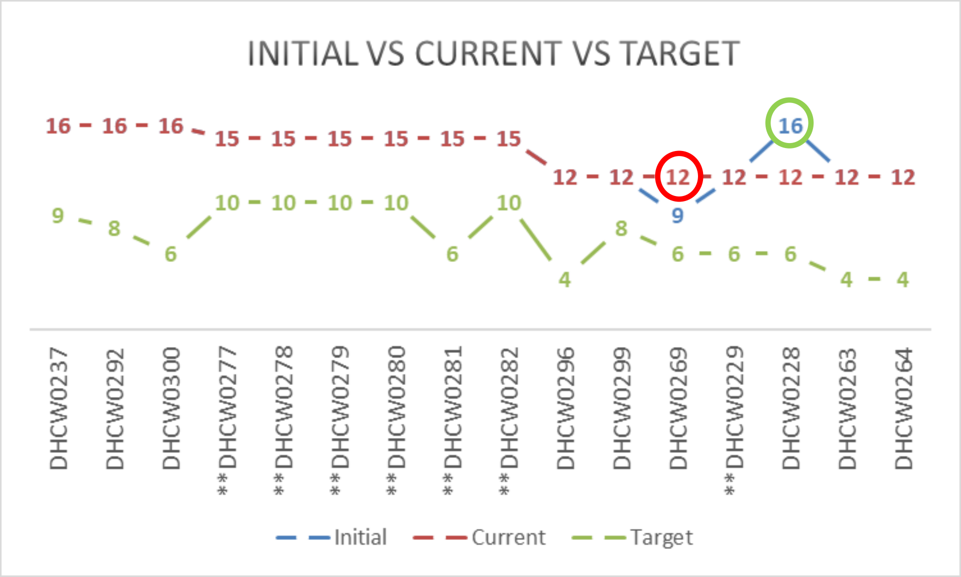
3.7 The Committee are also asked to consider of the risks assigned to the Committee, the overview of initial risk score versus current versus target and risks that may be identified for further investigation and action. Those highlighted with a red circle represent those risks with a score increased from their initial scoring, those in green have reduced their current score below initial scoring, the remainder are the same as their initial score.



4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

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

NOTE the status of the Corporate Risk Register.

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

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	3 January 2023	Reviewed
Management Board	16 January 2023	Reviewed

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3.2i Appendix A – Corporate Risk Register

Risk Matrix

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

Key – Risk Type:

Critical	Significant	Moderate	Low

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0237	Business & Organisational	New requirements impact on resource and plan IF new requirements for digital solutions to deal with Covid 19, recovery of services and other new areas of work continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING in non-delivery of our objectives and ultimately a delay in benefits being realised by the service.	30/03/2020	14/12/2022	16	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Continue to monitor new requirements for Covid recovery and other new initiatives. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined. ACTIONS TO DATE: IMTP approved by SHA Board end March 2022. Annual Business Plan approved April 2022 - this plan is flexible and new requirements will be assessed against available capacity and go through a formal change control process before being added to the plan. Still significant Covid backlog and new requirements coming through some of which are on a candidate list until resource is confirmed. Anticipated new requirements from Emergency and Unscheduled Care (Six Goals Framework) and new National Vaccination programme. New WG commissioning process being investigated to help coordinate new requests for work.	16 (4x4)	9 (3x3)	Executive Director of Strategy	Non-Mover	Digital Governance & Safety	Financial	Mission 5 - Trusted Partner
DHCW0292	Service Interruption	Insufficient human resource capacity in the infrastructure teams to undertake BAU activity and activities in the 1-year plan IF DHCW are unable to secure revenue funding to support major infrastructure developments identified in the IMTP and 1-year	01/04/2022	03/01/2023	16	AIM: REDUCE Likelihood FORWARD ACTIONS: Develop workforce plan for the resources required for major Infrastructure maintenance work such as those identified. ACTIONS TO DATE: 29/11/2022 MP -Ongoing engagement with a 3rd party to carry out analysis of teams capacity. 25/10/2022 MP - Order being raised for 3rd party to analyse the capacity within teams and provide recommended sizing.	16 (4x4)	8 (4x2)	Interim Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety Committee	Financial	Mission 2 - Delivering Technology

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3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		business plans, THEN there will be a delay to these activities RESULTING IN increased costs and/or system failures. Examples include: * Data Centre 2 Project * Migration of systems from legacy virtual server platform * WPAS Hardware Replacement * Legacy Operating System Replacements				27/09/2022 MP - Review of resource capacity to take place. 25/08/2022. CLJ. Independent third party being engaged to undertake an assessment on the sizing of the teams which have resource constraints and highest levels of unfunded resources. The output of this will be used to develop the case for increased funding levels in the affected teams (if needed) 15/07/2022. CLJ. Updated description. Work is underway to describe the BAU activity - to justify the needs to additional resources 12/05/2022. CLJ. Initial meeting to develop the workforce plan has taken place.							
DHCW0300	Security	Canisc (Screening and Palliative Care) IF there is a problem with the unsupported software used within the Canisc system THEN the application may fail RESULTING IN potential disruption to operational service namely Palliative care and Screening Services requiring workarounds.	07/12/2022	07/12/2022	16	AIM - Reduce Likelihood and Impact FORWARD ACTIONS Continue development of new solution. Implement across Wales. ACTIONS TO DATE 07/12/2022 -Requirements have been gathered for Palliative Care and Screening & Colposcopy work streams. Design complete & development commenced for Palliative Care.	16 (4x4)	6(3x2)	Executive Medical Director	New Risk	Digital Governance & Safety Committee	Service Delivery	Mission 3 - Expanding the content
DHCW0299	Business & Organisational	Supplier capacity to support Electronic Prescription Service readiness activities IF: key stakeholders and suppliers are not able to support Electronic Prescription Service readiness activities and implementation due to resourcing pressures THEN: configuration, assurance, general set up activities during the readiness phase and business change/implementation activities will be delayed RESULTING IN: delay to	13/07/2022	22/12/2022	12	AIM: REDUCE likelihood FORWARD ACTIONS: Section 255 Agreement has been agreed with NHS Digital. Contract Change Notices being negotiated with key suppliers to deliver EPS readiness in line with Key Milestones. ACTIONS TO DATE: Section 255 Agreement has been agreed with NHS Digital. Agreement with Department of Health and Social Care endorsing the request to expand the use of EPS across Wales.	12 (4x3)	6 (3x2)	Executive Director of Strategy	Non mover	Digital Governance & Safety Committee	Development of Services	Mission 3 - Expanding the content

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Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		the Primary Care Electronic Prescription Service Programme delivery timetable											
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 (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.	26/01/2021	03/01/2023	12	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Review in July 2022 ACTIONS TO DATE: DHCW meeting WG on 31/1 to discuss how the Data Promise Programme is progressed, confirming roles, responsibilities and timeframes Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR: (i) DHCW's establishment functions and initial set of directions in the form of a letter has been published on the Welsh Government's website, to ensure that DHCW's remit is clear and transparent. (ii) Welsh Government have informed the Confidentiality Advisory Group (CAG) of DHCW's new statutory status and legal basis for processing data. CAG have confirmed that they are content that we would no longer be requesting section 251 support for the handling of data not related to research. (iii) Welsh Government are planning to issue a new direction for DHCW regarding the collection of prescription data, which will test the process for issuing new directions. (iv) a letter was sent from Ifan Evans to confirm DHCW's functions in response to a request for clarity from the Chair of the Digital Governance and Safety Committee and a deep dive provided in November 2021's meeting.	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Service Delivery	Mission 4 - Value and Innovation
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	26/01/2021	03/01/2023	12	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise. To be reviewed in July 2022 ACTIONS TO DATE: DHCW meeting WG on 31/1 to discuss how the Data Promise Programme is progressed, confirming roles, responsibilities	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Service Delivery	Mission 1 - Enabling Digital Transformation

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3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		resident data include sufficient controls to ensure data is treated responsibly, handled securely, and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.				and timeframes The specific responsibilities for implementation of the Data Promise have been given to the Head of Data Policy in Welsh Government, who will be supported by a Data Policy Manager who will focus on delivering the Data Promise. (i) Stakeholder engagement is underway. (ii) The Minister for Health and Social Services has endorsed the proposals to deliver a Data Promise for health and care. (iii) A steering group has been set up to review and comment on Data Promise materials and help to make decisions on the direction of the programme. (iv) Aim of launching the Data Promise 'publicity' campaign in 2022.							
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	29/12/2022	16	AIM: REDUCE Likelihood and REDUCE Impact FORWARD ACTIONS: A newly installed virtual server farm has been implemented with two fault domains at each data centre. Work is now underway to migrate existing virtual servers onto this infrastructure which is expected to take around 5 months. This will provide some additional resilience for many of our services. This does not include our Microsoft database platforms (which live on a dedicated virtual server farm for licensing reasons) and this will follow the current migration. Introduction of further fault domains will be considered in the planning and migration of services from on-premises to cloud providers. ACTIONS TO DATE: 29/12/2022 MP - Work to complete the migrations is on target. 16/11/2022 MP - Work still on target to complete migrations. 25/10/2022 MP - Migration work continuing and on target for end of November. 27/09/2022 MP - Migration work continuing. 25/08/2022 CLJ. Migration of Virtual Machines onto new platform continues. We have migrated 45% of the total of 754 servers on the old platform. This migration is not including our database platforms and these will follow after	12 (4x3)	6 (3x2)	Interim Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety Committee	Finance	Mission 2 – Delivering Technology

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3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						the current migration. 04/08/2022 CLJ. Migration of Virtual Machines onto new platform continues. This migration is not including our database platforms, and these will follow after the current migration.							
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	23/12/2022	9	AIM: REDUCE Likelihood and REDUCE Impact ACTION TO DATE: 16/09/2022 - Discussed at Execs, concerns raised this has been downgraded prematurely and there would be more assurance following the external audit report 04/08/2022: Should the switching service fail, there is a process in place, whereby spreadsheets can be imported to manually update the service. The overall risk impact should be reduced. Downgraded to Directorate level by owner FORWARD ACTION: 27/07/2022: Now that the Director of Operations is in post, ISD are looking to share ownership of the risk with Operational Services and the internal audit review of the Switching Service by NHS Wales Shared Services Partnership (NWSSP) should provide specific feedback during July/August 2022 in order to advance this work. ACTION TO DATE: 23/12/2022 No update from NDR or IRAT teams 30/11/2022 Awaiting responses from NDR and IRAT teams around critical responses to recommendation 31/10/2022 - The internal audit review of the Switching Service by NHS Wales Shared Services Partnership has presented initial findings, which are being reviewed in order to develop appropriate responses to the recommendations and the development of a specific management action plan 15/07/2022 - Discussion has taken place to progress the shared ownership of this risk between ISD and Operational Services. The internal audit review of the Switching Service has begun with a number of meetings having taken place in June and July. 21/02/2022 - NDR confirmed that a plan to replace switching service functionality will be considered as part of the data strategy work. In the meantime, a paper is being drafted within ISD to propose some immediate solutions for geographical resilience in order to consider reducing the risk score.	12 (3x4)	6 (3x2)	Interim Executive Director of Digital Operations	Non-Mover	Digital Governance & Safety Committee	Information Storing and Maintaining	Mission 4 - Value and Innovation

