Pwyllgor Llywodraethu a Diogelwch Digidol - Cyfarfod Cyhoeddus

Thursday 20 August 2026, 13:00 - 15:30

Agenda

13:00 - 13:05
5 min

1. MATERION RHAGARWEINIOL

1.1. Croeso a Chyflwyniadau

I'w Nodi *Cadeirydd*

1.2. Ymddiheuriadau am absenoldeb

I'w Nodi *Cadeirydd*

1.3. Datganiadau o Fuddiant

I'w Nodi *Cadeirydd*

13:05 - 13:10
5 min

2. AGENDA GYDSYNIO

2.1. Cofnodion heb eu cadarnhau o gyfarfodydd blaenorol

2.1.1. Cyhoeddus

I'w Chymeradwyo *Cadeirydd*

2.1.1 DGS DRAFT Minutes PUBLIC 180526docxv1-en-cy-C.pdf (9 pages)

2.1.2. Preifat

I'w Chymeradwyo *Cadeirydd*

2.1.2 DGS 18052026 PRIVATE ABRIDGED-en-cy-C.pdf (4 pages)

2.2. Blaengynllun Gwaith

I'w Nodi *Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd*

2.2 Forward Workplan.pdf (4 pages)

2.3. Rheoliadau Adran 28

I'w Nodi *Rheolwr Diolgelwch Cleifion*

2.3 S 28 Regsdocx.pdf (9 pages)

13:10 - 13:25
15 min

3. PRIF AGENDA

3.1. Cofnod Gweithredu

I'w Nodi *Cadeirydd*

3.1 Action log public.pdf (1 pages)

3.2. Y Gofrestr Risg Gorfforaethol

I'w Thrafod *Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd / Pennaeth Rhaglenni Gofal Cynlluniedig*

- Proses Dadgomisiynu CANISC

3.2 Corporate Risk Report.pdf (7 pages)
3.2ii DGSCommittee_Aug26_CaNISCdecommissioning.pdf (5 pages)

13:25 - 15:30
125 min

4. AGENDA SICRWYDD

4.1. Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol

Er Sicwydd *Rheolwr Tîm Rheoli Gwasanaethau*

4.1 RLG Report.pdf (6 pages)

4.2. Adroddiad Sicrwydd Llywodraethu Gwybodaeth

Er Sicrwydd *Pennaeth Llywodraethu Gwybodaeth*

4.2 IG Report.pdf (6 pages)

4.3. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Er Sicrwydd *Rheolwr Data*

4.3 ISD DGandS Information Assurance Report for Aug 26.pdf (8 pages)

4.3.1. Egwyl - 10 munud

4.4. Adroddiad Sicrwydd Ymchwil, Arloesi a Rheoli Gwybodaeth

I'w Nodi *Pennaeth Ymchwil ac Arloesi*

4.4 RIKM Aug 2026.pdf (6 pages)

4.5. Adroddiad Grŵp Sicrwydd Gwybodeg Cymru

Er Sicrwydd

4.5 _DGSC July 2026.pdf (4 pages)

4.6. Ymchwiliad Dwfn – WIAG (gwella prosesau)

I'w Thrafod *Rheolwr Ansawdd (Cydymffurfedd Rheoleiddiol)*

4.6 DGSC July 2026.pdf (3 pages)

4.7. Adroddiad Sicrwydd yr Awdurdod Dylunio Technegol

I'w Nodi *Prif Swyddog Cynnyrch a Thechnoleg*

4.7 TDA Report).pdf (5 pages)

15:30 - 15:30
0 min

5. MATERION I GLOI

5.1. Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd

I'w Thrafod *Cadeirydd*

5.2. Unrhyw Faterion Brys eraill

Er Sicrwydd *Cadeirydd*

5.3. Dyddiad y cyfarfod nesaf: Dydd Iau 19 Tachwedd 2026

I'w Thrafod *Cadeirydd*

CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

13:00 –15:10 | 18 Mai 2026 | MS Teams

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

Yn Bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Collis	CC	Prif Swyddog Cynnyrch a Thechnoleg	IGDC
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd	IGDC
Mark Edwards	ME	Prif Swyddog Diogelwch Gwybodaeth	IGDC
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	IGDC
Jamie Manning	JM	Rheolwr Ansawdd (Cydymffurfiaeth Reoleiddio)	IGDC
Rachael Powell	RP	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	IGDC
Keith Reeves	KR	Pennaeth Rheoli Asedau a Ffurfweddu Gwasanaethau a Phontio	IGDC
Julie Robinson	JR	Cydlynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth Cyfarfodydd)	IGDC
John Sweeney	JS	Rheolwr Rhannu Gwybodaeth a Llywodraethu Integreiddio	IGDC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd	IGDC

Ymddiheuriadau	Teitl	Sefydliad
Darren Lloyd	Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion	IGDC
Rhidian Hurle	Cyfarwyddwr Meddygol Gweithredol	IGDC
Carwyn Lloyd Jones	Prif Swyddog Cwmwl	IGDC

Acronymau

AIA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
NDR	Adnodd Data Cenedlaethol	ADS	Dylunio a Chymorth Cymwysiadau
R&I	Ymchwil ac Arloesi	SRO	Uwch Swyddog Cyfrifol
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	WIAG	Grŵp Sicrwydd Gwybodeg Cymru
WICIS	System Wybodaeth Gofal Dwys Cymru	WASPI	Cytundeb Rhannu Gwybodaeth Bersonol Cymru
GIG	Gwasanaeth Iechyd Gwladol	WPAS	System Gweinyddu Cleifion Cymru
IGDC	Iechyd a Gofal Digidol Cymru	EMIS	Cyflenwr System Meddygon Teulu
BIPBA	Bwrdd Iechyd Prifysgol Bae Abertawe	DPIF	Cronfa Fuddsoddi Blaenoriaethau Digidol
WCCG	Porth Cyfathrebu Clinigol Cymru	VPAG	Cynllun Gwirfoddol ar gyfer Prisio Meddyginiaethau wedi'u Brandio, Mynediad a Thwf
UBRG	Uwch-berchennog Risg Gwybodaeth	TDA	Awdurdod Dylunio Technegol
DCB	Bwrdd Newid Digidol	AEDD	Asesiadau o'r Effaith ar Ddiogelu Data
ISD	Adran Gwasanaethau Gwybodaeth	ISDAG	Grŵp Sicrwydd Adran Gwasanaethau Gwybodaeth
CTCI	Cynllun Tymor Canolig Integredig	EOI	Mynegiant o Ddiddordeb
AQP	Cynlluniau Sicrwydd Ansawdd	DAP	Porth Mynediad Deintyddion

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
RHAN 1 – MATERION RHAGARWEINIOL			

Cofnodion heb eu cadarnhau ar gyfer y:
Pwyllgor Cyhoeddus Llywodraethu Digidol a Diogelwch 18052026 – gyda chymorth deallusrwydd artiffisial

1.1	**Croeso a Chyflwyniadau** Croesawodd y Cadeirydd bawb i'r cyfarfod, gan nodi mai dyma oedd ei gyfarfod cyntaf fel Cadeirydd, a phwysleisiodd bwysigrwydd rôl y Pwyllgor wrth gefnogi amcanion strategol IGDC a'i gyfraniad at system ehangach GIG Cymru.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau absenoldeb** Nodwyd ymddiheuriadau am absenoldeb gan: • Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol • Darren Lloyd, Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion • Carwyn Lloyd Jones, Prif Swyddog Cwmwl	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiant** Nodwyd nad oedd unrhyw Ddatganiadau o Fuddiant.	Nodwyd	Dim i'w nodi
	RHAN 2 – AGENDA GYDSYNIO Dosbarthwyd eitemau ar yr agenda gydsynio cyn y cyfarfod a nodwyd nad oedd y Cadeirydd wedi derbyn unrhyw sylwadau ymlaen llaw.		
2.1	**Cofnodion y Cyfarfod Diwethaf** **Penderfynodd** y Pwyllgor Llywodraethu a Diogelwch Digidol: **GYMERADWYO** Cofnodion Cyhoeddus a Phreifat Cryno y cyfarfod diwethaf ar 05 Mawrth 2026.	Cymerad wywyd	Dim i'w nodi
2.2	**Blaengynllun Gwaith** **Penderfynodd** y Pwyllgor Llywodraethu a Diogelwch Digidol: **NODI'R** Blaengynllun Gwaith	Nodwyd	Dim i'w nodi
2.3	**Adroddiad Ymgynghori a Chymeradwyo Dogfennau** **Penderfynodd** y Pwyllgor Llywodraethu a Diogelwch Digidol: **GYMERADWYO'R** Adroddiad Ymgynghori a Chymeradwyo Dogfennau – Strategaeth Deallusrwydd Artiffisial.	Cymerad wywyd	Dim i'w nodi
	RHAN 3 – PRIF AGENDA		
3.1	**Cofnod Gweithredu** **NODODD** y Pwyllgor fod tri cham gweithredu ar y Cofnod Camau Gweithredu, dau ohonynt wedi'u cau ac un ar y gweill.	Nodwyd	Dim i'w nodi
3.2	**Y Gofrestr Risg Gorfforaethol** Nododd Chris Darling, Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd fod 15 o risgiau ar y Gofrestr Risg Gorfforaethol ar hyn o bryd, ac roedd pump ohonynt i'w hystyried gan y Pwyllgor hwn, dau ohonynt wedi'u dosbarthu fel rhai preifat a fyddai'n cael eu trafod yn y sesiwn breifat a thri yn destun trafodaeth yn y sesiwn hon:-	Trafodwyd	

	• **DHCW0263** Swyddogaethau Data IGDC / DHCW0320 Ymddiriedaeth Dinasyddion a Rhanddeiliaid mewn defnyddiau o ddata Iechyd a Gofal Cymdeithasol – Adroddodd John Sweeney, Rheolwr Llywodraethu Rhannu ac Integreiddio Gwybodaeth (JS), fod gwaith lliniaru wedi cynnwys cynyddu risgiau i Gofrestr Risg Gorfforaethol IGDC, ymgysylltu â Llywodraeth Cymru trwy sawl sianel, a chefnogi ceisiadau polisi o fewn y llythyr Cylch Gwaith. Er bod cytundeb rhannu neu reoli data bellach ar waith ar gyfer yr Adnodd Data Cenedlaethol, mae angen gwaith pellach o hyd i gefnogi llif data ehangach a mwy rheolaidd, yn enwedig i alluogi data cofnodion cleifion mwy cyflawn a gwella integreiddio data gofal sylfaenol. Ceisiodd yr aelodau eglurder ynghylch natur 'ganiataol' y cytundeb rheolwr data ar y cyd. Cadarnhawyd bod y cytundeb yn galluogi rhannu data ond nad yw'n sicrhau nac yn gorchymyn llif data. Er bod rhywfaint o lif data i'r Adnodd Data Cenedlaethol wedi dechrau, mae hyn yn parhau i fod yn gyfyngedig ac mae angen gwaith pellach i sefydlu trefniadau gweithredol ategol, mynd i'r afael â sensitifrwydd (yn enwedig o ran data gofal sylfaenol) a meithrin ymddiriedaeth y cyhoedd. Nododd y Pwyllgor fod y mater yn cynrychioli risg gorfforaethol sylweddol a chyfle strategol, yn enwedig o ran galluogi mynediad at ddata ar draws y system a gwella canlyniadau cleifion. • **DHCW0300** CaNISC (Sgrinio a Gofal Lliniarol) – mae'r system wedi'i datgomisiynu ond mae'n parhau i gael ei defnyddio'n gyfyngedig gan rai defnyddwyr, felly mae'n gweithredu ar hyn o bryd mewn modd darllen yn unig. Mae swyddogaeth newydd eisoes wedi'i hymgorffori mewn cynnyrch arall, sy'n helpu i sicrhau'r sefyllfa hirdymor, a'r cynllun yw symud y data o CaNISC i leoliad newydd. Bydd y risg yn cael ei lliniaru'n llwyr unwaith y bydd y mudo hwnnw wedi'i gwblhau, ond ar hyn o bryd nid oes amserlen wedi'i chadarnhau ar gyfer y trosglwyddiad ac mae'r mater dilynol hwn wedi'i godi i'w drafod ymhellach. Cwestiynodd yr aelodau a yw'r risg yn parhau i fod yn briodol ar lefel gorfforaethol o ystyried y cysylltiad llai. **CAM GWEITHREDU – 20260518- A01** Cytunodd CD i adolygu'r lefel uwchgyfeirio gyda'r Cyfarwyddwr Meddygol Gweithredol a chadarnhau'r amserlen ar gyfer mudo data a datgomisiynu. **Penderfynodd** y Pwyllgor Llywodraethu a Diogelwch Digidol: - DRAFOD		CAM GWEITHREDU 20260518-A01