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3.2i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0296	Clinical	Allergies/Adverse Reactions - Single Source IF allergies and adverse reactions are not stored in a single source and in a simple, structured, standardised and SNOMED-coded manner THEN a clinician may not be able to retrieve all the relevant, updated information in the system that they are logged in RESULTING IN Potential patient harm due to missing or outdated information being presented in the system being used by the clinician. Possible Causes: • Single source of truth (Clinical Data Engine) in which to input and retrieve information not used widely • Lack of integration API with CDE - Interoperability • Allergen not SNOMED coded • Reaction not SNOMED coded • Difficulty filtering through SNOMED results • No standard as how to portray Adverse reactions (i.e.: not all systems display them in the patient banner)	13/09/2022	23/11/2022	12	AIM: Reduce Likelihood FORWARD ACTION: DHCW has a Clinical Data Engine CDE) as a central source and is being used by the Welsh Clinical Portal (WCP) Discussion ongoing with DHCW Architects and National Data Resource (NDR) Programme on how standards and guidance can be defined that informs other downstream systems on how to interface thus creating once source. The CDE is reliant on several key systems reading and feeding to it. The work ahead is looking to create this as a 'standard' to comply with. Risk to be added to corporate register managed for all allergies and to be addressed by the shared medicines record. ACTION TO DATE: 23/Nov/2022 MPC [DL, HM, GDE]: Risk reviewed. Highlight that Shared Medicines Record is looking to create a repository for Adverse Reactions. PSM raised the question to CDE and SMR if they could re-use what has already been built. Presented to the Medical Director risk 8391 on 12/09/2022 which has resulted in the writing of this risk to cover all interoperability risks for allergies, warnings, and medications in clinical facing systems.	12 (4X3)	8 (4X2)	Executive Medical Director	Non mover	Digital Governance & Safety Committee	Safety /Wellbeing	Mission 2 - Delivering Technology

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DIGITAL HEALTH AND CARE WALES
INCIDENT REVIEW & ORGANISTAIONAL LEARNING GROUP REPORT

Agenda Item	3.3

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2022

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Keith Reeves – Service Management Team Manager
Presented By	Michelle Sell – Director of Planning & Performance & Chief Commercial Officer

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

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1. IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	N/A

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
Choose an item.	Outcome: N/A
Statement: This report is a summary of all incidents reviewed under the organisation's review processes. No requirement for EQIA	

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

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

Acronyms			
DHCW	Digital Health & Care Wales		
IRLG	Incident Review & Learning Group	MHRA	Medicines and Healthcare products Regulatory Agency
P&OD	People and Organisational Development	QIAL	Quality Improvement Actions List
YCFF	Yorkshire Contributory Factors Framework		

2. SITUATION/BACKGROUND

2.1 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.

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

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

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

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3. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Incident Review

The following report covers the **Quarter 3 period 1st October 2022 to 31st December 2022 inclusive.**

3.2 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 an Early Warning Notification or National Reportable Incident).

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	Emergency Planning Lead	As agreed	-	-
Clinical / Patient Safety	Clinical Serious Investigation/Safety Manager	7 days	1	1
Cyber Security	Assistant Director of Cyber Security	3 days	-	-
Health & Safety	Head of Corporate Services	10 days	-	-
Information Governance	Associate Director of Information Governance	72 hours	-	-
Information Services	Head of Information & Health Records Programmes	As agreed	-	-
MHRA Reportable Event	Interim Head of Quality and Regulatory Compliance	2 days	-	-
		10 days	-	-
		30 days	-	-
Technical	Service Management Team Manager	As agreed	-	-
Welsh Language Standards	Board Secretary	As agreed	-	-
Other	Board Secretary	As agreed	-	-
Total			1	1

There was 1 Early Warning Notifications / National Reportable Incidents this quarter

- 1 Clinical Incident

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3.3 Review Activity Progress Report (within reporting period)

This table provides a summary of review activity within the reporting period, including those carried forward from previous periods. This includes reviews which were undertaken but were not required to be notified to an appropriate body (typically internal DHCW technical reviews).

Review Type	Total Review Activity in Quarter	Open Reviews	Closed Reviews		
			Downgraded	Completed	Breached
Business Continuity	-	-	-	-	-
Clinical / Patient Safety	1	1	-	-	-
Cyber Security	-	-	-	-	-
Health & Safety	-	-	-	-	-
Information Governance	-	-	-	-	-
Information Services	-	-	-	-	-
MHRA Reportable Event	-	-	-	-	-
Technical	6	3	-	3	-
Welsh Language Standards	-	-	-	-	-
Other Reviews	1	-	-	1	-
Total	8	4	-	4	-

Type	Activity within Quarter	Open Reviews	Total Reviews in Quarter		
			Withdrawn	Completed	Breached
Complaints & Concerns	1	-	-	1	-
Redress	-	-	-	-	-
Total	-	-	-	-	-

‘Other Reviews’ undertaken during this quarter relate to the presentation on how the Service Desk manages user feedback, and the approach that they take to lessons learned.

One complaint was received and responded to by the Primary Care Team within DHCW.

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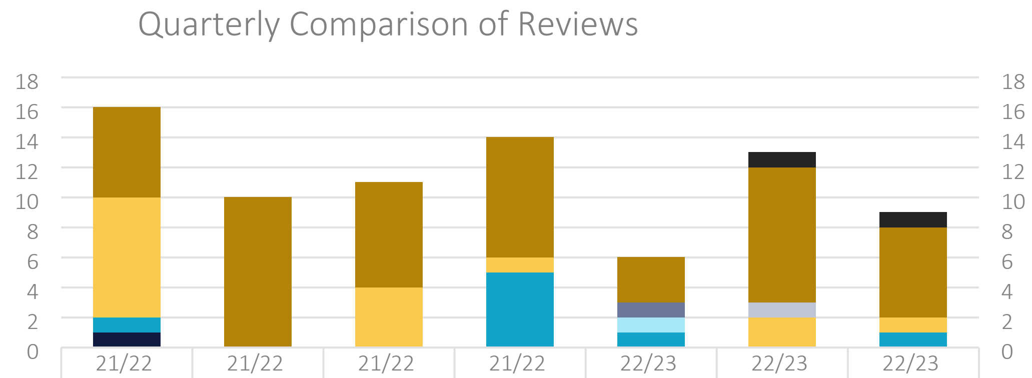
The graph below provides the quarterly comparison for the number of reviews undertaken by financial year.


Quarterly Comparison of Reviews

	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
■ Other	0	0	0	0	0	1	1
■ Technical	6	10	7	8	3	9	6
■ Information Services	0	0	0	0	0	1	0
■ Information Governance	0	0	0	0	1	0	0
■ Cyber Security	0	0	0	0	1	0	0
■ Clinical / Patient Safety	8	0	4	1	0	2	1
■ Complaints	1	0	0	5	1	0	1
■ Business Continuity	1	0	0	0	0	0	0
Total	16	10	11	14	6	13	9

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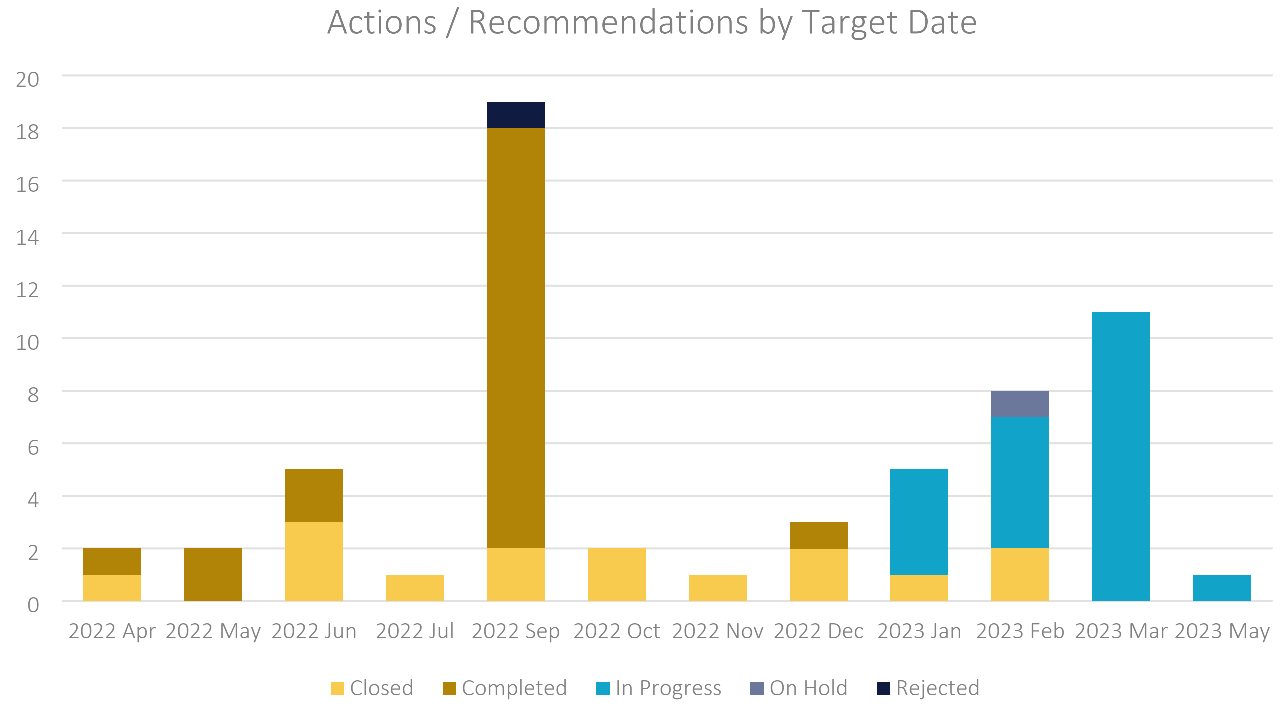
4. LESSONS LEARNED, RECOMMENDATIONS, AND ACTIONS

4.1 Incident Report Actions / Recommendations Identified

Once a review is completed, actions and recommendations are recorded on the Quality Improvements Actions List (QIAL) and assigned to owners to progress. The monitoring of progress of completion and implementation of these actions and recommendations related to reviews, is the responsibility of the IRLG.

This graph provides a summary of the number of recommendations made based on their target implementation date and status, and is reflective of the position at the time of compiling this report



The high number of recommendations / actions completed for September 2022 relate to the improvements that have been identified and implemented for Major IT Incident Management, more details are provided in section 4.2 Common Themes for Review

4.2 Common Themes from review and improvements implemented

This section seeks to build up an analysis of common themes and common causes of incidents experienced within DHCW, as well as work undertaken for improvement. These will initially form the basis of further investigation through thematic reviews and internal audits, and then the development of improvements to ways of working.