RHAN 4 – AGENDA SICRWYDD			
4.1	**Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol** Cyflwynwyd gan Keith Reeves, Pennaeth Rheoli Asedau a Ffurfweddu Gwasanaethau a Phontio, a nododd fod adroddiad chwarter yn cwmpasu'r cyfnod rhwng 1 Ionawr a 31 Mawrth 2026. Cyflwynwyd yr uchafbwyntiau canlynol: • Gostyngiad yn nifer y digwyddiadau o'i gymharu â blynyddoedd blaenorol. • Mwy o ffocws ar ddysgu a gwelliant parhaus. • Ehangu adolygiadau thematig ac adolygiadau sy'n seiliedig ar raglenni. • 22 o adolygiadau/cyflwyniadau wedi'u cwblhau dros y flwyddyn. Canolbwyntiodd trafodaeth y Pwyllgor ar y canlynol:- • Tynnodd adborth yn ymwneud â'r Porth Mynediad Deintyddol (DAP) sylw at broblemau sy'n codi dro ar ôl tro (apwyntiadau a phrosesau mewngofnodi), sydd wedi cael sylw rhannol drwy ddiweddariadau system diweddar. • Nodwyd mwy o ddefnydd o fethodoleg Kaizen i adolygu prosesau a gwella effeithlonrwydd gweithredol. • Archwiliodd yr aelodau'r gwersi a ddysgwyd o ddefnyddio Ap GIG Cymru: o Cydnabuwyd nad oedd materion integreiddio penodol (e.e. achos Caerdydd a'r Fro) wedi'u cofnodi'n ffurfiol eto o fewn prosesau dysgu a byddai angen eu holrhain. o Cydnabuwyd heriau system ehangach sy'n gysylltiedig ag integreiddio ar draws ystâd dechnegol dameidiog. Canolbwyntiodd trafodaethau pellach ar y canlynol: • Y cydbwysedd rhwng cyflawni ystwyth a gofynion llywodraethu, gan nodi'r angen i gynnal rheolaethau priodol wrth alluogi cyflymder cyflawni. • Pwysigrwydd sicrhau bod dysgu yn cael ei rannu'n effeithiol ar draws sefydliadau, nid yn unig o fewn IGDC. **Penderfynodd** y Pwyllgor Llywodraethu a Diogelwch Digidol: **DRAFOD** yr Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol er **SICRWYDD**	Trafodwyd er Sicrwydd	Dim i'w nodi

4.2	**Adroddiad Sicrwydd Llywodraethu Gwybodaeth** Cyflwynodd John Sweeney, Rheolwr Llywodraethu Rhannu ac Integreiddio Gwybodaeth (JS), yr Adroddiad Sicrwydd Llywodraethu Gwybodaeth gan nodi gwaith y tîm Llywodraethu Gwybodaeth o'r cyfnod hwn. Tynnwyd sylw at y pwyntiau allweddol canlynol: • Cynnydd parhaus mewn ceisiadau Rhyddid Gwybodaeth, sy'n adlewyrchu tueddiadau cenedlaethol ar draws gwasanaethau cyhoeddus. • Galw sylweddol am Asesiadau o'r Effaith ar Ddiogelu Data • Nifer uchel o geisiadau gan randdeiliaid, yn enwedig mewn cysylltiad â chydymffurfiaeth â Phecyn Cymorth Llywodraethu Gwybodaeth. • Sefydlu Grŵp Defnyddio a Rhannu Data cenedlaethol. Trafododd y Pwyllgor y canlynol: • Holodd yr aelodau am y capasiti i reoli cyfrolau Rhyddid Gwybodaeth cynyddol o fewn y terfynau amser statudol. Cadarnhawyd bod y cynnydd wedi'i gydnabod fel risg gyda gofynion adnoddau yn cael eu hadolygu a phapur yn cael ei baratoi i ystyried opsiynau capasiti. • Y Grŵp Defnyddio a Rhannu Data – mae'r grŵp hwn yn gweithredu dros gyfnod penodol (12-18 mis) a'i bwrpas yw nodi achosion defnydd dan arweiniad clinigol, egluro rhannu data cyfreithlon a mynd i'r afael â rhwystrau ar draws y system. Cefnogodd y Pwyllgor y datblygiad hwn fel cam cadarnhaol tuag at alluogi gwell defnydd o ddata. • Rhoddwyd eglurhad ar gwmpas Cytundeb Rhannu Gwybodaeth Bersonol Cymru h.y. nid yw'n ymestyn cwmpas rhannu gwybodaeth gyfreithlon; mae'n fframwaith traws-sector cyhoeddus sy'n darparu templedi ac offer ymarferol i gefnogi sefydliadau unwaith y bydd rhannu cyfreithlon eisoes wedi'i sefydlu. • Y risg gynyddol o fygythiadau seiber ac effeithiau sy'n dod i'r amlwg o ddeallusrwydd artiffisial ar brosesau Llywodraethu Gwybodaeth. **Penderfynodd** y Pwyllgor Llywodraethu a Diogelwch Digidol: **NODI'R** Adroddiad Sicrwydd Llywodraethu Gwybodaeth	Nodwyd	Dim i'w nodi
4.3	**Adroddiad Sicrwydd Gwasanaethau Gwybodaeth** Cyflwynodd Rachael Powell (RP), Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil, Adroddiad Sicrwydd Gwasanaethau Gwybodaeth a thynnodd sylw at rai o'r pwyntiau o ddiddordeb i'r Pwyllgor: • Cyflawni'r cerrig milltir a gynlluniwyd. • Mwy o ddefnydd o ddadansoddeg a dangosfyrddau.	Nodwyd	Dim i'w nodi

	• Llywodraethu cryfach ar gyfer cynhyrchion data. Trafododd y Pwyllgor y pwyntiau canlynol o'r adroddiad:- • Digwyddiad Kaizen - Proses Cais am Ddata – mae aneffeithlonrwydd wedi'i nodi oherwydd nifer o bwyntiau mynediad ar gyfer ceisiadau data. Mae un broses gydlynol wedi'i chyflwyno a chyfarfodydd llywodraethu mynediad at ddata wythnosol wedi'u sefydlu. • Bu cynnydd sylweddol yn y defnydd o ddangosfwrdd Gofal Brys ac Achosion Brys yn ystod y gaeaf. Roedd hyn wedi'i ragweld a gwnaed llawer o waith paratoi i sicrhau bod y system yn cael ei chefnogi yn ystod y cyfnod hwn. • Derbyniwyd adborth cadarnhaol gan randdeiliaid. • Mae dangosyddion perfformiad allweddol bellach ar waith i fonitro perfformiad. **Penderfynodd** y Pwyllgor Llywodraethu a Diogelwch Digidol: **NODI'R** Adroddiad Sicrwydd Gwasanaethau Gwybodaeth		
4.4	**Adroddiad Sicrwydd Ymchwil, Arloesi a Rheoli Gwybodaeth** Cyflwynodd RP yr Adroddiad Sicrwydd Ymchwil, Arloesi a Rheoli Gwybodaeth gyda'r uchafbwyntiau canlynol: • Strategaeth Ymchwil ac Arloesi wedi'i chymeradwyo 2026-29. Bydd hyn yn cael ei lansio'n ffurfiol gyda rhanddeiliaid ar y digwyddiad ar 25 Mehefin. • Mwy o ffocws ar lywodraethu, llwybrau mynediad ac effeithlonrwydd. • Ehangu gweithgaredd ymchwil mynediad agored. • Proses Newid Sefydliadol – cydgrynhoi arfaethedig o swyddogaethau ymchwil, arloesi a rheoli gwybodaeth. • Oedi gyda'i rhoi ar waith oherwydd cyfyngiadau recriwtio. • Byddai'r newidiadau arfaethedig yn gwella gwydnwch ac effeithlonrwydd. • Nid oedd gweithredu rhannol yn ymarferol oherwydd rhyngddibyniaethau rhwng rolau. Roedd yr aelodau'n cydnabod yr effaith bosibl ar y gallu i gyflawni a'r angen i ailystyried y cynigion pan fydd yr amodau'n caniatáu. **Penderfynodd** y Pwyllgor Llywodraethu a Diogelwch Digidol: **NODI'R** Adroddiad Sicrwydd Ymchwil, Arloesi a Rheoli Gwybodaeth .	Nodwyd	Dim i'w nodi
4.5	**Adroddiad Grŵp Sicrwydd Gwybodeg Cymru** Cyflwynodd Jamie Manning, Rheolwr Sicrwydd Ansawdd a Chydymffurfiaeth Rheoleiddiol (JM), Adroddiad Sicrwydd Gwybodeg Cymru a thynnodd sylw at y canlynol:-	Er Sicrwydd	

	• Dim risgiau sylweddol sy'n gofyn am uwchgyfeirio. • Gweithgaredd sicrwydd sefydlog ar draws rhaglenni. • Datblygu model hunanasesu newydd i ymgorffori sicrwydd yn gynharach. Croesawodd y Pwyllgor y symudiad tuag at ddull sicrwydd mwy cymesur ac integredig. Yn ogystal, nodwyd yn gadarnhaol y defnydd o fethodoleg Kaizen i wella prosesau. Tynnodd y Pwyllgor sylw at yr angen i ymgorffori sicrwydd deallusrwydd artiffisial mewn fframweithiau presennol. **CAM GWEITHREDU 20260518-A02** Awgrymodd TT y dylid ymchwilio'n fanwl i Sicrwydd Deallusrwydd Artiffisial mewn Pwyllgor yn y dyfodol. **Penderfynodd** y Pwyllgor Llywodraethu a Diogelwch Digidol: **NODI** Adroddiad Grŵp Sicrwydd Gwybodeg Cymru er **SICRWYDD.**		CAM GWEITHREDU 20260518-A02
4.6	**Adroddiad Sicrwydd yr Awdurdod Dylunio Technegol** Cyflwynodd Chris Collis, Prif Swyddog Cynnyrch a Thechnoleg (CC), adroddiad yr Awdurdod Dylunio Technegol (TDA) a ddarparodd yr uchafbwyntiau canlynol:- • Trefniadau llywodraethu gwell. • Gweledegd a chofnodi cynyddol o benderfyniadau saernïol. • Cynnydd tuag at alinio safonau saernïaeth yn genedlaethol. Roedd y trafodaethau'n seiliedig ar y pwyntiau canlynol: Cododd yr aelodau bryderon ynghylch cyfyngiadau adnoddau mewn meysydd arbenigol. Cydnabuwyd bod capasiti yn parhau i fod yn gyfyngedig a bod rhaid rheoli blaenoriaethau yn unol â hynny. **Penderfynodd** y Pwyllgor Llywodraethu a Diogelwch Digidol: **DRAFOD** yr Awdurdod Dylunio Technegol.	Trafodwyd	Dim i'w nodi
4.7	**Egwyddorion Deallusrwydd Artiffisial – Diweddariad Llafar** Rhoddodd Vickie Saunders, Pennaeth Strategaeth (VS), ddiweddariad llafar ar egwyddorion deallusrwydd artiffisial a'r Strategaeth Deallusrwydd Artiffisial a gymeradwywyd yn ddiweddar. Tynnwyd sylw at y canlynol:- • Ymgynghorwyd yn eang ar y 10 egwyddor ac maent yn cyd-fynd â fframweithiau'r DU a rhyngwladol. • Ffocws ychwanegol ar gynaliadwyedd a hygyrchedd. • Mae datblygu fframwaith llywodraethu ar y gofrestr deallusrwydd artiffisial ar y gweill.		