Theme	Major IT Incident Management	**Improvement Type(s)**	Process, Documentation, Resourcing, Training
Commencement Date	28/04/2022	**Current Status**	Ongoing
Description	A working group has been established to review all aspects of DHCW's Major IT Incident Management process including the effectiveness of its incident response		

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	structure (Bronze, Silver, Gold), communications, process management, reporting and review, and stakeholder engagement. Outputs will include the development of simplified workflows, clearer role profiles, improved reporting and escalation lines, communication templates as well as the development of training materials and periodic testing of aspects of the end-to-end process.
Improvements Implemented for Quarter 3	▪ Monthly awareness training scheduled o 62% of management on call have attended these sessions, with more scheduled for the remainder of the financial year ▪ Review of role profiles for Service Desk ▪ Service Desk have reviewed and developed Major IT Incident Management Communications processes ▪ Review of resourcing for Bronze, Silver, and Gold commenced, to ensure appropriate staffing levels
Planned Improvements for Quarter 4	▪ Continued Management On-Call Overview Training scheduled ▪ Scheduled test of processes to be undertaken ▪ Rota resourcing to be reviewed ▪ Rationalisation of rotas – moved to FY 23/24 ▪ Role profiles for other areas of on call to be reviewed

Theme	Incident Review Toolsets – Contributory Factors Framework	Improvement Type(s)	Process, Review, Documentation, Tools
Commencement Date	13/12/2022	Current Status	In Progress
Description	• The Yorkshire Contributory Factors Framework is a tool which uses an evidence base for optimizing learning and addressing causes of patient safety incidents by helping clinicians, risk managers and incident reviewers identify contributory factors. • The underlying aim of the tool is not to ignore individual accountability, but to try to develop a more sophisticated understanding of the factors that cause incidents. • These factors can then be addressed through changes in systems, structures, and local working conditions. Finding the true causes of incidents offers an opportunity to address systemic flaws effectively. • The YCFF was reviewed internally by DHCW Service Management, and a draft format adapted to fit a digital organisation in relation to technical and other reviews. • It is one of several tools and techniques that could be used as part of the incident review process • Implementation will look to improve the root cause analysis and lessons learned elements of the review process, as well as acting as a trigger for identifying further improvement recommendations.		
Improvements implemented Quarter 3	• Reviewed existing YCFF against approach to the provision of digital systems and services • Undertaken retrospective implementation against existing review reports to identify appropriateness and fit, based on technical reviews undertaken covering April to November 2022. Results of the review are included in Section 4.3		
Planned Improvements for Quarter 4	• Further refinement of the YCFF following feedback • Pilot of framework with live review process • Deliver training, awareness, and promotion		

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	• Identify other toolsets and approaches that can be used to improve review and learning processes

4.3 Results of retrospective review using Contributory Factors Framework

Definitions:

- ***Active Domain:*** *these relate to any factors around the immediate incident, and cover two areas; active failures, so those which were a direct cause, or planned activities which nevertheless resulted in an incident being raised (2 sub domains)*
- ***Situational Domain:*** *these relate to any factors around the team responsible, or the task being undertaken (4 sub domains)*
- ***Departmental Domain:*** *these relate to any factors around the management tier, available resources, and some of the direct environmental factors such as infrastructure, applications, or interfaces (6 sub domains)*
- ***Organisational Domain:*** *these relate to any factors at an organisational level, including other support teams, organisational policies, training, and design (6 sub domains)*
- ***External Domain:*** *these relate to any factors out of the direct control of the organisation, such as third parties (i.e. LHB IT and / or 3rd party suppliers) and national (All Wales / UK wide) policies (3 sub domains)*
- ***Communication and Culture:*** *these are factors that cross all domains and cover the safety and risk culture of the organisation as well as communication (2 sub domains)*

Contributory Factor Domain	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total
Active	2	2	-	4	-	-	-	2	**10**
Situational Domain	-	-	-	-	-	-	-	-	**-**
Departmental	1	2	2	3	2	2	2	2	**16**
Organisational	-	-	-	-	-	1	-	-	**1**
External	-	-	2	1	4	5	1	1	**14**
Communication and Culture	-	-	-	-	-	-	-	-	**-**
Grand Total	**3**	**4**	**4**	**8**	**6**	**8**	**3**	**5**	**41**

Within each Domain a series of themes are used which help to provide greater detail, and also help to address any additional learning that can be identified.

For Active Failure Domain the themes relate to:

Active Failure	any failure in performance or behaviour (e.g. error, mistake, violations, and deviations from working practices) of the person at the 'sharp end'. This includes incident caused as a result of human error	7
Planned activities	any activity with agreed and scheduled downtime – for instance maintenance windows, and planned Change deployments.	3

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For Departmental Domain the themes relate to:

Infrastructure & Interfaces	any factor related to failures within either the hosting infrastructure environment or system interfaces.	6
Software	any factor related to software design and development (such as bugs).	7
Data	any factor related to the data recorded within the system, that is not attributable to user error. Examples include automated data correction caused by upstream systems, and lack of message types being processed	3

For External Domain the themes relate to:

External Support	Availability and adequacy of external organisation services in support of the functioning of the service. This might include support from Local Health Board Functions, or Subject Matter Experts (e.g. clinical areas) or other Public Sector Bodies	6
3rd Party Support	Availability and adequacy of 3rd party services in support of the functioning of the service. This might include suppliers, utility companies, or other private sector bodies	8

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

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

5. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

5.1 There are no matters or risks for escalation.

6. APPROVAL / SCRUTINY ROUTE

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

PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Incident Review & Learning Group	23/01/2023	Approved
Michelle Sell – Director of Planning & Performance & Chief Commercial Officer	20/01/2023	Approved

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DIGITAL HEALTH AND CARE WALES
INFORMATION GOVERNANCE ASSURANCE REPORT

Agenda Item	3.4i

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

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

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

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

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

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

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

2 SITUATION/BACKGROUND

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

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

2.3 This report outlines key assurance activities to the Committee for the reporting period of 11th October 2022 to 10th January 2023. Relevant updates from this reporting period are provided based around the core responsibilities of the Information Governance team, as set out in the DHCW IG three-year IG strategy:

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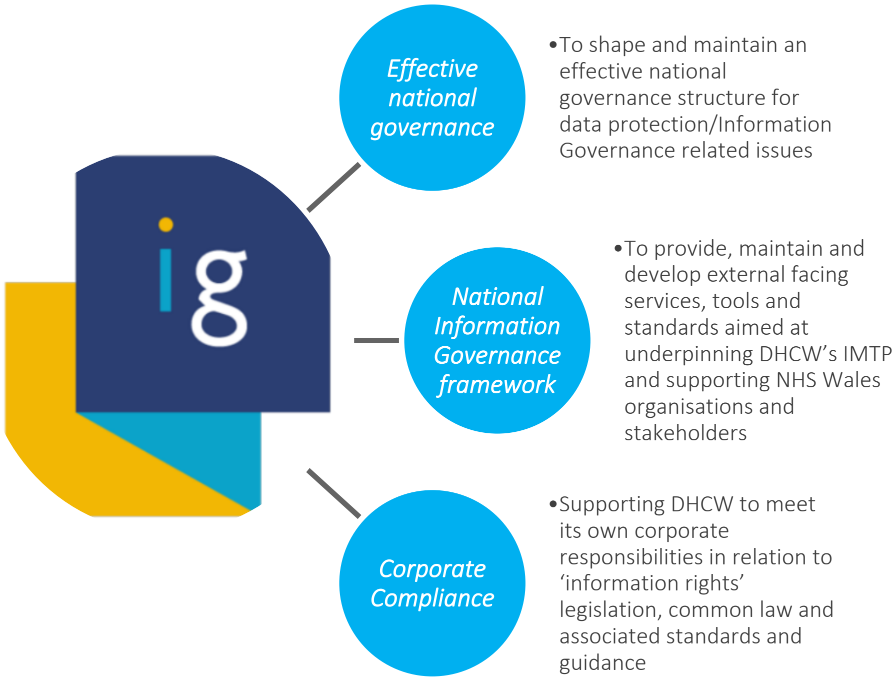

Effective national governance

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

National Information Governance framework

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

Corporate Compliance

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Effective National Governance

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

Relevant updates for this Committee period:

3.1.1 DHCW's IG Strategy is in the process of being updated to reflect the progress, achievements and developments required to meet the needs of the service. Information Governance sits under the responsibility of the Associate Director of Information Governance and Patient Safety and as such work is underway to update the IG Strategy - In the first instance a series of papers has been submitted to allow a better understanding of the resources and investment required in order to maintain a standard on the important aspects of the Framework that include the Wales Accord for Sharing Personal Information, Welsh IG Toolkit, National Intelligent Integrated Audit Solution (NIIAS).

3.1.2 The Wales Accord on the Sharing of Personal Information (WASPI) continues to make progress in creating an Information Commissioner's Office approved Code of Conduct under Article 40 of UK General Data Protection Regulation. The Code of Conduct will commit

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organisations to follow WASPI's information sharing practices. A final draft version of the Code is to be shared as part of public consultation shortly.

3.1.3 A new technical platform for the Welsh Information Governance Toolkit is being implemented for financial year 2023/2024. The new platform will allow DHCW to expand from those organisations that currently use the existing platform (Welsh Health Board, Trusts, Special Health Authorities and GMPs) to a wider set of stakeholders who need to provide IG assurance. This action is aligned to the IG framework strategy as is described in 3.1.1.

3.2 National Information Governance Framework

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

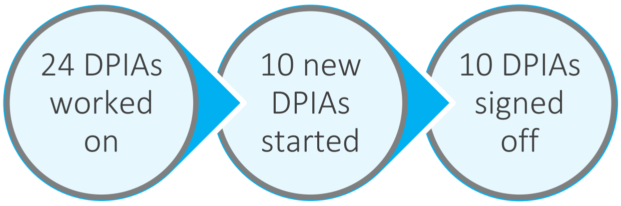
Relevant updates for this Committee period:

3.2.1 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 in DHCW is embedded via the Wales Informatics Assurance Process.

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

Within the reporting period:



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DPIAs worked on within reporting period			
Project	Internal/External	Current Position	Last Update
008 Phlebotomy module	External	With the project	16/12/2022
033 WRAPPER	External	Signed off	04/11/2022
040 Histopathology electronic test requesting	External	Signed off	24/10/2022
077 Microsoft Azure My Health Online	External	Signed off	24/11/2022
101 Cancer Acceleration Programme - Replacing CaNISC Reporting Functionality	External	Signed off	02/11/2022
115 Welsh Clinical Portal Patient Warnings	External	With IG Team	14/10/2022
119 Digital Services to Patient and Public Gateway App	External	Signed off	07/10/2022
128 Welsh Nursing Care Record Digitalisation of Nursing Documents Phase 2	External	Signed off	10/11/2022
137 National Subscription Service	External	Signed off	04/11/2022
148 Velindre Cancer Centre WelshPAS	External	Signed off	10/11/2022
150 Tractivity – stakeholder engagement management system	Internal	With IG Team	08/11/2022
152 Child Vaccine Data	External	Signed off	05/01/2023
155 Radiotherapy Treatment Request and workflow	External	Signed off	10/11/2022
156 Welsh Care Records Service – Medical Photo Uploader	External	With the project	07/12/2022
160 111 Out of Hours Solution	External	With the project	11/11/2022
161 ViH Liver Registry Dashboard	External	With IG Team	10/11/2022
162 Universal Audit Tool	External	With the project	15/11/2022
165 DHCW Liver Registry Dashboard	External	With IG Team	23/11/2022
166 Deliver Unit: Vaccination Data Use	External	With the project	01/12/2022
167 Deliver Unit: Covid Testing Data Use	External	With the project	01/12/2022
168 Radiology Informatics System (RISP)	External	With the project	10/01/2023
169 Laboratory Information Management System / LINC	External	With the project	16/12/2022
170 - IM1 for EMIS (MHOL Replacement)	External	With IG Team	12/12/2022
172 Welsh Subject Access Request	External	With IG Team	03/01/2023