	Pwysleisiodd y Pwyllgor bwysigrwydd cydbwyso rheoli risg â chyfleoedd arloesi h.y. yr angen am lywodraethu cymesur. Cadarnhawyd bod gwaith yn mynd rhagddo i sefydlu model llywodraethu ysgafn ond effeithiol. Bydd diweddariad pellach yn cael ei ddarparu i Fwrdd AIA ym mis Gorffennaf. **Penderfynodd** y Pwyllgor Llywodraethu a Diogelwch Digidol: **DRAFOD** Egwyddorion Deallusrwydd Artiffisial		
RHAN 5 – MATERION I GLOI			
5.1	**Unrhyw Faterion Brys Eraill** Nid oedd unrhyw eitemau	Nodwyd	Dim i'w nodi.
5.2	**Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd** Nodwyd yr eitemau i'w cynnwys yn Adroddiad ar y Prif Bwyntiau'r Cadeirydd ar gyfer Bwrdd yr Awdurdod Iechyd Arbennig ym mis Mai fel; • Mae rhannu data yn cynrychioli risg a chyfle strategol. • Gostyngiad parhaus yn nifer y digwyddiadau • Galw cynyddol am wybodaeth rhyddid gwybodaeth a phwysau capasiti cysylltiedig • Goblygiadau posibl ar gyfer cyflawni sy'n deillio o gyfyngiadau newid sefydliadol • Dim risgiau sylweddol i'r rhaglen genedlaethol wedi'u nodi • Pwysigrwydd cynyddol llywodraethu deallusrwydd artiffisial	Nodwyd	Dim i'w nodi
5.3	**Dyddiad y cyfarfod nesaf** Cadarnhawyd y bydd cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol yn cael ei gynnal am 1.00pm ar 20 Awst 2026.	Nodwyd	Dim i'w nodi

COFNODION CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL – PREIFAT A CHRYNO

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

15:20 – 16:30 | 18 Mai 2026 | MS Teams

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

Yn Bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd	IGDC
Mark Edwards	ME	Prif Swyddog Diogelwch Gwybodaeth	IGDC
Carwyn Lloyd Jones	CLJ	Prif Swyddog Cwmwl	IGDC
Julian Jones	JJ	Pennaeth Seiberddiogelwch	IGDC
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	IGDC
Julie Robinson	JR	Cydlynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	IGDC

Cofnodion heb eu cadarnhau ar gyfer y:
Pwyllgor Llywodraethu Digidol a Diogelwch Preifat CRYNO 18 Mai 2026

John Sweeney	JS	Rheolwr Rhannu Gwybodaeth a Llywodraethu Integreiddio	IGDC

Ymddiheuriadau	Teitl	Sefydliad
Rhidian Hurle	Cyfarwyddwr Meddygol Gweithredol	IGDC
Darren Lloyd	Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion	IGDC

Acronymau			
AIA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
IGDC	Iechyd a Gofal Digidol Cymru	GIG	Gwasanaeth Iechyd Gwladol
AA	Aelod Annibynnol	CTCI	Cynllun Tymor Canolig Integredig
NDR	Adnodd Data Cenedlaethol	ICO	Swyddfa'r Comisiynydd Gwybodaeth
RISP	Caffael y System Gwybodeg Radioleg	WASPI	Cytundeb Rhannu Gwybodaeth Bersonol Cymru
NCSC	Y Ganolfan Seiberddiogelwch Genedlaethol	MFA	Dilysu aml-ffactor
DoD	Cyfarwyddwyr Digidol	NIIAS	Teclyn Archwilio Integredig Deallus Cenedlaethol
DR	Adfer ar ôl Trychineb	WPAS	System Gweinyddu Cleifion Cymru
DDaT	Data, Digidol a Thechnoleg	AAS	Canolfan Gweithrediadau Diogelwch

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
RHAN 1 – MATERION RHAGARWEINIOL			
1.1	**Croeso a Chyflwyniadau** Croesawodd Alistair Klaas Neill, Aelod Annibynnol a Chadeirydd y Pwyllgor Llywodraethu Digidol a Diogelwch (AKN) bawb i'r sesiwn breifat.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau am Absenoldeb** Nodwyd yr ymddiheuriadau canlynol: • Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol • Darren Lloyd, Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion	Nodwyd	Dim i'w nodi

1.3	**Datganiadau o Fuddiant** Nid oedd unrhyw ddatganiadau o fuddiant i'w nodi.	Nodwyd	Dim i'w nodi
	RHAN 2 – AGENDA GYDSYNIO Dosbarthwyd eitemau ar yr agenda gydsynio cyn y cyfarfod a nodwyd nad oedd y Cadeirydd wedi derbyn unrhyw sylwadau ymlaen llaw.		
2.1	**Cofnodion y cyfarfod diwethaf** Cymeradwywyd cofnodion cyfarfod diwethaf y pwyllgor ar 05 Mawrth 2026 fel cofnod cywir. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** **GYMERADWYO** cofnodion y cyfarfod diwethaf	Cymeradwywyd	Dim i'w nodi
	RHAN 3 – PRIF AGENDA		
3.1	**Cofnod Gweithredu** Roedd un weithred ar y cofnod gweithredu ac roedd ar y gweill. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** **NODI'R** Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
3.2	**Adroddiad Sicrwydd Seiberddiogelwch** Cyflwynodd Mark Edwards (ME), Prif Swyddog Diogelwch Gwybodaeth yr Adroddiad Sicrwydd Seiberddiogelwch gan amlygu'r gwaith a gwblhawyd dros gyfnod Chwarter 4 yn y meysydd canlynol. • Y Dirwedd Seiberfygythiadau sy'n esblygu. • Newid ffocws o seiberddiogelwch i seiberwydnwch. • Goblygiadau arwyddocaol offer deallusrwydd artiffisial sy'n dod i'r amlwg. • Sefyllfa gadarnhaol o ddim digwyddiadau adroddadwy ar draws GIG Cymru ar gyfer y cyfnod Chwefror-Ebrill 2026. • Roedd canlyniadau archwiliad mewnol wedi darparu sgôr sicrwydd rhesymol, gydag argymhellion. • Yr heriau o ran capasiti'r gweithlu ar draws	Nodwyd	Dim i'w nodi

	IGDC. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** **NODI'R** Adroddiad Sicrwydd Seiber		
3.3	**Y Gofrestr Risg Gorfforaethol** Derbyniodd y Pwyllgor ddiweddariad gan Chris Darling, Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd a nodwyd y pwyntiau allweddol:- • Mae risgiau sy'n ymwneud ag Adfer ar ôl Trychineb (0341 a 0342) yn parhau i fod yn sylweddol a gellir eu huno. • Mae dwy risg ychwanegol wedi cael eu hychwanegu'n ffurfiol at y gofrestr risgiau. **Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:** **NODI'R** Gofrestr Risg Gorfforaethol.	Trafodwyd	Dim i'w nodi
RHAN 4 – MATERION I GLOI			
4.1	**Unrhyw Faterion Brys Eraill** Nid oedd unrhyw faterion eraill.	Nodwyd	Dim i'w nodi
4.2	**Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd**	Nodwyd	Dim i'w nodi
4.3	**Dyddiad y cyfarfod nesaf:** Cadarnhawyd y byddai dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu Digidol a Diogelwch yn cael ei gynnal ddydd Iau 20 Awst 2026 am 1.00pm. Daeth y cyfarfod i ben am 16:25pm	Nodwyd	Dim i'w nodi

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN

Eitem ar yr Agenda: Agenda Item:	2.2

Enw'r Cyfarfod: Name of Meeting:	Digital Governance and Safety Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 August 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Julie Robinson, Corporate Governance & Risk Coordinator
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs / Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Digital Governance and Safety Committee	March 2026	Initial workplan approved

Laura Tolley, Head of Corporate Governance / Deputy Board Secretary	August 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 The following items are due to be presented to the Committee meeting on 20 August 2026.

Item	Executive Lead
Action log	Chair
Audit Reports	Relevant Lead
Committee Highlight Report to SHA Board	Chair
Corporate Risk register	Director of Corporate Affairs/Board Secretary
Corporate Risk register - Private Risks	Director of Corporate Affairs/Board Secretary
Cyber Security Assurance Report inc Funding	Executive Director of Operations
Declarations of interest	Chair
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Incident Review and Organisational Learning Report	Executive Medical Director
Information Governance Assurance Report	Executive Medical Director
Information Services Assurance Report	Executive Medical Director
Minutes	Chair
Policy Report	Executive Director of Strategy
Research, Innovation & Knowledge Management Assurance Report	Executive Medical Director
SIRO Annual Report	Executive Director of Operations
Technical Design Authority	Executive Director of Operations
Wales Informatics Assurance Group Report	Executive Medical Director

4.2 The items below have been identified for the following meeting on 19 November 2026

Item	Executive Lead
Action log	Chair
Audit Reports	Relevant Lead
Committee Highlight Report to SHA Board	Chair
Corporate Risk register	Director of Corporate Affairs/Board Secretary
Corporate Risk register - Private Risks	Director of Corporate Affairs/Board Secretary
Corporate Risk Trending Analysis	Director of Corporate Affairs/Board Secretary
Cyber Security Assurance Report inc Funding	Executive Director of Operations
Declarations of interest	Chair
Digital Clinical Standards	Executive Medical Director
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Incident Review and Organisational Learning Report	Executive Medical Director
Information Governance Assurance Report	Executive Medical Director
Information Services Assurance Report	Executive Medical Director
Minutes	Chair
Policy Report	Executive Director of Strategy
Research, Innovation & Knowledge Management Assurance Report	Executive Medical Director
Technical Design Authority	Executive Director of Operations
Wales Informatics Assurance Group Report	Executive Medical Director

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
SECTION 28 REGULATIONS

Eitem ar yr Agenda: Agenda Item:	2.3

Enw'r Cyfarfod: Name of Meeting:	Digital Governance and Safety Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 August 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Rhidian Hurle, Executive Medical Director
Paratowyd gan: Prepared By:	Gethin Bateman, Patient Safety Manager
Cyflwynwyd gan: Presented By:	Gethin Bateman, Patient Safety Manager

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the content and consider the recommendations within section 4.11, in light of the increase in correspondence received from H M Coroner.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The report provides an explanation of the role of H M Coroner and actions that may be required by Digital Health and Care Wales upon receipt of correspondence from H M Coroner
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Rachael Powell	07/08/2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This report sets out to provide DHCW Board members with an overview of the statutory role of HM Coroner in England and Wales, the significance of coronial investigations and inquests, and the organisational implications of Regulation 28 Prevention of Future Deaths (PFD) Reports.

3.2 This briefing is intended to support board-level assurance, governance, patient safety oversight and organisational learning.

HM Coroners play a critical judicial role in investigating deaths that are violent, unnatural, of unknown cause, or occur in state detention. Coroners are independent judicial office holders whose primary purpose is to establish who died, and when, where and how the death occurred. They are not responsible for determining civil or criminal liability.

3.3 A key function of the coronial system is the identification of risks that may lead to future deaths. Where a coroner identifies concerns during an investigation or inquest and believes action should be taken to prevent future deaths, they have a statutory duty to issue a Prevention of Future Deaths Report (PFD), commonly known as a Regulation 28 Report.

3.4 Receipt of a Regulation 28 Report represents a significant governance and patient safety issue. Recipients are legally required to provide a written response within 56 days outlining actions taken, proposed actions, or reasons why no action will be taken.

3.5 For NHS organisations, Regulation 28 Reports provide an important external source of safety intelligence and should be considered alongside incident investigations, organisational learning, complaints, claims and regulatory findings.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 <u>The Role of HM Coroner-Statutory basis</u>

The modern coronial system is governed principally by the Coroners and Justice Act 2009. Coroners are independent judicial officers responsible for investigating certain categories of death.

A coroner must investigate where there is reason to suspect that:

- The death was violent or unnatural;
- The cause of death is unknown; or
- The death occurred while the individual was in custody or otherwise in state detention.

4.2 Purpose of a Coroner's Investigation

The purpose of an investigation is to determine:

- Who the deceased was;
- When they died;
- Where they died; and
- How they came by their death.

The coroner's role is fact-finding rather than fault-finding. Coroners do not attribute civil liability, disciplinary responsibility, negligence, or criminal guilt.

4.3 What is an Inquest?

An inquest is a public judicial hearing that may form part of a coroner's investigation. The purpose of an inquest is to establish the facts surrounding a death. The proceedings are inquisitorial rather than adversarial. Unlike court proceedings determining negligence or criminal responsibility, the focus is on understanding the circumstances of death.

Healthcare organisations may become involved in inquests where:

- Death occurred during healthcare delivery;
- Care or treatment may have contributed to death;
- Concerns have been raised by families or professionals;
- The circumstances give rise to broader public safety concerns.

4.4 Statutory Duty of Cooperation

NHS Wales organisations are expected to cooperate fully with coronial investigations and inquests. Although coroners are independent judicial office holders, health boards, NHS trusts and Special Health Authorities have a legal and professional obligation to provide information, records, witness evidence and assistance when requested. Coroners have statutory powers to require evidence, documents and witness attendance where necessary.

For Welsh health bodies, coronial engagement should be viewed as an essential component of patient safety, quality governance, and organisational learning rather than solely a legal process.

When a death is subject to coronial investigation, Welsh NHS organisations should ensure:

Early Identification and Escalation

- Senior clinical and governance leads are informed promptly.
- Relevant incident investigations are coordinated with coronial requirements.

- Potential legal, reputational and patient safety risks are assessed

Records Management and Disclosure
- Clinical records are preserved and secured.
- Relevant electronic records, audit trails, and investigation reports are retained.
- Information requests from the coroner are responded promptly and accurately.

Witness Preparation and Support
- Staff understand the purpose of the coronial process.
- Witnesses are supported in producing factual statements.
- Appropriate legal and governance advice is available where required.

Learning and Improvement
- Lessons identified through inquests are shared across services.
- Emerging themes are triangulated with incidents, complaints, claims, and regulatory findings.
- Actions arising from coronial concerns are monitored through governance committees and Board structures.

4.5 <u>What is an Interested Person?</u>

The Coroners and Justice Act 2009 establishes the concept of an Interested Person (IP), giving specified individuals and organisations rights to participate in a coronial investigation and inquest.

Interested Persons commonly include:
- The deceased's spouse, civil partner or close family members.
- Personal representatives of the deceased.
- Individuals whose acts or omissions may have caused or contributed to the death.
- Organisations whose actions may have contributed to the death.
- NHS bodies involved in the care and treatment of the deceased.
- Regulators and government bodies (where appropriate.)

The coroner ultimately determines who should be recognised as an Interested Person.

Interested Persons play a formal role within the inquest process and are entitled to:
- Receive disclosure of relevant evidence.
- Be notified of hearings.
- Ask questions of witnesses through the coroner.
- Make submissions regarding the scope of the inquest.
- Make submissions regarding conclusions and findings.
- Make representations concerning the potential issue of a Prevention of Future Deaths Report.

The Chief Coroner has made clear that whilst coroners may consider representations from Interested Persons regarding a Regulation 28 Report, the decision to issue such

a report remains entirely a matter for the coroner.
Health Boards, NHS Trusts and Special Health Authorities will frequently be designated as Interested Persons when healthcare delivery is relevant to the circumstances of a death.
This status provides an opportunity to:

- Understand concerns raised by the coroner and family.
- Contribute factual evidence.
- Clarify clinical pathways and organisational arrangements.
- Support transparent examination of care.
- Identify learning opportunities before an inquest conclusion is reached.

However, Interested Person status also creates expectations of openness, candour and timely engagement with the coronial process.

Board / delegated Committees should seek assurance that:

- All coronial cases involving the organisation are centrally tracked.
- Appropriate governance and legal oversight arrangements exist.
- Witnesses are supported and appropriately prepared.
- Findings are reported through quality and safety governance structures.
- Learning is disseminated across the organisation.
- Any risks capable of generating a Regulation 28 Report are proactively addressed before conclusion of the inquest.

4.6 <u>Prevention of Future Deaths Reports (Regulation 28)</u>

A Regulation 28 Report, also known as a Prevention of Future Deaths (PFD) Report, is a statutory mechanism enabling coroners to highlight risks identified during an investigation or inquest.

The duty arises under:

- Paragraph 7, Schedule 5 of the Coroners and Justice Act 2009; and
- Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.

A coroner must issue a PFD Report when:

1. A concern is identified during the investigation;
2. The concern suggests circumstances creating a risk of future deaths may occur or continue to exist; and
3. The coroner believes action should be taken to prevent future deaths or reduce the risk.

Importantly, a PFD Report does not require proof that the identified issue caused the death. It is sufficient that the investigation reveals a risk that could endanger others in the future.

4.7 <u>Who May Receive a Regulation 28 Report?</u>

Reports may be directed to any individual or organisation deemed by H M Coroner of being capable of taking action, examples include:

- NHS Trusts and Health Boards
- NHS England

- Government departments
- Local authorities
- Independent healthcare providers
- Professional bodies
- Manufacturers and suppliers
- Regulators

The coroner's intention is not punishment but prevention and improvement.

4.8 Legal Requirements Following Receipt

Mandatory Response

Recipients must provide a written response within 56 days of receiving the report, unless the coroner agrees to an extension.

The response should:

- Describe actions already taken;
- Describe actions planned;
- Include implementation timescales; or
- Explain why no action is proposed.

Publication

- The Chief Coroner maintains a national database of PFD Reports.
- There is a presumption that reports and responses will be published to promote transparency, open justice, and learning.
- Failure to respond may be publicly identified by the Chief Coroner through publication of non-responding organisations.

4.9 Strategic Importance for NHS Boards

Regulation 28 Reports provide a unique and independent source of safety intelligence.

The Board should view PFD Reports as:

- Indicators of actual or potential patient safety risks;
- Evidence of systemic weaknesses;
- Opportunities for organisational learning;
- Sources of assurance regarding safety governance;
- Early warning signals of national patient safety themes.

Common themes identified nationally across the NHS include:

- Clinical assessment failures;
- Deteriorating patient recognition;
- Medicines management;
- Mental health services;
- Communication failures;
- Diagnostic delays;
- Information sharing;
- Workforce and staffing issues;
- Digital and technology risks.

More specifically, a DHCW led thematic review of Prevention of Future Deaths (PFD)

reports highlighted that digital safety risks are being identified and appear systemic, persistent, and deeply embedded within the health and care ecosystem. Across all cases examined, avoidable harm repeatedly arose not from isolated clinical oversights but from structural weaknesses in digital infrastructure, workflow design, and information governance.

Fragmented systems, inconsistent access to essential clinical information, and variable decision support capabilities consistently created conditions in which clinicians were unable to see, verify, or act upon critical clinical data when needed.

Interoperability failures were a defining theme. Across primary care, acute care, mental health services, ambulance systems, online prescribing platforms, and justice settings, essential information such as allergy status, medication histories, safeguarding concerns, overdose patterns, and recent interventions too often failed to transfer across systems. These gaps directly contributed to fatal medication errors, missed deterioration, unsafe prescribing, and compromised risk assessments.

Medication safety issues were especially prominent, including duplicate prescribing, alert fatigue, poorly configured Electronic Prescribing and Medicines Administration (EPMA) systems, hidden or disabled warnings, and incomplete visibility of over the counter or online supplied medicines.

Nearly every fatal incident examined involved a lack of timely visibility of crucial patient information- failures that would likely have been prevented within a fully integrated health and care digital architecture.

4.10 Board / Committee Responsibilities

Board (or delegated Committees) should ensure robust arrangements exist to:

Governance

- Identify all coronial activities involving the organisation.
- Escalate PFD Reports through formal governance routes.
- Ensure executive oversight.

Investigation and Learning

- Undertake prompt review of concerns raised.
- Cross-reference findings with internal investigations.
- Assess whether risks exist elsewhere within the organisation.

Action Planning

- Develop clear improvement plans.
- Allocate accountable leads.
- Monitor delivery through governance committees.

Assurance

- Seek evidence that corrective actions have been embedded.
- Review whether learning has been disseminated across services.
- Consider wider system implications.

Transparency

- Ensure responses are accurate, balanced, and evidence based.
- Maintain openness with patients, families, and stakeholders.

When considering a Regulation 28 Report, Board members should seek assurance that:

1. What specific risk has the coroner identified?
2. Does the issue affect other services or pathways?
3. Have similar concerns arisen through incidents, claims or complaints?
4. What immediate safeguards have been implemented?
5. What long-term changes are required?
6. How will effectiveness be measured?
7. Has learning been shared regionally and nationally?
8. Has the Board received assurance that the statutory response has been submitted within required timescales?

The objective is not simply to submit a response to the coroner but to demonstrate that the identified risks have been understood, addressed and embedded within organisational practice.

4.11 The Committee should be assured that robust arrangements are in place to support interactions with HM Coroner, manage the organisation's responsibilities as an Interested Person, respond effectively to Prevention of Future Death (PFD) Reports, and ensure that learning arising from inquests and other coronial processes is embedded to reduce the risk of future harm.

The Committee may wish to consider whether a more formal, organisation-wide governance framework is required to strengthen oversight, promote consistency and accountability, and support effective organisational learning from coronial matters.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 Failure to maintain robust arrangements for managing coronial investigations and associated Prevention of Future Death (PFD) Reports may expose the organisation to legal, regulatory, governance and reputational risks. Given the statutory requirement to respond to PFD Reports within prescribed timescales and the public nature of both reports and responses, inadequate oversight or coordination could result in missed opportunities to identify and address systemic risks, embed organisational learning, and reduce the likelihood of future harm

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the content and consider the recommendations within section 4.11, in light of the increase in correspondence received from H M Coroner.	

Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised action	Revised due date	Session Type
A01-20260305	05/03/2026	CD to return to meeting with a plan outlining the full CANISC decommissioning process, including SAR contingencies.	Chris Darling (DHCW - Director of Corporate Affairs / Board Secretary)	18/05/2026	CANSIC plan is currently in draft and going through engagement with relevant stakeholders and will be brought to the next committee meeting.	Complete			Public
A01-20260518	18/05/2026	Corporate Risk Register - CD agreed to review the esclation level with the Executive Medical Director and confirm the timeline for data migration and decommissioning.	Chris Darling (DHCW - Director of Corporate Affairs / Board Secretary)	20/07/2026	On the agenda for today's meeting	Complete			Public
A02-20260518	18/05/2026	A deep dive into AI assurance through WIAG to be undertaken at a future committee	Jamie Manning (DHCW - QA & Regulatory Compliance)	20/08/2026	On the agenda for today's meeting. However, JM confirmed further work needs to be done on AI in this context.	Complete			Public

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
CORPORATE RISK REGISTER REPORT

Eitem ar yr Agenda: Agenda Item:	3.2

Enw'r Cyfarfod: Name of Meeting:	Digital Governance and Safety Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 August 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Bethan Walters Corporate Governance and Risk Manager
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs/ Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	The Committee is being asked to
DISCUSS the Corporate Risks assigned to the Digital Governance and Safety Committee. NOTE the status of the Corporate Risk Register NOTE the CANSIC Decommissioning Process Appendix	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
	Risk Management and Assurance activities equally affect all. An EQIA is not applicable
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH 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.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Should effective risk management not take place, there could be legal implications
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Should effective risk management not take place, there could be financial implications
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Management Board	16/07/2026	Approved

Chris Darling	July 2026	Reviewed

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

3.2 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)'.

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

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 In terms of DHCW's Corporate Risk Register, there are currently 17 risks on the Corporate Risk Register, of which seven are for the consideration of this Committee, with three of these seven registered as public facing risks as noted in 3.2i Appendix A.

4.2 The risks assigned to the DG&S Committee are as follows:

- DHCW0263 DHCW Data Functions
- DHCW0300 Canisc (Screening & Palliative Care)
- DHCW0320 Citizen and stakeholder trust in uses of Health and Social Care data
- DHCW0342**
- DHCW0359**
- DHCW0360**
- DHCW0361**

NEW RISKS (4) – 0 public, 4 private
There were four new risks escalated during the period

REF / TITLE	DESCRIPTION	COMMITTEE ASSIGNMENT
DHCW0356 PRIVATE	PRIVATE	Digital Governance and Safety Committee
DHCW0359 PRIVATE	PRIVATE	Digital Governance and Safety Committee
DHCW0360 PRIVATE	PRIVATE	Digital Governance and Safety Committee
DHCW0361 PRIVATE	PRIVATE	Digital Governance and Safety Committee

RISKS WITH SCORE CHANGES (0) – 0 public, 0 private
There were no changes in score during the period.