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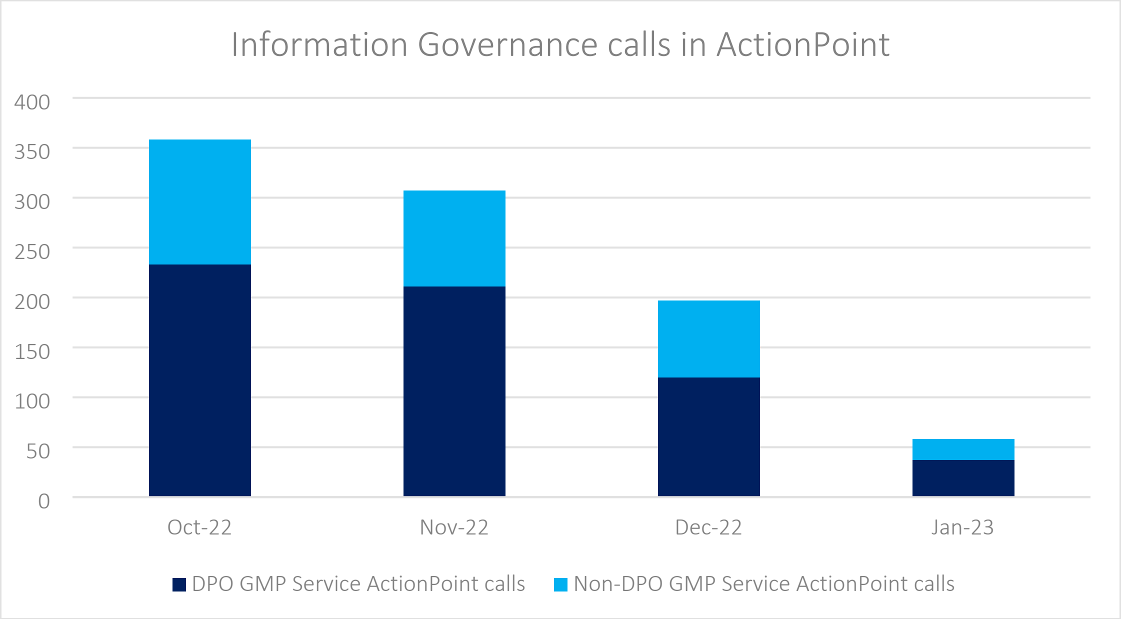
3.2.2 Number of calls into DHCW Information Governance ActionPoint System

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

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

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



Data as of 10th January 2023

3.3 Corporate Compliance

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

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Relevant updates for this Committee period:

3.3.1 IG Incidents and Complaints:

All IG incidents are reported using the DHCW Datix system and are risk assessed using the DHCW Standard Operating Procedure - *SOP-IG-004 Personal Data Breach Reporting and Management* and reported to Welsh Government (WG) and the Information Commissioner's Office (ICO) when required. The below table provides an outline of any IG incidents within the reporting period:

TYPE*	SUB-TYPE*	NUMBER OF INCIDENTS LOGGED	REPORTED TO ICO / WG	COMPLAINTS RECEIVED FROM ICO
Data Protection and Confidentiality	Inappropriate access	0	0	0
	Inappropriately divulged	1	0	0
	Information lost	0	0	0
	Sent to the wrong recipient	0	0	0
	Information stolen	0	0	0
Access to Information	Request not responded to within statutory timescales	0	0	0
	Request not processed	0	0	0
	Requestor complaint	0	0	0
TOTAL		1	0	0

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

3.3.2 Information Governance Access to Information

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

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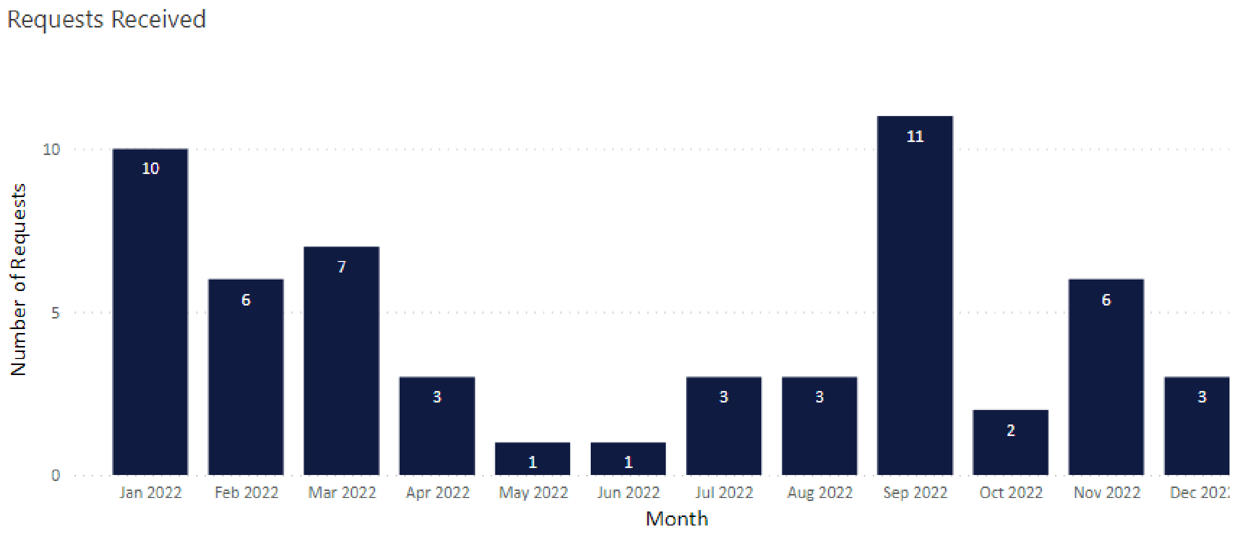
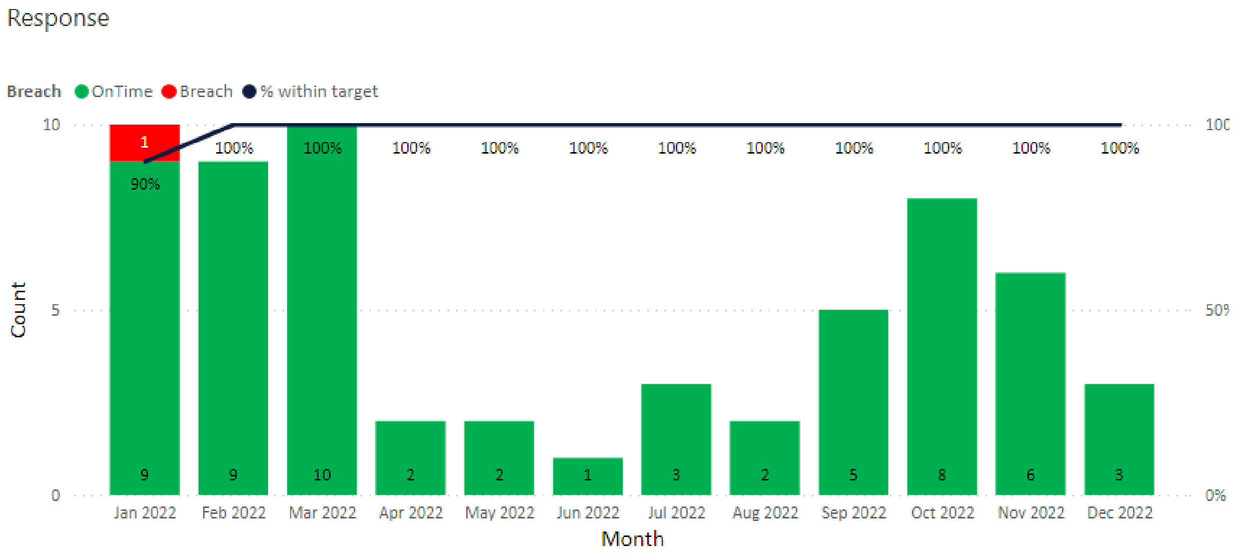


11 Freedom of Information Act (FOIA) requests were received by DHCW between 11th October 2022 to 10th January 2023.



All FOIA requests within this time period was answered within the statutory timescales.

FOIA requests received within the reporting period by rating*			
	Minor	Amber	Major
October 2022	2	0	0
November 2022	1	5	0
December 2022	0	3	0
January 2023 (as of 10/01/23)	1	0	0

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

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Rating	Explanation

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

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

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

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

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DIGITAL HEALTH AND CARE WALES
INFORMATICS ASSURANCE REPORT

Agenda Item	3.4ii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

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

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	N/A

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

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

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

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

Workforce EQIA page

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

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

Acronyms			
WIAG	Wales Informatics Assurance Group	AQP	Assurance Quality Plan
SCRR	Safety Case and Readiness Report	DHCW	Digital Health & Care Wales
RFC	Request for Change	NHS	National Health Service
WRAPPER	Welsh Referral, Activity & Patient Pathway Enterprise Repository	WRRS	Welsh Results Reports Service
API	Application Programme Interface	WCCIS	Welsh Community Care Information System
WPAS	Welsh Patient Administration System	EMIS	EMIS Healthcare
OPD	Outpatient Department	WNCR	Welsh Nursing Care Record
UHB	University Health Board	BCUHB	Betsi Cadwaladr University Health Board
WCRS	Welsh Care Records Service	WCP	Welsh Clinical Portal
IPFR	Individual Patient Funding Requests	WHSSC	Welsh Health Specialised Services Committee
CaNISC	Cancer Network Information System Cymru (CaNISC)	DSPP	Digital Services for Patients and the Public
VCC	Velindre Cancer Centre	MVP	Minimum Viable Product

2 SITUATION/BACKGROUND

2.1 Wales Informatics Assurance Process

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

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

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Wales Informatics Assurance Group (WIAG) may assure minor changes via a Request for Change submission (for definitions of document types see Appendix A). There are 20 work streams associated with the process. Details of the workstreams are included in Appendix B.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Overview of Activity

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

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

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

Activity	AQP	SC&RR	WIAG review sign off	Director sign off
CaNISC_MVP_Observations	🟩	🟩	09/11/2022	09/11/2022
NHS Wales Test, Trace & Protect Service	🟩	🟩	07/12/2022	22/12/2022
API Management (API Platform) National Data Resource	🟩	🟩	Pending Service Management statement	In Progress
Bridging Contraception	🟩	🟩	07/12/2022	22/12/2022
WCCIS Implementation in BCUHB	🟩	🟩	22/09/2022	14/10/2022
Welsh Referral, Activity & Patient Pathway Enterprise Repository (WRAPPER)Phase 1	🟩	🟩	16/11/2022	16/11/2022
Radiology e Requesting (Welsh Clinical Portal)	🟩	🟩	07/12/2022	22/12/2022
DSPP / NHS Wales App (Private Beta)	🟩	🟩	Pending retrospective approval by WIAG on completion of work activities outlined by various	🟥