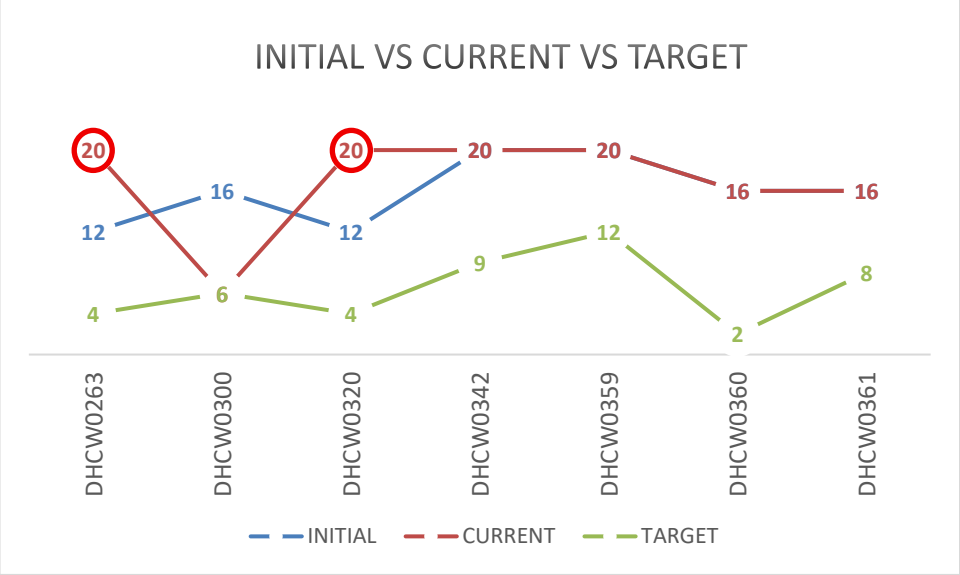
RISKS REMOVED (2) – 0 public, 2 private
There were two risks removed during the period

REF / TITLE	DESCRIPTION	COMMITTEE ASSIGNMENT
DHCW0341 PRIVATE	PRIVATE	Digital Governance and Safety Committee
DHCW0356 PRIVATE	PRIVATE	Digital Governance and Safety Committee

4.3 On the Corporate Risk Register there are 13 critical risks overall, of which four are assigned to the Digital Governance and Safety Committee.

CONSEQUENCES	LIKELIHOOD: RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CATASTROPHIC (5)					DHCW0298 – **Delay in WLIMS implementation 2.0** ⟷
MAJOR (4)			DHCW0358** ⟷	DHCW0337 **Sustainable Digital Services and Development Funding Model** ⟷ **DHCW0342 ⟷ DHCW0348 **Transition to new data Architecture** ⟷ DHCW0354 **DPIF Funding Pause and Review** ⟷ DHCW0355 **Remit Letter Recruitment Pause** ⟷ ** DHCW0360 ★ **DHCW0361 ★	DHCW0331 - **Fixed term funding resource** ⟷ DHCW0333 - **WICIS Implementation Delay** ⟷ DHCW0263: **DHCW Functions** ⟷ DHCW0320 – **Citizen and stakeholder trust in use of HSC data** ⟷ DHCW0359** ★
MODERATE (3)		DHCW0300 – **Canisc (Screening and Palliative Care)** ⟷		⟷ DHCW0347 **National Target Architecture Roadmap** DHCW0357 **Personal Data must be processed in accordance with data protection principles**	
MINOR (2)					
NEGLIGIBLE (1)					

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



Please note that DHCW0342 is tracking its initial score and therefore overlayed on the graph.

4.5 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 (7) – 3 public, 4 Private

There were seven new risks escalated during the period

REF / TITLE	DESCRIPTION	COMMITTEE ASSIGNMENT
DHCW0355 - Remit letter Recruitment Pause	IF the Welsh Government mandated recruitment pause continues for a prolonged period, THEN sustained capacity pressures may adversely impact staff morale, wellbeing, retention and productivity, RESULTING IN increased stress and burnout, inequitable workload distribution, workforce instability, and a reduced ability to deliver IMTP priorities and statutory commitments for clinicians and patient care.	Audit and Assurance Committee
DHCW0356 PRIVATE	PRIVATE	Digital Governance and Safety Committee
DHCW0357 - Personal data must be processed in accordance with the data protection principles (see Article 5 of the UK GDPR). Article 5(1)(c	IF GPC Wales or Practices perceive the bulk data extraction required by the in-house solution as excessive relative to Audit+ requirements, THEN voluntary adoption may be insufficient to achieve operational coverage, RESULTING IN service delivery failure and reputational damage for DHCW. This is material because: (i) the service cannot be made compulsory; (ii) the technical design inherently requires bulk extraction.	Portfolio Delivery Committee
DHCW0358 - A replacement solution may not be able to be delivered in Audit+ & PDES sunsetting timescales (30th April 2027)	IF existing DQS services (all Lot items) are not delivered within Audit+ and PDES sunsetting timescales (30th April 2027) THEN a break in service may occur along with an inability to parallel run for some service recipients RESULTING IN service recipients being unable to access previously approved DQS information during the potential break in service period.	Portfolio Delivery Committee
DHCW0359 PRIVATE	PRIVATE	Digital Governance and Safety Committee
DHCW0360 PRIVATE	PRIVATE	Digital Governance and Safety Committee

DHCW0361 PRIVATE	PRIVATE	Digital Governance and Safety Committee

RISKS WITH SCORE CHANGES (0) – 0 public, 0 private
There were no changes in score during the period.

RISKS REMOVED (5) – 3 public, 2 private
There were five risks removed during the period

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0237	New requirements on Impact and Plan	Service Delivery	Programmes Delivery Committee
DHCW0351	Changes in Political Landscapes	Service Delivery	Audit and Assurance Committee
DHCW0341	PRIVATE	PRIVATE	Digital Governance and Safety Committee
DHCW0349	RADIS Team Scaling Back	Service Delivery	Programmes Delivery Committee
DHCW0356	PRIVATE	PRIVATE	Digital Governance and Safety Committee

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
DISCUSS the Corporate Risks assigned to the Digital Governance and Safety Committee. **NOTE** the status of the Corporate Risk Register **NOTE** the CANSIC Decommissioning Process 3.2ii	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
CANISC DECOMMISIONING PROCESS

Eitem ar yr Agenda: Agenda Item:	3.2ii

Enw'r Cyfarfod: Name of Meeting:	Digital Governance and Safety Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 August 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Ifan Evans, Executive Director of Strategy
Paratowyd gan: Prepared By:	Bjorn Rodde, Directorate Manager, Digital Strategy
Cyflwynwyd gan: Presented By:	Alex Percival, Head of Planned Care Programmes

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE and DISCUSS the CaNISC Decommissioning Process Paper and agree the recommendation to remove Risk DHCW0300 from the Corporate Risk Register	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Provide a platform for enabling digital transformation
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Ifan Evans	11/08/2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Cancer Network Information System Cymru (CaNISC) system is a legacy software system which was used for the management of cancer patients across Wales. The product is built on legacy technology and software, which has reached the end of support, and is considered 'beyond end of life'. Since December 2022, corporate risk DHCW0300 has detailed the risk and mitigations, reflecting the risk of disruption to services (predominately Palliative Care and Colposcopy Screening), if the CaNISC system were to stop working.

3.2 The Cancer Informatics Programme (CIP) was established to design, build and implement a replacement Cancer Informatics Solution (CIS) using the Single Record suite of products, enabling CaNISC to be decommissioned. The CIP Programme completed in October 2025, having delivered the required functionality to transition services from CaNISC to the new CIS.

3.3 As part of programme closure, a staged approach to fully decommissioning CaNISC was confirmed with stakeholders. Almost all users were restricted to read-only access, using CaNISC as an archive instead of a live service. Some Cancer Multidisciplinary Team coordinators retained rights to edit data, to be able to update information relating to the National Cancer Audit. When this work was completed, those users were moved to read-only and a further round of engagement was held to confirm full decommissioning of CaNISC.

Stakeholders have now identified further use cases, which are detailed below.

1a) Subject Access Requests for Velindre NHS Trust – CaNISC served as the digital patient record for Velindre for a long period of time, there are significant volumes of data held within the system databases. Velindre receive 300 Subject Access Requests each year and require access to CaNISC to collate annotated documents and notes, to comply with the Data Protection Act 2018 and the General Data Protection Regulation. There is no simple, non-technical means of accessing this data other than through the CaNISC user interface. Velindre Medical Records have therefore requested that read-only access to the system is retained, unless an alternative means of directly accessing the relevant data is developed.

1b) Clinical Audit/Coroner's Reports/Litigation Queries – CaNISC also served as the patient record for patients receiving palliative care until January 2025. While active Palliative Care case management now happens within Welsh Clinical Portal, there is a large volume of historic data contained within the CaNISC databases. Palliative Care clinicians are concerned that they will be unable to respond to requests for information for Clinical Audit or legal requests such as Coroner's reports or litigation other than

through the CaNISC user interface. Similar to Velindre, they have requested that read-only access is retained until an approach is identified.

2) Ionising Radiation (Medical Exposure) Regulations Compliance (IRMER) – Velindre's Medical Physics department also raised that in the Radiotherapy/IRMER section of CaNISC, there is historical data on radiotherapy dosages which are not included in any other patient notes. They have identified that infrequently (around 2-3 times a month), members of the Medical Physics Department are required to access CaNISC to review historic patient dosages in the development of radiotherapy treatment plans to ensure that patients do not receive higher levels of exposure than the regulations permit.

Teams in DHCW are currently working through these further use cases to assess technical options and alternatives to maintaining the CaNISC user interface with read-only access for some users.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

CaNISC User Numbers

4.1 All remaining CaNISC users have been restricted to read-only access since 31 March 2026. The number of users who have access to CaNISC are as follows:

	2024/25-Q2	2024/25-Q3	2024/25-Q4	2025/26-Q1	2025/26-Q2	2025/26-Q3	2025/26-Q4	2026/27-Q1
CaNISC Users	465	469	452	203	96	81	52	32

4.2 Current user numbers are relatively static, which mostly reflects the use cases described above. DHCW have contacted all individuals still using the system to signpost them to alternative methods of accessing data where possible. It is expected that the trend in diminishing numbers accessing the system will continue, but until the use cases above are resolved, there will continue to be a small number of users that will require access to the system.

Assessment

4.3 A working group of DHCW and stakeholders is reviewing options and will recommend a way forward.

4.4 All CaNISC data is held in the system database and will be retained after fully decommissioning the CanISC front end application. However extracting data directly from the database is technical and complex which is why there is a need to maintain read-only access for a small number of users through the CaNISC front end.

The risk identified in DHCW0300 remains but at a much reduced level. For the IRMER

use case requirement (but not others) losing access to the CaNISC system would have an impact on direct patient care, but this could be mitigated through direct database access to meet the small number of requests (2-3 per month).

Recommendation

4.5 The recommendation to the Digital Governance and Safety Committee is that the risk is significantly reduced and should be removed from the Corporate Risk register.

While there is a residual use case that could have an impact on direct patient care, there are available workarounds that will act as a significant mitigation.

CaNISC is not yet fully decommissioned. User numbers have reduced significantly and all users are restricted to read-only access. A working group of DHCW and stakeholders is reviewing approach and will confirm an approach to fully decommissioning the legacy system.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 No key risks or matters for escalation to the Board have been identified at this time.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE and DISCUSS the CaNISC Decommissioning Process Paper and agree the recommendation to remove Risk DHCW0300 from the Corporate Risk Register	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
INCIDENT REVIEW AND ORGANISATIONAL LEARNING REPORT

Eitem ar yr Agenda: Agenda Item:	4.1

Enw'r Cyfarfod: Name of Meeting:	Digital Governance and Safety Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 August 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Rhidian Hurle, Executive Medical Director
Paratowyd gan: Prepared By:	Keith Reeves, Head of SACM & Transition
Cyflwynwyd gan: Presented By:	Michelle Sell, Director of Programmes and Engagement

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE the report for ASSURANCE	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report. STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The report provides a summary of all reportable incidents and any quality and safety activities undertaken as remediation. Should the remedial required action not be undertaken there could be a detrimental impact on quality and safety.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below The report provides a summary of all reportable incidents including any which meet our legal, regulatory, and statutory requirements. Should corrective and remedial action not be undertaken appropriately there could be a legal impact.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below The report contains a summary of any incidents where redress may be required. Some incidents may result in financial redress for the organisation.
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Rachael Powell	10/08/2026	Approved

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Incident Review and Learning Group (IRLG) provides organisational oversight of incident review activity, lessons learned, and improvement actions arising from incidents, reviews, customer feedback, and other sources of organisational learning. The group reports to the Digital Governance and Safety Committee and supports the organisation in identifying opportunities to improve services, strengthen operational resilience, and prevent recurrence of issues.

3.2 This report provides a summary of IRLG activity for Quarter 1 of the 2026/27 financial year (1 April 2026 to 30 June 2026).