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			Assurance Leads	In Progress
WCCIS Integrate Mobile App Version 1.4.1 Pilot Update 2022				In Progress
Radiotherapy Treatment Summary Record			19/10/2022	21/11/2022
Radiotherapy Requesting			11/11/2022	21/11/2022
Image Annotation App				In Progress
WRAPPER Phase 2			15/11/2022	23/12/2022
Medical Photograph Uploader				In Progress
EyeCare Digitisation Phase 1 Part 2			04/01/2023	04/01/2023
National Trauma Unit Solution				In Progress
Universal Audit Solution				In Progress
IPFR / WHSSC Admin Solution				In Progress
Histopathology Electronic Test Requesting				In Progress
Phlebotomy Module				In Progress
Electronic Test Requesting Printing API				In Progress
Digitisation of Nursing Documents (Phase 2) Mouthcare Assessment				In Progress
Digitisation of Nursing Documents (Phase 2) Bowel Assessment				In Progress
Digitisation of Nursing Documents (Phase 2) Skin Assessment and Repositioning Chart				In Progress

Assurance Quality Plans within the reporting period

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Activity/Project	Date received by WIAG	Ref Number	Outcome of WIAG
EyeCare Digitisation Programme Integration Services [WPAS Clinic Lists & Deceased	07th November 2022	AQP-WIA-76	

Patient Flow]			Approved
EMIS IM1	21st November 2022	AQP-WIA-77	Awaiting statement from one Assurance Lead
WCP CLINIC LIST OUTCOMES	05th December 2022	AQP-WIA-78	Awaiting statements from three Assurance Leads
Welsh Subject Access Request	19th December 2022	AQP-WIA-79	Awaiting statements from two Assurance Leads
WIS_CYPRIS_APP_SEPARATION	19th December 2022	AQP-WIA-81	Awaiting statements from five Assurance Leads
DSPP NHS Wales App Public Beta Charlie Milestone	19th December 2022	AQP-WIA-82	Awaiting Statements from five Assurance Leads

- EyeCare Digitisation Programme Integration Services [WPAS Clinic Lists & Deceased Patient Flow]
  WPAS OPD Lists will support the workflow functionality contained in OpenEyes. Deceased Patient Flow will be an automated scheduled process, it will ensure the OpenEyes DB is as up to date as possible. There is no risk of communicating with deceased patients through OpenEyes as it is an Electronic Patient Record for recording/reporting clinic attendance. The need for the flow is to keep the DB as up to date as possible, containing only details of active patients.

- EMIS IM1
  EMIS Health will provide the requisite infrastructure to Wales under CCN Ref P675/EMIS/CCN002 to enable the IM1 API's to be available for use to support surfacing MHOL equivalent patient data in the NHS Wales App.

- WCP CLINIC LIST OUTCOMES
  The proposal is to deliver the ability to capture outcomes from the clinic list in Welsh Clinical Portal. This will allow users to outcome an appointment (via a newly created outcome eform) without having to complete a full OMN that adds no clinical content to the patient record. The development is targeted at secondary care WCP users. The e-form will be stored within the Welsh Care Record Service (WCRS) and will be supported with an extract of the outcome information to be manually entered into PAS systems.

- Welsh Subject Access Request

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A Web Application that will provide Velindre NHS Trust Medical Records staff with the ability to collate information needed to satisfy Subject Access Requests received from a patient and/or their legal representatives. The scope of the information to be collated by this application is limited to the electronic documents available for the given patient in WCRS and electronic test results available for the given patient in WRRS. This will replace functionality lost following the retirement of the Canisc service. Any other information needed to satisfy the Subject Access Request will be sourced by the Medical Records staff at Velindre via other means.

- WIS_CYPRIS_APP_SEPARATION
  The objective of this project is to separate the Welsh Immunisation System and Children and Young Peoples Immunisation System. Currently these applications share much of the same code base and the same database. The applications will be separated, and new pluggable databases created for both products.

- DSPP NHS Wales App Public Beta Charlie Milestone
  The Public Beta phase is intended as a 'soft launch' of the NHS Wales App (and website) to the public in Wales. This phase will take on board the learning from the small cohort of users (701 users from 10 GP practices using Cegedim) and functionality deployed in the Private Beta phase and will ensure additional learning can be sought ahead of the full Public Launch. The 'Charlie Milestone' is the day 1 go-live scope of the Public Beta phase.

Requests for Change within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
iPassport – Competency Module	19th December 2022	WIA-RFC-82	Approved	None

Safety Case and Readiness Reports within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
WCCIS Integrate Mobile App Version 1.4.1 Pilot Update 2022	10th October 2022	SCRR-WIA-53	In Progress	Information Governance are awaiting visibility of the referenced DPIA from the Project Manager before approval can be provided
Radiotherapy Treatment	24th			

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Summary Record	October 2022	SCRR-WIA-54	Approved	None
Radiotherapy Requesting	24th October 2022	SCRR-WIA-55	Approved	None
Image Annotation App	24th October 2022	SCRR-WIA-57	In Progress	Rejected by one Assurance Lead and referred to Project Manager pending further work
WRAPPER Phase 2	24th October 2022	SCRR-WIA-60	Approved	None
Medical Photograph Uploader	07th November 2022	SCRR-WIA-61	In Progress	Awaiting statement from one Assurance Lead
EyeCare Digitisation Phase 1 Part 2	07th November 2022	SCRR-WIA-62	Approved	None
National Trauma Unit Solution	21st November 2022	SCRR-WIA-59	In Progress	Awaiting demo to be provided to Assurance Leads by the Project Manager
Universal Audit Solution	21st November 2022	SCRR-WIA-56	In Progress	Awaiting demo to be provided to Assurance Leads by the Project Manager
IPFR / WHSSC Admin Solution	21st November 2022	SCRR-WIA-64	In Progress	Awaiting demo to be provided to Assurance Leads by the Project Manager
Histopathology Electronic Test Requesting	05th December 2022			Rejected by one Assurance Lead and referred to Project Manager

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		SCRR-WIA-69	In Progress	pending further work Awaiting statements from one Assurance Leads
Phlebotomy Module	05th December 2022	SCRR-WIA-70	In Progress	Awaiting statements from one Assurance Leads
Electronic Test Requesting Printing API	05th December 2022	SCRR-WIA-68	In Progress	Rejected by one Assurance Lead and referred to Project Manager pending further work Awaiting statements from two Assurance Leads
Digitisation of Nursing Documents (Phase 2) Mouthcare Assessment	05th December 2022	SCRR-WIA-66	In Progress	Awaiting statements from two Assurance Leads
Digitisation of Nursing Documents (Phase 2) Bowel Assessment	05th December 2022	SCRR-WIA-67	In Progress	Awaiting statements from two Assurance Leads
Digitisation of Nursing Documents (Phase 2) Skin Assessment and Repositioning Chart	05th December 2022	SCRR-WIA-65	In Progress	Awaiting statements from two Assurance Leads

- WCCIS Integrate Mobile App Version 1.4.1 Pilot Update 2022
  In future, the Mobile App will be used by a wide range of health and social care practitioners in the community and in people's homes. The App allows users to continue to work in 'offline' mode until a connection is available. It will be used on a range of tablet and smartphone devices across the Android, Windows, and Apple mobile operating systems.

- Radiotherapy Treatment Summary Record
  As part of the accelerated CaNISC replacement programme, the Systemic Anti-Cancer Therapy (SACT) Treatment Data and Radiotherapy Treatment Data workstreams have been established to improve the accessibility and visibility of treatment data outside of silo systems, providing

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intelligent linked data and information to support Radiotherapy and SACT services in Wales

- Radiotherapy Requesting
  Development and implementation of a new, temporary radiotherapy requesting and planning solution for Velindre Cancer Centre (VCC) which replaces the functionality in the current Cancer Network Information System Cymru (CANISC). This solution falls within the Cancer Acceleration programme, a Velindre only, localised delivery.

- Image Annotation App
  The app is developed for the Artificial Limb and Appliance Service teams to take images and annotate in real time whilst assessing a patient. The app has been built on requirements gathered from this department, plus feedback from the UAT conducted to test the app.

- WRAPPER Phase 2
  The purpose of WRAPPER is to provide real-time data to help users with decision making at the point of care. It has not been designed to create reports; however, it will eventually interface with the National Data Resource to provide a single source of the truth for NHS Wales in a secondary care environment. In the interim it will interface with DHCW's National Data Warehouse, and from here WRAPPER data will be made available to health boards.

- Medical Photograph Uploader
  WCP Welsh E-forms App includes a new electronic form which allows authorised users to upload Medical Photographs directly into the WCRS for viewing in the WCP digital patient record.

- EyeCare Digitisation Phase 1 Part 2
  The EyeCare Digitisation Programme is owned, managed, and hosted by Cardiff and Vale University Health Board. DHCW have a specific responsibility to provide agreed interfaces only. This paper will focus on the Welsh Care Records Service [WCRS] implementation bringing EyeCare documents WCRS and subsequently into the Welsh Clinical Portal [WCP]. Interfacing work will consist of both connectivity and formal testing.

- National Trauma Unit Solution
  The scope is to deliver a national survey solution that allows mental health therapists who treat patients with traumatic stress disorders to complete surveys before, during and after treatment.

- Universal Audit Solution
  Following the success of the Therapy Audit solution, the potential was recognized to widen the net and create a more flexible 'Universal Audit' solution. This will be configured by the end user to service different types of recurring audits. Any user will be able to create an audit. The creator will be assigned the role of process owner. They are the only person that can alter the audit. The user will use an App to define the audit, assign it to users and track progress.

- IPFR / WHSSC Admin Solution
  Create a digital solution using Power Platform and core M365 tools that all teams involved in the IPFR/WHSSC process can work within. This will replace the many spreadsheets and access

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database that is currently being used within the central IPFR / WHSC teams to capture requests for and approval of specialist services / treatments / drugs.

- Histopathology Electronic Test Requesting
  As part of the Single Record programme, the Electronic Test Requesting project is digitising the test requesting process in primary and secondary care for a variety of test types, including radiology, cardiology, histopathology, and phlebotomy.

- Phlebotomy Module
  In the long term, the intention is for this module to be utilised across all secondary care clinical contexts through WCP. To roll out the phlebotomy module nationally, an evaluation of the pilot will be undertaken, and the module will be hosted nationally by DHCW.

- Electronic Test Requesting Printing API
  An API will automate the process by which an appropriate label is printed for a new electronic test request. When the user submits the test request in the Welsh Clinical Portal (WCP), they will be redirected to a new pop up or tab that will contain a PDF of the label containing all the relevant label information, and the user will be able to print the label.

- Digitisation of Nursing Documents (Phase 2) Mouthcare Assessment
- Digitisation of Nursing Documents (Phase 2) Bowel Assessment
- Digitisation of Nursing Documents (Phase 2) Skin Assessment and Repositioning Chart

The intention of WCNR is to:

- Allow clinical users with appropriate access rights to complete electronic nursing documentation for assessment, using mobile technology to ensure bedside interaction with the patient.
- The e-forms will re-use patient demographics data from existing systems and data sources, to reduce duplication.
- The e-forms will be stored, saved, and completed in a manner that matches the requirements for each product as defined within the Software Requirements Specification and/or Design packs, and stored as a finalised PDF version in WCRS.
- The data produced will need to be accessible for automated reporting and auditing capabilities as defined by Health and Care Standards Wales.