3.3 During the reporting period the group considered activity across four key domains:

- Reporting of Early Warning Notifications (EWNs) and National Reportable Incidents (NRIs)
- Reviews undertaken and reports received
- Learning identified through reviews and organisational feedback
- Improvements being progressed as a result of learning

3.4 The reporting period demonstrates continued maturity in the organisation's approach to learning, with increased emphasis on capturing lessons from a broader range of sources including major incidents, programme reviews, customer feedback and organisational effectiveness reviews.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 Reporting

During Quarter 1 there was one reportable incident requiring notification to Welsh Government.

The notification related to a technical incident and was also reportable under the Network and Information Systems (NIS) Directive. The notification was issued within the required timescales.

The reporting profile for the quarter consisted of:

- 1 Technical Early Warning Notification
- 1 NIS Directive report
- No clinical, patient safety, health and safety, or information governance notifications

Customer feedback activity during the quarter included:

- 5 formal complaints
- 56 enquiries
- No formal suggestions received

The number of complaints remained low and all complaints were managed through established organisational processes.

4.2 Reviews Undertaken

Three formal reviews were undertaken during Quarter 1:

1. Major Incident Review relating to a certificate expiry incident.
2. ITSM Toolset Replacement Programme lessons learned review.
3. Customer Feedback and Service Improvement review.

These reviews provided valuable insight into operational resilience, organisational change, stakeholder engagement and service improvement opportunities.

The group also completed its annual effectiveness review, considering the future direction of organisational learning arrangements within DHCW.

4.3 Learning Identified

The reviews undertaken during the quarter generated several recurring themes.

Customer Feedback and Service Improvement

The group identified learning associated with:

- Low customer survey response rates
- Opportunities to improve customer engagement through Halo
- Service improvements identified directly through feedback
- Benefits of proactive user follow-up

The review provided assurance that customer feedback is being used effectively to identify practical service improvements.

Major Incident Review

Key learning themes included:

- Escalation arrangements outside normal support hours
- Clarity of service support arrangements

- Communication during major incidents
- Team handover effectiveness
- Improvements achieved through faster review cycles

The review highlighted opportunities to strengthen operational resilience through clearer escalation guidance and enhanced stakeholder communications.

ITSM Toolset Replacement Programme

The programme lessons learned review identified themes related to:

- Procurement and requirements management
- Early supplier engagement
- Organisational change management
- Benefits realisation
- Service-centric delivery approaches

The review reinforced the importance of considering organisational and cultural change alongside technology implementation.

Annual Effectiveness Review

The annual review of the IRLG identified opportunities to strengthen organisational learning through:

- Broader capture of learning from projects, audits and feedback
- Greater focus on translating lessons into measurable improvements
- Improved knowledge sharing across teams
- Exploration of improved learning and knowledge management capabilities

4.4 Contributory Factors

Analysis of identified contributory factors during Quarter 1 continues to indicate that the majority relate to:

- Departmental factors
- External factors

This aligns with historical trends and reflects the influence of technical environments, supplier dependencies, organisational processes, and inter-organisational interfaces. The contributory factors framework continues to support consistent analysis of incident causes and improvement opportunities.

4.5 Improvement Activity

There is currently one improvement initiative being progressed through the IRLG during 2026/27.

Improvement 1: Organisational Learning Group

Following the annual effectiveness review, work has commenced to develop proposals to evolve the Incident Review and Learning Group into a broader Organisational Learning Group.

The proposed improvement seeks to:

- Expand organisational learning beyond incidents
- Improve integration with Quality Improvement activity
- Develop a central organisational learning repository
- Strengthen knowledge sharing arrangements
- Improve visibility of lessons learned and organisational insight

The proposal remains subject to approval through the appropriate governance arrangements.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 There are no matters for escalation, the paper is presented for assurance by the Digital Governance and Safety Committee

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE the report for **ASSURANCE**	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
INFORMATION GOVERNANCE ASSURANCE REPORT

Eitem ar yr Agenda: Agenda Item:	4.2

Enw'r Cyfarfod: Name of Meeting:	Digital Governance and Safety Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 August 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Rhidian Hurle, Executive Medical Director
Paratowyd gan: Prepared By:	Siân Howson, Information Governance
Cyflwynwyd gan: Presented By:	John Sweeney, Head of Information Governance

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE this report from the DHCW Information Governance team for ASSURANCE.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Choose an item.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	The report outlines methods by which Digital Health and Care Wales complies with Information Governance legislation, standards and good practice
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME

Rachael Powell	07/08/2026	Approved

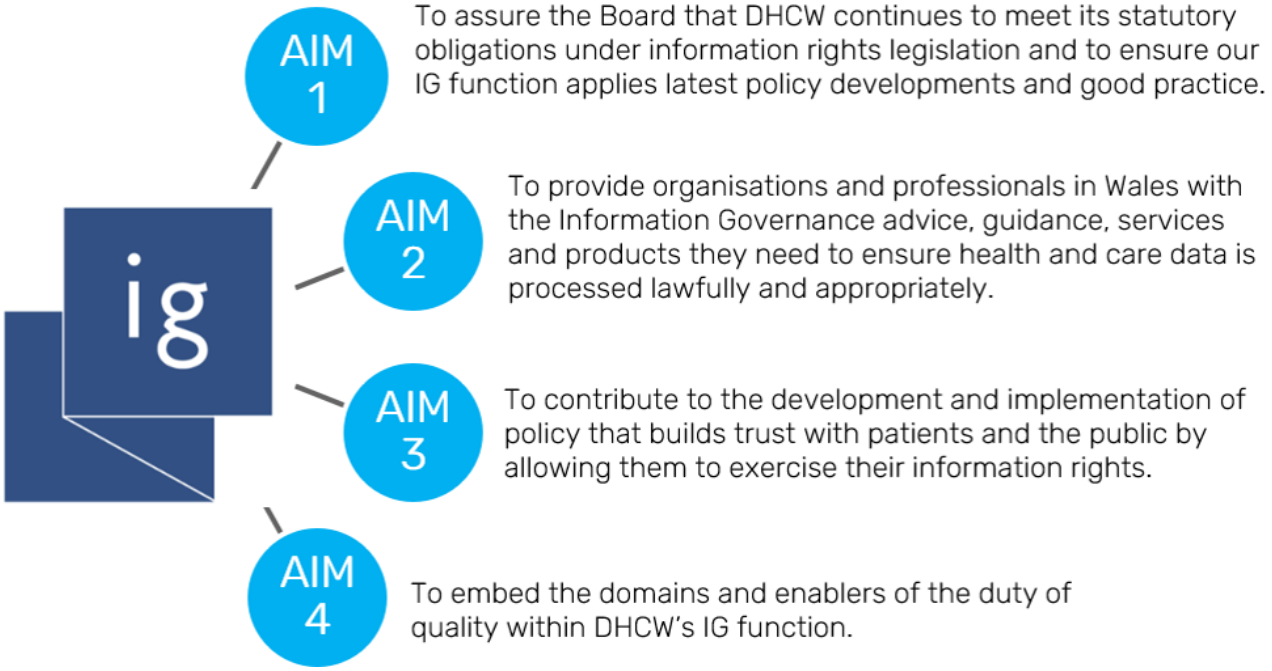
Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IMTP	Integrated Medium-Term Plan	IG	Information Governance
WG	Welsh Government	WASPI	Wales Accord on the Sharing of Personal Information
FOIA	Freedom of Information Act	ICO	Information Commissioner's Office
WASPI	Wales Acord on the Sharing of Personal Information	DPIA	Data Protection Impact Assessment
GMP	General Medical Practitioners	DPO	Data Protection Officer
NDR	National Data Resource	CP	Community Pharmacies

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

3.3 This report outlines key assurance activities to the Committee for the reporting period of 27th April 2026 to 31st July 2026. Relevant updates from this reporting period are provided based on the strategic aims of the Information Governance team, as set out in the DHCW IG three-year IG strategy:



4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 Corporate Information Governance Compliance (AIM 1)

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

Relevant updates for this Committee period are:

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

Updates on these items are provided in Appendix A.

4.2 National Information Governance Framework (AIM 2)

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

Relevant updates for this Committee period are:

- DHCW Data Protection Impact Assessments (DPIAs)

- Number of calls into DHCW Information Governance ActionPoint System

Updates on these items are provided in Appendix B.

4.3 Information Governance Policy (AIM 3)

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

Relevant updates for this Committee period are provided in Appendix C.

4.4 Duty of Quality (AIM 4)

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

The Duty of Quality, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 applies to NHS bodies in Wales and has two overarching aims:

- To improve the quality of health services
- To improve outcomes for people in Wales

Relevant updates for this Committee period:

4.4.1 The WASPI Service has published a new Information Sharing Protocol (ISP) register to provide WASPI Participating Organisations and members of the public with a clear and accessible overview of all ISPs that have been created and quality assured through the WASPI Framework.

The enhanced design of the register, enabled through the Information Sharing Gateway (ISG), makes it easier than ever to see which information sharing arrangements organisations are signed up to. This new approach represents a milestone for the ISG and a significant achievement, which partners have been requesting for many years.

4.4.2 The NIIAS re-procurement to continue the service has progressed and is now in final approval stages. The new contract will enable NIIAS to continue to 2030, as a minimum. The service has grown in scope and delivery since 2014, and the new contract start will include a review on rationalising key elements to improve and update the service.

The NIIAS team have established roles in the DHCW processes that evaluate new service requests and Application Programme Interface requests to enable proactive engagement, enabling more timely and subsequentially more efficient evaluations of each use case presented.

All current NIIAS integrated applications are due for migration to cloud storage or replacement over the coming year and so interim planning is now underway.

4.4.3 Actions are ongoing towards the implementation of compliance activity for the Data Use and Access Act (2025). This piece of legislation is due to come into effect as a phased approach over the course of 2026, with some changes already having taken affect. Digital Health and Care Wales Information Governance team is working through a DUAA action plan to ensure the organisation meets the requirements of the legislation. Some of the relevant key themes in DUUA include:

- Changes to the Information Commissioners Office including a name change to the Information Commission and a change in powers such as requiring an organisation to pay for an independent report as part of an enforcement action
- Changes to legal basis in respect of research purposes
- Clarity around Subject Access Request processes
- Requirements around an organisation's complaint process

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5. There are no issues of escalation to Committee.

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
INFORMATION SERVICES ASSURANCE REPORT

Eitem ar yr Agenda: Agenda Item:	4.3

Enw'r Cyfarfod: Name of Meeting:	Digital Governance and Safety Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 August 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Rhidian Hurle, Executive Medical Director
Paratowyd gan: Prepared By:	Kelly Tremlett, ISD Information Planning Manager
Cyflwynwyd gan: Presented By:	Martin Williams, Data Manager

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Drive better values and outcomes through innovation
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report. STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH 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.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below ISD and NDR are developing an approach to operationalise the Secure Data Environment to further support R&I activities through safe, secure access to anonymised data.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Rachael Powell	05.08.26	Approved
Digital Governance & Safety Committee	20/08/26	

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
P&I	Performance and Improvement	PLICS	Patient-Level Information and Costing Systems
APC	admitted patient data	WCRS	Welsh Care Records Service
WRRS	Welsh Results Reports Service	ISD	Information Services department
PROMs	Patient Reported Outcome Measures	OECD	Organisation for Economic Cooperation and Development
PaRIS	Patient-Reported Indicator Survey	WCP	Wales Clinical Portal
SQL NUMA	Structured Query Language Non-Uniform Memory Access	WISDM	Welsh Information System for Diabetes Management
WCCIS	Welsh Community Care Information System	XML	eXtensible Markup Language
DCN	Diabetes Consultation Note		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

Information & Analytics

Information Services continues to make strong progress in delivering the Information & Analytics Strategy 2023-26, maintaining focus across all strategic objectives. Delivery remains on track, with key milestones achieved in line with the agreed implementation plan. Progress during the reporting period demonstrates continued momentum in strengthening analytical capability, data services, innovation, and the use of information to support organisational and system-wide priorities.

Health Intelligence – uses of data

Information Services has continued to process, analyse and publish national datasets and information products in line with stakeholder requirements. This work supports effective information governance, strengthens digital safety using assured reporting and publication processes, and provides timely intelligence to inform operational and strategic decision-making across NHS Wales.

Key Deliverables:

- Stakeholder sign-off of two Palliative Care dashboards, confirming appropriate governance and approval prior to wider implementation.
- Submission of Welsh Costing Extracts and Proformas ahead of deadline, exceeding national reporting requirements and supporting good information governance.
- Matching Patient-Level Information and Costing Systems (PLICS) data with Emergency Department and Admitted Patient Care (APC) datasets supporting more joined-up, governed analysis across costing and activity datasets.
- Update of the Falls Dashboard, ensuring analytical products remain current and continue to support informed service monitoring. Regularly maintained dashboards help ensure stakeholders are using up-to-date information rather than outdated or informal sources.
- Development of the Welsh Care Records Service (WCRS) / Welsh Results Reports Service (WRRS) dashboard, improving visibility and analysis of documents and tests used across NHS Wales.
- Publication of the new Learning Disabilities quarterly publication on behalf of NHS Wales Performance & Improvement and Welsh Government through an established governance process.

Key Outcomes/Benefits:

- Improved availability of trusted information and analytical products across NHS Wales.
- Enhanced evidence to support operational, financial and strategic decision-making.
- Strengthened information governance and digital safety through assured reporting, publication and review processes.
- Improved analytical capability through better data linkage, traceability and maintained information products.
- Reduced operational risk through timely delivery of national reporting requirements.
- Increased transparency and stakeholder confidence through the publication of nationally governed information products.

Data Enablement – supporting larger projects

ISD has continued to support the delivery of strategic programmes across NHS Wales by enabling collaboration, co-ordinated planning and effective use of national data assets.

Key Deliverables:

The initial Data Delivery Group has taken place which provides a formal governance forum for the Information Services Department's (ISD) data migration priorities and delivery to the National Data Repository. Phase 1 plan including the migration of Learning disabilities data, planned care activity and Radiology data was agreed and confirmed. This supports transparency and collaboration between the ISD Data Migration team and Health Boards, helping ensure data migration activity is visible, discussed and collectively understood.

Key Outcomes/Benefits:

- Improved alignment across all NHS Wales organisations,
- Supports safer and more co-ordinated migration of data and digital services.

Value in Health – enabling a whole system approach to Value-Based healthcare for Wales.

Value in Health has continued to strengthen the use of patient-reported outcome measures (PROMs) and linked data to support service improvement, evidence-based decision-making and national benchmarking. During the reporting period, work has focused on enhancing analytical capability, assuring end-to-end data flows, and contributing to international collaboration to improve the use of health data across Wales.

Key Deliverables:

- Acceptance of a UK Patient Reported Outcome Measures (PROMs) Conference presentation showcasing the use of linked patient-reported outcomes and housing data to support breathlessness service planning.
- Participation in the Organisation for Economic Cooperation and Development (OECD) Patient-Reported Indicator Survey (PaRIS) Working Group, sharing Wales's approach to linked data and patient-reported outcomes.
- Ongoing involvement in the OECD PaRIS Technical Group, contributing to the development and validation of survey methods for PaRIS Cycle 2.
- Completion of end-to-end User Acceptance Testing (UAT) demonstrating successful collection, transfer and visualisation of Heart Failure PROMs data from Promptly in High Definition through to the patient level of Wales Clinical Portal (WCP) and the Cohort-Level Heart Failure National Dashboard.

Key Outcomes/Benefits

- Improved use of linked data to support service planning and evidence-based decision-making.
- Strengthened assurance that patient-reported outcome data can be securely collected, transferred and visualised through national systems.
- Enhanced analytical capability through patient-level and cohort-level PROMs reporting, supporting benchmarking and identification of unwarranted variation.

- Increased national and international recognition of Welsh analytical expertise and the use of linked health data.
- Greater influence over the future development of international patient-reported outcome methodologies through active participation in OECD PaRIS.
- Stronger collaboration and knowledge sharing with international partners, supporting continuous improvement in health analytics.

Assurance Activities

Since the beginning of May 2026, the ISD Assurance Group has reviewed seven Assurance Quality Plans, two Requests for Change and approved four projects as having completed their assurance activities in relation to their impact on Information Services. This supports governance by providing a formal route to review proposed changes, assess information service impacts and confirm assurance activity has been completed before projects progress.

Key Outcomes/Benefits:

- Stronger visibility, consistency and control across ISD assurance activity.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

ISD Operational Services Performance in Data Centre Two

Risk Statement

If ISD is required to fail over live data services from Data Centre 1 to Data Centre 2 and performance issues persist, then service performance may be significantly degraded, resulting in delays to mandated service delivery, non-compliance with disaster recovery requirements, and reputational impact with Health Boards, Welsh Government and other stakeholders.

Current Position (July 2026)

Performance concerns were identified during disaster recovery testing in April/May 2025, when significant degradation was experienced following failover to Data Centre 2. Mitigating actions included Structured Query Language Non-Uniform Memory Access (SQL NUMA) optimisation changes implemented in May 2025 and migration to new Fiorano storage during 2026. A planned failover and subsequent failback were successfully completed between December 2025 and January 2026; however, further assurance is required that operational workloads can run from Data Centre 2 without unacceptable performance impacts. Following power resilience issues affecting Data Centre 1 in July 2026, the risk has increased due to the greater reliance on Data Centre 2 as a resilient operating environment.

Welsh Information System for Diabetes Management (WISDM) Data NonSubmittal

Risk Statement

If Swansea Bay University Health Board/Western Bay continues to be unable to submit substance misuse data from Welsh Community Care Information System (WCCIS) to the national reporting system, then annual and quarterly substance misuse reports will be incomplete, resulting in inaccurate information being provided to stakeholders and decision-makers.

Current Position (July 2026)

Since January 2025, work has been ongoing to enable Swansea Bay/Western Bay to submit substance misuse data from WCCIS to the national reporting system, including development of an eXtensible Markup Language (XML) conversion tool and resolution of data quality issues. A test extract submitted in August 2025 identified formatting and validation issues requiring further remediation. Progress slowed during late 2025 due to the WCCIS to the electronic patient record 'RIO' transition, and limited progress has been made throughout 2026. As of July 2026, national submissions have not commenced, although the service is targeting an initial extract by the end of summer. Until successful submissions are established, there remains a risk of incomplete national reporting.

Lack of Resource for Future WISDM Diabetes Data Development and Enhancements

Risk Statement

If additional resource is not secured to extend WISDM data processing and support future Diabetes Consultation Note (DCN) developments, then newly collected or amended diabetes data will not be available for reporting, audit submissions, or service improvement activities, resulting in incomplete national audit returns, reduced visibility of key diabetes metrics, and an inability to fully support Welsh Government priorities for diabetes care.

Current Position (July 2026)

The risk was identified and formally logged in August 2025 following concerns that future enhancements to the DCN, including Version 7, could not be incorporated into the WISDM dataset without additional resource. During September 2025, discussions with NHS Performance & Improvement highlighted growing demand for WISDM data to support national reporting and the Diabetes Insights Atlas (DIVA), while also confirming that important new data items would not be available due to insufficient resource for data processing activities. Responsibility for the project transferred during late 2025, and repeated requests for an update were made between November 2025 and April 2026, with limited engagement. In June

2026, an update confirmed that the programme had entered a discovery phase to review, redesign and rebuild WISDM, with an estimated delivery timescale of approximately 18 months. While this provides a potential longer-term solution, the risk remains that new and updated diabetes data will not be available for national reporting and service improvement activities in the interim.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE for ASSURANCE the current position in relation to the ongoing work to enhance the assurance around the management and reporting of data.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
RESEARCH, INNOVATION & KNOWLEDGE MANAGEMENT

Eitem ar yr Agenda: Agenda Item:	4.4

Enw'r Cyfarfod: Name of Meeting:	Digital Governance and Safety Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 August 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Rhidian Hurle, Executive Medical Director
Paratowyd gan: Prepared By:	Louisa Dean, Research and Innovation Support Manager
Cyflwynwyd gan: Presented By:	Rachel Sully, Head of Research & Innovation

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE and review progress made in advancing the DHCW Research and Innovation and e-Library services.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Drive better values and outcomes through innovation
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report. STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH 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
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below The R&I approach will require appropriate investment, including consideration of core role requirements within the CD budget, alongside a clear understanding of available funding opportunities and sustainable charging models for ongoing activity.
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below There are significant socio-economic benefits linked to increased R&I activity.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below The R&I function is committed to driving the strategic mission, 'Drive better outcomes and value through innovation'.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Rachel Sulley	04/08/26	Reviewed
Rachael Powell	05/08/26	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DEA	Digital Economy Act	ISO	International Organisation for Standardisation
BSI	The British Standards Institution	R&I	Research and Innovation
R,I&KM	Research, Innovation and Knowledge Management		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

Research and Innovation

3.1 The Research and Innovation function continues to support DHCW's strategic mission to drive better value and outcomes through innovation. Work remains focused on strengthening research governance, improving assurance around data access and use, and supporting a more transparent and consistent approach to research and innovation activity across the organisation.

3.2 Following approval of the 2026–2029 Research and Innovation Strategy, activity is focused on embedding the strategic principles of governance, collaboration, impact and innovation culture into routine practice. This includes continued development of the R&I "front door", clearer approval routes, standard operating procedures, and improved visibility of research and innovation activity involving DHCW-held data.

NHS Wales e-Library

3.3 The NHS Wales e-Library continues to provide access to digital knowledge and evidence resources that support evidence-informed practice across NHS Wales. Delivery remains aligned to the e-Library strategic direction and annual plan, with ongoing focus on service improvement, operational resilience, user experience and responsible stewardship of digital knowledge assets.

3.4 Current priorities include supplier collaboration to improve e-Library platforms, work to enhance access to full-text resources through the LibKey Nomad (library linking tool),

and development of Open Access arrangements to increase visibility and accessibility of NHS Wales research outputs. These activities support wider organisational aims around knowledge sharing, transparency, assurance and the effective use of evidence in health and care.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

Research, Innovation and Knowledge Management

4.1 Research and Innovation and NHS Wales e-Library services continue to progress work to strengthen governance, assurance, data access pathways and audit readiness.

4.2 Key areas of focus include implementation of the 2026–2029 Research and Innovation Strategy, delivery against the NHS Wales e-Library annual plan, continued development of the R&I "front door", and ongoing work to improve transparency, consistency and accessibility across services.

4.3 Assurance activity remains focused on strengthening organisational controls and oversight.
This includes continued preparations for Digital Economy Act accreditation, and improvements to research governance arrangements through standard operating procedures, defined approval routes and clearer roles and responsibilities.

Digital Economy Act Accreditation

4.5 The Digital Economy Act (DEA) accreditation enables DHCW to act as an accredited processor under the Digital Economy Act 2017, supporting the secure preparation and processing of data for approved research and statistical purposes. Accreditation provides assurance that DHCW has appropriate governance, security, operational and staff capability controls in place for safe data handling.

Update:

4.6 The UK Statistics Authority issued the 2026 review notice on 16 June 2026, confirming that DHCW remains accredited for Preparation of Data until 28 February 2027. Evidence was submitted on 28 July 2026 in time for the submission deadline of 31 July 2026. The Research Accreditation Panel is expected to consider DHCW's accreditation on 29 September 2026 following a site visit, security and capability meetings.

4.7 The 2026 review focuses on Access Control, Operations Security, and System Acquisition, Development and Maintenance, alongside selected capability controls across data governance, people capability, service provision and processor obligations. The R&I team has coordinated evidence gathering through the DEA working group, with actions tracked to support timely completion.

Outcomes / Benefits to Practice:

- Maintains DHCW's accredited processor status and supports continued use of data for approved research and statistical purposes.
- Strengthens assurance around data governance, security controls and safe data handling.
- Provides a structured approach to evidence gathering and audit readiness through the DEA working group.
- Supports clearer ownership, tracking and monitoring of actions linked to accreditation requirements.
- Helps demonstrate that DHCW's processes remain aligned with UK Statistics Authority expectations.

R&I and E-Library conference – 25th June 2026

4.8 The R&I and NHS Wales e-Library Conference was well received, with 110 registered attendees from across NHS Wales and partner organisations. Feedback indicated that the event provided a valuable opportunity to showcase research, innovation and knowledge management activity, share examples of good practice, and highlight the contribution these services make to evidence-informed decision making and service improvement. The conference also helped strengthen engagement across NHS Wales and supported wider collaboration with stakeholders by bringing together colleagues with shared interests in research, innovation, data, evidence and knowledge mobilisation. Planning is already underway for the next conference, which has been scheduled for 10th June 2027 and will focus on the theme of demonstrating value.