3.2 Managing Workload and Capacity

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

3.3 Upcoming WIAG Papers

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Date	**Project Title**	**Document Type**
16th of January 2023	CU MEDILOGIK eMPI PDQ Cloud Feed	SCRR
30th of January 2023	EMIS IM1	SCRR

27th of February 2023	Looked After Children	Show & Tell

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 All COVID related services previously identified as requiring retrospective assurance have now come through the WIAG process. One service, DSPP Private Beta requires retrospective assurance as highlighted in Section 3.1. This work is nearing completion and is expected to be finalised shortly.

4.2 Following the WIAG Workshops that took place in 2022, additional Assurance Leads have been added to the WIAG process and are adjusting to the format of the meetings and the KPI requirements for statements. There are a few delays with Assurance Quality Plan and Safety Case and Readiness Report approvals due to this change. The Interim Head of Quality Assurance and Regulatory Compliance and the Wales Informatics Assurance Facilitator are liaising with colleagues to provide support with the WIAG process.

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

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

PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Rhidian Hurle	13/01/2023	

Appendix A
Assurance Quality Plan (AQP)

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

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

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- Once complete the Wales Informatics Assurance Facilitator will review the document and send to the Quality Manager (Regulatory Compliance) for approval of the Assurance Quality Plan (unless WIAG advise the plan should be escalated to Directors for approval).

Safety Case & Readiness Report (SCRR)

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

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

Request for Change (RFC)

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

Appendix B

Assurance Areas within the Wales Informatics Assurance Process

APPLICATION DEVELOPMENT SUPPORT

ARCHITECTURE DESIGN & DELIVERY ASSURANCE

FINANCIAL AND BUSINESS ASSURANCE

CLINICAL/ USER REQUIREMENTS

EQUALITY IMPACT ASSESSMENT

EVALUATION

IMPLEMENTATION PLAN

INFORMATION GOVERNANCE

INFORMATION SERVICE

INFORMATION STANDARDS

INFRASTRUCTURE REQUIREMENTS

MEDICAL DEVICE APPLICABILITY

PATIENT SAFETY

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PRIMARY CARE SERVICE SUPPORT

SECURITY

SERVICE MANAGEMENT & SUPPORT

SERVICE DESK

TESTING

VALIDATION & VERIFICATION

WELSH LANGUAGE

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DIGITAL HEALTH AND CARE WALES
INFORMATION SERVICES ASSURANCE REPORT

Agenda Item	3.4iii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

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

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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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Driving value from data for better outcomes

CORPORATE RISK (ref if appropriate)	DHCW2069

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

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	

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

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IMPLICATION/IMPACT	to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below
	ISD and NDR are developing an approach to operationalise UK SeRP to further support R&I activities through safe, secure access to real data.

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

2 SITUATION/BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Although not yet released to the wider Information Services department, the internally developed system and associated process that co-ordinates many of the current management processes into a single space, is already being used by the Information Programmes Management team. This is helping to provide assurance around the management of milestones to support delivery of the IMTP / Annual Plan, the management of risks and the management of key training requirements across ISD. The next development, which is nearing completion, is the New Service Request process, which will allow a request for work to be raised, triaged and channelled to the appropriate team(s) with minimal manual intervention. This will include joint requests between ISD and NDR.

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3.2 The joint ISD and NDR operational group is now meeting on a monthly basis, to review new work and ensure that there is a joined-up approach for the prioritisation and delivery of such work. The group also provides support for the development of transition plans moving from some of the existing ISD approaches towards the proposed Google Cloud Platform (GCP), being progressed by the NDR programme.

3.3 Since the beginning of November 2022, the ISD Assurance Group (ISDAG) have reviewed eight Assurance Quality Plans (AQP's) and 13 Safety Case and Readiness Reports (SCRR's) for new developments, to consider the impact on Information Services. Five projects have attended the ISDAG to present to the group, prompting timely engagement with ISD teams. Although the Information Standards team still participate in the ISD Assurance Group for joint discussions, the WIAG documentation has been separated into two sections to provide clearer understanding of the comments from the group back to the projects.

3.4 As previously reported, the ISD Service Portfolio entries were out of date and did not reflect the new COVID and current services provided by ISD. The 12-month secondment funded by TTP ended in October and dealt with the more "critical" services in terms of use by third parties. There remains a number of ISD Service Portfolio entries that still need refining and updating utilising a "start from scratch" approach to create all documentation for all services from new. This will not be completed now as the Service Management support has come to an end. However, ISD have identified two staff who have since been ITIL trained, to complete the remaining Service Portfolio entries working alongside Service Management.

3.5 A paper outlining DHCW's responsibilities for Official Statistics Publishing and recommendations for improvement was presented to Directors in January and will be further discussed and considered at the Directors Strategic session on the 9th March. The aspiration is that DHCW could become a leader in Wales in this field and support others, as we do in other areas. This need is only likely to grow with the development of the NDR and the increasing demand for reliable, high-quality official statistics.

3.6 The management response to the initial findings of the internal audit review undertaken by NHS Wales Shared Services Partnership in respect of the NHS Wales Data Switching Service has been finalised with a set of corresponding actions provided in response to the recommendations set out in the Internal Audit Report. The management action on ISD to produce documentation relating to a short-term "manual workaround" should the Switching Service fail, has been completed and incorporated into a full Data Acquisition Business Continuity Plan. Actions relating to current Disaster Recovery requirements and the longer-term inclusion of Switching Service functionality within NDR are still in progress. The Report is scheduled to go to Audit & Assurance Committee in February.

3.7 The documentation of the governance framework developed via the ISD Corporate PowerBI team for the publication of dashboards within DHCW will be presented to DHCW Directors on 1st February 2023. This PowerBI governance framework is being established to provide assurance across DHCW that data is only shared where there is a legitimate reason to do so, and that no personal or sensitive data is shared inadvertently through the publication of dashboards. It will also provide structure around the approval and publishing processes.

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4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The risk (DHCW0269) which addresses the need to replace the functionality of the current NHS Wales Data Switching Service (NWDSS) remains on the corporate risk register and ownership of the risk has been transferred to the Executive Director of Digital Operations. Work is ongoing to deliver the appropriate response to the recommendations of the internal audit review of the Switching Service by NHS Wales Shared Services Partnership.

5 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.**

6 APPROVAL / SCRUTINY ROUTE

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

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DIGITAL HEALTH AND CARE WALES
RESEARCH AND INNOVATION ASSURANCE REPORT

Agenda Item	3.4iv

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Tim O'Sullivan, Head of Research & Academia
Presented By	Rachael Powell, Associate Director of Information, Intelligence and Research

Purpose of the Report	For Assurance
Recommendation	
The Digital Governance and Safety Committee is asked to **NOTE** further progress in the taking forward of a DHCW Research and Innovation for **ASSURANCE**.	

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

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

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

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

2 SITUATION/BACKGROUND

2.1 The first formal Research and Innovation (R&I) Strategy for DHCW was published in October 2022 with theme areas reflective of the high-level principles and requirements of the National Framework for Health and Care Research.

2.2 Development of the R&I Strategy was achieved internally, through consultation and requirements gathering with R&I Working Group representatives, Directorates and Board Members and externally via a series of engagement meetings and events. This included presentation at the last meeting of the DHCW Digital Governance and Safety Committee on the 3 November 2022.

2.3 Three immediate prerequisite actions were flagged and agreed:

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

2.3.2 Ensuring a more structured approach to R&I governance and assurance. Whilst NWIS/DHCW have a long history of supporting and taking forward successful R&I programmes with partners,

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putting such work on a more secure and business-like footing with assured processes for prioritisation of work, management of projects, funding agreements and clarification of intended outcomes was seen as essential.

2.3.3 Improved engagement, marketing and communication of recent and planned R&I activities and projects, for example, the production of an Annual Report for R&I, summarising achievements from the last year and planned future work.

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 A more robust, accountable and open Governance Structure for R&I is being developed by the R&I Working Group with an agreed IMTP target to formally publish this by the end of Q4 2022/23.

3.2 Ensuring effective engagement with academic and other R&I partners and programmes is seen as an essential component of the proposed governance with recognition that these partnerships can have a broader remit than just R&I. The Executive Management Team have decided not to formally pursue University Designation status for the organisation given our unique remit and commitment to formalise partnerships with Industry and Academia through implementation of our R&I Strategy.

3.3 To help identify priority areas and dependencies for R&I, and to encourage all DHCW programme and project owners to consider R&I implications and opportunities, the DHCW Board Impact Assessment Process and associate Board Paper Submission checklist also now includes specific consideration of R&I and knowledge management, through a specific R&I Impact Assessment.

3.4 Progress has also been made in terms of R&I resourcing with the successful appointment of the Head of R&I, Rachel Gemine, who joined DHCW in January 2023.

3.5 To ensure performance management and delivery of R&I against agreed IMTP and other targets, a monthly 'Report Out' process has also been established. Quarterly IMTP milestones and targets for 2023/2024 and beyond have also been submitted as part of the DHCW Planning Process.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

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

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DIGITAL HEALTH AND CARE WALES
DIGITAL PROGRAMME OVERVIEW UPDATE

Agenda Item	3.5

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	David Sheard, Asst Director of Service Transformation
Presented By	Michelle Sell, Director of Planning & Performance and Chief Commercial Officer

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

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Expanding the content, availability and functionality of the Digital Health and Care Record

CORPORATE RISK (ref if appropriate)	

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome:
Statement: Each project or programme completes an Equality Impact Assessment as part of Welsh Informatics Assurance process	

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
RAG	Red / Amber / Green	DPIF	Digital Priority Investment Fund

2 SITUATION/BACKGROUND

2.1 This document notes the progress of our key programmes and projects as of December 2022, noting key milestones and stakeholder organisations.

2.2 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, built in DHCW or with another organisation and would be rolled out to NHS Wales local organisations, which may have different operational service requirements.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The Welsh Emergency Department System (WEDS) project remains rated as Red. The principal issue is continued system issues affecting Neath Port Talbot MIU, that are impacting the confidence for future go lives. The supplier continues to work with SBU and DHCW to investigate the feasibility and implications of a potential on-premise implementation. An Options Appraisal will be presented to the National WEDS Project Board regarding future direction.

3.2 Laboratory Information Network Cymru (LINC) is rated Red. The LINC Programme is currently rated as Red following the internal review which concluded that on the evidence provided the programme is not deliverable by the Summer of 2025. Progress has been made in this respect but an acceptable plan to deliver the new service by June 2025 has not been agreed. The Programme transitioned to DHCW from the NHS Collaborative on 1st January 2023, a range of actions are underway to address the delays and regular briefings are being provided to HB/Trust Chief Executives.

3.3 The Powys / England Cross Border Pathway project has reduced to Amber. DHCW have as yet been unable to recruit a Solutions Architect to continue the design for this project. Alternative sourcing options are being explored.