Outcomes / Benefits to Practice:

- Provided a platform to showcase research, innovation and knowledge management activity across NHS Wales.
- Strengthened engagement between DHCW, NHS Wales colleagues and partner organisations.
- Supported wider collaboration by bringing together stakeholders with shared priorities around evidence, data, innovation and knowledge mobilisation.
- Help promote evidence-informed practice and the role of knowledge services in supporting service improvement.
- Created a foundation for continued development of the conference programme, with the 2027 event focused on demonstrating value.

Library Linking Tool

4.9 The NHS Wales e-Library continues to prioritise implementation of LibKey Nomad, a library linking tool to improve access to digital evidence resources and support a more seamless user journey. The work aims to put e-Library collections more directly into users' existing workflows, enabling faster access to relevant information from a range of access points. This aligns with wider plans to increase uptake and usage of NHS Wales e-Library resources and to support evidence-informed practice across NHS Wales. The e-Library will continue to review usage and user feedback during 2026–27 to understand the impact of the tool and identify further opportunities for improvement.

User Interface Development and Supplier Collaboration

4.10 User interface and supplier collaboration work continues to support improvements to the e-Library's digital platforms and user experience. The e-Library remains focused on making digital services accessible and easy to use, including through ongoing website maintenance, accessibility review, user feedback and supplier engagement. Procurement and supplier requirements continue to include expectations around accessibility, Welsh language considerations, and user interface/user experience best practice. This supports the delivery of a high-quality, user-led service that promotes evidence-based practice and helps staff across NHS Wales access trusted knowledge resources more effectively.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

Organisational Change Process (OCP) pause

5.1 The current pause in the Organisational Change Process continues to present a risk to the Research and Innovation and NHS Wales e-Library services. The pause limits the ability to progress planned structural and workforce developments, which may affect the pace of delivery for key service improvements, including research governance arrangements, digital knowledge service development and wider system initiatives that require clearly defined roles, responsibilities and capacity.

5.2 While core services remain operational, the position may reduce organisational agility and place additional pressure on existing staff, who are continuing to balance business-as-usual delivery with transformation and improvement activity. This could impact the pace of delivery against strategic objectives if the pause is prolonged.

Mitigation / Current Controls:

5.3 The R&I and e-Library teams continue to manage the impact through prioritisation of critical activity aligned to organisational objectives. Existing roles and responsibilities are being used flexibly to maintain service continuity, with focus maintained on key areas such as research governance improvements, digital service enhancements, supplier engagement and national initiatives. Capacity pressures are being reviewed through internal governance arrangements, with risks and dependencies monitored to ensure readiness to progress planned changes once the OCP resumes.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad/Recommendation:	The Committee is being asked to
NOTE and review progress made in advancing the DHCW Research and Innovation and e-Library services.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
WALES INFORMATICS ASSURANCE GROUP REPORT

Eitem ar yr Agenda: Agenda Item:	4.5

Enw'r Cyfarfod: Name of Meeting:	Digital Governance and Safety Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 August 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Rhidian Hurle, Executive Medical Director
Paratowyd gan: Prepared By:	Sian Jones, WIAG Facilitator
Cyflwynwyd gan: Presented By:	Jamie Manning, Quality Manager (Regulatory Compliance)

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report for ASSURANCE.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The WIAG process supports Quality and Safety by providing relevant assurance for new and changed developments
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Paul Evans, Head of Quality Assurance and Regulatory Compliance	29/07/2026	Approved

Matthew Wintle, Associate Medical Director for Secondary Care	30/07/2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WIAG	Wales Informatics Assurance Group	AQP	Assurance Quality Plan
SCRR	Safety Case and Readiness Report	ePMA	Electronic Prescribing Medicines Administration
LIMS	Laboratory Information Management System	CDR	Care Data Repository
CTP	Cloud Transition Programme	WNCR	Welsh Nursing Care Record
VUNHST	Velindre University NHS Trust	PROMs	Patient Recorded Outcome Measures
ITSM	IT Service Management	MPI	Master Patient Index

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Wales Informatics Assurance Group (WIAG) will provide Digital Governance and Safety Committee assurance that where appropriate, services developed or procured by Digital Health and Care Wales have been proportionally assured. Where interfaces to the national architecture have been developed, they have been appropriately assured and that local hosted services have been risk assessed.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

Go-live compliance within the reporting period – 4.5i quarter 1 report.

Status	Rating
Completed	
Project/Programme Delay / No Confirmed Go-Live Date	
Overdue/Not completed prior to go-live	

Project	WIAG sign off	Medical Director sign off
Digital Learning Portal	17/04/2026	Approved
NHS Wales App- Digital Documents	17/04/2026	Approved
Secondary Care electronic Prescribing and Medicines Administration (ePMA): Powys Teaching Health Board	17/04/2026	Approved

Caforb- CAF Self Assessment	01/06/2026	Approved
Radiology Electronic Test Requesting in Primary Care Product	12/06/2026	Approved
Hywel Dda University Health Board Electronic Prescribing & Medicines Administration (ePMA)	25/06/2026	Approved
Digitisation of Nursing Documents- Peripheral Intravenous Cannula	03/07/2026	Approved

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 There are no key risks or matters for escalation to report this quarter.

For Information: WIAG Improvement

Quality Improvement Activity: Strengthening the integration of WIAG within DHCW by aligning assurance workflows with agile methodologies, ensuring a clear 'Definition of Ready' for all projects prior to live deployment.

Completed:
- WIAG Entry Criteria
- Assurance Quality Plan
- Impact Assessment framework completed across all 20 assurance domains
- Assurance requirements catalogued and linked
- Stakeholder engagement
- First pilot of 'entry criteria' assessments completed (x2)

To Do:
- Finish remaining assurance process flows, impact considerations and delivery requirements for remaining 5 assurance areas (more complex areas i.e. infrastructure & testing)
- Nominate project needing full WIAG assurance to pilot process end to end

Please refer to WIAG Deep Dive (WIAG process improvement) for further details Agenda item 4.6i on 20/08/2026.

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
WALES INFORMATICS ASSURANCE GROUP (PROCESS IMPROVEMENT)

Eitem ar yr Agenda: Agenda Item:	4.6

Enw'r Cyfarfod: Name of Meeting:	Digital Governance and Safety Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 August 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Rhidian Hurle, Executive Medical Director
Paratowyd gan: Prepared By:	Sian Jones, WIAG Facilitator
Cyflwynwyd gan: Presented By:	Jamie Manning, Quality Manager (Regulatory Compliance)

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE and DISCUSS the deep dive of WIAG process improvement.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The WIAG process supports Quality and Safety by providing relevant assurance for new and changed developments
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Paul Evans, Head of Quality Assurance and Regulatory Compliance	29/07/2026	Approved
Matthew Wintle	30/07/2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	EQIA	Equality Impact Assessment
WIAG	Wales Informatics Assurance Group		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Following the request from the Committee for a deeper review, this report provides an update on the WIAG Process Improvement initiative. Review of operational data, stakeholder feedback and assurance activity has identified opportunities to improve the efficiency and transparency of the assurance process. The WIAG Process Improvement initiative seeks to implement a more risk-based, proportionate and self-service operating model that enables earlier engagement with assurance services, reduces avoidable delays and supports faster delivery whilst maintaining governance rigour, assurance quality and patient safety.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 WIAG process improvement. As per demonstration and slide deck in appendix 1.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 There are no key risks and matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE and **DISCUSS** the deep dive of WIAG process improvement.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
TECHNICAL DESIGN AUTHORITY UPDATE

Eitem ar yr Agenda: Agenda Item:	4.7

Enw'r Cyfarfod: Name of Meeting:	Digital Governance and Safety Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 August 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Sam Lloyd, Executive Director of Operations
Paratowyd gan: Prepared By:	Chris Collis, Chief Product & Technology Officer
Cyflwynwyd gan: Presented By:	Chris Collis, Chief Product & Technology Officer

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE this update on the Technical Design Authority (TDA).	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Potential financial implications arise from procuring and operating certificate automation, including possible service-charging arrangements. Costs and the preferred commercial approach are not yet confirmed and will be developed through the procurement and implementation work.
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP	DYDDIAD	CANLYNIAD

PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Sam Lloyd	07/08/2026	Reviewed

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ADR	Architecture Decision Record[1]	TDAG	Technical Design Assurance Group
DNS	Domain Name System[2]		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Technical Design Authority (TDA) remains a critical governance mechanism within DHCW, providing organisation-wide architectural oversight to support consistent, scalable and interoperable digital services. Established in 2023/24 and now a permanent body with representation from Welsh Government and Aneurin Bevan UHB, the TDA:

- Defines and maintains DHCW's enterprise architecture, including principles, standards, patterns and roadmaps.
- Commissions and oversees working groups to develop domain-specific architectural outputs.
- Works in partnership with the Technical Design Assurance Group (TDAG), which undertakes detailed technical assurance and escalates issues to the TDA where required.
- Ensures that major technology decisions align with strategic intent and national direction.

3.2 The February 2026 update described the TDA Development Session and the five focus areas agreed for 2026/27. The May 2026 update then reported progress on technical debt oversight, governance boundaries, Architecture Decision Records (ADRs), national architecture principles, the National Target Architecture and an emerging applications-layer architecture approach. Since that report, the TDA met on 26 June 2026 to convert several of those priorities into clearer organisational decisions and actions.

[1] **ADR:** A short record of a significant technical decision, why it was made and its implications.

[2] **DNS**: It is the phone book of the internet. It translates easy-to-read website names, like www.nhs.wales (referred to as a '*domain*'), into numerical addresses, so a computer knows where to go.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

Latest TDA Updates

4.1 There has been one TDA meeting since the May DG&S update, held on 26 June 2026. The meeting advanced four substantive areas while maintaining continuity with the focus agreed earlier in the year:

Technical debt[3]: the TDA endorsed a common definition of technical debt for adoption across DHCW. Material debt should be recorded transparently, with significant decisions captured through ADRs and tracked through TDAG; minor, short-term debt can continue to be managed within delivery teams. Product teams will be asked to undertake initial assessments against the definition, followed by targeted deep dives

1. where risk or investment need is greatest. The results will support prioritisation, cloud migration planning and executive visibility.

2. **National architecture principles:** the TDA agreed to adopt the principles endorsed by the National Standards and Architecture Group, while retaining the ability to add DHCW-specific principles that do not conflict with the national set. The architecture site[4] will be updated to distinguish the national principles from any local extensions. Exceptions should be explicit and treated as technical debt.

3. **Solution architecture playbook and patterns:** The TDA reviewed the solution architecture playbook developed within DHCW and agreed this will be owned and reviewed through TDAG and the architecture community rather than specifically approved by TDA. Its content will inform approved patterns, guardrails, reusable platforms and cloud-transition building blocks. This reinforces the distinction that TDA sets principles and rules, while TDAG and the profession develop implementation approaches.

4. **Public certificate[5] automation and domain management:** the TDA agreed that automation must be progressed in response to the shortening of public certificate validity periods, recognising that manual renewal will become operationally unsustainable. A representative decision group is being formed to oversee the work. Procurement and implementation will progress alongside, but need not wait for, parallel

[3] Technical debt is the accumulated cost of design, implementation, or governance choices that make a system harder, slower, or more expensive to change, maintain, or operate than it would otherwise be. See https://gigcymru.github.io/architecture/design-authority/dhcw/technical-debt/ for the DHCW approved definition.

[4] The Architecture principles are published online: https://gigcymru.github.io/architecture/principles/

[5] Public certificates are like identification documents (passport, driving licence etc.), they are electronic files that securely prove the identity of a website, server, or organisation and must be renewed frequently to ensure they remain valid and others can trust the bearer is who they say they are.

decisions on DNS namespace governance and certificate validation type, with finance, procurement, service management, security, Welsh Government, health board and service-user input required.

Key next steps for the DHCW TDA are:

- Communicate the agreed technical debt definition through product teams and professional communities, and invite feedback as it is embedded.
- Complete a first-pass technical debt assessment across product teams, align existing audits to the definition, and identify priorities for deeper review and executive consideration.
- Reframe the Solution Architecture document as a playbook, consolidate the feedback and take it through TDAG and the architecture profession.
- Publish the nationally endorsed architecture principles alongside any compatible DHCW-specific extensions, with a clear route for managing exceptions.
- Establish the representative working group for certificate automation.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 There are currently no matters requiring formal escalation.

5.2The Committee is asked to note the following dependencies and areas requiring continued oversight:

- The technical debt assessment will require sufficient product and architecture capacity, consistent evidence and an open culture so that material issues are identified rather than deferred.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE this update on the Technical Design Authority (TDA).	