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3.4 The Cancer Informatics Programme is now rated Green. This follows November's successful go live in Velindre Cancer Centre of phase 1 of the solution, including developments of both WPAS and WCP. Velindre now have a reduced dependency upon the legacy CANISC solution.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

5.1 The Digital Governance & Safety Committee is being asked to **NOTE** the progress of programmes and projects to aid an understanding of where DHCW focusses its project implementations, as agreed with external stakeholders.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	16/1/2023	Noted

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MISSION 1:
ENABLING DIGITAL TRANSFORMATION

Key

Alerts
Finance
Timescale
Resourcing and/or skills
Dependencies
Scope
Agile

↔ Status remains same
↑ Status improving
↓ Status deteriorating

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

RAG DEFINITION	Good may require refinement	Requires attention	Highly Problematic

PORTFOLIO	PRODUCT			GOVERNANCE		RAG
Information Availability and Flow	**National Data Resource** Supporting health and care in Wales to be innovative, modern and using data to drive decisions	**Initiate** **Define** **Build** External Build Internal Build National Data & Analytics Platform (Google Cloud Platform - GCP) Open Architecture Advanced Analytics Data Strategy	**Roll Out** **NATIONAL DATA & ANALYTICS PLATFORM (GCP)** - Infrastructure design work is in progress and proof of concept/Readiness for Production work is underway. Risks to in-service support arrangements recorded and escalated. **OPEN ARCHITECTURE.** API Management Platform and priority APIs are complete and production ready. In-Service arrangements still to be agreed. Developer Portal build is underway in readiness for API early adopter. **ADVANCED ANALYTICS:** Advanced Analytics strategy has been developed and consultation is underway. Approval has been given to establish the AA Board which will report to the NDR Programme Board and be responsible for delivery of the strategy. The Analytics Learning Programme has successfully delivered the taught modules and workshops phases, with the final Hackathon stage currently underway. Multiple further AA projects underway. **NDR DATA STRATEGY.** Communications Strategy & Action Plan in place. Benefits Realisation has been initiated. A steering group for the Priority Data Sets Project has revisited the scope of the projects. Information Governance and Standards project has concluded planned sprints and a stakeholder review of outputs is being undertaken. **Next Major Milestone**: Data & Analytics Platform (GCP)Q4	**National Data Resource Programme Board** SRO: John Peters DHCW Director: Rebecca Cook RAG reason: Resource constraints impacting go live timescales.	↔	🟨
Information Availability and Flow	**Data Centre Transition Project Phase 2** Transition of infrastructure and services from legacy data centres to new data centres and cloud	**Initiate** **Define** **Build** Data Centre 2 Procurement Architecture & Networking Resilience & Transition	**Define** Replacement Data Centre Tender has successfully selected a supplier to provide DC hosting arrangements for DHCW following an ITT with our commercial framework. Contract Award of the successful supplier was endorsed at DHCW SHA Board on 24/11/22 and was awarded on 9th Dec 2022. **Next Major Milestone**: NDC implementation start – Q4 2022/23	**Data Centre Transition Project Board** SRO: Matt Palmer DHCW Director: Carwyn Lloyd Jones		🟩

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MISSION 2:
DELIVERING HIGH QUALITY TECHNOLOGY, DATA, PRODUCTS AND SERVICES

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
ADS, Medicine Applications	**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 – Bridging contraception, Q3 2022/23 All Health Boards	**Community Pharmacy Digital Applications Programme Board** **Choose Pharmacy Service Management Board** SRO: Jenny Pugh-Jones DHCW Director: Meirion George ↔ RAG reason: Resource movement due to Covid priorities.	🟨
Primary, Community and Mental Health	**Dental E Referrals (Phase 2)** Providing dental referral system for community dentists.	Initiate	Define	Build	External Build	**Define (Phase 2)** Continue to explore redesign of integration with national applications based on alternative options. **Next Major Milestone:** not applicable at this time	**Dental Referral Management System Project Board** SRO: Andrew Dickenson DHCW Director: Sam Hall ↔ RAG reason: Remains Green.	🟩
Primary, Community and Mental Health	**GP Systems Framework** Implementation of systems to GP practices, including any necessary integrations and developments.	Initiate Framework Contracts signed for all 3 suppliers	Define	Build	External Build	**Define** Deployment orders signed. Migrations complete. A number of developments in progress under current contractual arrangements - dependency on suppliers leading to delays to plans. **Next Major Milestone:** not applicable at this time	**General Medical Services Digital Programme Board** SRO: Brian Owens DHCW Director: Sam Hall ↔ RAG reason: Supplier delays for new developments.	🟨
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 Cwm Taf Morgannwg	External Build	**Roll Out** Swansea Bay live at first site in Dec 2021. Morriston go live date to be agreed due to lack of confidence, which has been escalated to supplier Executive. Roll out in other Health Boards subject to demonstration of success in SBU and WEDS Acceleration (DPIF) funding by Welsh Government. **Next Major Milestone**: Go-live CTM TBA Swansea Bay	**National WEDS Project Board** SRO: Jo Mower DHCW Director: Michelle Sell ↔ RAG reason: Service performance issues, resource challenges in HBs, DPIF uncertainty	🟥
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** 5 Health Boards live (Betsi Cadwaladr, Cwm Taf Morgannwg through Local Auth instance, Powys, Hywel Dda & Aneurin Bevan), 2 further in pipeline (Swansea Bay and Cwm Taf Morgannwg through their own instance). 15 Local Authorities live. **Next Major Milestone**: Mobile v1.4 proof of concept Q4 2022/23 Health – Betsi Cadwaladr, Cwm Taf Morgannwg, Powys, Hywel Dda and Aneurin Bevan	**WCCIS Leadership Board (plus 4 sub boards)** SRO: Carol Shillabeer / Dave Street DHCW Director: Ifan Evans ↔ RAG reason: Status remains amber due to delays to mobile and integration being delivered.	🟨

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MISSION 2:
DELIVERING HIGH QUALITY TECHNOLOGY, DATA, PRODUCTS AND SERVICES

PORTFOLIO	PRODUCT				GOVERNANCE	RAG
Planned and Unscheduled Care	**Welsh Intensive Care Information System** Implementation of fully managed digital solution for Adult Intensive Care Units	Initiate Define Build	External Build	**Roll Out** Aneurin Bevan's Grange Hospital was due to go live in January (Q4 2023) however due to issues with relating to lab integration, testing has not been able to be completed and signed off. Implementation Plan to be re-profiled following agreement with Board. **Next Major Milestone:** UAT to complete of all remaining bugs, Excluding lab integration – Dec 2022	**Welsh Intensive Care Information System Programme Board** SRO: Mark Dickinson DHCW Director: Michelle Sell Project Completion Jun 2024 ↔ RAG reason: Dependency on National Subscription Service (diagnostic result visibility)	🟨
Planned and Unscheduled Care	**Powys / England Cross Border Pathway project for patient information sharing between Wales and England**	Initiate Define Build	Internal Build	**Define** Project has completed Foundation stage. User requirements have been gathered and the Prioritised requirements List has been approved by Project Board. Delay in Solution design due to unsuccessful recruitment of design resource. Procurement activity commenced for Solutions Architect design resource. Project Completion Jun 2024 **Next Major Milestone:** Recruitment complete Jan 2022	**Powys Cross Border Project Board** SRO: Pete Hopgood DHCW Director: Ifan Evans ↓ RAG reason: Delay in obtaining Design resource has caused delay to commencement of Evolutionary development which means the project is behind schedule	🟨
Diagnostics	**Radiology Informatics Solution** Procurement of an end-to-end diagnostic radiology system to meet the clinical requirements of a modern imaging service	Initiate Define Build	External Build	**Define** Outline Business Case approved, procurement started. RISP is moving from the NHS Wales Collaborative to DHCW from January 2023. **Next Major Milestone** Complete Procurement April 2023	**Radiology Informatics Solution Programme Board** SRO: Matt John DHCW Director: Michelle Sell ↔ RAG reason: Delay in Business Case approval means project behind schedule to complete before the legacy contract end date	🟨
Diagnostics	**Welsh Imaging Archive Service** Medical image sharing across Wales	Initiate Define Build	External Build	**Roll Out** Pilot data migrations planned with Swansea Bay and Velindre. Work has commenced to deliver the connectivity to pilot data extract. Activities to further progress the project are under review. **Next Major Milestone:** Data migration pilot complete Q4 2022/23	**Welsh Imaging Archive Service Project Board** SRO: None DHCW Director: Rhidian Hurle ↔ RAG reason: milestone at risk.	🟨

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MISSION 2:
DELIVERING **HIGH QUALITY TECHNOLOGY, DATA, PRODUCTS AND SERVICES**

PORTFOLIO	PRODUCT				GOVERNANCE	RAG
Diagnostics	**Laboratory Information Network Cymru (LINC)** National project hosted by NHS Wales Collaborative to replace the current pathology laboratory system (Trakcare).	Initiate Define Build	External Build	**Build** Contract has been signed with Citadel Health. Design Phase has commenced. DHCW still awaiting technical designs from supplier and detailed Project plan , which will delay the critical path. LINC project is moving from the NHS Wales Collaborative to DHCW from January 2023. Project Completion 2025 **Next Major Milestone:** Build complete Dec 2022	**Laboratory Information Network Cymru (LINC) Programme Board** SRO: Peter Carr LINC Director: Jon Savill DHCW Director: Michelle Sell ⬇ RAG reason: Supplier Delays	🟥
Medicines Management	**Digital Medicines Transformation Portfolio (DMTP)** Designing new programme to modernise prescribing services across primary, community and secondary care.	Initiate Define Build Primary Care Electronic Prescription Service Secondary Care E-prescribing and Medicines Administration Patient Access to Medicines Shared Medicines Record	External Build	**Define** Contract awarded on 1st November 2022 for multi-vendor framework for ePMA solution. Portfolio working with the Centre for Digital Public Services (CDPS) to complete user research. Community pharmacy supplier event held at the Life Sciences hub to discuss electronic prescription service timelines and requirements. Health Boards and trusts submitting funding requests to Welsh Government to recruit their local ePMA pre-implementation readiness teams. **Next Major Milestone** Shared Medicines Record Design Complete – Q4 2022/23	**Governance established** **DMTP Sponsoring Group and Portfolio Board established.** SRO: Hamish Laing DHCW Director: Ifan Evans **Primary Care Electronic Prescription Service (EPS) Programme Board** SRO: Jenny Pugh-Jones **Secondary Care Electronic Prescribing and Medicines Administration Programme Board** SRO: Gareth Collier **Shared Medicines Record Project Board** SRO: Keith Farrar ↔ RAG reason: dependencies on DHCW teams publishing Application Programme Interfaces (APIs) in line with ePMA go live milestones.	🟨
Public Health	**Test Trace and Protect** Covid-19 testing, contact tracing and vaccination data solutions	Initiate Define Build Contact Tracing – All Health Boards and local authorities Immunisation Recording – All Health Boards & Primary Care	External Build Internal Build	**Roll Out** Implementation complete of Covid test requesting, contact tracing, Immunisation System, 2 way texting and Covid Pass. Autumn Booster phase 4 went live in Nov. New requirements are being requested for Vaccine boosters and Vaccine Transformation Programme . Response provided on Covid surge requirements **Next Major Milestone:** Spring boosters targeting delivery March 2023.	**Vaccination Programme Board** **Health Protection & Readiness Group (HPORG)** ↔ RAG reason: resource constraints, enlarged scope, volume of new requirements	🟨

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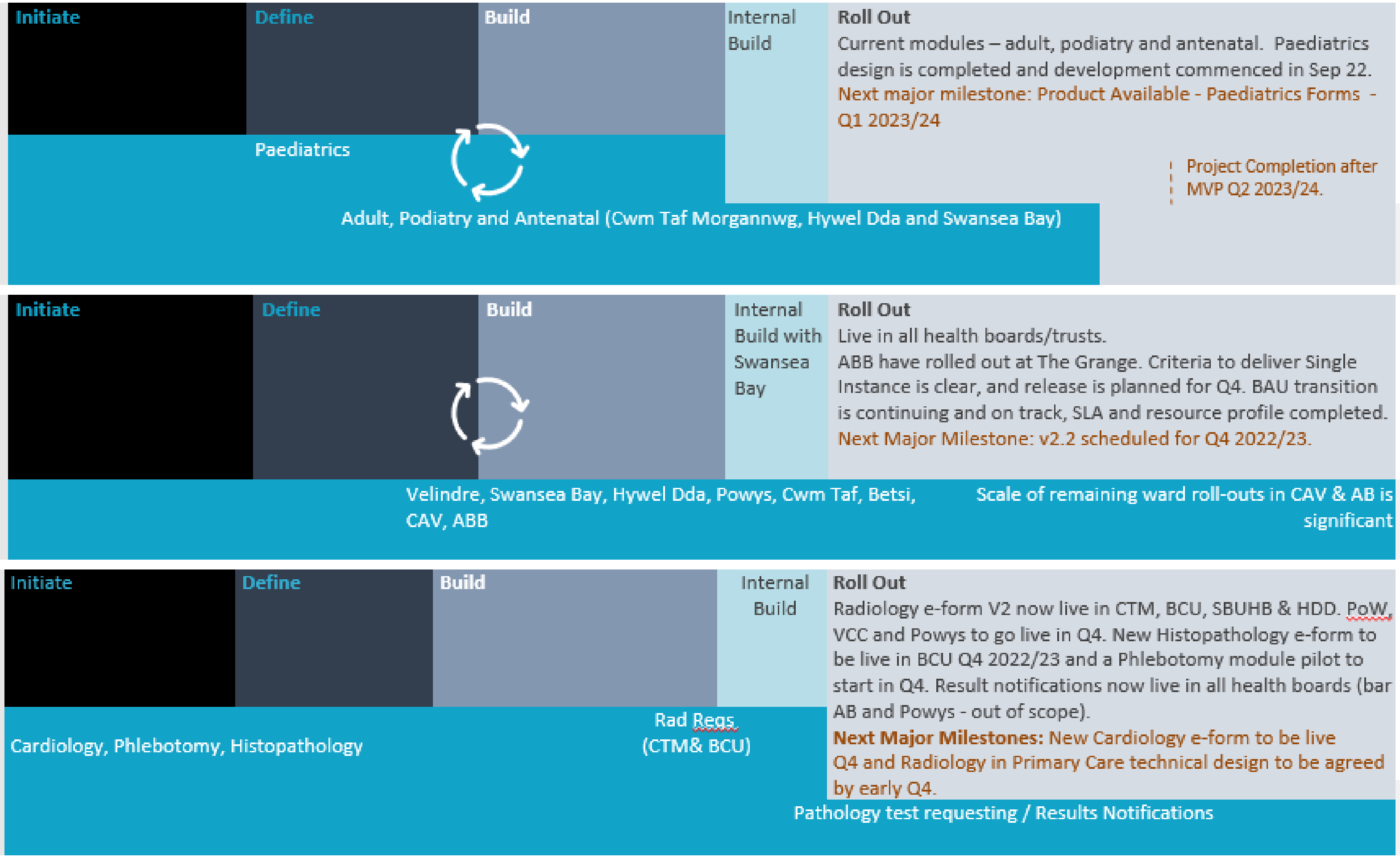
MISSION 3:
EXPANDING THE CONTENT, AVAILABILITY AND FUNCTIONALITY OF THE DIGITAL HEALTH AND CARE RECORD

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



PORTFOLIO	PRODUCT	Initiate	Define	Build	Internal Build	Roll Out	GOVERNANCE	RAG
Digital Professional Empowerment	**Welsh Information System for Diabetes Management** Using Welsh Clinical Portal to record diabetes data		Paediatrics		Internal Build	**Roll Out** Current modules – adult, podiatry and antenatal. Paediatrics design is completed and development commenced in Sep 22. Next major milestone: Product Available - Paediatrics Forms - Q1 2023/24 Project Completion after MVP Q2 2023/24. Adult, Podiatry and Antenatal (Cwm Taf Morgannwg, Hywel Dda and Swansea Bay)	**Welsh Information System for Diabetes Management Project Board** (Reports to Diabetes Implementation Group) SRO: Phil Evans DHCW Director: Rhidian Hurle RAG reason: Technical issues in test environment have delayed next release. Paediatrics release reforecast to Q1 2023/24.	🟨
Digital Professional Empowerment	**Welsh Nursing Care Record** Enables nurses to complete electronic assessments at hospital bedsides				Internal Build with Swansea Bay	**Roll Out** Live in all health boards/trusts. ABB have rolled out at The Grange. Criteria to deliver Single Instance is clear, and release is planned for Q4. BAU transition is continuing and on track, SLA and resource profile completed. Next Major Milestone: v2.2 scheduled for Q4 2022/23. Velindre, Swansea Bay, Hywel Dda, Powys, Cwm Taf, Betsi, CAV, ABB Scale of remaining ward roll-outs in CAV & AB is significant	**Welsh Nursing Care Record (WNCR) Project Board** SRO: Claire Bevan DHCW Director: Rhidian Hurle Project completion / handover to BAU Mar 2023 RAG reason : Criteria for Single Instance clarified. v.2.2 release has slipped from December to January	🟨
Digital Professional Empowerment	**Electronic Test Requesting** Expanding electronic test requesting to new disciplines and improving existing electronic test requesting functionality.	Cardiology, Phlebotomy, Histopathology		Rad Reqs (CTM& BCU)	Internal Build	**Roll Out** Radiology e-form V2 now live in CTM, BCU, SBUHB & HDD. PoW, VCC and Powys to go live in Q4. New Histopathology e-form to be live in BCU Q4 2022/23 and a Phlebotomy module pilot to start in Q4. Result notifications now live in all health boards (bar AB and Powys - out of scope). **Next Major Milestones:** New Cardiology e-form to be live Q4 and Radiology in Primary Care technical design to be agreed by early Q4. Pathology test requesting / Results Notifications	**Electronic Test Requesting Project Board** SRO: Rob Bleasdale DHCW Director: Rhidian Hurle RAG reason: Resource diverted to Covid and Cancer for some modules.	🟨

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MISSION 3:
EXPANDING THE CONTENT, AVAILABILITY AND FUNCTIONALITY OF THE DIGITAL HEALTH AND CARE RECORD

PORTFOLIO	PRODUCT					GOVERNANCE	RAG
Digital Professional Empowerment	**Cancer Informatics Programme** Replacing the legacy cancer system (Canisc) across Wales	Initiate Patient Administration Functionality Clinical Functionality	Define	Build	Internal Build	**Roll Out** Velindre Cancer Centre went live on 14th November 2022. With exception of some dual running processes in Canisc agreed as part of the transition, VCC are now using WPAS and WCP as the core systems. New dates need to be agreed for Health Boards go live as the first tumour site of Breast in January 2023 has been put on hld. **Next Major Milestone:** Health Board roll out of tumour site MDT and Dataset forms. Phase 2 functionality scope to be agreed and prioritised. Delivery of Palliative Care and Screening & Colposcopy workstreams.	**Cancer Informatics Programme Board** SRO: Tracey Cooper DHCW Director: Rhidian Hurle RAG reason: Phase 1 scope roll out to VCC. Finance arrangements to be agreed post March 2024. Future phase scope to be agreed	🟩 ⬆

PORTFOLIO	PRODUCT					GOVERNANCE	RAG
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	**Build / Rollout** 'Private Beta' deployment of NHS Wales App to small user cohort underway. Work Package 5 build in progress/on target. Planning in progress for phased public beta deployment, learning from Private Beta Next Major Milestone: Work Package 5 build complete Q4 2022/23 and Public Beta go-live (change control pending)	**Digital Services for Patients and Public Programme Board** (plus 7 national assurance groups) SRO: Huw George DHCW Director: Ifan Evans RAG reason: capacity /dependencies/ resources to deliver in line with supplier agile approach/ Access to NHS Login in Welsh /Future finance/support arrangements	🟨 ⬌

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DIGITAL HEALTH AND CARE WALES
REVIEW OF INFORMATION GOVERNANCE AND CYBER SECURITY TRAINING ACROSS NHS WALES

Agenda Item	3.6

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	2 February 2023

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

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

Purpose of the Report	For Noting
Recommendation	
The Digital Governance & Safety Committee is being asked to: **NOTE** this report providing an update on the Information Governance and Cyber Security Training.	

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1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

Workforce EQIA page

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	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
	All employees must complete statutory and mandatory training.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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

Acronyms			
DHCW	Digital Health and Care Wales	ESR	Electronic Staff Record
NHS	National Health Service		

2 SITUATION/BACKGROUND

2.1 This report is presented to Committee to provide assurance how NHS Wales employees complete statutory and mandatory training on Information Governance and Cyber Security, including Digital Health and Care Wales' (DHCW) role in this training.

2.2 Each NHS organisation in Wales is responsible for ensuring that their employees undertake relevant training. As part of this training, NHS Wales employees must undertake a range of statutory and mandatory training accessible via the Electronic Staff Record (ESR). This range of training includes fire safety, health, safety and welfare and equality, diversity and human rights. This report focuses on the Information Governance and Cyber Security training modules which are completed by all staff on commencement of employment and every two years thereafter.

2.3 The Information Governance training material covers a number of topics designed to make the employee aware of data protection legislation and other associated legislation and help them understand their roles and responsibilities in regard to Information Governance.

2.4 The Cyber Security training material also covers a wide variety of topics focused on ensuring employees are aware of the protection and safeguards in place to prevent computer systems and networks being attacked or accessed by malicious actors.

2.5 Each organisation is responsible for ensuring their employees complete their statutory and mandatory training on ESR. Organisations regularly monitor figures of ESR training completion. Access to some systems is based on the requirement that certain training is completed.

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2.6 The Information Governance and Cyber Security training modules are supplemented locally by each organisation through training provided at Corporate Induction, specific training sessions, awareness raising and policies and Standard Operating Procedures.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Work has been underway to bring Information Governance, Cyber Security and Records Management under one statutory and mandatory training module on ESR.

3.2 The Information Governance training was recently reviewed by DHCW Information Governance alongside Information Governance representatives from across NHS Health Boards, Trusts and Special Health Authorities to ensure it remained up-to-date, relevant and was more user friendly.

3.3 The Cyber Security training was also recently reprocured to ensure employees understand the importance of the security of NHS Wales systems and networks.

3.4 Further benefits of creating an all-in-one training module covering Information Governance, Cyber Security and Records Management include the creation of the Master Staff Index.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 If requested, members will be provided with the opportunity, outside of the Committee, to look at the content of the Information Governance and Cyber Security statutory and mandatory training modules.

5 RECOMMENDATION

5.1 The Digital Governance & Safety Committee is being asked to **NOTE** the report providing an update on the Information Governance and Cyber Security Training.

6 APPROVAL / SCRUTINY ROUTE

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

PERSON, COMMITTEE OR GROUP	DATE	OUTCOME

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